Report of the annual meeting to review the progress of the implementation of the pandemic influenza preparedness (PIP) partnership contribution (PC) funds in the WHO South-East Asia Region

[hybrid]

18–19 October 2022, New Delhi, India
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Note to readers

The World Health Organization’s Regional Office for South-East Asia (WHO-SEARO) has prepared this report for those who participated in the annual meeting – both in person and virtually – to review the progress of the implementation of the pandemic influenza preparedness (PIP) partnership contribution (PC) funds in the WHO South-East (SE) Asia Region, held in New Delhi, India, on 18–19 October 2022. The views expressed in this report are those of the participants and presenters, and do not necessarily reflect the policies or opinions of WHO-SEARO.
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<td>BoD</td>
<td>burden of disease</td>
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<tr>
<td>COVID-19</td>
<td>coronavirus disease 2019</td>
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<td>GIP</td>
<td>Global Influenza Programme</td>
</tr>
<tr>
<td>GISRS</td>
<td>Global Influenza Surveillance and Response System</td>
</tr>
<tr>
<td>HLIP</td>
<td>High-Level Implementation Plan</td>
</tr>
<tr>
<td>ILI</td>
<td>influenza-like illness</td>
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<td>IVPP</td>
<td>influenza viruses with human pandemic potential</td>
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<tr>
<td>LBM4</td>
<td>Laboratory Biosafety Manual Fourth Edition</td>
</tr>
<tr>
<td>NAPHS</td>
<td>National Action Plan for Health Security</td>
</tr>
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<td>NRA</td>
<td>national regulatory authority</td>
</tr>
<tr>
<td>PCITEM</td>
<td>Partnership Contribution Independent Technical Expert Mechanism</td>
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<tr>
<td>PIP</td>
<td>pandemic influenza preparedness</td>
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<td>PIP-PC</td>
<td>pandemic influenza preparedness partnership contribution</td>
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<tr>
<td>RCCM</td>
<td>risk communication and community mobilization</td>
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<tr>
<td>SARI</td>
<td>severe acute respiratory illness</td>
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<td>SARS-CoV-2</td>
<td>severe acute respiratory syndrome coronavirus-2</td>
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<tr>
<td>SEARO</td>
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<td>technical advisory group</td>
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<td>WHO HQ</td>
<td>WHO headquarters</td>
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<td>WHO CC</td>
<td>World Health Organization collaborating centre</td>
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<td>ZIDAR</td>
<td>zoonotic influenza distribution assessment and ranking</td>
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1. Introduction

Influenza is one of the most serious yet underrated public health challenges globally as well as in the Asia-Pacific Region. Influenza poses the biggest threat to humans in terms of pandemics as the virus is constantly changing and leads to emergence of novel strains.

The COVID-19 pandemic, without reasonable doubt, has highlighted the importance of preparedness for pandemics and the need for ready access to preventative tools, such as diagnostics, therapeutics, and vaccines. At the same time, while there have been remarkable improvements over the years, the COVID-19 pandemic laid bare the gaps in countries in relation to the core capacities of the International Health Regulations (2005), relevant for pandemic response. Based on the intra-action reviews conducted, it is now felt that the work related to pandemic preparedness in Member States in the WHO South-East (SE) Asia Region needs to be continued.

The Pandemic Influenza Preparedness (PIP) Framework, as endorsed by the World Health Assembly (WHA) 64.5, is the key and still provides the foundation for the pandemic preparedness work in all countries of the Region, focusing on regulation, surveillance, laboratory strengthening, risk communication, and community mobilization. It also has provisions for access to viruses of pandemic potential and benefit-sharing, such as access to vaccines, diagnostics, and antiviral medicines. The preparedness work, enshrined in the PIP Framework, is supplemented by the recent Global Influenza Strategy (2019–2030). The Strategy focuses on better capacities and tools for pandemic preparedness.

To implement the PIP Framework in vulnerable countries, PIP partnership contribution (PIP-PC) funds have been established. Seven Member States in the Region are eligible priority countries while six are recipients in the current cycle of funding for 2022–2023.

However, as demonstrated again by this pandemic and based on the disruptions to PIP-related work in the Region due to the impact of the COVID-19 crisis, countries need to carry out a lot of activities to fill the gaps in relation to the six key outputs that are defined in the High-level Implementation Plan (HLIP-II) of the PIP Framework.

To do so, countries need to look at areas in the HLIP-II outputs, where they want to further consolidate gains for responding to a pandemic and developing products based on access to influenza viruses of pandemic potential and benefit-sharing. Thus, they want to discover new strategies to complete activities that they have included in their respective biennium workplans in terms of PIP; identify the areas that they want to innovate on and the areas that have been stalled by the impact of the current pandemic; and also learn from the experience and best practices of PIP activities in the context of the COVID-19 pandemic in their own country and other countries of the Region.

WHO as the Secretariat needs to provide the Member States with perspectives and insights of the independent Advisory Group of PIP-PC to better re-shape the PIP-PC-related work in the Region. WHO has to provide inputs related to regional and country-level achievements of the HLIP-II monitoring and evaluation indicators, stressing the areas where they lag behind to mark a difference at the end of the current funding cycle. As the
PIP-PC project is a centrally controlled one with stringent compliance requirements, the Secretariat needs to hold discussions on a one-on-one basis with recipient countries and mitigate project-related non-compliance issues, pertaining to fund implementation. Such interactions help countries in better organizing implementation of funds and ensuring continuity of funding for PIP activities from the donor’s perspective.

The Advisory Group recommends increased use of experts from academia and other centres of excellence on the part of recipient Member States to generate better-quality deliverables of PIP; meeting such experts and listening to their experience of planning and delivering PIP-related products inspire, boost, and provide opportunity to mobilize similar experts for delivery of PIP-PC-related HLIP-II deliverables.

Hence, organizing a meeting of this nature is critical around the middle of the WHO biennium. It will provide sustainable technical and financial support to PIP-PC recipient countries; PIP-PC Secretariat; HLIP-II output leads; WHO-SEARO technical units; and WHO country offices and partners, who assist countries in technical areas to bring them together in one forum and discuss, brainstorm and plan for better implementation of PIP-PC-related workplans in the biennium. This is with a view to achieve outcomes that are needed for country pandemic influenza preparedness in terms of long-term, continued preparedness platforms for any disease of pandemic potential.

Organization of the meeting: A hybrid (with the option of both physical and virtual attendance) meeting was organized on 18–19 October 2022 in New Delhi, India. It was attended by representatives of Member States, experts from collaborating agencies, consultants, partners, and members of the PIP Framework Advisory Group.

2. **Meeting objectives**

**General objectives:** The general objectives of the meeting were to update Member States on global recommendations, review, evaluate, and share best practices of PIP-PC funds implementation during the COVID-19 response in the Region in the biennium of 2021–2022 and the first three quarters of 2022

**Specific objectives:** The specific objectives of the meeting were to:

- provide the overview of the recommendations made by the independent PIP Advisory Group to fund recipient Member States directly through the Advisory Group members with a view to re-looking at regional and country strategies for shaping the PIP Framework implementation in the Region;
- provide the perspective of the PIP Secretariat/WHO HQ on administrative and financial requirements of PIP-PC funds for the 2022–2023 biennium in order to support the Member States, the Regional Office, and the WHO country office budget centres to align workplans with the HLIP-II, and achieve a high compliance rate with PIP-PC project implementation requirements;
- highlight innovations and share best practices, introduced through the mobilization of external technical/academic experts/groups/centres of excellence, for delivery of specific HLIP-II outputs by WHO-SEARO and PIP-PC recipient countries of the Region (including the context of the COVID-19 pandemic);
provide the perspective of PIP-PC output leads and review the country-level and regional implementation of PIP-PC funds in the 2021–2022 biennium, highlight the lessons learnt, and present plans for incorporating these lessons for better implementation of the HLIP-II in 2022–2023; and

present the monitoring and evaluation framework of the HLIP-II, discuss and reach agreement among the Member States, the PIP Secretariat/WHO HQ, and WHO-SEARO on improvement of routine reporting, showcasing stories of the impact of PIP-PC fund implementation in Member States and obtaining country-specific advice regarding country-level monitoring of contribution of PIP-PC funds to national pandemic preparedness for respiratory pathogens, including influenza.

3. **Proceedings of the meeting**

3.1 **Proceedings of Day 1:**

3.1.1. **Opening session**

Dr Edwin Salvador, Regional Emergency Director (RED), opened the meeting by welcoming (a) all participants from the Member States receiving PIP partnership contributions in the Region; (b) experts from collaborating agencies; (c) consultants who worked in the area of PIP Framework implementation; (d) partners; (e) members of the PIP Framework Advisory Group; and (f) WHO colleagues. In his opening remarks, Dr Salvador highlighted the importance of influenza control and prevention as well as that of PIP.

He said that the COVID-19 pandemic clearly demonstrated the vulnerability of every country across the globe to the public health, societal and economic impact of a pandemic, affecting not only lives but also livelihoods. He also emphasized the contribution of pandemic influenza preparedness in the Region to promptly shaping the response to the COVID-19 pandemic. Yet, he admitted, there were multiple challenges to enforcing non-pharmaceutical interventions, such as public health and social measures, alleviating inequities in access to medical countermeasures, namely diagnostics, therapeutics, and vaccines, during the COVID-19 pandemic. Mentioning the regional achievements, he specifically reminded the audience that WHO-SEARO developed, and the 75th session of the WHO Regional Committee for South-East Asia endorsed, the Regional Strategic Roadmap on Health Security and Health System Resilience for Emergencies for the five-year period of 2023–2027 ([https://www.who.int/publications-detail-redirect/9789290209959](https://www.who.int/publications-detail-redirect/9789290209959)).

He paid attention to the fact that the current HLIP-II will end by 2023 and planning for HLIP-III has almost been completed by the WHO Headquarters (WHO HQ). He concluded his opening remarks by urging all participants to make the most of this opportunity to improve pandemic preparedness through the implementation of PIP-PC in their countries. He wished all participants successful deliberations (Annexure I).
After Dr Salvador's opening remarks, Dr Pushpa R Wijesinghe, Programme Area Manager, Infectious Hazard Management, and PIP Project Manager, WHO-SEARO, introduced the objectives and outcomes of the meeting. Mr Francis Y. Inbanathan, Technical Officer (Laboratories), WHO-SEARO, made the administrative announcements.

Dr Salvador proposed Dr Khageswor Gelal of the Ministry of Health and Population, Nepal as the Chair, and Dr Josefinha Clarinha Joao, National Director of Control of Disease of the Ministry of Health, Timor-Leste, as the co-Chair of the meeting. As there were no objections, Dr Salvador announced that he would hand over the meeting to the Chair and the co-Chair until the Chair and the co-Chair handed the meeting back to the Secretariat for the concluding session on Day 2.

3.1.2. Technical sessions

During the technical sessions, the deliberations were based on the various outcomes of the HLIP-II. In addition to these, key updates were provided by the PIP Secretariat while the insights of the PIP Advisory Group were the main highlights of the meeting. Each technical session was supplemented by a brief question-and-answer session in order to clarify queries and doubts of participants.

**Plenary session 1: Key updates from the PIP Secretariat (Moderator – Dr Khageswor Gelal)**

Dr Gina Samaan, Team lead of the PIP Secretariat at WHO HQ presented an overview of the PIP Framework and the programme’s stakeholder engagement. She talked about the five groups of stakeholders, who have been engaged with, and their shared responsibilities in the programme. Dr Samaan also briefed the meeting on the forthcoming activities in 2023, including the proposed evaluation of the HLIP-II (2018–2023).

Mr Hitesh Chugh, Technical Officer of the PIP Secretariat made a presentation on the regional and global gains from the implementation of the activities, pertaining to the PIP-PC Framework. He shared the performance indicators, relevant to the Region and the individual PIP-PC recipient Member States. Also presented were some of the best practices, documented in relation to PIP-PC implementation on various platforms in all WHO regions, to facilitate a mutual learning process at regional and global levels.

Ms Poonam Huria, Technical Officer from the PIP Secretariat, provided an overview of the project management, including financial implementation and change management of the PIP-PC workplans. Her presentation focused on the annual partnership contribution (PC) made to WHO by manufacturers that use the Global Influenza Surveillance and Response System (GISRS) as part of benefit-sharing and on how that contribution as PIP-PC funds is utilized for components, namely (a) pandemic preparedness, (b) response, and (c) programme management, in a standard manner at global, regional, and country levels. She also explained the process of the change request (CR) in case any change is required with regard to the three components of implementation mentioned above.

The last presentation in the plenary session focused on the “Proposed evaluation of the High-level Implementation Plan (HLIP-II) planned for 2023”. The presenter was Ms Jennifer Barragan Fromme, PIP Project Manager at WHO HQ.
Plenary session 2: Overview of the PIP-PC global independent Advisory Group (Moderator – Mrs. Luisa Belloni- Project officer (PIP) at WHO HQ)

The objective of this session was to (a) provide to the participants from the fund recipient Member States an account of how the global independent Advisory Group operates, and (b) provide an opportunity to the members of the Advisory Group, representing the Region, to share their experience and describe how beneficial their presence is in the global forum to guide PIP-PC implementation in the South-East Asia Region. The session was moderated by Mrs. Luisa Belloni, Project officer (PIP) of the PIP Secretariat at WHO HQ.

The session included a presentation on the “Role and functions of the independent Advisory Group” delivered by the Chair of the PIP Advisory Group, Dr Enrique Tayag. This was followed by a presentation by Dr Sandra Jackson, Consultant, Global Influenza Programme (GIP), WHO HQ, on “Sharing of influenza viruses with human pandemic potential (IVPP) and expectations from recipient Member States”. The members of the Advisory Group, who were present at the meeting, shared their roles in strengthening the PIP Framework implementation as advisory members providing perspectives of their individual countries and the Region they represent in the forum of the PIP Advisory Group.

In his presentation, Dr Tayag outlined what PIP-PC funds are, their objectives, the role of the PIP Advisory Group in advising the WHO Director-General on PIP-PC funds, composition of the Advisory Group, and its mandate and function. He also explained how the Advisory Group develops and shares its recommendations with the WHO Director-General.

In her presentation, Dr Jackson listed the following key objectives of the PIP Framework in relation to IVPP:

- sharing of H5N1 and other influenza viruses with human pandemic potential; and
- access to vaccines and sharing of other benefits.

She also highlighted the importance of (a) the link between the Global Influenza Surveillance and Response System (GISRS) and the PIP Framework, and (b) reviewing guidance on virus-sharing and logistics. Additionally, she informed the audience about the status of IVPP-sharing in the WHO SE Asia Region. She concluded that there is a need to improve the timeline of sharing viruses and also enumerated the common causes of not sharing or delaying sharing of influenza viruses.

These presentations were followed by a panel discussion. The panel consisted of the following Advisory Group members: Dr Enrique Tayag, Chair of the PIP Advisory Group; Dr Vivi Settiawaty, Technical Advisory Group (TAG) member from Nepal; Professor Kedar Prasad Baral (TAG member from Nepal); and Professor Sow Lwin Nyein (TAG member from Myanmar). WHO was represented by Dr Gina Samaan and Dr Pushpa Ranjan Wijesinghe.

The session focused on aligning the global policies that are relevant to PIP implementation with those emanating from the Region.
Professor Baral described how Nepal created a network of laboratories, evolving from just one laboratory in 2010 to several laboratories having leveraged PIP-PC workplans. He added that people are now more aware about influenza vaccines and they ask for their administration. He further said that in Nepal, PIP work is getting expanded beyond the health department – it is being transformed into a multi-departmental activity.

Professor Sow Lwin Nyein, from Myanmar, shared the lessons learnt and the opportunities that arose during the COVID-19 pandemic in the country. He said that given the fact that a pandemic is a cyclical event, as per the predictions of many epidemiologists and public health experts, “we will be able to manage pandemics better because of improved preparedness to manage them”.

One of the lessons learnt from the COVID-19 pandemic is the need for revising existing policies and regulations for ensuring availability and mobilization of human resources for health. Lack of trained persons for mobilization for operations was flagged as an issue contributing to less optimal implementation of the PIP-partnership contribution Award during the current pandemic.

Dr Tayag further said that the Advisory Group understood the importance of being aware of all initiatives related to public health good governance. He was of the opinion that this kind of good governance has an impact on deliberations of the Advisory Group and the recommendations they make for the WHO Director-General. In this context, he said he welcomed and valued the importance of receiving feedback from all stakeholders on the group’s deliberations and recommendations to the WHO Director-General.

Dr Setiawaty focused on the challenges to virus-sharing, especially in the Indonesian context, and categorized the hurdles into two groups: (a) technical issues – collection and shipment of specimens, and (b) the policy of sharing influenza virus (benefit-sharing issues). She suggested that it was necessary to mobilize the support of the WHO collaboration centres for capacity-building of health professionals in the country, involved in areas related to the PIP Framework, and providing technical assistance for bioinformatics.

Dr Gina Samaan and Dr Pushpa R Wijesinghe’s discussion revolved around how the PIP Framework implementation fitted into the broader influenza and other respiratory pathogen pandemic preparedness in global and regional settings. Dr Samaan mentioned influenza as a “trailblazer” in the sense that it is establishing systems for any pandemic or public health emergency. “The guidance, the systems, the shipping fund project and how the GISRS operates are all examples of how other pandemic pathogens can operate,” she said. After two years of the current pandemic, she pointed out, influenza preparedness plans were still the base for COVID-19 response.

Dr Wijesinghe explained that pandemic preparedness started in 2006 as a part of the preparedness for avian influenza outbreaks, gaining momentum in 2011, when the PIP Framework was launched. He further added that these actions paved the way for better pandemic planning. Pandemic Influenza preparedness plans were used as contingency plans for the National Action Plans for Health Security (NAPHS) or equivalent national plans. These served as the policy guidance in the Region on preparing the initial COVID-19 response plans until WHO presented the model Strategic Preparedness and
Response Plans (SPRP) for the pandemic. He also elaborated on how all Member States worked on leveraging the influenza sentinel surveillance network for monitoring SARS-CoV-2, using the multiple components embedded in the national pandemic influenza preparedness plans.

He also shared with the participants how medicinal regulatory capacity developed through national influenza pandemic preparedness in the SE Asia Region and helped Member States in terms of responding to the COVID-19 pandemic. He also made the audience aware of the fact that the laboratory and surveillance output in the HLIP-II contributed to and became the backbone for integrated surveillance of COVID-19 and other pathogens, such as respiratory syncytial viruses (RSV), using the influenza sentinel surveillance network in the Region.

**Plenary session 3: HLIP-II outputs – global and regional progress (laboratory and surveillance) (Moderator – Professor Sow Lwin Nyein)**

This session was dedicated to Output 1 (laboratory surveillance) of the HLIP-II. The session specifically looked at the global and regional progress of Output 1. The regional progress was captured through three country presentations from Bangladesh, Nepal, and Timor-Leste. The presentations focused on country progress, challenges, and the plan for 2023. The presenters were Dr Lok Bandhu Chaudhary - Medical Laboratory Technologist from Nepal, Dr Josefina Joao - National Director of Control of Disease of the Ministry of Health, Timor-Leste, Dr Ari Tillman - Director, National Laboratory of Timor-Leste, Ms Nina Lucia – an official of SARI/ILI surveillance from Timor-Leste and Dr Manjur Hossain Khan – an Assistant Professor, Virology, NIC from Bangladesh.

The presentation on global progress was delivered by Dr Isabel Bergeri, Global Output Lead for Laboratory and Surveillance. She told the audience that of late, the number of countries reporting to FluNet and FluID had increased. She also shared with the audience the experience of how countries in all WHO regions adopted the end-to-end integration of SARS-CoV-2 and influenza sentinel surveillance. Dr Bergeri concluded by saying that the COVID-19 pandemic was a real-time learning opportunity for the whole world.

**Plenary session 4: HLIP-II outputs – global and regional progress on conducting influenza burden of disease (BoD) (Moderator – Dr Josefina Clarinha Joao)**

This plenary session focused on the global and regional progress on the implementation of the influenza burden of disease (BoD). BoD is a key output in the HLIP-II. Dr Stefano Tempia, Global Output Lead of BoD, made the presentation on “Introduction to BoD output, relevance to strengthening PIP in the HLIP II – progress of global implementation and new WHO tools and plans for BoD”. He discussed the global tools available for country use, the work that is being carried out, the experts available for country support, and the useability of PIP-PC funds for BoD estimations for generating evidence for country decision-making.

Dr Tempia’s presentation was followed by the presentation made by Dr Manish Kakkar, Medical Officer (High Threat Pathogens) at WHO-SEARO. He informed the participants that the Region is lagging behind in terms of developing BoD estimates as an output of the HLIP-II. He shared with participants the plans for facilitating seasonal
influenza BoD estimation studies in Member States. As a starting point, he said, efforts are underway to conduct a study in Bangladesh. He also shared the details of the proposed study on BoD in Bangladesh. He suggested that countries think about conducting feasibility assessments and BoD estimation studies.

**Plenary session 5: HLIP-II outputs – global and regional progress on implementing risk communication and community mobilization (RCCM)**

(Moderator – Dr Varsha Potdar)

This session was dedicated to RCCM, which is deemed Output 4 in the HLIP-II. In the first presentation of the session, Dr Supriya Bezbaruah, Team Lead, EPI-WIN, WHO HQ, spoke about the basic goals and principles of RCCM, the lessons learnt from the COVID-19 pandemic and the global activities pertinent to RCCM, which were carried out. She highlighted that the output-related work will be looking for community engagement and sustaining RCCM activities under the HLIP-II. She shared three major lessons learnt from the COVID-19 pandemic: (i) community is the key for actions; (ii) there are infodemic and information equity needs; and (iii) science-informed policies and public decisions are of great importance.

The next presentation was jointly delivered by Dr Sandip Shinde, Country Preparedness and IHR (2005) Officer at the Health Emergencies Programme at WHO-SEARO, and Ms Abbey Generalia, RCCM Consultant in the same department. The title of the presentation was “Application of the lessons learnt from the COVID-19 pandemic: Plan for PIP-PC-supported RCCM in the SE Asia Region in 2023”. They discussed in detail the regional plan for implementing PIP-PC funds-supported RCCM activities in the Region in 2023. They also elaborated on (a) the 5*5 RCCE strategy; (b) how COVID-19 was a catalyst for RCCE progress; and (3) the need for the Region to re-focus on RCCM.

**Plenary session 6: HLIP-II outputs – global and regional progress on implementing activities pertaining to regulations (REG)**

(Moderator – Dr Varsha Potdar)

Plenary session 6 focused on Output 3 of the HLIP-II: Regulations. The session consisted of two presentations. The first presenter was Dr Razieh Ostad Ali Dehaghi, Scientist at the Regulatory System Strengthening (RSS) Team of the Regulation and Safety Unit in the Regulation and Prequalification Department of WHO HQ. She explained in detail the regulatory preparedness output of the HLIP-II, its relevance to strengthening PIP, and the progress on the implementation of the regulation-related activities, planned under the PIP-PC workplan, at the global level.

She stressed the need for having in place robust regulatory systems in countries to fight any emergency. She said countries can rely on the support for this system strengthening, delivered through the WHO regulatory system strengthening programme. She also highlighted the need for development and implementation of regulatory pathways, using a risk-based approach in countries, by the national regulatory authorities (NRAs).
The next presentation in this session was from Mr Adrien Inoubli, Regional Adviser (Medical Products Quality and Regulation) of the Health Systems Department of WHO-SEARO. He shared updates, progress, and future plans for regulatory strengthening in the SE Asia Region.

He stressed (a) the current lack of tools at the regional level to provide an overview of the global benchmarking tools, sub-indicators, and Institutional Development Plans related to preparedness; (b) the inability to share the identifiable information available without consent from the countries; and (c) COVID-19 being a stress test. He provided a snapshot of the different regulatory indicators for the SE Asia Region, and explained the COVID-19 vaccine regulatory activities. He then updated the audience on the status of the South-East Asia Regulatory Network (SEARN), a volunteer association of the 11 SE Asia Region countries. Mr Adrien also shared the SEARN workplan for 2022–2023. He concluded his presentation by highlighting the next steps for strengthening regulatory preparedness in the Region.

Plenary session 7: HLIP-II outputs – global, regional, and country progress on implementing pandemic influenza preparedness and response plans (Moderator – Dr Mahabubur Rahman, Bangladesh)

This session focused on the implementation of Output 6 – pandemic influenza preparedness and response plans (IPPP). The presentation on global progress was delivered by Dr Isabel Bergeri. She described the IPPP output, the indicator, its relevance to strengthening PIP, and the progress of the global implementation under the PIP-PC workplans. She made it a point to highlight the proposed new direction of the integrated respiratory pandemic preparedness planning related to pandemic influenza. She presented the rationale, methods, and benefits of such an approach.

She also provided the details of the WHO toolkits with regard to the pandemic preparedness plans for the global community of practice. The other aspect she touched upon involved the influenza specifics and the inputs that have to be integrated in the process of pan-respiratory guidance. She informed participants that countries can develop or update their pandemic influenza preparedness plans as a component of their pan-respiratory pandemic plan or as a standalone plan.

Moving on to the segment of the SE Asia regional progress on updating IPPP, Dr Wijesinghe, on behalf of the WHO Country Office for Myanmar, shared the approach used by the country office for reviewing the national IPPP of Myanmar. He said that IPPP was launched in Myanmar in 2006. Subsequently, it was updated in 2017, and simulation exercises were performed in 2019.

Furthermore, a desk review of the existing draft National Strategic Plan for zoonotic influenza and human influenza pandemic preparedness and response was conducted to provide recommendations to align with (a) the WHO global and regional guidance, and (b) the real-life experience obtained as a result of the COVID-19 pandemic response. He concluded the presentation by listing out the recommendations of the desk review for the purpose of updating the national IPPP in Myanmar.
The next country to make a presentation was the Democratic People’s Republic of Korea (DPR Korea). The country update was shared by Ms Anupurba Roy Chowdhary, WHO Consultant for DPR Korea. She spoke about the approach adopted by the Ministry of Public Health (MoPH) jointly with WHO HQ, WHO-SEARO, and the WHO Country Office for DPR Korea with regard to the process of updating the national IPPP. She also described the consultative meetings held in 2019 in the course of the IPPP updating process. She informed participants that the MoPH, together with the WHO Country Office, will take the next steps to further refine it.

Indonesia was the next country to update the audience on their exercise regarding NIPPP. Dr Alfinella Izhar Ishwandi, an epidemiologist at the directorate of communicable diseases control, Ministry of Health, Indonesia highlighted how Indonesia – based on the concept of building back better, using the lessons learnt during the COVID-19 pandemic – developed the influenza pandemic contingency plan as a blueprint for future pandemic response in the country. She also presented the outline of the COVID-19 response plan of Indonesia and the results of the intra-action review that hinted at better planning for pandemic preparedness response for future emergencies.

The last presentation of the day was delivered by Dr Pradeep Khasnobis, Deputy Director-General of the Disaster Management Cell of the Ministry of Health and Family Welfare (MoHFW) of India. He spoke about the post-COVID-19 pathway, which was started in 2019 for updating IPPP in the country. He talked about the review meeting of the National Pandemic Influenza Preparedness Plan that the MoHFW conducted under the PIP-PC workplan in India. He provided a summary of the lessons learnt during the COVID-19 pandemic and the plan for incorporating them into the existing IPPP of the country.

3.2 Proceedings of Day 2

The co-Chair, Dr Josefina Clarinha Joao opened Day 2. She welcomed the participants and invited Mr Francis Inbanathan to present a summary of the proceedings of Day 1 that included 20 presentations.

Plenary session 8: Sharing of best practices by technical/academic experts/groups/centres of excellence/institutions that are mobilized under the PIP-PC project (Moderator – Dr Josefina Clarinha Joao)

Dr Joao started the day’s proceedings with session 8. It focused on the sharing of “best practices” by technical/academic experts/groups/centres of excellence that worked with WHO to support the countries and the Region for pandemic influenza preparedness under the PIP-PC project.

The first presentation of this plenary session was delivered by Dr Sridhar Sivasubbu, the senior scientist of the CSIR-Institute of Genomics and Integrative Biology, New Delhi, India. His presentation was on enhancement of the capacity of genomic sequencing in the WHO South-East Asia Region. He informed the participants about the sequencing of viruses, and the COVID-19 Mega lab, piloting genomic surveillance of COVID-19 in India. He explained the genomic surveillance for early warnings and “when to establish and what the need is”. Referring to the COVID-19 pandemic, he shared the experience of developing accelerated protocols for SARS-CoV-2 virus genome sequencing and its application.
Further clarity was provided with regard to the support for enhanced genomic sequencing and rapidly establishing bio-informatics analysis of SARS-CoV-2 in the Member States in the Region. He also highlighted the key lessons learnt and what needs to be implemented beyond COVID-19 to sustain the infrastructure and capacities developed during the pandemic. He also stressed that genomic sequencing, coupled with epidemiological information, can help modify the course of an epidemic while providing a buffer period of six to eight months. He thanked WHO and Member States for initiating genomic sequencing work under the PIP-PC workplan in the Region as the investment was useful for effective returns in terms of PIP while benefits are being extended for other respiratory pathogens.

The next collaboration of the PIP project in the SE Asia Region was with the Mahidol Oxford Research Unit, Thailand (MORU). Professor Stuart Blacksell of MORU spoke about the process that the research unit, WHO, and Member States were involved in the development of the SEA Regional Manual and pilot-training on laboratory biosafety and bio-risk management in the SE Asia Region. He explained biosafety and biocontainment, their relevance, and in that context, how the WHO Laboratory Biosafety Manual's Fourth Edition (LBM4) can be a tool for countries to build capacity and practise biosafety and biorisk management.

The next collaborative activity, performed under the PIP-PC project, that Professor Blacksell presented on, involved establishing a cohort of a training of trainers (ToT) in Member States. He provided the details of selecting trainers, the topics covered, development of contextually appropriate videos, and pre-/post-test sessions for assessing baseline knowledge and contribution of the PIP-PC-supported ToT and feedback. He also detailed the biosafety assessment and its findings in the Region, and deliberated on the key concerns for actions. At the end of the presentation, he shared the details of the biosafety quick reference manual and the standardized risk assessment manual of WHO-SEARO.

The second part of the plenary session was moderated by Dr Pradeep Khasnobis. The first presentation was on the collaboration between WHO and Member States in the Region and Queensland University in Australia. This project involved developing methods for detecting zoonotic influenza at the human-animal interface. In this context, Professor Ricardo Soares Magalhaes from Queensland University spoke about the development of a generalizable zoonotic influenza distribution assessment and ranking (ZIDAR) system to strengthen surveillance and preparedness. This project is being implemented under the PIP-PC workplan of WHO-SEARO in Output Area I (laboratory and surveillance) of the HLIP-III.

Professor Magalhaes shared the details of the status of the pilot project being conducted with the Ministry of Health and Population in Nepal, in collaboration and coordination with the WHO Country Office for Nepal. The key coordinator was the Infectious Hazard Management unit of WHO-SEARO. He emphasized the importance of this pilot project, stating that in implementing the One Health approach, developing methods to identify evidence-based, most appropriate areas for surveillance for zoonotic influenza is critical yet challenging in most of the countries. Against this background, it was reported that the ZIDAR project offers a huge potential for countries to identify, on
time, human cases in the human-animal interface. He provided details of ZIDAR, a brief methodology, and the current implementation stage in Nepal, including the stakeholders workshop.

The other institute that worked with WHO in the area of PIP was the National Institute of Epidemiology, based in Chennai, India. Dr Ghulam Mohammad from the National Institute of Epidemiology, Chennai, shared the experience of “supporting WHO-SEARO to draft a guidance for human surveillance for zoonotic influenza at the human-swine interface”. He explained the need and importance of developing such a guidance for surveillance at the human-swine interface in the SE Asia Region. He mapped and described the initiatives of the project, the approaches used, and the key lessons learnt as the first step of this process. He took the audience through the surveillance strategies, surveillance methods, sample sizes, key data collection variables, and frequencies of data collection during his presentation.

Fulfilling the recommendations of the Partnership Contribution Independent Technical Expert Mechanism (PCITEM), WHO worked with several institutes and individual academics. Dr. Olivia Price is one of the academics the Organization worked with. She is a research officer from the University of New South Wales (UNSW), Sydney, Australia. She narrated her experience of working with WHO SE Asia Region and Member States to conduct annual landscape analysis and prepare a compendium of factsheets. These factsheets focus on influenza preparedness and act as the regional mechanism for monitoring the implementation of the Global Influenza Strategy (2019–2030) in the Region. She explained the concept and components of the landscape analysis, why it is important for influenza preparedness, and what the goals of the influenza landscape analysis are. She also highlighted the efforts involving (1) regular reviews of the landscape analysis tool with the Member States; (2) conducting data collection; (3) validation of data; (4) generation of results; (5) obtaining consensus of Member States; and (6) presentation, as per the WHO format for factsheets, and a compendium.

Dr Nuwan Darshana Wickramasinghe is the other academic, mobilized for his expertise, in alignment with PCITEM recommendations, by WHO for PIP work. He is from the Faculty of Medicine and Allied Sciences at Rajarata University of Sri Lanka. Dr Wickramasinghe supported the WHO Country Office for Myanmar to review both the National Pandemic Influenza Preparedness Plan and the Influenza Surveillance Guidelines in the country. Describing the process of his support to Myanmar, he explained the background, the purpose, and the summary results of the review of (1) the National Strategic Plan for Pandemic Preparedness and Response for Zoonotic and Human Influenza, and (2) the National Influenza-like Illness (ILI) and Severe Acute Respiratory Infection (SARI) surveillance guidelines.

WHO-SEARO also worked with nongovernmental agencies to generate deliverables, pertaining to the PIP-PC workplans. The GRID Council of India was once such agency. Representing it, Dr Archisman Mohapatra, Executive Director of the GRID Council, presented the key findings of the bibliometric analysis of influenza research that they conducted together with WHO-SEARO for a period of two decades, and the way forward shown by these. The analysis summarized the landscape of influenza research in the Region in alignment with the public health research agenda for influenza, defined by WHO.
He updated the audience on the progress of this work so far, its significance for the research agenda in the SE Asia Region in terms of influenza prevention and control, the challenges, and the areas for consideration of WHO to formulate recommendations for the Member States in the Region.

WHO-SEARO hired two consultants to be a part of its PIP team to perform specific functions in two key areas. In this session, the consultants described the work that they are involved in under the PIP-PC workplan and the progress achieved.

Mr Barun Rauniyar is the consultant for oxygen support and establishing respiratory care ecology. His presentation focused on the challenges and the way forward for strengthening oxygen and respiratory care system (or ecosystem) in the SE Asia Region for responding to airborne disease epidemics and pandemics. He described how poor infrastructure, equipment inefficiency that hampers provision of desired services, ineffective management of medical devices, and lack of personnel skills acted as the major challenges to delivering services in many countries during the COVID-19 pandemic. While these barriers were prominent during the pandemic, Mr Rauniyar stressed that these are chronic, existing issues at the country level in the inter-pandemic period. In his presentation, he indicated possible solutions, and the ones that WHO is now working on for the benefit of the Member States at the global and regional levels.

Dr Mahtab Singh is a consultant, who helps WHO-SEARO monitor and evaluate the PIP-PC funds implementation in the Member States in the Region. His presentation was titled, “Monitoring, routine and milestone reporting under the HLIP-II in the South-East Asia Region – lessons learnt and the way forward”. Dr Singh explained the mechanism of reporting milestones to the PIP Secretariat, various reports, and the key information generated at various intervals from the Member States in the Region. He demonstrated how a slight contextual modification in the reporting format has been helpful for collecting and collating data with less burden to countries and WHO country offices. These reports entailed the half-yearly report, the yearly report, and the milestone report. He also explained how various articles, related to PIP activities, performed in respective countries, can be prepared and published on the websites of WHO and the global newsletter. He discussed with the audience the way forward at the end of his presentation.

**Plenary session 9: HLIP-II outputs – global and regional progress in deployment (DEP) (Moderator – Dr Kedar Prasad Baral, PIP Advisory Group)**

A presentation from Mr Tim Nyugen, Head of the Unit of the High Impact, WHO HQ, and Lead for the Deployment Output in the HLIP-II, opened the session. The title of the presentation was, “Introduction to the Output Deployment, its relevance to strengthening PIP, the progress of global implementation of deployment activities, and new directions, based on the lessons learnt from the COVID-19 pandemic”. He emphasized that inequality has been one of the most important aspects related to deployment, proven during the current pandemic.
During his presentation, he also stressed the importance of the National Deployment and Vaccination Plan, its appropriate content, and the need for continuous development and re-development, based on three enablers. These enablers are (1) governance, (2) systems, and (3) financing. Developments/re-developments are needed so that the world is better prepared for any future emergency.

Dr Tondo Opute Emmanuel Njambe, Technical Officer, WHO-SEARO, spoke about the “Planning and deployment of pandemic vaccines in the SE Asia Region Member States – lessons learnt and areas for focus through PIP-PC workplans”. He talked in detail about the lessons learnt, the gaps identified, and the areas for focus. It was evident from his presentation that for the rollout of the COVID-19 vaccines in the Region, the strengths of the existing immunization and other auxiliary systems were useful. The operations revealed regional weaknesses though. Hence, his conclusion centred around the importance of building resilient health systems. The wealth of experience, gathered from the COVID-19 vaccine deployments, should be applied to further improve these systems, resultant deployments of vaccines, and overall pandemic preparedness.

The last presentation of the session was delivered by Ms Jennifer Barragan Framme, Project Manager, PIP Secretariat, WHO HQ. She outlined the contents of the draft PIP-PC HLIP-III (2024–2030) – the presentation took the participants through its development process, content, the process of country selection for receiving funding support under the HLIP-III, and the timeline for the biennial operational planning process.

Plenary session 10: One-on-one discussion with all PIP-PC recipient countries (Moderator – Dr Pushpa R Wijesinghe)

This session involved one-on-one discussions with all PIP-PC recipient countries. All Member States were asked to respond to two pre-decided questions regarding:

- improvement in routine reporting, milestone reporting; and
- country-level monitoring of the impact of PIP and documenting case studies of the impact in the country.

As an outcome of the discussion, all PIP-PC recipient countries agreed to report case studies, as suggested by the Regional Office. This implies one case study each alternate month.

Plenary session 11: Session on sharing key information with PIP-PC countries (Moderator – Dr Khageswor Gelal)

The last plenary session of Day 2 discussed sharing key information with PIP-PC countries. The session was moderated by Dr Khageswor Gelal, the Chair. This session consisted of two presentations.

In the first presentation, Ms Dhamari Naidoo, Public Health Laboratory Scientist, WHO-SEARO, provided a short update on the WHO South-East Asia Regional Roadmap for Diagnostic Preparedness, Integrated Laboratory Networking and Genome Surveillance (2023–2027). She explained “what diagnostic preparedness means for future pandemics” and presented the Strategic Priorities for the Region in terms of high-impact pathogen detection.
The last presentation of the day and the overall meeting was delivered by Mr Tika Ram Sedai, Technical Officer, Data Manager, WHO-SEARO. He discussed “Improving outcome indicators 2 and 3 in the HLIP-II (percentage of countries reporting to FluNet and FluID) in the South-East Asia Region: Feedback from WHO-SEARO to PIP-PC recipient countries”. Based on the Biregional Meeting of Influenza Surveillance and National Influenza Centres in South-East Asia and Western Pacific Regions (2021), he suggested that all Member States focus on (1) timely reporting to FluNet and FluID, and (2) reporting quality sentinel surveillance data. He also shared an update on the reporting status of all Member States in the Region to draw their attention.

Before the meeting was officially closed via a shared QR code, all participants registered their feedback on the meeting online. Dr Wijesinghe shared the common points agreed upon by all stakeholders as the way forward (recommendations of the meeting). He requested the participants to mull them over and implement them in the respective Member States.

Closing the meeting, in the vote of thanks, Dr Wijesinghe especially thanked the WHO Regional Director for South-East Asia and the Regional Emergency Director, WHO-SEARO, for their help in making this hybrid meeting, held three years after the COVID-19 pandemic, a reality. He also thanked the Chair and the co-Chair, for conducting this meeting effectively, and all Member State representatives, presenters, PIP Advisory Group members, stakeholders, consultants, experts, and all WHO staff members. He also thanked Dr Gina Samaan and the PIP-PC Secretariat team for the inspirational and operational support. He also thanked the support team at WHO-SEARO from the core of his heart for making all arrangements to turn this meeting into a success.

4. **The way forward (recommendations)**

The following major points were agreed upon as the way forward:

- The PIP Secretariat is planning to conduct an evaluation of the HLIP-II and external audit. Hence, the Regional Office and WHO HQ need to discuss the degree to which PIP-PC recipient countries of the Region will be involved in these processes and how the countries can be ready in case they get selected for the evaluation and audit.
- Recipient countries of the Region need to look at virological and epidemiological data reporting: countries that do not report need to plan how they will report to the global data reporting platform while others need to plan for timely and consistent reporting.
- PIP-PC recipient countries need to consider updating their NIPPP in 2023, based on the lessons learnt from the COVID-19 pandemic. Countries may consider if they will update the existing NIPPP or else they will develop pandemic preparedness planning for respiratory pathogens, based on NIPPP.
- As 2023 is the WHO biennium, recipient countries need to continuously assess the workplan implementation and initiate programme change request, where necessary, so that PIP-PC funds can be implemented effectively in areas that have dynamic needs.
Countries need to plan for timely sharing of influenza viruses of pandemic potential with the GISRS while the Regional Office is to map and identify causes for delayed virus-sharing in all PIP-PC recipient countries, and work with the Global Influenza Programme (GIP) to provide solutions, where possible. Recipient countries need to discuss with the Regional Office and GIP/WHO HQ the challenges to virus shipping.

The Regional Office is to start training in Pandemic Influenza Severity Assessment (PISA) in PIP-PC recipient countries once the current PISA guidelines get updated while countries, other than DPR Korea, are requested to consider sharing PISA variables with the global data-sharing platform.

In line with the WHO end-to-end integration of SARS-CoV-2 and influenza sentinel surveillance (revised interim guidance), PIP-PC recipient countries need to consider integrating SARS-CoV-2 and, where possible, RSV into the existing influenza sentinel surveillance systems.

Two to three PIP-PC recipient countries, particularly those that conducted special studies on COVID-19, need to conduct small-scale studies during the influenza transmission season, with a view to build country capacity.

The Regional Office needs to discuss with PIP-PC countries, which require training in bio-informatics and data analysis, in order to facilitate support in alignment with the regional genomic surveillance strategy and the regional roadmap on diagnostics.

The Regional Office needs to continue to work on the planned BoD study in Bangladesh and hold discussions with other PIP-PC countries to identify potential countries for conducting feasibility studies and BoD estimates.

The Regional Office needs to discuss with PIP-PC countries the implementation of the Regional RCCM Plan in 2023.

WHO HQ and the Regional Office Regulatory team need to continue the vertical regulatory support to the selected SE Asia Region Member States, as per the agreed upon PIP workplan.

A new cycle of selecting countries for PIP-PC will be taken up; hence, each country needs to collaborate with the WHO country office team to develop its profile.
Annex 1

Speech of the Regional Emergency Director, WHO-SEARO, opening the meeting: Meeting to review the progress of the implementation of the pandemic influenza preparedness (PIP) partnership contribution (PC) funds in the WHO South-East (SE) Asia Region

Distinguished participants from the Member States of the WHO South-East Asia Region, experts from collaborating institutions, consultants, partners, and WHO colleagues.

Good morning to all and a very warm welcome to the annual meeting to review the progress of the implementation of pandemic influenza preparedness (PIP) partnership contribution (PC) funds in the South-East Asia Region.

Influenza is considered one of the most serious, yet underrated, public health challenges globally as well as in the Asia-Pacific Region. Influenza has the potential to affect every country and can be severe or fatal for some risk groups.

Latest WHO estimates indicate that influenza causes annually around 290,000 to 650,000 influenza-related respiratory deaths.

The other biggest risk of influenza is the potential for emergence of novel influenza strains with pandemic potential. These strains, in the event of acquiring human-to-human transmission capacity, can cause pandemics and devastate the world with health and socioeconomic consequences. The current pandemic is a testimony to it.

The COVID-19 pandemic clearly demonstrated that every country across the globe is vulnerable to such consequences of pandemics. Better preparedness is needed to face such pandemics and mitigate their consequences. Yet challenges remain with regard to enforcing non-pharmaceutical interventions, such as public health and social measures, and alleviating inequities in access to medical countermeasures, namely diagnostics, therapeutics, and vaccines during a pandemic.

In this context, over the last decade, the SE Asia Region has made considerable progress on strengthening health emergency preparedness through the implementation of the International Health Regulations (2005) and the Pandemic Influenza Preparedness Framework.

Regional efforts in pandemic influenza preparedness synergized with the Regional Flagship Priority Programme of “Scaling-up of capacity development in emergency risk management in countries in the South-East Asia” and responding to the current pandemic.

Continuing with the regional strides in the scaling-up of capacity development in emergency risk management, WHO-SEARO has developed the Regional Strategic Roadmap on Health Security and Health System Resilience for Emergencies (2023–2027) and the South-East Asia Regional Roadmap for Diagnostic Preparedness, Integrated Laboratory Networking and Genomic Surveillance.
These two strategic guidance documents align well with the Global Influenza Strategy (2019–2030) and the Pandemic Influenza Preparedness Framework. The Pandemic Influenza Preparedness Framework helps the Region to better prepare for the next influenza pandemic and increase access to vaccines and other pandemic products during a pandemic.

The PIP Framework includes a benefit-sharing mechanism, wherein the partnership contribution (PC), collected as an annual cash contribution from influenza vaccine, diagnostics, and pharmaceutical manufacturers, using the GISRS, supports pandemic preparedness capacity-building, response activities during a pandemic, and management of the implementation of the Framework.

The partnership contribution is important to the Region as a predictable funding source.

The implementation of the partnership contribution occurs through the current High-Level Implementation Plan-II with six outputs.

The implementation of the HLIP-II has been quite successful in the Region after its resumption, following disruptions caused by the COVID-19 pandemic. However, there are several areas for further improvement with regard to implementation, especially from the perspective of sustainability and resilience of surveillance and virus-sharing.

The meeting will allow for better understanding of how the Region has implemented the High-Level Implementation Plan-II in 2022.

The Global Output leads, participating in this meeting, can provide guidance on how the Region and Member countries can better implement respective outputs.

The most important piece of the partnership contribution is the Advisory Group (AG). The Advisory Group, which is mandated to monitor the implementation of the PIP Framework and provide evidence-based recommendations to the WHO Director-General, consists of internationally recognized policy-makers and public health experts in the field of influenza.

We have the privilege of having some of them participating in this meeting physically and online. Their presence obviously will benefit countries in terms of understanding the context and perspectives of Advisory Group recommendations and their implications for recipient countries.

My gratitude is also due to experts from academia, centres of excellence, and partner agencies for being here today. We look forward to listening to your experience of working with WHO and Member countries for achieving PIP partnership contribution outcomes and how you can continue to support further in 2023 and beyond.

This meeting is happening face-to-face after a gap of nearly three years. The forum provides an opportunity to colleagues to talk to each other, learn key initiatives in countries, Region and beyond, network with each other, and collectively plan for achieving High-Level Implementation Plan-II outcomes.
Finally, the current High-Level Implementation Plan will end by 2023. The planning for the HLIP-III has already begun. I thank the PIP Secretariat for including a discussion on the draft new plan.

It will help countries to understand how it differs from the current plan and provide an insight to Member States as to how they can plan for its operationalization in countries in 2024 and beyond.

I urge you to make the most of this opportunity and wish you all successful deliberations during these two days to achieve the expected outcomes. Thank you to all who could be present here in Delhi and to those who joined us virtually.
Annex 2

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Report of the annual meeting to review the progress of the implementation of the pandemic influenza preparedness (PIP) partnership contribution (PC) funds in the WHO South-East Asia Region

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WHO-SEARO conducted the annual meeting to review the progress of the implementation of PIP-PC funds in the South-East Asia Region on 18–19 October 2022 in New Delhi in hybrid mode. It was attended by representatives of Member States receiving PIP-PC funds, PIP independent Advisory Group members and WHO staff from the Regional Office, Country Offices and PIP Secretariat.

The meeting sought to update Member States on the global recommendations, review, evaluate and share best practices of PIP-PC funds implementation during the COVID-19 response in Member States of the Region in the biennium of 2021–2022 and the first three quarters of 2022.

The meeting was used as a forum to highlight innovations introduced through the mobilization of external technical/academic experts/groups/centres of excellence for delivery of specific HLIP-II outputs and lessons learnt. Plans for incorporating these lessons for better implementation of the HLIP-II in 2022–2023 were discussed. Country-specific advice was obtained for improving routine reporting and showcasing stories of impact and charting the way forward for the Region.