

MEETING OF THE PANDEMIC INFLUENZA PREPAREDNESS FRAMEWORK ADVISORY GROUP

12-16 October 2020 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 12-16 October 2020.
2. Due to the COVID-19 pandemic, the March 2020 meeting was cancelled. The decision to hold this meeting virtually was due to the continuing pandemic. The virtual nature of the meeting resulted in a significantly reduced agenda.
3. As a result of the COVID-19 pandemic, the AG had not met for a year. Given that, three technical briefings were held with the AG on: 1) 2 September 2020, *The World Health Assembly and Engagement with the Influenza Diagnostics Sector*, 2) 2 October 2020, *Access to COVID-19 Tools Accelerator (ACT-A)*, and 3) 9 October 2020, *COVID-19 and Influenza Virus Sharing*.
4. Of the 18 members of the AG, a total of 17 members participated in the virtual meeting. Between 15 and 17 members participated in each day of the meeting. The list of AG members who participated in the meeting is available at Annex 1.
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. The agenda of the AG meeting was adopted and is available at Annex 3.
7. The Chair informed the AG that observers from the WHO Global Influenza Surveillance and Response System (GISRS) would attend the Tuesday through Thursday sessions of the PIP Framework meetings.¹ 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).
8. In accordance with its standard practice, the AG convened a consultation with stakeholders on 15 October 2020. The list of participants in the AG meeting and consultation is available at Annex 4.

¹ See http://www.who.int/influenza/gisrs_laboratory/GISRS_representation_20171010.pdf

Implementation of recommendations from the October 2019 meeting

9. As in prior meetings, the Secretariat prepared and shared a document that described actions taken based on the recommendations from the last AG meeting in October 2019.

PIP Advisory Group 2019 Annual Report to Director-General

10. The AG's 2019 Annual Report to the Director-General was completed in late August 2020, using the concise format developed for its 2018 report, and submitted to the Director-General in early September. The report was accepted by the Director-General and has been uploaded to the PIP webpage.

Update on implementation of Decision WHA72(12)

11. The Secretariat briefed the AG on Decisions EB146(19) and WHA73(14), as well as the status of implementation of Decision WHA72(12).
12. The Secretariat informed the AG that it had developed three draft reports which were submitted to WHA73 to address Decision WHA72(12), operative paragraphs 1(a)-(e), engaging, as necessary, with key partners including Member States, GISRS, the Secretariat of the Convention on Biological Diversity (CBD), and relevant stakeholders, e.g. manufacturers, civil society organizations, databases, and initiatives. Following publication of the draft reports, the Secretariat opened a public consultation that was extended through the end of June 2020.
13. In August 2020, the Seventy-Third World Health Assembly adopted Decision WHA73(14) on the influenza preparedness agenda item. WHO is continuing to work on Decision WHA72(12) and determine the next steps in addressing the requests of the World Health Assembly.
14. Decision WHA73(14) notes the release of WHO's Global Influenza Strategy 2019-2030 and outlines key activities for the Director-General to support Member States to enhance influenza preparedness and response.
15. The Secretariat will share with the AG the draft report under WHA72(13) as soon as possible. The AG will determine if they would like a technical briefing on this topic and associated next steps.

Current status and impact of COVID-19

16. The Secretariat provided presentations on the current status of influenza viruses with pandemic potential (IVPP) sharing and the implementation of the Influenza Virus Traceability Mechanism 2 (IVTM 2).

17. While the sharing and shipping of IVPP has been disrupted by the COVID-19 pandemic, both processes have moved forward. The current pandemic has disrupted transportation and flow of materials. The reduction in the overall number of detections of IVPP also led to some reductions in the absolute number of viruses shared compared to earlier years. There continue to be issues related to timeliness of sharing and the Secretariat investigates these cases in detail.
18. The implementation of the IVTM 2 proceeded according to schedule. It was launched in June 2020 and contains many updated features including a more comprehensive approach to data quality, an improved search function, and automated administrative reporting.
19. GISRS representatives presented their observations related to influenza virus sharing during the pandemic. The reporting of zero influenza in some areas was felt to reflect the impact of the non-therapeutic actions taken in response to SARS-CoV-2 and not a result of lower levels of testing. In addition, it was pointed out that the data for understanding viral competition is not yet available. GISRS representatives noted that the sharing of candidate vaccine viruses (CVVs) has been working.
20. Additionally, the AG was informed that GISRS has made some progress on developing standard approaches to the sharing of seasonal influenza viruses that address some specific countries' processes and procedures related to access and benefit sharing (ABS).
21. The AG commends the Global Influenza Programme (GIP) and GISRS for their vigilance in working to maintain influenza surveillance. Their efforts to remind, encourage, and support influenza surveillance during this COVID-19 pandemic crisis have been critical. In addition, it is clear that efforts to strengthen influenza pandemic preparedness have played a role in countries' abilities to respond to the COVID-19 pandemic. GISRS has demonstrated its critical value in the COVID-19 pandemic response, showing its technical strength and flexibility. The importance of these synergies between pandemic influenza preparedness and COVID-19 response can inform future pandemic preparedness efforts.
22. The AG notes the important role the GISAID Initiative has played in the rapid and trusted sharing of SARS-CoV-2 sequences.
23. The AG notes that influenza viruses, both seasonal and IVPP, continue to be persistent and real public health threats. Although the sharing of influenza viruses has continued, it has been disrupted in some countries by the pandemic and public health choices. In some countries lack of resources and/or political decisions have hindered or halted influenza virus sharing.
24. The AG acknowledges that multiplex tests for influenza and SARS-CoV-2 offer the opportunity to conduct a streamlined approach to sentinel surveillance for these two viruses. The AG encourages WHO to mobilize appropriate resources to support countries in accessing and utilizing influenza and SARS-CoV-2 multiplex tests for sentinel surveillance.

Recommendation on the current status and impact of COVID-19:

25. *The AG recommends that the DG:*

- a) *Continue to champion 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) *Continue to support the strengthening of regional influenza surveillance, including virus sharing, addressing specific regional issues and considerations and involving all regional partners.*

Partnership Contribution (PC)

26. It was reported to the AG that the 2020 contributions received as of 15 October 2020 are 52 percent of the invoiced amount of US\$ 28 million. The AG expressed its appreciation for these contributions.

Possible adjustment to the PC formula

- 27. The Secretariat presented a suggested adjustment to the current calculation of the Partnership Contribution. The proposal would potentially simplify the process for contributors to determine their average annual influenza products sales.
- 28. The AG endorsed the Secretariat's plan to consult with industry regarding the proposed adjustment to the current PC formula which could address ongoing issues related to the predictability of contribution amounts and invoice/payment timeliness.

Strengthening WHO's engagement with the diagnostics sector

- 29. The Secretariat provided a presentation on the diagnostics sector building on the concept note and the presentation made during the 2 September 2020 technical briefing as well as additional new information.
- 30. The AG was informed that the participation of the diagnostics sector in the PC and SMTA2s does not appear to reflect the sector's level of activity in developing influenza products and utilizing GISRS. Several potential reasons were discussed for this including the nature of the diagnostic sector, the historical focus of WHO on the vaccine manufacturing sector and the diagnostic sector's lack of familiarity with the PIP Framework.

Recommendation on strengthening WHO's engagement with the diagnostics sector

31. *The AG recommends that the DG engage with the diagnostics sector in an effort to improve and deepen understanding of the sector's role, responsibilities, and expectations under the PIP Framework and to ensure a transparent and equitable approach to access and benefit sharing. The AG would be pleased to assist the Secretariat in this effort.*

Updating the Partnership Contribution

32. In addition to the minor PC formula adjustment mentioned above, the AG also continued to discuss an update to the overall level of the contribution through the use of an inflationary factor. Due to the complexity of these issues and the COVID-19 pandemic, progress on these topics has not advanced rapidly. At this time, there is also the emergence of new vaccine technologies, therapeutic approaches, and diagnostic capacities which might result in significant changes in the overall industry which may have a bearing on the approach to the PIP PC.
33. The AG recognizes the importance of having a clear, equitable and transparent PC formula which also addresses the changes in overall costs with time. The AG plans to discuss this cluster of issues and the possible way forward, including the roles of all sectors in the PC, at its next meeting.

HLIP II Implementation

34. The Secretariat provided a presentation on the status of the Partnership Contribution High-Level Implementation Plan (HLIP) II during the COVID-19 pandemic.
35. The AG notes that capacity-building efforts supported by the PC through HLIP II have contributed to the overall response to the COVID-19 pandemic by strengthening important components of preparedness, e.g. regulatory capacity, sentinel surveillance systems, and training. Likewise, the crisis response mobilized by the COVID-19 pandemic has catalysed certain elements of preparedness, e.g. rapid efforts to expand infrastructure (polymerase chain reaction (PCR) machines, equipment, etc).
36. The COVID-19 pandemic has also hindered influenza preparedness with the disruption of travel and supply chains, as well as by overburdening national health systems' and WHO's human resources. This is seen in reduced influenza reporting and implementation of the HLIP II. The overall implementation of the HLIP II is advancing but more slowly than originally planned with programmatic expenditures reduced.
37. The AG discussed the clear and important synergies between the work under the PIP Framework to prepare for an influenza pandemic and the response to the COVID-19 pandemic. Many of the response systems being used during the COVID-19 pandemic have been built and/or strengthened through PIP PC.
38. The AG discussed the potential for these obvious synergies to contribute to the strengthening of any future pandemic preparedness systems whether for influenza, COVID-19, or other acute respiratory virus illness

39. Looking to the future, the AG observed that we are still in a turbulent period. Once through this period, it will be critical to analyse the interactions between influenza preparedness and the response to the COVID-19 pandemic, identifying opportunities (e.g. linking sentinel surveillance approaches, addressing regulatory obstacles, etc.) that could result in stronger global pandemic preparedness systems. There are also other ongoing processes in WHO that will contribute to this process.

Update on Partnership Contribution – HLIP II Mid-Term Review

40. The AG was reminded that the HLIP II Mid-Term Review (MTR) is called for at the midpoint of HLIP II's six-year period. The HLIP II has been approved by the DG for the period 2018-2023.
41. The AG discussed the need for the MTR and its relationship to a future gaps and needs analysis which would inform the design of HLIP III. Given the COVID-19 pandemic, the AG believes that a modified, targeted, and pragmatic MTR would be more appropriate.
42. The AG requested that the Secretariat postpone work on the gaps and needs analysis, and prepare a roadmap for this activity and plan for the HLIP II and HLIP III at the next AG meeting in March 2021.

Recommendation for the HLIP II Mid-Term Review

43. *The AG recommends the DG proceed with a streamlined HLIP II Mid-Term Review focusing on the hindrances and necessary mid-course adjustments to the programme with a goal of completing this report in the first six months of 2021.*

Consultation with Stakeholders

44. The Director of WHO's Global Infectious Hazards (GIH) Department welcomed stakeholders, thanked them for their ongoing engagement and support, and discussed the importance of their efforts in strengthening influenza pandemic preparedness which has played an important role in the COVID-19 response.
45. The AG welcomed stakeholders, thanked them for ongoing contributions, and provided a brief update on their work.
46. The International Federation of Pharmaceutical Manufacturers and Associations (IFPMA) and Biotechnology Industry Organization (BIO) presented the status of their proposed revised PC formula, reactions to the implementation of Decisions WHA72(12) and WHA73(14), and ongoing concerns of the impact of ABS approaches on sharing of influenza viruses.
47. 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 141,000 genome sequences have been shared.

48. The Secretariat provided a presentation which covered: an update on Decisions WHA72(12) and WHA72(13), an update on HLIP II implementation including two regional reports (from the Regional Office for Africa and the Regional Office for the Western Pacific), and an update on work in the area of strengthening regulatory capacity.
49. The Third World Network (TWN) provided the following comments:
- a) During the COVID-19 pandemic, the equal sharing of access and benefits does not appear to be occurring. While GISAID's presentation demonstrated sharing of virus sequences, several examples that demonstrate the lack of equitable access to drugs and, potentially, vaccines between developed and developing nations were mentioned (e.g. remdesivir). A large group of Civil Society Organizations (CSOs) have signed a letter to be sent to all WHO Member States to point out their concerns regarding vaccine access.
 - b) While equitable distribution is mentioned in the COVAX Facility where the Coalition for Epidemic Preparedness Innovations (CEPI) is playing a role, the terms of vaccine agreements are not visible. Transparency and accountability are essential to address the equity issue.
 - c) Given the current experiences, it is clear that there is a need for a broad framework to address concerns related to fair and equitable access.
 - d) A question was raised regarding regulatory issues and the approval of generic medications.
 - e) TWN stated that they were not aware of the open comment period for the Secretariat reports developed in response to WHA72(12) and they would like to submit comments. The Secretariat indicated that their comments would be welcome.
 - f) Clarifications were requested regarding WHA73(14) and the resumed WHA73 in November.
50. In the discussions that occurred throughout the session, industry raised the following points:
- a) Both the Developing Countries Vaccine Manufacturers Network (DCVMN) and AdvaMedDX indicated that their organizations have not endorsed the current IFPMA/BIO proposed new PC formula. DCVMN indicated that additional discussions were needed to consider the equity and fairness of a new formula for developing country manufacturers.
 - b) AdvaMedDX indicated that the diagnostic industry has been engaged with the PIP Framework and looks forward to deepening that engagement with further discussions.
 - c) The COVID-19 pandemic is demonstrating that GISRS is the backbone of response and is showing the interconnectivity of these two respiratory pathogens (SARS-CoV-2 and influenza). Within this context, industry raised the question: How does WHO see GISRS evolving? The Secretariat responded that WHO is currently exploring how GISRS' influenza work can continue to serve the COVID-19 pandemic and potentially other respiratory viruses (such as respiratory syncytial virus, which is currently tracked by GISRS), while continuing to strengthen its essential role with influenza viruses.
 - d) A question was raised regarding how the regulatory work under HLIP II relates to WHO's country readiness and delivery work related to COVID-19 vaccines within the COVAX pillar. WHO indicated that the lessons learned through HLIP II implementation and the influenza pandemic (2009) are being used to improve regulatory preparedness for

COVID-19 vaccine deployment. WHO is particularly focused on streamlining regulatory approval processes specifically for emergency situations and ensuring regulatory import controls and release of vaccines do not pose undue barriers to accessing any assured quality vaccine that is deployed.

Next steps

51. The next PIP Advisory Group meeting will be held the week of 22 March 2021.

**Meeting of the Pandemic Influenza Preparedness Framework Advisory Group
12-16 October 2020**

List of Advisory Group participants¹

Professor Chris Baggoley, Former Chief Medical Officer, Australia

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

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

Dr Hamad El-Turabi, 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 (Chair), Former Vice President, Research and Science, The Pew Charitable Trusts; former Assistant Secretary, State Department, United States of America.

Professor Raymond LIN Tzer Pin, Director, National Public Health Laboratory, National Centre for Infectious Diseases, Ministry of Health, Singapore

Dr Cuauhtémoc Mancha, Former Deputy Director-General of Preventive Programs, National Center for Preventive Programs and Disease Control (CENAPRECE), Ministry of Health, Mexico

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

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, Deputy Director General of Public Health, Ministry of Health, Sri Lanka

Dr Huma Qureshi (Vice-Chair), Executive Director, Pakistan Medical Research Council, Pakistan

Professor Mahmudur Rahman, Former Director, Institute of Epidemiology, Disease Control and Research (IEDCR) & National Influenza Centre, Bangladesh

¹ Dr Jane Ruth Aceng (Uganda) was unable to attend.

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

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

**Meeting of the Pandemic Influenza Preparedness Advisory Group
12-16 October 2020**

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) strengthening WHO's engagement with the influenza Diagnostics sector, and d) 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 Janneth Maridadi Mghamba (United Republic of Tanzania)

Americas

- Dr Elizabeth Ferdinand (Barbados)
- Dr Kerri-Ann Jones (United States of America)
- Dr Cuauhtémoc Mancha-Moctezuma (Mexico)

Eastern Mediterranean

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

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 Paba Palihawadana (Sri Lanka)
- Professor 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:

Name	Interest declared
Dr Elizabeth Ferdinand	Former Civil Servant
Dr Sulaiman Al-Busaidi	Former Civil Servant
Professor Raymond LIN Tzer Pin	Former Civil Servant and affiliated with a GISRS laboratory
Dr Cuauhtémoc Mancha-Moctezuma	Former Civil Servant
Dr Richard Njouom	Affiliated with a GISRS laboratory
Dr Paba Palihawadana	Civil Servant
Dr Huma Qureshi	Former Civil Servant
Dr Liana Torosyan	Civil Servant
Professor John Watson	Former Civil Servant

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
12-16 October 2020**

Agenda

1. Welcome remarks
2. Declarations of Interest
3. Adoption of agenda
4. Any other business
5. Governance
 - Implementation of Decision WHA72(12)
6. Partnership Contribution
 - Update on Partnership Implementation and Collection
 - Update on HLIP II Implementation and Mid-Term Review
 - Possible Adjustment to PC Formula
7. Influenza Virus Sharing
 - Current status of influenza virus sharing and the impact of COVID-19
8. Strengthening engagement with the influenza diagnostics sector
9. Advisory Group consultation with industry and other stakeholders
 - Updates from Secretariat on PIP Framework implementation
 - Presentations from stakeholders
 - Discussion
10. Development of recommendations to the Director-General and Meeting Report
11. Next steps
 - Next meeting of the Advisory Group
 - Any other business
12. Close of meeting

**Meeting of the Pandemic Influenza Preparedness Framework Advisory Group
12-16 October 2020**

List of Participants

GISRS representatives^{1, 2}

- 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 organizations²

- Edward Hammond, Third World Network (TWN)
- James Love, Knowledge Ecology International (KEI)
- Nyambura Muroki, International Federation of Medical Students' Associations (IFMSA)
- Sangeeta Shashikant, Third World Network (TWN)

Databases & initiatives²

- Marie-Paule Kieny, GISAID Initiative
- Ilene Mizrahi, National Center for Biotechnology Information (NCBI)

Manufacturers and industry associations²

- Phyllis Arthur, Biotechnology Innovation Organization (BIO)
- Paula Barbosa, International Federation of Pharmaceutical Manufacturers & Associations (IFPMA)
- Matthew Downham, AstraZeneca
- Parichat Duangkhae, Government Pharmaceutical Organization (GPO)
- Thomas Hess, Medicago
- Aeron Hurt, F. Hoffmann-La Roche
- Sam Lee, Sanofi Pasteur
- Woonha Lee, SK bioscience
- Lyn Morgan Marsden, Sanofi Pasteur
- Susan Van Meter, AdvaMedDX
- Sonia Pagliusi, DCVMN International

¹ Participated in relevant technical sessions of the meeting.

² Participated in the 15 October 2020 consultation with stakeholders

- Ricardo Palacios, Instituto Butantan
- Monika Puri, F. Hoffmann-La Roche
- Joel Straus, Biotechnology Innovation Organization (BIO)
- Beverly Taylor, Seqirus
- Theodore Tsai, Takeda Vaccines

WHO Staff³

WHO regional offices

AFRO

- Belinda Herring, AF/RGO/WHE/IHM

AMRO

- Angella Smith, AM/PAHO

EMRO

- Abdinasir Abubakar, EM/RGO/WHE/IHM
- Lubna Al Ariqi, EM/RGO/WHE/IHP
- Amgad Elkholy, EM/RGO/WHE/IHM

EURO

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

SEARO

- Supriya Bezbaruah, SE/RGO/WHE
- Francis Inbanathan, SE/RGO/WHE/IHM
- Pushpa Wijesinghe, SE/RGO/WHE/IHM

WHO headquarters

- Claudia Alfonso, HQ/WHE/IHM/IPR/GIP
- 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
- Isabel Bergeri, HQ/WHE/IHM/IPR/GIP
- Sylvie Briand, HQ/WHE/IHM
- Alireza Khadem Broojerdi, HQ/MHP/RPQ/REG/RSS
- Christopher Chadwick, HQ/WHE/IHM/IPR
- Hitesh Chugh, HQ/WHE/IHM/IPR/PIP
- Razieh Ostad Ali Dehaghi, HQ/MHP/RPQ/REG/RSS
- Shoshanna Goldin, HQ/WHE/IHM/IPR
- Aspen Hammond, HQ/WHE/IHM/IPR/GIP
- Daniel Hougendobler, HQ/WHE/IHM/IPR/PIP

³ Participated in some or all of the meeting.

- Poonam Huria, HQ/WHE/IHM/IPR/PIP
- Anne Huvos, HQ/WHE/IHM/IPR/PIP
- Sandra Jackson, HQ/WHE/IHM/IPR/GIP
- Sasha Kontic, HQ/WHE/IHM/IPR/PIP
- Awandha Mamahit, HQ/WHE/IHM/IPR/GIP
- Marie-jo Medina, HQ/WHE/IHM/IPR/GIP
- Ann Moen, HQ/WHE/IHM/IPR
- Claudia Nannini, HQ/DGO/DGD/LEG/GBI
- Nam Nguyen, HQ/WPE/HSP/MHS
- Dmitriy Pereyaslov, HQ/WPE/GIH/GIP
- Gina Samaan, HQ/WHE/IHM/IPR/PIP
- Magdi Samaan, HQ/WHE/IHM/IPR/GIP
- Hiiti Sillo, HQ/MHP/REG/RSS
- Steven Solomon, HQ/DGO/DGD/LEG/GBI
- Niteen Wairagkar, HQ/WPE/GIH/GIP
- Wenqing Zhang, HQ/WHE/IHM/IPR/GIP