

Pandemic Influenza Preparedness Framework Partnership Contribution 2013 – 2016

Annual report 2014



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List of Acronyms

AEFI	Adverse events following immunization
AFRO	WHO Regional Office for Africa
AHI	Animal human interface
AMRO	WHO Regional Office for the Americas
AOW	Area of work
CDC	US Centers for Disease Control and Prevention
EBS	Event-based surveillance
ECN	Emergency communications network
EID	Emerging infectious disease
EQAP	External Quality Assessment Project
EMRO	WHO Regional Office for the Eastern Mediterranean
EURO	WHO Regional Office for Europe
EWARS	Early Warning and Response System
GAP	Global Action Plan for Influenza Vaccines
GISRS	Global Influenza Surveillance and Response System
GOARN	Global Outbreak and Response Network
HQ	WHO Headquarters
IATA	International Air Transport Association
ICAO	International Civil Aviation Organization
ICU	Intensive care unit
IHR	International Health Regulations (2005)
ILI	Influenza-like illness
IPC	Infection prevention and control
L&S	Laboratory and surveillance
MERS-CoV	Middle East respiratory syndrome - coronavirus
MS	Member State
NIC	National Influenza Centre
NRA	National Regulatory Authority
PHEIC	Public Health Emergency of International Concern
PIP PC	Pandemic Influenza Preparedness Partnership Contribution
PPE	Personal protective equipment
RO	Regional office
RRT	Rapid response training
SARI	Severe acute respiratory infection
SEARO	WHO Regional Office for South-East Asia
SMTA	Standard material transfer agreement
WBDS	Web-based disease surveillance
WPRO	WHO Regional Office for the Western Pacific

Foreword

This is the first report for the Pandemic Influenza Preparedness Framework Partnership Contribution. It covers the period from January through December 2014 and provides technical and financial information concerning progress to implement activities in the five Areas of Work (AOW) defined in the *PIP Partnership Contribution Implementation Plan 2013-2016*, approved by the Director-General in January 2014. Those AOWs are: **1)** Laboratory and Surveillance Capacity Building; **2)** Burden of Disease; **3)** Regulatory Capacity Building; **4)** Risk Communications; and **5)** Planning for Deployment. Activities identified for support under each AOW are directly linked to the findings of *Gap Analyses* conducted in 2013.

Likewise, they are consistent with the analyses found in the *Critical Path Analysis – From Detection to Protection* which provides a high level overview of the complex, multi-sectoral ‘path’ that starts at the time of the detection of a new influenza virus and culminates with the protection of the global community. Readers are therefore strongly encouraged to familiarize themselves with these three documents which may be found on the PIP webpage ¹.



Gap Analyses



**PIP Framework
Partnership Contribution
Implementation Plan
2013-2016**



**Critical Path Analysis –
From Detection to
Protection**

¹ <http://www.who.int/influenza/pip/en/>

1. Executive summary

Overview

The PIP Framework is an innovative and ambitious arrangement, among the 194 Member States of the World Health Organization, that aims to improve global pandemic influenza preparedness and response. Adopted in 2011, the Framework brings together public and private partners in a new approach to increase pandemic preparedness and response capacities. The PIP Benefit Sharing System, established in the PIP Framework, includes an annual Partnership Contribution (PC) to WHO from influenza vaccine, diagnostic and pharmaceutical manufacturers that use the WHO Global Influenza Surveillance and Response System (GISRS). The Framework specifies that PC resources shall be used to improve pandemic preparedness and response and that the WHO Executive Board will decide on the proportion that should be allocated to each area. In May 2012, the Executive Board decided that for the period 2012-2016, 70% of resources should go to preparedness and 30% to response. The Framework also specifies that the contributions were to commence in 2012.

Through the support of influenza product manufacturers, Partnership Contribution funds have been received every year by WHO since 2012. By January 2014, when work plans for preparedness activities were being developed, approximately US\$ 25.3M were available to WHO for disbursement to support capacity building activities in 5 Areas of Work (AOW): laboratory and surveillance; burden of disease; regulatory capacity building; planning for deployment; and risk communications.



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