

2022

2023

Pandemic Influenza Preparedness Framework

Biennial
progress
report

1 January
2022 –
31 December
2023



World Health
Organization

Pandemic Influenza Preparedness Framework

Biennial progress report

1 January 2022–31 December 2023



**World Health
Organization**

Pandemic Influenza Preparedness Framework: biennial progress report, 1 January 2022–31 December 2023.

ISBN 978-92-4-009924-1 (electronic version)

ISBN 978-92-4-009925-8 (print version)

© World Health Organization 2024

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition".

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization (<http://www.wipo.int/amc/en/mediation/rules/>).

Suggested citation. Pandemic Influenza Preparedness Framework: biennial progress report, 1 January 2022-31 December 2023. Geneva: World Health Organization; 2024. Licence: [CC BY-NC-SA 3.0 IGO](https://creativecommons.org/licenses/by-nc-sa/3.0/igo).

Cataloguing-in-Publication (CIP) data. CIP data are available at <https://iris.who.int/>.

Sales, rights and licensing. To purchase WHO publications, see <https://www.who.int/publications/book-orders>. To submit requests for commercial use and queries on rights and licensing, see <https://www.who.int/copyright>.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

Contents

Acronyms and abbreviations	iv
Introduction	1
PIP Framework implementation overview	3
Technical and financial implementation progress	6
Laboratory & surveillance	8
Burden of disease	10
Regulatory capacity building	11
Risk communications & community engagement	12
Planning for deployment	13
Influenza pandemic preparedness planning	14
PIP Framework Secretariat	15
Stories from the field	16
What's next for 2024-2025	22
Annex: Financial Report	28

Acronyms and abbreviations

BM	Biological Material	LMIC	Low and middle-income country
BOD	Burden of Disease	MA	Marketing Authorization
CC	Collaborating Centre	MCM	Medical countermeasures
CVV	Candidate Vaccine Virus	MS	Member State
DEP	Planning for Deployment	NIC	National Influenza Centre
EARS	Early AI-supported Response and Social Listening System	NDVP	National Deployment and Vaccination Plan
ECBS	Expert committee on biological standardization	PC	Partnership Contribution
EPI-WIN	WHO Information network for epidemics	PIP	Pandemic Influenza Preparedness
EQAP	External Quality Assessment Programme	PISA	Pandemic Influenza Severity Assessment
GBT	Global Benchmarking Tool	PRET	Preparedness and resilience for emerging threats
GISRS	Global Influenza Surveillance and Response System	PSC	Programme Support Costs
HAI	Human Animal Interface	QMS	Quality Management Systems
HLIP	High-Level Implementation Plan	RCCE	Risk Communications and Community Engagement
ICFS	Interim Certified Financial Statement	REG	Regulatory Capacity Building
IDP	Institutional Development Plan	SFP	Shipping Fund Project
IPPP	Influenza Pandemic Preparedness Planning	SMTA2	Standard Material Transfer Agreement 2
ISST	Infectious Substances Shipping Training	VCM	Vaccine Composition Meeting
IVPP	Influenza Virus with Pandemic Potential	WER	Weekly Epidemiological Record
IVTM	Influenza Virus Traceability Mechanism	WHO	World Health Organization
L&S	Laboratory and Surveillance Capacity Building		

Introduction

The **Pandemic Influenza Preparedness (PIP) Framework** is an innovative public health instrument that brings together Member States, industry, other stakeholders and the World Health Organization (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*. A mid-term external review of HLIP II was conducted in 2021, which led to an update of the indicators and milestones monitored. Reporting against the new measures commenced in 2022.

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 2022.

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 (ICFS).

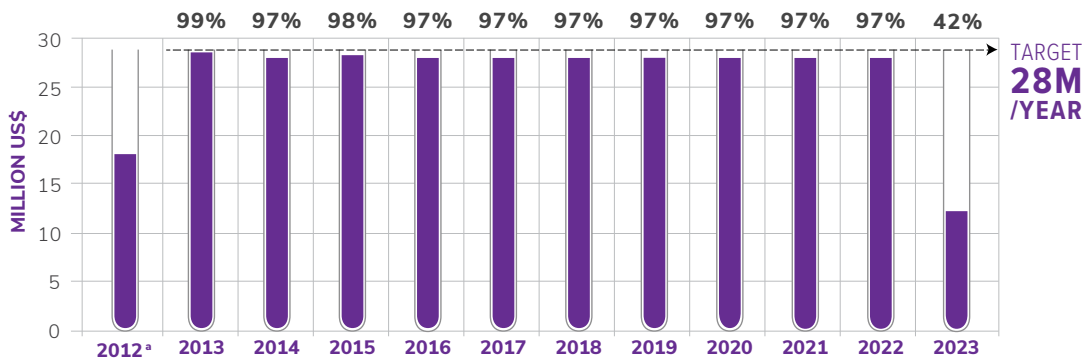
Many staff across WHO Divisions and Departments in all Major Offices support the implementation of the PIP Framework. Without their work, dedication and collaboration, there would be no progress to report on. We extend our sincere thanks to these staff for their invaluable work.

For previous reports, see <https://www.who.int/initiatives/pandemic-influenza-preparedness-framework/partnership-contribution>

PIP Framework implementation overview

PIP PC collection (As of 31 December 2023)

PERCENTAGE OF TOTAL PC RECEIVED FROM CONTRIBUTORS



TARGET
28M
/YEAR



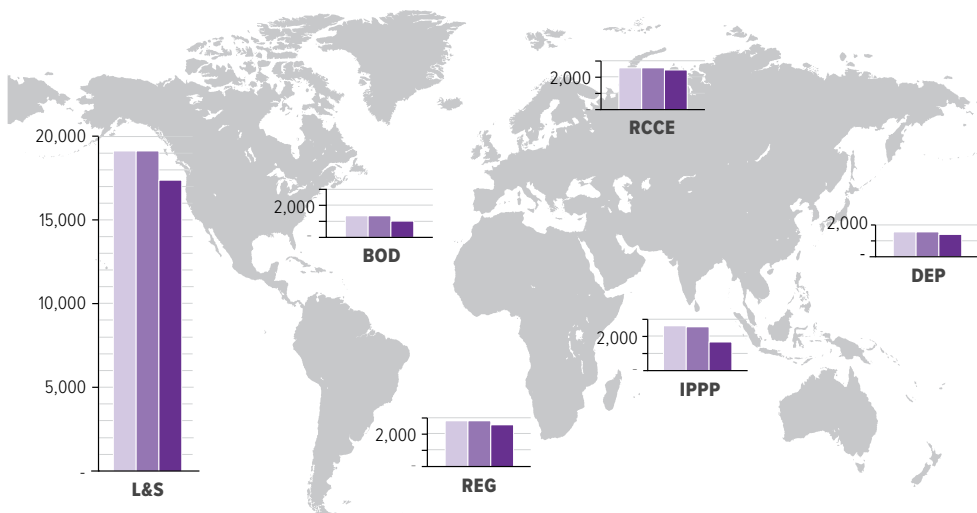
^a In 2012, contributions were made voluntarily.

^b Figure includes PSC. PC collection for all previous unpaid contributions and 2023 invoices is in process. The figure does not include interest earned on Response Funds of \$8 million in 2018-2023.

PIP PC financial implementation for the biennium (As of 31 December 2023)

PREPAREDNESS

2022-2023 BIENNIAL BUDGET: \$30M FUNDED: \$29.9M IMPLEMENTED: \$26.5M



PIP SECRETARIAT

BIENNIAL BUDGET: \$5.9M

FUNDED: \$4.3M

IMPLEMENTED: \$3.7M

RESPONSE

TOTAL IN RESERVE
(WITH PSC & INTEREST
ACCRUED FOR 2018-23):
\$90M

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	2021 Baseline	2022 Status	2023 Status	2023 Target
% of Member States with zoonotic influenza cases sharing IVPPs with GISRS (N=7)	80%	57%	70%	N/A
% of PC recipient Member States reporting to FluNet (sustainability indicator) (N=43)	90%	91%	95%	90%
% of PC recipient Member States reporting to FluID (N=43)	71%	79%	74%	80%
No. of Member States that developed or updated an influenza vaccination policy: ^c	33 ^{d,e}	14 ^f	20 ^g	10
No. of PC recipient Member States that have implemented a regulatory approach (N=48)	41	48	48	48
No. of PC recipient Member States that developed or updated an IPPP (N=65)	37	37	37	45
% of influenza vaccine & antiviral manufacturers that concluded an SMTA2 (N=32)	44%	44%	44%	50%
% of Partnership Contributions received in the year of invoice (N=\$28M)	55%	52%	40%	100%

^c Due to data collection timelines, previous years indicator status data are presented ^d 2020 data was used for this baseline ^e The 2021 baseline was reported to be 38 in the January - June 2022 PIP Six-Month Progress Report. This result has since been corrected upon reviewing the data retrospectively. ^f 2021 data was used for this result ^g 2022 data was used for this result

PIP Biological Materials^h shared

PIP BMs RECORDED IN IVTM



FROM 1 JANUARY 2022
TO 31 DECEMBER 2023:

123

VIRUS SUBTYPES RECORDED:
H1V, H1N1V, H1N2V, H3N2V, H3N8, H5N1,
H5N6, H5N8, H7N9, H7N7, H9N2, H10N3



TOTAL SINCE 1 DECEMBER 2012:

1517

PIP BMs RECORDED

^h For definition of 'PIP Biological Materials', see PIP Framework Section 4.1

SMTA2: SECURING PRODUCTS FOR FUTURE 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



~10%
of future pandemic
production
(>420M DOSES)ⁱ

ⁱ Estimate based on the use of existing technologies - figures may vary depending on the use of newer technologies.

SMTA2 WITH ANTIVIRAL AND DIAGNOSTIC MANUFACTURERS & ACADEMIC AND RESEARCH INSTITUTIONS



250,000

DIAGNOSTIC KITS



25M

SYRINGES



75

SMTA2 WITH
ACADEMIC
& RESEARCH
INSTITUTIONS

29

BENEFIT-SHARING
OFFERS FROM ACADEMIC &
RESEARCH INSTITUTIONS

PIP Framework governance

The PIP Advisory Group met from 24-27 October 2023 in Geneva. During the meeting, the Advisory Group received briefings on the implementation of the PIP Framework and discussed in more detail matters such as the development of workplans under HLIP III, the work to update the level of the Partnership Contribution (PC) and revise the PC Formula, and the revision to the PC Response Fund Guiding Principles.

The PIP Framework Secretariat continued to provide support to broader pandemic prevention, preparedness, and response initiatives, particularly to the Intergovernmental Negotiating Body (INB). Through this collaborative work, the PIP Secretariat is promoting synergies between its work and broader pandemic preparedness and response issues, ensuring that the experiences and lessons being learned from the PIP Framework implementation can be used in other fora.



The PIP Secretariat has initiated a project to prepare for activating the PIP Framework response benefits and thereby contributing to a fair and equitable response to the next influenza pandemic. This includes: (i) cataloguing all information on the financial and non-financial benefits available to WHO through the PIP Framework to support timely and informed decision making by the Director-General; and (ii) working towards timely and efficient operationalization of the PIP response benefits.

Technical and financial implementation progress

NOTE TO READERS

Please read this Output Reading Guide which provides clarity on the data reported in this section.

Output reading guide

Output name & statement

Laboratory & surveillance

BIENNIAL BUDGET: \$XM | IMPLEMENTED: \$XM

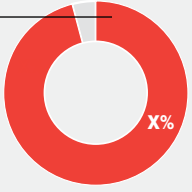
OUTPUT: National influenza L&S systems contribute to GISRS for timely risk assessment & response measures

Biennial budget & funds implemented cumulatively at Output level (excluding PSC)

Milestones: cumulative progress updated every six months since beginning of 2022

DELIVERABLE A

Risk and severity of influenza, including at the human-animal interface, are routinely assessed



\$XM IMPLEMENTED

MILESTONES

	X PISA trainings completed	→ X countries from X regions
	X Outbreak detection & response trainings	→ X countries from X regions
	X Meetings, workshops, joint investigation & risk assessments	→ X countries from X regions

INDICATORS

Number of WHO HAI risk assessments published

Number of MS reporting PISA to WHO ≥ twice in a season

HIGHLIGHTS

- In 2023, X countries including X PC recipient countries reported their yearly influenza epidemic severity assessments to WHO. X trainings involving X countries from X regions on the Pandemic Influenza Severity Assessment tool (PISA) were conducted. This is demonstrative of an important increase of X% compared to 2022 in the number of countries reporting, and of a gradual improvement in the process of severity assessment following the disruption to influenza surveillance caused by the COVID-19 pandemic.
- Following a global consultation on PISA guidance held in June 2023, an updated guidance draft was developed and shared with the cross-regional working group in December 2023 for final review. The publication is expected to be in first trimester of 2024.

Funds implemented cumulatively at deliverable level (excluding PSC)

Proportion of funds implemented from the biennial budget (gray denotes proportion of funds not implemented)

Deliverable name

Highlights from 1 January 2022 - 31 December 2023

Laboratory & surveillance

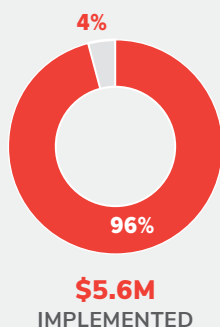


BIENNIAL BUDGET: **\$19.1M** | IMPLEMENTED: **\$17.4M**

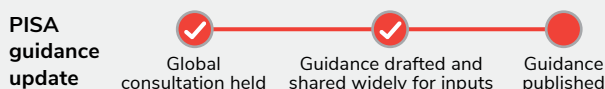
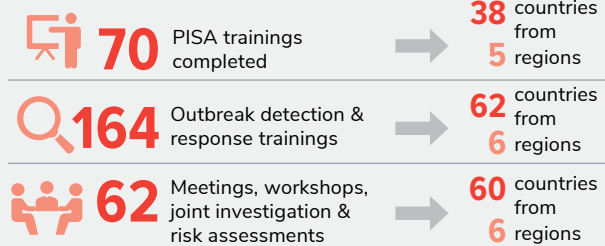
OUTPUT: National influenza L&S systems contribute to GISRS for timely risk assessment & response measures

DELIVERABLE A

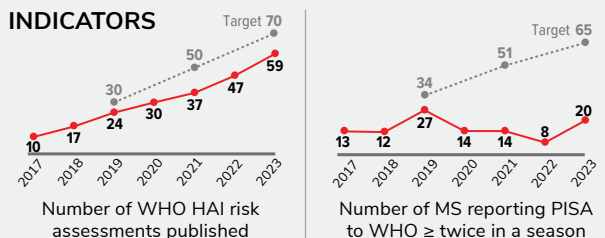
Risk and severity of influenza, including at the human-animal interface, are routinely assessed



MILESTONES



INDICATORS

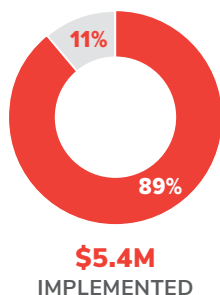


HIGHLIGHTS

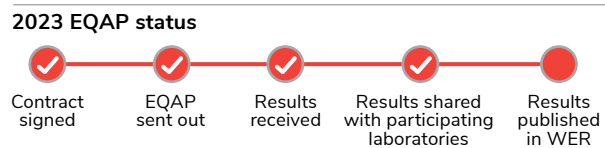
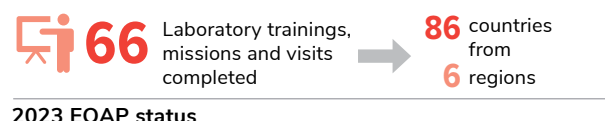
- In 2023, 20 countries including five PC recipient countries reported their yearly influenza epidemic severity assessments to WHO. Seventy trainings involving 38 countries from five regions on the Pandemic Influenza Severity Assessment tool (PISA) were conducted. This is demonstrative of an important increase of 150% compared to 2022 in the number of countries reporting, and of a gradual improvement in the process of severity assessment following the disruption to influenza surveillance caused by the COVID-19 pandemic.
- Following a global consultation on PISA guidance held in June 2023, an updated guidance draft was developed and shared with the cross-regional working group in December 2023 for final review. The publication is expected in first trimester of 2024.

DELIVERABLE B

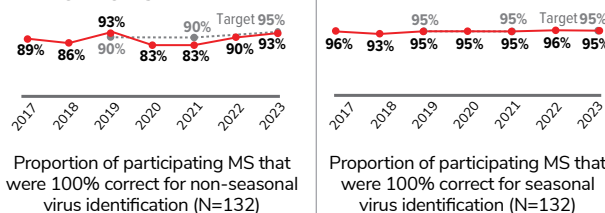
Quality influenza virus detection capacity is sustained



MILESTONES



INDICATORS

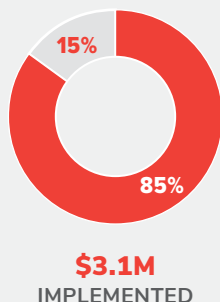


HIGHLIGHTS

- In 2022-23, five National Influenza Centres (NIC) were newly recognized by WHO in Bhutan, Maldives, Saudi Arabia, Tajikistan and Timor-Leste – in 2023 bringing the total number of NICs globally to 151 in 129 countries. Increasing access to NICs was the first objective for use of PC funds set by the PIP Advisory Group in 2013 as it improves data representativeness and facilitates a timely and effective response to an influenza pandemic.
- The External Quality Assessment Program (EQAP) is used to monitor, sustain, and drive improvements in virus detection capacity. The 2023 EQAP panel was sent to countries in July 2023 and included components to assess influenza virus, SARS-CoV-2 including the Omicron variant of concern, and influenza antiviral susceptibility testing quality. 132 countries participated in this year's EQAP. Of the participating countries, 123 (93%) correctly identified all non-seasonal influenza viruses, and 125 (95%) correctly identified all seasonal viruses. The 2022-23 biennium had five new countries participate for the first time.

DELIVERABLE C

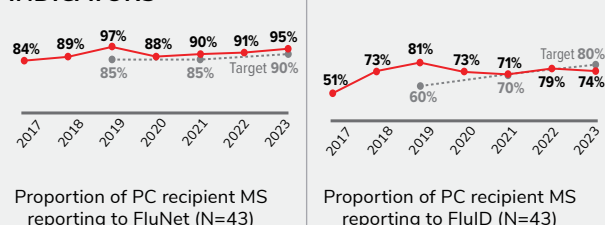
Countries are supported to consistently report influenza data to global platforms



MILESTONES



INDICATORS



HIGHLIGHTS

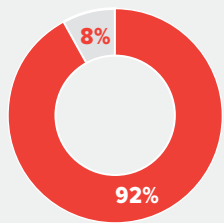
- Of 194 WHO MS, 155 (80%) reported influenza surveillance data to FluNet and 123 (63%) reported to FluID.
- Of the 43 PC L&S recipient countries, the proportion reporting to FluNet (95%) met the indicator target whereas FluID (74%) has not met the indicator target due to COVID-19. Data sharing is critical to monitor influenza activity and to inform risk assessments.
- The Sixteenth Bi-regional Meeting of National Influenza Centres and Influenza Surveillance in WHO's South-East Asia and Western Pacific Regions held in August 2023, highlighted several conclusions including: 1) global initiatives linked to influenza and other respiratory pathogens and regional initiatives were viewed as synergistic to strengthen laboratory capacities for improved public health surveillance including for influenza preparedness in countries and in GISRS as a whole. 2) Integrated sentinel surveillance of SARS-CoV-2 and influenza is recognized as a cost-effective platform to conduct multiple respiratory virus surveillance.



Laboratory & surveillance

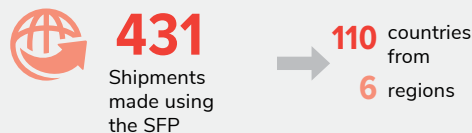
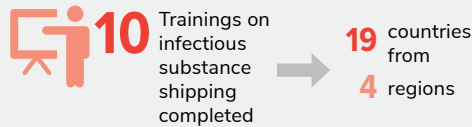
DELIVERABLE D

Countries are supported to share timely representative influenza samples with WHO CCs

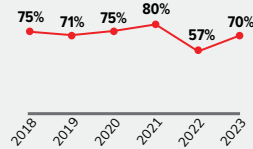


\$3.0M
IMPLEMENTED

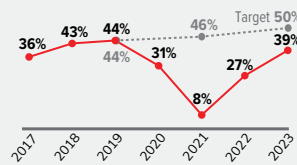
MILESTONES



INDICATORS



Proportion of MS with zoonotic influenza cases sharing IVPPs with GISRS (N=7)



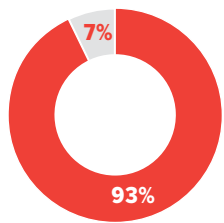
Proportion of MS with two timely shipments of virus isolates/clinical specimens with CCs (N=194)

HIGHLIGHTS

- In 2023, 7 out of 10 (70%) countries that reported zoonotic influenza cases to WHO shared IVPPs with GISRS in a timely manner according to WHO guidance. One country had exhausted the amount of viral material available whereas another was unable to share due to national regulations on human data protection including genetic information. WHO continuously encourages countries to share IVPPs with GISRS according to global guidance.
- In 2023, 131 (68%) countries shared influenza viruses/clinical specimens at least once with WHO Collaborating Centres (CC). There is a marked increase in sharing two timely shipments with WHO CCs since last year from 53 (27%) to 75 (39%) countries. We are on the right trajectory to reach the level of 44% seen in 2019, prior to COVID-19.
- Through the WHO Shipping Fund Project (SFP), 110 countries from all six regions made 431 shipments of influenza viruses/clinical specimens to WHO CCs since January 2022. This demonstrates the gradual return to sharing at levels made prior to the COVID-19 pandemic (520 shipments in 2018-19).

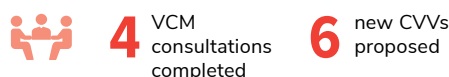
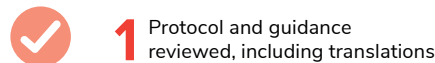
DELIVERABLE E

Influenza CVVs, virus detection protocols and reagents, and reference materials are routinely updated

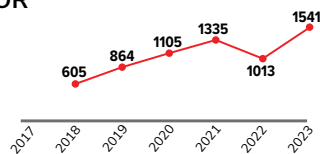


\$282K
IMPLEMENTED

MILESTONES



INDICATOR



Number of zoonotic viruses & other IVPPs characterized by GISRS

HIGHLIGHTS

- In the 2022-23 biennium, 2554 zoonotic influenza viruses and other IVPPs were characterized by GISRS. The viruses were of 29 influenza A subtypes and originated from 26 countries. Through the four Vaccine Composition Meeting (VCM) consultations in 2022 and 2023, current antigenic, genetic and epidemiologic data led to the development of six new candidate vaccine viruses (CVV) for pandemic influenza preparedness. Continued selection and development of CVVs is essential for global pandemic preparedness to maintain a bank of viruses suitable for the immediate development of vaccines, including during a pandemic.

Burden of disease

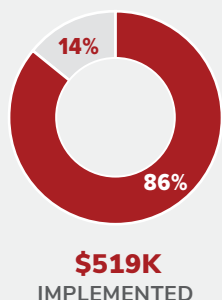


BIENNIAL BUDGET: **\$1.3M** | IMPLEMENTED: **\$1.0M**

OUTPUT: **Influenza disease burden estimates are used for public health decisions**

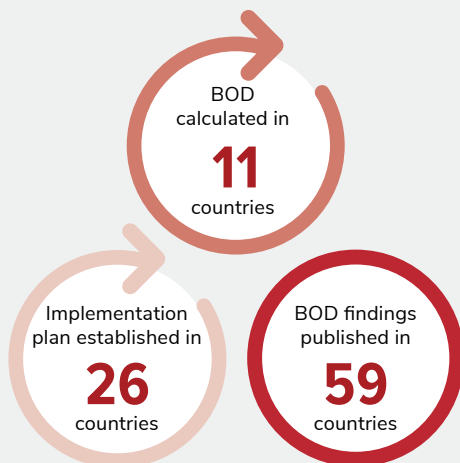
DELIVERABLE A

Representative national, regional and global disease burden estimates are available

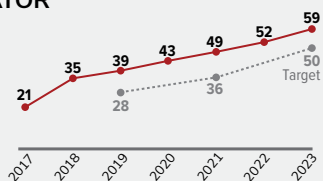


MILESTONE

Number of countries in each burden of disease estimate development stage (N=194)



INDICATOR



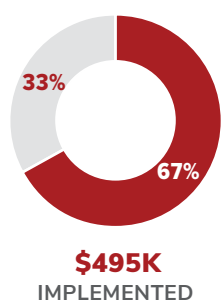
Number of MS with published disease burden estimates based on data collected since 2011

HIGHLIGHTS

- In 2022-23, 10 additional countries published their BOD estimates and 18 updated their previous findings bringing the total to 59 countries with published estimates globally since 2011, exceeding the biennial target.
- Regional and sub-regional trainings on estimating influenza disease burden were held in 18 countries in the African and nine countries in the Eastern-Mediterranean Regions in September 2023. The trainings helped participating countries to design, implement, analyze and interpret influenza burden studies using influenza sentinel surveillance data. Country-specific protocols, analysis plans, as well as action plans for influenza burden estimation were developed.
- Further, a regional meeting on “Burden of disease and impact of seasonal influenza vaccine” was conducted in the Region of the Americas in November 2023 to strengthen the estimation capacity for influenza disease, economic burden and impact of vaccination. The region is finalizing a literature review of regional economic burden and costs of illness published in the last 10 years, and is expected to submit for publication in peer-reviewed journal and as a poster or presentation in a Regional Economic Studies Meeting in early 2024.
- Two countries have contributed influenza burden estimates (obtained using the recommended WHO methodology) to the Influenza Burden, Global (IcEBErG) Project. The IcEBErG study, conducted by WHO and CDC, aims to estimate the global burden of influenza-associated hospitalization. The analysis and publication are currently under finalization.

DELIVERABLE B

Disease burden findings are communicated to national and international expert bodies in a format that promotes evidence-based decision making

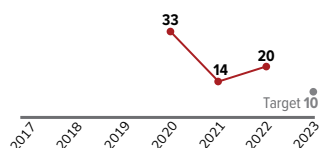


MILESTONE

Pyramid tool to estimate burden of influenza across the disease severity spectrum



INDICATOR



Number of Member States that developed or updated an influenza vaccination policy^j

^j Due to data collection timelines, previous years indicator status data are presented

HIGHLIGHTS

- In 2022, 20 countries developed or updated an influenza vaccination policy. Having an influenza policy helps countries reduce disease burden, hospitalizations and mortality associated with yearly influenza, especially in high-risk groups. Established programs provide a strong foundation for pandemic preparedness and response.
- In April 2022, the [Seasonal Influenza Disease Burden Estimator \(pyramid tool\)](#) was launched online. Developed in collaboration with the Johns Hopkins Centre for Health Security, this tool supports countries with limited data to enumerate cases, hospitalizations, and deaths, helping country-level decision makers prepare more effectively for seasonal influenza epidemics and future influenza pandemics. This tool has been piloted in three countries in the Region for the Americas, with additional pilots ongoing in the Eastern Mediterranean Region. Feedback from these pilots are informing the refinement of the tool and is expected to be finalized early 2025.
- A “WHO meeting on advancing influenza burden estimates and their application for policy-making” was held in December 2023. The meeting brought together Ministry of Health, academia, other expert institutions and WHO to review available tools for the estimation of influenza disease and economic burden, as well as to identify gaps in this area of work to support evidence-based decision-making. The review informed the development of a global workplan to further advance the generation and use of national, regional and global influenza burden estimates.

Regulatory capacity building

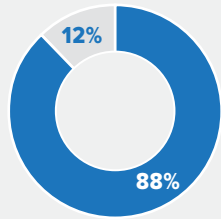


BIENNIAL BUDGET: \$2.8M | IMPLEMENTED: \$2.6M

OUTPUT: Timely access to quality-assured influenza pandemic products is supported

DELIVERABLE A

National regulatory capacity for pandemic influenza products is strengthened

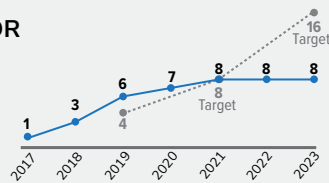


\$1.3M
IMPLEMENTED

MILESTONES

- 12** Refinements made to WHO GBT
- 13** Countries WHO-benchmarked
- 19** Countries self-benchmarked
- 30** IDP follow-up visits → **19** countries, **5** regions
- 11** IDP implementation & technical support activities → **67** countries, **6** regions

INDICATOR



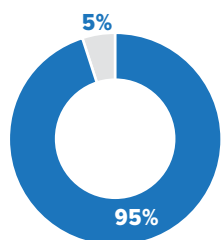
Number of PC recipient MS which strengthened national regulatory capacity to oversee pandemic influenza products

HIGHLIGHTS

- WHO developed the WHO-Listed Authority (WLA) Framework and Computerization of Performance Evaluation indicators scorecard and associated WLA tools. Current efforts are ongoing to assist Member States to utilize the tools.
- Since 2018, seven countries have increased their emergency regulatory capacity preparedness based on WHO benchmarking assessments. For example, Mozambique has increased its maturity level twice; once for market authorization in 2019 and once for regulatory system in 2023. Further, four countries have increased their implementation level in 2023. An increase of implementation level reflects an improvement in the sub-indicators implementation that are linked to the maturity levels.

DELIVERABLE B

Adoption of regulatory pathways that accelerate approval for use of pandemic influenza products is promoted

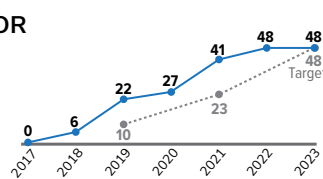


\$1.3M
IMPLEMENTED

MILESTONES

- WHO Regulatory preparedness guideline updated**
- Proposal approved by ECBS
 - Guideline drafted
 - Public consultation conducted
 - Guideline reviewed by ECBS
 - Guideline published
- 4** Workshop/training conducted to implement the PIP regulatory guidelines linking national IPPP & NDVP for pandemic influenza vaccines → **52** countries, **6** regions

INDICATOR



Number of PC recipient MS that have implemented a defined regulatory approach that enables timely approval for use of pandemic influenza products

HIGHLIGHTS

- WHO has updated its emergency regulatory preparedness guidelines based on the outcomes and feedback from WHO implementation workshops, and using the regulatory requirements and challenges experienced through the COVID-19 pandemic. These guidelines underwent three public consultations through which further revisions were made. Consultations were completed in September 2023 and the revised guidelines were approved by the WHO Expert Committee on Biological Standardization (ECBS) in October 2023. The guideline is expected to be published in March 2024.
- In 2022-23, WHO conducted four quality management systems (QMS) implementation workshops for 52 countries from five regions. WHO continues to support countries to implement their defined regulatory pathways based on WHO guidelines, linking national IPPP & NDVP for pandemic influenza vaccines.
- In 2023, two PIP-supported countries signed the Collaborative Registration Procedures agreement, bringing the global total to 61 countries. Common registration approaches will simplify and streamline regulatory actions at the time of the next influenza pandemic.

Risk communications & community engagement

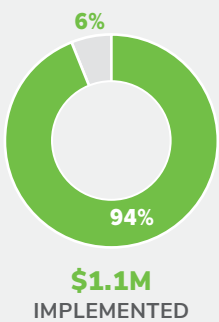


BIENNIAL BUDGET: **\$2.6M** | IMPLEMENTED: **\$2.4M**

OUTPUT: **Tools and guidance are available for countries to enhance influenza risk communication and community engagement**

DELIVERABLE A

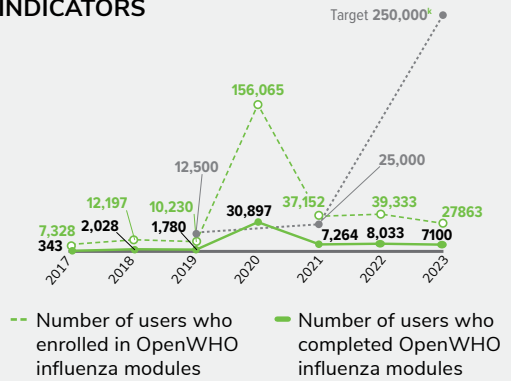
Countries and frontline responders have access to resources for influenza risk communication, community engagement and social science-based interventions



MILESTONES

34 Influenza guidance/courses available on OpenWHO

INDICATORS



*During the HLIP II Mid-Term Review, the biennial target of 2023 was increased from 40,000 to 250,000 users, based on the number of users enrolled in influenza courses in openWHO.



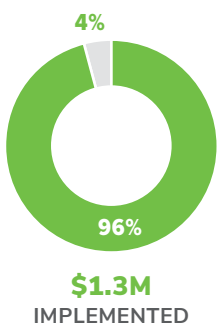
Number of pilot countries that have active social digital listening for acute respiratory infections

HIGHLIGHTS

- In 2022-23, influenza courses on OpenWHO received over 46,000 enrolments. New courses in 2023 included one on [Next Generation Sequencing](#) and one on [Influenza Prevention and Control](#) which was the 9th most popular course on [OpenWHO](#) in 2023 with nearly 20,000 enrolments.
- During the COVID-19 pandemic, WHO established the Early AI-supported Response and Social Listening system (EARS) to show real time information about how people were talking about COVID-19 online so as to better manage the infodemic and pandemic. EARS analyzed publicly available data from 32 countries, with data collected daily from social media, online forums, news comments and blogs. Building on this progress, a [taxonomy](#) was developed for social listening on acute respiratory infections including influenza in October 2023. This information will be used to support community engagement in pandemic influenza preparedness and response.

DELIVERABLE B

Technical assistance is provided to countries to plan and exercise influenza risk communication and community engagement



MILESTONE

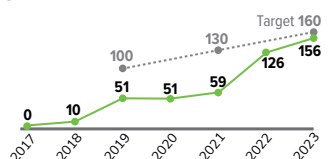
13 Trainings, missions and other types of technical support provided involving **77** countries and **6** regions

23 Events with EPI-WIN communities on pandemic influenza preparedness **3** EPI-WIN Communities

Development of EPI-WIN community platform



INDICATOR



Number of MS that utilized RCCE support for influenza preparedness or response

HIGHLIGHTS

- Twenty-three interactive webinars were conducted, including with the three EPI-WIN communities (Faith-based, Youth, and World-of-Work networks). The webinars reached 93% of WHO member States. The information and interaction from these webinars were used to inform policy documents; national action plans for health emergencies; for capacity building and for academic courses; and for strengthening clinical capacities and creating awareness in local and community health facilities.
- As part of the continuous effort in addressing misinformation, the Americas and European Regions conducted regional capacity building workshops on infodemic management in 2023. As a result, health professionals are better equipped to combat false information, ensuring communities have access to accurate and timely health information during a pandemic.
- [The Hive](#) is a digital community space designed to foster engagement for community centered solutions for health emergency preparedness and response. Its main objective is to facilitate meaningful and systematic connections and collaboration to build and enhance relationships during preparedness that can easily be scaled up and/or reactivated for response to health emergencies. It was launched in June 2023 and since then it has enrolled 250 active users and 27 communities.

Planning for deployment

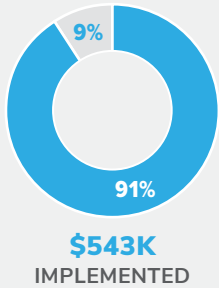


BIENNIAL BUDGET: **\$1.6M** | IMPLEMENTED: **\$1.4M**

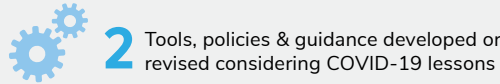
OUTPUT: **Plans for effective & efficient deployment of pandemic supplies are optimized**

DELIVERABLE A

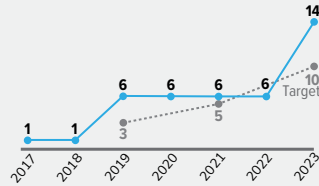
A common approach to manage global deployment operations is developed and regularly tested with stakeholders and deployment partners



MILESTONES



INDICATOR



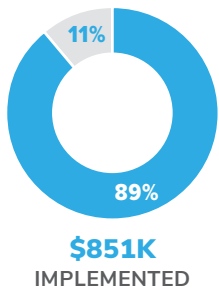
Annual simulation exercise conducted to test global deployment of pandemic influenza vaccines and other products

HIGHLIGHTS

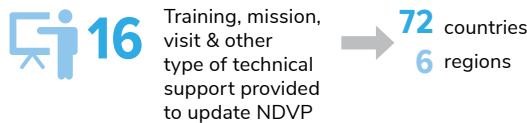
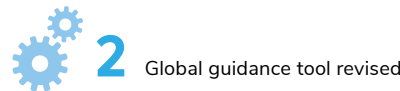
- In 2022-23, eight simulation exercises were conducted to test global deployment of pandemic influenza vaccines and other products, exceeding the biennial target. This marked a significant lesson learnt from COVID-19 as Member States and partners recognized its importance and are committed to test access, allocation and deployment planning approaches including national plans.
- A mapping report on the end-to-end capacities and initiatives across all medical countermeasures needed for a pandemic influenza response was conducted, with aim to inform the development of the pandemic influenza operational framework for access, allocation and deployment of pandemic products and to list key related operational gaps that should be addressed in the coming biennium. The joint effort is coordinated among WHO, UN agencies, specialized international organizations, civil society organizations, industry, regional agencies and the product is expected to be finalized in May 2024.

DELIVERABLE B

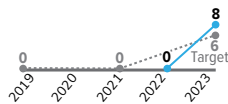
National deployment planning process is revised and updated



MILESTONES



INDICATOR



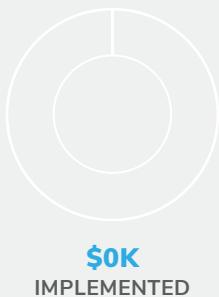
Number of MS that developed or updated a pandemic influenza national deployment and vaccination plan

HIGHLIGHTS

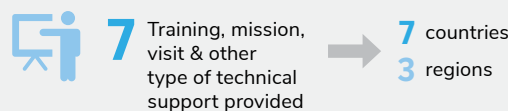
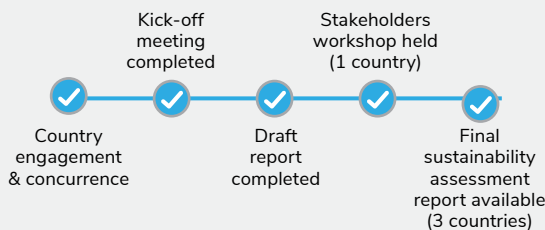
- Guidance on developing and updating national deployment and vaccination plans for influenza and other respiratory viruses has been updated to incorporate lessons learned from the country planning and deployment of COVID-19 vaccines. The [new guidance](#) is a result of a multi-step engagement effort including public comment session and was published in December 2023.
- Using the new guidance, WHO supported 72 countries in six regions to develop or transform their national deployment and vaccination plan (NDVP) for pandemic influenza and other respiratory viruses.
- The existing simulation table-top-game known as PIPDeploy was translated to French and Spanish, enabling targeting a broader range of countries.
- In 2022-23, eight countries developed a new or updated a pandemic influenza national deployment and vaccination plan, exceeding the biennial target.

DELIVERABLE C

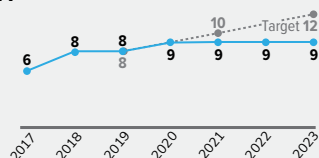
Technical assistance to develop policies for sustainable influenza vaccine procurement and production is provided to countries



MILESTONES



INDICATOR



Number of MS that have undergone a national analysis of influenza vaccine procurement or production sustainability

HIGHLIGHTS

- In July to December 2023, WHO participated in two regional conferences in the African and European region to share lessons on influenza vaccine production in LMICs and updates on the mRNA technology transfer programme that has the potential to increase the geographic representativeness of vaccine production globally. These are important developments and learnings for countries, especially as they develop and strengthen national seasonal influenza vaccination programmes in line with WHO's [Policy Brief](#) published in November 2023.
- Progress on the indicator was made early in the HLLP II implementation period. Attention shifted to COVID-19 vaccine production and implementation during the pandemic (2020-2023), which limited the ability to advise and assess sustainability of influenza vaccine production and procurement. The time was efficiently used to update sustainability assessment tools and to re-cast WHO policy guidance in line with latest SAGE recommendations, WHO/UNICEF Joint Reporting Form on Immunization data and country support needs. The [Influenza Vaccination Toolbox](#) of guidance and technical resources was updated with regional products, campaign materials, tools, and the [Policy Brief](#). These products will support HLLP III implementation starting in January 2024.

Influenza pandemic preparedness planning

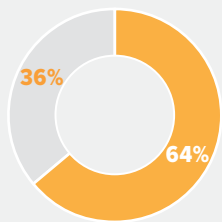


BIENNIAL BUDGET: **\$2.6M** | IMPLEMENTED: **\$1.7M**

OUTPUT: National pandemic influenza preparedness & response plans are updated in the context of all-hazards preparedness and global health security

DELIVERABLE A

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



\$1.7M
IMPLEMENTED

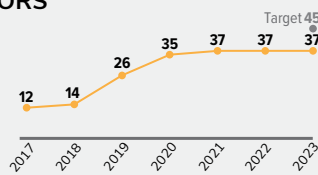
MILESTONE

Number of PC recipient MS developing/ revising their IPPP since January 2022

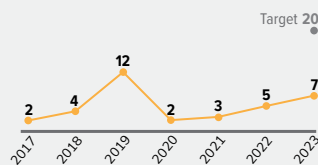


9
IPPP exercises completed in **7** countries
4 regions

INDICATORS



Number of PC recipient MS that developed or updated a pandemic influenza preparedness plan since 2014



Number of PC recipient MS that exercised their pandemic influenza preparedness plan in year of reporting

HIGHLIGHTS

- Of the 65 IPPP PC recipient countries in the 2022-23 biennium, 37 now have a plan based on WHO Guidance, with nine additional countries having written or revised their plans in 2022-23, and two countries having finalized their plans.
- Countries are developing their pandemic influenza plans in a step-wise approach requiring consistent multi-stakeholder engagement. 27 countries held multi-sectoral planning workshops to engage all needed stakeholders for updating pandemic influenza plans. Countries that conducted activities in 2023 focused learnings from COVID-19 to improve whole-of-society preparedness planning based on WHO's latest [Preparedness and resilience for emerging threats \(PRET\)](#) initiative.
- Seven PC recipient countries (Costa Rica, Lao People's Democratic Republic, Lebanon, Morocco, Mongolia, Niger, and Nigeria) as well as Cook Islands, exercised their IPPPs with five of them using a simulation exercise package developed by WHO. These exercises support the iterative improvements of pandemic influenza plans taking into account latest context, learnings and global guidance.
- A [checklist](#) which serves as an operational tool to help national authorities develop or revise national pandemic plans (inclusive of pandemic influenza-specific actions) has been published. It presents suggested priority actions that countries can take now in order to be better prepared for a pandemic.
- EMRO conducted a comprehensive review of the capacity gains made in-country during the COVID-19 pandemic to better understand next steps to sustain those capacities as needed.
- Partner engagement in pandemic planning will be enhanced through peer-learning networks and an online community of practice, which are currently under development. Upcoming resources to facilitate PRET roll out include (a) training curricula to institutionalize pandemic planning in postgraduate public health training programmes and (b) an OpenWHO Course on the value and principles of pandemic planning (inclusive of pandemic influenza).

PIP Framework Secretariat

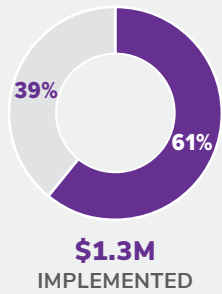
BIENNIAL BUDGET: **\$5.9M** | IMPLEMENTED: **\$3.7M**

OUTPUT: The PIP Secretariat leads, manages and supports implementation of the PIP Framework



DELIVERABLE A

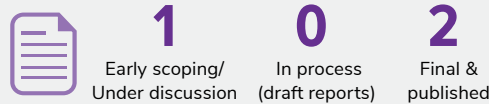
Promote the effective implementation of the PIP Framework in a changing environment



MILESTONES

21 Meetings held and reports submitted to WHO DG or governing bodies to support implementation of Section 7 (Governance and review) of the PIP Framework

Number and status of documents/reports developed for the World Health Assembly



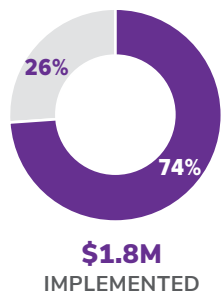
21 Advocacy materials/events completed to promote the PIP Framework to stakeholders

HIGHLIGHTS

- The PIP Secretariat, in agreement with the four industry associations, performed a simulation exercise to determine the impact on individual companies' payments if a revised Partnership Contribution (PC) Formula and/or a PC level adjusted for inflation, are used. The Secretariat is currently in the process of discussing the results of the simulations with the industry associations, to determine which PC Formula will be used going forward, and the new PC level using the PC Adjustment Tool.
- The PIP Advisory Group is in the process of revising the 2014 PC Response Fund Guiding Principles, to make sure they are still relevant. The Advisory Group discussed the new proposed draft in October 2023 and is now in the process of gathering feedback from stakeholders, which will be considered during the March 2024 meeting, when the document will be finalized and proposed to the Director-General.

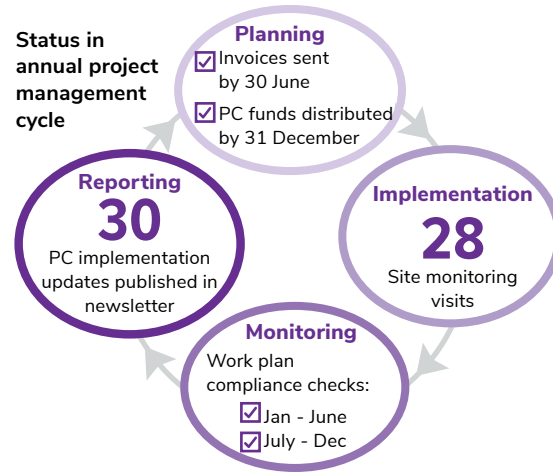
DELIVERABLE B

Collect, implement, monitor, and report on the Partnership Contribution

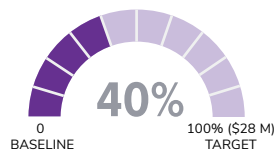


MILESTONES

Status in annual project management cycle



INDICATOR



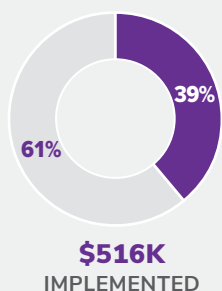
Proportion of Partnership Contributions received in year of invoice

HIGHLIGHTS

- US\$ 25.1 million was distributed in December 2023 in support of 2024-25 biennium workplans that were approved in November 2023 after a comprehensive development process including external review by the Partnership Contribution Independent Technical Expert Mechanism. The workplans, targeting 78 PC recipient countries will build on achievements from the previous two biennia and will consider experiences and lessons learned from the COVID-19 pandemic, and continue to leverage national and international investments in pandemic influenza preparedness.
- An independent external evaluation of HLIP II, covering the implementation of the HLIP II from 2018-2023, has been commissioned by the PIP Secretariat to provide accountability for the use of the PIP PC for preparedness activities and to provide recommendations that will improve the implementation of the PIP PC preparedness funds. Interviews with implementing teams, countries, and stakeholders began in November 2023 and are expected to be completed by February 2024. The final evaluation report is expected to be completed by May 2024.
- Twenty-eight monitoring visits both in-person and virtually with five regions were conducted, and discussions focused on progress achieved, sustaining HLIP II implementation, and preparing for HLIP III implementation.

DELIVERABLE C

Negotiate and plan to operationalize the Standard Material Transfer Agreements 2 (SMTA2)

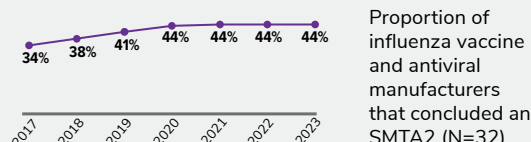


MILESTONES

Number of SMTA2s in negotiation



INDICATOR



HIGHLIGHTS

- The PIP Secretariat has reached the final stage of negotiation with a vaccine manufacturer. The agreement is expected to be signed in early 2024.
- An SMTA-2 like agreement is under negotiation with an influenza antiviral manufacturer, for a voluntary advance supply agreement. This agreement also expected to be signed in early 2024.

Stories from the field

More influenza newsletter stories
can be found on [WHO News](#)

A common approach across two regions: delivering respiratory pathogen simulation exercises in Costa Rica and Lebanon

Simulation exercises are an effective tool for national authorities to test and revise pandemic preparedness structures, and strengthen their response to epidemics and pandemics. As a result of the momentum stemming from the COVID-19 pandemic, countries are looking critically at their pandemic preparedness plans and systems and using simulation exercises to strengthen preparedness.

Following their participation in the WHO Academy Course on Acute Respiratory Infections Preparedness, Costa Rica and Lebanon both conducted table-top simulation exercises to test and validate their existing respiratory pandemic preparedness plans together with key multi-level stakeholders including health, animal health, agriculture, finance, military, communications, and disaster management authorities.

Costa Rica and Lebanon were the first countries to pilot a simulation exercise package developed by WHO in line with the [Preparedness and Resilience for Emerging Threats \(PRET\) Initiative Module](#) on planning for respiratory pathogen pandemics. With support from the [PIP Framework Partnership Contribution](#) and US CDC, they tested three key areas of their pandemic preparedness systems:

1. Multisectoral coordination;
2. Risk communications and community engagement; and
3. Operational triggers for decision making.

Similar findings across two regions

Costa Rica had developed a draft national pandemic plan for influenza, SARS-CoV-2 and other respiratory viruses and wanted to use the simulation exercise to refine their plan. Lebanon on the other hand was using the simulation exercise to identify key areas for the update of the national plan. Despite the different contexts, there were some common findings from the two exercises.

Both countries found that the roles and responsibilities of key decision-makers need to be clearly articulated in their pandemic plans. In particular, coordination at the local level needs to be strengthened. Both are now working towards developing decision-making flowcharts and coupling this with scenario-based planning at different levels to sensitize key stakeholders.

Similarly, both identified that key risk communications and community engagement functions need to be strengthened. Participants from Costa Rica highlighted the need to better integrate their risk communications strategies within their existing planning structures, while Lebanon highlighted the need to strengthen the availability of validated information sources for trusted risk communications and community engagement and better links with NGOs. Both countries are now working towards reviewing risk communications strategies and functions, and delineating clear ownership of which functions will

be managed by the different stakeholders and how the strategy will be implemented.

Post-exercise steps

Both Costa Rica and Lebanon are using the findings from their simulation exercises to further develop their pandemic preparedness planning and coordination amongst all stakeholders. Complementing this has been the release of [updated guidance on strengthening respiratory pathogen pandemic preparedness](#) which countries can use to guide their approach to strengthening integrated preparedness. Additionally, both countries provided input on how the simulation exercise package could be improved further, and this package is now being rolled-out to requesting countries together with the updated guidance.



Participants of simulation exercise in Costa Rica. Image credit: PAHO/Costa Rica



Simulation exercise in Lebanon. Image credit: WHO/Lebanon

Timor-Leste's National Influenza Centre recognized as the 152nd National Influenza Centre in Global Influenza Surveillance and Response System

The influenza laboratory at Timor-Leste's National Health Laboratory has been recognized as a National Influenza Centre (NIC) under the WHO's Global Influenza Programme as a member of the Global Influenza Surveillance and Response System (GISRS).

Since 2018, Timor-Leste has been working towards the designation of the National Public Health Laboratory (NPHL) as a WHO National Influenza Centre (NIC). With coordinated technical and financial support from the WHO Collaborating Centre for Reference and Research on Influenza in Melbourne, Australia, the WHO South East Asia Regional Office, and the WHO Pandemic Influenza Preparedness (PIP) Framework Partnership Contribution, core influenza surveillance and laboratory detection capacities have been strengthened – making the NPHL the primary laboratory in the country for influenza surveillance, and now a member of the [Global Influenza Surveillance and Response System \(GISRS\)](#).

Timor-Leste benefited from consistent technical mentorship and support to build and strengthen key functions needed for influenza surveillance and detection – including specimen collection and referral, and diagnostics using RT-PCR techniques. These capacities were demonstrated on an annual basis through their participation and high-scores in the WHO External Quality Assessment Programme (EQAP) – despite logistical challenges. These increases in capacity also resulted in quickly establishing and maintaining testing capacity for SARS-CoV-2, which greatly benefited their response to the COVID-19 pandemic.

This laid the groundwork for the next steps in the recognition process, including further mentoring, and conducting joint assessments with the WHO Collaborating Centre and SEARO – which included procedural and document reviews, and field visits. Through this, and further periodic assessments, key areas needing further strengthening were identified and improved, including for bio-risk management, quality control, and equipment maintenance.

Throughout this process, Timor-Leste demonstrated increased participation in the GISRS network – sharing influenza viruses with WHO Collaborating Centres, reporting influenza virological surveillance data to FluNet, and in 2022, reporting of epidemiological data to FluID. This participation improves data representativeness and facilitates a timely and more effective response to a future influenza pandemic.

Acknowledging the improvements made by NPHL, the national commitment to building and sustaining influenza surveillance and detection capacities, and their consistent participation in the GISRS network, the NPHL was recognized as the 152nd NIC in August 2023. Congratulations!



Laboratory staff of NPHL and International experts during the NIC assessment. Image credit: WHO/TLS

Risk-based approach for regulatory oversight of vaccines used in pandemics

Global guidelines on regulatory preparedness for pandemic influenza vaccines underwent a consultative revision process to facilitate a harmonized and risk-based approach to regulating pandemic vaccines.

During the 2009 H1N1 influenza pandemic, the deployment of pandemic influenza vaccines in importing countries was delayed or disrupted due to the lack of regulatory preparedness. This resulted in the WHO developing guidelines for non-vaccine producing countries on the appropriate regulatory approaches to the marketing authorization and lot release of pandemic influenza vaccines in public health emergency conditions. These guidelines were developed in the context of the Pandemic Influenza Preparedness (PIP) Framework's Partnership Contribution High Level Implementation Plan, covering regulatory capacity-building and strengthening of pandemic preparedness and response.

However, subsequent public health emergencies such as the Ebola epidemic and COVID-19 pandemic further exposed gaps in regulatory preparedness for other types of pandemic vaccines. The role of national regulatory authorities was not acknowledged in national pandemic preparedness plans, thereby hindering their ability to provide appropriate regulatory oversight.

Using lessons learned from these emergencies, stakeholder feedback, as well findings from WHO Global Benchmarking assessments, WHO initiated the revision of the Guidelines on regulatory preparedness for provision of marketing

authorization of human pandemic influenza vaccines in non-vaccine-producing countries. The aim was to cover influenza as well as other pandemic vaccines, and to recommend a harmonised, systematic, risk-based approach for regulating vaccines during a pandemic or other public health emergency in importing countries.

The revised Guidelines on preparedness for regulatory oversight of vaccines used in pandemics in importing countries empowers national regulatory authorities to ensure the timely availability of lifesaving, quality-assured vaccines promoting public health. In particular, these guidelines emphasized the implementation of recognition and reliance principles throughout the entire regulatory system.

The process, supported by the PIP Partnership Contribution, began at the end of 2021 with the development of a concept note and approval from the WHO Expert Committee on Biological Standardization (ECBS) to update the guideline. A drafting group of experts was established in June 2022, with the draft guidelines undergoing three rounds of public consultation including a stakeholder workshop held in Türkiye in April 2023. The revised guideline was approved by the ECBS in October 2023 and will soon be published and available for Member States to implement.



WHO and Iraqi Ministry of Health launching the COVID-19 vaccination campaign. Image credit: WHO Iraq

Guiding Public Health decisions: PAHO's Strategic Initiatives on Influenza Burden of Disease research

Together with Member States, PAHO drives evidence-generation on the burden of influenza and other respiratory diseases to inform policy making, vaccination programmes, and the regional operational research agenda.

In collaboration with Member States, the Pan American Health Organization (PAHO), is advancing the operational research agenda for influenza and respiratory viruses in the Americas through the SARINET Plus Burden of Disease Working Group. Active engagement, collaboration and evidence generation are driving the regional agenda in order to maintain research capabilities, and ensure national estimates shape policies, evaluate interventions, and improve pandemic preparedness. Supported in part by the Partnership Contribution of the Pandemic Influenza Preparedness (PIP) Framework, this regional initiative aims to narrow the knowledge gap in understanding the burden of influenza.

Generating regional evidence

Using data from 2010 to 2023, PAHO conducted a comprehensive analysis on the morbidity and mortality associated with influenza and COVID-19. Aligned with global strategies, the analysis aimed to generate data for vaccination impact studies, feed potential cost-effectiveness analyses and enhance national pandemic readiness. Objectives included producing national and regional estimates of respiratory hospitalizations and mortality associated with COVID-19 and updating influenza-related estimates.

Preliminary findings, covering 70% of the region's population, estimate almost 350,000 annual influenza-related hospitalizations. These data, essential for decision-making, suggest approximately 55 million cases of mild influenza disease per year in the Americas. While preliminary, these results will guide prevention and control strategies for seasonal influenza and should encourage Member States to improve seasonal influenza vaccination coverage to reduce this burden.

This work is now being expanded towards estimating RSV-associated burden and seasonality, and will be pivotal for countries to inform policy-making and potentially introduce RSV vaccines.

Presenting findings to Member States

In November 2023, the 2nd Regional Meeting on the Burden of Influenza and Impact of the Influenza Vaccine was held in Washington D.C. This meeting provided Member States and PAHO the opportunity to share the findings of this analysis, emphasize the importance of a standardized approach to estimating disease burden and vaccination impact and advance the operational research agenda.

PAHO presented preliminary regional estimates, highlighting the need for collaboration on addressing the burden of respiratory disease. Countries also outlined efforts to evaluate the current burden of influenza and vaccination impact, highlighting challenges in data integration and communicating findings. Participants emphasized data availability and integrating information systems as critical for strengthening operational research. There was a push to actively engage in networks like SARINET Plus to sustain collaborative efforts and research capabilities. The crucial role of burden of disease studies in decision-making was emphasized to evaluate existing vaccination programmes and the introduction of new vaccines.

This work on generating regional evidence and discussing in collaborative forums strengthen engagement, improve data sharing, and maintains research capabilities; all which are critical for shaping policies that better prepare countries for the next pandemic.



PAHO 2nd Regional Meeting on the Burden of Influenza and Impact of the Influenza Vaccine. Image credit: WHO/PAHO

Realising the next PIP Partnership Contribution High-Level Implementation Plan (HLIP) for 2024-2030

Staff from across WHO convened in Geneva for three days to better understand the content and implementation of Pandemic Influenza Preparedness (PIP) Framework activities under the newly published [High-Level Implementation Plan III \(HLIP III\) for 2024-2030](#).

As is often stated, an influenza pandemic is not a matter of 'if' but rather 'when'. With the COVID-19 pandemic no longer a public health emergency, we are taking the lessons learned and the capacities gained to continue our efforts in preparing for the next influenza event. For the period 2024-2030, WHO, through the PIP Framework, will be implementing preparedness activities under the Partnership Contribution (PC) High-Level Implementation Plan III (HLIP III).

HLIP III was developed in collaboration with stakeholders and partners in 2022, and outlines the outcome, outputs and deliverables expected from the implementation of PC funds. Specifically, HLIP III focuses on strengthening pandemic influenza preparedness through a whole-of-society approach by building capacities in the four defined output areas of:

1. Policy and plans
2. Collaborative surveillance through GISRS
3. Community protection, and
4. Access to countermeasures

For each output there is a corresponding set of deliverables, which are achieved through implementation of activities. These activities will differ depending on the context and needs of each region and country.

To enable the most effective implementation of HLIP III and its activities, the Global Meeting on the PIP Framework Partnership Contribution High-Level

Implementation Plan for 2024-2030 was held at the World Health Organization headquarters in Geneva, Switzerland from 26-28 April 2023. This was the first time that all headquarters, regional and country office PIP team members have met face-to-face to discuss implementation of a High-Level Implementation Plan. The meeting proved to be an efficient way to present HLIP III, answer questions, share experiences, discuss challenges and opportunities, and view HLIP III through different lenses.

Participants were provided with in-depth presentations on the changes from HLIP II, the outputs and deliverables expected for the next stage of implementation under HLIP III, the specific requirements of PIP implementation, and the importance of project management. With this information, implementing teams from WHO are better able to help countries around the globe to effectively plan, implement, monitor, and report on activities that are in line with HLIP III and advance pandemic influenza preparedness in their specific context.

Teams have developed their workplans for the 2024-25 biennium using the knowledge gained during this meeting. Implementation of HLIP III began on 1 January 2024. For more information, HLIP III can be found [here](#).

A [short brochure](#) has been developed, with translations being finalized. A full M&E Framework will be available later this year.



Global meeting on the PIP Partnership Contribution High-Level Implementation Plan (HLIP) for 2024-2030. Image credit: WHO

**What's next for
2024-2025**

Looking ahead to high-level implementation plan III

Under HLIP II, PIP funds were used to build capacity in areas that were identified as critical for pandemic influenza preparedness. As is evidenced by this progress report, much was achieved during this timeframe despite COVID-19 which disrupted these efforts. Some activities were put on hold, but activities that complementarily supported strengthening pandemic influenza preparedness and COVID-19 response efforts were able to continue. An overarching lesson from the COVID-19 pandemic was that the gains supported by PIP resulted in collateral benefits to the COVID-19 response demonstrating the value for money of the PIP PC funds.

Importantly, however, COVID-19 showed that gaps remain, and previously unknown, but critical ones, emerged. The development of the PIP Partnership Contribution High-Level Implementation Plan III for 2024-2030 (HLIP III) took into

consideration these lessons from COVID-19 as well as gains made during implementation of HLIP I and HLIP II while keeping in mind the evolving, broader pandemic preparedness programmatic and policy landscape.

HLIP III ensures continuity with previous plans, enabling improvements in capacity over time to be properly assessed and the sustainability of efforts to be monitored. The HLIP III results hierarchy, as seen in the image below, sets forth the plan for the next 6 years that aims to achieve “strengthened pandemic influenza preparedness through a whole-of-government and whole-of-society approach that ensures a more equitable response by building stronger and resilient country capacities.” Work will strengthen preparedness capacities in the areas of policy and plans, collaborative surveillance through GISRS, community protection and access to countermeasures.

1 Policy and plans

Policy and plans that result in health systems prepared for pandemic influenza

- Health and economic influenza burden of disease informs the development of policy
- Influenza preparedness policies are strengthened in the context of health systems
- Pandemic preparedness plans are developed, updated and exercised across sectors
- Policies are developed for equitable and sustained availability of pandemic influenza vaccines and other products

4 Access to countermeasures

Strong regulatory systems and a common approach to timely and affordable access, allocation and deployment of pandemic influenza products results in a more equitable response

- Regulatory readiness and resilience in countries is enhanced
- A common approach to managing global access, allocation and deployment of pandemic products including SMTA 2 operationalization is prepared
- Country capacity to deploy and distribute pandemic products is strengthened

2 Collaborative surveillance through GISRS

Laboratory capacity and resilient surveillance systems are maintained and strengthened through GISRS

- Laboratory capacities, including genomics, are strengthened
- Resilient surveillance systems are improved and maintained in a One Health context

3 Community protection

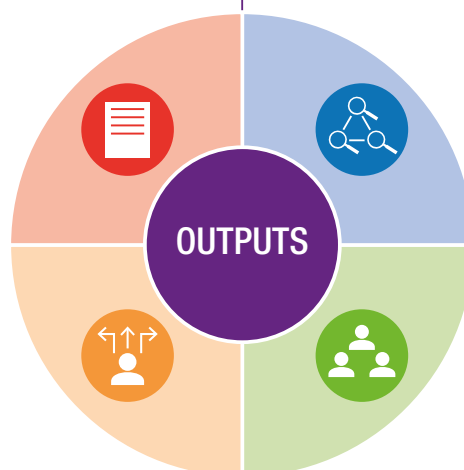
Strengthened community engagement, knowledge translation and infodemic management capacities for influenza

- Country risk communications and community engagement (RCCE) systems and capacities are enhanced and regularly exercised for influenza
- Knowledge translation capacity is developed and enhanced
- Effective infodemic management systems in place

Contributes to the Global Influenza Strategy's Strategic Objective 4: Strengthen pandemic preparedness and response for influenza to make the world safer.

OUTCOME

Strengthened pandemic influenza preparedness through a whole-of-government and whole-of-society approach that ensures a more equitable response by building stronger and resilient country capacities.



Output 1: Policy and plans



79 focus countries



\$9.8M
biennial budget

PLANNED FOR 2024-2025

Burden of disease

- Develop tools, trainings & guidelines for national and regional estimates of the burden of seasonal influenza
- Improve the "pyramid tool", a disease and economic burden toolkit for public health decision making
- Expand work on global burden of influenza disease to evaluate full impact of interventions
- Continue publishing burden of disease estimates, and develop public communication materials to better communicate the influenza burden of disease

Influenza pandemic preparedness plans

- Implement guidance and tools - PRET, PPP Checklist, PHSM
- Test pandemic preparedness systems to address gaps in alignment with PRET through training and simulation exercises
- Promote cross-border coherence in pandemic planning through communities of practice, biennial meetings, and monitoring of systems
- Finalize GISRS pandemic response and run simulation exercises

Policy

- Roll out WHO's 2023 seasonal influenza vaccination policy brief in all regions through missions, briefings and country workshops
- Conduct missions to support countries' policy environment for influenza vaccine introduction through production and procurement, taking into consideration the pandemic preparedness lens and different technologies

Output 2: Collaborative surveillance through GISRS



51 focus countries



\$16.4M
biennial budget

PLANNED FOR 2024-2025

Virus detection and sharing

- Continue supporting the global shipping fund project and the timely shipment of influenza viruses
- Continue supporting the ongoing operation of the Influenza Virus Tracking Mechanism
- Implement the External Quality Assessment Programme for PCR detection of seasonal and non-seasonal influenza viruses
- Develop GISRS genomic surveillance guidance

Risk assessment and enhanced surveillance

- Continue assessing risks at global level
- Update and operationalize risk assessment tools building on COVID-19 lessons, particularly TIPRA and PISA
- Develop a functioning right-sized network of Influenza investigations & studies sites ("Unity Studies")

Surveillance data: reporting and analytics

- Manage RespiMart and country reporting - focusing on innovations and routine timeliness, quality, and systems interoperability

Output 3: Community Protection



40 focus countries



\$2.4M
biennial budget

PLANNED FOR 2024-2025

Risk communication and community engagement

- Work with countries to include this area in all aspects of pandemic preparedness
- Strengthen community networks, such as the EPI-WIN Faith network, Health in the World of Work, and Youth Council
- Strengthen HIVE: an AI-enabled platform to bring communities together

Knowledge translation

- Expand the reach of the EPI-WIN science and knowledge translation platform
- Establish a science and knowledge translation network for health emergencies
- Develop knowledge translation tools for communities, scientists, media professionals, health workers and decision makers

Infodemic management

- Develop national and regional capacities for social digital listening
- Strengthen and adapt influenza-related listening taxonomies

Output 4: Access to countermeasures



49 focus countries for regulatory readiness

39 focus countries for deployment capacity building



\$4.1M
biennial budget

PLANNED FOR 2024-2025

Defined regulatory approach

- Finalize and publish the updated regulatory preparedness guideline
- Conduct a series of workshops for the implementation of the updated guideline
- Conduct regulatory preparedness simulation workshops

National regulatory capacity strengthening

- Implement the Global Benchmarking Tool (GBT)
- Train GBT assessors to enable the benchmarking of regulatory systems and identify areas for improvement
- Plan and conduct benchmarking missions including follow-up visits to targeted countries
- Support the implementation of institutional development plans for key regulatory functions, including regulatory systems, marketing authorization, vigilance, market surveillance and control.

Global access, allocation and deployment

- Prepare a common approach to the access, allocation and deployment of pandemic products, including those secured through SMTA2s, by developing: 1) Member State guidance on medical countermeasure (MCM) allocation and deployment processes, 2) standard operating procedures to support operations, and 3) decision and tracking tools

Deployment and distribution

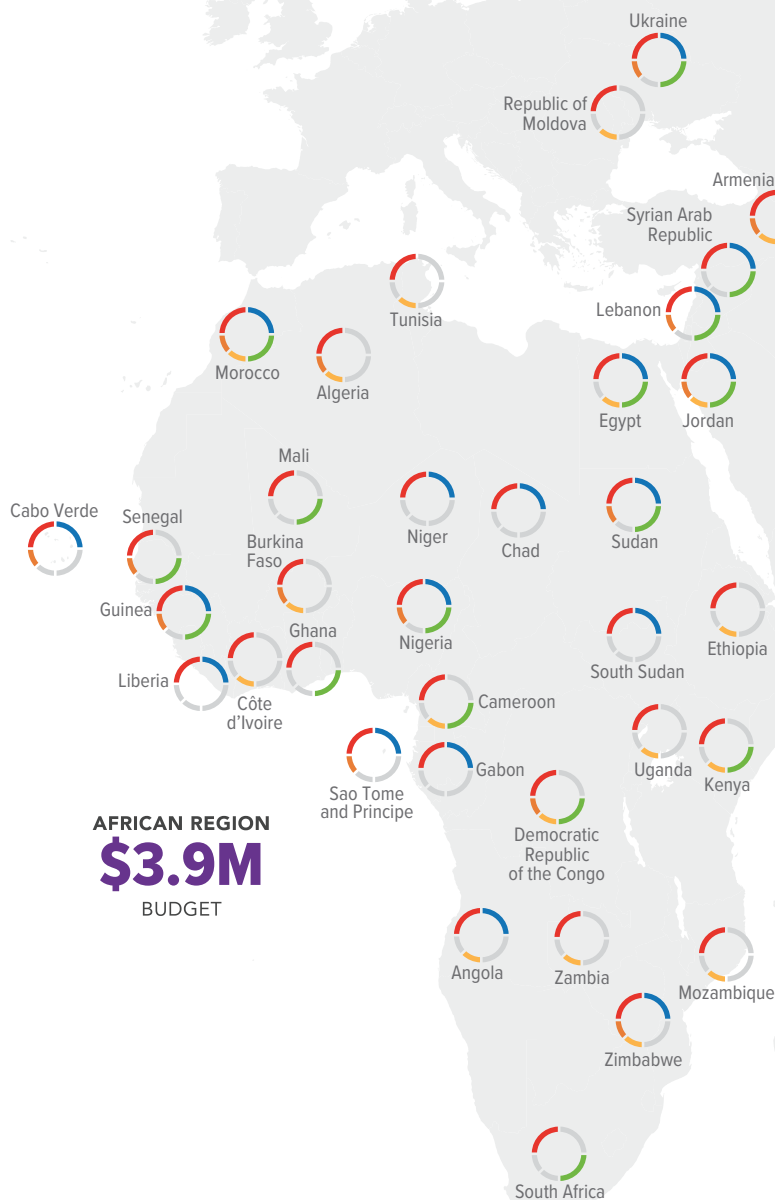
- Support countries to develop National Deployment Vaccination Plans, related MCM checklists, and training products
- Conduct workshops at the regional, sub-regional and national level

PC countries by Output in 2024-2025

REGION OF THE AMERICAS
\$3.9M
 BUDGET



AFRICAN REGION
\$3.9M
 BUDGET



Output

Output 1 Deliverable C
 Pandemic Planning

Output 4 Deliverable C
 Planning for Deployment

Output 4 Deliverable A
 Regulatory Capacity Building



Output 2
 Collaborative Surveillance

Output 3
 Community Protection

79 PC COUNTRIES

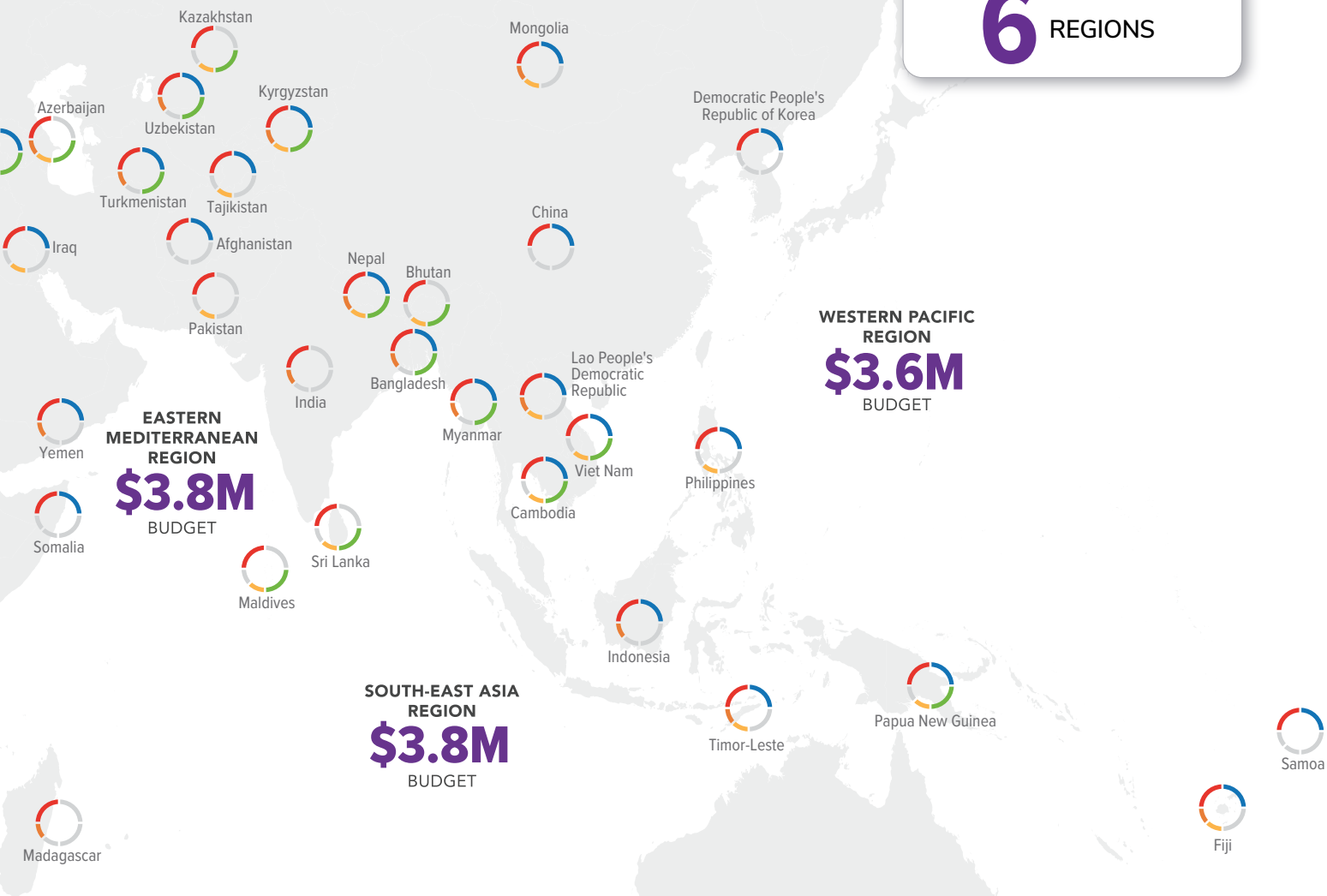
6 REGIONS

EUROPEAN REGION
\$3.7M
BUDGET

WESTERN PACIFIC REGION
\$3.6M
BUDGET

EASTERN MEDITERRANEAN REGION
\$3.8M
BUDGET

SOUTH-EAST ASIA REGION
\$3.8M
BUDGET



Annex: Financial Report

Table A.1: PIP Partnership Contribution received from each manufacturer (2012 - 2023)

Status as of 31 December 2023

CONTRIBUTORS	TOTAL CONTRIBUTIONS (US\$)
Sanofi Pasteur	82,205,862
Glaxosmithkline (GSK)	68,604,616
Hoffmann - La Roche and Co. Ltd.	62,195,091
Seqirus	27,591,361
Novartis	15,292,743
Medimmune	10,941,577
Kaketsuken (K M Biologics)	6,175,494
Research Foundation for Microbial Disease of Osaka University (BIKEN)	6,160,821
Denka Seiken Co. Ltd.	4,332,881
Kitasato Daiichi Sankyo Vaccine Co. Ltd.(Daiichi Sankyo Vaccine CO.Ltd.)	3,683,208
G C Pharma (Ex-Green Cross Corporation)	3,167,703
CSL Limited	2,667,745
Instituto Butantan	2,730,303
Sinovac Biotech Ltd.	1,154,760
Shanghai Institute of Biological Products Co., Ltd.	783,844
Hualan Biological Bacterin Co., Ltd.	764,625
S K Bioscience	750,170
Fluart Innovative Vaccines LTD	615,107
Adimmune Corporation	473,271
Becton Dickinson and Company (BD)	341,432
Institute of Virology, Vaccines and Sera Torlak	294,582
Beijing Tiantan Biological Products Co. Ltd.	235,234
Baxter International Inc.	209,238
Changchun Institute of Biological Products Co., Ltd. CNBG	402,046
Saint-Petersburg Scientific Research Institute of Vaccines & Sera	168,888
DiaSorin Molecular LLC	155,658
Omninvest Vaccine Manufacturing, Researching & Trading Ltd.	149,518
Alere Inc.	117,159
Takeda Pharmaceuticals International GmbH	113,269
Focus Diagnostics, Inc.	83,844
Beijing Bio-Institute Biological Products Co. Ltd (BBIBP)	49,798
Qiagen	61,512
Serum Institute of India Ltd.	48,335
Government Pharmaceutical Organization (GPO)	23,303
Institute of Vaccines and Medical Biologicals (IVAC)	23,303
Quidel Corporation	23,303
China National Biotec Group	20,000
Princeton Biomeditech Corporation	23,303
Cadila Healthcare Ltd. (R&D Center)	82,793
Response Biomedical Corporation	16,762
Cepheid	23,303
Indevr, Inc.	15,389
Fast Track Diagnostics	13,045
Vabiotech	15,230
NPO Petrovax Pharm	10,246
Medicago Inc.	7,439
Nanotherapeutics	5,337
Nanosphere Inc.	4,989
PT Bio Farma (Persero)	4,984
Protein Sciences Corporation	4,984
UMN Pharma Inc.	2,799
Lanzhou Institute of Biological Products	2,173
	\$303,044,380*
	(\$ 272,241,176 NET OF PSC)

*The figure does not include interest earned on Response Funds of \$ 8.3 million from 2018-2023.

Table A.2: Fund allocation and expenditure for staff and activities 1 January 2022 - 31 December 2023

Output	Deliverable	2022-23 Approved budget	Funds distributed for 2022-23 ^a	Expenditure 2022-23	Implementation on 2022-23 approved budget (%)	Balance funds
Laboratory & Surveillance (L&S)	Risk and severity of influenza are routinely assessed	5,867,871	5,867,871	5,633,431	96%	234,440
	Quality influenza virus detection capacity is sustained	6,041,291	6,041,291	5,365,139	89%	676,152
	Countries are supported to consistently report influenza data to global platforms	3,612,595	3,612,595	3,065,434	85%	547,161
	Countries are supported to share timely representative influenza samples with WHO CCs	3,317,396	3,317,396	3,053,241	92%	264,155
	Influenza CVVs, virus detection protocols and reference materials are routinely updated	304,960	304,960	282,362	93%	22,598
	Total for L&S	19,144,113	19,144,113	17,399,607	91%	1,744,506
Burden of Disease (BOD)	Representative national, regional and global disease burden estimates are available	601,950	601,950	518,651	86%	83,299
	Disease burden findings are communicated to national and international expert bodies in a format that promotes evidence-based decision making	741,950	741,950	494,868	67%	247,082
	Total for BOD	1,343,900	1,343,900	1,013,519	75%	330,381
Regulatory Capacity Building (REG)	National regulatory capacity for pandemic influenza products is strengthened	1,444,583	1,444,583	1,273,950	88%	170,633
	Adoption of regulatory pathways that accelerate approval for use of pandemic influenza products is promoted	1,366,071	1,366,071	1,290,951	95%	75,120
	Total for REG	2,810,654	2,810,654	2,564,901	91%	245,753
Risk Communication & Community Engagement (RCCE)	Countries and front-line responders have access to guidance, tools and interactive resources for risk communication, community engagement, and social science-based interventions for influenza	1,188,202	1,188,202	1,119,443	94%	68,759
	Technical assistance for risk communication, community engagement and social science-based interventions is provided to countries to facilitate influenza interventions and address vaccine hesitancy	1,368,174	1,368,174	1,306,965	96%	61,209
	Total for RCCE	2,556,376	2,556,376	2,426,408	95%	129,968
Planning for Deployment (DEP)	A common approach to manage global deployment operations is developed and regularly tested with stakeholders and deployment partners	599,900	599,900	543,030	91%	56,870
	Technical assistance to develop policies for sustainable influenza vaccine procurement and production is provided to countries	-	-	-	-	-
	National deployment planning process is revised and updated	952,349	952,349	851,081	89%	101,268
	Total for DEP	1,552,249	1,552,249	1,394,111	90%	158,138

Output	Deliverable	2022-23 Approved budget	Funds distributed for 2022-23 ^a	Expenditure 2022-23	Implementation on 2022-23 approved budget (%)	Balance funds
Influenza Pandemic Preparedness Planning (IPPP)	Countries are supported to develop, test and update their pandemic influenza preparedness and response plan	2,631,811	2,571,811	1,684,500	64%	887,311
	Total for IPPP	2,631,811	2,571,811	1,684,500	64%	887,311
	Total for Preparedness Outputs	30,039,103	29,979,103	26,483,046	88%	3,496,057
	Undistributed funds ^b					18,137,333
	Funds distributed for 2024-25 ^c					25,178,142
	PSC (13%) on Preparedness Funds			3,442,796		
	Grand Total for Preparedness	30,039,103	29,979,103	29,925,842	100%	46,811,532
PIP Secretariat	Promote the effective implementation of the PIP Framework in a changing environment	2,168,792	1,434,639	1,323,750	61%	110,889
	Collect, implement, monitor and report on the Partnership Contribution	2,483,291	2,100,000	1,826,172	74%	273,828
	Negotiate and plan to operationalize the Standard Material Transfer Agreements 2 (SMTA2)	1,310,750	720,000	516,091	39%	203,909
	Total for PIP Secretariat Output	5,962,833	4,254,639	3,666,013	61%	588,626
	Undistributed funds ^b					1,030,514
	Funds distributed for 2024-25 ^c					4,955,000
	PSC (13%) on PIP Secretariat Funds			476,581		
	Grand Total for PIP Secretariat	5,962,833	4,254,639	4,142,594	69%	6,574,140
	Response funds (including PSC)					81,822,407
	Annual interest earned on response funds for 2018-2023					8,311,385
	Grand Total for Response funds	-	-	-	-	90,133,792
	Grand Total for PIP	36,001,936	34,233,742	34,068,436	95%	143,519,464^d

^a "Funds distributed" refers to funds available for 2022-23 implementation in global, regional and country-level work plans.

^b "Undistributed funds" (including PSC) reserved for the remaining 2024-25 approved allocations for PIP Secretariat and PC Preparedness.

^c This reflects the distribution of funds for 2024-25 (18-month costs of staff and activities) implementation.

^d Includes Response Funds (US\$90,133,792, inclusive of PSC and interest accrued) which will only be used during an influenza pandemic.

Fig. A.1: Interim certified financial statement as of 31 December 2022

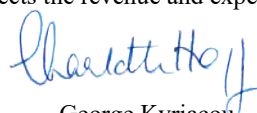


Pandemic Influenza Preparedness (PIP) – Secretariat, Preparedness and Response

Interim Financial Statement as at 31 December 2022 (expressed in US dollars)

	Secretariat - 10%	Response - 30%	Preparedness - 70%	Total
Opening Balance - 1 January 2022	5,601,845	71,661,329	44,513,632	121,776,806
Revenue				
Receipts from:				
Adimmune Corporation	10,867	29,340	68,460	108,667
Denka Seiken Co., Ltd	33,245	89,761	209,443	332,449
Fluart Innovative Vaccines Ltd.	5,867	15,840	36,960	58,667
GlaxoSmithKline (GSK)	528,007	1,425,618	3,326,442	5,280,067
Government Pharmaceutical Organization (GPO)	196	528	1,232	1,956
Green Cross Corporation	23,467	63,361	147,842	234,670
Hoffmann-La Roche and Co., Ltd	352,005	950,412	2,217,628	3,520,045
Hualan Biological Bacterin Co. Ltd.	5,867	15,840	36,960	58,667
Indevr, Inc.	196	528	1,232	1,956
Institute Of Vaccines And Medical Biologicals (IVAC)	196	528	1,232	1,956
Instituto Butantan, Brazil	48,890	132,001	308,004	488,895
Kaketsuken	48,890	132,001	308,004	488,895
Kitasato Daiichi Sankyo Vaccine Co. Ltd.	48,890	132,001	308,004	488,895
Medimmune	97,779	264,003	616,008	977,790
Princeton Biomeditech Corporation	202	544	1,270	2,016
Quidel Corporation	397	1,073	2,502	3,972
Research Foundation for Microbial Diseases of Osaka University	48,890	132,001	308,004	488,895
Response Biomedical Corp	196	528	1,232	1,956
Seqirus	443,517	1,197,494	2,794,154	4,435,165
Serum Institute of India Ltd.	196	528	1,232	1,956
Shanghai Institute Of Biological Products Co., Ltd.	5,867	15,840	36,960	58,667
Sinovac Biotech Ltd.	23,467	63,361	147,842	234,670
SK Bioscience	13,698	36,985	86,298	136,981
Takeda Pharmaceuticals International GmbH	196	528	1,232	1,956
Total received	1,740,988	4,700,644	10,968,177	17,409,809
Interest	-	362,657	-	362,657
Total Revenue	1,740,988	5,063,301	10,968,177	17,772,466
Expenditure				
2022	1,896,846	-	10,666,193	12,563,039
Balance as at 31 December 2022	5,445,987	76,724,630	44,815,616	126,986,233

I certify that the above statement correctly reflects the revenue and expenditure recorded in the WHO Global Accounting System.


George Kyriacou
PP 10 March 2023

 **World Health Organization**
Controller and Director of Finance

AN – 60478, 61722 and 60751, 01.12.2022 – Interim.doc

Statement of Financial Performance-by Donor/Award Entity : 'WHO' , From date : '01-JAN-2022' , To date : '31-DEC-2022' , Award Number : '60478'

Sum of Accounting Amount	
Expenditure Type	Total (USD)
Staff Costs	1,258,805
Equipment, Vehicles and Furniture	5,799
Contractual Services	326,280
Travel	77,842
General Operating Costs	9,899
Programme Support (Indirect) Costs	218,221
Total	1,896,846

Statement of Financial Performance-by Donor/Award Entity : 'WHO' , From date : '01-JAN-2022' , To date : '31-DEC-2022' , Award Number : '61722'

Sum of Accounting Amount	
Expenditure Type	Total (USD)
Staff Costs	4,239,724
Medical Supplies and Materials	473,040
Equipment, Vehicles and Furniture	887
Contractual Services	2,680,182
Travel	988,462
Transfers and Grants	967,802
General Operating Costs	89,012
Programme Support (Indirect) Costs	1,227,084
Total	10,666,193

Table A.2: Interim certified financial statement as of 31 December 2023




Pandemic Influenza Preparedness (PIP) – Secretariat, Preparedness and Response

Interim Financial Statement as at 31 December 2023 (expressed in US dollars)

	Secretariat - 10%	Response - 30%	Preparedness - 70%	Total
Opening Balance - 1 January 2023	5,445,987	76,724,630	44,815,616	126,986,233
Revenue				
Receipts from:				
Adimmune Corporation	10,279	27,753	64,756	102,788
Cadila Healthcare Ltd. (R&D Center)	6,526	17,618	41,111	65,255
Cepheid	795	2,146	5,009	7,950
Changchun Institute Of Biological Products Co. Ltd. Cnbg	16,683	45,042	105,101	166,826
Denka Seiken Co., Ltd	29,903	80,739	188,391	299,033
Fluart Innovative Vaccines Ltd.	5,277	14,248	33,245	52,770
GlaxoSmithKline (GSK)	474,934	1,282,322	2,992,084	4,749,340
Government Pharmaceutical Organization (GPO)	176	475	1,108	1,759
Green Cross Corporation	21,108	56,992	132,982	211,082
Hoffmann-La Roche and Co., Ltd	316,623	854,881	1,994,723	3,166,227
Hualan Biological Bacterin Co. Ltd.	5,277	14,248	33,245	52,770
Indevr, Inc.	176	475	1,108	1,759
Institute Of Vaccines And Medical Biologicals (IVAC)	176	475	1,108	1,759
Instituto Butantan, Brazil	61,566	166,211	387,863	615,640
Kaketsuken	43,975	118,734	277,045	439,754
Kitasato Daiichi Sankyo Vaccine Co. Ltd.	43,975	118,734	277,045	439,754
Princeton Biomeditech Corporation	372	1,003	2,340	3,715
Medimmune	87,951	237,467	554,089	879,507
Quidel Corporation	176	475	1,108	1,759
Research Foundation for Microbial Diseases of Osaka University	43,975	118,734	277,045	439,754
Sanofi Pasteur	1,633,403	4,410,187	10,290,437	16,334,027
Seqirus	528,007	1,425,591	3,326,442	5,280,040
Serum Institute of India Ltd.	176	475	1,108	1,759
Shanghai Institute Of Biological Products Co., Ltd.	8,795	23,746	55,409	87,950
Sinovac Biotech Ltd.	21,108	56,992	132,982	211,082
SK Bioscience	12,313	33,245	77,573	123,131
Takeda Pharmaceuticals International GmbH	176	475	1,108	1,759
Total received	3,373,901	9,109,483	21,255,565	33,738,949
Interest	-	4,299,679	-	4,299,679
Total Revenue	3,373,901	13,409,162	21,255,565	38,038,628
Expenditure				
2023	2,245,748	-	19,259,649	21,505,397
Balance as at 31 December 2023	6,574,140	90,133,792	46,811,532	143,519,464

I certify that the above statement correctly reflects the revenue and expenditure recorded in the WHO Global Accounting System.


George Kyriacou
12 April 2024

AN – 60478, 61722 and 60850 – 61 – 2023 – Interim.doc



Statement of Financial Performance-by Donor/Award Entity : 'WHO' , From date : '01-JAN-2023' , To date : '31-DEC-2023' , Award Number : '60478'

Sum of Accounting Amount	
Expenditure Type	Total (USD)
Staff Costs	1,469,412
Medical Supplies and Materials	1,417
Equipment, Vehicles and Furniture	4,739
Contractual Services	237,206
Travel	253,213
General Operating Costs	21,401
Programme Support (Indirect) Costs	258,360
Total	2,245,748

Statement of Financial Performance-by Donor/Award Entity : 'WHO' , From date : '01-JAN-2023' , To date : '31-DEC-2023' , Award Number : '61722'

Sum of Accounting Amount	
Expenditure Type	Total (USD)
Staff Costs	5,954,954
Medical Supplies and Materials	676,839
Equipment, Vehicles and Furniture	26,269
Contractual Services	6,549,666
Travel	2,494,731
Transfers and Grants	914,819
General Operating Costs	426,659
Programme Support (Indirect) Costs	2,215,712
Total	19,259,649

World Health Organization

20 Avenue Appia
1211 Geneva 27
Switzerland

PIP Framework Secretariat

pipframework@who.int

www.who.int/initiatives/pandemic-influenza-preparedness-framework

