Pandemic Influenza Preparedness Framework

A SUMMARY

Partnership Contribution (PC) Preparedness
High-Level Implementation Plan 2018-2023

Pandemic influenza preparedness aims to strengthen country, regional and global capacities to respond to an event that will affect all continents, peoples and sectors. Preparing for the next influenza pandemic requires a collaborative, whole-of-government and whole-of-society approach.

About this plan

This High-Level Implementation Plan (HLIP II) will guide the use of WHO's Pandemic Influenza Preparedness (PIP) Framework Partnership Contribution (PC) Preparedness Funds from 2018 to 2023. The plan was developed with input from the PIP Advisory Group, Global Influenza Surveillance and Response System (GISRS), industry, and civil society organizations.

World Health Organization

Pandemic flu facts

Historically, pandemics occur 3-4 times each century. It is impossible to predict when the next one will happen.

The virus spreads quickly. Air travel has greatly increased the speed with which the virus can spread.

All people, including pregnant women, children, elderly, chronically ill, and healthy young adults, are at risk.

During each of the four most recent pandemics, between 0.5 and 4.8 percent of global GDP was lost.

Pandemic influenza deaths estimates

1918	1957	1968	2009
H1N1 virus	H2N2 virus	H3N2 virus	H1N1 pdm09 virus
40 million	1.1 million	1 million	150-575 thousand

PC Outcome and its indicators

Influenza surveillance systems, knowledge and capacities for a timely and appropriate response to pandemic influenza are established and strengthened

- **Outcome Indicator 1:** % of Member States sharing IVPPs with GISRS according to WHO IVPP sharing guidance
- **Outcome Indicator 2:** % of Member States reporting to FluNet
- **Outcome Indicator 3:** % of Member States reporting to FluID
- **Outcome Indicator 4:** % of Member States with burden of disease estimates that have been considered by NITAG or other decision-making bodies
- **Outcome Indicator 5:** # of Member States that have implemented a defined regulatory approach that enables timely approval for use of pandemic influenza products
- **Outcome Indicator 6:** % of Member States that developed or updated a pandemic influenza preparedness plan

Outputs and their indicators

L&S (Output 1)
National influenza laboratory and surveillance systems contribute to GISRS for timely risk assessment & response measure

- 1.1 # of risk assessments published for influenza viruses at the human-animal interface following WHO guidance
- 1.2 # of Member States reporting influenza severity indicators to WHO
- 1.3 % of Member States that participated and were 100% correct for non-seasonal influenza virus identification in the WHO PCR External Quality Assessment Programme (EQAP)
- 1.4 % of Member States that participated and were 100% correct for seasonal influenza virus identification in the WHO PCR External Quality Assessment Programme (EQAP)
- 1.5 % of Member States that had timely sharing of influenza virus isolates or clinical specimens with WHO CCs according to WHO guidance
- 1.6 # of zoonotic influenza viruses and other influenza viruses with pandemic potential characterized by GISRS

BOD (Output 2)
Influenza disease burden estimates are used for public health decisions

- 2.1 # of Member States with published disease burden estimates based on data collected since 2011

REG (Output 3)
Timely access to quality-assured pandemic influenza products is supported

- 3.1 # of Member States which strengthened national regulatory capacity to oversee pandemic influenza products as per WHO benchmarking and IDP implementation

RCCE (Output 4)
Tools and guidance are available for countries to enhance influenza risk communication and community engagement

- 4.1 # of users from target audiences who completed learning modules on influenza and related RCCE content on the OpenWHO platform
- 4.2 # of Member States that utilized RCCE support for influenza preparedness or response

DEP (Output 5)
Plans for effective & efficient deployment of pandemic supplies are optimized

- 5.1 Annual simulation exercise conducted to test global deployment of pandemic influenza vaccines and other products
- 5.2 # of Member States that have undergone a national analysis of influenza vaccine procurement or production sustainability

IPPP (Output 6)
National pandemic influenza preparedness & response plans are updated in the context of all-hazards preparedness and global health security

- 6.1 % of Member States that exercised their pandemic influenza preparedness plan including across sectors

Deliverables

- a. Risk and severity of influenza, including at the human-animal interface, are routinely assessed
- b. Quality influenza virus detection capacity is sustained
- c. Countries are supported to consistently report influenza data to global platforms
- d. Countries are supported to share timely representative influenza samples with WHO CCs
- e. Influenza CVVs, virus detection protocols and reagents, and reference materials are routinely updated

- a. Representative national, regional and global disease burden estimates are available
- b. Disease burden findings are communicated to national and international expert bodies in a format that promotes evidence-based decision making

- a. National regulatory capacity for pandemic influenza products is strengthened
- b. Adoption of regulatory pathways that accelerate approval for use of pandemic influenza products is promoted

- a. Countries and front-line responders have access to resources for influenza risk communication, community engagement and social science-based interventions
- b. Technical assistance is provided to countries to plan and exercise influenza risk communication and community engagement

- a. A common approach to manage global deployment operations is developed and regularly tested with stakeholders and deployment partners
- b. National deployment planning process is revised and updated
- c. Technical assistance to develop policies for sustainable influenza vaccine procurement and production is provided to countries

- a. Countries are supported to develop, test and update their influenza pandemic preparedness plan

WHO / WHE / IHM / PIP / 2018.02

What is the PIP Framework?

The WHO PIP Framework is a landmark international arrangement that aims to improve global pandemic influenza preparedness and response. The PIP Framework is an innovative partnership among Member States, industry, civil society and other stakeholders.

The PIP Framework has many components, notably a **PIP Benefit Sharing System** that includes sustainable financing through **PC**. Influenza vaccine, pharmaceutical and diagnostic manufacturers that use GISRS, which is the backbone of the PIP Framework, are expected to make an annual financial contribution. These funds amount to US $28 million each year.

Most PC Funds are used to **strengthen GISRS** by building country, regional and global capacities that are needed to respond to an influenza pandemic. HLIP II outlines how these PC Preparedness Funds will be used to improve global pandemic influenza preparedness and response capacities in 2018-2023.

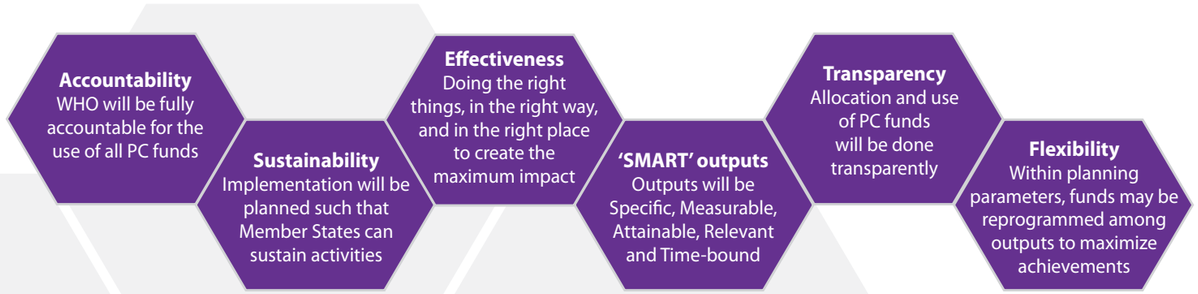
Preparedness context

Preparedness consists of the **knowledge**, **capacities** and **systems** needed to reduce vulnerability and enhance resilience.

PC Preparedness Funds are implemented in synergy with other WHO programmes and initiatives aimed at strengthening preparedness and response capacities. HLIP II will support implementation of the *Pandemic Influenza Risk Management (PIRM) guidance (2017)*. The Plan will also collaterally benefit the core capacities that countries are required to achieve under the *International Health Regulations (IHR, 2005)*, and build on the momentum countries established for vaccine policy development during the *Global Action Plan for Influenza Vaccines (GAP)*.

Planning principles

Allocation of PC Preparedness Funds is guided by planning principles that ensure the limited resources are used efficiently and effectively to improve influenza preparedness and response capacities, and that equity remains at the heart of implementation.



Progress: A world better prepared

During the first HLIP (2013-2017), PC Preparedness Funds ($64 million) contributed to improving many different capacities both globally and in 72 countries spread among WHO's six regions. The positive impact of PC investments include strengthened capacities to:

- **Detect, monitor and share influenza viruses** with pandemic potential;
- Provide **timely influenza situation analyses** and risk assessments;
- **Estimate influenza disease burden** for evidence-based policy development;
- Facilitate rapid approval and **deployment of pandemic influenza products**;
- **Communicate risk** during an influenza pandemic.

Challenges and way forward

Nonetheless, the world remains vulnerable and must sustain these efforts to strengthen preparedness. Based on an assessment of gaps and needs, key areas that require continued support include: laboratory and surveillance systems, national policies for influenza control based on burden of disease, capacities for risk communications, ensuring that safe and effective pandemic products are available to countries in a timely manner and are able to be rolled-out quickly, and that countries have updated pandemic plans that support an appropriate response.

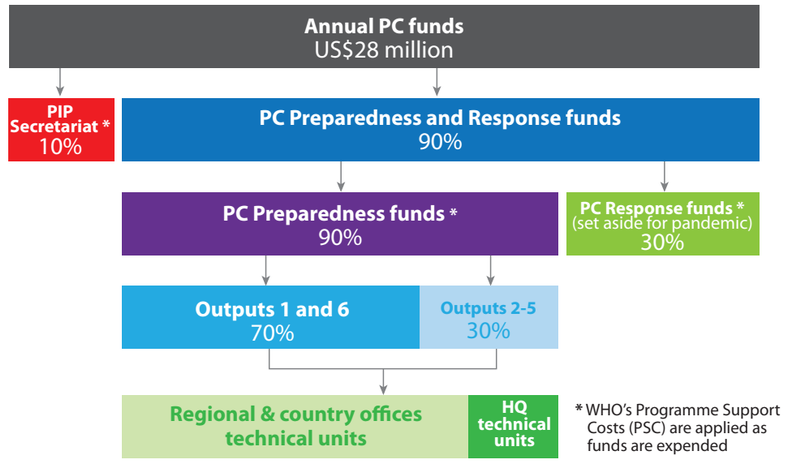
HLIP II has been targeted to meet these needs, as outlined in the **results hierarchy** on the following page. HLIP II indicators are intentionally aligned with those used by other initiatives to improve global pandemic influenza preparedness. This will enable all partners and institutions to show and share in the progress and impact achieved.

See the full High-Level Implementation Plan II:
http://www.who.int/influenza/pip/en/

Starting in mid-2018, track implementation progress:
http://open.who.int/

Fund allocation

PC Preparedness and Response funds are divided into two parts as required under the Framework. **Response funds** are set aside to be used in the time of a pandemic. **Preparedness funds** are used to improve pandemic preparedness, primarily at regional and country levels. The allocation of funds among Outputs and to countries and regions is based on principles of need and equity, and may be adjusted over time. The majority of funds are administered by WHO Regional and Country Offices.



High-level results

42 additional countries
routinely share influenza viruses with GISRS

36 additional countries
share influenza epidemiological data with WHO through 'FluID'

22 additional countries
share influenza virological data with WHO through 'FluNET'

10 additional countries
with influenza burden estimates and a new **global influenza mortality estimate**

48 targeted countries
now have an approach to facilitate the timely approval of pandemic influenza products during an emergency

1st global simulation portal
'PIP Deploy', launched for pandemic influenza vaccine deployment

8 influenza courses
on 'OpenWHO', the new online knowledge-transfer platform

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