
Review of nongovernmental organizations in official relations with WHO

1. In accordance with paragraph 4.6 of the Principles Governing Relations between the World Health Organization and Nongovernmental Organizations,¹ the Board, through its Standing Committee on Nongovernmental Organizations,² each year reviews collaboration between WHO and one third of the nongovernmental organizations in official relations with WHO and determines the desirability of maintaining them in such relations. The basis for official relations is a plan for collaboration that includes mutually agreed objectives and outlines activities for a three-year period.

2. Information in this document derives from reports submitted by the nongovernmental organizations, from WHO's evaluations on the collaborations and the plans for collaboration that have been agreed by WHO and the nongovernmental organizations for the next three-year collaboration period. In addition, the results of the follow-up to decision EB134(7) are included.³ The Standing Committee is invited to consider the information, including proposed actions.

3. The review of collaboration between nongovernmental organizations and WHO has been conducted in accordance with the policies set out in the Principles Governing Relations between the World Health Organization and Nongovernmental Organizations and the practices for implementing those policies. It should be noted that in accordance with decision WHA67(14), the Executive Board will consider at its 136th session a revised draft framework of engagement with non-State actors. Although the review of existing collaboration and proposals for admission of new nongovernmental organizations into official relations with WHO has been solely based on the current policies, the following changes have been made to their implementation:

- documentation submitted to the Standing Committee is no longer restricted;⁴ and
- information concerning those nongovernmental organizations that have their status reviewed, and concerning those that are proposed to be newly admitted into official relations, will also be made available in the prototype of the register of non-State actors.

¹ Basic documents, available at <http://apps.who.int/gb/bd/>.

² Members of the Standing Committee on Nongovernmental Organizations, as amended by decision EB135(3), Dr Sathasivam Subramaniam (Malaysia), Dr Richard Nchabi Kamwi (Namibia), Dr Reina Gisela Roa Rodriguez (Panama), Dr Walid Ammar (Lebanon), and Dr Gazmend Bejtja (Albania).

³ Document EB134/2014/REC/1.

⁴ In accordance with the proposal made in document EB134/8, paragraph 28. See document EB134/2014/REC/2, summary record of the sixth meeting of the Executive Board at its 134th session.

This document further indicates which entities would be considered private sector entities under the framework of engagement with non-State actors.

REVIEW OF COLLABORATION WITH NONGOVERNMENTAL ORGANIZATIONS DURING 2012–2014

4. The review of collaboration with nongovernmental organizations during 2012–2014 concerned 57 organizations. Where collaboration has proved satisfactory, and there is a jointly agreed plan for collaboration for the following three years, it is considered that WHO should continue official relations with the nongovernmental organization in question.

5. The Annex to this document contains a table listing the 57 nongovernmental organizations under review, and the categories and programme areas of the Twelfth General Programme of Work, 2014–2019 that the agreed collaboration for the period 2015–2017 would support, if the relations are continued. Details of past joint activities and of plans for collaboration in the future will be provided on request.

6. It should be noted in this context that, as part of the current application process for admission into official relations with WHO, the nongovernmental organization indicates what type of entity it is. The following nongovernmental organizations had identified themselves during the application process as “trade/business”, which also corresponds to the description of themselves on their websites: CropLife International, International Air Transport Association and World Plumbing Council. In accordance with the draft framework of engagement with non-State actors, these organizations would be considered as international business associations.

7. The following nongovernmental organizations that had identified themselves during the application process as “scientific/academic”, would, according to the draft framework of engagement with non-State actors, be considered as private sector entities: European Centre for Ecotoxicology and Toxicology of Chemicals and International Life Sciences Institute.

8. In the case of International Life Sciences Institute, it should be further noted that a member company of one of its branches is owned by a company that manufactures and sells tobacco products.

9. From among the new applications for admission into official relations with WHO, the following organizations have identified themselves as “trade/business”: the Global Diagnostic Imaging, Healthcare IT and Radiation Therapy Trade Association, and the Global Medical Technology Alliance.

A. Action proposed: Note the reports and commend the 57 nongovernmental organizations listed in the Annex for their continuing contribution to the achievement of WHO objectives and maintain them in official relations with WHO.

FOLLOW-UP TO DECISION EB134(7)

10. In accordance with paragraph 2 of decision EB134(7), relations with the International Union for Health Promotion and Education, the Inter-African Committee on Traditional Practices affecting the Health of Women and Children, and the World Psychiatric Association were deferred until the 136th session of the Executive Board, at which time reports would be considered either on agreed plans for collaboration or on status of relations.

11. **International Union for Health Promotion and Education.** During the collaboration period 2015–2017, the International Union will support WHO in the implementation of resolution WHA67.12 on contributing to social and economic development: sustainable action across sectors to improve health and health equity. In particular, it will support implementation of subparagraph 3(1) in which the Director-General is requested to prepare, for the consideration of the Sixty-eighth World Health Assembly, in consultation with Member States, organizations of the United Nations system and other relevant stakeholders as appropriate, and within existing resources, a Framework for Country Action, for adaptation to different contexts, taking into account the Helsinki Statement on Health in All Policies, aimed at supporting national efforts to improve health and ensure health protection, health equity and health systems functioning, including through action across sectors on determinants of health and risk factors of noncommunicable diseases, based on best available knowledge and evidence. The International Union will review and provide comments and recommendations to the discussion paper and the first draft of the Framework for Country Action, and its activities will support WHO's efforts to promote action across sectors, in particular at the country level. Furthermore, it will prepare, in collaboration with WHO, a sub-theme for its 22nd World Conference on Health Promotion that is related to the resolution and dedicated to "Health in all policy and intersectoral action: innovations in theory, evaluation and research".

12. The International Union will participate actively in the global coordination mechanism for the prevention and control of noncommunicable diseases to contribute to the implementation of the global action plan for the prevention and control of noncommunicable diseases 2013–2020. Through its global network, the International Union will raise awareness, advocate for, mobilize resources for, and disseminate knowledge and information on tackling noncommunicable diseases through its publications and the media, as well as its regional and world conferences. It will participate in WHO's dialogues on how to encourage the continued inclusion of noncommunicable diseases in development cooperation agendas; and on how to strengthen North–South, South–South, and triangular cooperation on the prevention and control of noncommunicable diseases.

13. WHO will collaborate with the International Union on the development of the scientific programme of the 9th Global Conference on Health Promotion, to be held in Shanghai, China, in 2016. The President of the International Union is a full member of the scientific and organizing committee of the Global Conference.

14. The International Union will collaborate with PAHO to develop the leading theme, sub-themes and objectives, and structure of the scientific programme of its 22nd World Conference on Health Promotion, to be held in Curitiba, Brazil in May 2016. A technical session will be organized for the review by expert participants in the 22nd World Conference on Health Promotion of the draft outcome documents of the 9th Global Conference on Health Promotion.

15. To widen the evidence base for tobacco control, the International Union will publish a supplementary issue of its peer-reviewed journal *Global Health Promotion* with six to eight peer-reviewed papers using data from the Global Youth Tobacco Survey. The Survey, which has been conducted in more than 180 countries by WHO, the United States Centers for Disease Control and Prevention, and health ministries since 1999, uses a standard protocol. The publication will widen the evidence base to assist the development and implementation of global, regional and country-specific tobacco control measures, and will promote similar surveys to be authored and conducted at country level. The preliminary list of papers includes:

- tobacco use among youth: an update from the Global Youth Tobacco Survey 2014;

- change in tobacco use among 13–15 year olds worldwide between 1999 and 2012 – findings from the Global Youth Tobacco Survey;
- tobacco use and smoking susceptibility among 13–15 year olds in island nations, Global Youth Tobacco Survey, 1999–2012;
- prevalence of shisha smoking among students aged 13–15 years: estimates from the Global Youth Tobacco Survey;
- use of other tobacco products among youth: findings from the Global Youth Tobacco Survey, 1999–2012;
- country specific manuscripts: change over Time estimates on tobacco use, second hand smoke exposure and tobacco advertising, promotion and sponsorship.

16. **Inter-African Committee on Traditional Practices affecting the Health of Women and Children.** The collaboration is mainly focused on work around the elimination of female genital mutilation, a practice that has serious health consequences for women and children. WHO supports efforts towards the elimination of female genital mutilation, as evidenced by resolution WHA61.16 on female genital mutilation, mainly through the generation, synthesis and dissemination of evidence on its health consequences and, in collaboration with partners, by supporting the application in policies and programmes of interventions to improve the care of women and girls who have undergone female genital mutilation. The Inter-African Committee provides fora for sharing WHO's guidance, evidence and recommendations with the wider community, and provides input from the field to WHO's work.

17. During the collaboration period 2015–2017 the Inter-African Committee and WHO will jointly organize high-level panel discussions on the elimination of female genital mutilation, including one on the International Day of Zero Tolerance for Female Genital Mutilation on 6 February, during which the latest information on health aspects of female genital mutilation will be shared with stakeholders and awareness will be raised on the topic among stakeholders and the public.

18. The Inter-African Committee will contribute to the development of WHO guidelines on the management of health complications from female genital mutilation by providing input on the care of women and girls who have undergone female genital mutilation.

19. **World Psychiatric Association.** The plan for collaboration focuses on the implementation of selected activities contained in WHO's comprehensive mental health action plan 2013–2020. In addition, the Association will continue to support WHO in classifying mental and behavioural disorders in the eleventh revision of the International Statistical Classification of Diseases and Related Health Problems, as required. The Association and WHO will also collaborate when appropriate on implementation of the Association's action plan on public mental health.

20. More specifically, the Association will support WHO in revising the WHO Mental Health Gap Action Programme intervention guide,¹ as well as in its wide dissemination to the Association's member associations and its use in training non-specialized care providers, as needed. The Association

¹ mhGAP intervention guide for mental, neurological and substance use disorders in non-specialized health settings: Mental Health Gap Action Programme (mhGAP). Geneva: World Health Organization; 2010.

will scale up services for mental disorders by contributing to national level planning for mental health policy and service development through selected national associations.

21. The Association will support WHO's Topic Advisory Group for Mental Health in developing, and providing expert scientific input for, field studies of mental and behavioural disorders for the eleventh revision of the International Statistical Classification of Diseases and Related Health Problems.

22. WHO materials will be incorporated by the Association and its national associations, where appropriate, in developing curricula and training materials for undergraduate, postgraduate and continuing medical education activities.

B. Action proposed: Note the agreed plans for collaboration between WHO and the International Union for Health Promotion and Education, the Inter-African Committee on Traditional Practices affecting the Health of Women and Children and the World Psychiatric Association, and maintain the three organizations in official relations with WHO.

23. In accordance with paragraph 3 of decision EB134(7), the Executive Board deferred, until its 136th session and for a second time, the review of relations with CMC – Churches' Action for Health and requested further clarification of that organization's constitutional arrangements and the provision of an agreed plan for collaboration with WHO.

24. **CMC – Churches' Action for Health.** The tenth Assembly of the World Council of Churches was held from 30 October to 8 November 2013. During that meeting, decisions were made on the World Council's direction and future programmatic work for the following seven years. A decision was also made to incorporate CMC – Churches' Action for Health, including its name, into the World Council of Churches in order to place work on health clearly within the World Council's remit. Although the organization's work on health is not explicit in this name change, the World Council's commitment to health remains a core part of its programmes, and is now placed in its "public witness and diakonia" programme area, in particular its "health and healing" project.

25. The World Council has also agreed a plan for collaboration with WHO until the end of 2015, after which the relations with the World Council will be due for review by the Executive Board at its 138th session, in January 2016, as per the triennial schedule. The plan for collaboration includes the following activities to support WHO's work on essential medicines and health products: a campaign to increase the availability of zinc in health facilities and medicine supply organizations; a survey on the availability of, and barriers to access to, children's medicines in church health associations in Chad, Ghana, Kenya and Uganda; Minilab® training on pharmacovigilance between Cameroon, Democratic Republic of the Congo and India; research on non-adherence to antiretroviral therapy; training courses on essentials of pharmacy practice for primary health care personnel in South Sudan; and continued publication in *Contact* magazine of key issues agreed with WHO.

26. The World Council develops collaboration between faith-based health service providers to accelerate achievement of Millennium Development Goals 4 (Reduce child mortality) and 5 (Improve maternal health) by, inter alia, strengthening collaboration with governments on service provision, collection of data and surveillance, and by fostering South-South collaboration in enhancing access to services and quality of care. It also disseminates throughout Africa *Parenting: a Journey of Love*, an illustrated publication by Strategies for Hope, an organization that produces training manuals, films and case study booklets about how communities can address the great challenges of the global

HIV/AIDS epidemic. The publication will be adapted to other regions and religions and translated into other languages. The effectiveness of the publication's workshops will be documented.

27. Activities are being undertaken to maximize the capacity of faith-based health service providers to test and treat both uncomplicated and severe malaria, and to distribute bed nets through faith-based networks and hospitals in at least two heavily-affected countries.

28. The World Council is mobilizing its network to respond to the Ebola virus disease crisis. It held a high-level consultation (Geneva, 29 September 2014) drawing together representatives of the World Council, WHO, UNICEF, UNAIDS, the ACT Alliance and other organizations to discuss a collaborative response to the Ebola virus disease outbreak. The consultation informed a structure for collaboration between the World Council and WHO on responding to the Ebola virus disease crisis. Since then, the World Council has participated in a meeting between WHO and partners (Brazzaville, 8–10 October 2014) to further discuss collaboration. Other follow-up meetings are planned on collaboration and coordination in the response to Ebola virus disease.

29. The World Council is mapping the faith-based health service providers in the countries affected by Ebola virus disease, and then in the surrounding countries and eventually throughout Africa to understand where existing health services may need to be improved to respond to the crisis. It has also participated in the development of guidelines entitled Field situation: How to conduct safe and dignified burial of a patient who has died from suspected or confirmed Ebola virus disease.¹ Other collaborative activities and responses are being developed.

C. Action proposed: Note the clarifications on the constitutional arrangements of CMC – Churches' Action for Health, including the incorporation of the organization, including its name, into the World Council of Churches. Note also the agreed plans for collaboration between WHO and the World Council of Churches, and maintain it in official relations with WHO under the name World Council of Churches.

¹ Available at http://apps.who.int/iris/bitstream/10665/137379/1/WHO_EVD_GUIDANCE_Burials_14.2_eng.pdf (accessed 18 November 2014).

ANNEX

NONGOVERNMENTAL ORGANIZATIONS IN OFFICIAL RELATIONS WITH WHO WITH A PLAN FOR COLLABORATION FOR THE PERIOD 2015–2017, CONTRIBUTING TO CATEGORY OF WORK AND PROGRAMME AREAS OF THE TWELFTH GENERAL PROGRAMME OF WORK, 2014–2019

	Name of nongovernmental organization	Category of work	Programme area
1	Caritas Internationalis	1 – Communicable diseases	HIV/AIDS, Tuberculosis
2	CBM	2 – Noncommunicable diseases	Disabilities and rehabilitation
3	CropLife International	1 – Communicable diseases	Malaria, Neglected tropical diseases
4	European Centre for Ecotoxicology and Toxicology of Chemicals	3 – Promoting health through the life course	Health and the environment
5	European Society for Medical Oncology	2 – Noncommunicable diseases	Noncommunicable diseases
6	FDI World Dental Federation	2 – Noncommunicable diseases	Noncommunicable diseases
7	Helen Keller International	2 – Noncommunicable diseases	Nutrition
8	International Agency for the Prevention of Blindness	2 – Noncommunicable diseases	Disabilities and rehabilitation
9	International AIDS Society	1 – Communicable diseases	HIV/AIDS
10	International Air Transport Association	5 – Preparedness, surveillance and response	Alert and response capacities
11	International Association for Dental Research	2 – Noncommunicable diseases	Noncommunicable diseases
12	International Association for Hospice and Palliative Care Inc.	4 – Health systems	Access to medicines and health technologies and strengthening regulatory capacity
13	International Association for the Study of Pain	4 – Health systems	Access to medicines and health technologies and strengthening regulatory capacity
14	International Association of Logopedics and Phoniatrics	3 – Promoting health through the life course	Ageing and health
15	International Clearinghouse for Birth Defects Surveillance and Research	3 – Promoting health through the life course	Reproductive, maternal, newborn, child and adolescent health
16	International Commission on Non-ionizing Radiation Protection	3 – Promoting health through the life course	Health and the environment

	Name of nongovernmental organization	Category of work	Programme area
17	International Commission on Radiological Protection	3 – Promoting health through the life course	Health and the environment
18	International Council of Ophthalmology	2 – Noncommunicable diseases	Disabilities and rehabilitation
19	International Diabetes Federation	2 – Noncommunicable diseases	Noncommunicable diseases
20	International Eye Foundation	2 – Noncommunicable diseases	Disabilities and rehabilitation
21	International Federation of Oto-Rhino-Laryngological Societies	2 – Noncommunicable diseases	Disabilities and rehabilitation
22	International Leprosy Association	1 – Communicable diseases	Neglected tropical diseases
23	International Life Sciences Institute	5 – Preparedness, surveillance and response	Food safety
24	International Medical Corps	5 – Preparedness, surveillance and response	Outbreak and crisis response
25	International Network for Cancer Treatment and Research	2 – Noncommunicable diseases	Noncommunicable diseases
26	International Network on Children's Health, Environment and Safety	3 – Promoting health through the life course	Health and the environment
27	International Society for Environmental Epidemiology	3 – Promoting health through the life course	Health and the environment
28	International Society of Doctors for the Environment	3 – Promoting health through the life course	Health and the environment
29	International Society of Nephrology	2 – Noncommunicable diseases	Noncommunicable diseases
30	International Solid Waste Association	3 – Promoting health through the life course	Health and the environment
31	International Union against Sexually Transmitted Infections	3 – Promoting health through the life course	Reproductive, maternal, newborn, child and adolescent health
32	International Union Against Tuberculosis and Lung Disease	1 – Communicable diseases	Tuberculosis
33	International Union of Immunological Societies	1 – Communicable diseases	Vaccine-preventable diseases
34	International Union of Toxicology	3 – Promoting health through the life course	Health and the environment
35	March of Dimes Foundation	3 – Promoting health through the life course	Reproductive, maternal, newborn, child and adolescent health
36	Organisation pour la Prévention de la Cécité	2 – Noncommunicable diseases	Disabilities and rehabilitation
37	Project ORBIS International, Inc. (ORBIS International)	2 – Noncommunicable diseases	Disabilities and rehabilitation

	Name of nongovernmental organization	Category of work	Programme area
38	Rotary International	5 – Preparedness, surveillance and response	Polio eradication
39	Stichting Global Network of People Living with HIV/AIDS (GNP+)	1 – Communicable diseases	HIV/AIDS
40	Thalassaemia International Federation	2 – Noncommunicable diseases	Noncommunicable diseases
41	The Global Alliance for Rabies Control, Inc.	1 – Communicable diseases	Neglected tropical diseases
42	The International Association of Lions Clubs	2 – Noncommunicable diseases	Disabilities and rehabilitation
43	The International Federation of Anti-Leprosy Associations	1 – Communicable diseases	Neglected tropical diseases
44	The Royal Commonwealth Society for the Blind (Sightsavers)	2 – Noncommunicable diseases	Disabilities and rehabilitation
45	The Worldwide Palliative Care Alliance	4 – Health systems	National health policies, strategies and plans
46	Union for International Cancer Control	2 – Noncommunicable diseases	Noncommunicable diseases
47	WaterAid	3 – Promoting health through the life course	Health and the environment
48	World Blind Union	2 – Noncommunicable diseases	Disabilities and rehabilitation
49	World Council of Optometry	2 – Noncommunicable diseases	Disabilities and rehabilitation
50	World Federation of Hemophilia	2 – Noncommunicable diseases	Noncommunicable diseases
51	World Federation of Hydrotherapy and Climatotherapy	4 – Health systems	Integrated people-centred health services
52	World Heart Federation	2 – Noncommunicable diseases	Noncommunicable diseases
53	World Hepatitis Alliance	1 – Communicable diseases	Vaccine-preventable diseases
54	World Hypertension League	2 – Noncommunicable diseases	Nutrition
55	World Plumbing Council	3 – Promoting health through the life course	Health and the environment
56	World Stroke Organization	2 – Noncommunicable diseases	Noncommunicable diseases
57	World Veterinary Association	5 – Preparedness, surveillance and response	Food safety

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