MEETING OF THE PANDEMIC INFLUENZA PREPAREDNESS FRAMEWORK ADVISORY GROUP

28–31 March 2017, GENEVA, SWITZERLAND

Report to the Director-General

Organization and process of the meeting


2. Of the 18 members of the AG, 15 were present. The list of participants in the meeting is available at Annex 1.

3. Following the completion of Dr Jarbas Barbosa da Silva’s term as Chair, the AG selected Professor Dr Mahmudur Rahman (Bangladesh) as its new Chair. The AG would like to express its gratitude to Professor John Watson (UK), the Vice-Chair, for his chairing of the meeting on the first day and first session of the second day, until Professor Rahman was able to assume his role as Chair of the AG.

4. On behalf of the Director-General, the Director, WHO Infectious Hazards Management Department, welcomed the AG members.

5. Declarations of interest were reviewed by the Secretariat and relevant interests were disclosed. The Statement of Declarations of Interests is available at Annex 2.

6. The agenda of the AG meeting was adopted and is available at Annex 3.

7. The AG was informed of the decision by the Director-General, based on the findings of the 2016 Review, and in accordance with section 3.2 of the Advisory Group Terms of Reference, to offer a consecutive second term to each member of the AG following the completion of their first term. The AG agreed that the duration of the second term could be of flexible duration, up to three years, in order to enhance the institutional memory and stability of the AG.

8. Two groups provided documents to the AG:
   - Directors of the WHO Collaborating Centres of the Global Influenza Surveillance and Response System (GISRS) provided a Note; and
   - Industry associations IFPMA and BIO provided a communication on Guidance on the sharing of influenza viruses with pandemic potential, genetic sequence data and information under the PIP Framework and a detailed presentation.

9. Representatives of GISRS, industry, civil society and other stakeholders joined the AG on 30 March 2017 for consultations on implementation of the Framework, notably progress in concluding SMTA2s, the collection of the Partnership Contribution (PC), the next steps for the handling of genetic sequence data (GSD), the implementation of the PC and the development of the PC High level Implementation Plan II (HLIP II). A summary of the discussions can be found below. The list of participants in the meeting from GISRS, manufacturers and industry associations, civil society organizations and other stakeholders is available at Annex 4.
10. To address one of the review recommendations and in accordance with the AG’s discussions at the last AG meeting to interact with GISRS member(s) on a regular basis, the AG indicated that they intend to invite a Collaborating Centre Director to attend the relevant technical sessions of AG meetings on a case-by-case basis.

11. The AG meeting was followed on 31 March 2017 by two Information Sessions to inform Permanent Missions and Industry and Other Stakeholders of the outcomes of the AG meeting. The AG Chair led each of these discussions, with the support of the Vice-Chair for the Session to inform the Permanent Missions.

**Overview of the PIP Framework and the 2016 PIP Framework Review**

12. The Secretariat provided an overview of the PIP Framework for new members of the AG.

13. The Secretariat updated the AG on the process, findings and recommendations of the 2016 Review of the PIP Framework. It was noted that discussions at the Seventieth World Health Assembly on the PIP Framework will take into account the Report of the Review Group.

*Seasonal influenza*

14. In the context of the 2016 PIP Framework Review Group’s recommendation on seasonal influenza, the AG discussed the possible expansion of the PIP Framework to include seasonal influenza viruses, and noted that the Seventieth World Health Assembly would decide on how to progress on this issue. However, the AG considered that the PIP Framework should not be expanded to include seasonal influenza viruses at this time, while acknowledging the relationship between seasonal influenza and pandemic preparedness.

*Information on Nagoya Protocol*

15. The Secretariat updated the AG on Executive Board discussions on the PIP Framework and on the study on how the Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from their Utilization to the Convention on Biological Diversity might affect the sharing of pathogens, and the potential public health implications, in particular for influenza.

16. The AG noted that the PIP Framework constitutes a multilateral access- and benefit-sharing mechanism that exemplified the principles of the Nagoya Protocol. With regard to GISRS, the AG discussed the significant day-to-day benefit-sharing occurring through the network.

17. The AG supported recommendation 36 of the PIP Framework Review Group, to be considered by the Seventieth World Health Assembly, that the PIP Framework should be considered a specialized international instrument under the Nagoya Protocol in relation to pandemic influenza preparedness and response.

18. The AG heard an update by the Secretariat on its consultation with the Secretariat of the Convention on Biological Diversity, in follow-up to decision EB140(5). A report on this consultation will be considered by the Seventieth World Health Assembly.

19. It was clarified that there are currently no established criteria or processes for recognizing an instrument as a specialized international instrument under the Nagoya Protocol. The Secretariat to the Convention on Biological Diversity has been asked by Nagoya Protocol Parties to commission a study to determine what criteria could be used and what possible processes there could be for recognizing such an instrument, in the context of Article 4(4) of the Protocol. The study will be considered by the Nagoya Protocol’s governing body in 2018.
Update on development of guidance on influenza viruses with pandemic potential (IVPP), genetic sequence data (GSD) and information

20. The AG continued its discussions on its October 2016 recommendation to develop guidance on sharing influenza viruses with pandemic potential (IVPP), GSD and information.

Guidance on information sharing

21. The AG discussed proposed guidance on information sharing and recognized that at this time there are significant information resources available regarding efforts to support risk assessment. The AG felt that there was no need for it to carry out additional work in this area.

Update on virus sharing

22. The Secretariat updated the AG on the sharing of all influenza viruses (i.e. influenza viruses with pandemic potential (IVPP), seasonal viruses and zoonotic viruses). The data showed that the number of countries sharing seasonal and zoonotic viruses has increased over time. Using data from the Influenza Virus Traceability Mechanism (IVTM), the Secretariat showed that in 2017 there has been an increase over 2016 in the number of IVPPs that have been shared with GISRS as compared with the number of human confirmed cases.

Guidance on IVPP sharing

23. Draft technical guidance for GISRS laboratories and other authorized national laboratories, to clarify the sharing of IVPP as per section 5.1.1 of the PIP Framework, was presented by the Global Influenza Programme, discussed and well received.

24. It was noted that the problems in virus sharing are often due to various non-technical issues. The structural (involving several ministries) and political nature of decision-making at the country level regarding virus sharing can also have an impact on the timeliness and completeness of virus sharing. This can include lengthy national export procedures involving multiple non-health ministries.

25. There was discussion on the best way to engage Member States and other stakeholders to promote virus sharing and to address those challenges. The AG held the view that it would be beneficial to remind Member States of the PIP Framework’s expectations for virus sharing and to raise awareness of challenges. The AG requested that a summary table be developed to highlight the non-technical challenges to virus sharing, bearing in mind that these may vary from country to country.

Guidance on genetic sequence data

26. There was discussion on GSD. It was noted that technology and science are progressing rapidly and their impact on the work of the PIP Framework would need to be considered and anticipated as much as possible.

27. The AG recognized that the topic of GSD had been addressed in the 2016 Review Group recommendations, which will be taken up at the World Health Assembly. The AG has conducted significant work on this topic and will proceed with efforts to develop appropriate guidance.

28. The importance of maintaining Member States’ trust in the system was emphasized. The AG reaffirmed its role in safeguarding the objectives of the PIP Framework and its principles of rapid access and equitable benefit sharing. The AG discussed previous work and recommendations on the handling of IVPP GSD and emphasized that the guidance should
summarize such work and build upon it. The AG emphasized the need to recognize the contributions of data providers, databases and data users, and to work with them closely to develop the guidance.

29. The AG discussed a possible process for developing the potential guidance on IVPP GSD. The AG plans to develop a draft document which will serve as the starting point for extensive consultations with GISRS, industry, civil society, databases and initiatives, academia and other stakeholders. Mindful of the recommendation of the Review Group on the urgency of the process, the AG decided to consider the document at their next meeting in October 2017. However, conscious of the complexity of the issue, they expressed the need to ensure adequate time for consultations.

30. It was clarified that WHO is not developing a GSD database. WHO further clarified that as recommended by the AG in April 2016, it is “contin[u]ing its collaboration with the World Data Centre for Microorganisms (WDCM) to develop a search engine identifying end-products developed using IVPP GSD and [to implement it] on a pilot basis in order to assess its usefulness and feasibility for using data collected for benefit sharing purposes.”¹ WHO indicated that the development of the search engine is at no cost to the PIP Framework.

Recommendations to the Director-General on the sharing of influenza viruses with human pandemic potential and the handling of genetic sequence data under the Framework

31. The AG recommended that the technical guidance for GISRS laboratories and other authorized national laboratories on the sharing of IVPP be released as soon as possible.

32. Mindful of the 2016 Review recommendation 15 that the AG “produce with urgency recommendations to clarify the handling of GSD” and with a view to developing guidance on the mechanism to share IVPP GSD and the benefits that result, and recognizing that discussion of this issue at the Seventieth World Health Assembly in May 2017 may lead to further recommendations, the AG recommends a process, to be led by the AG, to develop guidance on this issue. This process should involve close consultation with GISRS, and further consultation with industry, relevant databases, civil society and other interested parties. The AG will review the draft guidance produced by this consultative process at its meeting in October 2017.

Update on Standard Material Transfer Agreements 2

33. The Secretariat provided an overview and update on progress to conclude Standard Material Transfer Agreements 2 (SMTA2). These are legally-binding contracts, between WHO and non-GISRS entities that receive PIP biological materials, that establish structured, predictable and more equitable access by WHO to specific pandemic response products, notably pandemic vaccines and antiviral medicines, for use by countries in need at the time of the next pandemic.

34. The AG welcomed the progress by the Secretariat in completing SMTA2 Category A agreements with all multinational vaccine manufacturers and noted the progress with Categories B and C.

35. It was noted that Category C academic and research institutions mainly provided training offers, but this raised implementation questions that are still being worked through.

¹ See Advisory Group meeting Report, April 2016 paragraph 55
36. The matter of concluding SMTA2 with diagnostic companies (Category B) was discussed. There were questions regarding the use of commercial diagnostic kits during a pandemic, given their non-specific nature. The low profit levels involved in commercial kit production were noted, as was the need to avoid creating new markets for specific companies.

37. The AG was asked to advise on a recent case of the use by a veterinary company of PIP biological material for development of a poultry vaccine. The question arose of how the PIP Framework benefit sharing mechanism should apply, and the PIP Secretariat was requested to explore this further. It was suggested that WHO follow up with Food and Agriculture Organization of the United Nations (FAO), World Organisation for Animal Health (OIE) and OFFLU (the FAO/OIE network of expertise on animal influenza) regarding policy development in this area. The AG felt that this type of use of PIP biological material should be encouraged, given the potential benefits to human health.

**Recommendations to the Director-General on SMTA2**

38. The AG noted the use of PIP biological material by a veterinary vaccine manufacturer and recommended that the Director-General explore options for benefit sharing in a manner that may encourage further similar linkages with the animal health sector.

**Update on Partnership Contribution implementation and engagement with stakeholders**

39. Challenges in PC collection were described, including late response rates, questions over the accuracy of band self-assessment, partial payments and some cases of non-payment. The AG suggested that responses to non-payment could include involving higher-level authorities such as Ministries of Health and publishing more detailed lists of non-contributors.

40. The AG discussed the matter of collecting the 2017 contributions while awaiting the completion of the industry-led process to review and potentially revise the PC formula. Industry indicated that they anticipated their review and revision process would be completed in time for the 2018 collection cycle. It was noted that the 2017 collection process could take the form of expediting the usual process or basing invoices on the 2016 amount. The goal would be to issue invoices in August 2017 so that funds will be available for implementation in January 2018.

41. It was noted that there is a need for greater transparency on the collection and implementation of the PC. It was suggested that the Secretariat make the annual list of contributors, with amounts contributed, more easily accessible. The AG urged consistent use of the existing stepwise process to escalate payment issues as they arise.

42. An update of PC implementation across the six WHO regions and WHO headquarters was provided, outlining the many activities that have been undertaken and progress achieved in all areas of work. There was discussion on increasing the visibility of impact and results (technical and financial) on the PC Implementation Portal. The need to continue the development of sustainable country capacity by building PIP work into broader health systems strengthening and for learning to be shared across regions was pointed out.

**Updates by Area of Work**

43. The AG was updated on PC implementation across the five areas of work and was also introduced to the PIP results hierarchy of outcomes, outputs, key deliverables and activities. It was noted that since 2014, a total of 72 countries had benefitted from pandemic preparedness capacity-building activities and that as of 31 January 2017 there had been an 83% implementation of preparedness funds.
44. There has been strong improvement in laboratory and surveillance capacity in target countries as measured by the output indicators. This includes more countries with 100% successful participation in the External Quality Assessment Project (EQA), improved sharing of epidemiological and virological information, and an overall increase in virus sharing through the Shipping Fund Project.

45. The AG was also updated on work on burden of disease estimations, with 10 national estimates published for PIP countries and a further 27 preparing for submission globally. It was noted that data from burden of disease studies needed to be linked to action and could be used to enable countries to view influenza as an important issue, support policy development, bolster vaccine production and mount more effective responses in pandemics.

46. Regulatory capacity-building activities in 16 priority countries were described to the AG, and the need for continued national regulatory authority (NRA) capacity-building, including active pharmacovigilance systems, was highlighted as being beneficial, not only to ensuring timely access to health products at the time of a pandemic, but also to strengthening NRAs for licensing of non-pandemic health products.

47. The AG was updated on the progress made in risk communications, including its establishment as a critical public health function during emergencies and the development of evidence-based guidance and materials accessible through an online platform.

48. A presentation was made on planning for deployment activities, including the development of a tool for simulating global supply logistics that, with the participation of a range of stakeholders, will help to build a common supply-chain approach at the time of a pandemic. The AG was also informed that deployment plans only tended to be substantially updated after emergencies, rather than routinely.

49. It was requested that the AG be provided with PC implementation data ahead of AG discussions in order to achieve the most productive input possible.

**Partnership Contribution split between funds used for preparedness and response**

50. There was a discussion on the adequacy and criteria for use of the 30% of PC funds that are set aside for pandemic response. In particular, clarity was sought on how they will be used, and for what, in the event of a pandemic. The Secretariat provided a link to the AG’s recommended Guiding Principles for use of PIP Partnership Contribution “Response” Funds, which were developed in consultation with industry and other stakeholders and accepted by the Director-General in October 2014.\(^2\)

51. The AG requested that the Secretariat undertake work to determine what might constitute sufficient response funds.

52. The AG requested that the Secretariat seek further clarification on the ability to ensure any interest accrued on response funds be maintained in the response fund account.

**Recommendations to the Director-General on Partnership Contributions**

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53. The AG recommends that more detailed information regarding the expenditure of PC funds and the results of that expenditure is published annually to improve its clarity, accessibility and transparency.

54. The AG recommends that the Secretariat proceed to collect the PC for 2017 using the prior agreed formula and applying strict deadlines.

55. Mindful of recommendation 26 of the PIP Framework Review Group, the AG recommends an independent financial audit as soon as possible.

56. The AG recommends that all interest accrued on the Response Funds be retained in the Response Fund account.

Draft High level PC Implementation Plan II

57. The Secretariat updated the AG on the development of the HLIP II. The HLIP II is a continuation of the first Plan (HLIP I) and aims to reflect changes in the pandemic influenza preparedness landscape without introducing major design shifts. New or refined outcomes and outputs have been defined for each area of work, and greater integration and alignment have been sought with horizontal programmes within WHO, such as the International Health Regulations (IHR) 2005, but also with health systems strengthening.

58. The Secretariat described the participatory process, both within and outside WHO, to develop HLIP II, and noted that a first draft had been shared widely with all stakeholders, for input in mid-March. The contribution of industry to the development of HLIP II was discussed.

59. WHO Collaborating Centre engagement in the development of HLIP II was discussed, including their concerns over the tight timeframe for the development of the Plan.

60. The AG was briefed on the ending of the Global Action Plan for Influenza Vaccines (GAP) after 10 years and its success in increasing vaccine production. It was noted that there is a need to clarify what activities of GAP could be covered under HLIP II.

61. The AG was provided with a brief overview of the Partnership for Influenza Vaccine Introduction (PIVI). The three types of partners in the PIVI coalition were clarified, including its funders and industry partners. Several potential synergies related to pandemic preparedness and PC implementation were noted, including expanding the number of countries implementing vaccine programs which will both support preparedness and increase vaccine supply and uptake. While the AG understands the value of promoting vaccine introduction programs and the role this plays in improving pandemic preparedness, there were no recommendations for PIP to engage PIVI as a partner.

62. The AG was presented with the criteria and process for country selection and prioritization for capacity-building under HLIP II. These aim to retain a focus on low-resource countries, while improving transparency and the systematic application of criteria across WHO regions, and include input from GISRS.

63. The AG noted that further work needed to be done to develop HLIP II taking into account the finalization of the WHO Pandemic Influenza Risk Management Interim Guidance, the development of the WHO global influenza strategy, and the need for further interactions with industry, civil society and other stakeholders.

64. The AG will review a more detailed draft of HLIP II at its meeting in October 2017.
Recommendations to the Director-General on the draft High Level PC Implementation Plan II

65. The AG recommends more in-depth consultations with stakeholders on the development of HLIP II.

66. The AG recommends that the Secretariat use its regular interactions with industry and other stakeholders to better understand and address their concerns around the perceived lack of programmatic and financial transparency.

Consultations with stakeholders

67. GISRS, industry, civil society and other stakeholders joined the AG on 30 March 2017 for consultations on implementation of the PIP Framework and the development of the PC High Level Implementation Plan II (HLIP II).

Potential expansion of the PIP Framework to include seasonal influenza viruses or other pathogens

68. On the potential expansion of the PIP Framework to include seasonal influenza viruses or other pathogens, perspectives were varied with some industry and GISRS representatives stating that the PIP Framework should maintain its current scope, and civil society pointing out that the question of expansion should be addressed by Member States. GISRS representatives expressed concern that expansion of the Framework to include seasonal influenza viruses would entail a considerable increase in workload unless special measures were developed to accommodate the handling of such viruses under the Framework.

The handling of IVPP GSD under the PIP Framework

69. On IVPP GSD, industry expressed the view that sequences should continue to be shared in publicly-accessible databases and that use of IVPP GSD should not obligate entities to conclude an SMTA 2. Rather they stated that entities accessing IVPP GSD should continue to be permitted to determine for themselves whether they have “used GISRS” for the purposes of the SMTA 2. Civil society stated that IVPP GSD should be recognized as falling under the definition of “PIP biological material” and give rise to benefit-sharing under the Framework. Industry inquired about when the AG’s work to provide guidance to the Director-General on the handling of GSD under the Framework would be concluded.

70. GISRS highlighted that GISAID had been key in addressing some of the issues related to data sharing, notably because data providers are confident that their data will be handled fairly.

Partnership Contribution

71. On PC implementation, industry expressed the view that more transparency is needed on the use of PC funds and that an independent audit should be conducted. It also expressed the view that the High Level Implementation Plan should be strategy-based and project-focused, with project deliverables that are verified to improve pandemic preparedness. Industry further suggested that pandemic preparedness needs to be better defined and that funds be allocated based on a well-defined rationale. Industry suggested that the total amount of PC response funds be capped based on a rationale linked to the estimated costs of a response. Civil society stated that the current allocation of funds between preparedness and response should be maintained. It also expressed the view that, while the PIP Framework should take into account lessons learned from the Global Action Plan for Influenza Vaccines, Partnership Contribution funds should not be used to continue its work.

72. On the annual PC amount, industry asked that reference to the GISRS running costs as the basis of the Partnership Contribution be removed as they suggested it was misleading.
Industry also stated that current total funding appears adequate to support planned and current projects. In contrast, civil society expressed support for the current calculation of PC based on GISRS running costs, pointing out that this approach was based on Member State negotiations and beyond the authority of the AG to change. Civil society also expressed concern over the recent decline in Partnership Contribution and asked what steps were being taken to address the situation, such as identifying companies that were not paying into the Partnership Contribution.

*Nagoya Protocol*

73. Regarding potential public health implications of implementation of the Nagoya Protocol, industry expressed its support for designation of both the PIP Framework and GISRS as specialised international instruments. Civil society stated that they viewed GISRS as a loose network without sufficient benefit sharing and they did not think GISRS would meet the criteria for a specialized international instrument at this time. GISRS suggested that the many benefits currently being provided by GISRS need to be more clearly articulated. The Secretariat advised that the process and criteria for designating specialized international instruments have not yet been determined and are the subject of an ongoing process under the Convention on Biological Diversity.

*Update on communications and outreach*

74. In response to the 2016 Review Group recommendation that the Secretariat develop a comprehensive evaluation model that would include success metrics for annual reporting, the Secretariat discussed options for developing a monitoring and reporting tool with identified outcomes, outputs and indicators.

75. It was noted by the AG that rather than develop new systems, what was needed was a synthesis of existing information drawing on current indicators and making it more easily accessible. It was suggested that areas not currently addressed could be incorporated into the existing system with the addition of new indicators. The Review’s suggestion to develop an infographic as a communication tool to present the information and increase transparency was welcomed, but it was observed that this should keep a narrow focus on the work of WHO.

*Next steps*

76. It was agreed that the Secretariat would develop a draft work agenda for the coming months and share this rapidly with the AG for input.

77. The AG agreed that its next meeting would take place from 7-10 November 2017.

78. It was suggested that telephone conferences would take place every two to three months before then, according to need.
Annex 1

Meeting of the Pandemic Influenza Preparedness Framework Advisory Group
28–31 March 2017

List of Advisory Group participants

Dr Jane Ruth Aceng, Minister of Health, Ministry of Health, Uganda

Dr Kedar Baral, Professor of Public Health at Patan Academy of Health Sciences, Nepal

Dr Sulaiman Al Busaidi, Former Director Central Public Health Laboratory, Oman

Professor Chris Baggoley, Former Chief Medical Officer, Australia

Dr Gustavo Aristizabal Duque, Former Advisor to the Ministry of Health, Colombia

Dr Hamad El-Turabi, Associate Professor of Medicine/Consultant Physician and Pulmonologist, Soba University Hospital, University of Khartoum, Sudan

Dr Olav Hungnes, Director, National Influenza Centre, Norwegian Institute of Public Health, Norway

Dr Kerri-Ann Jones, Former Assistant Secretary of State for Oceans and International Environmental and Scientific Affairs, U.S. Department of State, United States of America

Dr Raymond LIN Tzer Pin, Head and Senior Consultant, National Public Health Laboratory, Ministry of Health, Singapore

Dr Richard Njouom, Head, Virology Department, Pasteur Center, Cameroon

Dr Paba Palihawadana, Immunization Specialist, UNICEF India, India

Dr Huma Qureshi, Executive Director, Pakistan Medical Research Council, Pakistan

Professor Mahmudur Rahman (Chair), Former Director, Institute of Epidemiology, Disease Control and Research, Bangladesh

Dr Lokman Hakim Bin Sulaiman, Deputy Director General of Health (Public Health), Ministry of Health, Malaysia

Professor John M Watson (Vice Chair), Deputy Chief Medical Officer for England, United Kingdom

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3 Dr Cuauhtémoc Mancha-Moctezuma (Mexico), Dr Janneth Mghamba (United Republic of Tanzania) and Dr Liana Torosyan (Armenia) were unable to attend.
Annex 2

Meeting of the Pandemic Influenza Preparedness Advisory Group
28–31 March 2017

Summary of Declarations of Interest by members

In accordance with WHO policy, in advance of the meeting, all PIP Framework Advisory Group members were asked to provide a duly completed Declaration of Interests form to inform WHO about real, potential or actual conflicts of interests that they might have in relation to the subject matter of the meeting. Over the course of the meeting, the Advisory Group discussed, reviewed, or was provided updates on the implementation of the Framework, including: a) the Partnership Contribution, b) SMTA 2 negotiations, c) virus sharing, d) handling of genetic sequence data in the context of the PIP Framework, e) 2016 Review of the PIP Framework, and f) other technical matters.

During the meeting, the Advisory Group also interacted with manufacturers and other stakeholders regarding the implementation of the PIP Framework, handling of genetic sequence data in the context of the PIP Framework and the development of the Second Partnership Contribution High Level Implementation Plan.

Members, in the exercise of their functions on the Advisory Group, serve in their individual capacity acting as international experts serving WHO exclusively. The experts participating in the Advisory Group meeting were, by WHO region:

Africa:
- Dr Ruth Aceng (Uganda)
- Dr Janneth Mghamba (United Republic of Tanzania)
- Dr Richard Njouom (Cameroon)

Americas:
- Dr Gustavo Aristizabal Duque (Colombia)
- Dr Kerri-Ann Jones (United States of America)

Eastern Mediterranean:
- Dr Suleiman Al Busaidi (Oman)
- Dr Hamad El-Turabi (Sudan)
- Dr Huma Qureshi (Pakistan)

Europe:
- Dr Olav Hungnes (Norway)
- Dr John Watson (United Kingdom)

South-East Asia:
- Professor Dr Kedar Baral (Nepal)
- Dr Paba Palihawadana (Sri Lanka)
- Professor Dr Mahmudur Rahman (Bangladesh)

Western Pacific:
- Professor Chris Baggoley (Australia)
- Dr Raymond LIN Tzer Pin (Singapore)

4 Dr Cuauhtémoc Mancha-Moctezuma (Mexico), Dr Janneth Mghamba (United Republic of Tanzania) and Dr Liana Torosyan (Armenia) were unable to attend.
• Dr Lokman Hakim Bin Sulaiman (Malaysia)

Given that discussions in the meeting were on the use or allocation of Partnership Contribution resources, and in the interest of transparency, the following interests and/or affiliations are relevant to the subject of work and are hereby disclosed:

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<thead>
<tr>
<th>Name</th>
<th>Interest declared</th>
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<tbody>
<tr>
<td>Dr Ruth Aceng</td>
<td>Civil Servant</td>
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<tr>
<td>Dr Suleiman Al Busaidi</td>
<td>Former Civil Servant</td>
</tr>
<tr>
<td>Dr Olav Hungnes</td>
<td>Affiliated with a GISRS laboratory</td>
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<tr>
<td>Dr Raymond LIN Tzer Pin</td>
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<td>Dr Huma Qureshi</td>
<td>Civil Servant</td>
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<tr>
<td>Dr Lokman Hakim Bin Sulaiman</td>
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<td>Dr Kerri Anne Jones</td>
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<td>Dr Janneth Mghamba</td>
<td>Civil Servant</td>
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<tr>
<td>Dr Cuauhtemoc Mancha</td>
<td>Civil Servant</td>
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No comments were received as a result of the Public Notice and Comment period. No other interests declared by members of the Advisory Group were deemed relevant to the work of the group. In consultation with the Office of Compliance and Risk Management and Ethics it was determined that there is no conflict in respect of the participation of the above noted experts.
Annex 3

Meeting of the Pandemic Influenza Preparedness Advisory Group
28–31 March 2017

Agenda

1. Welcome remarks

2. PIP Framework overview
   - Overview
   - Presentation of the Review Group report findings and recommendations
   - Update on Executive Board discussions including the Nagoya Study

3. Update on virus sharing
   - Update on actions taken to improve virus sharing
   - IVPP sharing operational guidance

4. Sharing of viruses, GSD and information – Secretariat update
   - Update on work to develop the guidance on the sharing of materials, GSD and information
   - Further discussion and development of a recommendation

5. SMTA2 – Secretariat update
   - Use of PIP biological material by a veterinary vaccine manufacturer

6. Partnership Contribution Implementation (PC) – Secretariat update
   - PC collection
   - 2016 implementation

7. Draft High Level PC Implementation Plan II
   - Global Action Plan for Influenza Vaccines
   - Partnership for Influenza Vaccine Introduction (PIVI)

8. Communications and outreach – Secretariat update
   - Comprehensive Evaluation Model

9. Consultations with all stakeholders on PIP Framework implementation – updates and discussion

10. Consultation with GISRS

11. Consultation with all stakeholders on the draft High Level PC Implementation Plan II

12. Development of the Meeting Report and recommendations to the Director-General

13. Next steps
   - Next meeting of the Advisory Group
   - Any other business

14. Close of meeting
Annex 4

Meeting of the Pandemic Influenza Preparedness Framework Advisory Group
28-31 March 2017

List of WHO participants

WHO Headquarters

- Terry Gail Besselaar, HQ/WHE/GIP
- Sylvie Briand, HQ/WHE/IHM
- Jennifer Barragan, HQ/WHE/PIP
- Luisa Belloni, HQ/WHE/PIP
- Isabelle Bergeri, HQ/WHE/GIP
- Anna Bowman, HQ/WHE/PIP
- Julia Fitzner, HQ/WHE/GIP
- Gaya Manori Gamhewage, HQ/HSE/IHM
- Lisa Hedman, HQ/HIS/EMP/PAU
- Daniel Hougendobler, HQ/WHE/PIP
- Anne Huvos, HQ/WHE/PIP
- Sasha Kontic, HQ/WHE/PIP
- Claudia Nannei, HQ/HIS/EMP PHI
- Jakob Quirin, HQ/DGO/DGD/LEG/GBI
- Tatiana Resnikoff, HQ/WHE/PIP
- Amélie Rioux, HQ/WHE/PIP
- Paul Rogers, HQ/WHE/PIP
- Katelijn Vandemaele, HQ/WHE/GIP
- Wenqing Zhang, HQ/WHE/GIP

WHO Regional Offices

- Amgad Abdalla Elkholly, EMRO
- Caroline Brown, EURO
- Philip Gould, SEARO
- Fahmi Sembiring, SEARO
- Sarah Hamid, WPRO
List of participants to the Consultations on 30 March 2017

GISRS

- Jackie Katz, Centers for Disease Control and Prevention (CDC), USA*
- Ann Moen, Centre for Disease Control & Prevention (CDC) Atlanta
- John McCauley, The Francis Crick Institute, UK
- Othmar Engelhardt, National Institute for Biological Standards and Control (NIBSC), UK*
- Jorge Camara, National Influenza Centre, Argentina*
- Elsa Baumeister, National Influenza Centre, Argentina*
- Vladimir Dzenovnic, National Influenza Centre, Croatia*
- Karoline Bragstad, National Influenza Centre, Norway*
- Daria Danilenko, National Influenza Centre, Russian Federation*
- Elena Burtseva, National Influenza Centre, Russian Federation*
- Richard Webby, St Jude Children’s Research Hospital, UK*
- Ian Barr, Victorian Infectious Diseases Reference Laboratory, Australia*

Manufacturers and industry associations

- Tharini Sathiamoorthy, AdvaMedDx
- Phyllis Arthur, Biotechnology Industry Organization (BIO)
- Zsolt Nemeth, Fluart*
- Paula Barbosa, International Federation of Pharmaceutical Manufacturers & Associations (IFPMA)
- Boro Dropulic, Lentigen Technology, Inc
- Matthew Downham, MedImmune
- Ekaterina Savelyeva, Petrovax*
- Atika Abelin, Sanofi Pasteur
- William Cracknell, Seqirus
- Sharon McHale, Seqirus
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- Laura Battisti, VisMederi Srl*

Civil society organizations and other stakeholders

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- Claudia Trombetta, University of Siena

* WebEx link sent for participation in the consultations.