

---

## **Engagement with non-State actors**

### **Non-State actors in official relations with WHO**

1. “Official relations” is a privilege that the Executive Board may grant to nongovernmental organizations, international business associations and philanthropic foundations that have had and continue to have a sustained and systematic engagement<sup>1</sup> in the interest of the Organization. The aims and activities of all these entities shall be in conformity with the spirit, purposes and principles of WHO’s Constitution, and they shall contribute significantly to the advancement of public health.<sup>2</sup>
2. In accordance with the Framework of Engagement with Non-State Actors,<sup>3</sup> entities in official relations with WHO are international in membership and/or scope, have a constitution or similar basic document, an established headquarters, a governing body, an administrative structure and a regularly updated entry in the WHO Register of non-State actors, through which they provide all the necessary information on the non-State actor’s nature and activities.
3. Official relations are based on a three-year plan for collaboration with WHO that has been developed and agreed on jointly by the non-State actor and WHO, and that it is structured in accordance with the WHO General Programme of Work and Programme budget and is consistent with the Framework of Engagement with Non-State Actors. These plans shall be free from concerns that are primarily of a commercial or for-profit nature.
4. It should be noted that decision EB139(2) (2016), in follow-up to resolution WHA69.10 (2016) on the Framework of Engagement with Non-State Actors, dissolved the Standing Committee on Nongovernmental Organizations, which previously made recommendations to the Board on the application for admission of nongovernmental organizations into official relations with WHO. In accordance with the Framework, the Programme, Budget and Administration Committee of the Board, during the January session, is mandated to consider non-State actors in official relations and shall

---

<sup>1</sup> According to the Framework of Engagement with Non-State Actors (document WHA69/2016/REC/1, Annex 5), this is defined as at least two years of systematic engagement as documented in the WHO Register of non-State actors, assessed by both parties to be mutually beneficial. Participation in each other’s meetings alone is not considered to be a systematic engagement (paragraph 50). For nongovernmental organizations working on global health issues, sustained and systematic engagement could include research and active advocacy around WHO meetings and WHO’s policies, norms and standards. Official relations may be considered for such nongovernmental organizations based on at least three years of their activities and future workplan on research and advocacy on global public health issues (paragraph 53).

<sup>2</sup> Paragraphs 50–66 of the Framework of Engagement with Non-State Actors (document WHA69/2016/REC/1, Annex 5) set out the general rules and procedures for official relations.

<sup>3</sup> See document WHA69/2016/REC/1, Annex 5.

make recommendations to the Board on: proposals for admitting non-State actors into official relations; review of renewals of non-State actors in official relations; proposals for the deferral of reviews; and proposals for the suspension or discontinuation of official relations status.

5. While implementing the Framework of Engagement with Non-State Actors and expanding the permanent version of the WHO Register of non-State actors in time for the Seventieth World Health Assembly, WHO will also identify which of the four specific policies (that is, those related to nongovernmental organizations, private sector entities, philanthropic foundations and academic institutions) will apply to each non-State actor. If any non-State actor no longer qualifies for official relations, the Secretariat would contact the non-State actor to allow it to decide if it would like to adjust its policies, governance or funding in a manner that would allow it to qualify again. Otherwise the Secretariat would propose the discontinuation of official relations with the entity, for consideration by the Board at its 142nd session.

6. In order to support the Board in fulfilling its mandate on official relations, the Secretariat examined and assessed non-State actors' applications for admission into official relations, and those set to undertake their triennial review during the 140th session of the Board, to ensure that the established criteria and other requirements were fulfilled in accordance with the provisions set out in the Framework of Engagement with Non-State Actors. In this regard, due diligence and risk assessment have been performed on each non-State actor, and entries in the WHO Register of non-State actors have been verified, together with the relevant supporting documentation provided. In addition, reports on collaboration during the past three years (2014–2016) and the jointly agreed plans for collaboration for the following three years (2017–2019) have been examined.

7. On the basis of the above-mentioned elements, the Board is invited to consider applications from five non-State actors for admission into official relations and to review the collaboration with 74 non-State actors in official relations in the context of their triennial review.

### **Applications for admission into official relations with WHO**

8. In accordance with the Framework of Engagement with Non-State Actors, the Board shall be responsible for deciding on the admission of organizations into official relations with WHO.<sup>1</sup> The Director-General may propose international nongovernmental organizations, philanthropic foundations and international business associations for admission.

9. The Secretariat reviewed applications for admission into official relations from non-State actors to ensure that the established criteria and other requirements as set out in the Framework of Engagement with Non-State Actors were fulfilled.

10. As result of the review, it was considered that the applications from the following entities fulfilled the established criteria and are presented for the consideration of the Board: Bill & Melinda Gates Foundation; Grand Challenges Canada; International Rescue Committee; Knowledge Ecology International; and The Fred Hollows Foundation.

11. These five entities have completed their entries in the WHO Register of non-State actors. A summary of each applying entity, describing their engagements with WHO over the past three years and the collaboration planned for the coming three years is available in Annex 1.

---

<sup>1</sup> See document WHA69/2016/REC/1, Annex 5, paragraph 54.

---

**A. Action proposed: Note the reports and consider Bill & Melinda Gates Foundation, Grand Challenges Canada, International Rescue Committee, Knowledge Ecology International and The Fred Hollows Foundation for admission into official relations with WHO.**

### **Triennial review of the collaboration with non-State actors in official relations with WHO**

12. In accordance with the Framework on Engagement with Non-State Actors,<sup>1</sup> the Board, through its Programme, Budget and Administration Committee, shall review collaboration with each non-State actor in official relations every three years and shall decide on the desirability of maintaining official relations or defer the decision on the review to the following year. The Board's review shall be spread over a three-year period, one third of the entities in official relations being reviewed each year.

13. The Board may discontinue official relations if it considers that such relations are no longer appropriate or necessary in the light of changing programmes or other circumstances. Similarly, the Board may suspend or discontinue official relations if an organization no longer meets the criteria that applied at the time of the establishment of such relations, fails to update its information and report on the collaboration in the WHO Register of non-State actors or fails to fulfil its part in the agreed programme of collaboration.<sup>2</sup>

14. The review of collaboration with non-State actors during 2014–2016 covered 74 entities.<sup>3</sup> The Secretariat has reviewed the 74 non-State actors and WHO's collaboration with them, taking into consideration reports on past collaboration, proposed plans for collaboration for 2017–2019, the updated entries in the WHO Register of non-State actors and the outcomes from due diligence and risk assessment.

15. The Secretariat proposes that of these 74 non-State actors, 58 are considered to be maintained in official relations. Reports on past collaboration with these non-State actors confirmed that agreed collaborations had been implemented, and jointly agreed plans for collaboration for 2017–2019 have been concluded. Furthermore, these non-State actors fulfilled the criteria, including having updated entries in the WHO Register of non-State actors.

16. A list of these 58 non-State actors with which the continuation of official relations can be considered is given in Annex 2, along with a short description of the agreed plan for collaboration for 2017–2019, in accordance with the WHO Twelfth General Programme of Work 2014–2019 and programme budget, and consistent with the provisions set in the Framework of Engagement with Non-State Actors.

---

<sup>1</sup> See document WHA69/2016/REC/1, Annex 5, paragraph 64.

<sup>2</sup> See document WHA69/2016/REC/1, Annex 5, paragraph 66.

<sup>3</sup> Decision EB138(4) (2016) deferred the decision on the review of six non-State actors to the Board at its 140th session. These six entities are included in the current review of the 74 non-State actors in official relations.

**B. Action proposed: Note the reports and commend the 58 non-State actors listed in Annex 2 for their continuing contribution to the achievement of WHO objectives and maintain them in official relations with WHO.**

17. On the basis of the review undertaken, and in order not to compromise the existing collaboration, the Secretariat proposes that the following non-State actors to be considered for deferral of the decision on their review to the Board at its 142nd session.

18. **International Alliance of Women: Equal Rights–Equal Responsibilities, International Federation of Business and Professional Women, and Medical Women’s International Association.** Given the importance of collaboration on gender, equity and human rights related to WHO’s work, the Secretariat proposes that deferral of the decision on their review to the Board at its 142nd session should be considered for these entities. Due to staffing limitations in the WHO programme, contact between WHO and the entities was limited during the reporting period.

19. **Handicap International Federation, International Spinal Cord Society, Rehabilitation International, Italian Association of Friends of Raoul Follereau, and World Federation of the Deaf.** Given that the workplan of WHO’s rehabilitation programme is currently being redefined, the Secretariat proposes that deferral of the decision on their review to the Board at its 142nd session should be considered for these entities. Relevant areas of WHO’s work will be discussed and decided on in early 2017, which will help to determine the specific actions and deliverables of the collaboration plan with the non-State actors

20. **European Generic medicines Association.** This association, which has been re-named as Medicines for Europe, submitted a report on past collaboration. Given the importance of collaboration on generic medicines related to WHO’s work, the Secretariat proposes that more time should be granted to allow exploration of the development of a joint collaboration plan at institutional level that best suits WHO’s work and therefore proposes to defer the decision on its review to the Board at its 142nd session.

21. **International Insulin Foundation.** The Secretariat proposes to defer the decision on the review of the collaboration with the Foundation to the Board at its 142nd session, in order to allow time to explore the development of a more comprehensive collaboration plan. Restructuring in the WHO programme, including staff changes, has limited the contact between WHO and the Foundation during the reporting period.

22. **International Union for Health Promotion and Education.** In order to benefit from the outcomes of the 9th Global Conference on Health Promotion, held in Shanghai, China, in November 2016, the Secretariat proposes to defer the decision on the review of the collaboration with the International Union for Health Promotion and Education to the Board at its 142nd session. Deferral is proposed in order to strengthen the collaboration plan and joint activities in the area of health promotion.

**C. Action proposed: Note the reports and consider the deferral<sup>1</sup> of the decision on their review to the Board at its 142nd session for the following entities: European Generic medicines Association; Handicap International Federation; International Alliance of Women: Equal Rights–Equal Responsibilities; International Federation of Business and Professional Women; International Insulin Foundation; International Spinal Cord Society; International Union for Health Promotion; Italian Association of Friends of Raoul Follereau; Medical Women’s International Association; Rehabilitation International; and World Federation of the Deaf.**

23. On the basis of the review undertaken, the Secretariat proposes that the following non-State actors to be considered for discontinuation of their official relations status.

24. **Inclusion International.** The Secretariat has not been in contact with Inclusion International over the past two years and has not received their report on past collaboration, nor the collaboration plan, despite repeated attempts to contact them.

25. **International Centre for Trade and Sustainable Development.** The International Centre for Trade and Sustainable Development did not provide the relevant documentation pertaining to this review, including the report on past collaboration and the collaboration plan, nor did it update its profile in the WHO Register of non-State actors. The entity sees no area of collaboration with WHO in line with its current programme of work and priorities.

26. **Inter-African Committee on Traditional Practices affecting the Health of Women and Children, World Association for Psychosocial Rehabilitation and World Association for Sexual Health.** The entities did not provide the relevant documentation pertaining to this review, including the report on past collaboration and/or the collaboration plan, nor did they update their respective profile in the WHO Register of non-State actors. Despite WHO’s repeated attempts, the entities were unavailable to provide the necessary documentation and robust collaboration plans could not be finalized.

**D. Action proposed: The Board is invited to consider discontinuing relations with the following entities: Inclusion International; Inter-African Committee on Traditional Practices affecting the Health of Women and Children; International Centre for Trade and Sustainable Development; World Association for Psychosocial Rehabilitation; and World Association for Sexual Health.**

## **ACTION BY THE EXECUTIVE BOARD**

27. The Board is invited to consider the following draft decision:

The Executive Board, having examined the report on non-State actors in official relations with WHO including the review of one third of the non-State actors in official relations with WHO,<sup>2</sup>

---

<sup>1</sup> If granted, the deferral does not affect the triennial review cycle. The triennial review for these non-State actors will take place by the 142nd session of the Board, in January 2018.

<sup>2</sup> Document EB140/42.

- (1) decided:
  - (a) to admit into official relations with WHO the following non-State actors: Bill & Melinda Gates Foundation; Grand Challenges Canada; International Rescue Committee; Knowledge Ecology International; and The Fred Hollows Foundation;
  - (b) to discontinue official relations with Inclusion International; Inter-African Committee on Traditional Practices affecting the Health of Women and Children; International Centre for Trade and Sustainable Development; World Association for Psychosocial Rehabilitation; and World Association for Sexual Health;
- (2) noted with appreciation their collaboration with WHO and commending the continuing dedication to the work of WHO, and decided to maintain in official relations with WHO the 58 non-State actors whose names are listed in Annex 2 to document EB140/42;
- (3) further noted the reports and that plans for collaboration have yet to be agreed, and decided to defer the review of relations with European Generic Medicines Association; Handicap International Federation; International Alliance of Women; International Federation of Business and Professional Women; International Insulin Foundation; International Spinal Cord Society; International Union for Health Promotion and Education; Italian Association of Friends of Raoul Follereau; Medical Women's International Association; Rehabilitation International; and World Federation of the Deaf, until the 142nd session of the Board in January 2018, at which time reports should be presented to the Board on the agreed plans for collaboration and on the status of relations.

## ANNEX 1

**PROPOSED NON-STATE ACTORS APPLICATIONS FOR ADMISSION INTO OFFICIAL RELATIONS WITH WHO**

1. **Bill & Melinda Gates Foundation.** Bill & Melinda Gates Foundation is a philanthropic foundation, originally established in 2000, headquartered in Seattle, Washington, United States of America. It operates both locally in the United States of America and worldwide, funding new ideas and encouraging innovative partnerships with the vision of a world in which all people have the chance to live healthy, productive lives. Its aims are: to ensure more children and young people survive and thrive; to empower the poorest, especially women and girls; to combat infectious diseases that particularly affect the poorest; and to inspire people to take action to change the world.

The Foundation is governed by an executive leadership team that oversees all the Foundation's efforts. It comprises the trustees of the Foundation and the executive team. The Foundation receives its funding from the Bill & Melinda Gates Foundation Trust, which was created as a separate entity from the Foundation in October 2006 and oversees the Foundation's assets.

**Activities carried out with WHO during 2014–2016**

The Foundation's engagement with WHO has resulted in many instances of collaboration over several years, including the period under review. The engagement has been of a funding nature, as well as providing support related to advocacy, communications, technical assistance, expertise and others, in all six WHO categories of work, with special focus on: tuberculosis, malaria and neglected tropical diseases; nutrition; tobacco control; maternal, newborn and child health; water, sanitation and hygiene; pneumonia; regulation of health technologies; poliomyelitis eradication; outbreak and crisis response; and WHO organizational reform. In addition, the Foundation has been an active participant in the financing dialogue in 2013, 2015 and 2016.

**Planned collaborative activities with WHO for 2017–2019**

In the coming three years, the breadth of the collaboration will be deepened, strengthened and expanded. Regarding communicable diseases, the collaboration will continue to support WHO's existing activities such as the Expanded Special Project for Elimination of Neglected Tropical Diseases in Africa, and the promotion of greater transparency in target product profiles for tropical diseases. Regarding nutrition, the collaboration will also support WHO's work on maternal nutrition, breastfeeding, complementary feeding, micronutrients, and prevention and management of wasting. Regarding tobacco control, the Foundation will continue to support WHO's efforts in advancing policy that is in line with the WHO Framework Convention on Tobacco Control. The Organization's overall goal to reduce maternal, child and newborn mortality worldwide will also continue to be supported by the Foundation.

In 2017–2019, WHO's work to eradicate poliomyelitis will continue to receive support from the Foundation, with increased attention and support to halt transmission of poliovirus. WHO will also require increased support for routine immunization for enhanced immunity to limit the likelihood of reintroduction of the virus into areas where transmission has been interrupted. In addition, increasingly sensitive surveillance will be needed to detect poliovirus rapidly if it is reintroduced.

The collaboration will also continue to support WHO in the area of health technologies by expanding its scope to other regions (the African Region and the Region of the Americas) and areas, such as clinical trials oversight. Regarding outbreak and crisis response, the Foundation will also support WHO's endeavours by providing technical input, funds and advocacy to improve resilience in countries for detection of and response to health emergencies.

WHO's governance reform efforts will also be supported by the Foundation through enhanced transparency (for example, supporting the WHO programme budget web portal), grant consolidation (bundling grants under a single category to reduce management effort), advocacy and financial resources (such as the participation in and alignment with the financing dialogue principles).

### **Other relevant information**

In line with the requirements indicated in the Framework of Engagement with Non-State Actors, other relevant information on Bill & Melinda Gates Foundation is available in the WHO Register of non-State actors.<sup>1</sup>

2. **Grand Challenges Canada.** Registered in 2008, Grand Challenges Canada is a nongovernmental organization supporting Bold Ideas with Big Impact® in global health, focusing on saving lives at birth, saving brains, global mental health, hypertension and point-of-care diagnostics, through funding innovators in low- and middle-income countries.

Grand Challenges Canada is headquartered in Toronto, Canada, and is currently supporting activities in more than 50 countries. It is governed by a board of directors, which is responsible for providing oversight and direction to all Grand Challenges Canada's operations. It is funded primarily by the Government of Canada, with additional funding from other governmental agencies and philanthropic foundations.

### **Activities carried out with WHO during 2014–2016**

WHO and Grand Challenges Canada have collaborated closely on two specific areas of work, global mental health and early childhood development. In the implementation of activities of these two programmes, WHO has provided leadership, management structure, knowledge synthesis, evaluation strategy, implementation of objectives, scale-up frameworks, portfolio analysis, targeted investment and strategic advice.

### **Planned collaborative activities with WHO for 2017–2019**

Grand Challenges Canada will work closely with WHO in advancing the goals of WHO's comprehensive mental health action plan 2013–2020. In this context, the collaboration aims to accelerate the impact of the global mental health portfolio by conducting analysis, policy engagement, strategic information sharing, creation of cross-cutting policy briefs, facilitation of exchange and collaboration with key organizations.

WHO and Grand Challenges Canada will continue to work together to help to promote innovation in reproductive, maternal, newborn, child and adolescent health to ensure that new, more

---

<sup>1</sup> See <http://apps.who.int/register-nonstate-actors/nsa.aspx?id=328> (accessed 10 January 2017).



effective approaches to these health care challenges are developed to reach also the world's most marginalized populations.

As a contribution to the achievement of the goals of the 2030 Agenda for Sustainable Development,<sup>1</sup> WHO and Grand Challenges Canada will collaborate to strengthen the “Every Woman Every Child Innovation Marketplace”, which is a strategic alliance of development innovation organizations aiming to ensure that innovative approaches to reproductive, maternal, newborn, child and adolescent health can be expanded. This collaboration will allow the exchange of technical expertise to enable rigorous analysis of potential of promising health care innovations appropriate to their stage of development, and will also help to eliminate existing funding bottlenecks between the pilot phase and transition to expansion of such innovations.

### **Other relevant information**

In line with the requirements indicated in the Framework of Engagement with Non-State Actors, other relevant information on Grand Challenges Canada is available in the WHO Register of non-State actors.<sup>2</sup>

3. **International Rescue Committee.** The International Rescue Committee was officially registered in 1942 by bringing two organizations together, the International Relief Association and the Emergency Rescue Committee. The name of the organization was later shortened to the International Rescue Committee.

The International Rescue Committee is a nongovernmental organization, established to assist, rehabilitate and protect victims of oppression and persecution, to carry out a programme of humanitarian assistance in areas of need worldwide and to administer such assistance without regard to the race, nationality or religion of the beneficiaries. Currently, it operates in more than 30 countries in order to advance its mission.

Headquartered in New York, United States of America, the International Rescue Committee is managed by a board of directors, who are individuals from different sectors, some from academic institutions and nongovernmental organizations while others are affiliated to banking or financing sectors.

The majority of the International Rescue Committee's funding comes from grants and contracts, a third of them from federal and local government agencies in the United States of America and the rest from European and organizations of the United Nations system.

### **Activities carried out with WHO during 2014–2016**

The main collaboration between WHO and the International Rescue Committee during this period has been in support of WHO's work on communicable diseases and preparedness, surveillance and response, including the WHO Health Emergencies Programme, the WHO Global Health Cluster and the Global Outbreak Alert and Response Network.

---

<sup>1</sup> See United Nations General Assembly resolution 70/1 (2015).

<sup>2</sup> See <http://apps.who.int/register-nonstate-actors/nsa.aspx?id=319> (accessed 10 January 2017).

WHO has also collaborated with the International Rescue Committee at country and regional level on activities related to emergency preparedness and response, particularly in countries affected by Ebola virus disease. There has also been collaboration on training clinical and non-clinical staff on the mhGAP Humanitarian Intervention Guide (mhGAP-HIG): clinical management of mental, neurological and substance use conditions in humanitarian emergencies.

The International Rescue Committee supported WHO in the development of various technical and operational guidance and tools and their field testing.

### **Planned collaborative activities with WHO for 2017–2019**

WHO and the International Rescue Committee will continue their collaboration in several areas including communicable diseases and preparedness, surveillance and response. This collaboration will be strengthened to support the WHO Health Emergencies Programme and will include working closely with WHO regional and country offices on emergency preparedness for and response to all hazards, under the framework of the International Health Regulations (2005) and the Sendai Framework for Disaster Risk Reduction 2015–2030. This joint collaboration will reinforce existing efforts of the WHO Global Health Cluster and the Global Outbreak Alert and Response Network.

Specific areas of collaboration include continued implementation of projects at national level to reduce mortality in children aged under 5 years by reinforcing and expanding integrated community case management through the establishment of community health sites. The collaboration also includes International Rescue Committee contributions to support the development of relevant WHO operational guidance material, such as WHO's framework for decision-making on vaccination in acute humanitarian emergencies, as well as the next revision of the Interagency Emergency Health Kit, led by WHO.

### **Other relevant information**

In line with the requirements indicated in the Framework of Engagement with Non-State Actors, other relevant information on the International Rescue Committee is available in the WHO Register of non-State actors.<sup>1</sup>

4. **Knowledge Ecology International.** Knowledge Ecology International was founded in 2006 with a mission to “search for better outcomes, including new solutions, to the management of knowledge resources”. Based in Washington, DC, Knowledge Ecology International is a nongovernmental organization which is, inter alia, engaged in global advocacy, undertaking and publishing research and new ideas, engaging in global public interest advocacy, providing technical advice to governments, other nongovernmental organizations and private sector entities, working to enhance transparency of policy-making and monitor actions of key actors, and providing forums for interested persons to discuss and debate knowledge ecology topics. Most of Knowledge Ecology International's activities have been divided into two general areas: topics relating to innovation and access to medical technologies; and those relating to more general topics of access to knowledge.

Knowledge Ecology International is governed by a board of directors, which currently includes members from academic institutions and nongovernmental organizations. Knowledge Ecology

---

<sup>1</sup> See <http://apps.who.int/register-nonstate-actors/nsa.aspx?id=311> (accessed 10 January 2017).

International receives most of its funding from philanthropic foundations and through its contracts for services.

### **Activities carried out with WHO during 2014–2016**

Knowledge Ecology International has collaborated with WHO by assessing the policy implications of the expansion of the WHO Model Lists of Essential Medicines. This involved strategic discussions on the repositioning of the WHO Model Lists of Essential Medicines within the area of access to essential medicines agenda, on the important procedures for submission to and review of the Model List and on identifying public health priorities for the Model List.

In 2014, Knowledge Ecology International provided input to WHO to address the modalities for the evaluation and selection of oncology medicines to be considered for inclusion in the WHO Model Lists of Essential Medicines (for a review of section 8.2, on cytotoxic and adjuvant medicines). This collaboration contributed to WHO's efforts in developing a proposed framework for the Expert Committee review treatment protocols for oncology and haematology.

In 2015, Knowledge Ecology International provided technical input into the WHO technical consultation on innovative models for new antibiotics' development and preservation and the WHO global consultation on diagnostics interoperability standards.

In order to support WHO's work on essential medicines, Knowledge Ecology International has raised awareness of this area of work and in several meetings has encouraged several nongovernmental organizations to exchange views on priorities related to the revision of the WHO Model List of Essential Medicines, including those for cancer, hepatitis C and HIV.

### **Planned collaborative activities with WHO for 2017–2019**

The proposed collaboration between WHO and Knowledge Ecology International is to support the development of a robust evidence base to help to improve equal access to diagnostic tools, medicines and vaccines related to cancer, hepatitis C and other infectious diseases. This collaboration will contribute to the implementation of: the global strategy and plan of action on public health, innovation and intellectual property (WHA61.21 (2008)); access to essential medicines (WHA 67.22 (2014)); and the WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020 (WHA66.10 (2013)).

In addition, Knowledge Ecology International supports the provision of transparency of the costs of development of anti-cancer medicines and will collaborate with WHO: to publish statistics on the prices, accessibility, distribution and uses of medicines for cancer, hepatitis C, other infectious diseases and other high-priced health technologies, as well as on the costs of research and development for new molecular entities (medicines and vaccines) for cancer, introduced into the market since 2000; and on the relationship between the financing of research and development for new anti-cancer medicines and vaccines, and the revenues from their sale.

The collaboration includes support to WHO in the identification of a set of cancer, antimicrobial and hepatitis C medicines that would be essential if available at affordable prices, recognizing the possibility of identifying options to facilitate and/or promote the availability of affordable generic medicines. WHO and Knowledge Ecology International will work together to provide evidence on barriers that may undermine generic competition that can enable price reductions for medicines, vaccines and diagnostic devices for cancer, and proposals to overcoming those barriers.

### Other relevant information

In line with the requirements indicated in the Framework of Engagement with Non-State Actors, other relevant information on Knowledge Ecology International is available in the WHO Register of non-State actors.<sup>1</sup>

5. **The Fred Hollows Foundation.** Founded in 1992, the Foundation is a nongovernmental organization that according to its constitution has as its main objective to develop, facilitate, provide, fund and advocate appropriate, accessible and affordable eye health services in Australia and developing countries, and for additional improved health outcomes for Indigenous communities in Australia. The Foundation has its headquarters in Rosebery, Australia, and it conducts programmes in 25 countries in Africa, South Asia, South-East Asia and the Middle East, as well with Indigenous communities in Australia. It has subsidiaries in the United Kingdom of Great Britain and Northern Ireland, Kenya and Hong Kong Special Administrative Region (China).

The Foundation is a membership organization. Its members comprise individuals who support the Foundation's values, help to ensure its good governance, legitimation, and support its development into an effective agent of change. The Foundation's governance includes a general meeting in which it holds the board of directors to account. The board of the Foundation is responsible for providing strategic direction and ensuring the good governance of the Foundation. The Foundation receives its funding through fundraising campaigns, bequests and legacies, and donations, some of which are from government entities.

### Activities carried out with WHO during 2014–2016

Consistent with Health Assembly resolution WHA66.4 (2013) on towards universal eye health: a global action plan 2014–2019, WHO has collaborated with the Foundation to generate evidence on the magnitude and causes of visual impairment and eye care services by supporting the implementation of the WHO eye care service assessment tool, the WHO tool for the assessment of diabetic retinopathy and diabetes management systems, the rapid assessment of avoidable blindness and regional action plans. The Foundation has also supported the implementation of integrated national eye health policies, plans and programmes, multisectoral engagement and effective collaborations to strengthen eye health programmes through providing technical input to a regional meeting on implementing resolution WHA66.4 and the regional action plan (2014–2019) for the Western Pacific Region. The Foundation also provided input during WHO technical consultations on prevention of vision impairment from diabetic retinopathy that took place in Geneva, Switzerland, 21–23 September 2016.

### Planned collaborative activities with WHO for 2017–2019

Building on the existing programme and strengthening their collaboration, WHO and the Foundation will continue in their engagement to generate evidence on the magnitude and causes of visual impairment and on eye care services and support the implementation of integrated national eye health policies, plans and programmes and support multisectoral engagement and effective partnerships to strengthen eye health. In line with resolution WHA66.4, this planned collaboration will consist of the development and implementation of tools and technical briefs on patient safety and

---

<sup>1</sup> See <http://apps.who.int/register-nonstate-actors/nsa.aspx?id=323> (accessed 10 January 2017).

quality of eye care outcomes, including cataract surgery, which will provide support to Member States' efforts to increase access to high-quality eye care including cataract surgery in their work towards the provision of universal health coverage. The Foundation will collaborate with WHO in the development of activities related to human resources for eye care: to propose best practices for developing the relevant human resources; to review the requirements of professional cadres working in eye health and eye care teams; to review experiences in retention of personnel; and motivation of the eye care workforce.

The Foundation will also support the follow-up of WHO technical consultation workshops on reducing and preventing visual impairment from diabetic retinopathy. In addition, the Foundation will further collaborate with WHO on the identification of emerging priorities in sustainable and effective health financing to support the ongoing implementation of the WHO global action plan on universal eye health 2014–2019.

### **Other relevant information**

In line with the requirements indicated in the Framework of Engagement with Non-State Actors, other relevant information on The Fred Hollows Foundation is available in the WHO Register of non-State actors.<sup>1</sup>

---

<sup>1</sup> See <http://apps.who.int/register-nonstate-actors/nsa.aspx?id=325> (accessed 10 January 2017).

## ANNEX 2

### **TRIENNIAL REVIEW OF THE COLLABORATION WITH NON-STATE ACTORS IN OFFICIAL RELATIONS WITH WHO<sup>1</sup>**

1. **Alzheimer's Disease International.** Supports WHO in the field of neurological disorders, in particular, dementia, through: providing assistance informal/family caregivers of people living with dementia; promotion of dementia-friendly communities projects and development of tools for monitoring and guidance of local initiatives by governments and Alzheimer's associations; raising awareness of dementia through World Alzheimer's Month; and supporting the work of the Global Dementia Observatory.
2. **American Society for Reproductive Medicine.** Collaboration on reproductive care and in addressing infertility as a global public health care issue, through dissemination of relevant WHO guidelines, educational materials and glossaries and by establishing a platform for discussion and dialogue that gathers together a virtual community of infertility-related entities.
3. **Corporate Accountability International.** Supports WHO in its work on tobacco control and in the context of the global strategy on diet, physical activity and health by: monitoring and supporting the implementation of the WHO Framework Convention on Tobacco Control; raising awareness of and advocating on tobacco control and nutrition matters; and through following up industry practices and developments in these fields.
4. **Drugs for Neglected Diseases initiative.** Collaboration on communicable diseases aims to contribute to WHO's road map for the elimination by 2020 of certain neglected tropical diseases, such as human African trypanosomiasis, leishmaniasis and Chagas disease, by further supporting the development of medicines for those neglected diseases where the current innovation research and development system has failed to deliver adapted, effective and affordable health technologies.
5. **Family Health International.** Supports two WHO programme areas (communicable diseases and health through the life course), with a special focus on HIV, including reproductive, maternal, newborn, child and adolescent health. The collaboration aims to: enhance the implementation of WHO guidelines on HIV; improve the management of relevant tools for prevention of HIV infection; and complete and disseminate the results of HIV-related trials and analyses.
6. **Health on the Net Foundation.** The joint activities focus on: the quality and reliability of health information on the internet; technical contribution to WHO's work in eHealth governance; and supporting developing countries' access to multilingual health information through electronic resources.
7. **HelpAge International.** Collaboration on the ongoing development of a road map to inform the focus and delivery of the global strategy and action plan on ageing and health (2016–2020). The collaboration will span across the strategic objectives of the global strategy and will also focus on initial efforts towards the development of a global campaign to combat ageism.

---

<sup>1</sup> Planned collaborative activities with WHO for 2017–2019 are described.

8. **Human Rights in Mental Health.** Supports WHO in improving the lives of people with mental illness, with a special focus on violations of human rights and developing services that meet international standards, are user-oriented and focused on re-integration of persons with mental illness in the community. Work will focus on mapping existing structural and organizational, as well as conceptual problems, developing pathways to address the problems and providing stakeholders with educational materials that make them aware of current international standards and requirements.
9. **International Association for Child and Adolescent Psychiatry, and Allied Professions.** The collaboration on mental health and substance abuse will support the review, as appropriate, of relevant WHO materials and provide opportunities for dissemination of existing WHO tools in both programme areas. It will support the development of an updated version of the WHO child mental health atlas, through compilation of data on child mental health resources across regions.
10. **International Association for Suicide Prevention.** Supports WHO in follow-up actions since the publication of the WHO world suicide report, Preventing suicide: a global imperative, in particular in expanding forums of experts as a resource for support and guidance for the development of national suicide prevention strategies.
11. **International Association for the Scientific Study of Intellectual Disabilities.** Provides technical support to WHO's work on mental health and substance abuse in matters pertaining to the well-being of people with intellectual and/or developmental disabilities.
12. **International Baby Food Action Network.** Collaboration on activities relevant to optimal infant and young child feeding practices, in particular the protection, promotion and support of breastfeeding, with the aim of reducing child mortality and malnutrition, improving child growth and development, and maternal health.
13. **International Bureau for Epilepsy.** Improves social and medical services for people with epilepsy and further promote awareness of epilepsy, including by: supporting the production of relevant guidance material focused on improving the diagnosis and treatment of people with epilepsy; implementing educational activities and awareness campaigns; and advocating the improvement of medical services and access to them for people with epilepsy, in particular, those in low-income and middle-low-income countries.
14. **International Committee for Monitoring Assisted Reproductive Technologies.** Technical support to ensure dissemination and distribution of relevant WHO guidelines, in particular those on infertility diagnosis, management and interventions for treatment, to reproductive medicine professionals globally. It also provides technical support for the 11th revision of the International Classification of Diseases. In addition, collaboration on measurement and monitoring of health care indicators; capacity-building for the development and improvement of national registries of assisted reproductive technologies and raising awareness through professional education programmes, training of professionals and technical assistance.
15. **International Commission on Occupational Health.** Collaboration for the development of relevant documentation on occupational health, to foster scientific knowledge in this domain and promote safer and healthier workplaces at regional and global levels.
16. **International Confederation of Midwives.** Technical support to WHO in the development, dissemination and implementation of global norms and standards for maternal, newborn, child and adolescent health, in particular those related to midwifery, and to strengthen midwifery research

capacity as well as midwifery education. Provision of advocacy support for the WHO-led global midwifery advocacy strategy, and for public health services through midwifery including family planning, breastfeeding, improved water quality and sanitation in medical facilities and addressing antimicrobial resistance.

17. **International Council for Commonality in Blood Banking Automation Inc.** Supports WHO activities associated with medical products of human origin including contributions to WHO's activities in the development of global governance tools and ethical principles for such products. Contribution to the development of WHO guidance related to transfusion and transplantation.

18. **International Ergonomics Association.** The collaboration will focus on case studies on effective interventions for improving workers' health in typical informal sector work settings as well as the dissemination of WHO recommendations and information on tools to assess the risk of developing work-related musculoskeletal disorders.

19. **International Federation on Ageing.** Contribution to ongoing development and sustainability of age-friendly environments by supporting networking opportunities, supporting awareness-raising, the dissemination of relevant WHO information and the collection of good practices for a WHO global database of age-friendly practices. Support for synthesizing knowledge and building connections on specific topics related to integrated care to stimulate evidence-based policy discussions with leaders and key decision-makers in government, academia and civil society.

20. **International Federation of Gynecology and Obstetrics.** Collaboration in areas related to the promotion of women's health, in particular, by supporting the dissemination and implementation of guidelines, tools and institutional policies, as well as on the improvement of the quality of care for women, newborns, children and adolescents, through the organization of workshops at regional and national levels.

21. **International Lactation Consultant Association.** Collaboration to advocate governments' support for the international code of marketing of breast-milk substitutes, maternity protection, the WHO/UNICEF Baby-friendly hospital initiative, breastfeeding counselling and community support for breastfeeding, as well as NetCode (the network for global monitoring and support for implementation of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions), WHO/UNICEF global breastfeeding advocacy initiative and the United Nations decade of action on nutrition.

22. **International League Against Epilepsy.** Supports the improvement of medical and social services for people with epilepsy and promote awareness of epilepsy worldwide, including by supporting the production of relevant guidance material focused on improving the diagnosis and treatment of people with epilepsy and implementing educational activities and awareness campaigns at global and regional levels.

23. **International Network of Women Against Tobacco.** With a gender perspective, supports the implementation of the WHO Framework Convention on Tobacco Control; promotes the advancement of national tobacco control policies; and strengthens women's leadership in tobacco control. This is achieved through raising awareness, capacity-building activities, and events for government officials and other entities.



24. **International Occupational Hygiene Association.** Collaboration for the development and implementation of WHO tool kits for healthy workplaces, and training in their use. This includes the development of chemical, physical and biological modules as both methodological and technological resources for workers and employers.
25. **International Pediatric Association.** Supports WHO in coordinating policy and guidelines at national and global levels through participation in national and global planning and specific initiatives. Taking global WHO planning and initiatives forward to each member society of the Association (in 140 countries) to improve child health.
26. **International Physicians for the Prevention of Nuclear War.** Supports ongoing efforts under the WHO violence prevention alliance, with a focus on assisting, as appropriate, the development of its core publications, activities and programmes. This collaboration supports, through an evidence-based approach, technical and policy implementation work and the dissemination of the main outputs of the alliance.
27. **International Planned Parenthood Federation.** Collaboration in the areas of reproductive, maternal, newborn, child and adolescent health, and ensuring that gender equity and human rights are integrated into policies and programmes to support the dissemination of WHO guidelines. The collaboration is also aimed at enhancing social accountability mechanisms, generating evidence of effective interventions in humanitarian settings, improving access to health sector responses to violence against women, and developing multiple technical products.
28. **International Psycho-Oncology Society.** Collaboration on psychosocial oncology for supportive care for cancer patients including palliative care to support capacity-building in low- and middle-income countries and areas through educational programmes. The primary focus is to improve standards of palliative and supportive care and assist in the development of skilled health care services with the capacity to deliver improved standards and develop in-country systems and training processes in palliative and supportive care for cancer patients.
29. **International Society for Biomedical Research on Alcoholism.** Supports the preparation of reviews on biological markers and the interaction between alcohol and medicines, and WHO activities on fetal alcohol spectrum disorders. It also promotes implementation of the global strategy to reduce the harmful use of alcohol and contributes to the 11th revision of the International Classification of Diseases with regard to disorders due to substance use and addictive behaviours.
30. **International Society for Prosthetics and Orthotics.** The proposed activities are to support the WHO global disability action plan 2014–2021 and WHO-coordinated initiative global cooperation on assistive technology for increased access to services for people with disabilities and others in need, improved policies, financing and human resources in place to increase access to integrated, people-centred health services, and improved access to, and rational use of, safe, effective and high-quality medicines and other health technologies.
31. **International Society of Andrology.** The collaboration on reproductive, maternal, newborn, child and adolescent health will continue to be focused on further promoting the highest standards of semen analysis, in particular, through the WHO laboratory manual for the examination and processing of human semen and its possible future editions. It will also allow the dissemination and promotion of the WHO activities on contraceptive research and development.

32. **International Union of Nutritional Sciences.** Collaboration on raising the profile of malnutrition, building capacity to prevent and treat malnutrition, and advocating inclusion of malnutrition in medical and nursing curricula. Supports also WHO's work on malnutrition to help to ensure that WHO case-management guidelines are implemented in paediatric wards.
33. **International Women's Health Coalition Inc.** Continuation of collaboration on: comprehensive sexuality education; safe and legal abortion; and reproductive rights. Support for key strategies such as the global strategy for women's, children's and adolescents' health 2016–2030 launched by the United Nations Secretary-General and the WHO global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls and against children.
34. **International Union of Psychological Science.** Contribution to the revision of the mental health and substance abuse component for the 11th revision of the International Classification of Diseases. Support for implementation of WHO's comprehensive mental health action plan 2013–2020 through development of psychological interventions (assessment/diagnosis and treatment) for low-resource settings.
35. **IntraHealth International Inc.** Collaboration on integrated people-centred health services by supporting countries in the management of their health workforce with open-source solutions compliant with international standards; providing technical assistance and expertise to countries on integrating health workforce data and information systems as part of their national eHealth policy; and promoting the appropriate use of the WHO workload indicators of staffing need.
36. **Iodine Global Network.** Supports WHO's workplan regarding iodine nutrition in the definition of the metrics and criteria used to track the implementation and impact of programmes to assure optimal iodine nutrition; and supports tracking of regional and global progress towards the achievement of optimal iodine status, including through basic data collection and analysis.
37. **Lifting The Burden.** Collaboration on mental health and substance abuse will continue through the Global Campaign against Headache, aimed at reducing the burden of headache worldwide, first by measuring the scope and scale of the burden at national and regional levels, and then by working with local entities to plan and implement tailored health care solutions.
38. **Medicines Patent Pool Foundation.** The collaboration will contribute to accelerating access to new, patented medicines in low- and middle-income countries and facilitate the development of formulations needed in low- and middle-income countries. In that context, the Foundation will support the implementation of WHO treatment guidelines for HIV, tuberculosis and viral hepatitis through voluntary licensing and patent pooling of medicines.
39. **Médecins Sans Frontières International.** Collaboration focuses on the following areas: access to medicines, patents and prices and the WHO prequalification programme; provision of technical input to support therapeutic guideline development; tuberculosis; supply of medicines on behalf of WHO; diagnostics, medicines and advocacy activities on neglected tropical diseases; and in-depth operational dialogue with WHO, with a special focus on epidemic outbreaks.
40. **Multiple Sclerosis International Federation.** The collaboration will continue to: pursue increased public awareness and understanding of multiple sclerosis and depression through activities pertaining to World Health Day 2017; and support the finalization, dissemination and use of clear

classification of disease, in order to facilitate health providers' understanding, diagnosis and decision-making around the world.

41. **Stichting Health Action International.** Supports and disseminates WHO's policies and programmes related to: the price (including price components), availability and affordability of medicines, including insulin; access to sexual and reproductive health commodities; access to snakebite antivenom; and rational use of medicines.

42. **Global Alliance for Improved Nutrition.** In the area of food fortification and salt iodization, the Alliance supports WHO in its efforts to improve nutrition in adolescents by addressing healthy dietary practices in this group, in particular also to help to reduce anaemia and to fill the knowledge gap on adolescent nutrition by carrying out research or secondary data analyses, in collaboration with WHO country offices.

43. **The International Society for the Prevention of Child Abuse and Neglect.** Collaboration will focus primarily on activities in support of the WHO global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls and against children; publication of the WHO-led multi-agency technical package INSPIRE: seven strategies for ending violence against children, and the establishment of the Global Partnership to End Violence Against Children.

44. **The Population Council, Inc.** Technical assistance to strengthen access to comprehensive care for survivors of sexual and gender-based violence, including care for rape survivors, emergency contraception and safe abortion, in accordance with the Maputo Protocol.<sup>1</sup> Provision of support to WHO to develop and implement complementary guidance for health providers on strategies for the eradication of female genital mutilation/cutting and the treatment for women with female genital mutilation.

45. **World Association of Echinococcosis.** Collaboration to prevent the occurrence of cystic echinococcosis, alveolar echinococcosis and neotropical echinococcosis and improve the health of populations exposed to the parasites responsible for these diseases conditions, by means of enhanced advocacy, communication, education and coordination of surveillance and disease control programmes worldwide.

46. **World Confederation for Physical Therapy.** Collaboration, inter alia, in the areas of disability and rehabilitation, and access to medicines and health technologies. It will also cover issues related to emergency risk and crisis management. Support for implementation of the following WHO action plans: the global disability action plan 2014–2021; the global strategy and action plan on ageing and health 2016–2020; and the global action plan for the prevention and control of noncommunicable diseases 2013–2020.

47. **World Federation for Mental Health.** Supports the implementation of WHO's comprehensive mental health action plan 2013–2020 and the WHO Mental Health Gap Action Programme highlighting the difference in resources and services between high-income countries and middle-to-low-income countries. Collaboration for the annual World Mental Health Day.

---

<sup>1</sup> Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, adopted in Maputo in 2003.

48. **World Federation of Neurology.** The collaboration will continue to support WHO's efforts related to brain diseases, in all their aspects and effects on health and well-being, by: producing and disseminating educational material, in particular countries' resources for neurological care in an atlas format; promoting care and information on brain injury/disease as a major cause of disability; and supporting work on disabilities related to neurodegenerative diseases and traumatic brain injury.

49. **World Federation of Neurosurgical Societies.** The collaboration will focus on strengthening neglected areas of neurosurgical care. With special focus on low- and middle-income countries, this collaboration will be translated into: advocacy activities on unmet neurosurgical needs; support for research on disparities in neurosurgical care; support for the integration of safe and affordable neurosurgical care in the national surgical system; and development of analysis on stroke in low- and middle-income countries.

50. **World Federation of Occupational Therapists.** Contributions to strengthening the provision of national rehabilitation services. Supports WHO's work by participating in WHO consultation processes in the area of disability and rehabilitation and related fields, and by contributing to the Global Cooperation on Assistive Technology and the implementation of the global strategy and action plan on ageing and health (2016–2020).

51. **World Obesity Federation.** Collaboration focuses on the prevention of obesity-related noncommunicable diseases in children and adults by supporting WHO in the development of technical documents through provision of technical input, review of documents and responses to consultations, disseminating and distributing WHO guidelines and publications, and promoting WHO guidelines and standards among other organizations.

52. **World Psychiatric Association.** Collaboration on selected activities for the implementation of WHO's comprehensive mental health action plan 2013–2020. Assistance to WHO in the development of a section on mental and behavioural disorders in the 11th revision of the International Classification of Diseases, and supports implementation of WHO's comprehensive mental health action plan 2013–2020, the WHO Mental Health Gap Action Programme, and mental health in emergencies.

**The decision on the review of the official relations with the following non-State actors was deferred from the 138th session of the Board by decision EB138(4) (2016) to the 140th session of the Board:<sup>1</sup>**

53. **Aga Khan Foundation.** Supports WHO's work in the areas of reproductive, maternal, newborn, child and adolescent health to improve availability, quality and use of essential health services at country level. Supports WHO in strengthening the systems involved in the collection, analysis and use of facility- and community-level health data to improve the quality of monitoring, evaluation, research and learning.

54. **International Federation of Biomedical Laboratory Science.** Input on the use of medical devices and guidance for a basic pathology laboratory in low- and middle-income countries and support to elaborate, review and complete documents and directives of appropriate use and optimization of procedures and best practices in laboratory medicine.

---

<sup>1</sup> Planned collaborative activities with WHO for 2016–2018 are described.

55. **International Federation of Clinical Chemistry and Laboratory Medicine.** Collaboration for development of information material available on clinical chemistry and laboratory medicine to support WHO programmes.

56. **International Organization for Standardization.** Improved working relations between WHO and the International Organization for Standardization in the development of international standards related to the health/medical sector, with a focus on the following areas of work: quality management and quality assurance; in vitro diagnostics and laboratory testing; and assistive products and medical devices.

57. **The Commonwealth Pharmacists Association.** Provision of educational resources to support the safe and effective use of medicines in the treatment of noncommunicable diseases and rational use of quality medicines.

58. **World Association of Societies of Pathology and Laboratory Medicine.** Supports the planning of basic and advanced pathology laboratories and services, assistance with the planning for staffing of laboratory services in all categories, the training of laboratory staff and assistance in setting up laboratory quality management programmes.

#### **Other relevant information**

In line with the requirements indicated in the Framework of Engagement with Non-State Actors, other relevant information on the above-mentioned entities is available in the WHO Register of non-State actors.<sup>1</sup>

= = =

---

<sup>1</sup> See <http://apps.who.int/register-nonstate-actors/search.aspx#> (accessed 10 January 2017).