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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 plan for collaboration between WHO and the non-State actor, which contains agreed objectives and outlines activities for the coming three-year period, and which 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. 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 applications from and review collaboration with 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 assessed applications from non-State actors for admission into official relations, and those non-State actors set to undergo their triennial review for consideration by the Board at its 150th session. 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 (2022–2024)<sup>1</sup> were reviewed.

## **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 four entities fulfilled the established eligibility criteria, and they are therefore presented for the consideration of the Board: Global Healthcare Information Network C.I.C., International Generic and Biosimilar Medicines Association, The Rockefeller Foundation and Women in Global Health, Inc.

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>1</sup>

**A. Action proposed to the Board: Consider Global Healthcare Information Network C.I.C., International Generic and Biosimilar Medicines Association, The Rockefeller Foundation and Women in Global Health, Inc. 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>3</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 (<https://publicspace.who.int/sites/GEM/default.aspx#>), including the collaboration plans for the non-State actors for which the review was deferred by one year, in accordance with decision EB148(8)(2021). The collaboration plans of the entities concerned cover the period 2022-2023.

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

<sup>3</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 2019–2021 covered 72 entities. Two additional entities whose review was deferred following the decision of the Board at its 148th session were also reviewed.<sup>2</sup> The Secretariat has examined both their past and proposed plans for collaboration, as well as the updated entries in the WHO Register of non-State actors.<sup>3</sup>

12. The Secretariat proposes that the Board renew official relations for 71 of the 74 non-State actors reviewed. A list is provided in Annex 2 to this report.

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

13. 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 two entities should be considered for deferral of the decision on its review to the 152nd session of the Board in January 2023.

14. **The Albert B. Sabin Vaccine Institute, Inc.** Considering the ongoing COVID-19 response and the entity’s organizational staffing changes, more time is needed to develop a targeted joint plan for collaboration.

15. **International Association of Cancer Registries.** Following a review of the administrative arrangements within the International Association of Cancer Registries secretariat, it has been agreed that more time is required to identify future collaboration in the current context.

**C. Action proposed to the Board: Consider the deferral<sup>4</sup> of the decision on the review of The Albert B. Sabin Vaccine Institute, Inc. and International Association of Cancer Registries to the 152nd session of the Board.**

16. Based on the review undertaken, the Secretariat proposes that two entities should be considered for discontinuation of their official relations with WHO.

17. **International Food Policy Research Institute.** The entity has informed the Secretariat that it will not submit an application for renewal of its official relations with WHO. Future opportunities for engagement will be explored.

18. **Medicines for Europe.** Considering the entity’s affiliation with International Generic and Biosimilar Medicines Association, which has applied for admission into official relations with WHO,

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

<sup>2</sup> Decision EB148(8) (2021) deferred the decision on the review of two non-State actors until the 150th session of the Board. The collaboration plans of the entities concerned cover the period 2022-2023.

<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> If granted, the deferral of the decision does not affect the triennial review cycle. The triennial review of this non-State actor will take place at the 152nd session of the Board, in January 2023.

Medicines for Europe has requested for early discontinuation of its official relations, to avoid duplicate representation.

**D. Action proposed to the Board: Consider discontinuing official relations with International Food Policy Research Institute and Medicines for Europe.**

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

19. Pasteur International Network Association has notified the Secretariat of its change of name to Pasteur Network, applicable since June 2021. The entity has submitted the corresponding evidence and documentation and the Secretariat will proceed in changing the name in its records.

20. The International Women's Health Coalition Inc. has informed the Secretariat that it has been acquired by International Planned Parenthood Federation Western Hemisphere Region following the latter's separation from the International Planned Parenthood Federation in 2020. The Secretariat has requested required documentation in line with the provisions of the Framework of Engagement with Non-State Actors in order to assess eligibility of the entity for official relations and as a record of this organizational change. The Secretariat will conduct due diligence and risk assessment; it will also review the information and report to the Executive Board at its 152nd session.

**ACTION BY THE EXECUTIVE BOARD**

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

The Executive Board, having examined and noted the report on Engagement with non-State actors: non-State actors in official relations with WHO,

(1) decided:

(a) to admit into official relations with WHO the following non-State actors: Global Healthcare Information Network C.I.C., International Generic and Biosimilar Medicines Association, The Rockefeller Foundation and Women in Global Health, Inc.;

(b) to discontinue official relations with International Food Policy Research Institute and Medicines for Europe;

(2) noted with appreciation the collaboration with WHO of the non-State actors listed in Annex 2 to document EB150/39, commended their continuing contribution to the work of WHO, and decided to renew them in official relations with WHO;

(3) further noted that the plans for collaboration with The Albert B. Sabin Vaccine Institute, Inc. and International Association of Cancer Registries have yet to be agreed, and decided to defer the review of relations with these entities until the 152nd session of the Board in January 2023, 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****Global Healthcare Information Network C.I.C.**

1. Established in 2005, Global Healthcare Information Network, C.I.C. is a nongovernmental organization based in the United Kingdom of Great Britain and Northern Ireland. The entity promotes and supports efforts to increase the availability and use of health care information to advance the education, clinical knowledge and skills of health care providers, to improve their ability to deliver effective healthcare, with a focus on low-income and middle-income countries.
2. The Network is governed by a Board of Directors, comprising members with backgrounds mainly in academic institutions. It is funded through contributions from individuals, academic institutions, government entities, and intergovernmental and nongovernmental organizations.

**Activities carried out with WHO during the period 2019–2021**

3. Global Healthcare Information Network C.I.C. has supported WHO's efforts to extend the benefits of health care information to different stakeholders by supporting the dissemination of and access to WHO's publications, information and public health messages in different languages, without altering the content. The entity has also supported WHO initiatives and dialogue to enhance understanding and application of, as well as feedback on, the content of WHO publications for evidence-informed policy and practice.
4. Global Healthcare Information Network C.I.C. has assisted WHO in identifying the health care information needs of the public, health workers and policymakers, as well as the means to address those needs by facilitating communication and exchange between stakeholders.

**Planned collaborative activities with WHO for the period 2022–2024**

5. The three-year plan for collaboration further develops and builds on aspects of the previous collaboration by supporting WHO's efforts to ensure access to authoritative, strategic information on matters that affect people's health, in alignment with the Thirteenth General Programme of Work, 2019–2023.
6. This collaboration seeks to further inform WHO of opportunities and challenges relating to increasing the availability and use of reliable health care information. The entity will also continue to support WHO in promoting and disseminating its publications, information and public health messages in multiple languages by raising awareness, facilitating uptake and assisting WHO in evaluating their impact. To that end, the entity will also continue to support WHO's efforts to promote multilingualism in global health.

## **International Generic and Biosimilar Medicines Association**

7. The International Generic and Biosimilar Medicines Association is an international business association established to strengthen cooperation between associations representing the manufacturers of generic and biosimilar medicines. The Association promotes global access to quality-assured, safe and cost-effective generic and biosimilar medicines, while encouraging regulatory cooperation, information sharing, convergence and harmonization of standards for the approval of generic and biosimilar medicines.

8. Incorporated under Swiss law in 2015, the Association is governed by a management committee composed of representatives from each of its full member associations. The association's supreme authority, the General Assembly, comprises both full and associate members. The Association is funded primarily through membership fees, supplemented by income generated through its annual conference.

### **Activities carried out with WHO during the period 2019–2021**

9. Previous collaboration between WHO and the International Generic and Biosimilar Medicines Association focused on supporting WHO's efforts to achieve goals relating to ensuring access to safe, effective, affordable and quality-assured medicines, in line with the WHO Roadmap for access to medicines, vaccines and health products 2019–2023. This included providing data, evidence and technical inputs and supporting WHO's knowledge and advocacy efforts to increase awareness of generic and biosimilar products, in line with WHO's recommendations on that matter.

10. As part of this collaboration, the entity has regularly provided technical data, as and when appropriate, on the availability of generic and biosimilar medicines, to inform the existing WHO Shortages Notification Systems. It has also supported WHO's technical activities to increase access to medicines for noncommunicable diseases, in particular through dialogue with relevant stakeholders.

### **Planned collaborative activities with WHO for the period 2022–2024**

11. The forthcoming plan for collaboration includes providing technical inputs, data and evidence to inform WHO's work on access to medicines and on the role of generic and biosimilar products. This collaboration will also inform WHO's technical work on supply chain capacity, as well as on shortages affecting essential medicines, including products affected by COVID-19 and those related to priority areas of the Access to COVID-19 Tools (ACT-A) Accelerator.

12. The International Generic and Biosimilar Medicines Association will also support, as and when appropriate, efforts to raise awareness of WHO's work and flagship activities on affordable access to medicines, including on pricing, access and availability, while collecting and sharing feedback from relevant stakeholders on WHO's products, with a focus on generics and biosimilars. The entity will, as appropriate, also share technical information relating to traceability systems for medicines, regulatory pathways, procurement, selection and other technical matters, as identified by WHO.

## **The Rockefeller Foundation**

13. The Rockefeller Foundation is a philanthropic foundation with headquarters in New York, in the United States of America. Established in 1913 to promote the well-being of humanity, including through the application of scientific findings for the public good, the foundation has supported efforts in respect of a range of international health priorities and challenges. Most recently, the entity has been working towards accelerated action on universal health coverage. Since the start of the COVID-19 pandemic, the Rockefeller Foundation has also focused on stopping the spread of the virus, helping communities recover, and implementing tools to prevent future pandemics.

14. The Rockefeller Foundation is governed by a Board of Trustees composed of members from a range of disciplines, with the Foundations' president serving as an ex-officio member. The responsibilities of the Board of Trustees include the programme and grant strategy, budgets and appropriation policies, as well as investment strategies and allocations. The entity was established with an endowment from the Rockefeller family and is financed through investment returns in line with its Ethical Investing Policy.

### **Activities carried out with WHO during the period 2018–2020**

15. The Rockefeller Foundation and WHO have a long history of close collaboration. During the period 2018–2020, this collaboration focused on supporting WHO's work in building capacity relating to data and innovation to protect and promote health and well-being. These efforts included strengthening and accelerating the digitalization of WHO guidelines and the digital COVID-response, including to develop public health intelligence tools and support the WHO Digital Clearinghouse initiative.

16. The Rockefeller Foundation also supported WHO efforts to maintain essential health services during the COVID-19 pandemic, expand virus testing capacity and advance approaches to using digital products to end the current pandemic and prevent future ones. The Foundation has also been collaborating closely with WHO on genomic surveillance within the framework of the ACT-A diagnostics initiative.

### **Planned collaborative activities with WHO for the period 2021–2023**

17. The plan for the three-year period aligns with the Thirteenth General Programme of Work, 2019–2023, focusing on protecting more people from health emergencies and preventing future pandemics. In this context, the plan comprises a range of activities including gathering of information, advocacy and promotion, as well as technical support and input. A primary area of work will be to strengthen the role of the WHO Hub for Pandemic and Epidemic Intelligence as part of a global ecosystem of pandemic preparedness to enable innovations in data analytics and communities of practice needed to predict, prevent, detect, prepare for and respond to worldwide health threats.

18. The Rockefeller Foundation will also support WHO and its role in the ACT-Accelerator, with activities designed to accelerate capacity development of genomic surveillance, to rapidly identify emerging COVID-19 variants of concern and inform public health and medical countermeasures to contain disease.

## **Women in Global Health, Inc.**

19. Women in Global Health, Inc. is a nongovernmental organization registered in 2017 in the United States of America. The entity advocates for gender equality and the health and rights of girls and women throughout the life course to drive political and financial commitment to support girls, women, and gender equality. Women in Global Health, Inc. is guided by the principle that investing in girls and women will deliver progress for all.

20. The entity is governed by a Board of Directors who serve in their individual capacities in the field of public health, including in academic institutions, international organizations and nongovernmental organizations. The entity primarily receives funding from private sector entities and philanthropic foundations. It also receives funding from intergovernmental and nongovernmental organizations.

### **Activities carried out with WHO during the period 2019–2021**

21. Previous collaboration between WHO and Women in Global Health, Inc. focused on gender equity and the health workforce, gender equality, women's rights and universal health coverage, and gender responsive approaches to health emergencies, including the COVID-19 pandemic. Activities included promoting WHO's public health messages and providing technical input to address gender issues in health and mainstream a gender perspective in global health.

22. This collaboration contributed to WHO's Gender Equity Hub for the Global Health Workforce Network, which aims to accelerate large-scale, gender-transformative progress to address gender inequities and biases in the health and social workforce. These efforts advanced the implementation of the WHO Global Strategy on Human Resources for Health: Workforce 2030, to address gender inequities in the health and social workforce and advocated for the International Year of the Nurse and the Midwife 2020.

### **Planned collaborative activities with WHO for the period 2022–2024**

23. The three-year plan for collaboration contributes to the Thirteenth General Programme of Work, 2019–2023, by supporting WHO in strengthening gender equity and health and the gender dimension in the delivery of WHO's outputs. The planned activities focus on the gender determinants of health and a gender responsive approach to the COVID-19 pandemic and to health emergencies.

24. The entity will also raise awareness of and promote WHO's public health messages on gender equity and the health workforce, support implementation of WHO's five-year action plan for health employment and inclusive economic growth, strengthen commitment to gender equality and universal health coverage, and provide technical input, as and when appropriate, to strengthen gender equality in health workforce leadership and decision-making.

## 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 - Association Internationale des Technologistes Biomédicaux
5. Consumers International
6. Council for International Organizations of Medical Sciences
7. Council on Health Research for Development
8. European Association for Injury Prevention and Safety Promotion
9. Framework Convention Alliance on Tobacco Control
10. Global Health Council
11. Global Self-Care Federation
12. Helen Keller International
13. International Alliance for Biological Standardization
14. International Alliance of Patients' Organizations
15. International College of Surgeons
16. International Council for Standardization in Haematology
17. International Council of Nurses
18. International Federation for Medical and Biological Engineering
19. International Federation of Biomedical Laboratory Science
20. International Federation of Clinical Chemistry and Laboratory Medicine
21. International Federation of Fertility Societies
22. International Federation of Hospital Engineering
23. International Federation of Health Information Management Associations
24. International Federation of Medical Students' Associations
25. International Federation of Pharmaceutical Manufacturers and Associations
26. International Federation of Surgical Colleges
27. International Hospital Federation
28. International Life Saving Federation
29. International Medical Informatics Association
30. International Pharmaceutical Federation
31. International Pharmaceutical Students' Federation
32. International Society for Telemedicine and eHealth
33. International Society of Orthopaedic Surgery and Traumatology

34. International Society of Radiology
35. International Society on Thrombosis and Haemostasis, Inc.
36. International Union of Architects
37. International Union of Basic and Clinical Pharmacology
38. International Water Association
39. Medicus Mundi International – Network Health for All
40. Nutrition International
41. Oxfam
42. Pasteur Network
43. The Cochrane Collaboration
44. The Commonwealth Pharmacists Association
45. The International League of Dermatological Societies
46. The International Society for Burn Injuries
47. The International Society for Quality in Health Care Company Limited by Guarantee
48. The International Society of Blood Transfusion
49. The International Society of Radiographers and Radiological Technologists
50. The Network: Towards Unity for Health
51. The Royal National Lifeboat Institution
52. The Save the Children Fund
53. The Task Force for Global Health, Inc.
54. The Transplantation Society
55. The World Medical Association, Inc.
56. United Nations Foundation Inc.
57. United States Pharmacopeial Convention
58. Women Deliver, Inc.
59. World Association of Societies of Pathology and Laboratory Medicine
60. World Cancer Research Fund International
61. World Council of Churches
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 Nuclear Medicine and Biology
67. World Federation of Public Health Associations
68. World Federation of Societies of Anaesthesiologists
69. World Organization of Family Doctors
70. World Vision International
71. Worldwide Network for Blood and Marrow Transplantation

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