

Engagement with non-State actors

Non-State actors in official relations with WHO

Report by the Director-General

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 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.¹
2. In accordance with the Framework of Engagement with Non-State Actors,² 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 such entities provide all the necessary information on their 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 is structured in accordance with the General Programme of Work and Programme budget and is consistent with the Framework of Engagement with Non-State Actors. Such plans shall be free from concerns that are primarily of a commercial or for-profit nature.
4. In accordance with the Framework, the Programme, Budget and Administration Committee of the Executive Board, during the January session of the Board, is mandated to consider non-State actors in official relations and shall 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. In order to support the Executive Board in fulfilling its mandate on official relations, the Secretariat examined non-State actors’ applications for admission into official relations, as well as those non-State actors set to undergo their triennial review during the 142nd session of the Board, so as to ensure that the established criteria and other requirements were fulfilled in accordance with the provisions set out in the Framework. In this regard, due diligence and risk assessment were performed with regard to each non-State actor, and entries in the WHO Register of non-State actors were verified,

¹ The provisions are set out in paragraphs 50–66 of the Framework of Engagement with Non-State Actors (document WHA69/2016/REC/1, Annex 5).

² See resolution WHA69.10 (2016).

together with the relevant supporting documentation provided. In addition, collaboration over the three last years (2015–2017) was assessed and the jointly agreed plans for collaboration for the following three years (2018–2020)¹ were examined.

6. In implementing the Framework, and in particular paragraph 52, the Secretariat took the necessary actions and developed a template for a short annual report on the progress made by each non-State actor in implementing the plan for collaboration. Non-State actors that were admitted and reviewed during the 140th session of the Board were invited to complete their annual report, which in turn will be published in the WHO Register of non-State actors prior to the Seventy-first World Health Assembly.

7. In accordance with paragraph 13 of the Framework, when performing due diligence, WHO identifies which of the four specific policies and operational procedures (nongovernmental organizations, the private sector, philanthropic foundations and academic institutions) will apply to each non-State actor, without prejudice to its legal status. Those non-State actors that appear to be “subject to the influence of private sector entities to the extent that the non-State actor has to be considered itself a private sector entity” have been invited to make the necessary adjustments to their policies, governance or funding prior to their next triennial review.

8. On the basis of the above-mentioned elements, the Board is invited to consider applications from 12 non-State actors for admission into official relations and to review the collaboration with 81 non-State actors in official relations in the context of their triennial review.

Applications for admission into official relations with WHO

9. In accordance with the Framework of Engagement with Non-State Actors, the Executive Board shall be responsible for deciding on the admission of organizations into official relations with WHO.²

10. The Secretariat reviewed applications for admission into official relations from non-State actors to ensure that the established criteria and other requirements set out in the Framework, including due diligence, were fulfilled. As a result of the review, the Secretariat considered that the applications from the following 12 entities fulfilled the established criteria and are therefore presented for the consideration of the Board: Association Africaine des Centrales d’Achats de Médicaments Essentiels; Bloomberg Family Foundation, Inc.; Childhood Cancer International; International Society of Paediatric Oncology; IOGT International; KNCV Tuberculosis Foundation; Médecins du Monde; Osteopathic International Alliance; PATH; Public Services International; The Wellcome Trust; and United States Pharmacopeia Convention.

11. These 12 entities have completed their entries in the WHO Register of non-State actors. A summary of each applying entity, describing their engagement with WHO over the past three years and the collaboration planned for the next three years is available in Annex 1 to this report.

¹ The non-State actors for which the review was deferred by one year, in accordance with decision EB140(10) (2017), have prepared jointly with WHO a collaboration plan for the period 2018–2019.

² See document WHA69/2016/REC/1, Annex 5, paragraph 54.

A. Action proposed: Note the report and consider Association Africaine des Centrales d'Achats de Médicaments Essentiels; Bloomberg Family Foundation, Inc.; Childhood Cancer International; International Society of Paediatric Oncology; IOGT International; KNCV Tuberculosis Foundation; Médecins du Monde; Osteopathic International Alliance; PATH; Public Services International; The Wellcome Trust; and United States Pharmacopeia Convention 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 of Engagement with Non-State Actors,¹ the Executive 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, with 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.²

14. The review of collaboration with non-State actors during the period 2015–2017 covered 81 entities. The 11 entities whose review was deferred following the decision of the Board at its 140th session were included in the review of these 81 entities.³ The Secretariat has performed due diligence of these entities, and has reviewed both their past and proposed plans for collaboration as well as the updated entries in the WHO Register of non-State actors. The proposed plans for collaboration (for the period 2018–2020)⁴ are available in the WHO Register of non-State actors.

15. The Secretariat proposes to renew official relations for 66 of the 81 non-State actors. The Secretariat's assessment of the past collaboration with these non-State actors confirmed that agreed collaborations have been implemented, and that jointly agreed plans for collaboration for the period 2018–2020⁴ have been concluded. Furthermore, these non-State actors fulfilled the eligibility criteria,⁵ including providing updated entries in the WHO Register of non-State actors.

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

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

³ Decision EB140(10) (2017) deferred the decision on the review of 11 non-State actors until the 142nd session of the Board.

⁴ The non-State actors for which the review was deferred by one year, in accordance with decision EB140(10) (2017), have prepared jointly with WHO a collaboration plan for the period 2018–2019.

⁵ See document WHA69/2016/REC/1, Annex 5, paragraph 51.

16. A list of the 66 non-State actors for which the renewal of official relations can be considered is provided in Annex 2 to this report.

B. Action proposed: Note the report, commend the 66 non-State actors listed in Annex 2 for their continuing contribution to the achievement of WHO's objectives and renew their official relations with WHO.

17. On the basis of the review undertaken, and in order not to compromise the existing collaboration with non-State actors, the Secretariat proposes that the following entities should be considered for deferral of the decision on their review to the 144th session of the Board in January 2019.

18. **CBM.** An evaluation of the collaboration between WHO and CBM is currently under way. The results of the evaluation will allow the plan for collaboration and joint activities in the area of vision to be reframed and strengthened. The Secretariat proposes to defer the decision on the review of the collaboration with CBM to the 144th session of the Board to ensure that the next phase of work is informed by the evaluation.

19. **CropLife International.** The Secretariat proposes to defer the review of the collaboration with CropLife International to the 144th session of the Board to allow CropLife International sufficient time to clarify its and some of its members' positions and actions with regard to WHO's activities.

20. **International Air Transport Association.** The Secretariat proposes to defer the decision on the review of the collaboration with the International Air Transport Association to the 144th session of the Board, in order to allow sufficient time to explore the development of a better-informed and more action-oriented collaboration plan that is in line with ongoing efforts towards the development of an overarching WHO/ICAO/World Tourism Organization joint initiative for collaboration at the interface between global public health, international air transport and world tourism.

21. **International Agency for the Prevention of Blindness; International Eye Foundation; Project ORBIS International, Inc.; World Blind Union; and World Council of Optometry.** In order to benefit from and ensure that the next phase of work is informed by the findings of the World Vision report currently under development by WHO, the Secretariat proposes to defer the decision on the review of the collaboration with these five non-State actors to the 144th session of the Board.

22. **International Association for the Study of Pain.** The Secretariat proposes to defer the decision on the review of the collaboration with the International Association for the Study of Pain to the 144th session of the Board, in order to allow sufficient time to explore the development of a more comprehensive collaboration plan. Staff changes, both at WHO and at the International Association for the Study of Pain, have impacted the collaboration during the reporting period.

23. **International Network for Cancer Treatment and Research.** The Secretariat proposes to defer the decision on the review of the collaboration with the International Network for Cancer Treatment and Research to the 144th session of the Board, in order to allow sufficient time to explore the development of a more comprehensive collaboration plan. Restructuring in the WHO programme on management of noncommunicable diseases, including staff changes, has impacted the collaboration during the reporting period.

24. **International Society of Physical and Rehabilitation Medicine.** Given the importance of collaboration on physical medicine and rehabilitation and considering the recent changes in the Society's leadership, the Secretariat proposes to defer the decision on the review of the collaboration with this entity to the 144th session of the Board, in order to allow sufficient time for the elaboration of a joint comprehensive plan for collaboration, which would support WHO's new strategic direction regarding rehabilitation.

C. Action proposed: Note the report and consider the deferral¹ of the decision on the review of the following non-State actors to the 144th session of the Board: CBM; CropLife International; International Agency for the Prevention of Blindness; International Air Transport Association; International Association for the Study of Pain; International Eye Foundation; International Network for Cancer Treatment and Research; International Society of Physical and Rehabilitation Medicine; Project ORBIS International, Inc.; World Blind Union; and World Council of Optometry.

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

26. **European Centre for Ecotoxicology and Toxicology of Chemicals.** Although the entity has supported WHO's work in the past, there have been limited opportunities for collaboration in recent years. Despite WHO's repeated requests, the Centre did not provide the relevant documentation pertaining to this review, including the report on past collaboration and/or the proposed collaboration plan for the period 2018–2020.

27. **Foundation for Innovative New Diagnostics.** Given that WHO collaborating centres and non-State actors in official relations with WHO are subject to different rules and policies, which are mutually exclusive, and as the Foundation has been designated as a WHO Collaborating Centre in Tuberculosis Laboratory Strengthening and TB Diagnostic Technology Evaluation for the period 2014–2018, the entity has informed the Secretariat that it will not submit an application for renewal of its official relations with WHO. The Secretariat proposes to discontinue the official relations with the Foundation.

28. **International Federation of Business and Professional Women.** In accordance with decision EB140(10) (2017) to defer the review of the Federation, a concrete plan for collaboration for the future has not been developed. It appears that collaboration between WHO and the Federation has ceased. The Secretariat proposes to discontinue the official relations with the Federation.

29. **Rehabilitation International.** In accordance with decision EB140(10) (2017) to defer the review of Rehabilitation International and given that no plan for future collaboration has been presented, the Secretariat proposes to discontinue the official relations with Rehabilitation International. However, WHO and Rehabilitation International will explore future opportunities to strengthen their relationship and consider future collaboration in the light of WHO's Rehabilitation 2030: A Call for Action agenda.

¹ If granted, the deferral of the decision does not affect the triennial review cycle. The triennial review of these non-State actors will take place at the 144th session of the Board, in January 2019.

D. Action proposed: The Board is invited to consider discontinuing relations with the following non-State actors: European Centre for Ecotoxicology and Toxicology of Chemicals; Foundation for Innovative New Diagnostics; International Federation of Business and Professional Women; and Rehabilitation International.

ACTION BY THE EXECUTIVE BOARD

30. 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,¹

(1) decided:

(a) to admit into official relations with WHO the following non-State actors: Association Africaine des Centrales d'Achats de Médicaments Essentiels; Bloomberg Family Foundation, Inc.; Childhood Cancer International; International Society of Paediatric Oncology; IOGT International; KNCV Tuberculosis Foundation; Médecins du Monde; Osteopathic International Alliance; PATH; Public Services International; The Wellcome Trust; and United States Pharmacopeia Convention;

(b) to discontinue official relations with the following non-State actors: European Centre for Ecotoxicology and Toxicology of Chemicals; Foundation for Innovative New Diagnostics; International Federation of Business and Professional Women; and Rehabilitation International;

(2) noted with appreciation their collaboration with WHO, commended their continuing dedication to the work of WHO, and decided to renew in official relations with WHO the 66 non-State actors whose names are listed in Annex 2 to document EB142/29;

(3) further noted that plans for collaboration with the following entities have yet to be agreed, and decided to defer the review of relations with CBM; CropLife International; International Agency for the Prevention of Blindness; International Air Transport Association; International Association for the Study of Pain; International Eye Foundation; International Network for Cancer Treatment and Research; International Society of Physical and Rehabilitation Medicine; Project ORBIS International, Inc.; World Blind Union; and World Council of Optometry until the 144th session of the Board in January 2019, at which time reports should be presented to the Board on the agreed plans for collaboration and on the status of relations.

¹ Document EB142/29.

ANNEX 1

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

1. **Association Africaine des Centrales d'Achats de Médicaments Essentiels.**¹ The Association is a nongovernmental organization established in 2004 and headquartered in Ouagadougou. The Association is governed by a general assembly composed of the entity's 22 members, which are national procurement agencies of essential medicines in the African and Eastern Mediterranean regions. The Association is funded by grants from governmental and intergovernmental organizations.
2. The Association aims to improve access to affordable and quality-assured essential medicines and health products through efficient and sustainable public procurement systems. It strengthens the position of national procurement agencies of essential medicines within public pharmaceutical systems through advocacy. The Association encourages technical collaboration between its members, including through the implementation of a mechanism to reduce stock outs of medicines and share good practices. In addition, it conducts capacity-building activities mainly focused on strengthening quality assurance systems. The Association also supports the creation of national essential medicines procurement agencies where they do not exist in the African and Eastern Mediterranean regions.

Activities carried out with WHO during the period 2015–2017

3. The collaboration between the Association and WHO has focused on improving the quality assurance systems of 10 national procurement agencies in Africa, in accordance with WHO's Model quality assurance system for procurement agencies (MQAS). Under WHO's guidance, the Association conducted an assessment of MQAS compliance in 10 national procurement agencies. It translated the MQAS self-assessment tool for French-speaking users and, in collaboration with WHO, developed the MQAS training programme adapted to the national context. As a result of this collaboration, 20 quality assurance pharmacists from national procurement agencies were trained. The Association disseminated the training materials developed to its 22 members and conducted a final assessment of MQAS compliance in the countries having benefited from the training.

Planned collaborative activities with WHO for the period 2018–2020²

4. The Association and WHO will continue their collaboration to ensure that quality-assured and affordable essential medicines and health products are procured by national procurement agencies in the African and Eastern Mediterranean regions. In collaboration with WHO, the Association will strengthen the performance of national procurement agencies by improving their quality assurance systems in accordance with MQAS. It will work to increase the collaboration between seven national procurement agencies and their respective national regulatory authority in order to harmonize prequalification and registration procedures in line with MQAS. Upon WHO's request and with its guidance, the Association will build the capacity of Member States to ensure that reliable systems for the procurement and supply of quality-assured and affordable essential medicines and health products

¹ The entity's profile is available on the WHO Register of non-State actors (<https://publicspace.who.int/sites/GEM/default.aspx#>, accessed 23 October 2017).

² The entity's proposed plan for collaboration is available on the WHO Register of non-State actors (<https://publicspace.who.int/sites/GEM/default.aspx#>, accessed 23 October 2017).

are in place in line with the recommendations of resolution WHA67.22 (2014) on access to essential medicines and resolution WHA69.25 (2016) on addressing the global shortage of medicines and vaccines, and the safety and accessibility of children's medication.

5. **Bloomberg Family Foundation, Inc.**¹ Commonly referred to as Bloomberg Philanthropies, the Bloomberg Family Foundation, Inc. is a philanthropic foundation, established in 2006 for the purpose of ensuring better, longer lives for the greatest number of people by focusing on five key areas: the arts; education; the environment; government innovation; and public health. The Foundation is headquartered in New York and supports projects worldwide while also working domestically. The Foundation is governed by a board of trustees which comprises a group of academics, business leaders, philanthropists, artists and individuals who have distinguished themselves in elected or appointed public office. The directors of the Foundation serve in an advisory and oversight capacity, and responsibility for day-to-day management of the Foundation lies with a small executive team. The Foundation receives its funding from investment income and individuals, mainly directly from Mr Michael R. Bloomberg, Chief Executive Officer of Bloomberg L.P. The Foundation has entrusted its assets and investments to an investment company which manages Mr Michael R. Bloomberg's philanthropic assets, including those of the Foundation.

Activities carried out with WHO during the period 2015–2017

6. WHO and the Bloomberg Family Foundation, Inc. first collaborated in 2007 on noncommunicable diseases. The collaboration began on tobacco control and has since expanded to include data for health, and prevention of unintentional injuries, including road safety and drowning prevention. The Foundation's financial contributions have supported WHO in its investment in technical guidance and in the provision of support to Member States in these various areas of work. Such contributions have also supported WHO in adapting guidelines and policies for noncommunicable diseases into evidence-based, practical implementation packages and in developing training workshops to build country capacity and sustainable programmes. In addition, the Foundation was an active participant in the financing dialogue in 2013, 2015 and 2016.

Planned collaborative activities with WHO for the period 2018–2020²

7. WHO and the Bloomberg Family Foundation, Inc. will continue their current collaboration. Over the next three years, the collaboration will be strengthened and expanded to further support ongoing technical and advisory work to identify and implement solutions for noncommunicable diseases and prevention of unintentional injuries. The collaboration will focus on: advancing the goals of the global action plan for the prevention and control of noncommunicable diseases 2013–2020; building country capacity to strengthen national road safety legislation; monitoring trends and evaluating progress in achieving targets 3.4 and 3.6 of the Sustainable Development Goals; exchanging technical expertise to enable rigorous analysis of potential solutions to prevent noncommunicable diseases and road traffic crashes; and leveraging the Foundation's networks to increase global awareness of drowning prevention. The collaboration with the Foundation is important to enable Member States to progress towards improving health outcomes and achieving the targets of the 2030 Agenda for Sustainable Development.

¹ The entity's profile is available on the WHO Register of non-State actors (<https://publicspace.who.int/sites/GEM/default.aspx#>, accessed 23 October 2017).

² The entity's proposed plan for collaboration is available on the WHO Register of non-State actors (<https://publicspace.who.int/sites/GEM/default.aspx#>, accessed 23 October 2017).

8. **Childhood Cancer International.**¹ Childhood Cancer International, formerly the International Confederation of Childhood Cancer Parent Organisation, was founded in 1994 and has been headquartered and registered in the Netherlands since 2015. Between 2004 and 2014, the entity was registered in Spain. The entity is a nongovernmental organization that represents 181 parent organizations, childhood cancer survivor associations, childhood cancer support groups and cancer societies in 90 countries. It is governed by a general assembly composed of its 181 members and by a board of trustees composed of 9 individuals working in the area of childhood cancer care and advocacy.

9. Childhood Cancer International works in collaboration with policy-makers, civil society, international organizations, and health, research and medical professionals. It aims to reduce avoidable deaths from childhood cancer, create a supportive and enabling environment for childhood cancer initiatives, advance the cures for childhood cancer, improve equity in access to care and transform the quality of care.

Activities carried out with WHO during the period 2015–2017

10. WHO and Childhood Cancer International have collaborated to create enabling environments and catalyse effective implementation of national health plans to address inequities and unmet needs in childhood cancer care. In collaboration with WHO, the entity has: disseminated WHO's guidance on cancer care through workshops and during International Childhood Cancer Day to promote palliative care and pain management; improved access to essential medicines; and increased support for and improved access to childhood cancer care. Under WHO's guidance, the entity has developed and completed country-specific assessment tools on childhood cancer care. It supported WHO in the organization of in-country workshops in Ethiopia, Fiji, Ghana and Myanmar to develop national workplans and sustainable implementation strategies to build national capacity in childhood cancer care. Lastly, the entity conducted, under WHO's guidance, an assessment in 16 countries in the Region of the Americas to analyse how childhood cancer care is integrated in their general health systems. This collaboration generated health system evidence to drive evidence-informed public policy decisions and improve childhood cancer care in the Region.

Planned collaborative activities with WHO for the period 2018–2020²

11. WHO will continue to collaborate with Childhood Cancer International on childhood cancer care, in particular by maximizing the engagement of parents, caregivers and families using WHO's integrated, people-centred approach. The entity will work with WHO to improve paediatric palliative care, pain and symptom management by operationalizing WHO's guidelines on the pharmacological treatment of persisting pain in children with medical illnesses according to the country context and by training parents to use the associated materials. The entity will promote WHO's guidance on reducing malnutrition and improving the nutritional status of children with cancer. Using existing platforms such as International Childhood Cancer Day and the International Childhood Cancer Survivors Week, the entity will highlight, in collaboration with WHO, childhood cancer as a public health concern in accordance with the global action plan for the prevention and control of noncommunicable diseases 2013–2020. Lastly, the entity will support WHO's in-country activities to scale up efforts to prevent

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² The entity's proposed plan for collaboration is available on the WHO Register of non-State actors (<https://publicspace.who.int/sites/GEM/default.aspx#>, accessed 23 October 2017).

and control noncommunicable diseases through the creation of enabling environments to promote the needs of children and adolescents with cancer and mobilize support to address the psychosocial needs of affected parents and families.

12. **International Society of Paediatric Oncology.**¹ The International Society of Paediatric Oncology is a nongovernmental organization founded in 1969 and registered in Switzerland since 2015. The entity is a membership organization composed of over 1200 members, including health and science professionals who have an interest in the area of childhood cancer. The entity is governed by an assembly composed of all its voting members, by an executive board composed of the core officers of the entity and by a board of directors composed of professors in the area of oncology. The Society is mainly financed by its membership fees. It also receives income from its congresses' sponsors, which include private sector entities.

13. The Society works to ensure that each child and young adult with cancer has access to adequate treatment and care and that all those involved in the area of childhood cancer worldwide have access to the latest information through meetings, networking and continuing professional development. The Society supports those caring for children and young adults with cancer to provide the best curative and palliative therapies. Lastly, it advocates for appropriate long-term follow-up for children and young adults following treatment for cancer.

Activities carried out with WHO during the period 2015–2017

14. The Society has collaborated with WHO on childhood cancer care by providing technical inputs for the development and implementation of WHO's Framework on integrated people-centred health services. It has also supported WHO in the review of national cancer control programmes and WHO's List of priority medical devices for cancer management. The Society has provided inputs for and supported WHO in the development of WHO's Global accelerated action for the health of adolescents (AA-HA!): Guidance to support country implementation and the WHO data collection tool to gather information on the global shortage of essential medicines. In collaboration with WHO, the Society has disseminated WHO's guidance on cancer care through joint in-country childhood cancer workshops with WHO and representatives of health ministries, and during the Society's congresses.

Planned collaborative activities with WHO for the period 2018–2020²

15. The Society will collaborate with WHO to support the implementation of the Framework on integrated people-centred health services, as well as WHO's activities on cancer control. Upon WHO's request and guidance, the Society will provide technical support to Member States to improve their capacity to manage childhood cancer care. The Society will provide support to WHO in the development of programmes to strengthen human resource capacity in childhood cancer care, and will train qualified providers. The Society will also support WHO in the development of a tool for performing situational analyses of access to diagnosis and treatment services and identify barriers to quality, affordable essential medicines and medical technologies for childhood cancer control. Lastly, in collaboration with WHO, the Society will conduct advocacy activities to improve access to essential medicines and medical technologies.

¹ The entity's profile is available on the WHO Register of non-State actors (<https://publicspace.who.int/sites/GEM/default.aspx#>, accessed 23 October 2017).

² The entity's proposed plan for collaboration is available on the WHO Register of non-State actors (<https://publicspace.who.int/sites/GEM/default.aspx#>, accessed 23 October 2017).

16. **IOGT International.**¹ The vision of IOGT International, established in 1851, is “a life for all human beings free to live up to their fullest potential, and free from harm caused by alcohol and other drugs”. As a means of attaining this aim, IOGT International promotes a lifestyle free of alcohol and other drugs. The entity is a nongovernmental organization headquartered in Stockholm and comprises national organizations, institutions and in special cases individuals who accept and observe the conditions for membership. It has member organizations in 58 countries.

17. The supreme authority of the organization is the IOGT International congress of its members. Between congress sessions the authority is vested in the international board elected by the congress. Half of its funding comes from membership fees and half from other contributions.

Activities carried out with WHO during the period 2015–2017

18. IOGT International has supported WHO in the implementation of WHO’s global strategy to reduce the harmful use of alcohol, such as organizing capacity-building workshops on alcohol prevention with WHO country offices in selected countries. IOGT International supported WHO in the planning and organization of the first WHO Forum on alcohol, drugs and addictive behaviours by facilitating civil society participation as well as by contributing examples of lessons learned from civil society. The entity has also contributed best practices from civil society to the WHO Global Conference on Noncommunicable Diseases held in October 2017, and further contributed to the work of the global coordination mechanism on the prevention and control of noncommunicable diseases, in particular with regard to alcohol use and addictions.

Planned collaborative activities with WHO for the period 2018–2020²

19. IOGT International supports WHO’s role as a standard-setting agency in public and global health. In that spirit, IOGT International cooperates with WHO to support Member States in implementing the global strategy to reduce the harmful use of alcohol. Jointly with WHO, it will continue to plan and organize capacity-building training for civil society advocacy at the country, regional and international levels in order to reduce the harmful use of alcohol and build technical capacities on alcohol policy implementation and enforcement, as well as to incorporate alcohol policy considerations into other relevant policy areas. IOGT International will support and contribute to the WHO/UNDP initiative on harmful use of alcohol, violence and infectious diseases, with the objective of facilitating international and intercountry networking and the exchange of experiences and best practices. IOGT International will support WHO in conducting comparative research on different aspects of harmful use of alcohol and studies on the effectiveness of different policy measures implemented in varying cultural and developmental contexts to ensure the dissemination of new knowledge on the epidemiology of alcohol consumption and alcohol-related harm. It will also continue to support the work of global coordination mechanism on the prevention and control of noncommunicable diseases.

¹ The entity’s profile is available on the WHO Register of non-State actors (<https://publicspace.who.int/sites/GEM/default.aspx#>, accessed 23 October 2017).

² The entity’s proposed plan for collaboration is available on the WHO Register of non-State actors (<https://publicspace.who.int/sites/GEM/default.aspx#>, accessed 23 October 2017).

20. **KNCV Tuberculosis Foundation (Koninklijke Nederlandse Centrale Vereniging tot Bestrijding der Tuberculose).**¹ The Foundation is an international nongovernmental organization established in 1903 in The Hague, the Netherlands, with the objective of eliminating tuberculosis globally through the development and implementation of effective, efficient and sustainable tuberculosis control strategies in the countries it is supporting. It is headquartered in The Hague and has offices in several of its programme countries.

21. The Foundation is a membership organization, with its members comprising philanthropic foundations, academic institutions and government entities. Ultimate responsibility for governance of the Foundation lies with the general assembly of members, which appoints a board of trustees for supervisory governance of the entity. Most of the Foundation's income comes from government grants.

Activities carried out with WHO during the period 2015–2017

22. WHO and KNCV Tuberculosis Foundation have a long-standing collaboration in the field of tuberculosis control. This includes support for tuberculosis policy development at the global level through membership and active participation in a diverse set of WHO policy networks and committees, including the Strategic and Technical Advisory Group for Tuberculosis and regional Green Light Committees. The Foundation has also provided direct support to WHO for the promotion, dissemination and country-level implementation of global WHO policies and guidelines through the development of practical implementation tools derived from WHO policy documents, capacity-building and technical support. KNCV Tuberculosis Foundation is also the co-founder, together with the European Region, of the Wolfheze Conference for tuberculosis policy-makers and researchers.

Planned collaborative activities with WHO for the period 2018–2020²

23. The overall objective of the collaboration of WHO with KNCV Tuberculosis Foundation is to facilitate the uptake, adoption and application of the WHO End TB Strategy at the country level, and to generate additional evidence from the field for effective and efficient tuberculosis control leading towards ending tuberculosis in 2030 in line with the Sustainable Development Goals. To that end, the Foundation will support WHO in accelerating progress towards ending tuberculosis, with a particular focus on the needs of people living in low- and middle-income countries, and in generating additional evidence from the field on targeted screening, the identification of barriers to quality tuberculosis services, and treatment protocols. The collaboration also extends to the development of an evidence base for effective childhood tuberculosis control. The collaboration between WHO and KNCV Tuberculosis Foundation will aim to stimulate, inform and contribute to global tuberculosis policy development and support high-level policy advocacy for political commitment towards tuberculosis control.

¹ The entity's profile is available on the WHO Register of non-State actors (<https://publicspace.who.int/sites/GEM/default.aspx#>, accessed 23 October 2017).

² The entity's proposed plan for collaboration is available on the WHO Register of non-State actors (<https://publicspace.who.int/sites/GEM/default.aspx#>, accessed 23 October 2017).

24. **Médecins du Monde.**¹ Established in 1980 in France, Médecins du Monde is a nongovernmental organization headquartered in Paris, with a presence in 45 countries through its programmes around the world. Its global network, which has member organizations in Argentina, Belgium, Canada, Germany, Greece, Japan, Luxembourg, Netherlands, Portugal, Spain, Sweden, Switzerland, United Kingdom of Great Britain and Northern Ireland and United States of America, implements additional programmes around the world. The organization's main purpose is to provide care to the most vulnerable populations in situations of crisis and deprivation throughout the world and in France, on the basis of its practice of medicine in complete independence. It also draws attention to risks of crisis and threats to human health and dignity in order to help in preventing them.

25. Médecins du Monde is a membership organization, with individuals – mostly health professionals – as members. Its highest governing body is the general assembly of its members, which elects a board. It meets on a monthly basis to take decisions concerning the political orientation of the entity. About half of the funding for Médecins du Monde is raised from the general public and legacies, while the other half is received through public sector institutional funding and grants. The network members are independently funded, although some members conduct financial transactions with each other.

Activities carried out with WHO during the period 2015–2017

26. Médecins du Monde has contributed to WHO's Guidelines for the screening, care and treatment of persons with chronic hepatitis C infection and the Guidelines on hepatitis B and C testing, and policy development related to hepatitis and to the development of the global health sector strategy on viral hepatitis 2016–2021. The entity has participated in the Advisory Committee for the development of the Action plan for the health sector response to viral hepatitis in the WHO European Region, and supported the planning and preparation of the World Hepatitis Summit. The collaboration with WHO has taken place in particular at the country level; for example, Médecins du Monde has supported WHO-led work on mental health in the Central African Republic, conducted joint epidemiological surveillance in Nepal, and contributed to activities within the framework of humanitarian crisis situations around the world. The collaboration has also been extended to the area of adolescents' sexual and reproductive health to increase access to interventions to improve the health of women, newborns, children and adolescents.

Planned collaborative activities with WHO for the period 2018–2020²

27. WHO and Médecins du Monde will continue the collaboration in the area of viral hepatitis elimination in the period 2018–2020 globally and in Europe, and the entity will provide support to WHO in the development of normative guidance, in civil society engagement for prevention and control of HIV and viral hepatitis, and in country assessment missions. The collaboration on mental health in the Central African Republic will continue through the entity's participation in WHO's work on mental health and through the provision of support to country-level work. The collaboration will be strengthened with regard to sexual and reproductive health, and Médecins du Monde will continue to support WHO's work within the framework of humanitarian crisis situations.

¹ The entity's profile is available on the WHO Register of non-State actors (<https://publicspace.who.int/sites/GEM/default.aspx#>, accessed 23 October 2017).

² The entity's proposed plan for collaboration is available on the WHO Register of non-State actors (<https://publicspace.who.int/sites/GEM/default.aspx#>, accessed 23 October 2017).

28. Osteopathic International Alliance.¹ Incorporated in 2004 in Illinois, United States of America, Osteopathic International Alliance is a nongovernmental organization, with its head office in Chicago, Illinois. The entity's objective is to advance the philosophy and practice of osteopathic medicine and osteopathy worldwide, while promoting excellence in osteopathic medical education, research and health care delivery.

29. Osteopathic International Alliance is a membership organization, formed of national organizations of osteopathic physicians and osteopaths. It currently has 79 member organizations representing 28 countries on five continents. The annual general meeting is the highest decision-making body of the organization, with the board of directors responsible for representing the member organizations in carrying out the goals of the entity and maintaining oversight of financial decisions and committees. Three quarters of the Alliance's funding comes from member organizations' fees, with the remainder from conference fees.

Activities carried out with WHO during the period 2015–2017

30. Since 2005, Osteopathic International Alliance has collaborated with WHO, most notably to support the development of the Benchmarks for training in osteopathy. The Alliance also provided input to the development of the WHO traditional medicine strategy: 2014–2023 to determine research methods and priorities for traditional medicine and to establish benchmarks for the practice of tuina. The support included contributions to drafting, editing and reviewing policies, documents and practices, as well as participating in discussions on and contributing to knowledge on traditional medicine and, in particular, osteopathy.

Planned collaborative activities with WHO for the period 2018–2020²

31. Building on its previous collaboration, Osteopathic International Alliance will: support the implementation of the strategic objectives of the WHO traditional medicine strategy: 2014–2023 by providing data on the growth and scope of the osteopathic profession to inform policy briefs; contribute to the development of benchmarks for practice in osteopathy; develop a glossary of osteopathic terminology; and continue to support WHO on an ad hoc basis, as requested.

32. PATH.¹ Incorporated in Washington State, United States of America, since 1981, PATH is a nongovernmental organization that supports transformative innovations to improve the health of women and children. In 1984, the entity changed its name to "PATH – Program for Appropriate Technology in Health" and in 2014, the articles of incorporation were amended and the entity's name was changed to "PATH". PATH is governed by a board composed of individuals working in various sectors, including the private sector, such as laboratory, pharmaceutical, technology, retail and financial companies. PATH is funded mainly by philanthropic foundations and government grants.

33. PATH aims to: improve the availability, acceptance, use and safety of health products and technology in developing countries; identify, develop or adapt technologies and products that will improve or expand the availability of primary health care; and disseminate the results of and make

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available to interested Member States scientific and technical data on appropriate health technology. To fulfil its mission, PATH collaborates with a range of private sector entities.

Activities carried out with WHO during the period 2015–2017

34. PATH has collaborated with WHO since the launch of the PATH Children’s Vaccine Programme in 1998 and is currently supporting WHO in the implementation of the global vaccine action plan. PATH’s collaboration with WHO on immunization and vaccines included providing support to WHO to facilitate the routine introduction of MenAfriVac® (meningitis A vaccine) into national immunization programmes and to develop a revised paper on Japanese encephalitis vaccine. PATH has also supported WHO in the clinical development of malaria vaccines leading to the licensing and introduction of the RTS,S malaria vaccine candidate in low-income countries. Lastly, PATH has provided funding to WHO to support its work on vaccine-preventable diseases, reproductive and maternal health, and malaria.

Planned collaborative activities with WHO for the period 2018–2020¹

35. PATH will continue to collaborate with WHO on immunization and vaccines, in particular by supporting WHO in achieving the goals of the global vaccine action plan by 2020. The specific focus of the collaboration will be to: advance work on maternal immunization, with a focus on respiratory syncytial virus; support WHO in the pilot implementation of the malaria vaccine RTS,S/AS01 in Ghana, Kenya and Malawi to make available an injectable vaccine that provides partial protection against malaria in young children; provide technical support in the accelerated introduction of new WHO prequalified vaccines; and conduct advocacy activities to support implementation of the global vaccine action plan.

36. Public Services International.² Public Services International was founded in 1907 and is registered as an association in France. The entity is an international federation of trade unions dedicated to promoting quality public services globally. It has over 650 members from over 150 countries. Together, these unions represent more than 20 million public sector workers, providing services in central government, health and social care, local and regional government, and public utilities. This entity is a nongovernmental organization defending and promoting quality public services, trade union capacity-building, fundamental rights at work, equality and diversity.

37. The entity has a regional structure consisting of four regions: Africa and Arab countries; Asia and Pacific; Europe (through the European Federation of Public Service Unions); and Inter-America. It is governed by a congress composed of all delegates of its member organizations that meets every five years and by an executive board composed of selected representatives from its affiliates, which meets on an annual basis. The entity is funded mainly by its membership fees and by grants from other nongovernmental organizations and academic institutions.

¹ The entity’s proposed plan for collaboration is available on the WHO Register of non-State actors (<https://publicspace.who.int/sites/GEM/default.aspx#>, accessed 23 October 2017).

² The entity’s profile is available on the WHO Register of non-State actors (<https://publicspace.who.int/sites/GEM/default.aspx#>, accessed 23 October 2017).

Activities carried out with WHO during the period 2015–2017

38. WHO has collaborated with Public Services International to optimize the availability, performance, quality and impact of the health workforce through strategic advocacy for evidence-informed policies. The entity has worked as a Commissioner in the United Nations High-Level Commission on Health Employment and Economic Growth coordinated by WHO, ILO and OECD. In this context, the entity submitted evidence to the Expert Group to the High-Level Commission on Health Employment and Economic Growth and facilitated consultation of the Commission with health workers' organizations. The entity supported WHO's Guideline Development Group on Community Based Health Worker Programmes and WHO's formulation of the Global Strategy on Human Resources for Health: Workforce 2030 by contributing evidence and making recommendations during the consultation process.

Planned collaborative activities with WHO for the period 2018–2020¹

39. Public Services International will collaborate with WHO to support the implementation of the Global Strategy on Human Resources for Health and the "Working for Health" five-year action plan for health employment and inclusive economic growth (2017–2021). In collaboration with WHO, the entity will bolster the transformative scale-up of health professional education towards the sustainable health and social workforce needed to achieve universal health coverage, rooted in a tripartite social dialogue. In collaboration with WHO, the entity will support Member States to establish and strengthen mechanisms, processes and institutions of social dialogue. The entity will conduct collaborative research involving labour market analysis. It will strengthen knowledge exchange and support the implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel.

40. The Wellcome Trust.² Originally established in 1936 and registered in England and Wales, this philanthropic foundation supports biomedical research aimed at advancing new ideas, understanding health and disease, improving health through innovation and influencing policy, in order to protect, preserve and advance several aspects of the health and welfare of humankind and to strengthen and promote knowledge and education on health. To that end, it supports scientists and researchers in the United Kingdom and in over 70 countries.

41. The Wellcome Trust's highest decision-making body is the board of governors, composed by the directors and members of the Trust. Members of the board are recognized figures in the fields of medicine, science, business and policy. The entity has a diversified investment portfolio whose returns fund all the work supported by the Trust.

Activities carried out with WHO during the period 2015–2017

42. The Wellcome Trust has supported WHO research and development activities that helped the Organization to execute the priorities related to the outbreaks of Ebola virus disease in 2014–2015 and Zika virus disease in 2015–2016. This included WHO-led clinical trials for Ebola vaccines and

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research related to improving epidemic preparedness, including support for the advancement of data-sharing frameworks and the development of research ethics and governance protocols for researchers in the field. The Wellcome Trust has also supported an evaluation of WHO health emergency guidelines and the development of a toolkit to support implementation of such guidelines.

Planned collaborative activities with WHO for the period 2018–2020¹

43. In the coming three years, collaboration is expected to continue in the areas where it is currently taking place and will be expanded towards providing additional support to WHO's work on epidemic preparedness and health emergency response efforts, particularly through the research and development blueprint for action to prevent epidemics. Support from The Wellcome Trust is also envisaged in strengthening WHO's work and efforts to combat drug-resistant infections by, inter alia, supporting global advocacy-related activities, with greater focus on evidence to drive behaviour change, diagnostics and the role of vaccines to combat antimicrobial resistance. Efforts are under way to expand the existing collaboration between WHO and The Wellcome Trust to additional areas of work.

44. United States Pharmacopeia Convention.² The United States Pharmacopeia Convention has been registered as a non-profit organization in Maryland, United States of America, since 1974. It is a nongovernmental organization with subsidiary entities in Brazil, China, Ghana, India, Philippines, Nigeria and Switzerland. The entity is mostly funded by the sale of reference standards, publications, verification programmes and pharmacopoeial education. It is composed of 458 members from academic institutions; health practitioner professional and scientific associations; consumer and other organizations representing the public interest; manufacturer, trade and affiliated associations; government bodies or divisions; and nongovernmental standard-setting and conformity assessment bodies. The entity is governed by a board of trustees composed of individuals working in academic institutions and private sector entities.

45. The United States Pharmacopeia Convention establishes and disseminates information on officially recognized standards of quality and authoritative information on the use of medicines and health care technologies by health care professionals, patients and consumers. It provides information on standards for approximately 6300 drug and dosage forms for medicines and dietary supplements. The Convention works closely with government agencies, ministries and regulatory authorities to help provide information on standards that can contribute to safeguarding the global supply of medicines, dietary supplements and food ingredients.

Activities carried out with WHO during the period 2015–2017

46. The entity has collaborated with WHO to improve access to medicine and health technologies, including by supporting the WHO Prequalification of Medicines Programme for essential medicine products. The entity collaborated with the Regional Office for the Americas/PAHO to support the Pan American Network of Official Medicine Control Laboratories and External Quality Control Program. Upon WHO's request, the entity led training and capacity-building activities for Member States to

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support the monitoring of the quality of medicines. It made available quality data to inform Member States and WHO global monitoring initiatives on substandard and falsified medicines.

Planned collaborative activities with WHO for the period 2018–2020¹

47. WHO will continue to collaborate with the entity on access to medicine and health technologies. Under WHO's leadership, the entity will work to strengthen national quality control and quality assurance systems. It will leverage its training platforms across regulatory functions and issues, expanding regional efforts. The entity will support the objective of the Prequalification of Medicines Programme of increasing the supply of quality-assured essential medical products globally. It will collaborate with WHO in its work on substandard and falsified medical products with regard to efforts: to monitor the quality of medicines; to make quality data available; and to encourage best practices to mitigate the burden of substandard and falsified medicines, including by increasing linkages between work on substandard medical products and activities to tackle emerging threats such as antimicrobial resistance. Upon WHO's request and in line with WHO's policies and regulations, the entity will provide support in building the capacity of local manufacturers to meet local demands for quality-assured medicines.

¹ The entity's proposed plan for collaboration is available on the WHO Register of non-State actors (<https://publicspace.who.int/sites/GEM/default.aspx#>, accessed 23 October 2017).

ANNEX 2

**NON-STATE ACTORS IN OFFICIAL RELATIONS UNDERGOING
A TRIENNIAL REVIEW OF THEIR COLLABORATION WITH WHO**

1. Alliance for Health Promotion
2. Caritas Internationalis
3. European Society for Medical Oncology
4. FDI World Dental Federation
5. Global Diagnostic Imaging, Healthcare IT and Radiation Therapy Trade Association
6. Global Medical Technology Alliance
7. Health Technology Assessment International
8. Helen Keller International
9. Humatem
10. International AIDS Society
11. International Association for Dental Research
12. International Association for Hospice and Palliative Care Inc.
13. International Association of Logopedics and Phoniatics
14. International Clearinghouse for Birth Defects Surveillance and Research
15. International Commission on Non-Ionizing Radiation Protection
16. International Commission on Radiological Protection
17. International Council of Ophthalmology
18. International Diabetes Federation
19. International Epidemiological Association
20. International Federation of Oto-Rhino-Laryngological Societies
21. International Leprosy Association
22. International Medical Corps
23. International Network on Children's Health, Environment and Safety
24. International Organization for Medical Physics
25. International Society for Environmental Epidemiology
26. International Society of Audiology
27. International Society of Doctors for the Environment
28. International Society of Nephrology
29. International Solid Waste Association
30. International Union against Sexually Transmitted Infections
31. International Union against Tuberculosis and Lung Disease
32. International Union of Immunological Societies
33. International Union of Toxicology
34. March of Dimes Foundation
35. Medicines for Malaria Venture
36. Organisation pour la Prévention de la Cécité
37. RAD-AID International
38. Rotary International
39. Stichting Global Network of People Living with HIV/AIDS (GNP+)
40. Thalassaemia International Federation
41. The Global Alliance for Rabies Control, Inc.
42. The International Association of Lions Clubs
43. The International Federation of Anti-Leprosy Associations
44. The Royal Commonwealth Society for the Blind (Sightsavers)
45. The Worldwide Hospice Palliative Care Alliance

46. Tropical Health and Education Trust
47. Union for International Cancer Control
48. WaterAid
49. World Federation of Chinese Medicine Societies
50. World Federation of Hemophilia
51. World Federation of Hydrotherapy and Climatotherapy
52. World Heart Federation
53. World Hepatitis Alliance
54. World Hypertension League
55. World Plumbing Council
56. World Stroke Organization
57. World Veterinary Association

The decision on the review of the official relations with the following non-State actors was deferred from the 140th session of the Board by decision EB140(10) (2017) to the 142nd session of the Board:¹

58. Handicap International Federation
59. International Alliance of Women: Equal Rights-Equal Responsibilities
60. International Insulin Foundation
61. International Spinal Cord Society
62. International Union for Health Promotion and Education
63. Italian Association of Friends of Raoul Follereau
64. Medical Women's International Association
65. Medicines for Europe (former European Generic Medicines Association)
66. World Federation of the Deaf

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¹ Information on planned collaborative activities with WHO for the period 2018–2019 is available in the WHO Register of non-State actors (<https://publicspace.who.int/sites/GEM/default.aspx#>, accessed 23 October 2017).