MEETING OF THE PANDEMIC INFLUENZA PREPAREDNESS FRAMEWORK ADVISORY GROUP

18-21 October 2016, GENEVA, SWITZERLAND

Report to the Director-General

Organization and process of the meeting


2. Of the 18 members of the AG, 16 were present. The list of participants in the meeting is available at Annex 1.

3. The Executive Director, WHO Health Emergencies Programme, welcomed the AG members and thanked the six outgoing members for their diligent and constructive contributions.

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

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

6. Industry and other stakeholders joined the AG on 20 October 2016 and received updates from the Secretariat on the work that has taken place since the last meeting in April 2016. This was followed by an interactive session.

7. The AG meeting was followed on 21 October 2016 by a telephone briefing with the PIP Framework Review Group and two in-person Information Sessions to inform Permanent Missions and industry and other stakeholder groups of the outcomes of the AG meeting. The AG Chair, Dr Jarbas Barbosa da Silva, led each of these sessions.

Update on virus sharing

8. Using data from the Influenza Virus Traceability Mechanism (IVTM), the Secretariat updated the AG on influenza virus sharing. The number of countries sharing seasonal and zoonotic viruses has increased over time. However, as the Secretariat previously reported to the AG, during 2011–2016 a marked decrease was noted in the number of non-seasonal influenza viruses with pandemic potential (IVPP) that have been shared with the Global Influenza Surveillance and Response System (GISRS) as compared with the number of human confirmed cases.

9. At its April 2016 meeting the AG recommended that the Secretariat investigate the reasons for this decline. The Secretariat presented the results of a questionnaire that was shared through the WHO regional offices (ROs) with the National Influenza

---

Centres (NICs) in three countries where viruses are not being systematically shared. Findings included:
- Countries’ varying interpretations of PIP Framework, Section 5.1.1, may contribute to viruses not being shared. Some countries are sharing genetic sequence data (GSD) instead of viruses.
- In countries where there is both a National Influenza Centre (NIC) and a WHO Collaborating Centre (CC), viruses shared with the CC may not be shared with CCs outside the country.
- The political nature of decision-making at country level regarding virus sharing can impact the timeliness and completeness of virus sharing.
- Lengthy national export procedures involving authorities beyond health can delay virus sharing.
- Weaknesses in national logistics capacity present challenges to virus sharing.

10. The Secretariat shared a three-pronged approach to improve virus sharing for the AG’s consideration: 1) development of operational guidance; 2) improved understanding and use of the IVTM; and 3) enhanced communication activities with NICs and countries.

11. During its discussions, the AG noted the importance of having broad geographical coverage for detection of IVPP; emphasized that sharing GSD cannot replace the sharing of viruses which are needed for global monitoring and development of vaccines and antiviral drugs; and underlined the need for ongoing assessment of virus sharing trends.

**Update on handling of genetic sequence data (GSD)**

12. The AG continued its discussions on GSD under the Framework. They discussed the emerging key principles from the work they have developed to date as well as several potential operational tools to implement those principles, notably an internet-based search engine to identify end products that use GSD; guidance on data sharing; an SMTA 2-like document; a platform to encourage collaboration; and continued participation in the Partnership Contribution (PC).

13. The AG recalled its discussions during the April 2016 AG meeting and reaffirmed its position that a diversity of genetic sequence databases is best for optimal data sharing and resilience. The AG plans to engage with GISRS members, including the WHO Collaborating Centres, for additional input on the use of databases.

14. The AG considered that development of the guidance document was most urgent. In light of on-going virus sharing issues, the guidance should cover the sharing of materials, GSD, and information, and support the PIP Framework principles and objectives of efficient, fair and equitable access and benefit sharing for pandemic preparedness and response.

**Recommendations to the Director-General on sharing influenza viruses with pandemic potential and GSD**

15. *The AG recommended that, as part of an overall effort to increase attention to virus sharing, the Director-General:*
   a. *call attention to the problem of a decrease in virus sharing:*


b. remind Member States of the expectations for virus sharing set forth in Section 5.1 of the PIP Framework, and
c. emphasize to Member States that the need for prompt virus sharing and comprehensive risk assessment may necessitate engagement with sectors other than health.

16. The AG recommended that the Director-General request that WHO Regional Offices (ROs) and country offices (COs) continue to support countries’ efforts to overcome barriers and improve virus sharing.

17. The AG recommended that the Director-General establish a specialized sub-group of the AG to develop the guidance on the sharing of materials, genetic sequence data and information. The sub-group will be composed of up to 10 current or former AG members, with geographical representation, and relevant skill mix and experience. In order to develop the guidance document, the sub-group will work with relevant stakeholders such as, but not limited to: GISRS, databases and initiatives, industry, civil society, academic and research institutions and journals.

Update on Standard Material Transfer Agreements 2 (SMTA 2s)

18. The Secretariat provided an update on the process to conclude SMTA 2s. A fourth SMTA 2 was signed with an influenza vaccine manufacturer, China National Biotech Group Company (CNBG). CNBG committed to donating 8% of its real-time pandemic vaccine production to WHO, and will reserve another 2% of its pandemic production at affordable pricing for WHO. A fifth contract with a vaccine manufacturer, is undergoing signature and formal negotiations are under way with several other companies. The Secretariat expects to conclude additional SMTA 2s by the time of the next AG meeting.

19. Under SMTA2 Category “B”, the first contract has been concluded with Quidel Corporation. Under the agreement, Quidel will provide at least 250,000 diagnostic kits to WHO at affordable pricing at the time of a pandemic. Negotiations with a second large Category B company continue to stall after several years of negotiations and the Secretariat requested the AG’s advice on how to proceed. The AG noted that the Secretariat should continue implementing the step-wise approach, moving to the next steps as required.

20. Discussions continued regarding how the Secretariat should approach Category B companies – an issue previously brought to the attention of the AG through a briefing note in September 2014.

21. The Secretariat sought the AG’s advice on two issues that have arisen during negotiations with Category B companies: 1) broadening the range of product options to include products other than diagnostic kits, e.g. diagnostic materials and equipment; and 2) inclusion of a percentage equivalent metric for Category B

2 The agreement was signed on 23 May 2016; see http://www.who.int/influenza/pip/benefit_sharing/SMTA2_CNBG.pdf?ua=1.
3 At the date of the issuance of this report, the agreement with the company MedImmune LLC, has been signed and uploaded to the PIP webpage http://www.who.int/influenza/pip/benefit_sharing/SMTA2_MedImmune.pdf?ua=1.
commitments. The AG discussed the importance of flexibility, practicality and feasibility when negotiating with Category B companies. The AG agreed that commitments from diagnostic manufactures need not be limited to diagnostic kits but could include other products or equipment relevant to pandemic influenza. The AG stressed that some donations need to be accompanied by training to ensure that the product/equipment was used correctly. WHO may need to give additional consideration as to what types of commitments under Category B would be most useful during a pandemic.

22. SMTA 2s have been concluded with 45 academic and research institutions under Category “C” of the SMTA2. Several more agreements are in the signature process. Of the 22 institutions that have offered a benefit, 15 offered laboratory and surveillance capacity building. The Secretariat is seeking input from WHO CCs, ROs and the WHO Global Influenza Programme (GIP) on how non-GISRS institutions could provide effective and efficient capacity and training assistance.

23. In its discussions, the AG commended the Secretariat for its progress towards concluding several SMTA 2s with vaccine manufacturers and for working with the WHO CCs to implement offers of assistance from Category C institutions.

**Recommendations to the Director-General on concluding SMTA 2s**

24. **Noting the issues the Secretariat has encountered in negotiating SMTA 2s with Category B companies, the AG recommended that the Secretariat use the flexibilities provided by the Framework to negotiate for a broader range of products than diagnostic kits. The AG further recommended that the Secretariat evaluate product offers pragmatically on a case-by-case basis depending on which products the company has to offer and their utility for public health in pandemic preparedness and response.**

25. **Noting that the reference to a fixed number of diagnostic or other pandemic products can result in an unreasonable offer, the AG recommended that the commitment be expressed as a percentage, reflecting prior annual influenza products sales or another activity, to ensure that the commitments remain adequate to the nature and capacity of a company over time.**

26. **It is recommended that the Secretariat develop a pragmatic, resource-effective and uniform approach for Category C training offers and consider how best to integrate them with existing training programs and initiatives.**

27. **The AG recommended that the Secretariat elaborate a three-year action plan for the next SMTA 2 negotiation cycle. The action plan should consider each SMTA 2 category, defining an overall strategy while setting priorities and describing methods. This action plan will be presented at the next AG meeting.**

**The Partnership for Influenza Vaccine Introduction**

28. The AG discussed the written clarifications it had requested following their initial review of a proposal submitted by The Partnership for Influenza Vaccine Introduction (PIVI) during the April 2016 AG meeting. The proposal contained three requests: 1) that the PIP AG recommend that seasonal vaccine doses and
supplies be designated as allowable in-kind contributions under the PIP Framework, Section 6.14.3.1 as a preparedness measure; 2) that PIVI work closely with WHO to ensure coordinated activities and non-duplication of efforts; and 3) that WHO form a Steering Committee to advise and track the progress of the program.

29. Regarding PIVI’s first request, the AG noted that its authorization is not needed for entities to make a donation under 6.14.3.1. The AG reaffirmed its position, previously stated in correspondence with PIVI in April 2016, that donations under PIVI would not replace annual PC payments by manufacturers.

30. The AG requested further information from PIVI and suggested that at its next meeting in March 2017, arrangements be made to meet with PIVI representatives, by teleconference or face-to-face.

**Study on the potential public health implications of implementing the Nagoya Protocol**

31. The WHO Executive Board, at its 138th session in January 2016, requested the WHO Secretariat to conduct a study to analyse how implementation of the *Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from their Utilization to the Convention on Biological Diversity* might affect the sharing of pathogens and the potential public health implications.4

32. The WHO Principal Legal Officer for Governing Bodies and International Law summarized the Secretariat’s work, including a description of the study methodology and analyses. The work has involved engagement with WHO’s Member States, Secretariat, and stakeholders.5 The Secretariat is completing a report of the study for the EB140 in January 2017. The report will be available on the WHO website prior to the EB meeting.

**Update on communications and outreach**

33. The Secretariat updated the AG on its communication and outreach activities to strengthen understanding of the Framework and partnerships among stakeholders. In response to feedback from the AG, the Secretariat has sought to raise awareness of the Framework at regional and country levels through the development of communication plans and PIP-related publications, and attendance at regional and country workshops and meetings. Several other activities are currently underway or planned.

**Update on the PIP Review**

34. The Lead Writer for the PIP Framework Review Secretariat summarized the Review Group’s method of work and its preliminary draft findings. The final report will be

---


5 Terms of Reference. Production of a study on how the implementation of the Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from their Utilization to the Convention on Biological Diversity might affect the sharing of pathogens and the potential public health implications (http://www.who.int/influenza/pip/2016-review/NagoyaStudyTORs.pdf?ua=1).
submitted to the Director-General in October 2016 and available in advance of the EB140.

Interactions with stakeholders

35. The AG interacts with industry and civil society organizations (CSO) at each of its meetings and holds individual Information Sessions for Member States and industry / CSOs after each AG meeting. The AG has interacted with other stakeholders as needed to inform their advice to the Director-General.

36. The AG consulted with members of GISRS during its second meeting (February 2012) to discuss the role, function and capacities of GISRS in relation to implementation of the PIP Framework. This led to the AG’s recommendation that GISRS laboratories conduct a self-assessment which was submitted to the AG in October 2014. GISRS has been engaged in work related to handling GSD under the Framework. Upon consideration of the key role GISRS plays in the PIP Framework, the AG decided to engage GISRS member(s) in interactions with the AG at its meetings on a regular basis; interactions will need to take into account that GISRS is comprised of 152 institutional members who do not have a central point of communication.

37. The AG also recognized the importance of the GSD databases and initiatives and will continue interactions with them.

38. The Secretariat has received requests from the media to engage with the AG. Members of the AG, however, cannot “…make public statements, individually or on behalf of the Group, on the work of the Advisory Group, except as authorized in connection with reporting requirements or by the Director-General.”

Recommendation to the Director-General on engagement with media

39. The AG recommends the Director-General authorize the AG to engage with media, as appropriate, and consistent with the WHO Communications policy, in the interests of transparency and to promote public understanding of the role and functions of the AG.

Discussion of the AG Annual Report to the Director-General

40. The AG discussed and approved its Draft Annual Report to the Director-General subject to some modifications.

Update on Global Action Plan for Influenza Vaccines (GAP)

41. The Chair of the GAP Advisory Group updated the AG on preparations for the third and final GAP consultation in November 2016. Findings of a survey to assess stakeholder views on the 10-year initiative and what is needed to sustain influenza vaccine capacity after GAP closes in 2016 were summarized. The GAP Secretariat

---

7 PIP Framework, Annex 3, Advisory Group Terms of Reference, Section 4.2.
provided a document to the AG outlining proposed activities which could be included in the next PIP PC high level implementation plan.

42. The ending of GAP has implications for pandemic preparedness and response, e.g. the lack of ongoing technical assistance or financial support to GAP-supported manufacturers.

43. The AG has been invited to make a presentation at the final GAP meeting in November 2016. At its March 2017 meeting, the AG will consider the outcomes of the GAP III meeting and the potential relationship of unfinished GAP activities to the PIP Framework objectives.

**Update on the Partnership Contribution**

PC collection

44. The Secretariat provided a status report on PC collection for 2013-2016. Following a suggestion from industry, the 2016 PC Collection questionnaire was simplified to include a check box for entities to tick if there was “no change from last year;” 50% of respondents have used this feature. Additionally, invoices were issued in August, three months earlier than previous years.

45. Ongoing challenges to collection include no, late, or partial payments, as well as local tax barriers. Industry has raised concerns related to the inclusion of 2009 sales in calculating individual manufacturers’ payments; differing levels of GISRS use by different sectors, e.g. vaccine compared with diagnostic manufacturers; and the appropriateness of using GISRS running costs as a metric for calculating the total PC.

46. The AG noted that, while there are still some funds outstanding from 2014 and 2015, manufacturers generally have cooperated in providing the PC. Companies have an interest in fairness, e.g. knowing that all manufacturers are participating in the PC; in being connected to a high-profile public-private partnership addressing pandemic influenza preparedness; and in seeing tangible results from PC implementation.

**PC implementation and development of the next high-level PC implementation plan (HLIP)**

47. The Secretariat provided an overview of the implementation of PC resources and outcomes and outputs for each of the five Areas of Work (AOW). The PIP PC has supported pandemic influenza preparedness capacity building and strengthening activities in 73 countries since 2104. The 2017 work planning process is underway.

48. At its April 2016 meeting the AG recommended that all decisions relating to the implementation of the PC be extended to 31 December 2017; these included
the proportional allocation of PC resources\textsuperscript{8} and the Director-General’s high level PC Implementation Plan 2013-2016. The AG also recommended that the process to develop a new implementation plan begin.

49. The Secretariat outlined two synergistic processes that will be undertaken concurrently to develop the second HLIP (“HLIP II”).
   a. The first is a ‘gaps and needs assessment’. It aims to identify potential modifications or adjustments to the current HLIP to facilitate strengthening countries’ capacities for pandemic preparedness and response. Input will be obtained through several approaches: a SWOT (strengths, weaknesses, opportunities, and threats) exercise conducted during the AG meeting; an online survey; interviews with stakeholders and review of relevant secondary data sources; and reports.
   b. The second is an independent external evaluation to assess progress made to achieve the outputs and outcomes of the current HLIP. The external evaluation will be carried out by an external entity and be overseen by WHO’s Evaluation and Learning Department.

50. The outputs from these two processes will be reviewed during the March 2017 AG meeting. The HLIP II will also be informed by the findings of the PIP Review and developments in other programs that are closely related to the objectives of the PIP Framework, e.g. GAP and the Global Health Security Initiative.

51. The AG observed the importance of regular communications with WHO regional and country offices, Member States and stakeholders, notably GISRS laboratories, during the development of the HLIP II.

52. The AG commended the Secretariat at headquarters and regional and country levels on the progress achieved in operationalizing the collection and implementation of PC resources. It also noted the positive and active engagement with industry and other stakeholders which have helped to advance this work.

Consultation on the development of the HLIP II

53. To support the development of a gaps and needs assessment, a SWOT (Strengths, Weaknesses, Opportunities and Targets) exercise was conducted with participation by AG members, industry and other stakeholders, RO representatives and the Secretariat. The SWOT analysis was also informed by a pre-SWOT survey distributed to a broad range of stakeholders.

Recommendation to the Director-General on the development of the HLIP II

54. The AG recommended that the work to develop the HLIP II be undertaken transparently and that information on progress be shared regularly with stakeholders.

\textsuperscript{8} See EB decision 131/4 on the proportional allocation of PC resources between preparedness (70%) and response (30%) and the March 2013 AG recommendation that a portion of PC funds, not exceeding 10%, averaged over the next 4 years (2013-2016), be used by the PIP Secretariat.
Next steps

55. Six members (Dr Jarbas Barbosa da Silva, Jr, Professor Didier Houssin, Dr Ziad A. Memish, Dr Hama Issa Moussa, Dr P V Venugopal, and Professor Yu Wang) will rotate off the AG. Their membership will be active until the March 2017 meeting of the AG.

56. The AG agreed that its next meeting will take place in the week of 28 -31 March 2017.
Annex 1

Pandemic Influenza Preparedness Framework Advisory Group Meeting
18-21 October 2016

List of Advisory Group participants

Professor Chris Baggoley, Former Chief Medical Officer, Department of Health, Australia

Dr Jarbas Barbosa da Silva, Jr, Director-President, Brazilian Health Regulatory Agency (ANVISA), Ministry of Health, Brazil

Professor Hamad Ali Hamad El-Turabi, Associate Professor of Medicine, Faculty of Medicine, University of Khartoum, Sudan

Professor Didier Houssin, President, The French Agency for Food, Environmental and Occupational Health & Safety (ANSES), France

Dr Olav Hungnes, Director, National Influenza Centre, Norwegian Institute of Public Health, Norway

Dr Kerri-Ann Jones, Former Assistant Secretary of State for Oceans and International Environmental and Scientific Affairs, US Department of State, United States of America

Dr Raymond Lin Tzer Pin, Head and Senior Consultant, National Public Health Laboratory, Communicable Disease Division, Ministry of Health, Singapore

Professor Ziad A Memish, Senior Consultant Infectious Diseases & Director, Research Department, Prince Mohamed bin Abdulaziz Hospital, Ministry of Health, and Professor, College of Medicine, Alfaisal University, Riyadh, Kingdom of Saudi Arabia

Dr Janneth Maridadi Mghamba, Assistant Director, Epidemiology and Disease Control Section and Program Director, TFELTP, Ministry of Health and Social Welfare, United Republic of Tanzania

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

Dr Hama Issa Moussa, National Technical Assistant, Institutional Support Unit, Ministry of Public Health, Niger

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

Dr Paba Palihawadana, Chief Epidemiologist, Director, Central Epidemiology Unit, Ministry of Health, Sri Lanka

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

Dr Huma Qureshi, Executive Director, Pakistan Medical Research Council, Pakistan
Dr P V Venugopal, Former Director of International Operations, Medicines for Malaria Venture, Public Health Specialist, India
Annex 2

Pandemic Influenza Preparedness Advisory Group Meeting
18-21 October 2016

Summary of Declarations of Interest by members

Summary of Declarations of Interest 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 Advisory Group meeting, the group discussed, review or were provided updates on the following matters:

- The Partnership Contribution
  - Inflows of funds
  - Implementation of Preparedness activities
  - Proposals for use of funds
- Handling genetic sequence data in the context of the PIP Framework
- SMTA 2s
- Virus sharing
- Global Action Plan for Influenza Vaccines
- 2016 Review of the PIP Framework

During the meeting, the Advisory Group also interacted with manufacturers and other stakeholders regarding the implementation of the Partnership Contribution and its future use and the handling of genetic sequence data.

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 Hama Issa Moussa (Niger)
- Dr Janneth Maridadi Mghamba (United Republic of Tanzania)

Americas:
- Dr Jarbas Barbosa da Silva Jr, (Brazil)
- Dr. Kerri-Ann Jones (United States of America)
- Dr Cuauhtémoc Mancha-Moctezuma (Mexico)

Eastern Mediterranean:
- Dr Hamad El-Turabi (Sudan)
- Professor Ziad A. Memish (Kingdom of Saudi Arabia)
- Dr Huma Qureshi (Pakistan)

¹ Professor John Watson (United Kingdom) and Professor Yu Wang (China) were unable to attend.
Europe:
- Professor Didier Houssin (France)
- Dr Olav Hungnes (Norway)

South-East Asia:
- Dr Paba Palihawadana (Sri Lanka)
- Professor Dr Mahmudur Rahman (Bangladesh)
- Dr P V Venugopal (India)

Western Pacific:
- Professor Chris Baggoley (Australia)
- Dr Raymond LIN Tzer Pin (Singapore)

Given that discussions in the meeting were on the use or allocation of Partnership Contribution resources, and in the interest of transparency, the following interests and/or affiliations are relevant to the subject of work and are hereby disclosed:

<table>
<thead>
<tr>
<th>Name</th>
<th>Interest declared</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Jarbas Barbosa da Silva, Jr</td>
<td>Civil Servant</td>
</tr>
<tr>
<td>Dr Olav Hungnes</td>
<td>Affiliated with a GISRS laboratory</td>
</tr>
<tr>
<td>Dr Raymond LIN Tzer Pin</td>
<td>Affiliated with a GISRS laboratory</td>
</tr>
<tr>
<td>Dr Hama Issa Moussa</td>
<td>Civil Servant</td>
</tr>
<tr>
<td>Dr Cuauhtémoc Mancha-Moctezuma</td>
<td>Civil Servant</td>
</tr>
<tr>
<td>Professor Ziad Memish</td>
<td>Civil Servant</td>
</tr>
<tr>
<td>Dr Janneth Mghamba</td>
<td>Civil Servant</td>
</tr>
<tr>
<td>Dr Richard Njouom</td>
<td>Affiliated with a GISRS laboratory</td>
</tr>
<tr>
<td>Dr Paba Palihawadana</td>
<td>Civil Servant</td>
</tr>
<tr>
<td>Dr Huma Qureshi</td>
<td>Civil Servant</td>
</tr>
</tbody>
</table>

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.
Annex 3

Pandemic Influenza Preparedness Framework Advisory Group Meeting
18-21 October 2016

Agenda

1. Welcome remarks
2. Update on virus sharing
3. Update on Standard Material Transfer Agreements 2 (SMTA 2s)
4. Discussion on The Partnership for Influenza Vaccine Introduction (PIVI)
5. Study on the potential public health implications of implementing the Nagoya Protocol
6. Update on the PIP Review
7. Update on communications and outreach
8. Discussion on interactions with stakeholders
9. Update on handling of genetic sequence data (GSD)
10. Review of AG Annual Report to the Director-General
11. Update on Global Action Plan for Influenza Vaccines (GAP)
12. Update on the Partnership Contribution (PC)
   • PC collection
   • 2016 implementation
   • 2017 Work Plans
   • Process to develop next high-level PC implementation plan (HLIP II)
13. Consultation with industry and other stakeholders (*PIPF section 6.14.6*)
   • PIP Framework implementation – updates and discussion
   • Consultation on the development of the HLIP II
14. Development and review of recommendations to the Director-General and the Meeting Report
15. Next steps
   • Next meeting of the AG
   • Any other business
16. Close of the meeting