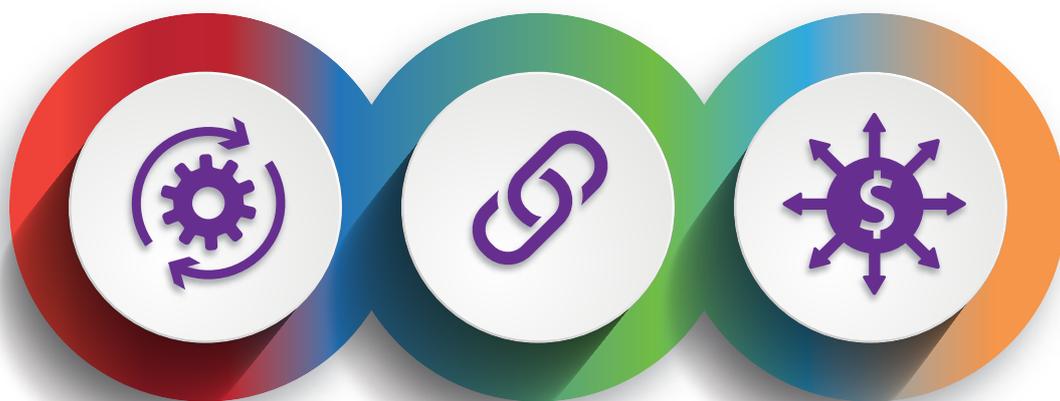

Pandemic Influenza Preparedness Framework

BIENNIAL PROGRESS REPORT

1 January 2018 – 31 December 2019



24-month report for the 2018 - 2019 biennium

Pandemic Influenza Preparedness Framework: biennial progress report, 1 January 2018–31 December 2019

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INTRODUCTION

The **Pandemic Influenza Preparedness (PIP) Framework** is an innovative public health instrument that brings together Member States, industry, other stakeholders and WHO to implement a global approach to pandemic influenza preparedness and response. The key goals include: to improve and strengthen the sharing of influenza viruses with human pandemic potential; 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 the WHO Global Influenza Surveillance and Response System (GISRS). Funds are allocated for: **(a)** pandemic preparedness capacity building; **(b)** response activities during the time of a pandemic; and **(c)** PIP Secretariat for the management and implementation of the Framework.

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

This report addresses the recommendation from the 2016 PIP Review that WHO develop a progress report that presents overall success metrics and infographics to illustrate progress in PIP Framework implementation. The report is published four times a biennium. Technical and financial implementation for HLIP II and the PIP Secretariat are presented. Milestones are collected every six months and indicators are collected yearly. All data are presented cumulatively from the beginning of each biennium, in this case, 1 January 2018.

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

The report is structured as a series of infographics as follows:

- **PIP Framework implementation overview** (pages 6 – 7)
- **Technical and financial implementation progress** (pages 8 – 17)
- **What's next for 2020-21** (pages 19 – 27)
- **Financial report including ICFS - Annex A** (*reported annually and biennially*, pages 28 – 35)

For previous reports, see https://www.who.int/influenza/pip/partnership_contribution/en/

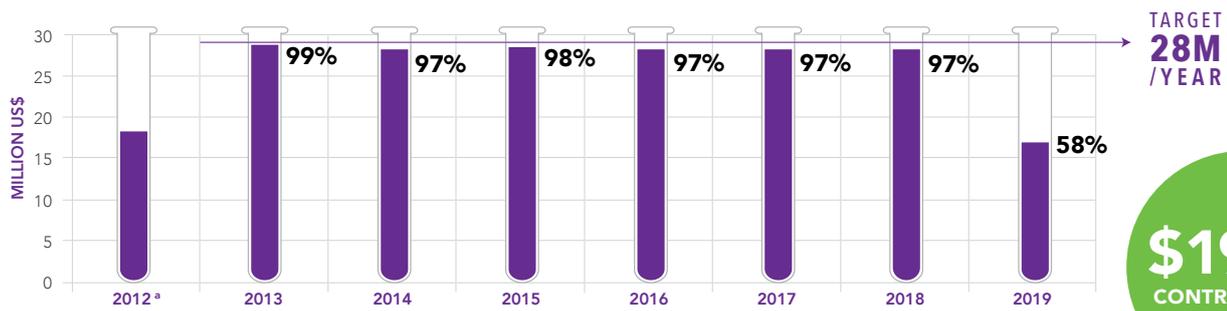
ACRONYMS & ABBREVIATIONS

| | | | |
|----------------|---|---------------|---|
| AFR | WHO African Region | MSF | Médecins Sans Frontières |
| AMR | WHO Region of the Americas | NAPHS | National Action Planning for Health Security |
| BM | Biological Material | NIC | National Influenza Centre |
| BOD | Burden of Disease | NITAG | National Immunization Technical Advisory Groups |
| CC | Collaborating Centre | NRA | National Regulatory Authority |
| CRP | Collaborative Registration Procedure | NVDP | National Vaccination & Deployment Plan |
| CVV | Candidate Vaccine Virus | PC | Partnership Contribution |
| DEP | Planning for Deployment | PCITEM | Partnership Contribution Independent Technical Expert Mechanism |
| DG | Director-General | PIP | Pandemic Influenza Preparedness |
| EB | Executive Board | PIRM | Pandemic Influenza Risk Management |
| EMR | WHO Eastern Mediterranean Region | PISA | Pandemic Influenza Severity Assessment |
| EQAP | External Quality Assessment Programme | PIVI | Partnership for Influenza Vaccine Introduction |
| ERL | WHO Essential Regulatory Laboratory | PSC | Programme Support Costs |
| EUR | WHO European Region | PV | Pharmacovigilance |
| GIP | WHO Global Influenza Programme | RCCE | Risk Communications and Community Engagement |
| GISRS | Global Influenza Surveillance and Response System | REG | Regulatory Capacity Building |
| HAI | Human Animal Interface | RO | Regional Office |
| HLIP | High-Level Implementation Plan | RS | Regulatory Systems |
| ICFS | Interim Certified Financial Statement | SDG | Sustainable Development Goals |
| IDP | Institutional Development Plan | SEAR | WHO South-East Asia Region |
| IHR | International Health Regulations | SFP | Shipping Fund Project |
| IPPP | Influenza Pandemic Preparedness Planning | SMTA2 | Standard Material Transfer Agreement 2 |
| ISST | Infectious Substances Shipping Training | UHC | Universal Health Coverage |
| IVPP | Influenza Virus with Pandemic Potential | UNICEF | United Nations Children's Fund |
| IVTM | Influenza Virus Traceability Mechanism | US CDC | United States Centers for Disease Control and Prevention |
| L&S | Laboratory and Surveillance Capacity Building | US HHS | United States Department of Health and Human Services |
| LIC | Low Income Countries | VCM | Vaccine Composition Meeting |
| LMIC | Low and Middle Income Countries | WER | Weekly Epidemiological Record |
| MA | Marketing Authorization | WHA | World Health Assembly |
| MIC | Middle Income Countries | WPR | WHO Western Pacific Region |
| MOH | Ministry of Health | WHO | World Health Organization |
| MS | Member State | | |

IMPLEMENTATION OVERVIEW

PIP PC collection (As of 31 December 2019)

PERCENTAGE OF TOTAL PC RECEIVED FROM CONTRIBUTORS



^a In 2012, contributions were made voluntarily

^b Figure includes PSC. PC collection for previous unpaid contributions and 2019 invoices is in process. The figure does not include interest earned on Response Funds of \$2.5M in 2018-19

TARGET
28M
/YEAR

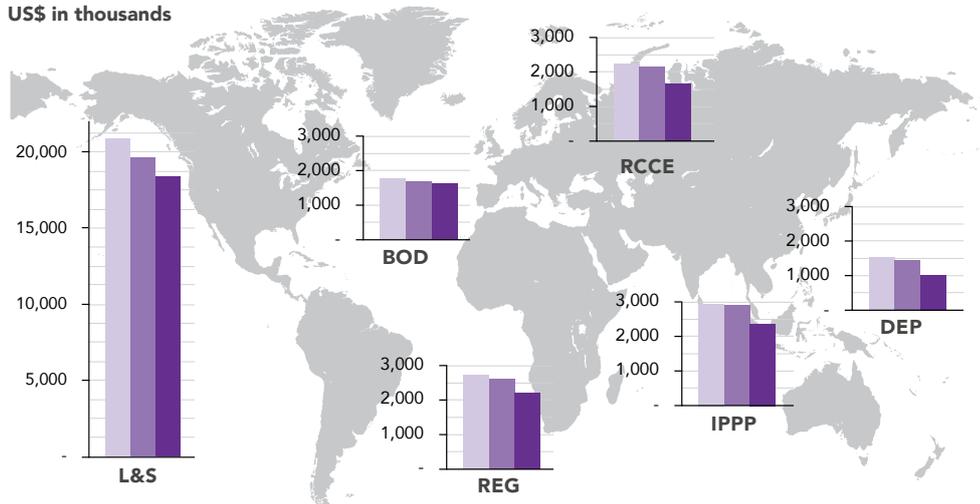
\$198M
CONTRIBUTED BY
INDUSTRY^b

PIP PC financial implementation (As of 31 December 2019)

PREPAREDNESS

2018-2019 BIENNIAL BUDGET: **\$32.1M** FUNDED: **\$30.5M** IMPLEMENTED: **\$27.4M**

IMPLEMENTATION BY HLIP II OUTPUT US\$ in thousands



PIP SECRETARIAT

BIENNIAL BUDGET: **\$6.8M**
FUNDED: **\$4.6M**
IMPLEMENTED: **\$4.4M**

RESPONSE

TOTAL IN RESERVE
(WITH PSC & \$2.5M
INTEREST EARNED
IN 2018-19): **\$56M**

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 | 2017 Baseline | 2018 Status | 2019 Status | 2019 Target |
|---|---------------|-------------|------------------|-------------|
| % of Member States with zoonotic influenza cases sharing IVPPs with GISRS (N=7) | N/A | 75% | 57% | N/A |
| % of PC recipient Member States reporting to FluNet (sustainability indicator, N=37) | 84% | 89% | 97% | ≥85% |
| % of PC recipient Member States reporting to FluID (N=37) | 51% | 73% | 81% | 60% |
| % of Member States with BOD estimates considered by NITAG or other decision-making bodies (N=38) | N/A | 16% | 11% ^a | 30% |
| No. of PC recipient Member States that have implemented regulatory approach (N=48) | 0 | 6 | 22 | 10 |
| % of PC recipient Member States that developed or updated a pandemic influenza preparedness plan (N=40) | 30% | 35% | 65% | 60% |
| % of influenza vaccine & antiviral manufacturers that concluded an SMTA2 (N=32) | 34% | 38% | 41% | 50% |
| % of Partnership Contributions received in the year of invoice (N=\$28M) | N/A | 54% | 58% | 100% |

^a There has been a rapid increase in the number of countries with influenza burden of disease estimates available (i.e. denominator). More time is required for these estimates to be considered by NITAG or other decision-making bodies (i.e. numerator).

PIP Biological Materials^a shared

PIP BMs RECORDED IN IVTM



FROM 1 SEPTEMBER 2017 TO
31 DECEMBER 2019:

548

VIRUS SUBTYPES RECORDED:
A(H1)v, A(H3)v, A(H5), A(H6), A(H7), A(H9)



TOTAL SINCE 1 DECEMBER 2012:

1208 PIP BMs RECORDED

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

SMTA2

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



>400M
DOSES

SMTA2 WITH ANTIVIRAL AND DIAGNOSTIC MANUFACTURERS & ACADEMIC AND RESEARCH INSTITUTIONS



10M

TREATMENT COURSES OF
ANTIVIRALS



250,000

DIAGNOSTIC KITS



25M

SYRINGES



70

SMTA2 WITH ACADEMIC
& RESEARCH INSTITUTIONS



29

BENEFIT-SHARING OFFERS
ACADEMIC & RESEARCH
INSTITUTIONS

PIP Framework governance

Since July 2019, WHO has made progress in implementing Decision WHA72(12).¹ This has included, for instance, developing and circulating a questionnaire on influenza virus sharing for GISRS and other relevant laboratories² and completing a desk review of access and benefit-sharing legislation and regulatory measures related to influenza virus sharing. A report on progress to implement the Decision has been prepared for consideration by the Executive Board in January 2020.³



During the 2018-2019 biennium, the PIP Secretariat continued its work to implement the recommendations of the 2016 PIP Framework Review Group. All recommendations under the Secretariat's mandate have either been completed or are currently being implemented.⁴

The Analysis on approaches to seasonal influenza and genetic sequence data under the PIP Framework, requested in Decision WHA70(10) and submitted to EB144 in January 2019, addressed important issues raised by the Review Group.⁵ During the biennium, increased attention has been given to supporting the work of GISRS to ensure continued timely sharing of seasonal influenza viruses as a foundation to pandemic preparedness. The matter is expected to be discussed by WHA73 in May 2020.

IMPLEMENTATION PROGRESS

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_24594

