

# **MEETING OF THE PANDEMIC INFLUENZA PREPAREDNESS FRAMEWORK ADVISORY GROUP**

**21-24 October 2025**

## **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 October. There were 16 AG members that participated in the AG meeting, 13 in person and 3 virtually. The list of AG members who participated in the meeting is available at Annex 1.
2. The Chair opened the meeting and welcomed all participants. The AG welcomed one new member, Peter Figueroa (Jamaica). The Executive Director of the WHO Health Emergencies Program provided opening remarks and thanked the PIP AG for their ongoing 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. The agenda of the AG meeting was adopted and is available at Annex 3.
5. Four representatives from the WHO Global Influenza Surveillance and Response System (GISRS) participated in relevant technical sessions of the AG meeting.<sup>1</sup>
6. In accordance with its standard practice, the AG convened a consultation with stakeholders on 22 April 2025. The list of participants in both the AG meeting and consultation is available at Annex 4.

### **Adoption of the Pandemic Agreement and PABS negotiations**

7. 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 on the WHO Pandemic Agreement which was adopted by Member States at the 78th World Health Assembly (WHA) in May 2025. IGWG is to present the text of the PABS Annex to the 79th WHA for adoption, following which the WHO Pandemic Agreement will be open for signature.
8. The AG welcomed the adoption of the WHO Pandemic Agreement and its importance for pandemic prevention, preparedness and response. The PIP Advisory Group renewed its commitment to support the IGWG process as necessary.

### **Partnership Contribution collection**

9. 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.

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<sup>1</sup> See [gisrs-representation-20171010.pdf \(who.int\)](#)

10. In 2025, two changes started to be implemented for the PC Collection process. The PC Level, the total amount due each year to WHO from contributors, was adjusted for inflation and to account for new GISRS member laboratories. The PC level thus increased from US\$28 million to US\$33.7 million. The PC Formula, used to determine each contributor's individual payment each year, discontinued the use of 2009 sales as a factor in the calculation of a company's average annual influenza product sales (AAIPS). Both changes have impacted the amounts due from contributors.
11. The Secretariat updated the AG that as of 14 October 2025, a total of US\$ 354.8 million has been collected through the PC since 2012. Invoices for 2025 were sent out in June and to date, the proportion of the invoiced amount received by WHO is 26% of the US\$ 33.7 million invoiced. The AG noted that payments may take additional time due to the impact of the changes described above.

### **High-Level Implementation Plan (HLIP) implementation**

12. The PC High-Level Implementation Plan III (HLIP III) outlines how the PC funds are to be used to improve global pandemic preparedness during 2024–2030.
13. The Secretariat informed the AG that implementation for the first eighteen months of the 2024-2025 biennium was on target, with implementation ranging from 64-71% across the four outputs of HLIP III. The Secretariat presented recent implementation highlights and stories from the field, the PIP Focal Points for the Regional Offices of the European and Western Pacific Regions presented progress and challenges on implementing PIP activities in their regions, and WHO Headquarters provided an update on initiatives in burden of disease studies.
14. The Secretariat summarised the HLIP III operational planning process for the upcoming 2026-27 biennium. Country, regional and global biennial workplans were developed and reviewed by the Partnership Contribution Independent Technical Expert Mechanism (PCITEM) meeting in October 2025. The workplans for 2026-27 are currently being finalized for commencement of activities in January 2026.
15. The Secretariat informed the PIP AG that extraordinary supplementary funding will be provided from PC funds to ensure the continuity and functioning of certain GISRS activities in 2026-27. A draft plan has been developed, with funding to be provided to support the Shipping Fund Project, the provision of reagents if the International Reagent Resource ceases operation and the Vaccine Composition Meetings.
16. The AG noted the challenges in the implementation of HLIP III activities at the regional and country level due to the loss of funding and technical support from other partners, as well as the austerity measures required within the Organisation because of the US withdrawal from WHO. The AG recognised that the PIP PC remains a reliable source of funding, and that efforts have been made to prioritise HLIP III activities to ensure the continuation of effective pandemic influenza preparedness in the current landscape.
17. The AG noted the management response provided by the Secretariat to the independent external evaluation of the High-Level Implementation Plan II.
18. The AG appreciated receiving updates from all regions and implementing areas in headquarters in their meeting packages. The AG acknowledged the importance of vaccine

uptake and public health and social measures in pandemic influenza response and request that more details on this component be provided during future AG meetings.

**PC Formula: update on methodology to acknowledge nature of PC contributors**

19. At their March 2025 meeting, the AG recommended that the Secretariat explore the feasibility of developing a methodology to recognize the different nature of PC contributors, in line with PIP Framework Section 6.14.3.
20. The Secretariat updated the AG that they hired a consultant to assess whether the current PC Formula's metric (sales) gives adequate recognition to different business models, specifically non-profit and for-profit models. If this assessment finds that the current PC Formula does not reflect the nature of the different PC Contributors, the next step would be for the consultant to develop a reasonable "multiplier" that could be applied to companies that meet the definition of nonprofit. A proposal will be developed with a view to sharing and discussing it with the industry associations.
21. The AG appreciated the staged approach of assessing first whether there is a difference between contributors' business models and if the current PC Formula equitably reflects such difference. The AG also noted that the methodology is not intended to result in a revision to the current PC Formula, or the current metric used. The AG looks forward to seeing the outcome of this process, which they note will include stakeholder consultation. .

**Update on PIP Framework Readiness Project**

22. The Secretariat updated the AG on the PIP Framework Response Readiness Project which aims to ensure the PIP Framework response benefits are ready to be operationalized at the time of an influenza pandemic. Updates included that the development of the high-level implementation plan for use of PIP PC Funds for pandemic influenza response is ongoing, the PIP Products Dashboard is live and being routinely used and the process to establish the Country Recipient Agreements is underway. A PIP Response Benefits SharePoint Page is to be developed to share pertinent information about the operations of the PIP benefits with WHO management.
23. The Secretariat summarised a simulation exercise (SimEX) conducted in September 2025 to assist with the development of the Global Allocation Framework for Pandemic Influenza Medical Countermeasures and the Operational Strategy more widely.
24. The AG welcomed these updates and was pleased that a practical, collaborative mechanism like a SimEX has been used in the development of the global allocation framework. The AG noted that the insights gained from the SimEX are to be integrated into the Global Allocation Framework.

**SMTA2 update**

25. Standard Material Transfer Agreements 2 (SMTA2) are legally binding agreements through which WHO secures real-time access to specific percentages of future production of pandemic response products from non-GISRS recipients of PIP Biological Materials.
26. The Secretariat updated the AG that that they signed two new SMTA2s with academic and research institutes, that there are five ongoing negotiations with vaccine or antiviral manufacturers, and nine ongoing negotiations with academic and research institutes that have

recently received PIP Biological Materials. The Secretariat have also contacted eight new manufacturers of other pandemic products.

27. Each SMTA2 concluded with manufacturers of pandemic influenza products needs be reviewed at least every four years, and the Secretariat updated the AG on the review process for those SMTA2s that are currently in progress. A joint meeting was held with these SMTA2 signatories to discuss the proposed changes and to outline the process of the review.

### **Engagement with Diagnostic Sector**

28. The Secretariat updated the AG on activities conducted to improve engagement with the diagnostic sector. This included interviews with key opinion leaders from diagnostic companies, a review of the influenza A(H5N1) SimEX for feedback on the use of diagnostics and working with the WHO Health Technology Access Program to support a tech transfer for an influenza and COVID assay.
29. The AG welcomed the summary from these activities and recognised that the model for engagement with diagnostic companies requires a singular approach. The AG suggests that the feedback from these activities be used in the development of the engagement strategy for the diagnostic sector.

### **Advancing the AG work on handling GSD under the PIP Framework**

30. The Secretariat provided a summary of previous AG work on the handling of Genetic Sequence Data (GSD) under the PIP Framework. This matter was last discussed at the AG meeting in March 2021 and then paused due to the COVID-19 pandemic.
31. As a continuation of the AG work on GSD, the Secretariat presented a pragmatic approach whereby existing provisions in the PIP Framework can be used by WHO to address benefit-sharing from the use of IVPP GSD. Advance supply agreements could be concluded with all influenza product manufacturers, not just recipients of PIP Biological Materials, for commitments to provide future pandemic influenza vaccines and other pandemic response products to WHO.
32. The AG noted the importance of GSD, including the increased recognition of access and benefit-sharing for GSD in other international fora, as well as the rapid technological advancements potentially leading to influenza products being produced using only IVPP GSD. The AG also noted that the suggested approach would contribute to promoting the PIP Framework's principle of equal footing between access to IVPP GSD, and benefit-sharing from its use.
33. The AG suggested that WHO proceeds with the proposed approach to engage with manufacturers that use IVPP GSD to conclude an advance supply agreement to provide access to future pandemic influenza vaccines.

### **34. *Recommendation to the Director General***

*The AG recognises the continuously evolving landscape, including developments at WHO and in other international fora, related to the sharing of benefits from the use of GSD, as well as the rapid advancements of technology.*

*With a view to further promoting the PIP Framework's foundational equal footing principle, the AG recommends that the Director-General proceed with identifying and approaching*

*relevant new pandemic product manufacturers, including those that use IVPP GSD, to enhance WHO's predictable and timely access to medical countermeasures at the time of a future influenza pandemic.*

### **Influenza circulation and virus sharing**

35. The WHO Global Influenza Programme (GIP) provided an overview of the sharing of PIP Biological Materials as recorded in the Influenza Virus Traceability Mechanism (IVTM) for the reporting period of 1 September 2024 to 31 August 2025 and on the recent human cases of zoonotic influenza H5 viruses, including avian influenza A(H5N1) viruses.
36. There were 106 human cases of infection with an IVPP reported from five countries, with most of these being influenza A(H5N1) cases from the United States of America and influenza A(H9N2) from China. The AG noted that for most of these IVPPs, the originating country of the National Influenza Centre (NIC) was in the same country as the WHO Collaborating Centre. The AG was concerned that this could limit the onward sharing of IVPPs and suggested that WHO consider whether the 2017 guidance on sharing IVPP under the PIP Framework need to be updated so that in the instance where the NIC and Collaborating Centre are in the same country, the virus is shared with an additional Collaborating Centre not in that country.
37. The AG was reassured that the tracking and sharing of PIP Biological Materials, as well as shipping of candidate vaccine virus and IVPP continued during the recent reporting period.
38. The AG noted that the global public health risk of influenza A(H5N1) viruses remains low, but that the evolving epidemiological situation of influenza A(H5N1) remains a concern. The AG requested that GIP provide a more critical assessment of readiness for an influenza H5 pandemic at the next AG meeting, considering the current situation.

### **GISRS operations and sustainability**

39. Representatives from GIP and from GISRS both presented to the AG on the challenges in GISRS operations due to recent funding restrictions. They both stressed the importance of GISRS continuing to be a well-functioning and sustained global surveillance system for risk assessment and pandemic preparedness, and that GISRS is central to the optimal functioning of pandemic influenza surveillance and response.
40. Since the freeze of US CDC funds to GIP and the subsequent funding gap for shipping virus materials, GISRS Representatives indicated that some NICs have since sent shipments to the WHO Collaborating Centre at the US CDC. GIP updated the AG that the US CDC does and is expected to continue to fulfil its WHO CC Terms of Reference through January 2026, following which the continued arrangement with GISRS is uncertain.
41. GISRS representatives reported that the activities that are currently underfunded include the Shipping Fund Project, access to reagents, the semi-annual WHO Consultation on the Composition of Influenza Virus Vaccines, the Working Groups for the Molecular Detection and Subtyping of Influenza Viruses and the use of Next Generation Sequencing in GISRS and on Surveillance of Antiviral Susceptibility of Influenza Viruses for GISRS and other technical meetings. GIP gave an overview of the measures they have taken to support the continuity of GISRS, including attempts to bridge the funding gap for the virus sharing with

WHO Collaborating Centres. Despite these adjustments, GISRS Representatives reported that there was a 34% reduction in shipments for this period.

42. The AG agreed that the uncertainty on whether the US CDC will continue to function as a WHO Collaborating Centre from 2026 is a great concern. GISRS representatives confirmed that some of the tasks, but not all, performed at the US CDC can be conducted at other Collaborating Centres if supported to do so. However, the functions of the International Reagent Resource would not be able to be covered if it were to cease operations.
43. The AG was also concerned with the report that the number of virus shipments from National Influenza Centres (NICs) to GISRS Collaborating Centres (CCs) in the recent reporting period (n=168) was less than the preceding reporting period (n=256).
44. The AG acknowledged the overall funding and logistic challenges faced by GISRS. With respect to the current urgent issues, the AG supported the Secretariat's plan to provide supplementary PC funding to ensure the continuity of critical GISRS functions in 2026-27.
45. At the same time, the AG further emphasized the need for a longer-term strategy to ensure GISRS sustainability beyond this timeframe. This includes exploring new and innovative ways of working and diversifying funding sources to address the current uncertainty in the operations of the GISRS and promoting its sustainability. The AG also strongly suggested that GISRS members proactively advocate the importance of the network to their national governments, emphasising its role in national and global health security.

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

*The AG reiterates that the objective of the PIP Framework is to improve and strengthen pandemic influenza preparedness and response and that this requires a well-functioning and efficient GISRS*

*The AG recommends that the Director-General develop and implement appropriate, timely and stepwise measures to improve and strengthen the functioning of GISRS, so it can continue to perform its operations efficiently and remain sustainable in the changing financial and technical environment. The AG requests that the Director-General provide updates on the implementation of this recommendation at its next meeting.*

*The AG also recommends that the Director-General urge relevant Member States with GISRS laboratories to consider taking 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.*

**Consultation with Stakeholders**

47. The Chair of the PIP AG welcomed stakeholders and provided an update on the AG's work during the meeting.
48. The Director of the Department of Epidemic and Pandemic Threat Management welcomed the participants to the stakeholder consultation and thanked everyone for their ongoing support to the PIP Framework. She provided clarification regarding the use of interest funds derived from the PC Response funds to support staff and activities related to pandemic preparedness at WHO during this extraordinary period. She emphasised that none of the PC Contributions paid by contributors and set aside for pandemic influenza response has been used.

49. The Secretariat provided an update on the collection of PC funds, implementation of the first eighteen months of HLIP III, development of workplans for the HLIP III 2025-26 biennium including feedback of the PCITEM meeting, the management response to the evaluation of HLIP II and SMTA2 negotiations and reviews.
50. Staff from the WHO Internal Oversight Services (IOS) provided a presentation on the WHO's internal control and oversight framework and the Secretariat provided a demonstration of the Programme Budget Web Portal in response to previous stakeholder questions on accounting and transparency in the use of PIP PC Funds.
51. In their presentation, IFPMA/BIO acknowledged, with thanks, the changes to the PC amount and formula and the reprioritisation of PC funds to GISRS. They also indicated that they remain committed to improved pandemic influenza preparedness and response through the WHO Pandemic Agreement and PABS negotiations. They appreciated the presentation from the IOS but reiterated their concern about the utilisation of funds and the ability to clearly trace the impact of the PC at country level. They advocated that the interest funds should be subject to the same rules for disbursement as the PC response funds.
52. A representative from Third World Network (TWN), in their presentation, also supported the reprioritisation of PC funds to GISRS for activities that align to the PIP Framework. They raised questions about the steps being taken to recover unpaid PC contributions and whether all content of SMTA2 could be more transparent.
53. The AG thanked the stakeholders for their interactions and for the open discussions. The AG acknowledged the stakeholders' concerns regarding the transparency of the utilisation of funds and the request for more granularity on the impact of such funds. The AG recognized that PC funds often contribute to supporting or maintaining capacities and that, consistent with the objective that PC funds supplement other funds, PIP funded activities often receive technical and financial support from national governments and other donors, making it difficult to assess the direct impact of PC funds. The AG encouraged ongoing engagement between stakeholders and the Secretariat, to continue improving stakeholders' understanding of all the tools available to them to monitor financial implementation.

#### **Next AG meeting**

54. The next meeting of the AG is to be held during the week of 20 April 2026.

**Meeting of the Pandemic Influenza Preparedness Framework Advisory Group  
21-24 October 2025  
List of Advisory Group participants<sup>2</sup>**

**Dr Farida Ismail Al Hosani**, Deputy CEO, Global Institute for Disease Elimination (GLIDE), United Arab Emirates

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

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

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

**Dr Anne Margareta von Gottberg**, Lead, Laboratory, Centre for Respiratory Diseases and Meningitis, Johannesburg, South Africa

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

**Dr Gulay Korukluoglu**, Professor, Department of Microbiology of Health Sciences University, Ankara City Hospital, Türkiye

**Dr Howard Njoo**, Former Deputy Chief Public Health Officer, Public Health Agency of Canada, Ottawa, Canada

**Dr Mbayame Ndiaye Niang**, Scientific Researcher, Institut Pasteur de Dakar, Senegal; 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**, Department of Public Health, Finnish Institute for Health and Welfare, Helsinki, Finland

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

**Dr Muhammad Tariq**, Associate Professor of Practice, National University of Sciences & Technology, Islamabad, Pakistan

**Dr Enrique Tayag**, Former Head of the Department of Health, Public Health Services Cluster, Philippines

**Dr Sonam Wangchuk**, Health Specialist, Royal Centre for Disease Control, Ministry of Health, Bhutan

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

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<sup>2</sup> Dr Roberto Eduardo Arroba Tijerino (Costa Rica) and Dr Vivi Setiawaty (Indonesia) were unable to attend.



**Meeting of the Pandemic Influenza Preparedness Advisory Group  
21-24 October 2025  
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 Anne Margareta von Gottberg (South Africa)
- Dr Rhoda Wanyenze (Uganda)

**Americas**

- Prof J. Peter Figueroa (Jamaica)
- Dr Howard Njoo (Canada)

**Eastern Mediterranean**

- Dr Mohammad Mehdi Gouya (Iran)
- Dr Farida Al Hosani (United Arab Emirates)
- 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)

**Western Pacific**

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

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:

<b>Name</b>	<b>Interest declared</b>
Dr Anne von Gottberg	Research Support, Public Position

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.

**Meeting of the Pandemic Influenza Preparedness Framework Advisory Group  
21-24 October 2025  
Agenda**

1. Welcome remarks
2. Declarations of Interest
3. Adoption of agenda
4. Adoption of the Pandemic Agreement and PABS negotiations
5. SMTA2 update
6. Partnership Contribution Update
7. PC Formula: update on methodology to acknowledge nature of PC contributors
8. Influenza virus sharing, including H5N1
9. GISRS operations and sustainability
10. Interactions with GISRS representatives
11. Consultation with Stakeholders
12. Advancing the AG work on handling GSD under the PIP Framework
13. Update on PIP Framework Readiness Project
14. Development of AG 2025 Annual Report
15. Engagement with Diagnostic Sector
16. Close of meeting

**Meeting of the Pandemic Influenza Preparedness Framework Advisory Group  
21-24 October 2025  
List of Participants**

**GISRS representatives<sup>3,4</sup>**

- 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 Ndongo Dia, Respiratory Viruses group Research, Department of Virology, Pasteur Institute of Dakar, Senegal
- Dr Ruth Harvey, Deputy Director, Worldwide Influenza Centre, The Francis Crick Institute, London, UK
- Dr Jude Jayamaha, Head, National Influenza Centre, Department of Virology, Medical Research Institute, Colombo 8, Sri Lanka

**Civil society organizations<sup>2</sup>**

- Sangeeta Shashikant, Third World Network (TWN)
- Yassen Tcholakov, World Medical Association (WMA)
- **Manufacturers and industry associations<sup>2</sup>**
- Paula Barbosa, IFPMA
- Chloe Cross, GSK
- Marciela DeGrace, AstraZeneca
- Alan Embry, Moderna
- Praneel Jadav, BIO
- Kathleen Kaas Leach, Sanofi
- Aila Marini, Developing Countries Vaccine Manufacturers' Network (DCVMN)
- Aaron Thomas Rak, Sanofi
- Simon Schmid, F. Hoffmann-La Roche Ltd.
- Norihito Ueda, Daiichi Sankyo
- Emily Wheeler, BIO

- **WHO Staff<sup>5</sup>**

***WHO regional offices***

**AFRO**

- Lionel Nizigama, AF/RGO/EPM

**AMRO**

- Maria Clari Yaluff, AM/PAHO

**EMRO**

- Amal Barakat, EM/RGO/WHE

**EURO**

- Michala Hegermann-Lindencrone, EU/RGO/WHE/EPM

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3 Participated in relevant technical sessions of the meeting.

4 Participated in the 22 October 2025 consultation with stakeholders

5 Participated in some or all of the meeting.

**SEARO**

- Pushpa Ranjan Wijensinghe, SE/RGO/WHE/EPM
- Ashtok Basnet, SE/RGO/WHE/EPM

**WPRO**

- Belinda Herring, WR/RGO/WHE

**WHO headquarters**

- Esther Awit, HQ/WHE/EPM/PIP
- Jennifer Barragan, HQ/WHE/EPM/PIP
- Luisa Beloni, HQ/WHE/EPM/PIP
- Supriya Bezbaruah, HQ/WHE/CRS/CRR
- Ioana Ghiga, HQ/WHE/EPM/MCM
- Shoshanna Goldin, HQ/WHE/EPM/MCM
- Sarah Hess, HQ/WHE/EPM/PIP
- Poonam Huria, HQ/WHE/EPM/PIP
- Anne Huvos, HQ/WHE/EPM/PIP
- Sandra Jackson, HQ/WHE/EPM/GIP
- Fiona Kee, HQ/WHE/EPM/PIP
- Olga Kim, HQ/WHE/EPM/PIP
- Sasha Kontic, HQ/WHE/EPM/PIP
- Jianfang Liu, HQ/WHE/EPM/PIP
- Claudia Nannini, HQ/DGO/DGD/LEG
- Sergejs Nikisins, HQ/WHE/EPM/GIP
- Razieh Ostad, HQ/MHP/EPQ/REG/RSS
- Dmitriy Pereyaslov, HQ/WHE/EPM/GIP
- Kate Rawlings, HQ/WHE/EPM/PIP
- Magdi Samaan, HQ/WHE/EPM/GIP
- Olla Shideed, HQ/WHE/EPA
- Maria Van Kerkhove, HQ/WHE/EPM
- Yanun Wu, HQ/WHE/EPM/GIP
- Wenqing Zhang, HQ/WHE/EPM/GRT