

ANNEXES

Annex 1: Application form for accreditation of regional non-State actors not in official relations with WHO to participate in the WHO Regional Committee for Africa¹²

Please send the completed form and the required documents by e-mail to GoverningBodiesAfro@who.int by 30 November 2025.

A. General information

- 1. Name and acronym of the non-State-actor** (in the official language and in English, French or Portuguese)

- 2. Registered office of the non-State actor**

Street:

Town:

Postcode:

Country:

Telephone:

E-mail:

Internet site:

- 3. Year of foundation:**

- 4. Legal status:**

- 5. Web link to constitutive act¹³:**

B. Organizational structure

¹² In accordance with the Document on Granting accreditation to regional non-State actors not in official relations with WHO to participate in sessions of the WHO Regional Committee for Africa. Brazzaville: WHO Regional Office for Africa. 2021: paragraph 8 (AFR/RC71/PSC/12; accessed.....)

¹³ If the constitutive act is not available online, it must appended to this application form.

6. Governance structure

- MAIN DECISION-MAKING BODY

Type of body (such as board, board of directors, executive board, executive committee or other):

Composition and current list of members:

Name	Function	Affiliation

- OTHER DECISION-MAKING BODY

Type of body: _____

Composition and current list of members:

Name	Function	Affiliation

- GENERAL ASSEMBLY

Does the entity have a General Assembly of members or a similar body? ☐ Yes ☐ No

Name of the body: _____

Composition: _____

Function: _____

7. Secretariat

Secretary General (name, address): _____

Number of staff members: _____

8. Membership

Is the non-State actor membership-based? ☐ Yes ☐ No

Overview of categories and their voting rights in the main governing body:

	Total number	Voting
Individuals		
NGOs		
Private Sector		
Philanthropic Foundations		
Academic Institutions		
Government-affiliated non-State actors		
Intergovernmental Organizations		

Web link to membership list¹⁴: _____

C. Financial information

9. Annual income (in US\$) from _____ to _____: _____

10. Latest available assets (in US\$) as of _____: _____

¹⁴ If the membership list is not available online, it must be appended to this application form.

11. Funding (in US\$):

	Private sector (incl. business associations)	Philanthropic foundations	NGOs, academic institutions	Govt-affiliated non- State actors, intergov.t organizations, including UN	General public, individuals	Total
Sales of goods and services						
Grants / Donations						
In-kind donations						
Membershi p fees						
Investment income						
Others						
Total						

D. Objectives and activities**12. Goals, mandate or mission of the non-State actor:** _____

13. Activities of the non-State actor: _____

14. Geographical representation and activities(Please mark the country in which your **non-State actor** enjoys a representation):

	Activities	Members	Offices/representatives
Algeria			
Angola			
Benin			
Botswana			
Burkina Faso			
Burundi			
Cameroon			
Cabo Verde			
Central African Republic			
Chad			
Comoros			
Congo			
Côte d'Ivoire			
Democratic Republic of the Congo			
Equatorial Guinea			
Eritrea			
Eswatini			
Ethiopia			
Gabon			
Gambia			
Ghana			
Guinea			
Guinea-Bissau			
Kenya			
Lesotho			
Liberia			
Madagascar			
Malawi			
Mali			
Mauritania			
Mauritius			
Mozambique			
Namibia			
Niger			

Nigeria			
Rwanda			
Sao Tome and Principe			
Senegal			
Seychelles			
Sierra Leone			
South Africa			
South Sudan			
Togo			
Uganda			
United Republic of Tanzania			
Zambia			
Zimbabwe			

E. Areas of cooperation with the WHO

Please mark the areas of the non-State actor's activities which correspond to the WHO Programme of Work:

Communicable and noncommunicable diseases ☐ HIV, hepatitis, and other sexually-transmitted infections ☐ Tuberculosis ☐ Tropical and vector-borne diseases, incl. malaria and neglected tropical diseases ☐ Vaccine-preventable diseases ☐ Antimicrobial resistance ☐ Noncommunicable diseases ☐ Mental health and substance abuse ☐ Nutrition ☐ Food safety ☐ Violence and injuries ☐ Disabilities and rehabilitation	Emergency preparedness and response ☐ Infectious hazard management ☐ Country health emergency preparedness and the International Health Regulations (2005) ☐ Health emergency information & risk assessment ☐ Emergency operations ☐ Emergency core services ☐ Polio eradication, incl. polio transition
Life course ☐ Sexual, reproductive, maternal and newborn health ☐ Child and adolescent health ☐ Ageing and health ☐ Equity, social determinants, gender equity and human rights ☐ Climate change, health and environment including occupational health, healthy settings and urban health	Corporate services/enabling functions ☐ Leadership and governance ☐ Transparency, accountability and risk management ☐ Data analytics and knowledge management ☐ Strategic planning, resource coordination and reporting ☐ Management and administration ☐ Strategic communication
Health systems ☐ National health policies, strategies and plans ☐ Integrated people-centred health services ☐ Access to medicines and health technologies, and strengthening regulatory capacity ☐ Health systems information and evidence	

F. Modalities of engagement with WHO

15. Summary of the non-State actor's engagements with WHO in the African Region and nature of these relations (incl. Cluster of the WHO Regional Office for Africa with which an agreement was concluded, names of contact persons, dates, method of cooperation, e.g. joint activity, technical assistance,): _____

G. Disclosures and Declarations

16. Tobacco/Arms-related disclosure statement for non-State actors¹⁵

For the purposes of this statement:

- *tobacco industry means any entity involved in the manufacture, sale or distribution of tobacco and related products, and any affiliate of such entity; and*
- *arms industry means any entity involved in the manufacture, sale or distribution of arms, and any affiliate of such entity.*

Is your entity, or was your entity over the last four years, part of the tobacco or arms industries (as defined above)?

☐ Yes ☐ No ☐ Unable to answer

To the best of your entity's knowledge, is your entity, or has your entity over the last four years, engaged in activities that are aimed at furthering or supporting the interests of the tobacco industry? This includes, but is not limited to, supply contracts, contract work, services and lobbying.

☐ Yes ☐ No ☐ Unable to answer

To the best of your entity's knowledge, does your entity currently, or did your entity over the last four years, have any other association or relationship with the tobacco industry (as defined above). This includes in particular investment interests (other than general mutual funds or similar arrangements whereby your entity has no control over the selection of the investments), commercial business interests, the provision or receipt of financial and/or other support.

☐ Yes ☐ No ☐ Unable to answer

If you have answered yes to any of the above or are unable to answer one or more questions, please provide a general statement of explanation. _____

¹⁵ Pursuant to the WHO Framework of Engagement with Non-State Actors, 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.

Please note that the WHO Secretariat reserves the right to request additional information from your entity in this regard.

By providing this statement, your entity commits to promptly inform WHO of any change to the above information and to complete a new statement that describes the changes.

17. Engagement with other industries affecting human health or affected by WHO norms and standards

Does the entity you represent have any formal association, affiliation or links with the following industry sectors?

If yes, please tick the box of the industry concerned and provide details in the space provided:

☐ Alcohol _____

☐ Chemical _____

☐ Food and beverages _____

☐ Health care _____

☐ Pharmaceutical _____

☐ Others (Please specify industry) _____

The WHO Secretariat reserves the right to request additional information from the entity you represent relevant to its engagement with WHO.

18. Declaration

I, the undersigned, understand that the information provided will be made public by WHO.

Name and signature: _____

Position _____

Name of the non-State actor _____

Date _____

Check list: Documents required to support the application for accreditation

- ☐ Statute of the **non-State actor**
- ☐ List of member organizations
- ☐ Activity and financial report covering the previous two years

Annex 2: Reporting of activities by non-State actors accredited to participate in the WHO Regional Committee for Africa¹⁶

Name and acronym of the accredited non-State actor in the official language and in English, French or Portuguese

List of meetings attended

19. Title of the meeting: _____

Dates of the meeting: _____

Days of the meeting attended: _____

Number of members of the delegation: _____

Did the delegation submit a statement? ☐ Yes ☐ No

Was the statement accepted by the Chair of the meeting? ☐ Yes ☐ No

20. Title of the meeting: _____

Dates of the meeting: _____

Days of the meeting attended: _____

Number of members of the delegation: _____

Did the delegation submit a statement? ☐ Yes ☐ No

Was the statement accepted by the Chair of the meeting? ☐ Yes ☐ No

21. Title of the meeting: _____

Dates of the meeting: _____

Days of the meeting attended: _____

Number of members of the delegation: _____

Did the delegation submit a statement? ☐ Yes ☐ No

Was the statement accepted by the Chair of the meeting? ☐ Yes ☐ No

22. Brief summary of activities carried out in the framework of the engagement with WHO during the reporting period: _____

¹⁶ To be submitted in accordance with the document on Granting accreditation to regional non-State actors not in official relations with WHO to participate in sessions of the WHO Regional Committee for Africa. Brazzaville: WHO Regional Office for Africa, 2021: paragraph 8 (AFR/RC71/PSC/12;, accessed)

Date _____

Annex 3: Request to submit a statement by accredited non-State actors at sessions of the WHO Regional Committee for Africa

In accordance with Paragraph 15 of the Document....., accredited non-State actors wishing to make a statement at sessions of the WHO Regional Committee for Africa must submit a request to the External Relations, Partnerships and Governing Bodies Unit (EPG) of the WHO Regional Office for Africa (at the e-mail address: GoverningBodiesAfro@who.int) not later than one week before the start date of the session.

The statement should respect the time and word limits set for statements by non-State actors for the relevant session, as specified in the session's Information note disseminated to all participants. The statement should focus on technical issues and should be directly relevant to both the agenda item and to the document prepared for the item. The statement should not raise issues of a political nature that are unrelated to the agenda item and should not contain any inappropriate or offensive reference to Member States. While there should be no reference to any individual Member State or areas of Member States, it is recalled that nomenclature must follow that of the United Nations.

The Chairperson of the Regional Committee decides whether or not to accord the accredited non-State actors the right to make its oral statement during the session in light of its relevance to the discussion, the time constraints or any other reason.

The statement is posted on the website of the WHO Regional Office for Africa for a limited time period as determined by the Secretariat and will not be retained thereafter.

Name and acronym of the accredited non-State actors (in English, French or Portuguese):

Date and title of the session: _____

Agenda item (number, title): _____

Form of the statement: ☐ Written ☐ Oral

If in oral form, name and function of the person wishing to read the statement: _____

Statement (in English, French or Portuguese): _____

[illegible]

Name: _____

Position: _____

Date: _____