



Addressing our health responsibilities for
Pandemic Influenza Preparedness

EQUITY: THE KEY TO PANDEMIC INFLUENZA PREPAREDNESS & RESPONSE

194 countries join forces to fight pandemic influenza

- Detect viruses as they emerge
- Strengthen laboratory skills
- Share viruses and information rapidly and efficiently with the WHO-coordinated international system of influenza laboratories called the Global Influenza Surveillance and Response System (GISRS)
- Develop candidate vaccine viruses through GISRS

Expanding real-time access to life saving vaccines

- Increasing equity of access: All countries have access to some pandemic vaccine as soon as production begins
- WHO negotiates advance donation and/or purchase agreements

Building partnerships across sectors – industry, civil society and governments working together

Game changing financing paradigm – transparent, multi-sectoral (private, public, non-governmental) funding for public health

Pandemic viruses respect no borders. All countries, rich and poor, large and small, must work together to prepare for its onset and to respond effectively. Access to adequate quantities of life-saving interventions, notably antiviral medicines and vaccines, made available in a timely and equitable manner to all countries, is essential for response.

Seasonal influenza is a common, recurring respiratory disease that strikes with predictable regularity. Seasonal influenza generally causes epidemics which can be of varying degrees of severity. Pandemic influenza is a rare, unpredictable occurrence. It occurs when a new influenza virus – to which humanity has no pre-existing immunity – appears. With nothing to contain it, a pandemic influenza virus can quickly spread to all parts of the world, causing a global epidemic. Similarly to seasonal viruses, pandemic viruses have differing degrees of severity and can affect certain categories of populations (e.g. very young, elderly, pregnant women) in different ways.

ACCESS TO LIFE-SAVING INTERVENTIONS

There are several types of interventions to fight against pandemic influenza: pharmaceutical, such as antiviral treatments and vaccines; and non-pharmaceutical, such as social distancing (e.g. school closures) or hand-washing.

To prepare vaccines, efficient and comprehensive sharing of relevant viruses is essential to carry out the analyses needed to determine the exact makeup of the pandemic vaccine. Equally important, the benefits derived from sharing these materials must be distributed throughout the world according to need and vulnerability to public health risks. Creating and maintaining a dynamic, equitable balance between sharing influenza viruses that have pandemic potential, and distributing the benefits that result, is the purpose of the WHO **Pandemic Influenza Preparedness Framework (PIP)**.

WHAT IS PIP?

During the outbreaks of H5N1 influenza cases in 2006, it became clear to WHO Member States that a formal arrangement was needed to increase access to vaccines during influenza pandemics, particularly for countries in need. At the same time, Member States recognized that ongoing, systematic virus sharing was critical to ensuring continuous global monitoring and risk assessment and aid in developing safe and effective pandemic influenza vaccines.

In 2007, Member States came together to start negotiating – and interacting with industry, civil society organizations, and other stakeholders over the next 4 years – to draft the

PIP Framework. In doing so, WHO facilitated a landmark step forward in public health, when the PIP Framework was unanimously adopted by the 194 countries of the World Health Assembly on 24 May 2011.

HOW DOES PIP WORK?

PIP establishes many responsibilities among countries, national laboratories, vaccine manufacturers, and WHO. Under the PIP Framework, stakeholders have specific responsibilities for sharing viruses and contributing to a global benefit-sharing system. For instance, Member States should support their national influenza centres and ensure that they share influenza viruses with pandemic potential with WHO. Industry responsibilities include paying annual donations to the Partnership Contribution mechanism and signing a Standard Material Transfer Agreement-2 (known as “SMTA2”).

VIRUS SHARING

PIP expects countries to share their influenza viruses with pandemic potential on a regular and timely basis with GISRS, a WHO-coordinated network of public health laboratories. The viruses are used by the public health laboratories to develop candidate vaccine viruses and assess the risk of pandemic influenza.

Transfers of viruses are monitored through the **Influenza Virus Traceability Mechanism (IVTM)**, an electronic, internet-based system that records transfers of PIP biological materials into and within GISRS and from GISRS to parties outside. This system allows users to see where materials have been sent and also allows them access to the results of analyses and tests on these materials.

BENEFIT SHARING – PIP TOOLS

PIP establishes a **Benefit Sharing System** to provide equitable access to vaccines, as well as to surveillance and risk assessment information, technical assistance, and help with building domestic capacities to prepare countries to respond to pandemic influenza. One mechanism for financing these benefits is the



Partnership Contribution from manufacturers. These are cash contributions, paid annually to WHO, to help fund capacity building activities in countries that need them. For instance, with the funds provided, WHO will work with many countries to strengthen their surveillance and laboratory knowledge and skills so they can detect new viruses as early as possible. WHO will also work with them to strengthen their national regulatory agencies to allow speedy approval and deployment of pandemic vaccines and medicines provided to them at the time of a pandemic.

Standard Material Transfer Agreements -2 (SMTA2), are legally binding agreements between WHO and certain companies and institutions that receive biological materials from PIP. These individually negotiated contracts have one purpose: to ensure that these companies or institutions commit to share benefits based on the nature of their work and their capacities. These agreements guarantee access by WHO to vaccines, antivirals and other supplies at the time of a pandemic. The agreements specify that the supplies promised will be delivered at the time of the next pandemic, to WHO for use in countries that need them and have no other means of access to them. By putting these agreements in place now, WHO, Member States, and industry are working together to ensure that when the next pandemic starts, there is a structured, fair, efficient and equitable access to critical, life-saving supplies by all countries.

RESULTS: WHAT HAS PIP ACHIEVED SO FAR?

Since the adoption of the PIP Framework in May 2011, WHO has put in place and activated the mechanisms needed for its operations and has signed SMTA-2 agreements with Glaxo Group Limited, Harvard College, Sanofi Pasteur, Serum Institute of India and the University of Florida. Discussions are under way with a number of other organizations.

More than US\$ 18 million was received in 2012 in voluntary donations from seven manufacturers, while the total contributed in 2013 is expected to exceed US\$ 26 million from 24 companies. Detailed implementation plans for the use of these funds are being finalized at WHO Headquarters in collaboration with WHO Regional Offices. These plans focus initially on labora-

tory and surveillance capacity building, which is the cornerstone of a robust preparedness system. Implementation of activities has started and should rapidly increase in 2014. Meanwhile, the IVTM is functioning and has recorded several hundred shipments of pandemic-prone influenza viruses to laboratories inside and outside GISRS.

FUTURE PROSPECTS

The global reach of pandemic influenza requires a global response, and a global response requires solidarity among all countries and stakeholders. The development of a universal and equitable system for sharing influenza viruses and distributing the benefits arising from such sharing, will contribute significantly to improving the global response to pandemic influenza when it strikes. A fair, equitable and effective global response, in turn, will save untold numbers of lives and mitigate the economic consequences that accompany this devastating public health crisis.

PIP is an ambitious, innovative and collaborative model for public health. Trust in, and support for, the Framework are building, and greater participation is anticipated. In the coming months and years there will be an expansion of activities, resulting in improved pandemic preparedness.



Download your copy of the Pandemic Influenza Preparedness (PIP) Framework here:

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



World Health Organization
20 Avenue Appia
1211 Geneva, Switzerland

PIP Framework Secretariat
Pandemic and Epidemic Diseases
Health Security
email pipframework@who.int