MEETING OF THE PANDEMIC INFLUENZA PREPAREDNESS FRAMEWORK ADVISORY GROUP

21-24 April 2026

Report to the Director-General

Organization and process of the meeting

1. The Pandemic Influenza Preparedness (PIP) Framework Advisory Group (AG) met at the World Health Organization (WHO) headquarters in Geneva, Switzerland, 21-24 April. 14 AG members participated in the meeting, with 12 attending in person and two participating virtually. The list of AG members who participated in the meeting is available at Annex 1.
2. The Executive Director of the WHO Health Emergencies Programme provided opening remarks and thanked the PIP AG for its continued support to the PIP Framework.
3. Declarations of Interest were reviewed by the Secretariat and relevant interests were disclosed. The Statement of Declarations of Interest is available at Annex 2.
4. Following the completion of Dr Farida Al Hosani's (United Arab Emirates) term as Chair and Dr Howard Njoo's (Canada) term as Vice-Chair, the AG selected Dr Rhoda Wanyenze (Uganda) and Dr Sonam Wangchuk (Bhutan) to serve as Chair and Vice-Chair, respectively.
5. The agenda of the AG meeting was adopted and is available at Annex 3.
6. Four representatives from the WHO Global Influenza Surveillance and Response System (GISRS) participated in relevant technical sessions of the AG meeting.[1]
7. In accordance with its standard practice, the AG convened a consultation with stakeholders on 22 April 2026. The list of participants in both the AG meeting and consultation is available at Annex 4.

Update on PABS negotiations

8. The Head, and Technical Lead of the Secretariat to the Intergovernmental Working Group (IGWG) that is developing the Pathogen Access and Benefit-Sharing (PABS) Annex under Article 12 of the WHO Pandemic Agreement provided the AG with an update. The IGWG is to finalise the PABS Annex and present it to the 79th World Health Assembly for adoption in May 2026.
9. The AG welcomed the update, and reiterated its view that the PIP Framework is an example of a successful access and benefit sharing system. The AG further noted that Article 12 of the WHO Pandemic Agreement states that the PABS Annex will be developed and implemented in a manner "*complementary to, and not duplicative of, the access and benefit sharing measures and obligations of the PIP Framework* […]".
10. The AG reflected that it would be useful for WHO to reassure implementing partners that in its implementation of PIP Framework, WHO will exercise similar attention. Accordingly, the AG suggests that the Director-General take measure to ensure partners understand WHO's intent to implement PIP Framework in a manner that is 'complementary to, and not

[1] See gisrs-representation-20171010.pdf (who.int)

duplicative of, the access and benefit sharing measures and obligations' in the PABS Annex, once it enters into effect.

Partnership Contribution collection

11. The PIP Partnership Contribution (PC) is a key benefit sharing mechanism of the PIP Framework whereby influenza vaccine, diagnostic and pharmaceutical manufacturers that use the GISRS make an annual contribution to WHO for improving global pandemic influenza preparedness and response.

12. In 2025 two changes to the PC collection process were implemented - the PC Level, which sets the total amount to be paid by manufacturers that use GISRS, increased from US$28 million to US$33.7 million to account for inflation and new GISRS laboratories. The PC Formula, which is used to determine each contributor's individual payment each year, was revised to discontinue the use of 2009 sales as a factor in the calculation of a company's average annual influenza product sales (AAIPS).

13. The Secretariat updated the AG that as of 15 April 2025, a total of US$ 356 million has been collected through the PC since 2012. The Secretariat informed the AG that to date, the 2025 collection process has been unusually low, with WHO receiving US$ 10.5 million - 31% of the US$ 33.7 million invoiced.

14. To assess whether the delays in the collection process are due to the changes made to the PC Level and PC Formula, the Secretariat sent a survey to all PC Contributors (40+ companies). The main findings of this survey were that most respondents would have preferred a phased approach to the 2009 sales removal and would support a review of the current PC Formula.

15. The Secretariat also updated the AG that they have hired a consultant to explore the feasibility of developing a methodology to recognize the different nature of PC contributors, as recommended by the AG at their March 2025 meeting. This work is underway, with initial findings suggesting that there are elements that differ between nonprofit and for-profit/commercial companies. Further analysis is needed to determine if such differences warrant the implementation of any changes to the PC Formula, or if the current metric (sales) adequately reflects the different nature of contributors.

16. The AG welcomed the updates and supported the need for more analysis to help ensure that any changes implemented to the process are evidence-based and result in a fair, equitable and sustainable distribution of the PC amongst contributors.

17. The AG expressed concern regarding the level of PC collection for 2025 and noted that changes to the PC Formula may have contributed to delayed or partial payments by some contributors To fully understand the reasons for delayed and/or partial payments, the AG suggests that the Secretariat continue engaging with these contributors and report back to the AG on progress to collect the 2025 PC, providing details on collection issues and appropriate solutions if the trend does not improve.

18. The AG also suggested that the Secretariat assess the feasibility of a more gradual approach for the removal of 2009 sales from the calculation of AAIPS in the PC Formula and consider whether a review of the PC Formula is warranted. Both processes are to be conducted in collaboration with the PC contributors.

19. The AG stressed that the current PC Formula is to continue to be applied to the PC collection process unless and until a revised PC Formula is developed and endorsed by all four industry associations.

High-Level Implementation Plan (HLIP) implementation

20. The Secretariat announced that 2026 marks the fifteenth anniversary of the adoption of the PIP Framework by the World Health Assembly in 2011. The AG appreciated the presentation of some of the key achievements supported by the PIP Framework PC preparedness funds over this period.
21. The Secretariat updated the AG on implementation of the first biennium of the PC High-Level Implementation Plan III (HLIP III), which outlines how the PC funds are to be used to improve global pandemic preparedness during 2024–2030. Financial implementation of the PC preparedness funds was 90% across the four output areas of HLIP III. Highlights from the last six months of 2025 were also presented to the AG.
22. The Secretariat informed the AG that implementation of HLIP III for the second biennium, 2026–27, has prioritised 80 countries for technical and/or financial support. Of these 80 countries, 55 received direct financial support. Approximately $36M has been budgeted to five global teams, the six WHO regional teams and 55 priority countries.
23. The Secretariat also informed the AG that the supplementary funding for certain GISRS activities in 2026–27, as discussed at the last AG meeting, and supported by the AG, was approved and implemented.
24. The PIP Focal Points for the Regional Offices of Africa and South-East Asia presented progress and challenges on implementing PIP activities in their regions, and WHO headquarters provided an update on initiatives in influenza vaccination policy. The Secretariat summarised actions taken to address the recommendations in the HLIP II independent external evaluation.
25. The AG was encouraged by the updates on HLIP III implementation, the plans for the current biennium and the additional support provided to GISRS, showing that the PC funds are contributing to pandemic influenza preparedness.

SMTA2 update

26. The Secretariat updated the AG on new Standard Material Transfer Agreement 2 (SMTA2) signed, those in process, as well those currently being reviewed. There have been two new SMTA2s signed with vaccine manufacturers, bringing the total to 19 SMTA2s with vaccine manufacturers. Together, these companies are estimated to represent 85% of global production of future pandemic influenza vaccine production. In addition, there are two SMTA2s with diagnostic manufacturers and 84 SMTA2 with research and academia institutions.
27. The benefits from these SMTA2s include more than 940 pandemic vaccine doses, up to five million antiviral treatment courses, 250 000 diagnostic kits, 25 million syringes to be available at the time of the next influenza pandemic and 30 offers of support from research and academia institutions.
28. The AG acknowledged the ongoing work in negotiating SMTA2s, noting the prioritisation of those to be concluded with vaccine or antiviral manufacturers (Category A manufacturers).

Update on PIP Framework Readiness Project

29. The Secretariat updated the AG on the different components of the PIP Framework Readiness Project, which aims to ensure that PIP Framework benefits that are to be available at the time of an influenza pandemic, are ready to be operationalized effectively, efficiently and equitably at the time of an influenza pandemic.

30. The Secretariat provided updates on: a) specific projects to operationalize the SMTA2s; b) the development of the Global Allocation Framework for Pandemic Influenza Medical Countermeasures; c) the Access to Pandemic Influenza Medical Countermeasures Operational Strategy; d) ongoing work with the WHO logistics teams around deployment processes; and e) development of the High-Level Implementation Plan for the use of Response Funds. The Secretariat also provided a demonstration of the *WHO Intranet SharePoint: PIP at the time of an influenza pandemic*, which aims to provide easy access to information on the PIP Framework for WHO staff to allow for quick implementation at the time of an influenza pandemic.

31. The AG welcomed all the progress made, including preparing for the use of PIP Response funds during an influenza pandemic, that is aligned with the Guiding Principles and with internal WHO emergency response structures and processes. The AG noted the next steps required for the implementation plan and allocation framework and looks forward to reviewing the finalised outputs.

Virus sharing

32. The WHO Global Influenza Programme (GIP) provided an overview of the sharing of PIP Biological Materials for the reporting period of 1 March 2025 to 28 February 2026. GIP advised the AG that there were 73 human cases of infection with an influenza virus with human pandemic potential (IVPP) reported from seven countries, and that 86% were shared and of those 73% were shared timely, as per the WHO guidance on the sharing of IVPPs.[2] The sharing was recorded in the Influenza Virus Traceability Mechanism (IVTM).

33. GIP confirmed that the United States Centers for Disease and Prevention (CDC) has been redesignated as a WHO Collaborating Centre (CC) for the next four years and as such, has resumed its functions as a CC for Influenza, in GISRS. This includes virus sharing, attending vaccine composition meetings and recording IVPP sharing in IVTM, as well as all other functions set out in PIP Framework Annex 1 SMTA1, and the Terms of Reference related to work with PIP biological materials in PIP Framework Annex 5. The International Reagent Resource (IRR) has also continued to supply essential influenza reagents, although not to the full extent as previously. National Influenza Centres in the African Region, Eastern Mediterranean Region, and South-East Asia Region reported challenges in procuring essential influenza reagents. These challenges were most pronounced in the Eastern Mediterranean Region, where 50% of laboratories reported difficulties in procurement

34. The AG was reassured that the genetic sequence data of most of the IVPPs that were not shared in a timely manner under the WHO Guidance, were shared through GISAID, although it was noted that having the virus isolate at a Collaborating Centre allows for more complete characterisation of the influenza virus. The AG was also pleased to hear that the United States

[2] https://www.who.int/publications/i/item/operational-guidance-on-sharing-influenza-viruses

CDC has resumed functioning as a WHO Collaborating Centre but noted that the IRR is not supplying reagents to all National Influenza Centres.

Interactions with GISRS

35. A representative from GISRS presented to the AG on the current GISRS activities, ongoing challenges in operations and the efforts made by GISRS since January 2025 to address these challenges. The GISRS representative highlighted the addition of six new National Influenza Centres, two new WHO Collaborating Centres on capacity strengthening for GISRS and the revision of the National Influenza Centre Terms of Reference, as well as the cost saving and efficiency mechanism, including with respect to some matters related to the shipping of virus materials, that had been adopted as a result of the withdrawal of funding from the United States to GIP.

36. The GISRS representative also reported that the number of international shipments between March 2024 to February 2025 and March 2025 to February 2026, respectively, declined from 311 to 224 (28%), and that the number of seasonal influenza virus specimens shared internationally decreased from 10 095 to 7381 (27%).

37. The acting Director of the Department of Epidemic and Pandemic Threat Management confirmed that GISRS continues to operate as a well-functioning global surveillance system for influenza risk assessment and preparedness but still requires further operational efficiencies.

38. The AG recognised and appreciated the important work and contributions of GISRS, noted the ongoing challenges and the efforts made by GISRS to address these. The AG was pleased with the overall reports from regional implementing teams that GISRS was being adequately supported by PC Funds at the regional and national level, under the HLIP III Output 2 Collaborative Surveillance through GISRS, noting that challenges persist in some WHO Regions due to political instabilities and funding constraints. The AG further noted that exceptional funding to support broader GISRS activities, such as the vaccine composition meeting (VCM), is being considered on a case-by-case basis.

39. The AG emphasised the need for WHO, as the coordinator of GISRS, to urgently take a more holistic approach to determine mechanisms to optimise the operations of GISRS. The AG suggests that this approach commence by mapping the current operations, including a review of historical data, followed by an assessment of the current strengths and gaps of the system (including funding gaps), before identifying alternative and innovative mechanisms to address these gaps. Options discussed that could streamline the shipping of viruses included staggering the timing of shipments from countries in the same region and using genetic sequence data, when possible, to identify and prioritise the shipping of viruses deemed most important for GISRS work.

40. The AG also strongly suggested that GISRS proactively advocate the importance of the network to their national governments, emphasising its role in national and global health security.

41. ***Recommendation to the Director-General***

The AG reaffirms that the objective of the PIP Framework is to improve and strengthen pandemic influenza preparedness and response and that a key component of this is to continue with a well-functioning and efficient GISRS.

The AG recommends that the Director-General urgently undertake a forward-looking assessment of the risks associated with current GISRS operations and explore new mechanisms to enhance efficiencies and mitigate vulnerabilities associated with the reduced funding sources outside of the PIP PC Funds.

The AG also recommends that the Director-General urge relevant Member States with GISRS laboratories to consider taking further measures to provide additional financial and technical support to ensure the continuity of influenza virological surveillance and timely virus sharing with GISRS, so that critical pandemic influenza preparedness activities can continue.

The AG further recommends that the Director-General advocate to all stakeholders the global benefits of the PIP Framework and convey to PIP PC contributors the value delivered through its access and benefit-sharing mechanisms.

Consultation with Stakeholders

42. The Chair of the PIP AG welcomed stakeholders and provided an update on the AG's work during the meeting. The Chair then invited stakeholders to provide their statements prior to the Secretariat presenting their updates.

43. In their presentation, IFPMA/BIO highlighted their continued concerns with transparency, accountability and compliance with the use of the PC Funds, requesting an independent audit of the PIP PC by an established accounting firm. They acknowledged their engagement with the WHO Internal Oversight Services (IOS) since the last Stakeholder Consultation and their commitment to finding a joint solution with the AG and Secretariat to address this request. They also supported the urgent allocation of funds from the PIP PC to GISRS, on an exceptional and time-limited basis during 2026 and 2027. Two representatives from industry companies supported the request for an audit of the PC Funds.

44. A representative from Third World Network (TWN), in its presentation, queried the need for an external audit of the PC Funds, stating that as WHO is an intergovernmental organisation, the oversight for the PIP Framework sits with Member States and that industry contributions are made in exchange for accessing and using PIP Biological Materials and GISRS as per the PIP Framework. TWN also reiterated that the PIP Secretariat has made efforts to be transparent through their reports. TWN reiterated its position on the need for a similar framework to the PIP Framework for seasonal influenza.

45. The Secretariat provided an update on the collection of PC funds, the implementation of the first biennium of HLIP III, an overview of the most recent six-monthly report including financial implementation and that the extraordinary supplementary funding for certain GISRS activities in 2026-27 has been implemented. The Secretariat also advised participants that further updates on the implementation of the PC Funds are provided in the meeting materials.

46. The AG thanked all participants for the very productive discussions, noting contributions by stakeholders, the Secretariat, the Director of the Department of Epidemic and Pandemic Threat Management, the Head of the IOS and WHO Legal Department. This included discussions on whether the audit functions of WHO, as a UN specialized agency, would meet the requirements of the industry request for an audit, and whether a programmatic or financial

audit was most appropriate. The AG appreciated the willingness of all stakeholders to find a mutually agreeable outcome to the request for an audit.

Audit of the PIP Framework

47. Consistent with requests for transparency and clarity on the use of PC Funds, and further to a communication received from an industry association, the Secretariat brought to the AG's attention the need to address these matters, for example, through financial review, audit or programmatic evaluation. The Secretariat informed the AG on the internal and external auditing process of WHO, as a UN specialized agency, and clarified that PIP funds are included in the annual audit processes of WHO.

48. The Secretariat reminded the AG that a PIP Framework-specific audit was last carried out in 2017 by the WHO External Auditor, further to a recommendation from the 2016 Review, with the aim to provide: (1) assurances that the WHO financial regulations have been appropriately applied in the use of funds and that the financial information reported is accurate and reliable; and (2) recommendations to further increase the transparency of reporting on the linkages between expenditure and technical impact.

49. The AG discussed the importance for the financial and programmatic implementation of the PIP PC Funds to be reviewed periodically, noting that this was in addition to the regular reporting mechanisms in the PIP Framework.

50. ***Recommendation to the Director-General***

The AG urges the Director-General to continue work to define the matter of transparency in reporting, and recommends that the implementation of the PIP Framework be reviewed with reasonable periodicity, including audits as deemed appropriate by the World Health Assembly, consistent with the financial reporting and auditing processes of WHO, as set out in its financial rules and regulations and adhering to the United Nations One Audit Principle.

The AG further recommends that the Director-General work to explore options to address this matter, including through transparent and collaborative work with partners.

Next AG meeting

51. The next meeting of the AG is to be held during the week of 26 October 2026.

Annex 1

Meeting of the Pandemic Influenza Preparedness Framework Advisory Group
21-24 April 2026
List of Advisory Group participants[3]

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

Dr Dragana Dimitrijevic, Institute of Public Health of Serbia, Belgrade, Serbia

Prof J. Peter Figueroa, Professor of Public Health, Epidemiology and HIV/AIDS, University of the West Indies, Jamaica

Dr Eun Jin Kim, Director, Division of Emerging Infectious Diseases, Korean Disease Control and Prevention Agency (KDCA), Cheongju-si, Republic of Korea

Dr Gulay Korukluoglu, Public Health General Directorate, Ankara, Türkiye

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

Professor Thi Quynh Mai Le, Senior Expert, National Influenza Center, Vietnam National Institute of Hygiene and Epidemiology, Hanoi, Vietnam

Dr Erika Lindh, Virologist, Virology and Epidemiology of Influenza A and other Respiratory and Zoonotic Viruses Helsinki, Finland

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

Dr Muhammad Tariq, Country Director, USAID Global Health Supply Chain Islamabad, Pakistan

Dr Enrique Tayag, Department of Health, Philippines

Dr Vivi Setiaway, Director of Human Resources, Education and Research, Directorate General Medical Services Ministry of Health Republic of Indonesia, Jakarta, Indonesia

Dr Sonam Wangchuk, Programme Director, Royal Centre for Disease Control Serbithang, Ministry of Health, Bhutan

Dr Rhoda Wanyenze, Professor and Dean, School of Public Health, College of Health Sciences, Makerere University, Uganda

[3] Dr Farida Ismail Al Hosani (United Arab Emirates), Dr Anne Margareta von Gottberg (South Africa), Dr Howard Njoo (Canada) and Dr Mohammad-Mehdi Gouya (Iran) were unable to attend.

Annex 2

Meeting of the Pandemic Influenza Preparedness Advisory Group
21-24 April 2026
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:

Africa
- Dr Mbayame Ndiaye Niang (Senegal)
- Dr Rhoda Wanyenze (Uganda)

Americas
- Dr Roberto Eduardo Arroba Tijerino (Costa Rica)
- Prof J. Peter Figueroa (Jamaica)

Eastern Mediterranean
- Dr Muhammad Tariq (Pakistan)

Europe
- Dr Dimitrijevic Dragana (Serbia)
- Dr Gulay Korukluoglu (Türkiye)
- Dr Erika Lindh (Finland)

South-East Asia
- Dr Soe Lwin Nyein (Myanmar)
- Dr Sonam Wangchuk (Bhutan)
- Dr Vivi Setiaway (Indonesia)

Western Pacific
- Dr Eun Jin Kim (Republic of Korea)
- Dr Enrique Tayag (Philippines)
- Professor Thi Quynh Mai Le (Viet Nam)

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
21-24 April 2026
Agenda

1. Welcome remarks
2. Declarations of Interest
3. Adoption of agenda
4. Update on PABS negotiations
5. SMTA2 update
6. Partnership Contribution Update
7. PC Formula update
8. Influenza virus sharing
9. GISRS operations and sustainability
10. Interactions with GISRS representatives
11. Consultation with Stakeholders on PIP Framework Implementation
12. Update on PIP Framework Readiness Project
13. Development of AG 2025 Annual Report
14. Close of meeting

Annex 4

Meeting of the Pandemic Influenza Preparedness Framework Advisory Group
21-24 April 2026
List of Participants

GISRS representatives[4,5]

- Dr Ian Barr, Deputy Director, WHO Collaborating Centre for Reference and Research on Influenza, The Peter Doherty Institute for Infection and Immunity, Melbourne, Australia
- Dr Ruth Harvey, Deputy Director, Worldwide Influenza Centre, The Francis Crick Institute, London, UK
- Dr Olav Hungnes, Director, National Influenza Center, Norwegian Institute of Public Health, Oslo, Norway
- Dr Hanan Al Kindi, Director, National Influenza Center Oman, Central Public Health Laboratory, Ministry of Health, Oman

Civil society organizations[2]

- Sangeeta Shashikant, Third World Network (TWN)
- James Packard Love, Knowledge Ecology International
- Yassen Tcholakov, The World Medical Association (WMA)

Manufacturers and industry associations[2]

- Paula Barbosa, IFPMA
- Yusuke Ichikawa, Denka Co., Ltd.
- Praneel Jadav, BIO
- Melchior Kuo, IFPMA
- Aila Marini, Developing Countries Vaccine Manufacturers' Network (DCVMN)
- Patricia Meirelles, Butantan
- Caroline Mendy, Roche
- Deborah Moretti, Butantan
- Beverly Taylor, CSL Seqirus
- Aaron Thomas Rak, Sanofi
- Norihito Ueda, Daiichi Sankyo Co., Ltd.
- Shuichiro Yano, Daiichi Sankyo Co., Ltd.
- Mathias Zadrazil, IFPMA

WHO Staff[6]

WHO regional offices

AFRO

- Lionel Nizigama, AF/RGO/EMP

AMRO

- Maria Clari Yaluff, AM/PAHO

EMRO

4 Participated in relevant technical sessions of the meeting.
5 Participated in the 22 April 2026 consultation with stakeholders
6 Participated in some or all of the meeting.

- Amal Barakat, EM/RGO/WHE

EURO
- Michala Hegermann-Lindencrone, EU/RGO/WHE/IHM

SEARO
- Pushpa Ranjan Wijensinghe, SE/RGO/WHE/IHM

WPRO
- Belinda Herring, WR/RGO/WHE
- Thilaka Chinnayah, WR/RGO/WHE

WHO headquarters

WHO Health Emergencies Programme
Chikwe Ihekweazu, Executive Director

Epidemic and Pandemic Threat Management Department
Maria Van Kerkhove, Director *a.i*

Global Respiratory Threat Unit
Wenqing Zhang, Unit Head

Pandemic Influenza Preparedness Team
Anne Huvos, Team Lead
Jennifer Barragan, Senior Technical Officer
Luisa Belloni, Project Officer
Sarah Holderness, Technical Officer
Olga Kim, Technical Officer (Legal)
Poonam Huria, Technical Officer
Fiona Kee, Technical Officer
Alexandra Kontic, Consultant
Jianfang Liu, Technical Officer
Kate Rawlings, Technical Officer
Esther Awit, Team Assistant

Global Influenza Programme Team
Dmitriy Pereyaslov, Team Lead
Vanessa Cozza, Technical Officer
Christian Fuster, Technical Officer
Aspen Hammond, Technical Officer
Bikram Maharjan, Technical Officer
Sergejs Nikisins, Technical Officer
Magdi Samaan, Technical Officer
Yanyun Wu, Technical Officer

Medical Counter Measures Unit
Ioana Ghiga, Technical Officer
Shoshanna Goldin, Technical Officer

Community Protection and Resilience Unit
Supriya Bezbaruah, Technical Officer

WHO Secretariat to the Intergovernmental Working Group on the WHO Pandemic Agreement (IGWG)
Nedret Emiroglu, Head, IGWG

Health Emergencies Governance
Olla Shideed, Unit Head

Legal Office
Steven Solomon, Principal Legal Officer
Claudia Nannini, Legal Officer

Regulatory Systems Strengthening Team
Razieh Ostad, Scientist