MEETING OF THE PANDEMIC INFLUENZA PREPAREDNESS FRAMEWORK ADVISORY GROUP

22-26 March 2021 via video conference

Report to the Director-General

Organization and process of the meeting

1. The Pandemic Influenza Preparedness (PIP) Framework Advisory Group (AG) met virtually from 22-26 March 2021. The decision to hold this meeting virtually was due to the continuing COVID-19 pandemic.

2. Two technical briefings were held with the AG on: 1) 11 February 2021, AG work on Genetic Sequence Data (GSD), 2) 19 February 2021, COVID-19 and Influenza Virus Sharing.

3. A total of 16 AG members participated in the virtual meeting. Between 12 and 16 members participated in each day of the meeting. The list of AG members who participated in the meeting is available at Annex 1.

4. The AG welcomed five new members, Mbayame Ndiaye Niang (Senegal), Roberto Arroba (Costa Rica), Mohammad Mehdi Gouya (Iran), Soe Lwin Nyein (Myanmar) and Enrique Tayag (Philippines).

5. The Chair opened the meeting and welcomed all participants. Declarations of Interest were reviewed by the Secretariat and relevant interests were disclosed. The Statement of Declarations of Interest is available at Annex 2.

6. Following the completion of Dr Kerri-Ann Jones (United States of America) term as Chair, Dr Raymond Lin (Singapore) was selected as the Chair of the AG and Dr Hamad El-Turabi (Sudan) as Vice-Chair. The AG expressed its gratitude to Dr Jones for her excellent work as Chair.

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

8. The Chair informed the AG that observers from the WHO Global Influenza Surveillance and Response System (GISRS) would attend relevant technical sessions of the AG meeting. GISRS observers included one representative from a WHO Collaborating Centre (CC), one representative from an Essential Regulatory Laboratory (ERL), and two representatives from National Influenza Centres (NICs).

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1 See http://www.who.int/influenza/gisrs_laboratory/GISRS_representation_20171010.pdf
9. In accordance with its standard practice, the AG convened a consultation with stakeholders on 25 March 2021. The list of participants in the AG meeting and consultation is available at Annex 4.

Implementation of recommendations from the October 2020 meeting
10. As in prior meetings, the AG received and reviewed the Secretariat updates on actions taken based on the recommendations from the last AG meeting in October 2020.

PIP Advisory Group 2020 Annual Report to Director-General
11. The AG submits an Annual Report to the Director-General on its evaluation of the implementation of the Framework. The Annual Report covers seven topics as specified in PIP Framework Section 7.2.5. The AG has agreed to use the concise format developed for its 2018 report for the 2020 report.

Overview of broader work on pandemic preparedness including Nagoya Protocol
12. The Director of Global Infectious Hazard Preparedness updated the AG on the broader global work on pandemic preparedness in the context of COVID-19 and how the PIP Framework has contributed in an important way to the COVID-19 response, in particular in three of the six areas of work of the High Level Implementation Plan II (HLIP-II): Laboratory & Surveillance, Risk Communications & Community Engagement and Planning for Deployment.

13. The AG was informed of ongoing review mechanisms established by Member States and WHO, notably: the Independent Panel for Pandemic Preparedness and Response; Review Committee on the Functioning of the IHR (2005) during the COVID-19 Response; the Independent Oversight and Advisory Committee and the Global Preparedness and Monitoring Board. The AG was also informed of early discussions on the proposed WHO BioHub and a suggested pandemic preparedness treaty.

14. The results of the March 2020 survey conducted by WHO to implement decision WHA72(13) on the public health implications of implementation of the Nagoya Protocol were presented to the AG by the Office of the Chief Scientist. This included results of a survey on current pathogen-sharing practices and arrangements, the implementation of access and benefit-sharing measures, as well as the potential public health outcomes and other implications. The survey coincided with the early months of the COVID-19 pandemic and as a result the overall survey response rate was low. Key results included: (i) that pathogen sharing is easier when there are bilateral agreements in place; (ii) different pathogens are often treated differently under national legislation or in national access and benefit sharing agreements, frequently due to the biohazard level of the pathogen and/or whether it is of human, animal, or plant origin; and (iii) having no harmonized international system for pathogen sharing is a challenge.

Way forward for Genetic Sequence Data (GSD)
15. As a continuation of the work to address the use of influenza viruses with pandemic potential (IVPP) GSD, the Secretariat presented the two sections of PIP Framework that can be used to address the use of IVPP GSD. A pragmatic option using these provisions in the PIP Framework was presented that consists of requesting that specific manufacturers consider concluding a voluntary advance supply agreement with WHO
for commitments to providing future pandemic influenza vaccines (PIV) produced using GISRS IVPP GSD. The agreement would be a Standard Material Transfer Agreement 2 (SMTA2)-like agreement.

16. It is proposed that the Secretariat prepare an implementation plan to identify manufacturers that could potentially be contacted; define a strategy to approach companies; and develop targeted communication on the PIP Framework and its benefit-sharing mechanism. It may also be possible for the Secretariat to contact potential new manufacturers before the October AG meeting. The PIP Secretariat is to report back to the AG at the next meeting.

Influenza Virus Sharing

17. Representatives from the Global Influenza Program (GIP) updated the AG on influenza virus sharing as recorded in the updated Influenza Virus Traceability Mechanism (IVTM-2.0).

18. GIP informed the AG that the sharing of IVPP continues at a generally satisfactory rate. However, GIP is continuing to investigate reasons why some IVPPs were either not shared or not shared in a timely manner through GISRS. GIP also provided an overview of the impact of COVID-19 on seasonal influenza virus sharing and noted a decrease in the number of (seasonal) virus shipments that reflects disruptions due to COVID-19 and the current low level of influenza virus circulation.

19. GIP also informed the AG of an issue from the latest Vaccine Composition Meeting that has immediate implications for the production and supply of the seasonal influenza vaccines for the northern hemisphere 2021-22 season. GIP informed the AG that a Member State, whose seasonal influenza virus was selected as a candidate vaccine virus (CVV) in the recent northern hemisphere Vaccine Composition Meeting, agreed to the use of that CVV but only for non-commercial purposes. This restriction was related to access and benefit sharing considerations and was described by the country’s Ministry of Environment on behalf of its Competent National Authority, in response to requests for clarification from WHO. WHO continues discussion with the country trying to resolve the issue. This matter raises concern about the impact of the implementation of national access and benefit sharing legislation, including the Nagoya Protocol, on timely and effective seasonal influenza vaccine production and supply and the effectiveness of the public health functions of GISRS.

20. The AG views this disruption in the seasonal vaccine production and supply system as an urgent matter. The functioning of the seasonal influenza vaccine system is a critical public health priority and part of the continuum of overall pandemic influenza preparedness. The Secretariat informed the AG that they are exploring possible approaches to address the timely sharing of viruses and influenza vaccine production in light of both public health objectives and considerations involving the implementation of access and benefit sharing legislation, including the Nagoya Protocol.
**Recommendation to the Director-General**

21. The AG continues to recommend that the DG:
   - a) Reiterate the importance of influenza surveillance with Member States. Timely identification and sharing of seasonal influenza viruses and IVPP remain a cornerstone of influenza pandemic preparedness.
   - b) Encourage countries to continue influenza sentinel surveillance and, where feasible, add testing for COVID-19 to the sentinel system with timely reporting for both influenza and COVID-19 through the regional reporting platforms or directly to FluNet. This can form the basis for an integrated sentinel surveillance system that could strengthen public health surveillance in countries for both.
   - c) Further emphasize and support the strengthening of regional influenza surveillance, including virus sharing, addressing specific regional issues and considerations and involving all regional partners.

**SMTA2 update**

22. The Secretariat informed the AG on the progress to negotiate and update SMTA2s. To date, 89 agreements have been signed: 14 with vaccine and antiviral manufacturers, two with diagnostics manufacturers and 73 with other institutions (e.g., academic).

23. The Secretariat reported on their work to date:

   (a) The four-year review is being undertaken with two entities.
   (b) The review of the SMTA2 deployment terms is being undertaken with vaccine manufacturers that have signed an SMTA2 and relevant industry associations.
   (c) Decision WHA72(12) resulted in an amendment to the SMTA2 template to include the indirect use of PIP biological material (BM); all 85 SMAT2 signed prior to this are being updated.

24. The two reports on the influenza diagnostics sector, prepared since the last AG meeting, provided more information about this sector and their use of PIP BM. These reports have been shared with AdvaMedDx and its member influenza diagnostic companies, with a briefing session planned to discuss the PIP Framework benefit sharing mechanisms and broader WHO influenza programming. The reports concluded that the diagnostic sector does use PIP BM and GISRS and thus should be subject to relevant PIP Framework benefit sharing mechanisms.

25. Further work is required to determine how the diagnostic companies should be captured under a new Partnership Contribution (PC) formula.

26. The Secretariat provided an update of the analysis of whether entities that have received PIP BM in the IVTM have concluded an SMTA2. The analysis is ongoing and will look for appropriate actions to improve the process of identifying those entities that require an SMTA2.

**Update on Partnership Contribution (PC) – HLIP-II Implementation & Mid-Term Review**

27. The Secretariat presented the status of Partnership Contribution implementation from 2014 to 2020. It was noted that the PIP annual progress report for 2020 was not yet
28. It was reported to the AG that the 2020 contributions received as of 23 March 2021 are 66 percent of the invoiced amount of US$ 28 million. Since 2013, 97-99% of the annual invoiced amounts have been received.

29. The AG received an update on the work of the Secretariat to monitor and mitigate the risks to HLIP-II implementation during the COVID-19 pandemic. While there was some slow-down in expenditure, capacity building continued at a good pace.

30. The AG acknowledged that efforts in influenza pandemic preparedness contributed to the COVID-19 response, and similarly, the lessons learnt from the COVID-19 response will contribute to ongoing strengthening of influenza pandemic preparedness.

31. The HLIP-II Mid-Term Review commenced on 1 March 2021. It is to be a streamlined report comprising a review of HLIP-II implementation progress between 2018 and 2020 and an assessment of some of the early lessons learnt for pandemic preparedness and response from the COVID-19 pandemic. Stakeholder consultations are expected in April, with the final report expected by mid-2021.

PC Formula & Level

32. The Secretariat updated the AG on the status of work undertaken by the four associations (DCVMN, IFPMA, BIO and AdvaMedDX) to improve the PC Formula. The current PC Formula remains operational until a new Formula is proposed and accepted by the DG. The PC Formula Adjustment endorsed by the AG at the last meeting was presented to industry associations but with no consensus reached among the associations, the adjustment was not pursued. The AG, in continuing its work in assessing the level of PC as called for in the PIP Framework and review, had recommended that the Secretariat develop options for a sustainable inflationary approach for updating the PC Level.

33. The Secretariat has drafted terms of reference (TORs) for an economist to develop options for a sustainable inflationary approach for updating the level of the PC. The TORS specify that the updated level of PC should consider: 1) time elapsed since the establishment of the original estimated GISRS running costs (2010); 2) trends in the influenza products market; and 3) future program needs to achieve the PIP Framework objectives. Given the on-going COVID-19 response, the Secretariat proposed to undertake this work with a view to presenting a report containing options that will enable the Secretariat to regularly update the level of the PC. The work should be presented to the AG at its meeting in March 2022.

Consultation with Stakeholders

34. The AG welcomed stakeholders, thanked them for ongoing contributions, and provided a brief update on the AG’s work. The Director of WHO’s Global Infectious Hazards (GIH) Department presented an update the broader global work on pandemic preparedness in the context of COVID-19.

35. In their presentation, the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA) and Biotechnology Industry Organization (BIO) acknowledged the
contribution of GISRS towards the COVID-19 response, presented the status of their proposed revised PC formula, and expressed interest in the proposed BioHub and pandemic preparedness treaty.

36. Dr Marie-Paule Kieny made a presentation on behalf of the GISAID Initiative. This presentation highlighted the effective SARS-CoV-2 Genetic Sequence Data (GSD) sharing platform developed by GISAID. To date, over 830,013 genome sequences have been shared.

37. The Secretariat provided a presentation which covered: an update of SMAT2, an update on HLIP-II implementation including two regional reports (from the Regional Office for Europe and the Regional Office for the Eastern Mediterranean), and an update on risk communication and community engagement.

38. The Third World Network (TWN) provided comments on several matter including the following:

   (a) Requested an update on the review of the PC Formula and PC Level.
   (b) Expressed concern about delays in influenza virus sharing and inequitable access and benefit sharing.
   (c) Sought clarity on how liability and indemnity is handled within the PIP Framework SMTA2s, and on how affordable prices of vaccines is defined.

39. In the discussions that occurred throughout the session, stakeholders raised the following:

   (a) That the four industry organisations are continuing to work on the PC Formula Adjustments and appreciated the support from the Secretariat for this process.
   (b) There is interest in knowing more details about both the proposed BioHub and suggested pandemic preparedness treaty, when they become available
   (c) Sought clarity from the Secretariat for the choice of a sustainable inflationary approach to revise the PC level.
   (d) Suggested that the Risk Communications & Community Engagement work presented by the Secretariat be more widely shared.
   (e) Noted that previous requests for a copy of the GISRS seasonal influenza material transfer agreement template have not been satisfied.

**Next steps**

40. The next PIP Advisory Group meeting will be held the week of 4 October 2021.
Annex 1

Meeting of the Pandemic Influenza Preparedness Framework Advisory Group
22-26 March 2021

List of Advisory Group participants

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

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

Dr Roberto Eduardo Arroba, Ministerio de Salud, Costa Rica,

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

Dr Elizabeth Ferdinand, Former Chief Medical Officer (a.i.), Ministry of Health, Barbados

Dr Kerri-Ann Jones, Former Vice President, Research and Science, The Pew Charitable Trusts; former Assistant Secretary, State Department, United States of America.

Dr Mohammad-Mehdi Gouya, Assistant Professor, Faculty of Medicine, Iran University of Medical Sciences, Director General of Centre for Disease Control, Ministry of Health and Medical Education, Iran

Associate Professor Raymond LIN Tzer Pin (Chair), Director, National Public Health Laboratory, National Centre for Infectious Diseases, Singapore

Dr Heidi Meyer, Head of Section, International Coordination / Regulatory Service, Paul-Ehrlich-Institut, Germany

Dr Mbayame Ndiaye Niang, former Director of the National Influenza Center at Pasteur institute of Dakar, Senegal

Dr Richard Njouom, Head, Virology Department, Centre Pasteur of Cameroon, Cameroon

Professor Soe Lwin Nyein, Department of Public Health, Ministry of Health and Sports, Myanmar

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

1 Dr Jane Ruth Aceng (Uganda) was unable to attend. Dr Paba Palihawadana resigned from the AG shortly before the PIP Advisory Group meeting. The selection process for a replacement member was still ongoing at the time the Advisory Group met.
Dr Enrique Tayag, Department of Health, Philippines

Dr Liana Torosyan, Former Head, Department of Epidemiology of Infectious Diseases, National Center of Disease Control and Prevention, Ministry of Health, Armenia

Professor John M Watson, Former Deputy Chief Medical Officer for England, Department of Health, United Kingdom
Annex 2

Meeting of the Pandemic Influenza Preparedness Advisory Group
22-26 March 2021

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 implementation of the Framework, including: a) virus sharing; b) Standard Material Transfer Agreement 2, and c) Partnership Contribution 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: 1

Africa
- Dr Richard Njouom (Cameroon)
- Dr Mbayame Ndiaye Niang (Senegal)

Americas
- Dr Elizabeth Ferdinand (Barbados)
- Dr Kerri-Ann Jones (United States of America)
- Dr Roberto Eduardo Arroba Tijerino (Costa Rica)

Eastern Mediterranean
- Dr Sulaiman Al-Busaidi (Oman)
- Professor Hamad El-Turabi (Sudan)
- Dr Mohammad Mehdi Gouya (Iran)

Europe
- Dr Heidi Meyer (Germany)
- Dr Liana Torosyan (Armenia)
- Professor John Watson (United Kingdom)

1 Dr Jane Ruth Aceng (Uganda), was unable to attend.
South-East Asia
- Dr Kedar Baral (Nepal)
- Dr Soe Lwin Nyein (Myanmar)

Western Pacific
- Dr Enrique Tayag (Philippines)
- A/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>
</tr>
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<tbody>
<tr>
<td>Dr Elizabeth Ferdinand</td>
<td>Former Civil Servant</td>
</tr>
<tr>
<td>Dr Sulaiman Al-Busaidi</td>
<td>Former Civil Servant</td>
</tr>
<tr>
<td>Professor Raymond LIN Tzer Pin</td>
<td>Affiliated with a GISRS laboratory</td>
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<td>Dr Roberto Arroba</td>
<td>Civil Servant</td>
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<tr>
<td>Dr Soe Lwin Nyein (Myanmar)</td>
<td>Civil Servant</td>
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<tr>
<td>Dr Liana Torosyan</td>
<td>Civil Servant</td>
</tr>
<tr>
<td>Professor John Watson</td>
<td>Former Civil Servant</td>
</tr>
<tr>
<td>Dr Lokman Hakim Bin Sulaiman</td>
<td>Chair of Advisory Committee to advise a local company acting as a distributor of a candidate COVID-19 vaccine owned by a Chinese Company.</td>
</tr>
<tr>
<td></td>
<td>Principal Investigator of International Medical University, receiving a research grant from Merck Sharp and Dohme Corporation.</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
22-26 March 2021
Agenda

1. Welcome remarks
2. Declarations of Interest
3. Selection of new Officers
4. Adoption of agenda
5. Outcomes of EB & Overview of broader work on pandemic preparedness
6. Public Health Implications of Implementation of the Nagoya Protocol
7. Way forward on handling GSD under the PIP Framework
8. Influenza Virus Sharing
9. SMTA2 update
   • Strengthening Engagement with the Influenza Diagnostics Sector Status of SMTA2s & tracking
10. Partnership Contribution
    • Update on Partnership Contribution (including collection update)
    • Update on HLIP II Implementation and Mid-Term Review
    • PC formula and level of PC
11. Advisory Group consultation with industry and other stakeholders
    • Updates from Secretariat on PIP Framework implementation
    • Presentations from stakeholders
    • Discussion
12. Development of recommendations to the Director-General and Meeting Report
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
22-26 March 2021

List of Participants

GISRS representatives

- Héctor Chiparelli, Jefe de Unidad de Virología, Depto. de Laboratorios de Salud Pública, Montevideo, Uruguay
- Othmar Engelhardt, Principal Scientist, Division of Virology, National Institute for Biological Standards and Control, Blanche Lane, United Kingdom
- Summer Galloway, WHO Collaborating Centre for Surveillance, Epidemiology and Control of Influenza, US Centers for Disease Control and Prevention, United States of America
- Olav Hungnes, Director, National Influenza Centre, Norwegian Institute of Public Health, Norway

Civil society organizations

- Luis Gil Abinader, Knowledge Ecology International (KEI)
- Edward Hammond, Third World Network (TWN)
- James Love, Knowledge Ecology International (KEI)
- Caline Mattar, World Medical Association
- Pierre du Plessis, African Union Continental Coordinating Committee on Biodiversity, Biosafety and ABS
- Sangeeta Shashikant, Third World Network (TWN)

Databases & initiatives

- Marie-Paule Kieny, on behalf of GISAID Initiative
- Ilene Mizrachi, National Center for Biotechnology Information (NCBI)

Manufacturers and industry associations

- Paula Barbosa, International Federation of Pharmaceutical Manufacturers & Associations (IFPMA)
- Pyllis Arthur, Biotechnology Innovation Organization (BIO)
- Joel Straus, Biotechnology Innovation Organization (BIO)
- Sonia Pagliusi, The Developing Countries Vaccine Manufacturers Network (DCVMN)
- Rajinder Kumar Suri, The Developing Countries Vaccine Manufacturers Network (DCVMN)
- John Billington, GlaxoSmithKline (GSK)
- Kelly Cappio, Novavax, Inc
- Felipe Alfarejo Carvihle, Instituto Butantan
- Antonio Cesar Pereira da Silva, Instituto Butantan
- Tiago Rocca, Instituto Butantan

1 Participated in relevant technical sessions of the meeting.
2 Participated in the 25 March 2021 consultation with stakeholders
• Ricardo Oliveira, Instituto Butantan
• Leon de Waal, Viroclinics Biosciences B.V., Viroclinics Xplore
• Parichat Duangkhae, Government Pharmaceutical Organization (GPO)
• Melchior Kuo, International Federation of Pharmaceutical Manufacturers & Associations (IFPMA)
• Sam Lee, Sanofi Pasteur
• Shuang Li, Changchun Institute of Biological Products Co., Ltd.
• Meei-Yun Lin, Medigen
• Caroline Mendy, F. Hoffmann-La Roche Ltd.
• Lyn Morgan, Sanofi Pasteur
• Débora Botéquio Moretti, Instituto Butantan
• Ricardo Oliveira, Butantan
• Cristiano Goncalves Pereire, Instituto Butantan
• Sonia Pagliusi, The Developing Countries Vaccine Manufacturers Network (DCVMN)
• Ricardo Palacios, Instituto Butantan
• Lauren Parker, AstraZeneca
• Monika Puri, F. Hoffmann-La Roche Ltd.
• Beverly Taylor, Seqirus Vaccines
• Sha Ti, Shanghai Institute of Biological Products Co., Ltd.
• Paul Torkehagen, Medigen Vaccine Biologics Corp.
• Ted Tsai, Takeda
• Susan Van Meter, AdvaMedDx
• Han van den Bosch, Medigen
• Yehong Wu, Changchun Institute of Biological Products Co., Ltd.

WHO Staff

WHO regional offices

AFRO
• Belinda Herring, AF/RGO/WHE/IHM
• Ambrose Otau Talisuna, AF/RGO/WHE/IHM

AMRO
• Angella Smith, AM/PAHO
• Andrea Vicari, AM/PAHO

EMRO
• Abdinasir Abubakar, EM/RGO/WHE/IHM
• Amgad Elkholy, EM/RGO/WHE/IHM

EURO
• Michala Hegermann-Lindencrone, EU/RGO/WHE/IHM
• Richard Pebody, EU/RGO/WHE/IHM

3 Participated in some or all of the meeting.
SEARO
• Supriya Bezbaruah, SE/RGO/WHE
• Francis Inbanathan, SE/RGO/WHE/IHM
• Pushpa Wijesinghe, SE/RGO/WHE/IHM

WPRO
• Phuong Nam Nguyen, WPR/RGO/WHE
• Tamano Matsui, WPR/RGO/WHE

WHO headquarters
• Esther Awit, HQ/WPE/GIH/PIP
• Luisa Belloni, HQ/WPE/GIH/PIP
• Isabel Bergeri, HQ/WPE/GIH/GIP
• Sylvie Briand, HQ/WPE/GIH
• Christopher Chadwick, HQ/WPE/GIH/IPR
• Hitesh Chugh, HQ/WPE/GIH/PIP
• Katherine Deland, HQ/SCI/RFH
• Chadi Fayad, HQ/WPE/GIH/IPR
• Julia Fitzner, HQ/WPE/GIH/GIP
• Melinda Frost, HQ/WPE/GIH/IEP
• Ioana Ghiga, HQ/WPE/GIH/IEP
• Shoshanna Goldin, HQ/WPE/GIH/IPR
• Sarah Hamid, HQ/WPE/GIH/GIP
• Aspen Hammond, HQ/WPE/GIH/GIP
• Poonam Huria, HQ/WPE/GIH/PIP
• Anne Huvos, HQ/WPE/GIH/PIP
• Sandra Jackson, HQ/WPE/GIH/GIP
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• Maja Lievre, HQ/WPE/GIH/GIP
• Bikram Maharjan, HQ/WPE/GIH/GIP
• Ann Moen, HQ/WPE/GIH/IPR
• Catherine Mulholland, HQ/SCI/RFH
• Claudia Nannini, HQ/DGO/DGD/LEG/GBI
• Tim Nguyen, HQ/WPE/GIH/IEP
• Razieh Ostad, HQ/MHP/RPQ/REG/RSS
• Dmitriy Pereyaslov, HQ/WPE/GIH/GIP
• Awandha Raspati Mamahit, HQ/WPE/GIH/GIP
• Tatiana Resnikoff, HQ/WPE/GIH/PIP
• Magdi Samaan, HQ/WPE/GIH/GIP
• Gina Samaan, HQ/WPE/GIH/PIP
• Vaseeharan Sathiyamoorthy, HQ/SCI/RFH
• Siddhivinayak Shriram Hirve, HQ/WPE/GIH/GIP
• Steve Solomon, HQ/DGO/DGD/LEG/GBI
• Katelijn Vandemaele, HQ/WPE/GIH/GIP
• Wenqing Zhang, HQ/WPE/GIH/GIP