

6-MONTH  
REPORT

12-MONTH  
REPORT

18-MONTH  
REPORT

24-MONTH  
REPORT

2020

2021

PANDEMIC  
INFLUENZA  
PREPAREDNESS  
FRAMEWORK

1 January –  
31 December  
2020

ANNUAL  
PROGRESS  
REPORT



World Health  
Organization

Pandemic Influenza Preparedness Framework: annual progress report, 1 January - 31 December 2020.

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# ACRONYMS & ABBREVIATIONS

<b>AFRO</b>	WHO Regional Office for Africa	<b>ML</b>	Maturity Level
<b>AMR</b>	WHO Region of the Americas	<b>MS</b>	Member State
<b>BM</b>	Biological Material	<b>NGO</b>	Non-Governmental Organization
<b>BOD</b>	Burden of Disease	<b>NIC</b>	National Influenza Center
<b>CC</b>	Collaborating Centre	<b>NITAG</b>	National Immunization Technical Advisory Groups
<b>CPRP</b>	Country Preparedness and Response Plan	<b>NRA</b>	National Regulatory Authority
<b>CVV</b>	Candidate Vaccine Virus	<b>NDVP</b>	National Deployment and Vaccination Plan
<b>DEP</b>	Planning for Deployment	<b>PAHO</b>	Pan American Health Organization
<b>DG</b>	Director-General	<b>PC</b>	Partnership Contribution
<b>EMR</b>	WHO Eastern Mediterranean Region	<b>PCR</b>	Polymerase Chain Reaction
<b>EMRO</b>	WHO Regional Office for the Eastern Mediterranean	<b>PHEIC</b>	Public Health Emergency with International Concern
<b>EQAP</b>	External Quality Assessment Programme	<b>PIP</b>	Pandemic Influenza Preparedness
<b>EUR</b>	WHO European Region	<b>PISA</b>	Pandemic Influenza Severity Assessment
<b>FDA</b>	Food and Drug Authority	<b>PSC</b>	Programme Support Costs
<b>FoRCCE</b>	Foundations of Risk Communications and Community Engagement	<b>PSS</b>	Pandemic Special Studies
<b>GBT</b>	Global Benchmarking Tool	<b>RCCE</b>	Risk Communications and Community Engagement
<b>GHRP</b>	Global Humanitarian Response Plan	<b>REG</b>	Regulatory Capacity Building
<b>GISRS</b>	Global Influenza Surveillance and Response System	<b>RO</b>	Regional Office
<b>HAI</b>	Human Animal Interface	<b>SEAR</b>	WHO South-East Asia Region
<b>HLIP</b>	High-Level Implementation Plan	<b>SFP</b>	Shipping Fund Project
<b>ICFS</b>	Interim Financial Statement	<b>SMTA2</b>	Standard Material Transfer Agreement 2
<b>IDP</b>	Institutional Development Plan	<b>SPRP</b>	Strategic Preparedness and Response Plan
<b>IPPP</b>	Influenza Pandemic Preparedness Planning	<b>US CDC</b>	United States Centers for Disease Control and Prevention
<b>ISST</b>	Infectious Substances Shipping Training	<b>US DHHS</b>	United States Department of Health and Human Services
<b>IVPP</b>	Influenza Virus with Pandemic Potential	<b>VCM</b>	Vaccine Composition Meeting
<b>IVTM</b>	Influenza Virus Traceability Mechanism	<b>WER</b>	Weekly Epidemiological Record
<b>LMIC</b>	Low and Middle Income Country	<b>WHA</b>	World Health Assembly
<b>L&amp;S</b>	Laboratory and Surveillance Capacity Building	<b>WHO</b>	World Health Organization
<b>MOH</b>	Ministry of Health		

# INTRODUCTION

The **Pandemic Influenza Preparedness (PIP) Framework** is an innovative public health instrument that brings together Member States, industry, other stakeholders and WHO to implement a global approach to pandemic influenza preparedness and response. The key goals include: to improve and strengthen the sharing of influenza viruses with human pandemic potential through the WHO Global Influenza Surveillance and Response System (GISRS), and to increase the access of developing countries to vaccines and other pandemic response supplies.

The Framework includes a benefit-sharing mechanism called the Partnership Contribution (PC). The PC is collected as an annual cash contribution from influenza vaccine, diagnostic, and pharmaceutical manufacturers that use GISRS. Funds are allocated for: **(a)** pandemic preparedness capacity building; **(b)** response activities during the time of an influenza pandemic; and **(c)** PIP Secretariat for the management and implementation of the Framework.

For pandemic preparedness capacity building, activities are implemented according to six outputs under one outcome in the *High Level Implementation Plan (HLIP) II 2018-2023*. The technical and financial investments of countries and other partners, including GISRS, play a critical role in advancing pandemic preparedness alongside PC investments. Collectively, resources are used to strengthen pandemic preparedness systems, knowledge and capacities. We thank countries and partners for their important role and contribution. The progress made and successes achieved are a result of joint collaboration on common objectives. The PIP PC funding model is described in *HLIP II*, Section 6.

This reporting format addresses the recommendation from the 2016 PIP Review that WHO develop progress reports that present overall success metrics and infographics to illustrate progress in PIP Framework implementation. A progress report is published four times a biennium, and covers technical and financial implementation for HLIP II, as well as the PIP Secretariat. Milestones are reported every six months and indicators are reported yearly. All data are presented cumulatively from the beginning of each biennium, in this case, 1 January 2020.

For financial implementation, progress is reported against biennial workplan allocations. Figures presented exclude WHO Programme Support Costs (PSC) unless otherwise stated. For the mid-year reports, income, expenditures and encumbrances are presented, and are based on WHO's financial tracking system (GSM). For annual and biennial reports, income and expenditures are presented, in line with the yearly WHO Interim Certified Financial Statement.

Response to COVID-19 overshadowed implementation of all activities covered in this report. A central, recurring theme throughout the year, has been the invaluable global asset that GISRS represents for the global response. The targeted capacity-strengthening activities supported by PIP have also been recognized, and despite slow-downs, some notable results and impact have been achieved, as reflected in this report. Care was exercised at all times to ensure that PIP PC funds were used to implement influenza specific capacity-strengthening activities, and periodic risk assessments were done to manage and, to the extent possible, minimize the impact of COVID-19 on PIP PC implementation.

Many staff across WHO Clusters and Departments in all Major Offices support the implementation of the PIP Framework. Without their work, dedication and collaboration, there would be no progress to report on. We extend our sincere thanks to these staff for their invaluable work. The report is structured as a series of infographics as follows:

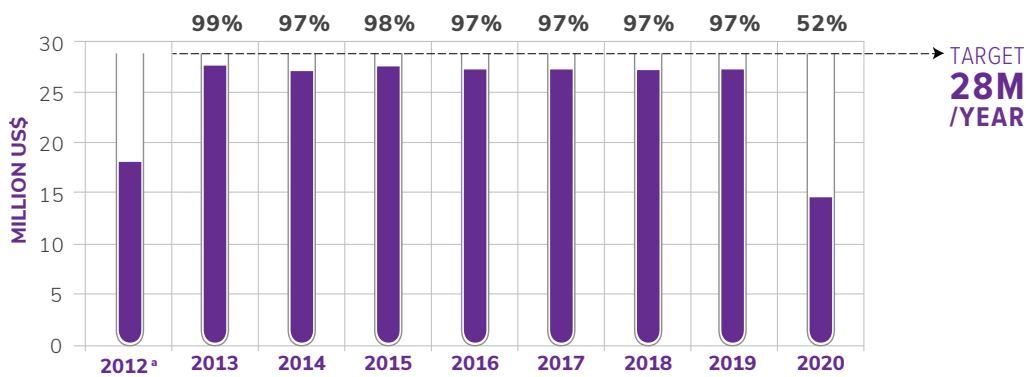
<b>PIP Framework implementation overview</b>	<b><u>pages 5 - 7</u></b>
<b>Technical and financial implementation progress</b>	<b><u>pages 8 - 18</u></b>
<b>Stories from the field</b>	<b><u>pages 19 - 26</u></b>
<b>Financial report including ICFS - Annex A (reported annually and biennially)</b>	<b><u>pages 27 - 33</u></b>

For previous reports, see [https://www.who.int/influenza/pip/partnership\\_contribution/en/](https://www.who.int/influenza/pip/partnership_contribution/en/)

# IMPLEMENTATION OVERVIEW

## PIP PC collection (As of 31 December 2020)

### PERCENTAGE OF TOTAL PC RECEIVED FROM CONTRIBUTORS



**\$223.7M**  
CONTRIBUTED BY  
INDUSTRY<sup>b</sup>

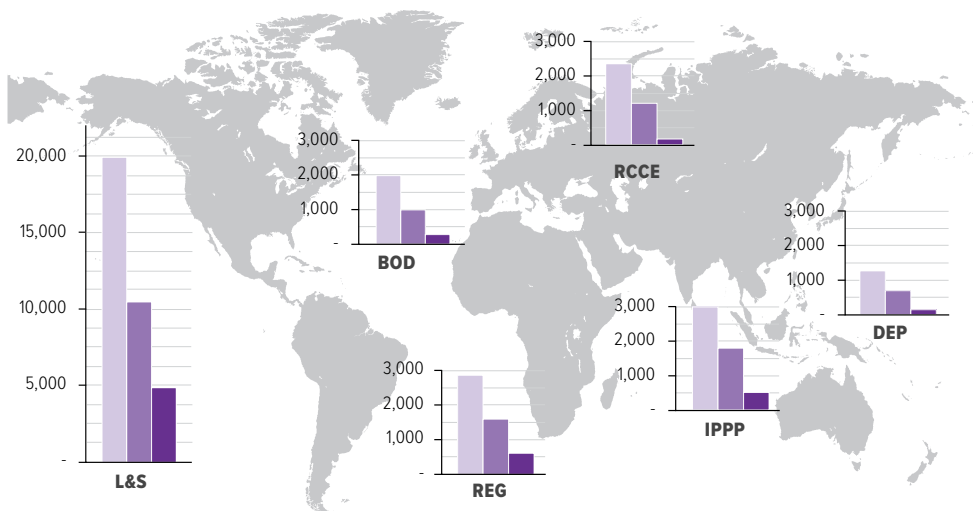
<sup>a</sup> In 2012, contributions were made voluntarily.

<sup>b</sup> Figure includes PSC. PC collection for previous unpaid contributions and 2020 invoices is in process. Invoices for 2020 were issued on 25 June 2020. The figure does not include interest earned on Response Funds.

## PIP PC financial implementation (As of 31 December 2020)

### PREPAREDNESS

2020-2021 BIENNIAL BUDGET: **\$31.4M** FUNDED: **\$16.7M** IMPLEMENTED: **\$6.6M**



### PIP SECRETARIAT

BIENNIAL BUDGET: **\$5.8M**

FUNDED: **\$3.3M**

IMPLEMENTED: **\$1.6M**

### RESPONSE

TOTAL IN RESERVE  
(WITH PSC & INTEREST  
ACCRUED FOR 2018-20):  
**\$63.9M**

### LEGEND

Biennial budget  
Funded  
Implemented

## PIP Framework outcome indicators

### OUTCOME

Improved global pandemic influenza preparedness and response through the implementation of the PIP Framework

Indicator	2019 Baseline	2020 Status	2021 Target
% of Member States with zoonotic influenza cases sharing IVPPs with GISRS (N=4)	71% <sup>a</sup>	75%	N/A
% of PC recipient Member States reporting to FluNet (sustainability indicator, N=41)	97%	88%	≥85%
% of PC recipient Member States reporting to FluID (N=41)	81%	73%	70%
% of Member States with BOD estimates considered by NITAG or other decision-making bodies (N=11)	11%	0%	40%
No. of PC recipient Member States that have implemented regulatory approach (N=48)	22	27	23
% of PC recipient Member States that developed or updated a pandemic influenza preparedness plan (N=63)	52%	56%	75%
% of influenza vaccine & antiviral manufacturers that concluded an SMTA2 (N=32)	41%	44%	50%
% of Partnership Contributions received in the year of invoice (N=\$28M)	58%	52%	100%

<sup>a</sup> 2019 indicator's result was reported to be 57% in the 2018-2019 PIP Biennial Progress Report. This result has since been corrected upon reviewing the data retrospectively.

## PIP Biological Materials<sup>a</sup> shared

PIP BMs RECORDED IN IVTM



FROM 1 JANUARY TO  
31 DECEMBER 2020:

**67** VIRUS SUBTYPES RECORDED:  
A(H5N1), A(H9N2), A(H3N2)v,  
A(H1N1)v, A(H1N2)v, A(H5N6), A(H7N9)



TOTAL SINCE 1 DECEMBER 2012:

**1273** PIP BMs RECORDED

<sup>a</sup>For definition of 'PIP Biological Materials', see PIP Framework Section 4.1

## SMTA2: SECURING PRODUCTS FOR PANDEMIC RESPONSE

SMTA2 WITH VACCINE MANUFACTURERS SINCE 2013

Large / multi-national  
manufacturers

**>75M**

pandemic production



Medium-sized  
manufacturers

**>5M and <75M**

pandemic production



Small  
manufacturers

**<5M**

pandemic production

NEW: 1 additional  
SMTA2 signed in 2020



**>400M**

DOSES SECURED FOR  
PANDEMIC RESPONSE

SMTA2 WITH ANTIVIRAL AND DIAGNOSTIC MANUFACTURERS & ACADEMIC AND RESEARCH INSTITUTIONS



**10M**

TREATMENT COURSES  
OF ANTIVIRALS



**250,000**

DIAGNOSTIC KITS



**25M**

SYRINGES



**73**

SMTA2 WITH ACADEMIC  
& RESEARCH INSTITUTIONS

NEW: 3 additional  
SMTA2 signed in 2020



**29**

BENEFIT-SHARING  
OFFERS FROM ACADEMIC  
& RESEARCH INSTITUTIONS

## PIP Framework governance

The COVID-19 pandemic has continued to impact all aspects of WHO's work, including implementation of the PIP Framework. As a result of travel restrictions and public health advice, the PIP Framework Advisory Group held its first virtual meeting from 12-16 October 2020, preceded by three technical briefings on: (1) strengthening engagement with the diagnostics sector and outcomes of the World Health Assembly, (2) COVID-19 and influenza virus sharing and (3) the ACT-Accelerator.



At the resumed session of the Seventy-Third World Health Assembly, the Director-General informed Member States of WHO's new, harmonized approach to reporting on PIP Framework Implementation, as recommended by the 2016 PIP Framework Review Group.

Finally, the PIP Framework Secretariat is contributing to various WHO initiatives undertaken to improve response to the pandemic and better prepare the world for future health emergencies.

# IMPLEMENTATION PROGRESS

预览已结束，完整报告链接和二维码如下：

[https://www.yunbaogao.cn/report/index/report?reportId=5\\_23890](https://www.yunbaogao.cn/report/index/report?reportId=5_23890)

