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**Engagement with non-State actors:
accreditation of regional non-State actors not in
official relations with WHO to attend meetings of the
WHO Regional Committee for Europe**

This document contains a recommendation from the Standing Committee of the Regional Committee for Europe to the Regional Committee to endorse the applications by 19 non-State actors not yet in official relations with WHO for accreditation to attend meetings of the Regional Committee. It lists the 19 non-State actors from which applications were received that fulfilled all the established criteria.

The Regional Committee is requested to consider the information presented in this document and adopt the draft decision on this topic.

Background

1. Accreditation is a privilege that the WHO Regional Committee for Europe may grant to international, regional and national non-State actors not in official relations with WHO. It includes an invitation to participate, without the right to vote, in meetings of the Regional Committee and the possibility to submit written and/or oral statements through the Regional Office.

2. In order to support the Standing Committee of the Regional Committee (SCRC) and the Regional Committee in fulfilling their mandates on accreditation, the Secretariat assessed applications for accreditation received from non-State actors, to ensure that all requirements had been fulfilled in accordance with the provisions of the Framework of Engagement with Non-State Actors and resolution EUR/RC67/R7 on partnerships for health in the WHO European Region. All applicants provided signed tobacco- and arms-related disclosure statements.

Applications that met the established criteria

3. Nineteen non-State actors were found to have met the requirements and the SCRC recommends their accreditation to the Regional Committee. These entities are listed below:

- Alzheimer Europe
- Association for Medical Education in Europe
- Center for Health Policies and Studies (PAS Center)
- Centre for Regional Policy Research and Cooperation “Studiorum”
- Eurocare (European Alcohol Policy Alliance)
- EuroHealthNet
- European Association for the Study of the Liver
- European Cancer Organisation
- European Federation of Allergy and Airways Diseases Patients’ Associations
- European Federation of the Associations of Dietitians
- European Forum for Primary Care
- European Forum of Medical Associations
- European Forum of National Nursing and Midwifery Associations
- European Medical Students’ Association
- European Public Health Alliance
- European Public Health Association
- Health Care Without Harm
- Standing Committee of European Doctors
- Wemos

4. A summary of each non-State actor that applied and met the criteria for accreditation is available in the Annex.
5. The Regional Committee is requested to adopt the draft decision on this topic.

Annex. Summary of non-State actors that applied and met the criteria for accreditation status

Alzheimer Europe (AE)

1. AE is a nongovernmental organization registered in Luxembourg as a non-profit organization. Its mission is to improve the quality of life of people with dementia and their carers through changes of perceptions, practice and policies, and to promote their rights, dignity and autonomy. The key governing bodies of AE are the Board of Directors and a General Meeting comprised of national representatives. AE has 40 member organizations from 35 European countries. The sources of income in 2016 were: public funding (mainly European Commission, 39%); corporate funding (mainly pharmaceutical, 30%); individuals (13%); member organizations (11%); foundations and organizations (7%).

2. Planned collaborative activities with the Regional Office for Europe in 2018–2020: AE will focus on the implementation of the WHO Global Action Plan on the Public Health Response to Dementia 2017–2025 in the European Region and on collaboration with the recently launched Global Dementia Observatory. The joint activities aim to support four priorities: dementia as a public health priority; dementia awareness and friendliness; support for dementia carers; and strategic communication and dissemination.

Association for Medical Education in Europe (AMEE)

3. AMEE is a nongovernmental organization with members in 90 countries on five continents. AMEE promotes international excellence in education in the health care professions across undergraduate, postgraduate and continuing education. The governance structure consists of a General Assembly and an Executive Committee. AMEE has 150 institutional and more than 1600 individual members in addition to 100 student members. Income is generated through membership subscriptions and AMEE activities. AMEE is a member of the World Federation for Medical Education, which is in official relations with WHO.

4. Planned collaborative activities with the Regional Office for Europe in 2018–2020: setting standards for educational strategic directions; increasing the interest of educational establishments in educating health care professionals and making them aware of WHO priorities for health care professionals; and developing, promoting and disseminating research on the education of health care professionals.

Center for Health Policies and Studies (PAS Center)

5. PAS Center is a nongovernmental organization based in the Republic of Moldova. Its mission is to help build a democratic society through improvement and development of the health and social sectors, policy advocacy and evaluation, capacity building and support to reform. PAS Center is governed by a Board of Administration. Funding sources are mainly external, from multilateral and bilateral development agencies and other donors and currently include the Global Fund, the World Bank, Soros Foundation–Moldova, and the American Austrian Foundation. PAS Center is a member of a regional network of organizations, such as the TB Europe Coalition and the Stop TB Partnership.

6. Planned collaborative activities with the Regional Office for Europe in 2018–2020: continued work within the TB-REP project on replicating good practices of people-centred models of tuberculosis care across eastern European and central Asian countries; and development and submission of a joint application for a Global Fund grant to implement a regional project on improving quality of care and prevention of drug-resistant tuberculosis in eastern Europe and central Asia.

Centre for Regional Policy Research and Cooperation (CRPRC) “Studiorum”

7. CRPRC “Studiorum” is a nongovernmental organization working on economic and social aspects of European Union integration and globalization processes of importance to the former Yugoslav Republic of Macedonia and the countries of south-eastern Europe. CRPRC “Studiorum” undertakes policy-oriented programmes and research projects which contribute to and complement efforts by policy-makers to design and implement policies, and supports central and local governments, businesses and nongovernmental organizations in their communication and cooperation efforts. CRPRC “Studiorum” is governed by a Management Board of academics and practitioners. It obtains its funding from various donors, with annual funding of between US\$ 200 000 and US\$ 300 000. None is from the private sector, and the organization has a strict policy on not receiving funding from pharmaceutical companies.

8. Planned collaborative activities with the Regional Office for Europe in 2018–2020: enhancing the visibility and reputation of the Regional Office; facilitating provision of technical support by the Regional Office to Member States; and working towards implementation of Health 2020 at the national, subregional and regional levels in south-eastern Europe.

Eurocare (European Alcohol Policy Alliance)

9. Eurocare is a nongovernmental network of 57 public health organizations working on the prevention and reduction of alcohol-related harm across 25 countries in Europe. Eurocare is the only major European network that focuses on alcohol policy issues. It is a member of the Global Alcohol Policy Alliance and the European Public Health Alliance and participates in both the European Commission's Health Policy Forum and the European Alcohol and Health Forum. It is governed by a General Assembly, which is composed of representatives from its membership and meets once a year, normally in June. The General Assembly furthers communication and cooperation among the members by bringing them together to discuss issues of common concern. Eurocare is funded through members' contributions, both in membership fees and staff time.

10. Planned collaborative activities with the Regional Office for Europe in 2018–2020: Eurocare will provide input and support to the ongoing discussions between WHO and the Codex Alimentarius Commission. For example, a meeting is being planned for early 2018 involving WHO and the Ministry of Healthcare of the Russian Federation in Moscow, as the Russian Federation has agreed to take the lead on alcohol labelling discussions in the context of the Codex Alimentarius.

EuroHealthNet

11. EuroHealthNet is a registered nongovernmental organization. It is a partnership organization working to contribute to a healthier Europe by promoting health and health equity between and within European countries. EuroHealthNet's overall purpose is to ensure that the best approaches to and evidence on health promotion and health equity are put into policy and practice and to encourage the transfer and scale-up of good practice. Members are from national, regional or local-level public institutions in charge of health promotion and disease prevention. The governance structure includes the General Council which is comprised of all members and is the steering and prime decision-making body, and the Executive board which comprises nine members who are elected democratically from the Membership. EuroHealthNet's funding comes from members and partners fees, a core grant from the European Union Programme for Employment and Social Innovation and co-funded project grants.

12. Planned collaborative activities with the Regional Office for Europe in 2018–2020: EuroHealthNet has a long history of engagement and collaboration with the Regional Office for Europe and in the following three years will continue this active engagement via exchanges of information and experiences, mutual support and collaboration in policy, advocacy, dissemination, research and country-level capacity building.

European Association for the Study of the Liver (EASL)

13. EASL is a nongovernmental organization registered in Switzerland. Based in Geneva with a policy and advocacy office in Brussels, EASL has over 4000 members around the world and provides an annual platform, the International Liver Congress, for 11 000 liver experts to meet and discuss the latest scientific research on liver disease and how to prevent and treat it. Decision-making is by a Governing Board of 12 members from across the Region. Board members are elected at the annual general meeting held at the International Liver Congress. Income is derived from membership fees, the annual congress, educational events, the Journal of Hepatology and donations.

14. Planned collaborative activities with the Regional Office for Europe in 2018–2020: Participation of EASL experts in the Strategic and Technical Advisory Committee on Viral Hepatitis; continued and active participation of WHO staff in the International Liver Congress and the second EASL/American Association for the Study of Liver Diseases viral hepatitis elimination summit in February 2018; and the participation of EASL experts in the provision of WHO technical support to Member States on viral hepatitis, including country missions.

European Cancer Organisation (ECCO)

15. ECCO is a nongovernmental organization composed of 23 member societies of pan-European scope – representing over 170 000 professionals – and is the only multidisciplinary organization that connects and responds to all stakeholders in oncology Europe-wide. The highest governing body of ECCO is its General Assembly, composed of a main representative and one alternate representative designated by each member organization. The General Assembly meets formally twice a year, serving as the official meeting of its members' representatives. The General Assembly thereafter elects a Board of Directors (15 members) every two years, with each member society having the right to nominate one

candidate. The President, the President-Elect (elected by the Council) and the Chair of the Patient Advisory Committee are allocated seats. Annual income is derived from congresses for ECCO members, royalties from the European Cancer Journal, sponsorship by pharmaceutical companies of the ECCO Congress, and membership fees.

16. Planned collaborative activities with the Regional Office for Europe in 2018–2020: ECCO will support the work of the Regional Office in strengthening European health and social care systems for the management of chronic disease.

European Federation of Allergy and Airways Diseases Patients' Associations (EFA)

17. EFA is a nongovernmental organization with its central office located in Brussels, Belgium. It is a European alliance of over 30 allergy, asthma and chronic obstructive pulmonary disease patients' associations representing 30% of European citizens currently living with these diseases. Founded in 1991 in Stockholm, Sweden, EFA currently has 42 members in 25 European countries. The highest governing body is the General Meeting, held annually and composed of delegates from member organizations. EFA operates with funding from membership fees, public funding from the European Union, private unrestricted core funding, and project funding from corporate sources. EFA ensures that all forms of funding are open and transparent.

18. Planned collaborative activities with the Regional Office for Europe in 2018–2020: Participation in WHO organized events on this topic (for example, the Joint Task Force on the Health Aspects of Air Pollution).

European Federation of the Associations of Dietitians (EFAD)

19. EFAD is a nongovernmental organization established in 1978. The aims of EFAD are to: promote the development of the dietetic profession; develop dietetics on a scientific and professional level in the common interest of the member associations; facilitate communication between national dietetic associations and other organizations – professional, educational, and governmental; and encourage a better nutrition situation for the population in European countries. The key structural elements of EFAD are the General Meeting of the Member Associations, three standing committees and an Executive Committee. Income is mainly obtained from membership contributions (63%).

20. Planned collaborative activities with the Regional Office for Europe in 2018–2020: Involvement with relevant Regional Office conferences and meetings, and support to and engagement with projects and surveys.

European Forum for Primary Care (EFPC)

21. EFPC is a nongovernmental forum initiated in early 2005 by a group of interested parties from several countries. The aim of the Forum is to improve the health of the population by promoting strong primary care through advocacy, generating data and evidence and exchanging information between its members. Membership is open to any individual or organization sharing the mission and values of the EFPC. Applications for membership are assessed by the Executive Board of the Forum. Members pay an annual fee determined by the

General Assembly. There are currently 120 institutional and 50 individual members from more than 25 European countries. The General Assembly of members is the ultimate authority of the EFPC and convenes at least once a year. More than half of the annual income is obtained from membership fees, with additional funding obtained from ad hoc activities such as the organization of study visits for third parties, the positive balance of the EFPC conference, and, currently, two European Union projects in which EFPC acts as one of the dissemination partners.

22. Planned collaborative activities with the Regional Office for Europe in 2018–2020: Involvement with relevant Regional Office conferences and activities, in particular in collaboration with the WHO European Centre for Primary Health Care in Almaty, Kazakhstan.

European Forum of Medical Associations (EFMA)

23. EFMA was established in 1984 when the WHO Regional Director for Europe invited national medical associations in the Region to a joint meeting to discuss Health for All in Europe and other matters of common interest. The aim of EFMA is to establish dialogue and cooperation between national medical associations and WHO in the Region, in order to improve the quality of health and health care in Europe; to promote exchanges of information and ideas among national medical associations and between these associations and WHO; and to formulate consensus policy statements on health issues. The EFMA Liaison Committee serves as the “executive committee” that organizes the scientific program of the annual EFMA meeting and runs all other EFMA business and activities. The Liaison Committee formally submits recommendations and guidelines on the organization and activities of the EFMA. Funding comes from membership fees.

24. Planned collaborative activities with the Regional Office for Europe in 2018–2020: The Regional Office will be involved in the annual EFMA meeting and joint projects. For example, following the EFMA meeting in 2018, a joint work group may be set up to further review the area of workforce planning. Other projects which may be developed are in the areas of cyber security in the health sector and violence against health professionals.

European Forum of National Nursing and Midwifery Associations (EFNNMA)

25. EFNNMA is the voice of nursing and midwifery within the European Region. Working in partnership with WHO and other key stakeholders, EFNNMA aims to influence health policy and improve the quality of health services and the health of people across the Region. The main governing body is a plenary conference of EFNNMA members; between conferences, the main responsibility for EFNNMA activities lies with the elected members of the Steering Committee and a Chair. EFNNMA activities are based on funding derived solely from membership fees; the fee structure is approved by EFNNMA members. Fees are paid annually and a financial report on expenditures is also provided annually.

26. Planned collaborative activities with the Regional Office for Europe in 2018–2020: Advocate, disseminate and promote the European strategic directions for strengthening nursing and midwifery in the context of Health 2020 at country level, through professional networks, meetings and other channels to raise awareness and encourage commitments, and to

support the implementation of the European strategic directions at country level through professional networks, meetings and other channels.

European Medical Students' Association (EMSA)

27. EMSA is a nongovernmental organization registered in Belgium. It is an international non-profit association with a pedagogic and scientific purpose and is governed as such under Belgian law. The Association is managed at the European level by the EMSA European Board, comprised of the Executive Board and the Officials Board. The Executive Board is composed of the President, the Secretary General, the Treasurer, the Vice President of Internal Affairs, the Vice President of External Affairs and the Vice President of Capacity. The highest decision-making body in EMSA is the General Assembly, which consists of all members. EMSA's income is mainly derived from member contributions. EMSA does not have any assets or funding from external sources.

28. Planned collaborative activities with the Regional Office for Europe in 2018–2020: Joint campaigns and organization of international, national and local events during WHO health events (World Health Day, European Immunization Week, World No Tobacco Day, World Blood Donor Day, World AIDS Day and World Cancer Day). Work on topics of importance to the Regional Office covers antimicrobial resistance, environment and health, disease prevention, eHealth, migration and health, noncommunicable diseases (NCDs), sexual and reproductive health, sustainable development goals, vaccines and immunization, and mental health.

European Public Health Alliance (EPHA)

29. EPHA is a member-led nongovernmental organization made up of public health nongovernmental organizations, patient groups, health professionals and disease groups, that works to improve health and strengthen the voice of public health in Europe. The main decision-making body is the General Assembly, which meets at least once a year. From 2008 to 2017, a significant part (between 50% and 80%) of the EPHA budget was derived from an operating grant administered by the European Commission's Executive Agency for Health and Consumer Policy. However, a new framework partnership agreement for the years 2018–2021 has not yet been concluded and EPHA is diversifying its funding sources to ensure ongoing sustainability and the ability to deliver its work in a way that meets the expectations of members and partners. This diversification includes major grants received from foundations including the Open Society Foundations (on access to medicines and Roma health) and the Changing Markets Foundation (on antimicrobial resistance and healthy nutrition).

30. Planned collaborative activities with the Regional Office for Europe in 2018–2020: Supporting the implementation of Health in All Policies and governance for health principles with the aim of achieving a dramatic reduction in the prevalence of NCDs. This will be achieved through high-level conferences with European policy-makers, academia, the health workforce and civil society on whole-of-society and whole-of-government approaches to tackling NCDs. EPHA will provide background papers, and advocate both to address the determinants that encourage unhealthy nutrition and harmful use of alcohol and tobacco, and for the transition to sustainable diets and food systems with a focus on WHO "best buy" policies and countering the commercial determinants of health.

European Public Health Association (EUPHA)

31. EUPHA is a nongovernmental organization that brings together around 19 000 public health experts for professional exchanges and collaboration throughout Europe. EUPHA is a member-based organization, with members represented on the Governing Board, which is responsible for approving the annual report on activities, the annual financial report, and the work plan and budget for the coming year, as presented by the Executive Council. EUPHA has four sources of income: membership fees, the annual European Public Health Conference, the European Journal of Public Health and projects.

32. Planned collaborative activities with the Regional Office for Europe in 2018–2020: EUPHA’s three-year plan for collaboration with the Regional Office includes the health priorities as set out in WHO’s draft thirteenth general programme of work, including NCDs, mental health, substance use, road traffic injuries, and the health effects of climate change and the environment. The joint activities will focus on “leaving no one behind” and “promote health, keep the world safe, serve the vulnerable”. Another theme of collaboration will be reducing health inequalities, a priority for both WHO and EUPHA.

Health Care Without Harm (HCWH)

33. HCWH is a nongovernmental organization that works to transform health care worldwide so that it reduces its environmental footprint, becomes a community anchor for sustainability and a leader in the global movement for environmental health and justice. Members of HCWH Europe include hospitals, health care professionals, local authorities, research/academic institutions and environmental and health organizations. It currently has 84 members in 26 countries of the European Region, including 17 Member States of the European Union. Sources of funding vary from year to year, depending on contracts from funders, but they are mainly foundations, the European Commission, and national governments. In 2016, income was derived from the European Commission, Directorate-General for Environment, HCWH US, the Oak Foundation, the German environment ministry and income generated for the CleanMed Conference, held at UN City in Copenhagen.

34. Planned collaborative activities with the Regional Office for Europe in 2018–2020: HCWH Europe remains committed to supporting WHO and its Member States in strengthening sustainable health systems and contributing to the enhancement of health outcomes and the well-being of citizens.

Standing Committee of European Doctors (CPME)

35. CPME is a nongovernmental organization established as an “Association internationale sans but lucratif (AISBL)” under Chapter III of the Belgian Law of 27 June 1921 on non-profit associations, international non-profit associations and foundations. It represents national medical associations across Europe that are committed to contributing the medical profession’s point of view to European Union institutions and European policy-making, through proactive cooperation on a wide range of health and health care related issues. CPME has 29 national medical associations as members. The CPME General Assembly consists of the Head of Delegation of each CPME member and a group of delegates. CPME is directed by a Board consisting, in accordance with the provisions of the Rules of Procedure, of one

Board member per CPME member. The Board members are appointed by the General Assembly for three years. CPME's main financial resources are fees paid by its members.

36. Planned collaborative activities with the Regional Office for Europe in 2018–2020: Maintaining exchanges on activities relating to antimicrobial resistance, alcohol, vaccination, healthy workforce policy and disseminating information and outcomes of Regional Office processes to CPME members.

Wemos

37. Wemos is a nongovernmental organization that aims to improve public health worldwide. It is led by a managing director and a supervisory board. In 2017, Wemos was funded by project-based grants from Adessium Foundation, Dioraphte Foundation, IDA Charity Foundation and Open Society Foundations. In 2012, Wemos, as a member of Medicus Mundi International, contributed to a technical discussion during the Regional Committee on “Action towards achieving a sustainable health workforce and strengthening health systems”. The contribution by Wemos to the discussion about the changing role of civil society in implementation of the WHO Global Code of Practice in the European Region also appeared in 2014 in adapted form in the WHO publication, Migration of health workers: the WHO Code of Practice and the global economic crisis.

38. Planned collaborative activities with the Regional Office for Europe in 2018–2020: Promoting policies and strategies deriving from resolutions adopted by the Regional Committee, especially resolution EUR/RC67/R5, Towards a sustainable health workforce in the WHO European Region: framework for action, and the related toolkit.

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