
Pandemic Influenza Preparedness Framework

Partnership Contribution **ANNUAL REPORT 2015**



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List of Acronyms

AFRO	Regional Office for Africa	IPCIRR	Infection Prevention and Control Influenza Reagent Resource
AHI	Animal human interface	ISST	Infectious Substance Shipping Training
AMRO	Regional Office for the Americas	IVTM	Influenza Virus Tracking Mechanism
AOW	Area of Work	L&S	Laboratory and Surveillance
BSF	Band Selection Form	MERS-CoV	Middle East Respiratory Syndrome Corona Virus
CDC	Centers for Disease Control and Prevention, Atlanta, Georgia (USA)	MOH	Ministry of Health
CPA	Critical Path Analysis	MS	WHO Member State
EBS	Event-based surveillance	NIC	National Influenza Centre
ECBS	WHO Expert Committee on Biological Standardization	NRA	National Regulatory Authority
ECN	Emergency Communications Network	OIE	World Organization for Animal Health
ECSP	Expert Committee on Specifications for Pharmaceutical Preparations	OIR	Outbreak Investigation and Response
EID	Emerging Infectious Disease	PCR	Polymerase Chain Reaction
EMP	WHO's Essential Medicines and Health Products Department	PSC	WHO Programme Support Costs
EMRO	Regional Office for the Eastern Mediterranean	PHEIC	Public Health Emergency of International Concern
EQAP	External Quality Assessment Project	PIP	Pandemic Influenza Preparedness
ERC	Emergency Risk Communication Systems	BM	Biological Material
EURO	Regional Office for Europe	PIP PC	Pandemic Influenza Preparedness Partnership Contribution
GIP	WHO's Global Influenza Programme	PQ	WHO Prequalification
GISRS	Global Influenza Surveillance and Response System	RO	WHO Regional Office
WHO HQ	WHO headquarters	RRT	Rapid Response Training
IATA	International Air Transport Association	RSS	Regulatory Systems Strengthening
ICAO	International Civil Aviation Organization (ICAO)	SARI	Severe Acute Respiratory Infection
IDP	Institutional Development Plans for regulatory capacity	SEARO	Regional Office for South-East Asia
IHR	International Health Regulations (2005)	SMTA-2	Standard Material Transfer Agreement-2
ILI	Influenza-Like Illness	WHO CC	World Health Organization Collaborating Centre
		WPRO	Regional Office for the Western Pacific

Executive summary

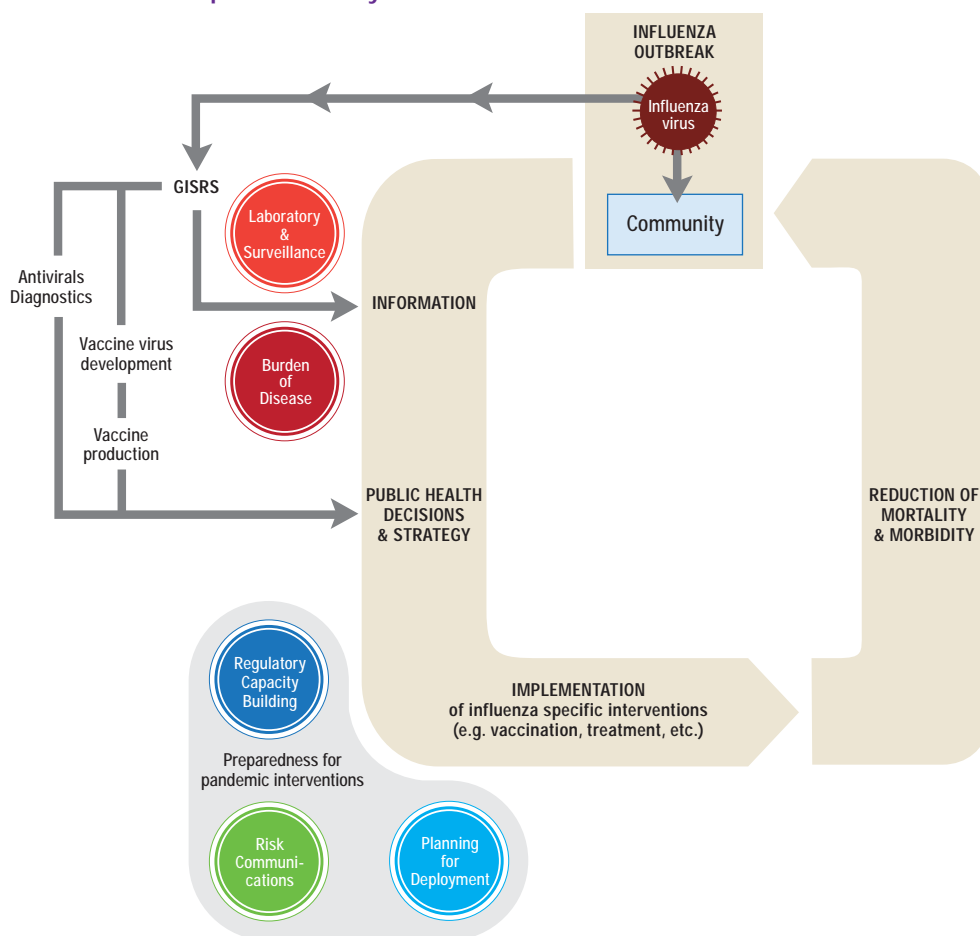
The Pandemic Influenza Preparedness (PIP) Framework for the sharing of influenza viruses and access to vaccines and other benefits is a broad-based partnership adopted in May 2011 by the 194 Member States of the World Health Organization (WHO) to improve global pandemic influenza preparedness and response. The Framework established a PIP Benefit Sharing System that includes an annual Partnership Contribution (PC) to WHO from influenza vaccine, diagnostic and pharmaceutical manufacturers using the WHO Global Influenza Surveillance and Response System (GISRS). In accordance with the high-level *PC Implementation Plan 2013-2016*¹, the PC is distributed across five Areas of Work (AOWs):

1. Laboratory and Surveillance
2. Burden of Disease
3. Regulatory Capacity Building
4. Planning for Deployment
5. Risk Communications

The capacities developed from these AOWs will strengthen overall preparedness and capacity of countries to respond to public health emergencies (see figure below).

¹ http://www.who.int/influenza/pip/pip_pcimplan_update_31Jan2015.pdf?ua=1

Pandemic Influenza Preparedness Cycle



By the end of 2015, approximately US\$ 31 million was distributed for activities to prepare countries for pandemic influenza across the five AOWs. Of these funds, 70% supported Laboratory and Surveillance capacity-building activities to detect, monitor and share novel influenza viruses. The balance supported capacity-building activities in the remaining AOWs. This report summarizes the results of implementing the PC in 2015, providing for the first time Regional and Area of Work profiles.

Progress in 2015

Building upon processes and procedures for work planning developed in 2014, all projects met key milestones in 2015. Highlights are described in the sections below.

Laboratory and Surveillance

This area of work aims to improve country capacity to detect, monitor and share influenza viruses for risk assessment and to inform vaccine composition during an influenza pandemic. The focus is on expanding the Global Influenza Surveillance and Response System (GISRS) so that more laboratories improve the quality of their laboratory testing to better detect novel influenza viruses and share these viruses with their networks. In the Regions, 43 priority countries reported data on 21 indicators measuring their capacity to detect, monitor and share novel influenza viruses and to sustain these activities over time. Measurements taken for all countries in August 2014 (baseline) compared with subsequent measures made in February 2015 and again in August 2015 showed increasing capacity in all three areas.

actively working to establish WHO-recognized National Influenza Centres (NICs). WHO officially recognized Zambia's NIC in 2015, increasing the total number of Centres to 143 across 113 countries.

At the global level, improvement in virus detection was demonstrated by the results of the 174 laboratories from 137 countries around the world that participated in the WHO External Quality Assessment Programme (EQAP). A total of 103 countries reported 100% correct results on the assessment panels. Virus-sharing has been facilitated by better influenza detection capacity at the national level, coupled with training to ship infectious substances. In fact, 128 countries shared viruses² with WHO Collaborating Centres (CCs) for characterization in 2015. These national efforts to detect and share influenza viruses strengthen GISRS and provide concrete evidence of improvements towards global pandemic influenza preparedness.³

Burden of Disease

Preparation for the next pandemic will require increased global vaccine production capacity. This can only be achieved if global seasonal vaccine demand increases in parts of the world where it is not widely used. The introduction of seasonal vaccine in new countries will require disease and economic burden data to allow policy-makers to compare the burden of influenza with other health priorities. WHO is convening the countries that are doing Burden of Disease studies so that they can share their results and increase the overall picture of burden of influenza in different country setting. Forty countries, including the 19 PIP PC priority countries, are currently engaged in estimating the burden of influenza

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