

## **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 plan for collaboration between WHO and the non-State actor, with agreed objectives and outlining activities for the coming three-year period, structured in accordance with the General Programme of Work and Programme budget and consistent with the Framework of Engagement with Non-State Actors. These plans shall be free from concerns which are primarily of a commercial or profit-making 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 applications from non-State actors for admission into official relations, and those non-State actors set to undergo their triennial review during the 146th session of the Board. In line with the Framework, due diligence and risk assessment were performed on each non-State actor, and entries in the WHO Register of non-State actors were verified, together with the relevant supporting

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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).

documentation provided. As part of this exercise, past collaboration with WHO was assessed and the jointly agreed plans for collaboration for the coming three years (2020–2022)<sup>1</sup> were examined.

## **APPLICATIONS FOR ADMISSION INTO OFFICIAL RELATIONS WITH WHO**

6. 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>

7. 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 three entities fulfilled the established eligibility criteria and are therefore presented for the consideration of the Board: Fundación Anesvad, The Clinton Health Access Initiative, Inc. and World Association for Sexual Health.

8. 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>

**A. Action proposed to the Board: Note the report and consider Fundación Anesvad, The Clinton Health Access Initiative, Inc. and World Association for Sexual Health for admission into official relations with WHO.**

## **TRIENNIAL REVIEW OF THE COLLABORATION WITH NON-STATE ACTORS IN OFFICIAL RELATIONS WITH WHO**

9. In accordance with the provisions of the Framework of Engagement with Non-State Actors,<sup>4</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.

10. 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

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<sup>1</sup> Collaboration plans are available in the WHO Register of non-State actors, including the collaboration plans for the non-State actors for which the review was deferred by one year, in accordance with decision EB144(5) (2019). The collaboration plans of the entities concerned cover a shorter period <https://publicspace.who.int/sites/GEM/default.aspx#>.

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

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

<sup>4</sup> See document WHA69/2016/REC/1, Annex 5, paragraph 64.

the collaboration in the WHO Register of non-State actors or fails to fulfil its part in the agreed programme of collaboration.<sup>1</sup>

11. The review of collaboration with non-State actors during the period 2017–2019 covered 70 entities. The four entities whose review was deferred following the decision of the Board at its 144th session were included in this review.<sup>2</sup> The Secretariat has performed due diligence on the 70 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 Register.<sup>3</sup>

12. The Secretariat recommends the Board to renew official relations for 66 of the 70 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 plans for collaboration for the coming period have been jointly developed. Furthermore, these non-State actors fulfilled the eligibility criteria.<sup>4</sup>

13. A list of the 66 non-State actors proposed for renewal of official relations is provided in Annex 2 to this report.

**B. Action proposed to the Board: 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.**

14. 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 one entity should be considered for deferral of the decision on its review to the 148th session of the Board in January 2021.

15. **International Rescue Committee.** The ongoing response to the Ebola emergency has affected the ability of the Secretariat to conduct the triennial review of this entity. The Secretariat therefore proposes to defer the decision on the review of the collaboration with the International Rescue Committee to the 148th session of the Board, in order to allow sufficient time for the development of a more comprehensive collaboration plan.

**C. Action proposed to the Board: Note the report and consider the deferral<sup>5</sup> of the decision on the review of International Rescue Committee to the 148th session of the Board.**

16. 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.

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

<sup>2</sup> Decision EB144(5) (2019) deferred the decision on the review of four non-State actors until the 146th session of the Board. The collaboration plans of the entities concerned cover a shorter period.

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

<sup>4</sup> See document WHA69/2016/REC/1, Annex 5, paragraph 51.

<sup>5</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 148th session of the Board, in January 2021.

17. **International Occupational Hygiene Association.** Although the entity has supported WHO's work in the past, there have been limited opportunities for collaboration in recent years.

18. **Human Rights in Mental Health – FGIP.** 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.

19. **International Alliance of Women: Equal Rights and Equal Responsibility.** Although joint activities have been conducted in the past, potential areas for further collaboration have not been identified for the coming period. Future opportunities of engagement will be explored with the entity.

**D. Action proposed to the Board: The Board is invited to consider discontinuing relations with the following three non-State actors: International Occupational Hygiene Association, Human Rights in Mental Health – FGIP and International Alliance of Women: Equal Rights Equal Responsibilities.**

## **UPDATES ON NON-STATE ACTORS IN OFFICIAL RELATIONS**

20. The World Self-Medication Industry has notified the Secretariat of its change of name in 2019 to the Global Self-Care Federation. 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**

21. 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>1</sup>

(1) decided:

(a) to admit into official relations with WHO the following non-State actors: Fundación Anesvad, The Clinton Health Access Initiative, Inc. and World Association for Sexual Health;

(b) to discontinue official relations with the following non-State actors: International Occupational Hygiene Association, Human Rights in Mental Health – FGIP and International Alliance of Women: Equal Rights Equal Responsibilities;

(2) noted with appreciation the collaboration with WHO of the 66 non-State actors listed in Annex 2 to document EB146/35, commended their continuing contribution to the work of WHO, and decided to renew them in official relations with WHO;

(3) further noted that a plan for collaboration with the International Rescue Committee has yet to be agreed, and decided to defer the review of relations with the entity until the

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<sup>1</sup> Document EB146/35.

148th session of the Board in January 2021, at which time reports should be presented to the Board on the agreed plan for collaboration and on the status of relations.

## ANNEX 1

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

#### **FUNDACIÓN ANESVAD**

1. Fundación Anesvad is a nongovernmental organization committed to promoting and safeguarding health as a fundamental human right. The entity was initially created in 1968 to support people affected by leprosy and their families, which also involved advocacy and work towards eradication.
2. Fundación Anesvad has since expanded its activities towards the control, elimination and eradication of other neglected tropical diseases, in particular, those with skin manifestations, in sub-Saharan African countries. Through its international presence, the entity has also expanded its activities to cover different fields including community health, maternal and child health, sexual and reproductive health, and social initiatives.
3. Headquartered in Bilbao, Spain, the entity is governed, managed and represented by a Board of Trustees. Its activities are funded from a variety of sources, including the entity's endowment, return from investments, as well as grants and donations from individuals, governmental and nongovernmental organizations, philanthropic foundations and private sector entities.

#### **Activities carried out with WHO during the period 2017–2019**

4. WHO and Fundación Anesvad have a long-standing and sustained collaboration on fighting against skin-related neglected tropical diseases such as buruli ulcer, leprosy, lymphatic filariasis and yaws, in sub-Saharan African countries. This includes but is not limited to, supporting WHO in the development of information, educational and communication materials; assisting WHO's capacity building activities and outreach efforts in endemic countries, with different stakeholders; and facilitating the provision of materials, diagnostics tests and medicines by WHO in communities affected by these diseases. Particular support has been provided by Fundación Anesvad for WHO's work towards the implementation of the Global Buruli Ulcer Initiative.

#### **Planned collaborative activities with WHO for the period 2020–2022**

5. WHO and Fundación Anesvad will strengthen their collaboration towards the control, elimination and eradication of skin-related neglected tropical diseases in sub-Saharan African countries, especially in West Africa, by supporting WHO's efforts in the implementation of an integrated approach, in line with WHO's Thirteenth General Programme of Work 2019–2023 and related programme budgets, and consistent with resolution WHA66.12 (2013) on neglected tropical diseases, and other related resolutions.
6. Collaboration includes, inter alia, supporting WHO's activities in order to strengthen awareness, advocacy and promotion of an integrated approach to combat skin-related neglected tropical diseases in endemic countries; supporting WHO's activities towards strengthening health systems in sub-Saharan African countries affected by skin-related neglected tropical diseases, including strengthening access to treatment and diagnostic tools; and by facilitating WHO's surveillance efforts.

## **THE CLINTON HEALTH ACCESS INITIATIVE, INC.**

7. The Clinton Health Access Initiative, Inc. is a nongovernmental organization headquartered in Boston, United States of America. The initiative was founded in 2002 with a transformational goal: to help save the lives of millions of people living with HIV/AIDS by scaling up antiretroviral treatment. The initiative has worked to lower the costs of treatment and help countries to build the systems necessary to provide lifesaving treatment to millions of people. It has an international presence, operating in 38 countries.

8. The entity became a separate entity from the Clinton Foundation in 2010 and is governed by a Board of Directors comprising members who serve in their individual capacity, with backgrounds mainly in the private sector and nongovernmental organizations. It receives funding primarily from philanthropic foundations as well as from government entities and intergovernmental organizations.

### **Activities carried out with WHO during the period 2017–2019**

9. WHO and the Clinton Health Access Initiative have a long-standing and sustained collaboration on HIV treatment, and the collaboration has grown to include other diseases, such as viral hepatitis, malaria and cancer.

10. The collaboration focused mainly on supporting WHO's efforts towards accelerating diagnosis and treatment for children and adolescents living with HIV, which consisted of ensuring that HIV paediatric formulations were developed efficiently and available in a timely and coordinated manner.

11. WHO and the Initiative have also developed training materials to build capacity for the utilization of new malaria surveillance tools. The entity has also supported WHO's work towards the improvement of cold chain equipment suitable for vaccine storage, leading to a new prequalification standard for grade A refrigerators suitable for vaccines.

### **Planned collaborative activities with WHO for the period 2020–2022**

12. WHO and the Clinton Health Access Initiative will strengthen their collaboration towards ensuring that the most needed optimal paediatric formulations are developed efficiently and made available to children in a timely manner. Furthermore, the Initiative will support the implementation of the WHO global health sector strategy on viral hepatitis 2016–2021 and contribute to making progress against the 2020 and 2030 targets.

13. The Initiative will also support WHO's work towards developing the draft global strategy to accelerate cervical cancer elimination. In the field of HIV, this collaboration will be supportive of WHO's work towards optimizing antiretroviral treatment formulations for adolescents and adults including pregnant women.

## **WORLD ASSOCIATION FOR SEXUAL HEALTH**

14. Founded in 1978, the World Association for Sexual Health is a nongovernmental organization headquartered in Minneapolis, United States of America. It aims to promote and advocate for sexual health as an element of overall health throughout the life course, including through advancing research, education, and clinical care and services.

15. The World Association for Sexual Health was previously in official relations with WHO until its discontinuation in January 2017.<sup>1</sup> At that time, the entity had not provided the relevant documentation pertaining to the review of official relations with WHO; nor had it updated its profile in the WHO Register of non-State actors in due time. In line with the provisions of the Framework, the entity meets the requirement that two years have elapsed since the Board's decision on the previous application.

16. The entity is an organization with international membership, whose voting members are national societies and professional associations within the field of sexual health. The highest decision-making body of the World Association for Sexual Health is the General Assembly of delegates from each member organization, which elects the Advisory Committee, comprising health professionals, practitioners and researchers serving in their individual capacity.

17. The World Association for Sexual Health is funded primarily from its membership fees, supplemented by income generated through its World Congress held every two years.

### **Activities carried out with WHO during the period 2017–2019**

18. There is a sustained history of collaboration between WHO and the World Association for Sexual Health in relation to WHO programmes and strategies on sexual and reproductive health. During the period 2017–2019 such collaboration included support for WHO's work on the development of the operational framework of sexual and reproductive health, in line with resolution WHA57.12 (2004), as well as the new chapter on sexual health for the 11th Revision of the International Classification of Diseases (ICD-11). A joint initiative to identify and respond to data gaps related to sexual health-related outcomes was also taken forward.

19. The World Association for Sexual Health also supported WHO work at regional level through specific agreements for the provision of technical input and collaboration for the implementation of activities relating to sexual and reproductive health, such as reduction of adolescent pregnancy.

### **Planned collaborative activities with WHO for the period 2020–2022**

20. The plan for the coming three years builds on aspects of previous collaboration, including support for the dissemination of the WHO operational framework of sexual and reproductive health and for operationalizing ICD-11 through awareness-raising and training activities. Technical input will also be made available to WHO as required for its work on scoping of needs for additional clinical guidance.

21. Within the plan for collaboration it is envisaged that the entity will provide technical inputs for WHO consideration in developing standardized measures and pilot testing of a survey instrument, in response to objectives of the WHO reproductive health strategy.

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<sup>1</sup> See decision EB140(10).



## ANNEX 2

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

1. Alzheimer's Disease International
2. American Society for Reproductive Medicine
3. Bill & Melinda Gates Foundation
4. Commonwealth Pharmacists Association
5. Corporate Accountability
6. CropLife International
7. Drugs for Neglected Diseases initiative
8. Family Health International
9. Global Alliance for Improved Nutrition
10. Global Health Council
11. Grand Challenges Canada
12. Handicap International Federation
13. Health on the Net Foundation
14. HelpAge International
15. International Association for Child and Adolescent Psychiatry, and Allied Professions
16. International Association for Suicide Prevention
17. International Association for the Scientific Study of Intellectual and Developmental Disabilities
18. International Baby Food Action Network
19. International Bureau for Epilepsy
20. International Commission on Occupational Health
21. International Committee for Monitoring Assisted Reproductive Technologies
22. International Confederation of Midwives
23. International Council for Commonality in Blood Banking Automation Inc.
24. International Ergonomics Association
25. International Federation of Gynecology and Obstetrics
26. International Federation on Ageing
27. International Insulin Foundation
28. International Lactation Consultant Association
29. International League Against Epilepsy
30. International Network of Women Against Tobacco
31. International Pediatric Association
32. International Physicians for the Prevention of Nuclear War
33. International Planned Parenthood Federation

34. International Psycho-Oncology Society
35. International Society for Biomedical Research on Alcoholism
36. International Society for Prosthetics and Orthotics
37. International Society of Andrology
38. International Spinal Cord Society
39. International Union for Health Promotion and Education
40. International Union of Nutritional Sciences
41. International Union of Psychological Science
42. International Women's Health Coalition
43. IntraHealth International Inc.
44. Iodine Global Network
45. Italian Association of Friends of Raoul Follereau
46. Knowledge Ecology International
47. Lifting the Burden
48. Médecins Sans Frontières International
49. Medical Women's International Association
50. Medicines for Europe
51. Medicines Patent Pool Foundation
52. Multiple Sclerosis International Federation
53. Save the Children
54. Stichting Health Action International
55. The Fred Hollows Foundation
56. The International Society for the Prevention of Child Abuse and Neglect
57. The Population Council, Inc.
58. World Association of Echinococcosis
59. World Confederation for Physical Therapy
60. World Federation for Mental Health
61. World Federation of Neurology
62. World Federation of Neurosurgical Societies
63. World Federation of Occupational Therapists
64. World Federation of the Deaf
65. World Obesity Federation
66. World Psychiatric Association

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