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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

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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Alzheimer Europe

General information

Official name:	Alzheimer Europe
Short self-description / Aims / Objectives	Alzheimer Europe (AE) defines its mission as "changing perceptions, practice and policy in order to improve the quality of life of people with dementia and their carers". the organization is fully committed to promoting the rights, dignity and autonomy of people living with dementia and campaigns for the following rights of people with dementia to be recognized: the right to timely diagnosis, quality post diagnostic support and person centered, coordinated, quality care throughout their illness, equitable access to treatments and therapeutic interventions and the right to be respected as an individual in their community.
Website:	https://www.alzheimer-europe.org/

Governance

Legal status:	An "association sans but lucratif" (not-for-profit organization) registered as such in Luxembourg
General assembly of members(or a similar body):	Name: General Meeting Composition: national representatives as its key governing bodies Functions: to agree the general policy of the association, elect the Chairperson, Vice-Chairperson, Secretary and Treasurer and the other members of the Board of Directors, endorse budgets, adopt accounts and appoint auditors, conduct any business which has been duly notified, adopt and amend the rules and regulations of the association, fix the membership fees of full and provisional members, disqualify members, amend the statutes and dissolve the association voluntarily.
Executive decision-making bodies (e.g. board, board of directors, executive board, executive committee, etc):	Name of the body: Board of Directors Composition and current list of members (name, function and affiliation): The Board has 12 representatives from 12 different European countries and member organizations. One representative on the AE Board has been elected by the European Working Group of People with Dementia to represent its views in the governance of the organization. The Board members: Iva Holmerová, Chairperson (Czech Republic), Charles Scerri, Vice-Chairperson (Malta), Jim Pearson, Honorary Secretary (UK-Scotland), Maria do Rosário Zincke dos Reis, Honorary Treasurer (Portugal), Helen Rochford Brennan,, Chairperson of the European Working Group of People with Dementia (Ireland),, Stefanie Becker (Switzerland), Marco Blom (Netherlands), Sabine Jansen (Germany), Pat McLoughlin (Ireland), Sirpa Pietikäinen (Finland), Jesús Rodrigo (Spain), Karin Westerlund (Sweden) Functions: The Board is elected for two years; for emergency decisions, an Executive Committee consisting of the Chair, Vice-Chair, Secretary and Treasurer is entitled to make decisions on behalf of the organization. The Board meets four times a year and is charged with the administration of the organization between Annual Meetings. The Board monitors the implementation of the organization's activities against the work plan and budget of the organization. The Board also supervises

	the staff and appoints the Executive Director of the organization.
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Financial information

The audited accounts of Alzheimer Europe of 2016 including the organisation's balance sheet and profit and loss accounts have been provided.

In addition, Alzheimer Europe provided a detailed breakdown of all funding sources to meet the transparency requirements of the European Commission for organisations in receipt of an operating grant by the EU health programme and of the European Medicines Agency for organisations accredited to interact with the agency.

Alzheimer Europe publishes its accounts online, as specified by the transparency criteria of the European Medicines Agency. The accounts are made available after they have been adopted by its Annual Meeting and audited.

Web link to financial information / reports if available: <https://www.alzheimer-europe.org/Alzheimer-Europe/Finances2/Financial-accounts>

Membership

As of October 2018, Alzheimer Europe has 42 members from 37 countries in Europe.

Web link to membership list: <https://www.alzheimer-europe.org/Alzheimer-Europe/Who-we-are/Our-members>

Entity's engagement with WHO Europe

Alzheimer Europe has a long history of engagement with WHO Europe including:

- Participation in Global Dementia Observatory (GDO)
- Collaboration with WHO and EU Government experts on dementia
- Representation of ADI at WHO/Europe meetings
- Dissemination of WHO activities at AE events
- Dissemination of WHO activities in AE publications

Alzheimer Europe will collaborate with WHO to help achieve the target of 75% of countries to have national policies strategies or plans or framework for dementia either stand alone or integrated into other policy/plans by 2025 with a focus on the European region.

Alzheimer Europe will focus on supporting the WHO and WHO/Europe Secretariat in the following actions foreseen in the Global Action Plan on the Public Health Response to Dementia:

- Compile and share knowledge and best practices on existing policy documents dealing with dementia including codes of practice and mechanisms to monitor the protection of human rights and implementation of legislation, consistent with the Convention of Rights of Persons with Disabilities and other international and regional human rights instruments,
- Motivate and actively engage in dialogue between associations representing people with dementia and their families, carers and families, health workers and government authorities in reforming health and social laws policies strategies plans and programmers relevant to dementia while paying explicit attention to the human rights of people with dementia and their carers as well as their empowerment engagement and inclusion.

ACTIVITIES: As part of this priority, Alzheimer Europe will:

- Provide an overview with detailed information of existing national dementia strategies and dementia policies contained in neurodegenerative disease strategies with a comparative report highlighting the commonalities and differences in approaches (2018)
- Carry out an overview of epidemiological studies in European countries and provide an updated report on the numbers of people with dementia currently living in the European Union with estimates of future trends of these number (2019)
- Carry out a mapping exercise of its national organizations to understand their membership, staffing, funding and activities and services (2019)

In addition to working with its national member organizations, Alzheimer Europe will liaise closely with the WHO for the development of these reports

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

Jean Georges
Executive Director

The Association for Medical Education in Europe (AMEE)

General information

Official name:	The Association for Medical Education in Europe (AMEE)
Short self-description / Aims / Objectives	AMEE was founded in 1972 in Copenhagen, to foster communication among medical educators and to help promote national associations for medical education throughout Europe. AMEE major aims are • To keep teachers up-to-date • To support teachers training • To encourage research in medical education • To develop the international dimension of Medical education • To Share Resources in Medical Education namely with developing countries •
Website:	www.amee.org

Governance

Legal status:	Scottish Charity – SC 031618
Members	Any individual, institution or body with an interest in health professions education may become a member of AMEE on payment of the appropriate membership fee. https://amee.org/membership
Executive decision-making bodies	AMEE is governed by an Executive Committee consisting of a President, General Secretary/Treasurer, six committee members, one Junior Doctor Representative, one student member nominated by IFMSA and one student member nominated by EMSA. The President of the World Federation of Medical Education and the immediate Past President are ex officio members. Additional members may be co-opted to the Committee as the need arises. A Nominations Committee is charged with reviewing nominations from AMEE members and bringing forward to the General Assembly appropriate nominations to fill vacancies on the Executive Committee. The General Assembly is held in August/September, during the annual conference. The agenda papers are circulated to AMEE members in May/June, and include an invitation to nominate committee members to fill the vacant places on the Executive Committee. Committee members are elected by the membership at the General Assembly.

Financial information

AMEE income is generating through membership subscriptions. The AMEE financial reserve in Bank as the last audit stands at 1,828,740 £. Further information can be found at <https://www.oscr.org.uk/charities/search-scottish-charity-register/charity-details?number=SC031618#results>

Entity's engagement with WHO Europe

The collaboration between AMEE and WHO EUROPE is not new. It was recognized already in 1992 when the original AMEE Constitution was approved on September 2nd. Please see item 4.2.1.6 of the Constitution in Appendix 2, where it is stated:

'Ex officio members are the past President of the Association and the President of the World Federation for Medical Education. A representative of the WHO Europe will be invited to attend as an observer of meetings of the Executive Committee'

A three-year working plan for collaboration with WHO Europe that has been developed and agreed on jointly by AMEE and WHO Europe in 2017 namely by Dr. Galina Perfilieva (WHO copartner) and Prof Madalena Patricio (AMEE)

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

Prof. Madalena Patricio, Association for Medical Education in Europe – AMEE
12 Airlie Place, Dundee, DD1 4HJ

Center for Health Policies and Studies, PAS Center

General information

Official name:	Center for Health Policies and Studies, PAS Center
Short self-description / Aims / Objectives	The Mission of the PAS Center is to build up a democratic society through improvement and development of health and social sectors, policy advocacy and evaluation, capacity building and reform supporting.
Website:	http://pas.md/en/PAS/Home/About

Governance

Legal status:	The Center for Health Policies and Studies (PAS Center) is a Moldovan, independent, non-profit, non-political organization.
Members	N/A
Executive decision-making bodies	Decision-making procedures concerning the operation of PAS Center include regulations that cover three main areas: human resources, financial management and program execution. The PAS Center is governed by the Board of Administration, which consists of five members.

Financial information

The annual budget for Year 2016 was around USD 9,400,000; for Year 2017 is around USD 8,200,000.

Funding sources are mainly external, from multilateral and bilateral development agencies and other donors. Current projects are funded by: The Global Fund, the World Bank, Soros Foundation - Moldova, American Austrian Foundation.

The past projects included the following donors: UNFPA Moldova, UNICEF Moldova, Swiss Agency for Development, GIZ Quality Improvement of Health Services, the Stop TB Partnership/TB REACH initiative, USAID, European Commission, Friedrich Ebert Stichtung Foundation, Japan Social Development Fund, Bloomberg Philanthropies (Campaign for Tobacco-Free Kids and Tobacco-Free Kids Action Fund) and others.

Entity's engagement with WHO Europe

Within the TB-REP project (2016-2018) PAS Centre and WHO Europe will continue to cooperate in accordance with the project arrangements and translate existing good practices at the country level into the implementation of people-centred models of TB care, and to replicate them across eastern European and central Asian countries.

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

Stela Bivol, Director, +373 22 22 63 43, stela.bivol@pas.md

Address: 99/1 V. Alecsandri St., Chisinau, MD-2012

Centre for Regional Policy Research and Cooperation “Studiorum”

General information

Official name:	Centre for Regional Policy Research and Cooperation “Studiorum” (Studiorum)
Short self-description / Aims / Objectives	Centre for Regional Policy Research and Cooperation “Studiorum” (Studiorum) is a non-governmental think-tank working on economic and social aspects of EU integration and globalization processes that are of essential importance for Macedonia and the countries of Southeast Europe. This mission is accomplished through different policy-oriented programs and research projects, which contribute to and complement the attempts of policy-makers in policy design and implementation, and support central and local governments, business and non-governmental sectors in their communication and cooperation.
Website:	http://studiorum.org.mk

Governance

Legal status:	Independent research NGO
Members	Studiorum has 5 permanent full-time and 3 part-time employees and over 20 contracted associates. However, to address the specific technical issues with highest quality, at any time Studiorum has a pool of experts contracted on short- or longer-term basis, for their specific areas of expertise. The most current Team and Roster are available at: http://studiorum.org.mk/?page_id=887
Executive decision-making bodies	Studiorum is governed by Management Board of distinguished professors and practitioners, renowned for their work both nationally and regionally. Management Board consists of President and 4 members.

Financial information

As an independent think-tank, Studiorum is providing funds through applying with competitive project proposals to funding programs of different donors (http://studiorum.org.mk/?page_id=883) None of the funding is from commercial sector, and organisation has strict policy on non-funding from pharmaceutical companies.

Entity’s engagement with WHO Europe

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 and 2030 Agenda/SDGs at the national, subregional and regional levels in south-eastern Europe.

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

Dr Neda Milevska Kostova
Executive Director
nmilevska@studiorum.org.mk

Prof Dr Tome Gruevski
President
Legal Signatory
office@studiorum.org.mk

European Alcohol Policy Alliance (Eurocare)

General information

Official name:	European Alcohol Policy Alliance (Eurocare)
Short self-description / Aims / Objectives	Eurocare is an alliance of non-governmental and public health organisations across Europe advocating for the prevention and reduction of alcohol-related harm.
Website:	https://www.eurocare.org/

Governance

Legal status:	The organization has been registered in Belgium since 1996 as an AISBL
Members	Eurocare Board comprises of 10 members. The last full Board elections took place in 2017, see here for list over its Board members and Annual Reports - http://www.eurocare.org/about_us/governance
Executive decision-making bodies	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 co-operation among the members by bringing them together to discuss issues of common concern. It appoints the Board in order to make decisions regarding the orientations, aims and strategies of Eurocare.

Financial information

Eurocare is funded through members' contributions, both in membership fees and staff time. Eurocare has a limited budget with only 2 full time employees and one intern (Junior Policy Officer). Eurocare has received funding from the European Commission (Operating grant in the period 2010 – 2014, support for European Conference in 2010 and 2014 and as a partner in a number of EU funded projects (2017 – 2019 Eurocare is the lead of “Focus on Youth, alcohol and football” - <http://fyfaproject.eu/>). In 2017 Eurocare received funding from WHO for writing a publication the WHO discussion paper on alcohol labelling (<http://www.euro.who.int/en/health-topics/disease-prevention/alcohol-use/publications/2017/alcohol-labelling-a-discussion-document-on-policy-options-2017>).

Entity's engagement with WHO Europe

- A) WHO Regional meetings on alcohol policy, latest in Lisbon October 2017 (also in Slovenia 2016++)
- B) 2017 WHO Forum on alcohol, drugs and addictive behaviours
- C) Eurocare provided input to WHO Geneva when presenting alcohol labelling at the Codex Alimentarius meeting mid October 2017
- D) Participated in meetings/discussions on women's health strategy in 2016
- E) Dialogue on Mobilizing International Cooperation on Noncommunicable Diseases, December 2015
- F) Eurocare provided the report “Alcohol labelling - A discussion document on policy options (2017)” (<http://www.euro.who.int/en/health-topics/disease-prevention/alcohol-use/publications/2017/>)

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

Mariann Skar, Secretary General

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General information

Official name:	EuroHealthNet
Short self-description / Aims / Objectives	EuroHealthNet is a not-for-profit partnership of organisations, agencies and statutory bodies working on public health, disease prevention, promoting health, and reducing inequalities.
Website:	https://eurohealthnet.eu/

Governance

Legal status:	Non-Governmental Organization
Members	EuroHealthNet members are accountable public bodies with responsibilities and/or expertise in public health, health promotion, health inequalities, disease prevention, or other relevant fields. Usually national or regional institutes, authorities and government departments, they work on improving health, addressing the social determinants of health, and/or reducing health inequalities. Members are part of all platforms and receive a number of additional core member services. They set the direction of the partnership.
Executive decision-making bodies	The General Council is the highest governing body responsible for formulating the policy of EuroHealthNet. Each year, all EuroHealthNet members come together in a joint meeting, the General Council meeting, held alternately in Brussels and in a Member State. Each member has a decision role in the activities for the next year, and holds the Executive Board and the EuroHealthNet Office to account.

Financial information

EuroHealthNet has been part of the EU Transparency register since 2009. EuroHealthNet's funding comes from Member and Partner fees, a core grant from the EU Programme for Employment and Social Innovation (EaSI), and co-funded project grants. It continues to try to increase the proportion of funds from direct participation to improve self-governance.

An external accountant prepares annual financial and balance reports, which are then certified by a separate advisory and accounting firm. The General Council checks and approves the financial reports at its annual meeting. The audit reports for 2016, 2015, and 2014 are available online; for previous years, contact EuroHealthNet

EuroHealthNet started receiving a core grant from the EaSI programme in 2014, and in 2016, an external financial audit was carried out on behalf of the EC covering the first year of the funding. This audit was completed quickly and successfully, with no reconciliation required.

Clear rules and guidelines for procurement, asset and financial management, and risk assessment are well established and set out in the 'How We Work' document, available on request. <https://eurohealthnet.eu/about-us/who-we-are>

Entity's engagement with WHO Europe

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

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

David Hargitt, Management Support Officer, D.Hargitt@eurohealthnet.eu

European Association for the Study of the Liver (EASL)

General information

Official name:	European Association for the Study of the Liver (EASL)
Short self-description / Aims / Objectives	Based in Geneva with a policy and advocacy office in Brussels, the European Association for the Study of the Liver (EASL) is the leading European Association with international influence dedicated to the liver and liver disease. EASL has over 4,000 members from all over 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.
Website:	http://www.easl.eu/

Governance

Legal status:	EASL is a not-for-profit registered in Switzerland.
Members	EASL has over 4,000 members from all over the world and provides an annual platform, The International Liver Congress, for 11,000 liver experts to meet and discuss latest scientific research.
Executive decision-making bodies	Decision making is carried out by a Governing Board of 12 members from across the region. Board members are elected at the annual general meeting held at the ILC. The Board is assisted in its work by an Ethics Committee, a Public Health Committee and a Central and Eastern European Concerted Action Group with members from Bulgaria, Kazakhstan, Poland, Romania, Russia and Serbia.

Financial information

Income is derived from membership fees, the annual congress, the Journal of Hepatology and donations from sponsors. For accounts see 2016 annual report:

http://www.easl.eu/medias/EASLimg/Discover/annual-report/EASL_AnnualReport_2016.pdf

Entity's engagement with WHO Europe

EASL will build on past engagements with the WHO Euro viral hepatitis team, such as:

- Participation of EASL Governing Board member Prof. Francesco Negro in the "Advisory Committee for the Development of the European Action Plan on Viral Hepatitis" in 2016
- Participation of WHO EURO staff at our annual International Liver Congresses (ILC) in 2015 and 2016
- EASL co-drafting of a joint paper "Late presentation of chronic viral hepatitis for medical care: a consensus definition" published in 2017 <https://www.ncbi.nlm.nih.gov/pubmed/28464883>

Planned collaboration 2018-2021

- Participation of EASL experts in the EURO Advisory Committee on Viral Hepatitis subject to internal WHO decisions on the future of the AC
- Continued and active participation of WHO staff in ILC 2018, 2019 and 2020, as well as the 2nd EASL AASLD viral hepatitis elimination summit in February 2018
- Participation of EASL experts in WHO technical support to Member States on viral hepatitis, including country missions 2018–2020 (e.g. Uzbekistan in 2018)

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

Fiona Godfrey (all topics)
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Prof Francesco Negro (viral hepatitis)
EASL Educational Counsellor and Governing Board member
Francesco.Negro@hcuge.ch

Prof Helena Cortez Pinto (alcohol and food policy)
EASL EU Counsellor and Governing Board member
hlcortezpinto@gmail.com

European Cancer Organization (ECCO)

General information

Official name:	European Cancer Organization (ECCO)
Short self-description / Aims / Objectives	Article 2 of ECCO Statutes (extract): “The Association shall not have any profit motive. The goals and objectives of the Association shall be to: • provide a cohesive platform for European cancer societies and organisations; • work together to improve cancer treatment outcomes; and, • be the unified voice of the European
Website:	www.ecco-org.eu

Governance

Legal status:	ECCO is legally registered as a not for profit association registered in Belgium, with its registered office located at: Avenue E. Mounier 83, 1200 Brussels, Belgium. https://be.kompass.com/c/the-european-cancer-organisation-asbl/be0256351/ It also files an annual report to the EU’s Transparency Register. http://ec.europa.eu/transparencyregister/public/consultation/displaylobbyist.do?id=51022176260-12
Members	ECCO is composed of 23 Member Societies of pan-European scope - representing over 170 000 professionals - and is the only multidisciplinary organisation that connects and responds to all stakeholders in oncology Europe-wide. http://www.ecco-org.eu/About-Ecco/Members
Executive decision-making bodies	The highest governing body of ECCO is its General Assembly, composed of a main representative and one alternate representative designated by each Member organisation. 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 for these elections. The President, the President-Elect (elected by the Council), and the Chair of the Patient Advisory Committee are counted in the 15 seats. http://www.ecco-org.eu/About-Ecco/Organisation/Structure The Board of Directors meets quarterly to assess the overall direction and strategy of the association. Its current composition is available here: http://www.ecco-org.eu/About-Ecco/Organisation/Board-of-directors The Board of Directors is supported by a range of advisory committees, including: • A Patient Advisory Committee (http://www.eccoorg.eu/PatientsAdvocacy/Patient - advisory - committee) • An Oncopolicy Committee (http://www.ecco-org.eu/Policy/How - we - Work/ECCOs - Policy - Committee) Task-and-finish working groups are also constructed to steer and complete projects with over-arching pan-membership contribution (E.g. the development of Essential Requirements for Quality Cancer Care).

Financial information

Assets: 13.286.783,05 EUR (2016)

Annual Income: 5.774 504,37 EUR (2016)

Entity's engagement with WHO Europe

ECCO has mainly engaged with WHO through:

Its membership of broader coalition bodies in official relations with the WHO, such as the Union for International Cancer Control (UICC) and the European Public Health Alliance. This has included, but not been limited to:

- o contribution as a member to UICC resolution and consensus forming projects with subsequent impact for WHO positioning on cancer e.g. the 2011 Dublin Resolutions, the 2017 World Health Assembly Resolutions
- o contribution towards the preparation of EPHA statement and interventions at WHO regional committee meetings.

Participation in and support for WHO communication initiatives in the area of cancer such as World Cancer Day and promotion of the IARC Code Against Cancer. This has taken place via a variety of communication methods, including but not limited to:

- o Hosting information about the initiatives on the ECCO website
- o Conducting politically supportive events

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

Birgit Beger, Chief Executive Officer

Phone +32 2 775 02 46

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Richard Price, EU Affairs Policy Manager

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European Federation of Allergy and Airways Diseases Patient's Association

General information

Official name:	European Federation of Allergy and Airways Diseases Patient's Association
Short self-description / Aims / Objectives	EFA is a European alliance of 42 allergy, asthma and chronic obstructive pulmonary disease (COPD) patients' associations in 25 countries representing 30% of European citizens currently living with these diseases.
Website:	www.efanet.org

Governance

Legal status:	EFA was founded in 1991 in Stockholm, Sweden, as a non-profit organisation
Members	EFA is a European alliance of 42 allergy, asthma and chronic obstructive pulmonary disease (COPD) patients' associations in 25 countries representing 30% of European citizens currently living with these diseases.
Executive decision-making bodies	EFA is governed democratically with each member enjoying an equal status. Applicants for membership must fulfil specific criteria on accountability, democracy, legitimacy and transparency as preconditions for acceptance. Applicants must have governing bodies or representatives elected by patients, or, in non-membership based organisations, having the patient perspective incorporated in policy-making by democratic means. Each member is registered as a non-profit or charity. The highest governing body is the General Meeting (GM), composed of delegates from member organisations and meeting once per year at the Annual General Meeting (AGM). Members nominate the candidates for elections and elect a Board of five persons, which all have to come from different countries. The President and Vice-President are elected in direct elections. The Board elects among themselves the Treasurer and Secretary. Board members can serve a maximum of three two-year terms. The AGM approves the strategy, work plan, annual accounts and budget, prepared by the Board and accepts new members.

Financial information

EFA operates with funding from membership fees, public EU funding, private unrestricted core-funding, project funding from corporate sources and donations that are disclosed every year. EFA ensures that all forms of funding are open and transparent, and that they do not come from tobacco and arms industry. The Annual Report, including audited financial accounts and overall budget for the next year is annually approved by the Annual General Meeting of members. This information is publicly available online: <http://www.efanet.org/who-we-are/funding-partners>.

Entity's engagement with WHO Europe

Participation in WHO organised events on this topic (for instance, Joint Task Force on the Health Aspects of Air Pollution) and communication around World Days (for instance, World Health Day) or main events (for instance, World Health Assembly meeting) – 2018-2020

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

Roberta Savli

Director of Strategy and Policy

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35, rue du Congres – B1000, Brussels

European Federation of the Association of Dietitians

General information

Official name:	European Federation of the Association of Dietitians
Short self-description / Aims / Objectives	The European Federation of the Associations of Dietitians (EFAD) was 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 organisations – professional, educational, and governmental • Encourage a better nutrition situation for the population of the member countries of Europe.
Website:	www.efad.org

Governance

Legal status:	EFAD is registered as a Rechtspersoon at the Kamer van Koophandel, Eindhoven, Nederlands (KvKnummer 40215656)
Members	Membership of the Federation is open all National Associations of Dietitians from member states of Europe and Higher Education Institutes worldwide that teach dietetics.
Executive decision-making bodies	The key structural elements of EFAD are the General Meeting of the Member Associations (GMMA), 3 Standing Committees and an Executive Committee (EC). A Scientific Reference & Advisory Group of external experts provides an independent reference. The GMMA democratically elects an EC of 9 members, including an Honorary President. Four of these are delegates from full member associations; one undertaking the role of Honorary Treasurer. The three Standing Committee chairs are nominated by the Associations, democratically elected at the GMMA, and are also members of the EC. The Standing Committee members are nominated for their expertise and selected by the EC. Each committee member serves for 4 years (renewable) and retires in rotation.

Financial information

- Income for EFAD comes from its membership contributions (63%)
- From time to time EFAD is engaged to undertake projects which will support the Federation to achieve its aims. During 2016 the income achieved a total of 40,587 EUR of which 27,195 EUR was used to support the projects. Total income through this source represents 8% of the annual income.
- Sponsorship for 2016 was 18,800 EUR or 12% of the annual income.
- The figures for 2016 are representative of other years for EFAD accounts.

Entity's engagement with WHO Europe

EFAD has had a history of involvement with WHO Europe requesting frequent briefings at our conferences and support and engagement with projects and surveys

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

Contact details through the Secretariat for collaboration
The European Federation of the Associations of Dietitians
Secretary General: Judith A. Liddell
Office:
Ziegeleiweg 4
46446 Emmerich am Rhein
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Fax +49 2822-68358
Email secretariat@efad.org
Web www.efad.org

European Forum for Primary Care

General information

Official name:	European Forum for Primary Care
Short self-description / Aims / Objectives	The European Forum for Primary Care was initiated in early 2005 by a group of interested parties from several countries. The Forum aims to improve the health of the population by promoting strong Primary Care. This is done by advocating for Primary Care, by generating data and evidence on Primary Care and by exchanging information between its members. The Forum seeks to expand its membership and thereby to become a leading force for strengthening Primary Care in Europe.
Website:	http://www.euprimarycare.org/

Governance

Legal status:	EFPC has the legal form of an association ('vereniging' under Dutch law – see the articles of association): http://www.euprimarycare.org/sites/default/files/statutenwijziging_engels_0.pdf
Members	The association has individual members and institutional members. Membership is open to any individual or organisation who shares the mission and values of the EFPC. Application for membership has to be in writing to the Executive Board of the association. The Executive Board decides about the admission of a member. Members pay an annual fee determined by the general assembly of EFPC. The current membership stands on 120 institutional and 50 individual members from more than 25 European countries. The General Assembly of members of the EFPC is the ultimate authority. The General Assembly convenes at least once a year, in connection to the yearly conference. The chairperson of the Executive Board is chairperson of the General Assembly. Individual members have one vote per person and institutional members have two votes per institutional membership. The general meeting adopts its resolutions by a simple majority of votes. Associated members: http://www.euprimarycare.org/members/associated-partners Institutional Members: http://www.euprimarycare.org/members/institutional-members
Executive decision-making bodies	The association has an Executive Board, consisting of five persons, and the Advisory Board of max. 20 persons. The tasks and responsibilities of the boards are stipulated in the constitution: http://www.euprimarycare.org/sites/default/files/statutenwijziging_engels_0.pdf The current members are presented at the EFPC website: http://www.euprimarycare.org/about/members-efpc-executive-board http://www.euprimarycare.org/efpc-advisory-board

Financial information

More than half of EFPS's yearly income comes from membership fees. It provides a firm basis for the secretariat which also receives money from EU projects and other activities. The latest financial report can be found at:

<http://www.euprimarycare.org/annual-reports>

Entity's engagement with WHO Europe

Examples include:

- Participation in the written consultation on the European policy for health, Health 2020 after an official invitation by WHO Regional Office for Europe.
- Multi-country study visits: EFPC organised in close collaboration with the WHO (Geneva) study visits for the WHO's Site-Based Learning Programme. The programme aimed to disseminate the principles of the World Health Report 2008: Primary Care Now More Than Ever by visiting "best practices" in primary care to WHO participants.
- WHO European Centre for Primary Health Care in Almaty, Kazakhstan, the centre for excellence in primary health care is an EFPC member
- Primary Health Care Advisory Group: involvement of EFPC members like former chair Prof Jan De Maeseneer and former Advisory Board member, Dr Anna Stavdal.
- Two premium members are collaborating centre for primary care to WHO Europe. Many of the institutional and individual members of EFPC have connections with WHO Europe.
- Members of EFPC have participated and contributed to WHO meetings and policy dialogues and other activities of European Observatory on Health Systems and Policies.

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

Diederik Aarendonk
Coordinator
+31629359635
D.aarendonk@euprimarycare.org

European Forum of Medical Associations (EFMA)

General information

Official name:	European Forum of Medical Associations (EFMA)
Short self-description / Aims / Objectives	The aim of the EFMA Forum is to establish dialogue and cooperation between National Medical Associations and the WHO in the European Region, in order to improve the quality of health and health care in Europe; to promote the exchange of information and ideas between National Medical Associations and between Associations and the WHO; and to formulate consensus policy statements on health issues.
Website:	N/A

Governance

Legal status:	Association. In December 1984 the Regional Director of WHO-Europe invited the National Medical Associations (NMAs) in the WHO European Region to a joint meeting in Copenhagen, to discuss Health for All in Europe and other matters of common interest. Since then, joint annual meetings between the European Regional Office of WHO and the National Medical Associations have taken place, hosted by different National Medical Associations.
Members	National Medical Associations, Membership in the Forum shall be open to all recognized physician organizations of any country in the European Region of the WHO that is recognized by the UN. A physician organisation shall be defined as “a free independent nongovernmental association of physicians constituted in an organisation which elects its own officers, appoints its own staff and determines its own constitution, except for any statutory duties that it undertakes, and whose activities cover all the various aspects of professional practice.”
Executive decision-making bodies	The EFMA Liaison Committee (LC) serves as the “executive committee” that organizes the scientific program of the annual Forum meeting and runs all other EFMA business and activities. The Liaison Committee formally submits the following recommendations and guidelines on the organization and activities of the European Forum of Medical Associations. The Liaison Committee shall be made up of 3 EU representatives, 3 non-EU representatives, a WHO representative, the EFMA Secretary General, LC Advisor, the editor/publisher of the handbook, the president of the NMA providing support for the EFMA Secretariat and the immediate-past, present and future forum host.

Financial information

Funding of EFMA comes from membership fees. Registration fees reflect the cost of related preparation and follow-up work of the Forum plenary meetings. The amount of dues and fees may be re-evaluated once every two years. Dues for a specific country may, by consensus of the LC members, be reduced or waived.

Entity's engagement with WHO Europe

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.

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

Leah Wapner, Secretary General

European Forum of National Nursing and Midwifery Associations

General information

Official name:	European Forum of National Nursing and Midwifery Associations
Short self-description / Aims / Objectives	The European Forum of National Nursing and Midwifery Associations (EFNNMA) is the voice of nursing and midwifery within WHO European Region. Working in partnership and strategically with WHO and other key stakeholders we aim to influence health policy, improve the quality of health services and the health of people across the 53 Member States of the Region.
Website:	http://efnnma.org/

Governance

Legal status:	NA
Members	EFNNMA is formed as a coalition of national nursing and midwifery associations representing WHO European region. National Nursing and Midwifery associations with democratic structures, elected governing bodies, with non-for-profit status, uniting all professionals regardless specific professional functions and specializations or level of education, can receive EFNNMA membership status.
Executive decision-making bodies	The main governing body is a plenary conference of EFNNMA members, in periods between the conferences the main responsibility for EFNNMA activities lies on the elected members of the Steering Committee and a Chair. Plenary meetings organized once a year as EFNNMA business meetings. The main activities are implemented via emails and continued exchanges, SC and Chair regularly inform members on the implementation of agreed policies and actions.

Financial information

EFNNMA activities are based on the budget and membership fees are the only source of income. Membership fees are calculated according to the country GDP and the size of an association and the fees structure is approved by EFNNMA members. Fees are paid annually and the financial report on expenditures is also provided annually.
http://efnnma.org/publ/info/operational_principles#.W2qylzapUdV

Entity's engagement with WHO Europe

As outlined in the MOU with the WHO signed 29 February 2016

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

Valentina Sarkisova
EFNNMA Chair

European Medical Students Association (EMSA)

General information

Official name:	European Medical Students Association (EMSA)
Short self-description / Aims / Objectives	The European Medical Students' Association – Association Européenne des Étudiants en Médecine (EMSA) is a non-profit, non-governmental organisation representing medical students from all across Europe.
Website:	http://emsa-europe.eu

Governance

Legal status:	EMSA is registered in Belgium as Association Européenne des Etudiants en Medecine - European Medical Students' Association (A.I.S.B.L). It constitutes an international non profit association with a pedagogic and scientific purpose and is governed as such under Belgian law.
Members	Medical students
Executive decision-making bodies	The highest decision-making body in EMSA is the General Assembly (GA), which consists of all Members, represented by their Representatives with voting rights present or represented by proxy vote. Each Full Member is granted one voting right in the GA. Members of the EEB are elected by the GA or, in case of a vacancy, appointed by the EB.

Financial information

EMSA has an annual income of 15.000€ which consists of mainly the contribution from members. EMSA does not have any assets or funding from external sources.

Entity's engagement with WHO Europe

- Joint campaigns and organize international, national and local events on WHO Health Days - World Health Day, European Immunization Week, World No Tobacco Day, World Blood Donor Day, World AIDS Day, World Cancer Day.
- Work on the focus topics of WHO Europe, particularly: Antimicrobial resistance, environment and health, disease prevention, eHealth, migration and health, non-communicable diseases, sexual and reproductive health, sustainable development goals, vaccines and immunization, mental health.
- Invitation of WHO representatives as keynote speakers to EMSA's general assemblies.
- Attending WHO Europe's regional meetings with meaningful youth participation.
- Elaborating the student's and young professional's point of view to WHO and educating European Medical students about WHO's structure and areas of activity.
- Encouraging EMSA members to do an internship at the WHO Regional Office and to participate in on-the-job learning, such as work shadowing.
- Organize a briefing event before the Regional Committee where EMSA members can gain a better insight into WHO Europe's focus areas, the structure and the decision making process of the RC. Agenda of the event to be consulted with WHO Europe.
- Providing support in research conducted by WHO by reaching out to the target groups.

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

- President : president@emsa-europe.eu
- Vice President of External Affairs: vpe@emsa-europe.eu
- European Institutions Liaison Officer: eilo@emsa-europe.eu

European Public Health Alliance (EPHA)

General information

Official name:	European Public Health Alliance
Short self-description / Aims / Objectives	A member-led organisation made up of public health NGOs, patient groups, health professionals and disease groups, we work to improve health and strengthen the voice of public health in Europe
Website:	https://epha.org/about-us/

Governance

Legal status:	International not-for-profit association registered in Belgium (association sans but lucratif).
Members	public health NGOs, patient groups, health professionals and disease groups
Executive decision-making bodies	The main decision-making body is the General Assembly (GA), which meets at least once a year. It convenes the membership and decides on the strategic direction (multi-annual and annual). It also provides financial oversight, elects EPHA's Board (composed of up to 7 member representatives for a two-year term, including a President, Vice-President and Treasurer) and discharges EPHA's accounts. The Board selects its own President, Vice-President and Treasurer after each Annual General Assembly.

Financial information

Financial reports available here: <https://epha.org/our-finances/>

Entity's engagement with WHO Europe

EPHA has collaborated with WHO Europe for many years, both ad hoc and as part of joint activities or projects. EPHA has undertaken policy research under contract for WHO to support implementation of the SDG agenda, including in-depth intersectoral stakeholder analyses for the European Region.

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

Nina Renshaw, Secretary-General
Rue de Treves 49-51, 2nd Floor, 1040 Brussels, Belgium

European Public Health Association (EUPHA)

General information

Official name:	European Public Health Association (EUPHA)
Short self-description / Aims / Objectives	The European Public Health Association, or EUPHA in short, is an umbrella organisation for public health associations and institutes in Europe. EUPHA's mission is to facilitate and activate a strong voice of the public health network by enhancing visibility of the evidence and by strengthening the capacity of the public health professionals.
Website:	www.eupha.org

Governance

Legal status:	EUPHA is registered as a not-for-profit association with the Chamber of Commerce in The Netherlands since 19-04-1994 (registration number 40482791)
Members	https://eupha.org/about_members.php?members=all# EUPHA now has 81 members from 47 countries. In addition, EUPHA has 12 partners, including the Association of Schools of Public Health in the European Region (ASPHER) and European Centre for Disease Prevention and Control (ECDC). An overview can be found on our website: https://eupha.org/eupha-partners
Executive decision-making bodies	EUPHA is a member-based organisation. The members are represented in the Governing Board, which is responsible for approving the annual report on activities, the annual financial report, the work plan and budget for the coming year, as presented by the Executive Council. The Executive Council consists of elected governing board members. The Executive Council is charged with the management of the association and is assisted by EUPHA office. Members of the Executive Council sign a conflict of interest declaration

Financial information

EUPHA is a not-for-profit organisation. Income and expenditure are balanced. EUPHA has four sources of income: membership fees, the annual European Public Health Conference, the journal (EJPH) and projects. An overview of the finances over the past years can be found here: https://eupha.org/general_page.php?p=27.

Entity's engagement with WHO Europe

In the past EUPHA has participated in joint WHO/Euro-EUPHA plenaries, pre-conferences and workshops at the European Public Health (EPH) conference and attended the meetings of WHO Regional Committee for Europe.

EUPHA's three-year plan for collaboration with WHO Europe includes the health priorities as set out in WHO's Draft 13th General Work Programme, including noncommunicable diseases (NCDs), mental health, substance use, road traffic injuries, as well as health effects of climate change and environment. The joint activities will focus on 'leaving no one behind' and 'promote health, keep the world safe, serve the vulnerable'. Also reducing health inequalities, a key priority for both WHO and EUPHA, is a main theme of the collaboration.

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

Dr Natasha Azzopardi Muscat, EUPHA president, president@eupha.org

Dr Dineke Zeegers Paget, executive director of EUPHA, office@eupha.org

Health Care Without Harm (HCWH) Europe

General information

Official name:	Health Care Without Harm (HCWH) Europe
Short self-description / Aims / Objectives	HCWH Europe brings the voice of healthcare professionals to the European policy debate about key issues - chemicals, climate change and health, green building, sustainable procurement, pharmaceuticals, sustainable food, and waste management. HCWH Europe educates the healthcare sector to understand the importance of the environment and presses healthcare leaders and professionals to advocate for broader societal policies and changes.
Website:	https://noharm-europe.org/

Governance

Legal status:	Non-profit European membership organisation
Members	Health Care Without Harm (HCWH) Europe is a non-profit European membership organisation of hospitals, healthcare systems, healthcare professionals, local authorities, research/academic institutions and environmental and health organisations. It currently has 84 members in 26 countries of the WHO European Region, including 17 Member States of the European Union. The full list of members can be found here: https://noharm-europe.org/content/europe/hcwh-europe-members
Executive decision-making bodies	HCWH Europe is governed by the bylaws registered with the Dutch chamber of commerce in April 2003. The bylaws can be found here: https://noharm-europe.org/sites/default/files/documents-files/2817/HCWH%20Statutes.pdf

Financial information

Funding sources: sources vary from year to year, depending on contracts from funders, but they are mainly foundations, the European Commission, and national government. In 2016 income generated was from European Commission, DG Environment, HCWH US, the Oak

Foundation, the German Environment Ministry and income generated for our CleanMed Conference, held at the UN city in Copenhagen.

Annual reviews with a detailed breakdown of funding sources can be found here:

<https://noharm-europe.org/content/europe/who-we-are>

Entity's engagement with WHO Europe

HCWH Europe has contributed to a number of expert meetings on greening healthcare systems over the years, beginning in 2009 on climate. HCWH Europe attended and participated at the ministerial conference in Parma, March 2010 and Ostrava, June 2017. A three-year plan for collaboration with WHO Europe that has been developed and agreed on jointly by the entity and WHO Europe.

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

Aidan Long, Senior Management and Project officer, aidan.long@hcwh.org and office landline: +32 2 503 04 81

Standing Committee of European Doctors

General information

Official name:	Standing Committee of European Doctors
Short self-description / Aims / Objectives	The Standing Committee of European Doctors (CPME) aims to promote the highest standards of medical training and medical practice in order to achieve the highest quality of health care for all patients in Europe .
Website:	https://www.cpme.eu/

Governance

Legal status:	CPME is established as an 'Association internationale sans but lucrative (AISBL)' under Chapter III of the Belgian Law of 27 June 1921 on non-profit associations, international non-profit associations and foundations. It is registered under Belgian law with the business number 0462509658.
Members	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. They can be re-appointed. The CPME General Assembly and CPME Board meet twice a year.
Executive decision-making bodies	The CPME Executive Committee is constituted within the Board. It comprises the President, four Vice-Presidents and the Treasurer. The Past President sits on the Executive Committee in an advisory capacity. The CPME Executive Committee holds meetings every month. The Brussels Secretariat assists the President in representing and administering CPME. It is led by the CPME Secretary General who is appointed by the Board. CPME's policies are developed by its members with the help of Working Groups or Rapporteurs. Please find an overview in the application.

Financial information

CPME's main financial resources are fees paid by its members. Moreover, the CPME is submitting its accounts to the Belgian authorities on a yearly basis. In 2016 CPME had a global budget of 899 558.00 €, which of 97% of income was thanks to membership fees. The remaining 3% were constituted of income generated by participation in EU co-funded project and reimbursement of travel expenses by third parties.

Entity's engagement with WHO Europe

CPME has engaged with WHO Europe both in terms of providing input to policy and attending events. Please find below some examples from the past five years.

- CPME response to Consultation for the Interim Report on the Implementation of the European Action Plan for Strengthening Public Health Capacities and Services, adopted in 2016
- CPME Response to Public consultation on the Global Strategy on Human Resources for Health: Workforce 2030 (GSHRH), adopted in 2015

- CPME response to the WHO consultation on ‘Health 2020: Leadership for health and well-being in 21st century Europe’, adopted in 2012
- CPME response to the WHO consultation on a New European Policy for Health – Health 2020: Policy framework and strategy, adopted in 2012
- Informal consultation with stakeholders to support the development of the WHO European Physical Activity for Health Strategy (2016-2025), Malta, 30 January 2015 – attended by Dr Katrín Fjeldsted, CPME President 2013-2015
- 67th session of the WHO Regional Committee for Europe, Budapest, Hungary, 11–14 September 2017 – attended by Dr Erzsébet Podmaniczky, Head of Delegation of the Hungarian Medical Chamber to CPME
- 66th session of the WHO Regional Committee for Europe, Copenhagen, Denmark, 12–15 September 2016 – attended by Ms Sarada Das, CPME Deputy Secretary General, written statements
- 65th session of the WHO Regional Committee for Europe, Vilnius, Lithuania, 14–17 September 2015 – attended by Ms Birgit Beger, CPME Secretary General 2010-2016, written statements

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

Comité Permanent des Médecins Européens / Standing Committee of European Doctors (CPME)

15 Rue Guimard - 1040 Brussels

tel: +32 2732 72 02

fax: +32 2732 73 44

www.cpme.eu

Secretary General: Ms Annabel Seebohm, LL.M. (Auckland) - annabel.seebohm@cpme.eu

WEMOS

General information

Official name:	WEMOS
Short self-description / Aims / Objectives	Wemos is an independent civil society organization and aims to improve public health worldwide.
Website:	https://www.wemos.nl/en/

Governance

Legal status:	Foundation, independent civil society organization
Members	Wemos is led by a managing director and a supervisory board. Members of the supervisory board work on a pro bono basis and must have affiliation with Wemos' mission, its vision and its objectives as well as administrative experience. The supervisory board appoints an audit committee of at least two members of the board.
Executive decision-making bodies	Since 2016, Wemos has a managing director and a supervisory board. The distinction between their roles is stated in the organization's (revised) statutes. The director's role is to govern the organization, which entails drafting, adopting and executing a policy plan. The supervisory board's role is to supervise the director's policy and the organization's general state of affairs, as well as to provide advisory guidance.

Financial information

In recent years Wemos has been financially supported by:

- Adessium Foundation
- ASN Foundation
- Dioraphte Foundation
- IDA Charity Foundation
- Ministry of Foreign Affairs
- Open Society Foundations
- Triodos Foundation
- Individual funders

Entity's engagement with WHO Europe

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

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

Mariëlle Bemelmans, director, Tel: +31 20 435 20 50

E-mail: marielle.bemelmans@wemos.nl

Address: Ellermanstraat 15-O, Postbus 1693
1000 BR Amsterdam
The Netherlands