MEETING OF THE PANDEMIC INFLUENZA PREPAREDNESS FRAMEWORK ADVISORY GROUP

8–10 November 2017, GENEVA, SWITZERLAND

Report to the Director-General

Organization and process of the meeting


2. Of the 18 members of the AG, 17 were present. The list of participants in the meeting is available at Annex 1.

3. On behalf of the Director-General, the Executive Director, WHO Health Emergencies Programme, welcomed the AG members.

4. Declarations of interest were reviewed by an Ethics Officer from the Office of Compliance, Risk Management and Ethics, and relevant interests were disclosed. The Statement of Declarations of Interests is available at Annex 2.

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

6. Three representatives of the WHO Global Influenza Surveillance and Response System (GISRS) attended relevant meeting sessions in line with new arrangements for representation of GISRS at PIP Framework meetings. This follows the Seventieth World Health Assembly’s request to the Director-General “to take forward expeditiously the recommendations of the PIP Framework Review Group’s report”, including recommendation 31 to establish a formalized representation of GISRS at PIP Framework meetings.

7. Representatives of stakeholders, including manufacturers and industry associations, civil society, and academia, joined the AG on 8 November 2017 for consultations on implementation of the Framework, notably to receive an update on the PC High Level Implementation Plan I (HLIP I), the collection of the Partnership Contribution (PC), the implementation of progress to conclude Standard Material Transfer Agreements 2 (SMTA2s), virus sharing, and the development of the PC High Level Implementation Plan II (HLIP II). A summary of discussions is below. The list of participants from GISRS, manufacturers and industry associations, civil society organizations, and academia is available at Annex 4.

8. Considering the reduced length of the AG meeting, the Chair and Vice-Chair recorded a webcast of the outcomes of the AG meeting, which was posted on the PIP Framework website. The webcast replaced the regular Information Sessions.

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1 See https://soundcloud.com/user696158816/webcast-of-the-outcomes-of-the-pip-advisory-group-meeting/s-Wb4EX
Recap of the last PIP AG meeting and actions taken

9. The Secretariat updated the AG on progress since the March 2017 AG meeting, including actions in response to AG Recommendations to the Director-General.

10. The Secretariat informed the AG that from January 2018 onwards, as recommended by the AG, all interest accrued by the PC Response Fund will be retained in the Response Fund reserve account.

11. AG members commended the Secretariat on the update and the supporting documents provided for the meeting.

Proportional division of PIP Partnership Contribution funds for the period 2018-2022

12. The Secretariat briefed the AG on how the division of PC funds works in practice, with 10% supporting the PIP Secretariat and the remainder divided 70% for pandemic preparedness measures and 30% reserved for response activities, in line with the decision taken in 2012 (EB131(2)). At its 140th session in January 2017, the Executive Board extended this decision until February 2018 and requested that the Director-General, based on advice from the AG, make a proposal to be considered by the Executive Board at its 142nd session in January 2018 on what the proportional division of PIP PC funds should be for the period 2018-2022.

13. Based on AG discussions in March 2017, the Secretariat provided an estimate of selected pandemic response costs to WHO at the start of an influenza pandemic.

14. In discussions the AG noted that the total PC annual contribution was fixed in 2010 at US$ 28 million, benchmarked to half the running costs of GISRS in accordance with section 6.14.3 of the PIP Framework. This total has not been increased since then, meaning that its value has been eroded by inflation, globally, over the past six years. In addition, the running costs of GISRS have increased since 2010 because there are more laboratories in the network. It was noted that footnote 1, section 6.14.3, anticipated that the running costs of GISRS “may change over time and PC may change accordingly”. The AG also noted that Recommendation 23 the report of the 2016 PIP Framework Review Group requested that the AG consider updating the 2010 estimate of GISRS running costs.

15. AG members were informed about the status of unpaid PC contributions and there were discussions of how to handle this.

16. The AG said more efforts were needed on communication with industry, both to enhance the spirit of partnership in pandemic influenza preparedness and also to motivate companies to pay the PC funds that are due.

17. On the question of the 70%:30% split between preparedness and response funding, participants indicated this was consistent with a slow build-up of Response funds but that it was appropriate for there to be a preponderance of funds for preparedness.

Recommendations to the Director-General on the proportional division of PIP PC funds for the period 2018-2022

18. The AG recommends that the current proportional division for preparedness and response 70%:30% be maintained.
Recommendation to the Director-General on GISRS running costs

19. Following Recommendation 23 of the 2016 PIP Framework Review Group, in order to update the running costs of GISRS, a thorough review of the GISRS running costs should be carried out. This should include involvement of external experts. Communications should be ongoing throughout this process with industry and other stakeholders.

PIP Secretariat Funding

20. The AG was briefed on the projected shortfall in PIP Secretariat funding for the 2018-19 biennium if PC funds allocated to the Secretariat remains at 10%. As PIP Framework implementation is progressing and new requests are made on the Secretariat (e.g. 2016 PIP Framework Review, Decision WHA70(10)), the Secretariat’s scope of work has increased significantly. Additional funds are needed if the Secretariat is to implement all activities in the Report of the 2016 PIP Framework Review Group and the related WHA70(10) decision.

21. The AG noted ongoing efforts by the Secretariat to seek other sources of funds to help meet the budget shortfall. AG members encouraged the Secretariat to seek further donor funds to help meet the shortfall in its funding.

Recommendations to the Director-General on PIP Secretariat Funding

22. While exploring options to address the shortfall in PIP Secretariat funding, the PIP Secretariat should continue to be allocated 10% of the annual PC Funds.

23. Options to address the funding shortfall for the PIP Secretariat will be discussed at the next AG meeting.

Review of Consultations on Implementation of Decision WHA70(10)8(b)

24. The 70th World Health Assembly requested the Director-General to, inter alia, conduct a thorough and deliberative analysis of the issues raised by the 2016 PIP Framework Review Group’s recommendations on seasonal influenza and genetic sequence data (GSD), including the implications of pursuing or not pursuing possible approaches. On 6-7 November 2017 consultations were held at WHO to harvest views of Member States, the AG, GISRS and stakeholders on these issues.²

25. Three representatives of GISRS joined the AG meeting. Two Collaborating Centre directors made a brief presentation on the position paper on GSD and seasonal influenza submitted by the Directors of the GISRS WHO Collaborating Centres and Essential Regulatory Laboratories to Member States and stakeholders.³

Observations arising from the 6-7 November 2017 WHA70(10)8(b) consultation

26. The AG discussed and provided the following observations.

² See http://www.who.int/influenza/pip/WHA70_10_8_b/en/.
Genetic sequence data

27. Pandemic influenza preparedness is dependent on the comprehensive, rapid and transparent sharing of influenza viruses. The WHO’s coordinated systems of laboratories, GISRS, vaccine manufacturers and the broader scientific community, depends on the rapid flow of influenza viruses.

28. Due to technological development, the sharing of GSD is now as important as the sharing of virus material. GSD plays a critical role in influenza virus information sharing and it is likely that this role will further expand as technology advances. Strengthening and maintaining the rapid access to GSD is a priority to strengthen and enhance pandemic influenza preparedness.

29. The sharing of influenza viruses with human pandemic potential (IVPP) GSD should reflect the PIP Framework’s fundamental objective of maintaining access and benefit sharing on an equal footing. Although the PIP Framework contains several references to GSD, it does not fully address the sharing of potential benefits derived from it. The AG has already engaged in many discussions and supported several technical analyses related to the handling of GSD under the PIP Framework and potential approaches for maintaining the objectives of the PIP Framework.

30. As requested in decision WHA70(10), the Director-General is currently carrying out a comprehensive analysis of the implications of approaches to the handling of GSD under the PIP Framework. The AG participated in the 6-7 November Consultation with Member States and Stakeholders on this topic. The AG heard a range of views on the handling of GSD under the PIP Framework (including broadening the definition of PIP biological materials) and the potential implications.

31. The AG is not offering a conclusive view on how GSD should be handled under the PIP Framework. That decision will be made by Member States. However, the AG believes that any approach to benefit sharing for GSD should support the timely and comprehensive sharing of GSD.

32. In accordance with the fundamental principles of the PIP Framework, the AG believes that access to GSD and the sharing of benefits derived from their use are of equal importance. To that end, earlier work by the AG discussed many aspects of this balance. Based on the recent consultations and discussions during this meeting we believe that several dimensions should be considered in the development of a benefit sharing approach:

   - Many uses and proposed products developed using GSD already trigger benefit sharing. In the PIP Framework, use of GSD is considered to be “use of GISRS” and therefore triggers the requirement to make an annual Partnership Contribution. However, accessing GSD does not trigger the requirement to sign an SMTA2.

   - The generation of certain influenza products from GSD (e.g. diagnostics) currently requires access to PIP Biological Materials for verification and thus triggers the requirement to sign an SMTA2.

   - There are limited cases where use of GSD directly leads to commercial products without the use of PIP Biological Materials. In this scenario, a potential process to address benefit sharing could include:

     - The use of databases that enable identification of the provider and flag IVPP GSD;
     - The use or development of appropriate data access agreements or identification of IVPP GSD as subject to certain terms and conditions for use;
• The development of a search engine identifying end-products developed using GSD.
  
  o The AG has developed several earlier reports on databases and optimal characteristics of GSD sharing. This work may need to be revisited.
  
  o SMTA2s that have already been concluded should be reviewed to determine if they would cover vaccines or other products developed only using GSD, or if modification is needed.

Seasonal influenza

33. The inclusion of seasonal influenza in the PIP Framework is also a subject of the DG’s analysis called for in WHA70(10)8(b). At the 6-7 November 2017 consultation the AG heard the views of Member States and stakeholders regarding the possible inclusion of seasonal influenza viruses under the PIP Framework. For varying reasons, the inclusion of seasonal influenza in the PIP Framework was generally not supported by those present at the consultation.

34. Response and vaccine development related to seasonal influenza is dependent on continuous, rapid and frequent sharing of seasonal influenza viruses. Seasonal and pandemic influenza viruses exist as a continuum, making surveillance of seasonal influenza viruses an important part of pandemic preparedness. The AG believes that maintaining a highly functional GISRS for sharing seasonal influenza viruses is essential as a central public health issue in its own right and as it relates to pandemic influenza preparedness.

35. Based on the November consultations and further AG discussions, the AG also notes that the emerging system to address access and benefit sharing under the Convention on Biological Diversity (CBD)’s Nagoya Protocol is based on the development of bilateral rules and processes. The AG shares the strong concern raised by many stakeholders that the highly diverse Nagoya Protocol access and benefit sharing implementing legislation and measures, dependent on bilateral negotiations, could impede the rapid and comprehensive sharing of seasonal influenza viruses. The AG observes that this potential obstacle to the rapid sharing presents a broader public health concern as it could affect a range of pathogens.

36. The AG recognizes that the PIP Framework and the Nagoya Protocol share the central principle that access and benefit sharing are of equal importance. In this regard, the AG urges exploration of several mechanisms consistent with the Nagoya Protocol, that may provide methods of sharing seasonal influenza viruses and address public health concerns, while still serving the Protocol’s access and benefit sharing objectives. These mechanisms include reviewing the current bilateral terms of reference related to the sharing of seasonal influenza viruses with GISRS and potentially modifying these documents in ways that would address the requirements of the Nagoya Protocol. In addition, the requirement under Nagoya Protocol Article 8(b) that Nagoya Protocol Parties “pay due regard to cases of present or imminent emergencies that threaten or damage, inter alia, human health” should be fully explored and WHO should engage with both the CBD Secretariat and at the country level in these discussions. Also, the development of a Specialized International Access and Benefit Sharing Instrument is an option. Regardless of the option pursued to maintain the equal footing of access and benefit sharing, it is critically important that the successfully functioning GISRS, and its partners, be able to continue its important work for seasonal influenza virus sharing without any disruption.

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4 In reference to article 4(4) of the Nagoya Protocol.
Update on PIP Framework Implementation

SMTA2 agreements

37. The Secretariat provided a summary on its progress to conclude SMTA2s and some challenges encountered.

38. Six additional agreements with vaccine manufacturers (Category A) were signed in 2017, bringing the total number concluded to 11. All large multinational manufacturers have now concluded an SMTA2 with WHO and an estimated 400 million doses of vaccines have been secured through these 11 contracts. It was noted that the remaining vaccine manufacturers are smaller and that the number of doses that will be secured through conclusion of new SMTA2s will not significantly increase the amount of vaccine secured to date. The AG commended the Secretariat on the progress made towards conclusion of SMTA2 agreements with all large vaccine manufacturers.

39. The Secretariat summarized challenges in concluding new Category B SMTA2s, in particular with smaller diagnostic manufacturers. In light of the uncertain utility of specific rapid diagnostic kits during a pandemic and the low value of individual commitments offered by smaller manufacturers, the Secretariat sought the AG’s advice on a proposal to accept monetary donations from these companies to be used towards preparedness activities. Despite the likelihood of smaller contributions, the AG recognized the need to move forward with concluding SMTA2s with small diagnostic manufacturers to ensure equity among recipients of PIP Biological Materials. It was also suggested that other types of products could be offered, such as personal protective equipment, medical devices and other non-medicinal products that could be used during a pandemic.

40. The Secretariat provided an update on development of a training program using offers from Category C entities. The University of Siena, a Category C SMTA2 signatory, has offered to co-host with WHO a training program in Siena during the summer of 2018. The Secretariat will be seeking monetary donations from all 65 Category C institutions that have signed SMTA2s, to cover the costs. The AG notes the progress being made in implementing the offers and supports the Secretariat in taking forward the Siena training program.

41. The Secretariat also followed up with the AG on the topic of veterinary vaccine manufacturers using PIP Biological Materials. Having determined that this subset of manufacturer should sign an SMTA2, the Secretariat and the AG discussed options for categorizing these companies and seeking appropriate benefit contributions. As manufacturers of products derived from PIP biological materials the Secretariat suggested classifying these companies as Category B. Based on this being a new group of companies encountered using PIP biological materials and the GISRS system, a discussion followed about whether these companies should also pay the PC.

Recommendations to the Director-General on concluding SMTA2s

42. Noting the issues the Secretariat has encountered in negotiating SMTA2s with Category B companies, the AG recommended that the Secretariat also accept monetary donations as a way to fulfil the requirements under Category B.

43. The Advisory Group supports the Secretariat in the view that animal vaccine manufacturing companies that have received PIP Biological Materials should be expected to sign an SMTA2 and further supports the Secretariat in exploring whether relevant companies should pay Partnership Contribution. In such cases, the Secretariat may need to consider other options for how that Partnership Contribution is handled.
**Virus sharing**

44. The Global Influenza Programme updated the AG on the status of virus sharing and on efforts to increase the numbers of viruses shared, including through the publication of the Operational Guidance on the Sharing of IVPPs, and planned improvements to the Influenza Virus Traceability Mechanism (IVTM).

45. The AG commended those efforts and suggested development of a non-technical version of the guidance that could be shared at a political level.

**Communications and Outreach**

46. The AG commended the Secretariat for its work on the “At-a-glance” (Comprehensive Evaluation Model) infographic and nevertheless recommended the continued production of an AG annual report adjusted to take into account the infographic.

47. The infographic could be useful both as a handout and as web-based tool to explain the overall structure and accomplishments of the partnership.

**Consultations with stakeholders on PIP Framework Implementation**

48. Consistent with past practice and in accordance with Framework section 6.14.6, the AG interacted with representatives from industry, civil society and other stakeholders.

**Updates from the Secretariat**

**Partnership Contribution**

49. The Secretariat provided an overview on PC implementation from 2013 to 2017, during which time PC funds have supported pandemic influenza preparedness capacity-building and strengthening activities in 73 countries. The Secretariat informed stakeholders that a report will be developed covering HLIP 1 (2014-2017).

50. The Secretariat provided highlights from laboratory and surveillance, regulatory capacity building, planning for deployment and two Regional Offices. Further information on other areas of work will be made available on request.

51. On PC collection, the Secretariat updated stakeholders on funds collected to date and reviewed the issue of late and unpaid contributions.

52. The Secretariat informed stakeholders that the final report of the financial audit of PC funds is expected to be released in December 2017. While no such conditionality is foreseen in the agreed Framework provisions, some manufacturers have indicated that they were waiting for the audit report before making their 2017 PC payments.

53. AG members recognised that the PIP Framework was built on a “fragile” partnership that needs to be nurtured. It was stressed that maintaining trust was essential.

**SMTA2**

54. Stakeholders were updated on the Secretariat’s progress to date in concluding SMTA2s.
Comments from industry representatives

55. IFPMA/BIO:

- Reiterated the support for the overall aim of Framework;
- Congratulated the Secretariat on the cooperative process in which HLIP II was developed;
- Reiterated the need for a clearer overall pandemic preparedness strategy in order to provide the context for understanding why the chosen areas of activity were being focused on;
- Reiterated that contributors would prefer to see a cap on the Response fund, in line with projected costs of pandemic response;
- Reiterated its request that reference to GISRS running costs as the benchmark for the PC be removed, with a preference for a benchmark set according to programme spending;
- Informed the AG that their process to review the formula for determining individual companies’ PC contributions was still under way;
- Reiterated the position expressed during the 6-7 November 2017 consultation that IFPMA/BIO opposes widening the scope of the framework to include seasonal influenza, confirmed that it supports the current system for sharing GSD, and believes that placing any broad restrictions on this sharing is not in anyone’s interests;
- Requested that WHO provide information on its consultations with the CBD Secretariat regarding implementation of the Nagoya Protocol and indicated its desire to be involved in discussions with CBD on the handling of influenza viruses under the Protocol.

56. The Secretariat provided industry with its estimate of selected pandemic response costs to WHO at the start of an influenza pandemic.

Comments from civil society representatives

57. The Third World Network (TWN):

- Commended the Secretariat for its work to date in concluding a number of SMTA2 agreements with manufacturers and research institutions, and asked for additional information regarding the training program discussed to implement benefit sharing offers from Category C institutions related to training;
- Stated that an open-ended PC Response fund is appropriate as it will provide WHO immediate resources for pandemic response and that it should continue to grow;
- Stated that the continued use of GISRS running costs as the reference index for the total PC contribution was agreed by Member States and was included in the PIP Framework;
- Reiterated that the US$ 28 million is no longer an adequate reflection of 50% of the current GISRS running costs;
- Stated that the current 70%:30% division between preparedness and response Partnership Contribution funds should continue.

**Recommendation to the Director-General on distribution of PC among companies**

58. *In light of the fact that the process to revise distribution of PC contributions among companies is still ongoing, the AG recommends that the Secretariat offer its support to industry associations to advance and finalise the process with a view to completing such discussions by the next AG meeting so that the new formula can be used for the 2018 collection.*

**Draft High Level PC Implementation Plan II (HLIP II)**


60. The AG expressed appreciation for the consultative efforts of the Secretariat to develop HLIP II for the use of Partnership Contribution resources.

**Recommendation to the Director-General on HLIP II**

61. *The Advisory Group recommends that the Director-General approve the draft HLIP II.*

**Next steps**

62. The AG agreed that its next meeting will be held from 11-13 April 2018.
Annex 1

Meeting of the Pandemic Influenza Preparedness Framework Advisory Group
8–10 November 2017

List of Advisory Group participants

Professor Chris Baggoley, Former Chief Medical Officer, Australia

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

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

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

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

Dr Olav Hungnes, Senior Scientist, Head of National Influenza Centre, Norwegian Institute of Public Health, Norway

Dr Kerri-Ann Jones, Vice-President, Research Projects, The Pew Charitable Trusts; 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 Cuauhtémoc Mancha-Moctezuma, Deputy Director-General of Preventive Programs, National Center for Preventive Programs and Disease Control, Mexico

Dr Janneth Maridadi Mghamba, Assistant Director for Epidemiology and Disease Control, Ministry of Health and Social Welfare, United Republic of Tanzania

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

Dr Paba Palihawadana, Immunization Specialist, UNICEF India, India

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

Professor Mahmudur Rahman (Chair), Senior Advisor, Bangladesh Center for Communication Programs (BCCP); Former Director, Institute of Epidemiology, Disease Control and Research & National Influenza Centre, Bangladesh

Dr Lokman Hakim Bin Sulaiman, Professor of Public Health, International Medical University, Malaysia

Dr Liana Torosyan, Head of Department of Epidemiology of Special Dangerous and Airborne Diseases, National Center of Disease Control and Prevention, Armenia

Professor John M Watson (Vice Chair), Consultant in Public Health Medicine, Health Protection Directorate, Public Health England, United Kingdom

Dr Jane Ruth Aceng (Uganda) was unable to attend.
Annex 2

Meeting of the Pandemic Influenza Preparedness Advisory Group
8–10 November 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) virus sharing, b) SMTA 2 negotiations, c) Handling of Genetic Sequence Data, d) Partnership Contribution collection and implementation, e) Second Partnership Contribution High Level Implementation Plan 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 and the development of the Second Partnership Contribution High Level Implementation Plan (HLIP II).

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 Janneth Maridadi Mghamba (United Republic of Tanzania)
- Dr Richard Njouom (Cameroon)

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

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

Europe:
- Dr Olav Hungnes (Norway)
- Dr Liana Torosyan (Armenia)
- Professor John M. Watson (United Kingdom)

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

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*Dr Jane Ruth Aceng (Uganda) was unable to attend.*
Western Pacific:
- Professor Chris Baggoley (Australia)
- Dr Raymond Lin Tzer Pin (Singapore)
- Professor 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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Interest declared</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prof Chris Baggoley</td>
<td>Civil Servant</td>
</tr>
<tr>
<td>Prof Kedar Prasad Baral</td>
<td>Holds a consultancy with WHO to conduct training on outbreak investigation in Timor Leste.</td>
</tr>
<tr>
<td>Dr Gustavo Aristizabal Duque</td>
<td>Civil Servant</td>
</tr>
<tr>
<td>Dr Olav Hungnes</td>
<td>Affiliated with a GISRS laboratory</td>
</tr>
<tr>
<td>Dr Kerri-Ann Jones</td>
<td>Former Civil Servant</td>
</tr>
<tr>
<td>Dr Raymond Lin Tzer Pin</td>
<td>Civil servant and Affiliated with a GISRS laboratory</td>
</tr>
<tr>
<td>Dr Cuauhtémoc Mancha-Moctezuma</td>
<td>Civil Servant</td>
</tr>
<tr>
<td>Dr Janneth Maridadi Mghamba</td>
<td>Civil Servant</td>
</tr>
<tr>
<td>Dr Richard Njouom</td>
<td>Affiliated with a GISRS laboratory</td>
</tr>
<tr>
<td>Dr Huma Qureshi</td>
<td>Civil Servant</td>
</tr>
<tr>
<td>Prof Mahmudur Rahman</td>
<td>Holds a consultancy with WHO EMRO; has recently joined as Senior Advisor, Bangladesh Center for Communication Programs (BCCP)</td>
</tr>
<tr>
<td>Dr Liana Torosyan</td>
<td>Civil Servant</td>
</tr>
<tr>
<td>Prof John M. Watson</td>
<td>Civil Servant</td>
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</tbody>
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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, 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
8–10 November 2017

Agenda

1. Welcome remarks

2. PIP Framework overview – Secretariat update
   • Recap of the last Advisory Group meeting and actions taken
   • PC Proportional division (Preparedness – Response)

3. Outcomes of WHA70 and progress on implementation of decision WHA70(10)
   • Review of outcomes of 8(b) consultation on 6–7 November 2017

4. Virus sharing – Secretariat update

5. SMTA2 – Secretariat update
   • Use of PIP biological material by veterinary vaccine manufacturers

6. Genetic Sequence Data (GSD)
   • Next Steps for AG’s work on Handling of GSD under the PIP Framework

7. PIP Advisory Group’s Annual Report to the Director-General

8. Consultations with all stakeholders on PIP Framework implementation – updates and discussion
   • High-Level PC Implementation Plan I (collection and implementation)
   • PC collection
   • Update on PIP Framework Implementation (SMTA2, GSD, Virus Sharing, Audit)
   • Draft High-Level PC Implementation Plan II and PC proportional division

9. Communications and outreach – Secretariat update
   • PIP “At-a-glance” infographic (Comprehensive Evaluation Model)

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

11. Next steps
   • Next meeting of the Advisory Group
   • Any other business

12. Close of meeting
Annex 4

Meeting of the Pandemic Influenza Preparedness Framework Advisory Group
8–10 November 2017

GISRS Representatives

- Jackie Katz, WHO Collaborating Centre for Surveillance, Epidemiology and Control of Influenza, Centers for Disease Control and Prevention (CDC), USA
- Irma López-Martinez, National Influenza Center, Mexico
- John McCauley, WHO Collaborating Centre for Reference and Research on Influenza, The Francis Crick Institute, UK

List of WHO participants

WHO Headquarters

- Claudia Alfonso HQ/HIS/EMP/RHT/RSS
- Sylvie Briand, HQ/WHE/IHM
- Jennifer Barragan, HQ/WHE/IHM/PIP
- Luisa Belloni, HQ/WHE/IHM/PIP
- Isabelle Bergeri, HQ/WHE/IHM/GIP
- Anna Bowman, HQ/WHE/IHM/PIP
- Julia Fitzner, HQ/WHE/IHM/GIP
- Gaya Manori Gamhewage, HQ/WHE/IHM/ENI
- Lisa Hedman, HQ/HIS/EMP/IAU
- Daniel Hougendobler, HQ/WHE/IHM/PIP
- Poonam Huria, HQ/WHE/IHM/PIP
- Anne Huvos, HQ/WHE/IHM/PIP
- Sasha Kontic, HQ/WHE/IHM/PIP
- Ann Moen, HQ/WHE/IHM/IPR
- Claudia Nannini, HQ/DGO/DGD/LEG/GBI
- Tim Nguyen, HQ/WHE/IHM/ENI
- Tatiana Resnikoff, HQ/WHE/IHM/PIP
- Amélie Rioux, HQ/WHE/IHM/PIP
- Peter Salama, HQ/WHE/HEO
- Gina Samaan, HQ/WHE/IHM/PIP
- Steven Solomon, HQ/DGO/DGD/LEG/GBI
- Katelijn Vandemaele, HQ/WHE/IHM/GIP
- Wenqing Zhang, HQ/WHE/IHM/GIP

WHO Regional Offices

- Belinda Herring, AFRO
- Angella Smith, AMRO/PAHO
- Rakhee Palekar, AMRO/PAHO
- Bhagawan Das Shrestha, EMRO
- Michala Hegermann-Lindencrone, EURO
- Babatunde Olowokure, WPRO

* By WebEx
List of participants to the Consultations on 8 November 2017

Manufacturers and industry associations

- Atika Abelin, Sanofi Pasteur
- Phyllis Arthur, Biotechnology Industry Organization (BIO)
- Paula Barbosa, International Federation of Pharmaceutical Manufacturers & Associations (IFPMA)
- William Cracknell, Seqirus
- Matthew Downham, MedImmune
- Tharini Sathiamoorthy, AdvaMedDx, Advanced Medical Technology Association

Civil society organizations

- Edward Hammond, Third World Network (TWN)
- Sangeeta Shashikant, Third World Network (TWN)

Academia

- Claudia Trombetta, University of Siena