Introduction

The Pandemic Influenza Preparedness (PIP) Framework was adopted by Member States of the World Health Organization (WHO) to better prepare the world for an influenza pandemic. It promotes two equally important objectives: (1) the sharing of influenza viruses with human pandemic potential (IVPP) and (2) access to vaccines and sharing of other benefits.

In order to promote the second objective, influenza vaccine, pharmaceutical and diagnostic manufacturers that use the Global Influenza Surveillance and Response System (GISRS), a WHO-coordinated network of public health laboratories, contribute to WHO US$ 28 million per year to improve pandemic preparedness and response. These funds are known as the Partnership Contribution (PC). Consistent with the Framework, WHO uses the PC funds to strengthen influenza pandemic preparedness and response capacities in countries that require such support.

In January 2014, the Director-General approved a high-level implementation plan (HLIP I) – the PIP PC Implementation Plan 2013-2016¹ – that addressed capacity building in five areas of work: laboratory and surveillance, knowledge of influenza disease burden, regulatory matters, planning for deployment of pandemic response supplies, and risk communications. On recommendation of the PIP Advisory Group in April 2016, the Director-General extended the plan through 2017.

For 2018-2023, a second High Level Implementation Plan (HLIP II) was approved in December 2017; it builds on HLIP I and provides the overarching program of work to continue improving global pandemic influenza preparedness.² In addition to the five areas of work addressed in HLIP I, HLIP II includes a new area of work - influenza pandemic preparedness planning. HLIP II also provides a clear results hierarchy for the Plan’s outcome and six outputs.

With a view to increasing the transparency of the process to approve technical projects for funding under HLIP II with PIP PC funds, the WHO Health Emergencies Programme (WHE) and the Department of Infectious Hazard Management (IHM) established a PIP PC Independent Technical Expert Mechanism (PCITEM) under section 5 of the WHO Regulations for Study and Scientific Groups, Collaborating Institutions and Other Mechanisms of Collaboration. The PCITEM will regularly review and provide scientific and technical guidance to WHO and advice to support, improve and finalize annual activity work plans under PC funds.

Terms of Reference

PURPOSE

PCITEM will provide scientific and technical guidance and advice on projects selected for funding under PC funds to the IHM Director.

FUNCTIONS

1. The PCITEM will have the following functions:
   a) To review and assess the scientific and technical soundness and appropriateness of activities to contribute to the outcome and output targets in work plans submitted for funding under PC funds; and
   b) To provide additional scientific and technical guidance, as appropriate, on implementation of pandemic preparedness activities under the PIP PC.

COMPOSITION

2. The PCITEM will have up to 8 Members, with expertise in influenza preparedness and response and other relevant areas which may include, but are not limited to: public health; epidemiology and disease surveillance; risk assessment; clinical management; public health; health policy; law; national regulatory authority and services; risk communication; emergency management; social mobilization; and vaccine and supply chain management.

   a) Up to 2 Members will be selected for their knowledge and experience working within GISRS. One will have experience in a leadership role at a National Influenza Centre. The second will have experience in a leadership role at a WHO Collaborating Centre or Essential Regulatory Laboratory.

   b) Up to 6 Members will be selected for their knowledge and expertise in the areas of work supported by the PC, including: (1) laboratory and surveillance, (2) burden of disease studies, (3) regulatory affairs, (4) risk communications, (5) planning for deployment in case of an influenza pandemic, and (6) influenza pandemic preparedness planning.

3. A roster of experts will be established. WHO will draw from this roster to appoint members. WHO will periodically request nominations to the roster from all relevant offices across the Organization.

4. Members will be appointed by the IHM Director for a two-year term. Members may be re-appointed for a maximum of two additional consecutive terms, after which their name will be returned to the roster. After a minimum two-year period during which they do not serve on the PCITEM they will again be eligible for appointment. Members will be selected taking into consideration relevant expertise, equitable representation among WHO regions and between developed and developing countries, and gender balance.

5. The PCITEM will select from among its Members a Chair.
CONDUCT OF WORK

6. Meetings of the PCITEM will be convened by WHE/IHM. The PCITEM will typically meet in person once per biennium. Additional meetings may be held as needed including at the end of the first year of biennium work plan implementation. The additional meetings may be held either in-person or via teleconference.

7. Meetings of the PCITEM will have sessions open to Observers invited in accordance with these terms of reference, as appropriate and necessary, and closed sessions for PCITEM members to deliberate on their findings and recommendations.

8. Following each meeting, the PCITEM will prepare a report to the Director, IHM. In addition, a meeting report will be published online following each meeting.

9. In the exercise of their functions, Members of the PCITEM will act exclusively in their personal capacity as international experts advising WHO.

10. Members will complete a *WHO Declaration of Interests for WHO Experts* to disclose all circumstances that constitute actual conflicts of interest or that could give rise to potential conflicts of interest, or the perception of conflicts, as a result of their participation as a member of the PCITEM. They will recuse themselves from any decisions that could give rise to a real, potential or perceived conflict of interest.

11. Members will not purport to speak on behalf of, or represent, the PCITEM or WHO.

OBSERVERS

12. WHO, in consultation with the PCITEM Chair, may, on a case-by-case basis and in accordance with the provisions below, invite one or more Observers to attend open sessions of PCITEM meetings.

13. For the purpose of these terms of reference, the term “Observers” is to be understood as referring to any non-State actor that, based on WHO’s assessment, has a relevant and legitimate interest in the implementation of the PIP Framework Partnership Contribution and whose participation would be regarded by WHO as being in conformity with the WHO Framework for Engagement with Non-State Actors.  


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3 [https://www.who.int/about/collaborations/non-state-actors/A69_R10-FENSA-en.pdf](https://www.who.int/about/collaborations/non-state-actors/A69_R10-FENSA-en.pdf)
15. Upon the invitation of the Chair, Observers may provide views on the projects selected for funding with PC funds at open sessions of PCITEM meetings.

16. Observers will not participate in the closed sessions of the PCITEM during which PCITEM Members develop their findings and recommendations for submission to the Director IHM.

**CONFIDENTIALITY REQUIREMENTS**

17. Members will be required to sign a Confidentiality Undertaking prior to their participation. This will cover all information and documents marked “confidential” received in connection to the PCITEM meetings (whether received in advance, during or after the meeting), as well as all discussions related to the development of recommendations. It is understood that such confidentiality obligations will survive after the termination of the Members’ participation in PCITEM meetings.

18. In addition, PCITEM Members may not make public statements regarding the PCITEM’s work without the prior, written consent of WHO.