MEETING OF THE PANDEMIC INFLUENZA PREPAREDNESS
FRAMEWORK ADVISORY GROUP

17-19 October 2018, 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 AG participants in the meeting is available at Annex 1.

3. On behalf of the Director-General, the Director, Infectious Hazard Management welcomed the AG members and thanked them for their diligent work. The Deputy Director-General of Emergency Preparedness and Response conveyed his thanks and appreciation to the AG on the second day of the meeting.

4. The Chair thanked outgoing AG member, Dr Olav Hungnes, for his dedicated service and many contributions. The Chair also thanked the Secretariat for its good work.

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. Two representatives from the WHO Global Influenza Surveillance and Response System (GISRS) Collaborating Centres (CCs) attended relevant technical meeting sessions in line with the arrangement for representation of GISRS at PIP Framework meetings. A third GISRS representative from a National Influenza Centre (NIC) was prepared to attend but travel arrangements were not completed in time. The list of participants from GISRS, manufacturers and industry associations, civil society organizations and WHO is available at Annex 4.

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1 See http://www.who.int/influenza/gisrs_laboratory/GISRS_representation_20171010.pdf.
Actions taken since April 2018 Advisory Group meeting

8. The Secretariat updated the AG on two specific actions taken in response to the AG’s April 2018 recommendations to the Director-General. Updates on other actions taken are included in relevant technical sections (e.g. virus sharing).

9. The Secretariat reported on a meeting held by the Director-General and Deputy Director-General with CEOs of large vaccine and antiviral companies and the International Federation of Pharmaceutical Manufacturers & Associations (IFPMA) to discuss implementation of the PIP Framework. The Deputy Director-General followed up with two additional meetings.

10. In response to the 2016 PIP Review Group’s recommendation to develop a Comprehensive Evaluation Model, a 6-monthly PIP Framework Progress Report has been developed. Inclusion of the PIP Framework in the WHO Programme Budget Web Portal and the addition of an interim financial statement to the yearly version of the Progress Report addressed recommendations of the 2017 External PC Audit.

Recommendations to the Director-General on the Comprehensive Evaluation Model

11. The AG recommends that the Director-General accept the 6-monthly Progress Report and the inclusion of the PIP Framework in the WHO Programme Budget Web Portal as meeting the 2016 PIP Review Group’s recommendation to develop a Comprehensive Evaluation Model (Recommendation 1).

12. To maintain the visibility of the PIP Framework and its implementation, as requested by stakeholders, the AG recommends that the PIP Framework remain on the Programme Budget Web Portal as a distinct Special Project and not be aggregated into the WHO Health Emergencies Programme.

Update on implementation of the Partnership Contribution

13. The Final Report on the PC High Level Implementation Plan (HLIP) I, which summarizes 2014-2017 achievements, will be published in October 2018. Overall, 81% of 21 HLIP I target indicators were met (i.e. >85% achieved) or exceeded.

14. The first Progress Report presented information on technical and financial implementation for HLIP II and the PIP Secretariat for January-June 2018. Progress for financial implementation is reported against the WHO biennial allocation. Information in the Progress Report is largely conveyed through infographics.

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15. The AG noted that the Progress Report was an excellent and well-designed mechanism to convey detailed information on technical and financial aspects of PC implementation and outcomes.

**Update on collection of Partnership Contribution**

16. The AG was briefed on the PC received from 2012-2018. Invoices for 2018 were sent in August. As of mid-September 2018, approximately 30% of the 2018 annual US$ 28M contribution had been received.

17. Challenges persist in the collection of PC. Although most of the larger manufacturers have paid, a few are not paying their full invoiced amount. Several smaller companies have unpaid contributions. As a result, the annual PC (US$ 28M) has had a 2%-4% shortfall each year through 2017.

18. The Secretariat continues to engage with industry on this issue and follows up with all companies that have outstanding PC amounts due.

19. The AG noted that it has made previous recommendations regarding PC collection, most recently at its April 2018 meeting. The AG plans to continue monitoring this situation and, in future discussions, consideration will be given to appropriate steps, including with respect to access to PIP Biological Materials (PIPBM), to address concerns in this area.

**Consultation with stakeholders on PIP Framework implementation**

20. Headquarters and regional offices updated industry and other stakeholders on PC implementation activities since the last AG meeting and demonstrated the WHO Programme Budget Web Portal.

21. The Chair opened the Consultation by thanking stakeholders for their contributions to implementation of the PIP Framework.

22. The AG received the following comments from industry representatives:
   a. Provided very positive feedback about the new 6-monthly Progress Report in terms of its readability, infographic format, linkage of activities to budget implementation and inclusion of an interim certified financial statement on an annual basis. The regional Impact Stories were particularly well-received.
   b. Noted that the level and visibility of detailed information and Impact Stories are useful for them when communicating with their leadership about the importance of the Framework and the impact of PC.

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c. Requested that the Secretariat share regional Impact Stories in advance of the AG stakeholder consultations and make them more widely available.
d. Suggested emphasizing “new” activities/accomplishments/advances as they provide evidence of PC-facilitated capacity improvement.
e. Noted the importance of providing information on the sustainability of PC-funded achievements in future Reports.
f. Requested information on how the interest accumulated in the PC Response Fund account would be reported.

23. The AG received the following comments from the Third World Network (TWN):
   a. Provided very positive feedback on the Progress Report.
   b. Sought clarifications on how regions approach PC-related staffing and on the plan for PIP Framework Secretariat staffing at headquarters.

24. Industry provided the following comments regarding implementation of decision WHA70(10)8(b):
   a. Re-iterated their views that i) the PIP Framework should not be expanded to include seasonal influenza; and ii) there should be no restrictions on the sharing of genetic sequence data (GSD), as “loopholes” are theoretical at this point and use of PIPBM is still necessary for bringing products to market.
   b. Stressed that an urgent solution is needed to address the challenges and uncertainties for sharing of seasonal influenza viruses that have emerged as countries implement the Nagoya Protocol.
   c. Noted that some Member States are exempting seasonal influenza viruses from the Nagoya Protocol and suggested that WHO work with States to facilitate sharing of information on how they are approaching seasonal influenza virus sharing under the Nagoya Protocol.
   d. Requested clarification about the next steps for the document prepared for the 15-16 October 2018 Consultation on Implementation of Decision WHA70(10)8(b), Approaches to Seasonal Influenza and Genetic Sequence Data Under the PIP: Draft Analysis (the “draft Analysis”), including the process for transmittal to the Executive Board and World Health Assembly (WHA).

25. TWN provided the following comments regarding implementation of decision WHA70(10)8(b):
   a. Re-iterated their views that i) seasonal influenza should not be included in the scope of the PIP Framework; ii) there is little distinction between GSD and PIPBM; and iii) amending the definition of PIPBM to include GSD is their favoured approach.
   b. With respect to the discussions between WHO and Member States about how they are approaching sharing of seasonal influenza viruses under the Nagoya Protocol, TWN reminded WHO of the sovereign rights that Member States have over their genetic resources.
c. Asked for clarifications about the process to finalize the draft Analysis.

26. GISAID noted its concern about paragraph 69 in the draft Analysis that relates to “Legal notice” and use of GSD.

27. Industry reported on progress to develop a revised formula for calculating the distribution of the PC among companies. They are waiting for information from one company before the formula can be finalized and shared with WHO and the AG. Industry indicated that they aim to provide this revised formula by the Spring 2019 PIP AG meeting.

Virus sharing

28. The Global Influenza Programme (GIP) provided an update on virus sharing.

29. In response to the AG’s April 2018 recommendations for improving virus sharing, GIP intensified several actions including development of communication and outreach materials for health and non-health sectors and case-by-case engagement with countries jointly with the WHO CCs of GISRS, and WHO regional and country offices.

30. GIP presented an interim review of sharing of influenza viruses with human pandemic potential (IVPPs) from the adoption of the PIP Framework in May 2011 to 30 June 2017 and country-specific IVPP sharing from 1 July 2017 to 31 August 2018, according to the operational guidance which came into effect from 1 July 2017.4

31. The AG discussed that IVPP sharing with and within GISRS occurs at two levels. Initially, IVPP is shared by a country, through its NIC or another influenza laboratory, with GISRS (often to a WHO CC) and then upon request with other GISRS laboratories. In addition, there is sharing with other laboratories. The AG emphasized that it is important to be able to assess the completeness and timeliness of sharing at all levels.

32. The AG observed that there are ongoing challenges with PIPBM sharing related to different, evolving, and sometimes conflicting, national regulations addressing import, export and security concerns. This sometimes hampers timely receipt and sharing of PIPBM.

33. The AG noted that some countries with human cases of IVPP infection continue not to share these viruses according to the virus sharing operational guidance. The

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AG plans to continue monitoring this situation and, in future discussions, consideration will be given to appropriate steps, including with respect to benefit sharing, to address concerns in this area.

**Recommendation to the Director-General on virus sharing**

34. *The AG requests that the Secretariat collect, analyse and present data on virus sharing in a way that enables a deeper understanding of potential problems that exist with virus sharing under the Framework.*

**Indirect use of PIPBM**

35. The PIP Secretariat sought the AG’s advice about applying the Standard Material Transfer Agreement 2 (SMTA 2) benefit sharing process to influenza product manufacturers who may be indirectly using PIPBM in their product development/testing without being recorded as doing so, i.e. without an Influenza Virus Tracking Mechanism (IVTM) number which would track the use of the PIPBM.

36. This has occurred, and may continue to occur, where manufacturers of influenza products work with PIPBM recipients outside their organization to support development, testing or regulatory processing of their products. Such manufacturers would not appear in the IVTM, and therefore would not be contacted to sign an SMTA 2. This is considered an “indirect” use of PIPBM.

37. The AG noted that this scenario represents a loophole regarding access and benefit sharing and needs to be addressed.

38. The AG proposed a language modification in Footnote 1 of Annex 2 of the PIP Framework. The footnote language could be expanded to include the following bolded text:

   “Recipients are all entities that receive ‘PIP Biological Materials’ from the WHO global influenza surveillance and response system (GISRS), such as influenza vaccine, diagnostic and pharmaceutical manufacturers, as well as biotechnology firms, research institutions and academic institutions and entities that engage with recipients of PIPBM for the purpose of supporting development, testing or regulatory processing of an influenza-related product. Each recipient shall select options based on its nature and capacities.”

**Recommendation to the Director-General on addressing indirect use of PIPBM**

39. *The AG recommends that the Director-General take the proposed revision in paragraph 38 of this meeting Report forward through the necessary steps to*
modify Footnote 1 in Annex 2 of the PIP Framework to address the loophole described above.

WHO Consultation on Implementation of Decision WHA70(10)8(b)

40. Sixteen of the eighteen Members of the AG attended the Consultation on 15-16 October 2018.5

41. The AG noted the high-quality and comprehensive draft Analysis prepared by the Secretariat and the Consultation that occurred over the course of the two days.

42. The AG also noted that, while discussions were robust, the number of Member States that participated was somewhat limited.6 The Secretariat plans to continue consultations.

Seasonal influenza under the PIP Framework

43. The PIP AG was reminded that as per Annex 3 of the PIP Framework, it is mandated to provide guidance to the Director-General on strengthening the function of the Framework and the operational functioning of GISRS. WHO works to implement the Framework in the best interest of public health and with particular focus on Member States most in need.

44. The PIP AG noted that it is important to recall that:
   a. Pandemic influenza preparedness and response are closely connected to seasonal influenza surveillance and control, and
   b. GISRS is an essential component of influenza preparedness and response – both seasonal and pandemic – and the PIP Framework is the mechanism for IVPP access and benefit sharing.

45. There are variations in how countries are implementing the Nagoya Protocol. In some instances, implementation of the Nagoya Protocol has delayed and restricted seasonal influenza virus sharing.

46. There is a general lack of awareness of, and action on, the Nagoya Protocol’s potentially serious impacts on public health, not only for influenza, but for a broader set of pathogens. Minimizing these potential impacts requires a whole-of-government engagement, i.e. not restricted solely to Ministries of Health or Ministries of the Environment.

47. At this stage, including seasonal influenza in the PIP Framework could pose risks to the integrity and good functioning of both the PIP Framework and GISRS. At the same time, issues have arisen with seasonal influenza virus sharing.

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6 A total of 37 Member States registered to attend the Consultation.
Recommendations to the Director-General on seasonal influenza under the PIP Framework

48. The AG considers that, at this stage, it is not advisable to include seasonal influenza in the scope of the PIP Framework. The AG recognizes that there are ongoing discussions with Member States on this issue.

49. The AG recommends that a solution be developed urgently to address the challenges and uncertainties related to sharing of seasonal influenza viruses that have emerged as countries implement the Nagoya Protocol. In addition, the AG advises that the Secretariat closely monitor instances where implementation of the Nagoya Protocol is affecting the sharing of seasonal influenza viruses.

50. The AG encourages WHO to increase substantially and effectively its engagement with the Secretariat of the Convention on Biological Diversity (CBD) and Member States in the interest of promoting and advancing public health.

51. The AG encourages WHO to seek ways to mobilize a comprehensive approach to increase Ministries of Health’s awareness of Nagoya Protocol-related issues and to promote their engagement with the CBD processes, such as using the Regional Committees.

52. The AG encourages the Director-General to: i) communicate with Ministers of Health and Ministers of Foreign Affairs to promote cabinet-level attention to Nagoya Protocol public health-related issues; and ii) invite the 144th Executive Board to consider including an item on “the public health implications of implementation of the Nagoya Protocol” on the provisional agenda of the Seventy-Second World Health Assembly.

Genetic sequence data under the PIP Framework

53. The AG recalled the four key principles developed over the course of its work on GSD, which included the formation of multiple working groups and discussions. These principles, grounded in the Framework’s foundational principle that access and benefits should be pursued on equal footing, are:
   a. There should be rapid sharing of high-quality GSD for timely risk assessment and response
   b. There should be sustainable, public access to IVPP GSD
   c. There should be fair and equitable sharing of benefits arising from the sharing of GSD
   d. There should be acknowledgement of data providers and active collaboration between data providers and users.

54. The AG noted that various views on the relationship of GSD to the PIP Framework were expressed during the 15-16 October Consultation on
Implementation of Decision WHA70(10)8(b), i.e. maintaining the current definition of PIPBM; modifying the definition of PIPBM through various approaches; or using other mechanisms for addressing GSD under the Framework.

55. At this time the AG advises that the current PIPBM definition should be maintained. However, the AG recognizes that further exploration is needed to understand the other approaches outlined in the draft Analysis related to this dynamic, technical area and their impact overall.

56. The AG noted that sharing of IVPP GSD is currently taking place, is functioning well, and that benefits include those derived from the PC and the ability to compare an IVPP sequence with a larger collection of IVPP GSD which can facilitate R&D.

57. The AG believes it is important to continue to strengthen access and benefit sharing related to IVPP GSD as Member States continue to discuss the larger policy issues and to promote the principles of fairness and equity. The AG also noted the increasing complexity of this topic which is closely interconnected with the way that science and medical research are conducted. It is therefore important to work transparently to address concerns.

58. At the current time there is a loophole related to the indirect use of PIPBM which is discussed in the section of this Report on “The Indirect Use of PIPBM”. Some of these products could be derived solely from IVPP GSD. The recommendation made in paragraph 38 would close this loophole, including indirect uses involving IVPP GSD.

59. In the future it may be possible to bring to market influenza-related products using IVPP GSD independent of PIPBM. As a result, the obligation to sign an SMTA 2 would not be triggered. The AG recognizes that this is a concern.

60. To address this concern and to continue to strengthen IVPP access and benefit sharing, the AG wishes to revisit earlier work.

61. The AG previously had requested the Secretariat to investigate and develop a prototype search engine that would be able to track products developed using IVPP GSD. This search engine searches databases of patents, clinical trials and regulatory filings.

62. Based on the initial pilot of the prototype search engine, the AG now requests that the Secretariat expand this work to further assess the utility of this approach and report back. The AG requests that the Secretariat begin to use this search engine on an experimental basis to identify products and ascertain the frequency and nature of those products that have not been subject to the benefit-sharing system, but potentially have made use of IVPP GSD. The AG hopes in this way to be able
to make evidence-based recommendations that would contribute to strengthening approaches on benefit sharing with respect to IVPP GSD under the PIP Framework.

63. The AG’s previous work highlighted the importance of the principle of the acknowledgment of data providers and active collaboration between data providers and users.

Recommendations to the Director-General on GSD under the PIP Framework

64. The AG recommends that the Secretariat assess the utility of its prototype search engine to identify products which potentially have made use of IVPP GSD and have not been subject to the benefit-sharing system; determine the frequency and nature of such products; and report these findings to the AG.

65. The AG recommends that the Secretariat explore next steps to implement the principle of the acknowledgment of data providers and active collaboration between data providers and users. In particular, the AG recommends the development of appropriate language to be considered by relevant databases to inform potential users of IVPP GSD of the PIP Framework.

Technical discussions

66. The Secretariat provided updates on the following:
   a. Implementation of 2016 Review Group recommendations: The Secretariat reviewed the implementation status and actions taken or planned to implement the recommendations.
   b. WHO finance briefing: The WHO Comptroller and two associates from the Finance Department provided an overview of WHO financial governance procedures to the AG. The Secretariat will develop a detailed biennial budget and activity plan for discussion by the AG at its Spring 2019 meeting. The discussion also touched on the topic of the interest accrued on the PC response funds.
   c. University of Siena Training Workshop: The Secretariat provided an overview of a WHO training workshop on laboratory quality management and biosafety for NICs held at the University of Siena, Italy. The workshop originated from SMTAs 2 Category C training offers. Participants’ knowledge of the training subject-matter, as measured by a written evaluation, increased by approximately threefold.

Next steps

67. The AG agreed that its next meeting will take place in the week of 11 March 2019.

68. The AG requested that certain technical matters not discussed at this meeting be included on the agenda for the next meeting.
Annex 1

Meeting of the Pandemic Influenza Preparedness Framework Advisory Group
17-19 October 2018

List of Advisory Group participants¹

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

Professor Chris Baggoley, Former Chief Medical Officer, Australia

Dr Kedar Prasad Baral, Officiating Vice Chancellor and Rector, Patan Academy of Health Sciences, Nepal

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

Dr Gustavo Aristizabal Duque, Former Advisor to the Ministry of Health, Ministerio de Salud y Protección Social, Colombia

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

Dr Olav Hungnes, Director, Division of Infectious Disease Control, Norwegian Institute of Public Health, Norway

Dr Kerri-Ann Jones (Vice-Chair), Vice President, Research and Science, The Pew Charitable Trusts, United States of America

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

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, Centre Pasteur of Cameroon, Cameroon

Dr Paba Palihawadana, Chief Epidemiologist, Director, Central Epidemiology Unit Ministry of Health, Sri Lanka

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

¹ Dr Cuauhtémoc Mancha (Mexico) was unable to attend.
**Professor Dr Mahmudur Rahman** (Chair), Former Director, Institute of Epidemiology, Disease Control and Research (IEDCR) & National Influenza Centre, Bangladesh

**Professor 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**, Consultant in Public Health Medicine, Health Protection Directorate, Public Health England, United Kingdom
Meeting of the Pandemic Influenza Preparedness Advisory Group  
17-19 October 2018

Summary of Declarations of Interests 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 seasonal influenza and genetic sequence data under the PIP Framework, and d) Partnership Contribution collection and implementation.

During the meeting, the Advisory Group also interacted with manufacturers and other stakeholders regarding the implementation of the PIP Framework.

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 Jane 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 Sulaiman Mohamed Al-Busaidi (Oman)
- Professor Hamad El-Turabi (Sudan)
- Dr Huma Qureshi (Pakistan)

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

Dr Cuauhtémoc Mancha (Mexico) was unable to attend.
South-East Asia
- Dr Kedar Baral (Nepal)
- Dr Paba Palihawadana (Sri Lanka)
- Professor Dr Mahmudur Rahman (Bangladesh)

Western Pacific
- Professor Chris Baggoley (Australia)
- Professor Raymond LIN Tzer Pin (Singapore)
- 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>
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<tbody>
<tr>
<td>Dr Jane Ruth Aceng</td>
<td>Civil Servant</td>
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<tr>
<td>Dr Gustavo Aristizabel Duque</td>
<td>Civil Servant</td>
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<tr>
<td>Professor Chris Baggoley</td>
<td>Civil Servant</td>
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<tr>
<td>Dr Sulaiman Al-Busaidi</td>
<td>Former Civil Servant</td>
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<tr>
<td>Dr Olav Hungnes</td>
<td>Affiliated with a GISRS laboratory</td>
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<tr>
<td>Professor Raymond LIN Tzer Pin</td>
<td>Civil Servant and Affiliated with a GISRS laboratory</td>
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<tr>
<td>Professor John Watson</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 Compliance and Risk Management and Ethics unit, it was determined that there is no conflict in respect of these members.
Annex 3

Meeting of the Pandemic Influenza Preparedness Framework Advisory Group
17-19 October 2018

Agenda

1. Welcome remarks
2. Declarations of Interest
3. Adoption of agenda
4. Any other business
5. Actions since last meeting
   - Progress to develop Comprehensive Evaluation Model
6. Highlights – implementation of the PIP Framework
   - Implementation of the Partnership Contribution
   - Virus sharing
   - Progress on implementation of decision WHA70(10)
     o Implementation of 2016 Review Group recommendations
7. Advisory Group consultation with industry and other stakeholders
   - Highlights – implementation of the PIP Framework
   - Overview of WHO Programme Budget Web Portal
   - Presentations from industry and other stakeholders and discussion
8. Q&A on financial matters with WHO Comptroller
9. Discussion of Consultation on Implementation of WHA70(10)8(b)
10. Q&A with GISRS representatives and review of GISRS arrangement
11. Development of recommendations to the Director-General
12. Discussion and finalization of the Meeting Report
13. Next steps
    - Next meeting of the Advisory Group
    - Any other business
    - Changes in WHO travel policy
15. Close of meeting
Annex 4

Meeting of the Pandemic Influenza Preparedness Framework Advisory Group
17-19 October 2018

List of Participants

GISRS representatives1
• Jacqueline Katz, WHO Collaborating Centre for Surveillance, Epidemiology and Control of Influenza, Centers for Disease Control and Prevention (CDC), United States of America
• John McCauley, WHO Collaborating Centre for Reference and Research on Influenza, Crick Worldwide Influenza Centre, The Francis Crick Institute, United Kingdom

Databases & initiatives2
• Alan Hay, GISAID Initiative

Manufacturers and industry associations4
• Atika Abelin, Sanofi Pasteur
• Paula Barbosa, International Federation of Pharmaceutical Manufacturers (IFPMA)
• Matthew Downham, AstraZeneca/MedImmune
• Thomas Hess, Medicago
• Sam Lee, Sanofi Pasteur
• Cedric Mahe, Sanofi Pasteur
• Jean-Luc Martre, Medicago
• Beverly Taylor, Seqirus Vaccines
• Theodore Tsai, Takeda Vaccines

Civil society organizations4
• Sangeeta Sashikant, Third World Network (TWN)

With many thanks to the following staff who attended all or part of the meeting

WHO regional offices
• Belinda Herring, AF/RGO/WHE/IHM
• Angella Smith, AM/PAHO/PHE
• Bhagawan Das Shrestha, EM/RGO/WHE/IHM
• Michala Hegermann-Lindencrone, EU/RGO/WHE/IHM
• Philip Gould, SE/RGO/WHE/IHM
• Hitesh Chugh, WP/RGO/WHE/IHM

1 Participated in technical sessions of the meeting.
2 Participated in 17 October 2018 consultation with stakeholders.
WHO headquarters

- Claudia Alfonso, HQ/HIS/EMP/RHT/RSS
- Alma Alic, HQ/DGO/CRE
- Esther Awit, HQ/WHE/IHM/IPR/PIP
- Jennifer Barragan, HQ/WHE/IHM/IPR/PIP
- Luisa Belloni, HQ/WHE/IHM/IPR/PIP
- Isabelle Bergeri, HQ/WHE/IHM/IPR/GIP
- Terry Besselaar, HQ/WHE/IHM/IPR/GIP
- Sylvie Briand, HQ/WHE/IHM
- Ioana Ghiga, HQ/WHE/IHM/PAT
- Payman Hemmati, HQ/WHE/IHM/IPR/GIP
- Daniel Hougendobler, HQ/WHE/IHM/IPR/PIP
- Poonam Huria, HQ/WHE/IHM/IPR/PIP
- Anne Huvos, HQ/WHE/IHM/IPR/PIP
- Nick Jeffreys, HQ/GMG/FNM
- Sasha Kontic, HQ/WHE/IHM/IPR/PIP
- Jaya Lamichhane, HQ/WHE/IHM/PAT
- Ann Moen, HQ/WHE/IHM/IPR
- Claudia Nannini, HQ/DGO/DGD/LEG/GBI
- Jane Margaret Stewart Pappas, HQ/GMG/FNM/ACT
- Tatiana Resnikoff, HQ/WHE/IHM/IPR/PIP
- Amélie Rioux, HQ/WHE/IHM/IPR/PIP
- Peter Salama, HQ/WHE
- Gina Samaan, HQ/WHE/IHM/IPR/PIP
- Magdi Samaan, HQ/WHE/IHM/IPR/GIP
- Steven Solomon, HQ/DGO/DGD/LEG/GBI
- Francis Gerard Stewart, HQ/GMG/FNM/TSY
- Heini Utunen, HQ/WHE/IHM/PAT/SFR
- Katelijn Vandemaele, HQ/WHE/IHM/IPR/GIP
- Wenqing Zhang, HQ/WHE/IHM/IPR/GIP
- Weigong Zhou, HQ/WHE/IHM/IPR/GIP