MEETING OF THE PANDEMIC INFLUENZA PREPAREDNESS FRAMEWORK ADVISORY GROUP

8-11 October 2019, GENEVA, SWITZERLAND

Report to the Director-General

Organization and process of the meeting


2. Of the 18 members of the AG, 17 were present. The list of AG members who participated in the meeting is available at Annex 1.

3. On behalf of the Director-General, the Director, Infectious Hazard Management (IHM) welcomed the AG members and reviewed recent PIP-related activities and achievements. The Director, IHM thanked the AG for its critical role in the continued success of the PIP Framework as a system for access and benefit sharing (ABS) underpinned by equity and solidarity.

4. Declarations of Interest were reviewed by the Secretariat and relevant interests were disclosed. The Statement of Declarations of Interest is available at Annex 2.

5. The AG welcomed a new member, Dr Elizabeth Ferdinand (Barbados).

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

7. Three representatives from the WHO Global Influenza Surveillance and Response System (GISRS) attended relevant technical sessions of the meeting in accordance with the arrangement for representation of GISRS at PIP Framework meetings. Two representatives came from WHO Collaborating Centres (CCs) and one representative from a National Influenza Centre (NIC).

8. In accordance with its standard practice, the AG convened a consultation with stakeholders. The list of participants in the AG meeting and consultation is available at Annex 4.

Implementation of Decision WHA72(12)

9. Prior to the AG meeting, WHO held a Webinar on Implementation of Decision WHA72(12) on 7 October 2019 at WHO headquarters, Geneva to provide an

1 See http://www.who.int/influenza/gisrs_laboratory/GISRS_representation_20171010.pdf
update on implementation of the Decision to stakeholders. Fifteen of the eighteen members of the AG attended.

10. WHO is developing a workplan to address Decision WHA72(12), OP1(a)-(e), engaging, as necessary, with key partners including Member States, WHO GISRS, the Secretariat of the Convention on Biological Diversity (CBD), and relevant stakeholders, e.g. manufacturers, civil society organizations and databases and initiatives. WHO is coordinating this work across the Organization to ensure consistency with implementation of Decision WHA72(13) on the Nagoya Protocol and Public Health (see “Implementation of Decision WHA72(13)” in this report).

11. WHO is undertaking several steps to implement Decision WHA72(12), OP2, which revises Annex 2, Footnote 1 of the PIP Framework.

12. The AG subsequently discussed its potential role related to WHA72(12) and WHA72(13). The AG will be pleased to serve as a source of technical feedback to WHO.

Implementation of the March 2019 PIP AG recommendations

13. The PIP Secretariat updated the AG on actions taken in response to the AG’s March 2019 recommendations to the Director-General.

The PIP Advisory Group Annual Report

14. The AG’s 2018 Annual Report covering the seven technical areas specified in the PIP Framework marked a transition to a more succinct format. The Annual Report was underpinned in large part by the twice-yearly PIP Framework Progress Reports, reports and briefings from the WHO Global Influenza Program (GIP) and the WHO GISRS, and the WHO Programme Budget Portal. The AG agreed to retain the concise format for its 2019 Annual Report.

Report from the STAG-IH

15. The Chair reported on her participation in the June 2019 meeting of the recently-formed Strategic and Technical Advisory Group for Infectious Hazards (STAG-IH). The AG underscored the importance of coordination between the multiple WHO advisory стратегическое техническое групп, which cover various aspects of

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5 See PIP Framework, Section 7.2.5 and Annex 3, Section 22.
seasonal and pandemic influenza and suggested that the Secretariat provide information to the AG on these different groups and their work related to influenza.

**Global Influenza Strategy for 2019-2030**

16. The AG was updated on the Global Influenza Strategy for 2019-2030. Development of plans for implementation of the Strategy and monitoring of outcomes is ongoing; monitoring indicators will draw on existing Partnership Contribution (PC) and GISRS metrics.

**Updating the Partnership Contribution**

17. Recommendation 23 of the 2016 PIP Framework Review Group’s final report, approved in Decision WHA70(10), stated that “the AG should consider updating the 2010 estimate of GISRS running/operating costs, as input to a revision of the PC formula calculation, in collaboration with industry, to facilitate the timely payment of PC, and its sustainability as a financing mechanism for implementation of the PIP Framework.”

18. In this regard the AG noted the following:
   a) The PC is a key element of the PIP Framework benefit-sharing system.
   b) The PC is used to support the implementation of the PIP Framework, including the Response Fund, the High-Level Implementation Plan (HLIP) II and operational support. It strengthens GISRS activities, focusing on capacity building and improving pandemic influenza preparedness. However, it is not used to pay directly for GISRS running costs.
   c) The value of the PC, developed in 2010, has been diminishing with time due to the cost of inflation.
   d) There is a need to develop a sustainable approach to the PC, recognizing the changes in overall costs over time, and using a transparent approach.
   e) A number of approaches have been considered based on the original estimated GISRS running costs. Precise estimations of the current GISRS running costs are challenging and resource-intensive to determine.
   f) Considering credibility, cost, reproducibility and workload, an approach based on some inflationary factor was seen as the most pragmatic.
   g) Through consultation with GISRS and economic research, the AG believes an appropriate inflationary approach can be identified.
   h) Engagement with GISRS, industry and other stakeholders during the process is critical.

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Recommendation to the Director-General on updating the Partnership Contribution

19. The AG recommends that the Secretariat develop options for a sustainable inflationary approach for updating the level of the PC. The updated level of PC should also consider the time elapsed since the establishment of the original estimated GISRS running costs (that determined the original PC); the trends in the influenza products market; and future program needs to achieve the PIP Framework objectives.

Update on virus sharing

20. WHO provided detailed information on virus sharing; delayed virus sharing issues were also discussed with GISRS representatives and during the consultation with stakeholders.

Influenza viruses with pandemic potential

21. The AG noted that the number of IVPP which were shared had decreased in recent years; however, the AG also noted that this corresponded to the decrease in the reported number of IVPP-related human infections.

22. The AG again noted that delays in the sharing of some IVPP (e.g. viruses categorized by countries as select agents or dual-use agents) is still related in part to the involvement of non-health sectors and attendant complex country-level procedures for import and export due to biosecurity concerns. Timely sharing is essential in order to have an early awareness of circulating influenza virus with pandemic potential.

23. The AG suggested that WHO continue to collect detailed information on the sharing of IVPP among GISRS institutions to more clearly assess the implementation of IVPP-sharing requirements within GISRS, as detailed in the Operational Guidance.10

Recommendation to the Director-General on the sharing of IVPP

24. In regard to IVPP, the AG recommends that during meetings with Member States and in other appropriate forums, the Director-General continue to highlight the importance of timely influenza virus sharing, and the need to address obstacles which result from processes and procedures in non-health ministries.

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Seasonal influenza viruses
25. As the effectiveness of pandemic influenza preparedness is linked to ongoing seasonal influenza activities, the AG was briefed on the sharing of seasonal influenza viruses.

26. Specific examples of delays in seasonal influenza virus sharing were presented to the PIP AG. While delays can be due to many causes, the specific examples presented appeared to be related to the implementation of national ABS legislation and regulations or the confusion surrounding these processes.

27. Based on reporting from GISRS representatives of specific examples of delays in seasonal influenza virus sharing, the AG noted that there was an increased number of these examples and that this continues to be an urgent matter of increasing concern.

28. With respect to Decision WHA72(12), OP1(a) on influenza virus sharing, the AG noted that it will take some period of time to systematically survey GISRS laboratories, industry and other partners; collect information on the challenges of influenza virus sharing; and develop the report.

Recommendation to the Director-General on seasonal influenza virus sharing
29. Given the relationship between pandemic influenza preparedness and seasonal influenza, the increasing delays in the sharing of seasonal influenza viruses, the need to respect national laws and regulations, and the timeline for the report requested in Decision WHA72(12), the AG recommends that the Director-General consider several interim actions as Member States await results of Decision WHA72(12).

Interim actions could include:
   a. continuing to champion the timely sharing of seasonal influenza viruses;
   b. encouraging WHO to address any confusion related to the sharing of seasonal influenza viruses and communicate and develop best practices throughout all levels of WHO;
   c. ensuring instances of delayed sharing and reasons therefore are as well-documented as possible by WHO; and
   d. sharing the documented instances of delays due to national legislation and regulations with relevant national policymakers.

Update on collection of the Partnership Contribution
30. The PIP Secretariat presented data on the status of the PC collection. As of 23 September 2019, the total amount received since 2012 was US$ 191,657,574. During 2013-2018, >97% of the US$ 28M PC has been collected each year.
31. Invoices for the 2019 PIP PC were issued on 22 July 2019; as of 23 September 2019, 35% of the US$ 28M had been received.

32. The AG was briefed on unpaid contributions for 2013-2019; ongoing efforts to collect these payments; and the small proportion of unpaid contributions that will not be pursued because a company incorrectly answered the PIP PC Questionnaire, did not have a licensed influenza product at the time of the invoice, or had left the influenza sector.

33. One company recently paid all its unpaid contribution for 2013-2019. The AG encouraged the Secretariat to continue its pursuit of companies with outstanding payments.

34. The AG expressed its appreciation for these detailed figures and offered suggestions to improve the clarity of the PC data tables.

**Update on implementation of the Partnership Contribution**

35. The AG was advised that the latest PIP Six-Monthly Progress Report 1 January 2018-30 June 2019 (i.e. 18 months cumulative), summarizing technical and financial implementation for HLIP II, is available on the web.\(^\text{11}\) The Secretariat highlighted a sample of HLIP II milestones and achievements and noted ongoing challenges, e.g. implementation in countries in emergencies and competition with other health priorities. The AG reiterated the importance of long-term sustainability of progress achieved through the PC.

36. The AG was advised that the PC Independent Technical Expert Mechanism (PCITEM) meets each biennium to review the projects submitted for PC funds use. The eight members provide scientific and technical guidance, and advice to support, improve and finalize the PC-funded work plans. PCITEM met from 1-2 October 2019 in Geneva; observers from industry and civil society organizations were invited to attend the open sessions.

37. The Secretariat is utilizing a variety of communication modalities to share information about PC implementation including the WHO Influenza Preparedness and Response (IPR) newsletter (influenza@who),\(^\text{12}\) web-based reports from WHO regions\(^\text{13}\) and the WHO Programme Budget Portal.

**Update on SMTA 2**

38. The Secretariat provided an update on its SMTA 2 negotiations. Of note, a 13th Category A SMTA 2 was concluded recently with KM Biologics.

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\(^{11}\) See https://www.who.int/influenza/pip/partnership_contribution/pip_progressreport_30jun2019.pdf.

\(^{12}\) See https://us8.campaign-archive.com/home/?u=c35eb4938c7246655f6384192&id=9e35448174.

\(^{13}\) See https://www.who.int/influenza/pip/partnership_contribution/stories/en/.
39. As SMTA 2s have been concluded with all the major manufacturers of pandemic vaccine, the Secretariat is working to initiate and conclude agreements with smaller manufacturers. In view of this, the AG reviewed and discussed the flexibility that the PIP Framework provides in Annex 2 to accommodate the differing nature and capacities of vaccine manufacturers making supply commitments to WHO. The AG encouraged the Secretariat to move forward with negotiations keeping this flexibility in mind.

40. As discussed during the March 2019 AG meeting, the Secretariat is continuing its first round of every four-year reviews of previously concluded SMTA 2s. A standard process to document the review has been developed; reviews are in process with three manufacturers.

41. As discussed during the March 2019 AG meeting, the Secretariat is undertaking several activities to help ensure that vaccine supply commitments under the SMTA 2s can be operationalized when the next pandemic occurs. As part of this process, the Secretariat is reviewing the Country Recipient Agreement (CRA), which is a legal agreement that recipient countries must sign to receive vaccines and other pandemic products from WHO. In 2009, the agreement was not shared with recipient countries in advance and this led to delays. To improve this process, the terms of the agreement are being redrafted to be clearer and more user-friendly, and an information package is being developed to familiarize countries in advance with the CRA terms.

Consultation with stakeholders on PIP Framework implementation

42. The Director, IHM welcomed stakeholders and thanked them for their ongoing engagement and support which has contributed greatly to the success of the PIP Framework’s implementation.

43. The AG noted that it is continuing its discussions on updating the level of the PC. Industry and other stakeholders underlined their interest in future updates as the process evolves.

44. The Secretariat updated industry and other stakeholders on PC implementation activities since the last AG meeting. Representatives (selected on a rotating basis) from WHO regions (the African Region and the Americas Region) and technical units in headquarters provided updates on PC implementation and highlighted success stories and strengthened capacities.

45. A representative from the International Federation of Pharmaceutical Manufacturers & Associations (IFPMA) updated the AG on its proposal for a new

model to calculate an individual company’s PC. The model’s basic parameters were discussed in detail during the March 2019 AG meeting.

46. The AG conveyed its appreciation for industry’s ongoing work and discussions with other manufacturing associations. The AG reiterated some of its concerns including the need for the total annual PC at the currently defined level (US$ 28M); continued discussion on the model is anticipated during future AG meetings.

47. Industry provided the following additional comments:
   a) shared its concerns about the implications of the Nagoya Protocol and national ABS legislation and regulations on timely sharing of seasonal influenza viruses to meet vaccine production timelines;
   b) sought clarity on the Secretariat’s planned revisions of the GISRS PIPBM Shipping Notice as part of its implementation of Decision WHA72(12), OP2;
   c) noted that they and other stakeholders had attended part of the October 2019 PCITEM meeting as observers; found the discussions useful; and requested an invitation to observe future meetings; and
   d) summarized the key points from the recent WHO Pandemic Deployment Workshop held from 3-4 October 2019.

48. Third World Network (TWN) provided the following comments:
   a) noted that delays in influenza virus sharing are due to many reasons; the implementation of ABS legislation and regulations is only one of the possible causes;
   b) asked if enhanced PC legislation building in countries had resulted in the detection of new influenza virus strains; and
   c) noted the importance of strengthening health systems to facilitate the sustainability of PC-related achievements.

49. The AG requested feedback from stakeholders on ways to modify or improve the Consultation session in future AG meetings, if necessary.

Implementation of Decision WHA72(13)

50. The WHO Science Division is leading the implementation of Decision WHA72(13). The Coordinator of Research, Ethics, Knowledge Uptake in the Department of Research for Health, Science Division briefed the AG, on behalf of the Chief Scientist, on the structure and functions of the Division and described planning underway to address the WHA request. He described the proposed survey to be developed; timelines; and discussed coordination across the range of WHO technical groups, including those taking forward implementation of Decision WHA72(12).

51. The AG thanked him for the informative presentation, offered their assistance, and will follow the implementation of decision WHA72(13).
Next steps

52. The AG agreed that its next meeting will take place during the week of 16 March 2020.
Annex 1

Meeting of the Pandemic Influenza Preparedness Framework Advisory Group  
8-11 October 2019

List of Advisory Group participants

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

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

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

**Dr Liana Torosyan**, 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
8-11 October 2019

Summary of Declarations of Interests by members

In accordance with WHO policy, in advance of the meeting, all PIP Framework Advisory Group members were asked to provide a duly completed Declaration of Interests form to inform WHO about real, potential or actual conflicts of interests that they might have in relation to the subject matter of the meeting. Over the course of the meeting, the Advisory Group discussed, reviewed, or was provided updates on the implementation of the Framework, including: a) virus sharing, b) SMTA 2 negotiations, c) handling of seasonal influenza and genetic sequence data under the PIP Framework, and d) Partnership Contribution collection and implementation.

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

Members, in the exercise of their functions on the Advisory Group, serve in their individual capacity acting as international experts serving WHO exclusively. The experts participating in the Advisory Group meeting were, by WHO region: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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Interest declared</th>
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<tbody>
<tr>
<td>Dr Elizabeth Ferdinand</td>
<td>Former Civil Servant</td>
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<tr>
<td>Dr Sulaiman Al-Busaidi</td>
<td>Former Civil Servant</td>
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<tr>
<td>Professor Raymond LIN Tzer Pin</td>
<td>Civil Servant and affiliated with a GISRS laboratory</td>
</tr>
<tr>
<td>Dr Cuauhtémoc Mancha-Moctezuma</td>
<td>Former Civil Servant</td>
</tr>
<tr>
<td>Dr Richard Njouom</td>
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<tr>
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<td>Dr Huma Qureshi</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>
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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
8-11 October 2019

Agenda

In accordance with the arrangements for GISRS representation in PIP Framework meetings (http://www.who.int/influenza/gisrs_laboratory/GISRS_representation_20171010.pdf), GISRS representatives are invited to participate in relevant technical sessions from 11:00 to 15:00 on Tuesday, 8 October and from 09:00 to 17:15 on Wednesday, 9 October.

1. Welcome remarks
2. Declarations of Interest
3. Adoption of agenda
4. Any other business
5. Governance
   • Implementation of March 2019 PIP AG recommendations
   • Discussion of 2018 Annual Report & planning for 2019 Annual Report
   • Report from STAG-II
   • Outcomes of WHA72, including Decision WHA72(12)
   • Briefing on Global Influenza Strategy (2019-2030)
6. GISRS running costs
7. Partnership Contribution collection
   • Update on Partnership Contribution collection
   • Proposed revisions to Partnership Contribution formula
8. Updates on PIP Framework implementation
   • Update on implementation of the Partnership Contribution
   • Update on virus sharing
   • Update on SMTA 2
9. Advisory Group consultation with industry and other stakeholders
   • Updates on PIP Framework implementation
   • Presentations from stakeholders
   • Discussion
10. Q&A with GISRS representatives
11. Development of recommendations to the Director-General and Meeting Report

12. Finalization of the Meeting Report

13. Next steps
   • Next meeting of the Advisory Group
   • Any other business

14. Close of meeting
Meeting of the Pandemic Influenza Preparedness Framework Advisory Group
8-11 October 2019

List of Participants

GISRS representatives\(^1,2\)
- Summer Galloway, WHO Collaborating Centre for Surveillance, Epidemiology and Control of Influenza, US CDC, United States of America
- John McCauley, WHO Collaborating Centre for Reference and Research on Influenza, Crick Worldwide Influenza Centre, The Francis Crick Institute, United Kingdom
- Olav Hungnes, Director, National Influenza Centre, Norwegian Institute of Public Health, Norway

Academic Institutions\(^2\)
- Claudia Trombetta, University of Sienna

Civil society organizations\(^2\)
- Sangeeta Shashikant, Third World Network

Databases & initiatives\(^2\)
- Peter Bogner, GISAID Initiative

Manufacturers and industry associations\(^2\)
- Milena Akamatsu, Instituto Butantan
- Phyllis Arthur, Biotechnology Innovation Organization (BIO)
- Paula Barbosa, International Federation of Pharmaceutical Manufacturers & Associations (IFPMA)
- John Billington, GSK
- Duncan Blair, Abbott
- Felipe Catanzaro De Moraes, Instituto Butantan
- Matthew Downham, AstraZeneca
- Viviane Fongaro Botosso, Instituto Butantan
- Thomas Hess, Medicago
- Aeron Hurt, F. Hoffman-La Roche
- Jordan Kuo Melchior, IFPMA
- Grega Kumer, IFPMA
- Lyn Morgan, Sanofi Pasteur
- Sonia Pagliusi, DCVMN International

\(^1\) Participated in relevant technical sessions of the meeting.
\(^2\) Participated in 9 October 2019 consultation with stakeholders.
- Sonja Rollenhagen, F. Hoffman-La Roche
- Beverly Taylor, Seqirus Vaccines
- Susan Van Meter, AdvaMedDx

**WHO Staff**

**WHO regional offices**

- Belinda Herring, AF/RGO/WHE/IHM
- Andrea Vicari, AM/PAHO/PHE
- Bhagawan Shrestha, EM/RGO/WHE/IHM
- James Fielding, EU/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
- Christopher Chadwick, HQ/WHE/IHM/IPR
- Melinda Frost, HQ/WHE/IHM
- Iona Ghiga, HQ/WHE/IHM/PAT
- Shoshanna Goldin, HQ/WHE/IHM/IPR
- Aspen Hammond, HQ/WHE/IHM/IPR/GIP
- Payman Hemmati, HQ/WHE/IHM/IPR/GIP
- Daniel Hougendobler, HQ/WHE/IHM/IPR/PIP
- Poonam Huria, HQ/WHE/IHM/IPR/PIP
- Anne Huvos, HQ/WHE/IHM/IPR/IP
- Sasha Kontic, HQ/WHE/IHM/IPR/PIP
- Awandha Mamahit, HQ/WHE/IHM/IPR/GIP
- Claudia Nannini, HQ/DGO/DGD/LEG/GBI
- Tim Nguyen, HQ/WHE/IHM/ENI
- Tatiana Resnikoff, HQ/WHE/IHM/IPR/PIP
- Gina Samaan, HQ/WHE/IHM/IPR/PIP
- Steven Solomon, HQ/DGO/DGD/LEG/GBI
- Katelijn Vandemaele, HQ/WHE/IHM/IPR/GIP
- Wenqing Zhang, HQ/WHE/IHM/IPR/GIP

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3 Participated in some or all of the meeting.