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## **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.<sup>1</sup>
2. In accordance with the provisions of the Framework of Engagement with Non-State Actors,<sup>2</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 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 provisions of 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; the desirability of maintaining the official relations with non-State actors; proposals for the deferral of reviews; and proposals for the suspension or discontinuation of official relations.
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 144th 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

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<sup>1</sup> 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, Overarching Framework of Engagement with Non-State Actors).

<sup>2</sup> Adopted by the Health Assembly in resolution WHA69.10 (2016).

with regard to each non-State actor, and entries in the WHO Register of non-State actors were verified, together with the relevant supporting documentation provided. In addition, collaboration over the three past years (2016–2018) was assessed and the jointly agreed plans for collaboration for the following three years (2019–2021)<sup>1</sup> were examined.

6. On the basis of the above-mentioned elements, the Board is invited to consider applications from seven non-State actors for admission into official relations and to review the collaboration with 79 non-State actors in official relations in the context of their triennial review.

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

7. In accordance with the provisions of 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.<sup>2</sup>

8. 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 seven entities fulfilled the established criteria and are therefore presented for the consideration of the Board: The Albert B. Sabin Vaccine Institute, Inc., The International League of Dermatological Societies, The Royal National Lifeboat Institution, The Task Force for Global Health, United Nations Foundation, Inc., Women Deliver, Inc. and World Federation of Nuclear Medicine and Biology.

9. These 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 contained in Annex 1 to this report.<sup>3</sup>

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<sup>1</sup> Collaboration plans are available in the WHO Register including the collaboration plans for the non-State actors for which the review was deferred by one year, in accordance with decision EB140(10) (2017). The collaboration plans of the entities concerned cover a shorter period, namely 2019–2020 <https://publicspace.who.int/sites/GEM/default.aspx#> (accessed 29 October 2018).

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

<sup>3</sup> Collaboration plans are available in the WHO Register <https://publicspace.who.int/sites/GEM/default.aspx#>.

**A. Action proposed to the Board: Note the report and consider The Albert B. Sabin Vaccine Institute, Inc., The International League of Dermatological Societies, The Royal National Lifeboat Institution, The Task Force for Global Health, United Nations Foundation, Inc., Women Deliver, Inc. and World Federation of Nuclear Medicine and Biology for admission into official relations with WHO.**

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

10. In accordance with the provisions of the Framework of Engagement with Non-State Actors,<sup>1</sup> 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.

11. 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>

12. The review of collaboration with non-State actors during the period 2016–2018 covered 79 entities. The eleven entities whose review was deferred following the decision of the Board at its 142nd session were included in this review.<sup>3</sup> The Secretariat has performed due diligence on the 79 entities, and has examined 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 are available in the WHO Register of non-State actors.<sup>4</sup>

13. The Secretariat recommends the Board to renew official relations for 71 of the 79 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 2019–2021 have been concluded. Furthermore, these non-State actors fulfilled the eligibility criteria,<sup>5</sup> including providing updated entries in the WHO Register of non-State actors.

14. A list of the 71 non-State actors proposed for renewal of official relations is provided in Annex 2 to this report.

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<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 EB142(9) (2018) deferred the decision on the review of eleven non-State actors until the 144th session of the Board. The collaboration plans of the entities concerned cover a shorter period, namely 2019–2020.

<sup>4</sup> Collaboration plans are available in the WHO Register <https://publicspace.who.int/sites/GEM/default.aspx#>.

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

**B. Action proposed to the Board: Note the report, commend the 71 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.**

15. On the basis of the review undertaken, and in order not to compromise the existing collaboration with non-State actors, the Secretariat proposes to the Board that the following entities should be considered for deferral of the decision on their review to the 146th session of the Board in January 2020.

16. **Commonwealth Pharmacists Association.** The assessment of the relation with the entity revealed a gap in the collaboration with WHO as well as lack of resources to sustain some activities. The entity would need more time to explore the development of a joint comprehensive plan.

17. **CropLife International.** Further time will be needed in order to clarify the nature of collaboration of WHO with CropLife International in line with the Framework of Engagement with Non-State Actors.

18. **Global Health Council.** Staff changes in both the Global Health Council and WHO have affected the collaboration during the reporting period. Additional time is needed to develop a meaningful collaboration plan.

19. **Save the Children.** The entity would need more time to explore the development of a joint comprehensive plan. Staff changes at WHO have affected the collaboration during the reporting period.

**C. Action proposed to the Board: Note the report and consider the deferral<sup>1</sup> of the decision on the review of the following non-State actors to the 146th session of the Board: Commonwealth Pharmacists Association, CropLife International, Global Health Council and Save the Children.**

20. 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.

21. **International Catholic Committee of Nurses and Medico-Social Assistants.** Review of the past collaboration indicated that there was no evidence of joint collaboration between WHO and the Committee. Joint collaboration is also missing from the proposed activities described in the collaboration plan.

22. **International Eye Foundation.** The relation between both the WHO and the entity needs to be strengthened in order to allow the nascent collaboration to materialize into substantive activities.

23. **International Organization for Standardization.** The entity has informed the Secretariat that it will not submit an application for renewal of its official relations with WHO. Future opportunities of engagement will be explored with the entity.

24. **International Union of Microbiological Societies.** There have been limited opportunities for collaboration in recent years. Despite the Secretariat's repeated requests, the International Union of

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<sup>1</sup> 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 146th session of the Board, in January 2020.

Microbiological Societies has neither provided the necessary documentation for its review nor updated its entry in the WHO register of non-State actors.<sup>1</sup>

**D. Action proposed to the Board: The Board is invited to consider discontinuing relations with the following four non-State actors: , International Catholic Committee of Nurses and Medico-Social Assistants, International Eye Foundation, International Organization for Standardization and International Union of Microbiological Societies.**

### **Updates on non-State actors in official relations**

25. Following the resolution EB138.R8 (2016) admitting Micronutrient Initiative into official relations with WHO, the Secretariat informs the Board that the entity changed its name in 2017 to Nutrition International. The entity communicated the corresponding proof and documentation, and the Secretariat will proceed in changing the name in its records. There were no other changes related to the entity.

### **ACTION BY THE EXECUTIVE BOARD**

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

The Executive Board, having examined the report on Engagement with non-State actors: 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>

(1) decided:

(a) to admit into official relations with WHO the following non-State actors: The Albert B. Sabin Vaccine Institute, Inc., The International League of Dermatological Societies, The Royal National Lifeboat Institution, The Task Force for Global Health, United Nations Foundation, Inc., Women Deliver, Inc. and World Federation of Nuclear Medicine and Biology.

(b) to discontinue official relations with the following non-State actors: International Catholic Committee of Nurses and Medico-Social Assistants, International Eye Foundation, International Organization for Standardization and International Union of Microbiological Societies;

(2) noted with appreciation the collaboration with WHO of the 71 non-State actors listed in Annex 2 to document EB144/37, commended their continuing contribution to the work of WHO, and decided to renew them in official relations with WHO;

(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 Commonwealth Pharmacists Association, CropLife International, Global Health Council and Save the Children until the 146th session of the Board in January 2020, at which time reports should be presented to the Board on the agreed plans for collaboration and on the status of relations.

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

<sup>2</sup> Document EB144/37.

## ANNEX 1

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

1. **The Albert B. Sabin Vaccine Institute, Inc.** The Albert B. Sabin Vaccine Institute, Inc. (the Sabin Institute) is a nongovernmental organization that advocates for “expanding vaccine access and uptake throughout the world, advancing vaccine research and development and amplifying vaccine knowledge and innovation”. The Sabin Institute was established in 1993 and is headquartered in Washington, DC.
2. The Sabin Institute is present internationally through its surveillance studies in Asia to track typhoid incidence as well as in Latin America where it participated in studies to measure pneumococcal vaccine impact.
3. The entity is governed by a Board of Trustees serving in their own capacity with their background in governmental agencies, academic institutions and private sector entities. The Sabin Institute receives funding primarily from philanthropic foundations and nongovernmental organizations. The entity accepts also contributions from private sector entities with the condition that “no single donor may provide grants that exceed 7% of the Sabin Institute’s total income”.

#### **Activities carried out with WHO during the period 2016–2018**

4. WHO and the Sabin Institute have a long-standing and sustained collaboration on access to vaccines, enabling innovation and expanding immunization across the globe.
5. Since 2016, the joint collaboration focused on supporting country-level evidence-based immunization programmes in low- and middle-income countries and establishing disease surveillance models. Additional key areas of collaboration covered the advocacy for the control and elimination of neglected tropical diseases (including filariasis) by raising awareness of mass prevention and treatment campaigns.
6. To support the introduction of the pneumococcal conjugate vaccine (PCV10) into the national routine immunization programs in Latin America, WHO and the Sabin Institute jointly studied the impact and the effectiveness of this vaccine on reducing childhood pneumonia hospitalizations and preventing deaths.

#### **Planned collaborative activities with WHO for the period 2019–2021**

7. WHO will strengthen its collaboration with the Sabin Institute to promote country ownership of immunization programmes in support of WHO’s Global Vaccine Action Plan (2011–2020). The joint collaboration will also work towards increasing capacity-building for immunization managers and strengthening health systems to improve the delivery of vaccines for routine immunization. WHO with technical support from the Sabin Institute is exploring the introduction and use of typhoid vaccine for routine immunization as well as in outbreak settings.
8. WHO and the Sabin Institute will also collaborate on the development of strategies and priorities for innovation. Both will also support WHO’s Global Action Plan for Influenza Vaccines which includes

the development of an innovation ecosystem to promote the accelerated development of a universal influenza vaccine and the investment case for a universal influenza vaccine.

9. **The International League of Dermatological Societies.** The International League of Dermatological Societies is a nongovernmental organization set up in 1935 to “encourage the world-wide advancement of dermatological education, care and sciences by improving knowledge, skills and practice of dermatology professionals and other professionals involved in diseases affecting the skin, by improving the care of those suffering from skin diseases and promoting good skin health, and by publicising advances in dermatological sciences”.

10. The League is a membership organization, whose members are national societies of dermatology or societies within the field of dermatology. Currently the League has member associations in more than 80 countries.

11. Its highest decision-making body is its General Meeting of delegates from the member societies, which elects the members of the Board of Directors from among its member societies to manage the business of the League between the general meetings. The annual funding of the entity is generated from membership fees, its investments and grants from private sector entities. The World Dermatological Congress, which The League organizes every four years, represents a significant and additional source of income through participation fees and sponsors, including from private sector.

#### **Activities carried out with WHO during the period 2016–2018**

12. The collaboration between WHO and The League supported WHO’s work in refining Dermatology Specialty classifications in relation to skin and related diseases within the 11th Revision of the International Classification of Diseases (ICD-11) – Mortality and Morbidity Statistics, and its field testing. Additionally, The League made technical contributions, as requested by WHO, to the proposal dossier to add scabies to the neglected tropical diseases portfolio, and provided technical support and inputs on treatment options for scabies for consideration by WHO’s Expert Committee on the Selection and Use of Essential Medicines. The collaboration has also encompassed contributions to WHO’s training guide for front-line health workers on recognizing neglected tropical diseases through changes on the skin.

#### **Planned collaborative activities with WHO for the period 2019–2021**

13. WHO and The League will consolidate their collaboration on refinement of the Dermatology Specialty classifications in relation to skin and related diseases within the ICD-11 Mortality and Morbidity Statistics, including refinement of ICD-11 extension codes, particularly in relation to topography, allergens and medicines. The collaboration will also aim to strengthen implementation of the ICD-11 and enhance the utility of ICD-11 for clinical use. The League will support WHO in defining means to improve recognition and management of scabies and other ectoparasitic diseases, and improving recognition of neglected tropical diseases by capacity-building for front-line healthcare workers to identify skin signs of disease. It will provide technical assistance with potential revisions to the WHO Model Lists of Essential Medicines regarding medicines for skin infections related to noncommunicable diseases and psoriasis.

14. **The Royal National Lifeboat Institution.** The Royal National Lifeboat Institution is a nongovernmental organization headquartered in Poole, Dorset, United Kingdom of Great Britain and Northern Ireland. Its mission is dedicated to “saving lives in and around water”.

15. The Institution engages with different stakeholders including the WHO Secretariat and Member States on drowning prevention, and advocates and shares technical expertise to make drowning prevention a global priority. It provides operational support to deliver drowning prevention programmes in the WHO African, European and South-East Asia regions.

16. The entity is governed by a Board of Trustees comprised of members serving as their own capacity with background in the governmental agencies and the private sector. It receives funding primarily from individuals and government entities.

### **Activities carried out with WHO during the period 2016–2018**

17. The collaboration between WHO and the Institution over this period covered a range of technical and research matters and focused on the promotion of activities to prevent drowning.

18. To facilitate the understanding of the magnitude of drowning in countries of the South-East Asia and Western Pacific regions and the current national response, WHO and the Institution have initiated and conducted a regional drowning assessment. For this purpose, a standardized assessment tool was developed. In addition, the Institution provided support to WHO to undertake a large country-based survey which provided evidence to shape further work on drowning prevention in the African Region.

19. WHO and the Institution also worked towards advancing national drowning prevention plans for a range of low- and middle-income countries based on the recommendations from the WHO Global Report on Drowning.<sup>1</sup> The Institution has also shared its technical expertise with WHO on standards and use of lifejackets in low- and middle-income countries, as lifejackets were identified by WHO as an effective drowning prevention intervention in both its Global Report and an implementation guide for prevention.<sup>2</sup>

### **Planned collaborative activities with WHO for the period 2019–2021**

20. Building on the recommendations in both WHO's Global Report on Drowning and its implementation guide for prevention, WHO and the Institution will strengthen capacity of Member States for the development and implementation of evidence-based national policies and programmes for the prevention of drowning.

21. The Institution will also provide its inputs and expertise to inform WHO's recommendations on safe and effective drowning prevention interventions that may also feed into a WHO publication on drowning. As use of lifejackets has been recognized by WHO as one of the effective drowning prevention interventions, the Institution will provide technical support to WHO in identifying the factors behind low rates of utilization in low- and middle-income countries.

22. WHO and the Institution will continue to work towards implementing national drowning prevention plans for a range of low- and middle-income countries based on the recommendations in the WHO Global Report on Drowning.

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<sup>1</sup> Global report on drowning: preventing a leading killer. Geneva: World Health Organization; 2014 ([http://apps.who.int/iris/bitstream/handle/10665/143893/9789241564786\\_eng.pdf;jsessionid=0296050D90453B2E7103288327F5831D?sequence=1](http://apps.who.int/iris/bitstream/handle/10665/143893/9789241564786_eng.pdf;jsessionid=0296050D90453B2E7103288327F5831D?sequence=1), accessed 29 October 2018).

<sup>2</sup> Preventing drowning: an implementation guide. Geneva: World Health Organization; 2017 (<http://apps.who.int/iris/bitstream/handle/10665/255196/9789241511933-eng.pdf?sequence=1>, accessed 29 October 2018).

23. **The Task Force for Global Health.** The Task Force is a nongovernmental organization established in 1984 that aims to contribute towards solving large-scale health problems affecting vulnerable populations, in particular its focus is on eliminating neglected tropical diseases, eradicating polio and strengthening global preparedness for influenza pandemics. In addition it provides support to Member States in strengthening their health systems, training programmes for front-line health workers in how to detect and respond to disease outbreaks, and helps countries to use information to improve health outcomes.

24. The Task Force is governed by an independent Board of Directors who serve in their individual capacities with their backgrounds in different sectors: philanthropic foundations, nongovernmental organizations, academic institutions and private sector.

25. The Task Force's activities are funded by grants from philanthropic foundations and by individuals, and it receives large in-kind donations of medicines and vaccines from private-sector entities for neglected tropical diseases and seasonal influenza. These are administered through the entity's programmes to health ministries for further distribution at country level.

### **Activities carried out with WHO during the period 2016–2018**

26. WHO and the Task Force have collaborated towards achievements of WHO's goals for control, elimination and eradication of infectious diseases and strengthening health systems in different countries. The Task Force has supported WHO's strategic priorities through collaboration in specific areas, including neglected tropical diseases, cholera, polio, influenza, and field epidemiology training programmes. By way of example, the collaboration has supported country efforts to prevent and control seasonal influenza and enhance pandemic preparedness through programme planning and evaluation, and donation of vaccine.

27. The Task Force has also supported operational research projects to help to inform WHO's responses to programme challenges on neglected tropical diseases. In addition WHO and The Task Force have jointly collaborated with WHO on the Mectizan Donation Program, which aims at the elimination and global control of lymphatic filariasis and onchocerciasis. The collaboration aims also to build capacities in countries for better responses to disease outbreaks through effective field-epidemiological training.

### **Planned collaborative activities with WHO for the period 2019–2021**

28. WHO and the Task Force will strengthen their collaboration to control, eliminate and eradicate infectious diseases, in particular neglected tropical diseases but also polio and influenza, and jointly engage in activities to strengthen health systems globally.

29. The future collaboration plan includes provision of support to the WHO Global Leprosy Programme for the implementation of the Global Leprosy Strategy 2016–2020 and also the implementation of other normative guiding documents including guidelines for the diagnosis, treatment and prevention of leprosy.

30. Furthermore, the collaboration aims to accelerate development of universal influenza vaccines, to contribute to the elimination of polio, and to trachoma-elimination activities.

31. The joint collaboration will see continued activities for the Mectizan Donation Program to enable WHO to reach at-risk populations and achieve the global goals for the control and elimination of

lymphatic filariasis and onchocerciasis. The Task Force will provide technical support to the Secretariat for the development a unified vision for control of soil-transmitted helminthiases to and beyond 2020. The joint collaboration will continue to further build capacities of field epidemiologists for disease outbreaks globally.

32. **United Nations Foundation, Inc.** The United Nations Foundation is a nongovernmental organization established in 1998 and headquartered in Washington, DC. The entity was established to “assist and support the charitable purposes of United Nations’ causes, including programmes and activities of the United Nations or in which the United Nations is participating through advocacy, awareness raising and provision of resources”. The Foundation supports the work of organizations in the United Nations system including WHO in responding to ongoing pressing issues such as the health consequences of climate change, improvement of global health outcomes, reduction of child mortality, women’s empowerment and poverty eradication.

33. The Foundation is managed by a Board of Directors, who act in their personal capacity, and is funded by grants from both governmental and intergovernmental organizations, philanthropic foundations and also donations from individuals.

### **Activities carried out with WHO during the period 2016–2018**

34. The collaboration between WHO and the United Nations Foundation has focused on supporting WHO’s activities towards advancing progress against preventable diseases, such as polio, malaria, measles and rubella, improving the health of women and children, raising awareness on the urgency of accelerated, multisectoral action on antimicrobial resistance and promoting universal health coverage.

35. WHO and the Foundation have collaborated closely on the promotion of key public health issues including, but not limited to, eradication of diseases, global health security and achievement of the Sustainable Development Goals.

36. Additionally, the Foundation provided support to WHO in studying the impact of increased access to electricity in health facilities in the African Region towards the achievement of health outcomes. This led to a joint report which has been used to raise awareness of the links between energy and health.

37. The Foundation has also promoted WHO’s mandate and activities related mainly to preventable diseases and has being a strong advocate in relation to the impact made by WHO’s work at the country level.

### **Planned collaborative activities with WHO for the period 2019–2021**

38. WHO and the Foundation will strengthen their collaboration towards addressing key global health priorities in support of WHO’s Thirteenth General Programme of Work (2019–2023) and in order to achieve the health-related targets for the Sustainable Development Goals. To this end, WHO and the Foundation will deepen their collaboration to raise awareness and support eradication of preventable diseases, such as polio, measles and rubella. The collaboration will also aim to keep antimicrobial resistance at the forefront of attention and support any relevant action.

39. WHO and the Foundation will reinforce their collaboration towards the elimination and prevention of malaria through substantive such as the provision and distribution of bednets in endemic countries. The collaboration also aims to support the WHO’s Innovation Hub in order to bring

appropriate reproductive, maternal, newborn, child and adolescent health innovations to scale through joint advocacy efforts.

40. The joint activities will also support WHO's Expanded Programme on Immunization by mapping out vaccine-preventable disease surveillance mechanisms.

41. **Women Deliver, Inc.** Headquartered in New York, Women Deliver is a nongovernmental organization, registered in 2009 with the mission to promote and advance maternal health as a core element of the global development agenda.

42. Through its activities, Women Deliver aims to serve as a global source of information for advocacy and action, and to develop and disseminate messages, tools and other advocacy resources to support a broad community of stakeholders. It works globally to raise awareness and organize campaigns for the health and rights of girls and women and their well-being with particular focus on gender equality and maternal, sexual and reproductive health and rights.

43. Women Deliver is governed by a Board of Directors whose members serve in their individual capacity and have backgrounds in nongovernmental organizations. The entity receives grants and donations mostly from governments but also from philanthropic foundations and private-sector entities.

#### **Activities carried out with WHO during the period 2016–2018**

44. WHO has collaborated with Women Deliver on various projects and activities, for instance advocacy on the impact of preventing and tackling noncommunicable diseases on girls and women. Women Deliver has further supported WHO in identifying challenges and opportunities for bringing together maternal health and noncommunicable disease communities in order to advance the agenda for women's health.

45. The joint collaboration included raising awareness and promoting WHO's evidence and case studies on maternal mortality, sexual and reproductive health and rights, gender-based violence and adolescent health. Women Deliver provided technical support to WHO to shape specific public health documents on women's and adolescents' health in global processes, and to ensure that a gender lens is considered in WHO's policies and programmes on women's and adolescents' health.

#### **Planned collaborative activities with WHO for the period 2019–2021**

46. WHO and Women Deliver will consolidate their collaboration in order to amplify, disseminate and synthesize WHO's research findings on human reproduction. These will be turned into briefing notes, policy briefs and advocacy materials and used for advocacy purposes.

47. The collaboration includes also raising awareness on WHO's evidence and case studies related to maternal mortality, sexual and reproductive health and rights, gender-based violence and adolescent health.

48. Women Deliver will continue to provide technical support to WHO to ensure that a gender perspective is considered, as appropriate, in WHO's processes for developing and reviewing its technical documents as well as in creation of WHO's knowledge products in the areas of maternal, sexual and reproductive health.

49. **World Federation of Nuclear Medicine and Biology.** The World Federation of Nuclear Medicine and Biology is a nongovernmental organization, founded in 1970 and headquartered in Vienna. Its mission is to improve and promote nuclear medicine worldwide.

50. The World Federation supports education efforts for nuclear physicians, physicists, radio-pharmacists, radiochemists, technologists and nuclear medicine scientists, especially from low- and middle-income countries.

51. The entity is a membership organization, its members are represented in the delegates' General Assembly, and it is governed by an Executive Board. The Federation brings together the national and regional associations and groups involved in research, training and practice of nuclear medicine, hybrid imaging and biology.

52. Most of its funds are generated through membership fees and congress revenue.

### **Activities carried out with WHO during the period 2016–2018**

53. Past collaboration involved joint activities between the WHO and the World Federation on improving access to high-quality nuclear medicine care and enhancing training for health professionals. In addition, it has provided inputs and technical recommendations to WHO for developing technical documents aimed at providing support to Member States in the implementation of IAEA's International Basic Safety Standards. The World Federation has also provided technical expertise towards the development of the WHO list of priority medical devices for cancer management,<sup>1</sup> with special focus on the use of nuclear medicine in cancer management. WHO and the World Federation have raised awareness and promoted WHO's policies, recommendations and key messages on nuclear medicine through the joint development of information materials on nuclear medicine examinations of children. Working sessions on radiation and radiological protection in nuclear medicine have been jointly conducted by WHO and the World Federation.

### **Planned collaborative activities with WHO for the period 2019–2021**

54. The collaboration between WHO and the World Federation aims at assisting WHO's work towards improving access to high-quality nuclear medicine care and enhancing education and training of the health workforce.

55. The World Federation will provide technical support towards the implementation of the WHO's Global Initiative on Radiation Safety in Healthcare Settings and WHO's Programme on Priority Medical Devices. To that end, the World Federation will support WHO's work on the identification and rational use of nuclear medicine technologies and devices for diagnostic and therapeutic purposes.

56. The collaboration aims also to sustain the activities related to the implementation of the International Basic Safety Standards and the Bonn Call for Action on radiation protection in medicine. For that purpose, joint technical documents and communication tools will be developed for establishing and enhancing radiation safety culture in health care facilities and on radiation safety and quality in nuclear medicine.

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<sup>1</sup> WHO list of priority medical devices for cancer management (WHO Medical device technical series). Geneva: World Health Organization; 2017 (<http://apps.who.int/iris/bitstream/handle/10665/255262/9789241565462-eng.pdf?sequence=1>, accessed 29 October 2018).

## ANNEX 2

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

1. Action Contre la Faim International
2. Aga Khan Foundation
3. AMREF Health Africa
4. ASSITEB-BIORIF
5. CBM Christoffel Blindenmission Christian Blind Mission e.V.
6. Consumers International
7. Council for International Organizations of Medical Sciences
8. Council on Health Research for Development
9. European Association for Injury Prevention and Safety Promotion
10. Framework Convention Alliance on Tobacco Control
11. International Agency for the Prevention of Blindness
12. International Air Transport Association
13. International Alliance for Biological Standardization
14. International Alliance of Patients' Organizations
15. International Association for the Study of Pain
16. International Association of Cancer Registries
17. International College of Surgeons
18. International Council for Standardization in Haematology
19. International Council of Nurses
20. International Federation for Medical and Biological Engineering
21. International Federation of Biomedical Laboratory Science
22. International Federation of Clinical Chemistry and Laboratory Medicine
23. International Federation of Fertility Societies
24. International Federation of Health Information Management Associations
25. International Federation of Hospital Engineering
26. International Federation of Medical Students' Associations
27. International Federation of Pharmaceutical Manufacturers and Associations
28. International Federation of Surgical Colleges
29. International Food Policy Research Institute
30. International Hospital Federation
31. International Life Saving Federation
32. International Medical Informatics Association
33. International Network for Cancer Treatment and Research
34. International Pharmaceutical Federation
35. International Pharmaceutical Students' Federation
36. International Society for Telemedicine & eHealth
37. International Society of Blood Transfusion
38. International Society of Orthopaedic Surgery and Traumatology
39. International Society of Radiology
40. International Society of Physical and Rehabilitation Medicine
41. International Society on Thrombosis and Haemostasis
42. International Union of Architects
43. International Union of Basic and Clinical Pharmacology
44. International Water Association

45. Medicus Mundi International – Network Health for All
46. Nutrition International
47. OXFAM
48. Pasteur International Network Association
49. Project ORBIS International, Inc. (ORBIS International)
50. The Cochrane Collaboration
51. The International Society for Burn Injuries
52. The International Society for Quality in Health Care Incorporated
53. The International Society of Radiographers and Radiological Technologists
54. The Network: Towards Unity For Health
55. The Transplantation Society
56. The World Medical Association, Inc.
57. World Association of Societies of Pathology and Laboratory Medicine
58. World Blind Union
59. World Cancer Research Fund International
60. World Council of Churches
61. World Council of Optometry
62. World Federation for Medical Education
63. World Federation for Ultrasound in Medicine and Biology
64. World Federation of Acupuncture-Moxibustion Societies
65. World Federation of Chiropractic
66. World Federation of Public Health Associations
67. World Federation of Societies of Anaesthesiologists
68. World Organization of Family Doctors
69. World Self-Medication Industry
70. World Vision International
71. Worldwide Network for Blood and Marrow Transplantation

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