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

Non-State Actors' profiles 2020

Introduction

This document provides information about the non-State actors as required in Framework of Engagement with non-State Actors (FENSA), paragraph 39 and the procedure to accredit NSAs to the Regional Committee for Europe¹

WHO's interaction with non-State actors is managed transparently through the WHO Register of non-State actors, and the below information will be made public via the Register when it is fully operational.

All accredited Non-State Actors have signed the required WHO Tobacco and Arms Disclosure form. The WHO does not engage with the tobacco industry or non-State actors that work to further the interests of the tobacco industry. WHO also does not engage with the arms industry.

¹ <http://www.euro.who.int/en/about-us/partners/non-state-actors/procedure-for-accreditation-of-regional-non-state-actors-not-in-official-relations-with-who-to-attend-meetings-of-the-who-regional-committee-for-europe>

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EUROCAM

General information

Official name:	EUROCAM
Short self-description/Aims /Objectives	<p>The objectives of EUROCAM, set out in its Statutes, are:</p> <ul style="list-style-type: none"> a. to highlight the scope and potential of complementary and alternative medicine, also referred to by the World Health Organization as "Traditional and Complementary Medicine", to key politicians and policy makers both in Europe and worldwide in order to ensure that complementary and alternative medicine is fully taken into account when policy is formulated; b. to establish the added value of complementary and alternative medicine for relevant European and global policies and programmes; c. to demonstrate the value of patient-focused and cost-effective treatments using complementary and alternative medicine services and products; d. to demonstrate to health and finance authorities that complementary and alternative medicine can deliver significant benefits in terms of health economics; e. to promote complementary and alternative medicine as a part of integrative medicine and healthcare; f. as well, the execution of anything that is connected with or that may attribute to the aforementioned, in the broadest sense.
Website:	https://cam-europe.eu/

Governance

Legal status:	EUROCAM is a Foundation according to Netherlands law, registered at the Netherlands Chamber of Commerce: number 67945864. It is registered in the EU Transparency Register: number 659086014916-83.
Members	Through the umbrella organisations, EUROCAM represents 60,000 organised patients/citizens, 250 national T&CM associations and a substantial part of the 400,000 doctors, veterinarians and practitioners/therapists in this sector across Europe. EUROCAM has a wide network that includes for example NGOs, policymakers and researchers, most of them working at Universities, with expertise in T&CM.
Executive decision-making bodies	<p>The General Board consists of the Affiliated Organisations. Each Affiliated Organisation appoints one individual who represents the Affiliated Organisation in meetings of the General Board. Affiliated Organisations have voting rights, Associate Partners do not.</p> <p>The General Board appoints the members of the Executive Committee, which consists of one or more individuals. The Executive Committee oversees the collaboration of the Affiliated Organisations and is charged with the day-to-day management of the Foundation.</p> <p>Working Groups deal with specific subjects such as AMR/Environment, NCDs, Reducing healthcare costs, Freedom of choice, Politics and Research.</p>

Financial information

The income in 2019 was € 19,150, of which € 15,600 fees from affiliated organisations and € 3,550 from associate partners and donations. EUROCAM's annual income in 2020, based on a fee rise for affiliated organisations, is estimated at € 23,000.

Entity's engagement with WHO Europe

EUROCAM has been engaged with the WHO HQ and more specifically with its Traditional, Complementary and Integrative Medicine (TCI) unit at the Department for Health System Governance and Service Delivery. EUROCAM's Secretary-General participated in informal side events of the World Health Assemblies in 2016, 2017 and 2018. TCI Unit Staff, the Director of Health Systems and Innovation Cluster, and representatives of some International T&CM organisations discussed how T&CM could be integrated in national healthcare systems at all these events.

Planned collaborative activities with the WHO Regional Office for Europe in 2020– 2023: EUROCAM is committed to working in close cooperation with the Regional Office to deliver the perspective of TCM as an element of Integrative Medicine and Health in common health policy areas. This includes the Action Plan for the Prevention and Control of Noncommunicable Diseases in the WHO European Region 2016–2025, as well as the WHO policy on patient safety in accordance with resolution WHA72.6, Global action on patient safety, and the WHO campaign Medication Without Harm. Furthermore, EUROCAM will support the strategic actions for partners and stakeholders as described in the WHO Traditional Medicine Strategy, 2014–2023. Other planned activities include social media activities, disseminating newsletters and relevant information about WHO policies and WHO events, such as World Antibiotic Awareness Week, World Patient Safety Day and World Health Day. EUROCAM will also strengthen synergies on relevant areas of mutual interest including healthy ageing, health promotion, health economics, health workforce, health systems, medicines and health products, and palliative care.

Names and contact details of the entity's focal points for collaboration:

Dr Ton NICOLAI, Secretary-General
Office address: 194, rue du Trône, 1050 Brussels, Belgium
Email: secretary-general@cam-europe.eu

Ms Miranda RUCHTIE, Operations Manager & Communication Advisor
Office address: 194, rue du Trône, 1050 Brussels, Belgium
Email: secretariat@cam-europe.eu

European Hospital and Healthcare Federation

General information

Official name:	European Hospital and Healthcare Federation (HOPE)
Short self-description/Aims /Objectives	HOPE aims to promote a uniformly high standard of hospital care; foster efficiency, effectiveness and humanity in the organization and operation of hospital services; provide information; promote exchange programme; maintain links with principal health professions.
Website:	www.hope.be

Governance

Legal status:	It is registered in accordance with Belgian law as Association Internationale Sans But Lucratif
Members	36 Members (national organisation of hospitals and/or healthcare and in some cases social care) from 30 European countries.
Executive decision-making bodies	The structure is made up of a Board of Governors (one Governor per country meeting twice a year); a President's Committee (meeting twice a year to prepare the Board); a network of Liaison officers (one for each organisation) meeting thrice a year.

Financial information

The annual income is around 500 000 euros coming at 80% from Members' dues and the remaining part from EU-financed projects.

Entity's engagement with WHO Europe

The work with WHO Europe started mainly after 1989 with conferences "East meets West" and a programme of twinings of hospitals Western Europe/ Central and Eastern Europe. HOPE was involved from the start in the Health Promoting Hospitals network initiative and is part of the scientific Committee for the annual conference. And HOPE has been involved in various initiatives of the WHO: for example, the practical tool for Hospital services master planning with a special focus on integrated care; the work around the WHO Global Code of Practice on the International Recruitment of Health Personnel, the consultation of the European Framework for Action on Integrated Health Services Delivery and more recently in the Primary Health Care Advisory Group.

Collaborative activities with the Regional Office for Europe in 2020–2022: The first area for technical collaboration would be on health workforce: this will involve working on the dissemination of the Framework for Action Towards a Sustainable Health Workforce in the WHO European Region and in addition working on the mobility of healthcare professionals, on the basis of the WHO Global Code of Practice on the International Recruitment of Health Personnel. The second area for collaboration would be on Integrated care and more generally the coordination between the different health and social care actors around patients and their families. The entry point of this collaboration would be the content of the Resolution on 10 evidence-based policy accelerators for strengthening primary health care in the Region. Additionally, HOPE will continue its ongoing engagement and contribution to i) the consultation of the European Framework for Action on Integrated Health Services Delivery and ii) the Primary Health Care Advisory Group.

Names and contact details of the entity's focal points for collaboration:

Pascal Garel, Chief Executive, sg@hope.be

European Stroke Organisation

General information

Official name:	European Stroke Organisation (ESO)
Short self-description/Aims /Objectives	The European Stroke Organisation (ESO) is a pan-European society of stroke researchers and physicians and national stroke societies that was founded in December 2007. ESO is an NGO comprised of individual and organisational members. The aim of the ESO is to reduce the burden of stroke by changing the way that stroke is viewed and treated. This is achieved by professional and public education; the support of research; the development of guidelines; and by promoting societal and institutional changes. ESO serves as the voice of stroke in Europe, harmonising stroke management across the whole of Europe and taking action to reduce the burden of stroke regionally and globally.
Website:	www.eso-stroke.org

Governance

Legal status:	Non-profit organisation
Members	ESO has currently 2'146 members and approx. 20'000 associated members.
Executive decision-making bodies	<p>The ESO Executive Committee is composed of 8 members, compiled from countries across Europe. The Executive Committee is, above all, in charge of the management; the representation of the Association in dealing with third parties; the preparation and realization of the General Assemblies; the admission and exclusion of members; the issuance of regulations, if any, and financial planning including the compilation of the Annual Financial Statement and Annual Report for the General Assembly. The Executive Committee is assisted by a Board of Directors (additional 15 members). The Board is, above all, in charge of the determination and continuous verification of the strategy; the supervision of the work done by the Executive Committee; the approval of the financial report; nominating the President Elect, Treasurer, and Secretary General for election by the members.</p> <p>The General Assembly consists of all members. Its tasks include but are not limited to:</p> <ul style="list-style-type: none">– approval of the Progress Report of the Board of Directors and the Executive Committee;– approval of the Annual Report;– election of the Members of the Executive Committee and Board of Directors;– election of the Auditors;– amendments of the Articles of Association and dissolution of the Association.

Financial information

ESO is generating income through membership fees as well as revenues from the annual conference. In addition, ESO receives unrestricted educational grants from industry to support projects on education or stroke care quality improvement. The annual financial statement is annually approved by the Board of Directors and the General Assembly

Relevant Affiliations

ESO has a continuing strong collaboration with the patient organisation Stroke Alliance for Europe (SAFE). In addition, Markus Wagner serves in the name of SAFE as observer to the ESO Executive Committee and participates in the meetings. ESO has also signed a Memorandum of Understanding describing the collaboration with the Angels Initiative. The mission of the Angels Initiative is to increase the number of patients treated in stroke ready hospitals and to optimise the quality of treatment in all existing stroke centres. The aim is to build a global community of stroke centres and stroke ready hospitals and to work every day to improve the quality of treatment for every stroke patient.

Entity's engagement with WHO Europe

Since 2015 WHO and ESO have established a series of reciprocal invitations to attend conferences, working groups, activities aimed at promoting stroke prevention, management, rehabilitation and activities tackling NCDs.

Collaborative activities with the Regional Office for Europe in 2020–2022: collaboration has been discussed on policy (economic burden of stroke; review of stroke plans), surveillance (disease registers and benchmarking quality of care); screening and early detection; prevention, acute care and rehabilitation (implementation of WHO NCD 'best buys' and other cost-effective/effective interventions), and end-of-life care; WHO participation in ESO's annual Conference and relevant technical meetings and contributions to the European Stroke Journal. If accreditation is accepted, ESO commits to attending future Regional Committee meetings where there are agenda items relevant to the area of stroke, as well as other relevant WHO technical meetings (such as NCD Directors' meetings) on invitation when stroke expertise would be valued.'

Names and contact details of the entity's focal points for collaboration:

- Prof. Martin Dichgans, ESO President: martin.dichgans@med.uni-muenchen.de
- Prof. Peter Kelly, ESO President Elect: pjkelly@mater.ie
- Dr. Francesca Romana Pezzella, ESO WHO Representative, Co-Chair of the SAP-E Steering Committee: fpezzella@scamilloforlanini.rm.it; frpezzella@gmail.com
- Prof. Dr. Hanne Christensen, Chair of the SAP-E Steering Committee: Hanne.Krarup.Christensen@regionh.dk

Finnish Association for Substance Abuse Prevention

General information

Official name:	Finnish Association for Substance Abuse Prevention (EHYT)
Short self-description/Aims /Objectives	<p>EHYT Finnish Association for Substance Abuse Prevention works throughout Finland to promote healthy lifestyles. We work with people of all ages from children and young people to working age people and the elderly.</p> <p>In addition to alcohol, tobacco and drug abuse prevention, our remit also encompasses gaming and gambling. Our aim is to improve well-being across Finnish society.</p>
Website:	www.ehyt.fi

Governance

Legal status:	Register number 206.306 in the Finnish Register of Associations.
General assembly of members (or a similar body):	EHYT's 115 member associations are the highest decision-making body. EHYT's governance structure consists of the General Meeting of member organisations (assembles every three years), a council elected at the general meeting, and an executive board appointed by the council.
Executive decision-making bodies (e.g. board, board of directors, executive board, executive committee, etc):	The general meeting is held once every three years by the end of March. The regular members have the right to vote in the general meeting. Each regular member has one representative in the meeting. The regular members of the Council, the members of the Board of Directors and the senior officers of the association have the right to be present and to speak in the general meeting. The Council: Composition: 22 members and 22 deputy members representing EHYT's member associations. Members are elected at the General Meeting and serve a three-year term. Executive Board Composition: 12 member and 12 deputy members. Members are appointed by the Council and serve a two-year term.

Financial information

Finnish government: The Funding Centre for Social Welfare and Health Organisations (STEA,) circa 80 % of EHYT's total funding Ministry of Education and Culture, Ministry of Social Affairs and Health (EU-ESR). Additional minor funding from different municipalities and private donors

Relevant Affiliations

On a national level EHYT collaborates with non-governmental organisations in the field of substance abuse prevention and prevention of gambling harm, health promotion and public health. EHYT acts as secretariat for a network of some 50 Finnish prevention and health promotion NGOs. EHYT also maintains connections to the public sector (relevant public authorities, research institutes and a number of municipalities). EHYT is a board member of European Alcohol Policy Network (Eurocare) and the Nordic Alcohol and Drug Policy Network (NordAN).

Entity's engagement with WHO Europe

Since 2018 EHYT has collaborated with WHO in international alcohol policy issues (Programme Manager Carina Ferreira Borges, Alcohol and Illicit Drugs Programme & Prisons and Health Programme WHO European Office for Prevention and Control of Noncommunicable Diseases (NCD Office) and attended on invitation WHO meetings and consultations. Collaborative activities with the Regional Office for Europe in 2020–2022: continued and active collaboration with the WHO Regional Office for Europe on issues related to alcohol and illicit drugs. The collaboration supports EHYT's ongoing international activities in NordAN, Eurocare and European-level NGO collaboration. The collaboration benefits the WHO Regional Office for Europe by strengthening connections and collaboration with NGOs in European countries with active NGO involvement in alcohol and drug policy and advocacy, and prevention work.

Names and contact details of the entity's focal points for collaboration:

Dr. Juha Mikkonen, Executive Director, juha.mikkonen@ehyt.fi

Dr. Marja Pakarinen, Head of Development, marja.pakarinen@ehyt.fi