ANNEX 2

MEETING OF THE PANDEMIC INFLUENZA PREPAREDNESS FRAMEWORK ADVISORY GROUP
3–5 OCTOBER 2012, GENEVA, SWITZERLAND

Report to the Director-General

ORGANIZATION AND PROCESS OF THE MEETING

1. The fourth meeting of the Advisory Group took place at WHO headquarters in Geneva, 3–5 October 2012, with the following revised provisional agenda:

   1. Registration
   2. Welcome remarks from the Chair
   3. Declarations of Interest
   4. Adoption of agenda
   5. Review experience of audio teleconference method for AG meetings
   6. Feedback to the AG from the last WHA and EB
   7. Review and discuss draft Annual Report to DG
   8. Update on SMTA 2 negotiations
   9. Discussion of PIP BM definition
      • Perspectives from GISRS
   10. Partnership Contribution
       • Identification of pool of manufacturers using GISRS
       • Distribution among manufacturers using GISRS
       • Factors to consider in selecting countries
   11. Preparations for meetings with industry and stakeholders
   12. Collaborate with representatives of industry associations (IFPMA, DCVMN, BIO, ADVAMedDx, etc): Distribution of Partnership Contribution among manufacturers using GISRS
   13. Interact with industry: Use of the Partnership Contribution
14. Interact with other stakeholders: *Use of the Partnership Contribution*

15. Interact with industry and other stakeholders: *Use of the Partnership Contribution*

16. GISRS presentations
   - Methodology for GISRS assessment
   - Terms of Reference for GISRS laboratories

17. Vaccine and antiviral stockpiles presentation

18. Review and discuss Meeting Report

19. Approve reports
   - Advisory Group Annual Report
   - Meeting Report

20. Next steps
   - Next meeting of the Advisory Group
   - Any other business

21. Close of meeting

2. Of the 18 members of the Advisory Group, 13 were present. The list of meeting participants is found in Appendix 1.

3. The Chair made a number of introductory remarks.

4. The WHO Principal Legal Officer reviewed the process for Declarations of Interests. The summary of Declarations of Interest is found in Appendix 2.

5. The Advisory Group adopted the agenda.

**Review experience of audio teleconference method for AG meetings**

6. The audio teleconference method for the May 2012 meeting of the Pandemic Influenza Preparedness (PIP) Advisory Group was viewed favourably by the members of the Advisory Group. There were few technical difficulties. Engagement in the discussion was challenging for members who require an interpreter. It was agreed that audio teleconference was best suited for follow-up of topics that had been discussed at a prior face-to-face meeting of the Advisory Group.

7. The Assistant Director-General, Health Security and Environment (HSE) provided a brief update on infections associated with a novel coronavirus. The World Health Organization (WHO) continues to monitor the situation and inform its Member States through the designated National Focal Points under the International Health Regulations (IHR) (2005).
Feedback to the AG from the last World Health Assembly and Executive Board

8. The Executive Board at its 131st session on 28–29 May 2012 considered and accepted the Director-General’s proposals, based on the Advisory Group’s recommendations, on the proportional distribution of the Partnership Contribution between pandemic preparedness and pandemic response. The Chair reported that Member States expressed support for the Advisory Group’s work to date at the Sixty-fifth World Health Assembly in May 2012.

9. The Advisory Group discussed if documents related to their work, i.e. meeting reports and their recommendations to the Director-General on the proportional distribution and use of the Partnership Contribution, could be made available in the public domain. All members of the Advisory Group supported making such documents available to promote transparency. Possible options proposed for disseminating documents included publication on the WHO web site, internal dissemination within WHO including regional offices, the IHR event web site, and Information Sessions for Member States.

Draft Annual Report to the Director-General

10. Members of the Advisory Group reviewed the draft Annual Report and accompanying table with PIP Framework-related tasks/activities. Revisions were proposed to the Report and the table of PIP Framework-related tasks/activities. The Advisory Group proposed to include the table of PIP Framework-related tasks/activities as a supplementary annex. The annex would be referenced in the Report and made available on the WHO web site due to its length and use of colours. It was noted that the Annual Report and the supplementary table should cover the same time period. The Chair clarified that the table of PIP Framework-related tasks/activities is intended as a tool to monitor, but not evaluate, the implementation of the Framework. The Advisory Group requested that the table be updated in advance of each Advisory Group meeting; publication of the table would, however, occur on an annual basis as part of the Advisory Group’s Annual Report.

11. The Advisory Group discussed the time period to be covered in subsequent Annual Reports. It was agreed that the 2013 Annual Report will cover the period May 2012 to October 2013. Thereafter, Annual Reports will cover a 12-month period commencing 1 October and ending 30 September of the following year. To ensure that the data are up-to-date, there may be a need for an Addendum prior to the Director-General’s submission of the Report to the Executive Board in January.

Update on SMTA 2 negotiations

12. The Assistant Director-General, HSE updated the Advisory Group on the status of Standard Material Transfer Agreement 2 (SMTA 2) negotiations. The Director-General has initiated discussions with four large influenza vaccine manufacturers to commence the process to sign SMTA 2s and expects to contact two other manufacturers in the next few weeks. In addition, the Secretariat has provided information on the SMTA 2 process to 30 other prospective recipients of PIP biological materials. WHO has been unable to obtain any legal support from Member States to assist in negotiations.

13. Advice to the Director-General on SMTA 2

The Advisory Group welcomes the progress to date in the negotiations of SMTA 2s and urges the Director-General to accelerate interaction with the entities concerned and finalize these agreements. In recognition of both the importance of this process, and the need to obtain results rapidly in coming months, the Advisory Group recommends that adequate resources are made available to support WHO’s negotiation and establishment of these agreements.
Discussion of PIP BM definition

14. Section 7.4.1 of the PIP Framework requires that the Director-General shall, on a biennial basis, inform the World Health Assembly, through the Executive Board, on the status of, and progress on, (v) the experience arising from the use of the definition of PIP biological materials in Section 4.1.

15. Advice to the Director-General on the PIP BM definition

Since the adoption of WHA64.5 in May 2011, the Global Influenza Surveillance and Response System (GISRS) has accumulated experience related to the use of the definition of “PIP biological materials”.1 The experience is primarily based in ongoing influenza surveillance and response activities, and collaborations and direct discussions with representatives of the animal sector related to application of the PIP biological materials definition. Based on these discussions, the Directors of WHO Collaborating Centres (CCs) and Essential Regulatory Laboratories (ERLs) of GISRS informed the Advisory Group during the session of their concerns related to the application of the definition.

The definition covers wild type H5N1 and/or other influenza viruses with human pandemic potential obtained from infected humans as well as any candidate vaccine viruses that had been prepared for the purposes of developing a pandemic or potential pandemic vaccine.

A less strict application of the definition could cover all wild type viruses obtained from infected animals as well as infected humans, and subsequently modified viruses.

It was considered that the less strict application of the definition could reduce the willingness or ability of collaborating laboratories in the animal sector, including the World Organisation for Animal Health (OIE), the Food and Agriculture Organization of the United Nations (FAO), the OIE–FAO Network of Expertise on Animal Influenza (OFFLU), and academic and other laboratories to share such viruses obtained from infected animals. This would be highly undesirable if it dampened current and long-term collaboration between the animal sector and GISRS since increased collaboration is considered critical for strengthening pandemic influenza preparedness. Moreover, the less strict application could also markedly increase the burden of work within GISRS laboratories owing to the need to implement PIP Framework activities, e.g. use of the Influenza Virus Traceability Mechanism (IVTM).

In view of the foregoing, and based on discussion, the PIP Advisory Group expressed its view that a strict application of the definition met the intent of Member States during the PIP

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1 Section 4.1 of the PIP Framework defines “PIP biological materials” as follows: “‘PIP biological materials’, for the purposes of this Framework (and its annexed Standard Material Transfer Agreements (SMTAs) and terms of reference (TORs)) and the Influenza Virus Tracking Mechanism (IVTM), includes human clinical specimens, virus isolates of wild type human H5N1 and other influenza viruses with human pandemic potential; and modified viruses prepared from H5N1 and/or other influenza viruses with human pandemic potential developed by WHO GISRS laboratories, these being candidate vaccine viruses generated by reverse genetics and/or high growth re-assortment.

Also included in “PIP biological materials” are RNA extracted from wild-type H5N1 and other human influenza viruses with human pandemic potential and cDNA that encompass the entire coding region of one or more viral genes.a

a OPERATIONAL EXEMPTION: materials shared within the WHO GISRS or with other laboratories specifically for non-commercial public health uses including surveillance activities, diagnostic applications, and quality assurance, are not handled as PIP Biological Materials. Their onward transfer for purposes other than those specified in the terms of reference of National Influenza Centres, WHO Collaborating Centres, Essential Regulatory Laboratories and H5 Reference Laboratories is not allowed under this operational exemption.”
Framework negotiations and would have the least potential for dampening important collaborations between human and animal sector laboratories. However, GISRS was asked to monitor the implementation of this application to determine if critical viruses could fall outside of this approach. The Secretariat was asked to report back to the PIP Advisory Group at its next meeting.

**Partnership Contribution**

**Identification of pool of manufacturers using GISRS**

16. Section 6.14.3 of the PIP Framework states that “influenza vaccine, diagnostic and pharmaceutical manufacturers using the WHO GISRS will make an annual partnership contribution to WHO for improving global pandemic influenza preparedness.” Section 4.3 of the Framework defines these manufacturers as “… public or private entities including academic institutions, government owned or government subsidized entities, nonprofit organizations or commercial entities that develop and/or produce human influenza vaccines or other products derived from or using H5N1 or other influenza viruses of human pandemic potential.” Identification of the pool of manufacturers using GISRS is tied to a clear understanding of terms used in the Framework such as “develop”, “produce” and “using GISRS”; the Advisory Group considered proposed definitions developed by the Secretariat. The Advisory Group also considered an approach, proposed by the Secretariat, to identify “manufacturers using GISRS”, i.e. transmittal by the Secretariat of a brief questionnaire through industry associations and directly to known “users” that are not affiliated with associations.

**Distribution among manufacturers using GISRS**

17. Section 6.14.3 of the PIP Framework states that “The distribution between companies is to be based on transparency and equity, based on their nature and capacities.” The Secretariat reviewed the principles upon which defining a formula to distribute the Partnership Contribution among manufacturers should be based:

- All manufacturers using GISRS should contribute.
- How much each manufacturer contributes should be based on their nature and capacity.
- The formula should be easy to apply and based on verifiable information; applicable across companies; and transparent.
- The formula should be reassessed periodically.

18. The Secretariat summarized its discussions/collaborations with industry associations to date on this matter, including a proposal from the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA).

**Factors to consider in selecting countries**

19. In response to the Advisory Group’s request at its May 2012 meeting, the Secretariat presented a proposed method by which factors will be applied in the selection of countries to receive Partnership Contribution funds. The proposed method was tailored to the selection of countries to build and/or strengthen laboratory and surveillance capacity; US$ 14 million of Partnership Contribution funds are to be used for this purpose each year. In brief, the proposed method focused (per the PIP Framework) on developing Member States; IHR core capacity; needs for influenza surveillance; and H5N1.
vulnerability. Factors were selected and weighted for each of these four criteria to score and rank Member States according to the level of their needs.

20. In its discussion the Advisory Group noted the importance of developing plans for implementation, monitoring and oversight; the identification of measurable outcomes; the important role of WHO regional and country offices in providing assistance to countries; and a country’s ability to sustain the work on a long-term basis without the support of Partnership Contribution funds. The Advisory Group also noted the desirability, while retaining a primary focus on Member States with the highest need, of ensuring the involvement of at least one Member State from each WHO region.

21. Advice to the Director-General on the Partnership Contribution

The Advisory Group considers that the use of GISRS has contributed to the development and registration of vaccines, antivirals and diagnostics. Therefore, it is logical that all such manufacturers contribute to the Partnership Contribution.

(1) Identifying contributors

Recognizing that certain contributors have been identified through representative associations, the Director-General should make reasonable efforts to identify all other potential contributors to the Partnership Contribution through the use of a questionnaire and other available means.

(2) Defining a Partnership Contribution “formula”

In accordance with Section 6.14.3 of the Framework, the Director-General should consider the IFPMA proposal as reference for joint negotiation with industry with a view to presenting (through electronic means) an agreed formula to the Advisory Group for its consideration by 12 November 2012 and its finalization by the Director-General by 16 November 2012.

The formula should explicitly include Partnership Contributions from antiviral manufacturers. This is because the Advisory Group considers that the sales of influenza antivirals by manufacturers benefit directly or indirectly from the use of GISRS, considering its role in monitoring the susceptibility of the circulating virus to antivirals.

Further work should be conducted to explore the possibility of contributions from entities that fall into the Research and Development category.

(3) Receiving Partnership Contributions

The Advisory Group strongly recommends that every effort is made to begin receiving Partnership Contributions in 2012. The process should not be delayed until the complete list of potential contributors is available.

(4) Use of the Partnership Contribution

The Advisory Group recommends that the Director-General develop a plan that is ready for use as soon as the contributions are available. Drafts should be shared with the Advisory Group.
Meetings with industry and other stakeholders

22. The Advisory Group met with representatives of industry associations, manufacturers, and stakeholders on the Partnership Contribution (see Appendix 3 for a list of participants). The following views were expressed, inter alia:

- In view of the Framework’s foundational principle of placing virus sharing and benefit sharing on an equal footing, it is critical for Partnership Contributions to commence in 2012.

- Industry expressed its support for the Framework’s goals and objectives and its commitment to provide fair and equitable annual Partnership Contributions.

- Industry is prepared to engage in collaborative dialogue with WHO on the Partnership Contribution.

- There is a need to define key terms that are not defined in the Framework and that are relevant to the Partnership Contribution.

- The principles for identifying all contributors should be based on transparency and equity as specified in Section 6.14.3 of the Framework.

- It is important to identify all contributors to the Partnership Contribution using criteria that are clear and well-delineated, transparent in methodology, and inclusive of all companies on a global basis. There are many challenges, however, to developing a comprehensive list.

- Various approaches for defining the formula to distribute the Partnership Contribution among contributors can be considered.

- Transparency in how countries are selected to receive Partnership Contribution resources is important. Following selection, it will be critical to monitor and evaluate how countries use Partnership Contribution resources.

- There was general agreement that such interactions are useful and should continue.

23. The Director-General made several interventions. She stressed the importance of having WHO, its Member States, industry and other stakeholders exchange and understand each other’s views and perspectives. All parties must work to honour their commitment and commence Partnership Contributions in 2012 as specified in the Framework. Global health security relies on the efforts of countries. The judicious use of Partnership Contribution funds to build and strengthen capacity, therefore, benefits not only the individual country, but all countries. The Director-General remains committed to operationalization of the Framework and its principles of transparency and equity.

GISRS assessment and Terms of Reference

24. The Secretariat updated the Advisory Group on the scope, goals and proposed methodology for an assessment of GISRS. The assessment will use indicators of GISRS functions and capacity. Data will be derived from existing databases and reports, as well as new surveys of GISRS members and external GISRS partners. It was noted that the scope of the assessment is subject to available funding.

25. In its discussion the Advisory Group noted that although some countries do not have a NIC, they have other national laboratories that have capacities similar to a NIC or have access to
laboratories in other countries. Using such information, the Advisory Group asked the Secretariat to provide a more comprehensive picture of global laboratory surveillance.

26. TORs for GISRS laboratories under the PIP Framework have not changed. The development of a new category of WHO CCs on the human-animal interface is underway. Proposed draft TORs for this new category of CCs are being prepared by GISRS, WHO regional and country offices and other experts. The Advisory Group welcomes further information about the process of assessment of the GISRS and about the recruitment of new Collaborating Centres in order to provide guidance on the general process and on the animal-human interface. The Secretariat noted that review of these TORs is to follow the processes specified in PIP Framework Section 7.3.2.

Vaccine and antiviral stockpiles

27. The Secretariat updated the Advisory Group on the WHO pandemic vaccine (H5N1) stockpile and WHO antiviral stockpiles, including their initial development, use during the 2009 pandemic, and their current status.

28. The Secretariat indicated that the Strategic Advisory Group of Experts (SAGE) Working Group on Influenza Vaccines and Immunizations considered three main options for the use of the remaining 120 million doses of H5N1 vaccine. The SAGE Working Group favoured one of three proposed options (“option c”), namely that a virtual stockpile with a small physical stockpile of filled doses of H5N1 vaccine (~1 million doses) would provide reassurance to countries in the event of an H5N1 outbreak. The PIP Advisory Group generally viewed this same option as the most viable with a possible consideration of having the physical stockpile stored in bulk. The Advisory Group noted the potential linkage of the WHO vaccine stockpiles with the 30% of Partnership Contributions reserved for pandemic response and may wish to review this issue at a future meeting.

Approval of reports

29. The Annual Report and the Meeting Report were adopted unanimously by the Advisory Group.

Next steps

Next meeting

30. The next meeting of the Advisory Group will take place 20–22 March 2013 in Geneva. Agenda items for the next meeting were discussed, to include:

- GISRS assessment
- Guidance on GISRS TORs
- Follow-up on the Partnership Contribution
- Follow-up on SMTA 2s
- Follow-up on implementation plans for the Partnership Contribution
- Vaccine stockpile (to be coordinated with other groups)
- Updated table of PIP Framework-related tasks/activities
• Overview of surveillance for influenza disease, e.g. syndromic surveillance

Any other business

31. An Information Session for Permanent Missions is scheduled for 18 October 2012; the Advisory Group requested that the Secretariat develop a slide presentation for the Information Session which could be distributed to WHO regional offices. A briefing for other stakeholders is to be scheduled.

32. The Advisory Group may reconvene by teleconference on 10 December 2012 at 12:00 GMT +1 hour if necessary to discuss the status of the Partnership Contribution.
APPENDIX 1

PANDEMIC INFLUENZA PREPAREDNESS FRAMEWORK
ADVISORY GROUP MEETING

3–5 OCTOBER 2012

List of Advisory Group participants

Professor Tjandra Y. Aditama, Director General of Disease Control and Environmental Health, Ministry of Health, Indonesia

Dr William Kwabena Ampofo, Senior Research Fellow & Head – Virology, Noguchi Memorial Institute for Medical Research, University of Ghana, Ghana

Dr Jarbas Barbosa da Silva Jr, Secretary (Vice Minister) of Health Surveillance, Ministry of Health, Brazil

Dr Silvia Bino, Associate Professor of Infectious Diseases, Head, Control of Infectious Diseases Department, Institute of Public Health, Albania

Dr Rainer Engelhardt, Assistant Deputy Minister, Infectious Disease Prevention and Control Branch, Public Health Agency of Canada, Canada

Mr David E. Hohman, Former Deputy Director, Office of Global Affairs, Department of Health and Human Services, United States of America

Professor Didier Houssin, President, French Evaluation Agency for Research and Higher Education (AERES), France

Dr Mark Jacobs, Director of Public Health, Ministry of Health, New Zealand

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

Dr Nobuhiko Okabe, Director General, Kawasaki City Institute for Public Health, Japan

Dr Adrian J. Puren, Deputy Director, National Institute for Communicable Diseases, South Africa

Professor Prasert Thongcharoen, Professor Emeritus, Department of Microbiology, Faculty of Medicine, Siriraj Hospital, Mahidol University, Thailand

Dr P.V. Venugopal, Former Director of International Operations, Medicines for Malaria Venture, Public Health Specialist, India
APPENDIX 2

PANDEMIC INFLUENZA PREPAREDNESS FRAMEWORK
ADVISORY GROUP MEETING

3–5 OCTOBER 2012

Summary of Declarations of Interest by members

In accordance with WHO policy, all PIP Framework Advisory Group members completed the “WHO Declaration of Interests for WHO Experts”. In advance of the meeting, all members were asked to confirm the interests they had previously declared, disclose any relevant changes that had intervened subsequently, and provide any additional information that could be relevant to the subject matter of the meeting. Pursuant to WHO guidelines, their declarations were reviewed and assessed for real, potential or apparent conflicts of interest. The experts participating in the Advisory Group meeting were, by WHO region:

Africa:

- Dr William Kwabena Ampofo (Ghana)
- Dr Hama Issa Moussa (Niger)
- Dr Adrian J. Puren (South Africa)

Americas:

- Dr Jarbas Barbosa da Silva Jr (Brazil)
- Dr Rainer Englehardt (Canada)
- Mr David E. Hohman (United States of America)

Eastern Mediterranean:

- Dr Silvia Bino (Albania)

Europe:

- Professor Didier Houssin (France)

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1 Dr Rajae El Aouad (Morocco), Dr Amr Mohamed Kandeel (Egypt), Dr Ziad A. Memish (Saudi Arabia), Professor Oleg Ivanovich Kiselev (Russian Federation), and Professor Yu Wang (China) were unable to attend.
South-East Asia:

- Dr P.V. Venugopal (India)
- Professor Tjandra Y. Aditama (Indonesia)
- Professor Prasert Thongcharoen (Thailand)

Western Pacific:\n
- Dr Nobuhiko Okabe (Japan)
- Dr Mark Jacobs (New Zealand)

In the interest of transparency, the following interests and/or affiliations were deemed 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 William Kwabena Ampofo</td>
<td>Affiliated with a GISRS laboratory</td>
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<tr>
<td>Dr Hama Issa Moussa</td>
<td>Civil Servant</td>
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<tr>
<td>Dr Adrian J. Puren</td>
<td>Civil Servant</td>
</tr>
<tr>
<td>Dr Jarbas Barbosa da Silva, Jr</td>
<td>Civil Servant</td>
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<tr>
<td>Dr Rainer Englehardt</td>
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<td>Dr Silvia Bino</td>
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<tr>
<td>Professor Tjandra Y. Aditama</td>
<td>Civil Servant</td>
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<tr>
<td>Dr Mark Jacobs</td>
<td>Civil Servant</td>
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<tr>
<td>Dr Nobuhiko Okabe</td>
<td>Civil Servant</td>
</tr>
<tr>
<td>Professor Prasert Thongcharoen</td>
<td>Affiliated institution received funding from a vaccine manufacturer to conduct research*</td>
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</tbody>
</table>

* The interest declared by Professor Prasert Thongcharoen was reviewed by WHO and determined not to present a conflict of interest with the objectives of the meeting.

No other interests declared by members of the Advisory Group were deemed relevant to the work of the group.