

NON-STATE ACTOR'S TRIENNIAL REVIEW OF THE OFFICIAL RELATIONS WITH WHO

Collaboration Plan between WHO and International Federation for Medical and Biological Engineering (IFMBE) for the period 2025-2027

The WHO Executive Board admitted International Federation for Medical and Biological Engineering (IFMBE) into official relations with WHO. The official relations are governed by the Framework of engagement with non-State actors, according to which the basis of official relations is a plan for collaboration between WHO and the non-State actor with agreed objectives and outlining activities for the coming three-year period, structured in accordance with the General Programme of Work and Programme Budget and consistent with the Framework. These plans are expected to be free from concerns which are primarily of a commercial or profit-making nature.

The Executive Board, through its Programme, Budget and Administration Committee, reviews the collaboration with each non-State actor in official relations and decides on the desirability of maintaining official relations or defer the decision on the review to the following year.

The present document outlines the plan for collaboration, and serves as an agreement, between WHO and International Federation for Medical and Biological Engineering (IFMBE) for the period 2025-2027, as discussed and agreed between WHO and the entity. The WHO Designated Technical Officer and the entity's focal point are responsible for this joint collaboration, including drafting and implementation of the agreed activities, on behalf of WHO and the non-State actor.

The objective of WHO's collaboration with non-State actors is, inter alia, to promote the policies and strategies derived from the decisions of the governing bodies of WHO. The agreed activities are intended to contribute to the outcome targets in the WHO General Programme of Work. The plan for collaboration contains activities that have been jointly planned with and tailored for WHO, and directly contribute to WHO's programmes.

To demonstrate the breadth of the collaboration, plans contain a minimum of two areas with three activities or three areas with two activities to cover the three-year duration of planned collaboration.

Certain activities are beyond the functional scope of official relations and are not to be reflected in this plan. These include, inter alia:

- participation in each other's meetings and conferences, including WHO experts' groups, as well as co-organization and co-sponsorship of meetings;
- policy, norm and standard setting, including information gathering, preparation for, elaboration of and the decision on normative texts;

- provision of interns, secondees or other types of human resources-related loans to WHO, and fellowships. These activities are subject to specific WHO rules and procedures;
- development and issuance of qualifying diplomas, certificates or delivery of courses offered as part of an established degree programme;
- activities which the entity conducts to serve its own mission and mandate (not with WHO);
- technical assistance or advocacy provided directly to WHO Member States, without WHO's involvement or request.

Once adopted by the WHO Executive Board, this plan for collaboration cannot be modified. The plan is published in the WHO Register of non-State Actors.

Non-State actor focal point: Professor Marc Nyssen, Focal Point to WHO for IFMBE

WHO Designated Technical Officer (DTO): Adriana Velazquez Berumen, Senior Advisor, Team Lead medical devices and in vitro diagnostics.

Summary of the overall collaboration (100 word limit)	
The plan of collaboration between WHO and the International Federation for Medical and Biological Engineering (IFMBE) for the period 2025 to 2027 supports WHO's priorities and strategic objectives of its General Programme of Work. In particular it supports WHO's activities when providing guidance to Member States on innovation, assessment, nomenclature and management of medical devices. This collaboration also aims to support WHO's activities on strengthening knowledge on biomedical and clinical engineering, including through informing WHO's work towards the development of training materials that may be adapted by Member States, on the provision of services for emergencies, disasters and that are supportive towards the achievement of universal health coverage, in line with WHO's recommendations and guidance.	

1. Area of collaboration ¹	
WHO strategic objective(s)	1. Respond to climate change, an escalating health threat in the 21st century
WHO joint outcome(s)	1.2. Lower-carbon health systems and societies are contributing to health and well-being.
Objective of collaboration ² : (50 word limit) To provide technical input that may inform WHO's activities on sustainability of health systems, from a biomedical and clinical engineering perspective.	

¹ The WHO strategic objectives and WHO joint outcomes shall be filled in by the WHO DTO. Please see last page.

² Indicate the objective of the collaboration and briefly describe how this collaboration will contribute to WHO's work. If the collaboration is related to a specific strategy, please indicate which one.

Description of the activities to be undertaken, expected deliverables, timeframe and budget. In describing the activity, please indicate how it contributes to the work of WHO. The specific role of WHO and that of the entity for each activity are described.							
Activities	Expected deliverable (add as many as needed)	Timeframe ³		Other entities involved in the activities ⁴	Budget for the activity in USD	Source of funding ⁵	Comments
		Start	End				
1. As per WHO request and for its consideration, provide technical inputs that may inform WHO's work towards the development of more sustainable health technologies.	Regular reports are submitted for WHO's consideration, containing technical inputs that document results of fieldwork, real-world data and scoping review conducted for providing evidence-based technical information on methods and tools for reducing the carbon-footprint of medical products (i.e., medical devices, digital health, Personal Protective Equipment (PPE)) and clinical workflows (e.g., Artificial Intelligence (AI), Internet of Things (IoT)), which may inform WHO's technical work, as appropriate, on the subject matter.	2025	2027	N/A	In kind	IFMBE's own resources	The provision of such technical inputs shall not create the expectation that these will be positively considered by WHO, but they would inform WHO's work in the domains concerned. WHO may use the technical inputs developed/provided by the entity on the

³ Indicate year of planned activity.

⁴ Please list Member States, intergovernmental organizations and other non-State actors involved if applicable (not individuals).

⁵ Indicate the non-State actor's budget for the activity and additional funding from other sources (name the donor), etc. supporting this area of collaboration. WHO does not fund non-State actors in official relations.

							subject matter as deemed appropriate.
2. As per WHO request, provide documented technical inputs on best practices, lessons learned and opportunities available towards reducing, where possible, the carbon footprint of health systems, with particular focus on medical products and hospital patient medical devices information workflows, for WHO's consideration.	Regular reports are submitted for WHO's consideration, containing technical inputs that document results of fieldwork, real-world data and scoping review for providing evidence-based technical information that may inform WHO's technical work and advocacy activities with relevant stakeholders, with particular focus on medical devices, including AI for health, and PPE.	2025	2027	N/A	In kind	IFMBE's own resources	Same comment as per activity above.
Geographical area ⁶ : <input checked="" type="checkbox"/> International <input type="checkbox"/> Regional (specify WHO regions): <input type="checkbox"/> National (specify country/ies):							
If the area of collaboration was agreed with another staff member from WHO than the DTO, please provide his/her name and department: N/A							
If another staff member from the non-State actor than the focal point is responsible for this area of collaboration, please provide the name and contact: Leandro Pecchia, IFMBE							

⁶*International*: it involves agreement to act at the country level in more than two WHO regions; or the outcome is intended to be relevant to countries worldwide (e.g. a joint publication); or it is open to all countries (e.g. workshop with participants from more than two WHO regions). *Regional*: as above, except that the activity is restricted to a specific WHO region. *National*: a product/activity/service that is relevant only to the country, for example a national workshop.

2. Area of collaboration ⁷							
WHO strategic objective(s)	3. Advance the primary health care approach and essential health system capacities for universal health coverage.						
WHO joint outcome(s)	3.2. Health and care workforce, health financing and access to quality-assured health products substantially improved. 3.3. Health information systems strengthened, and digital transformation implemented.						
Objective ⁸ : (50 word limit) To provide technical input that may inform WHO's activities related to innovation, assessment and management of medical technologies (i.e., personal protective equipment, medical devices, digital health, personal data sharing, artificial intelligence) from a biomedical and clinical engineering perspective, and that may inform WHO's activities with Member States towards promoting quality health services, responding to user needs, offering maximum accessibility, safety and sustainable affordable healthcare services, according to the local needs.							
Description of the activities to be undertaken, expected deliverables, timeframe and budget. In describing the activity, please indicate how it contributes to the work of WHO. The specific role of WHO and that of the entity for each activity are described.							
Activities	Expected deliverable (add as many as needed)	Timeframe ⁹		Other entities involved in the activities ¹⁰	Budget for the activity in USD	Source of funding ¹¹	Comments
		Start	End				
1. As per WHO request and for its consideration, provide technical input that may inform WHO's activities when developing WHO's technical materials and publications on medical	Regular reports are submitted for WHO's consideration containing technical information and input on biomedical and clinical engineering with focus on best practices, lessons learned, opportunities and challenges	2025	2027	N/A	In kind	IFMBE's own resources	The provision of such technical inputs shall not create the expectation that these will

⁷ The WHO strategic objectives and WHO joint outcomes shall be filled in by the WHO DTO. Please see last page.

⁸ Indicate the objective of the collaboration and briefly describe how this collaboration will contribute to WHO's work. If the collaboration is related to a specific strategy, please indicate which one.

⁹ Indicate year of planned activity.

¹⁰ Please list Member States, intergovernmental organizations and other non-State actors involved if applicable (not individuals).

¹¹ Indicate the non-State actor's budget for the activity and additional funding from other sources (name the donor), etc. supporting this area of collaboration. WHO does not fund non-State actors in official relations.

technologies.	towards facilitating compliance with health technologies per specialized clinical interventions and clinical units, in order to inform WHO's work, as appropriate, on the development of relevant technical materials and publications on the subject matter.						be positively considered by WHO, but they would inform WHO's work in the domains concerned. WHO may use the technical inputs developed/provided by the entity on the subject matter as deemed appropriate.
2. As per WHO request and for its consideration, provide technical input that may inform WHO's activities on classification, coding and naming of hardware and software medical devices to facilitate access to digital health and medical devices.	Regular reports are submitted for WHO's consideration, containing results of fieldwork, real-world data and scoping reviews conducted for providing evidence-based technical information on nomenclature, classification and coding of medical devices, to inform WHO's work, as appropriate, on the subject matter.	2025	2027	N/A	in kind	IFMBE's own resources	Same comment as per activity above.
3. As per WHO request and for its consideration, provide technical input that may inform WHO's technical activities in the context of proposed computer	Technical briefings, reports and relevant information are submitted for WHO's consideration, regarding computer assisted maintenance systems (CMMS) for medical	2025	2027	N/A	in kind	IFMBE's own resources	Same comment as per activity above.

<p>assisted maintenance procedures, also using advanced and affordable key-enabling technologies such as AI, to improve the maintenance of medical devices.</p>	<p>devices.</p>						
<p>4. As per WHO request and for its consideration, provide technical input that may inform WHO's activities on assessment, innovation and technology management and AI medical devices.</p>	<p>Documented technical input and information are submitted for WHO's consideration, on assessment, innovation and technology management and AI medical devices, that may inform WHO's awareness raising and advocacy activities on the subject matter, as appropriate.</p>	<p>2025</p>	<p>2027</p>	<p>N/A</p>	<p>in kind</p>	<p>IFMBE's own resources</p>	<p>Same comment as per activity above.</p>
<p>5. As per WHO request and for its consideration, provide technical inputs that may inform WHO's activities when developing technical documents and materials on healthcare workforce related to Biomedical and Clinical engineers, for ensuring safe, effective and cost-effective use of medical technologies.</p>	<p>Regular reports are submitted for WHO's consideration, documenting technical inputs and information on human resources for healthcare services and organizations, particularly related to biomedical engineer, in relation to the increasing use of traditional and innovative technologies in different WHO regions, including innovative cross-cutting key enabling technologies such as AI.</p>	<p>2025</p>	<p>2027</p>	<p>N/A</p>	<p>in kind</p>	<p>IFMBE's own resources</p>	<p>Same comment as per activity above.</p>

Geographical area ¹² : <input checked="" type="checkbox"/> International <input type="checkbox"/> Regional (specify WHO regions): <input type="checkbox"/> National (specify country/ies):
If the area of collaboration was agreed with another staff member from WHO than the DTO, please provide his/her name and department: N/A
If another staff member from the non-State actor than the focal point is responsible for this area of collaboration, please provide the name and contact: Ernesto Iadanza; Leandro Pecchia; Marc Nyssen; IFMBE
Additional information if any: N/A

¹² *International*: it involves agreement to act at the country level in more than two WHO regions; or the outcome is intended to be relevant to countries worldwide (e.g. a joint publication); or it is open to all countries (e.g. workshop with participants from more than two WHO regions). *Regional*: as above, except that the activity is restricted to a specific WHO region. *National*: a product/activity/service that is relevant only to the country, for example a national workshop.

3. Area of collaboration ¹³							
WHO strategic objective(s)	5. Prevent, mitigate and prepare for risks to health from all hazards						
WHO joint outcome(s)	5.1. Risks of health emergencies from all hazards reduced and impact mitigated. 5.2. Preparedness, readiness and resilience for health emergencies enhanced.						
Objective of collaboration ¹⁴ : (50 word limit) To provide technical input that may inform WHO's activities on research, innovation, methods and tools for prevent, mitigate and prepare for emergencies, with particular focus on medical devices (including digital health and AI, PPE), from a biomedical and clinical engineering perspective.							
Description of the activities to be undertaken, expected deliverables, timeframe and budget. In describing the activity, please indicate how it contributes to the work of WHO. The specific role of WHO and that of the entity for each activity are described.							
Activities	Expected deliverable (add as many as needed)	Timeframe ¹⁵		Other entities involved in the activities ¹⁶	Budget for the activity in USD	Source of funding ¹⁷	Comments
		Start	End				
1. As per WHO request and for its consideration, provide technical inputs that may inform WHO's activities, as appropriate, when developing relevant guidance materials on methods and tools for risk of health emergencies from hazards, with particular focus on medical devices,	Regular reports are submitted for WHO's consideration, documenting results of fieldwork, real-world data and scoping reviews conducted for providing evidence-based technical information on technologies for infection prevention and control, vector control, WASH (i.e., Water, Sanitation and Hygiene) for All, and measures to prevent zoonotic	2025	2027	N/A	in kind	IFMBE's own resources	The provision of such technical inputs shall not create the expectation that these will be positively considered by WHO, but they would inform

¹³ The WHO strategic objectives and WHO joint outcomes shall be filled in by the WHO DTO. Please see last page.

¹⁴ Indicate the objective of the collaboration and briefly describe how this collaboration will contribute to WHO's work. If the collaboration is related to a specific strategy, please indicate which one.

¹⁵ Indicate year of planned activity.

¹⁶ Please list Member States, intergovernmental organizations and other non-State actors involved if applicable (not individuals).

¹⁷ Indicate the non-State actor's budget for the activity and additional funding from other sources (name the donor), etc. supporting this area of collaboration. WHO does not fund non-State actors in official relations.

including AI, PPE, as appropriate.	spillovers – thereby emphasizing a One Health approach. This includes medical devices (including AI), PPE, and means for risk reductions (e.g., smart vector traps, long-lasting insecticidal treated nets), technologies for genetic manipulations (e.g., Wolbachia genetic engineering), innovative sensors for affordable and sustainable diagnostics and point of care.						WHO’s work in the domains concerned. WHO may use the technical inputs developed/provided by the entity on the subject matter as deemed appropriate.
2. As per WHO request and for its consideration, provide technical inputs that may inform WHO activities, as appropriate, when developing relevant guidance materials on methods and tools for enhancing preparedness, readiness & resilience, with particular focus on medical devices (including AI), and PPE.	Regular reports are submitted for WHO’s consideration, documenting results of fieldwork, real-world data and scoping review conducted for providing evidence-based technical information on technologies for enhancing preparedness, readiness & resilience. This includes medical devices (including AI), and PPE.	2025	2027	N/A	in kind	IFMBE’s own resources	Same comment as per activity above.
Geographical area¹⁸: <input checked="" type="checkbox"/> International <input type="checkbox"/> Regional (specify WHO regions): <input type="checkbox"/> National (specify country/ies):							

¹⁸*International*: it involves agreement to act at the country level in more than two WHO regions; or the outcome is intended to be relevant to countries worldwide (e.g. a joint publication); or it is open to all countries (e.g. workshop with participants from more than two WHO regions). *Regional*: as above, except that the activity is restricted to a specific WHO region. *National*: a product/activity/service that is relevant only to the country, for example a national workshop.

If the area of collaboration was agreed with another staff member from WHO than the DTO, please provide his/her name and department: N/A
If another staff member from the non-State actor than the focal point is responsible for this area of collaboration, please provide the name and contact: Ernesto Iadanza; Leandro Pecchia; IFMBE
Additional information if any: N/A

4. Area of collaboration ¹⁹							
WHO strategic objective(s)	6. Rapidly detect and sustain an effective response to all health emergencies						
WHO joint outcome(s)	6.1. Detection of and response to acute public health threats is rapid and effective. 6.2. Access to essential health services during emergencies is sustained and equitable.						
Objective of collaboration ²⁰ : (50 word limit) To provide technical input that may inform WHO's activities towards increasing effectiveness and rapidity of detection and response to acute public health threats and sustained and equitable access to essential health services during emergencies, from a biomedical and clinical engineering perspective.							
Description of the activities to be undertaken, expected deliverables, timeframe and budget. In describing the activity, please indicate how it contributes to the work of WHO. The specific role of WHO and that of the entity for each activity are described.							
Activities	Expected deliverable (add as many as needed)	Timeframe ²¹		Other entities involved in the	Budget for the activity in USD	Source of funding ²³	Comments
		Start	End				

¹⁹ The WHO strategic objectives and WHO joint outcomes shall be filled in by the WHO DTO. Please see last page.

²⁰ Indicate the objective of the collaboration and briefly describe how this collaboration will contribute to WHO's work. If the collaboration is related to a specific strategy, please indicate which one.

²¹ Indicate year of planned activity.

²³ Indicate the non-State actor's budget for the activity and additional funding from other sources (name the donor), etc. supporting this area of collaboration. WHO does not fund non-State actors in official relations.

				activities ²²			
1. As per WHO request and for its consideration, provide technical inputs that may inform WHO's activities, as appropriate, when developing relevant guidance materials on methods and tools for increasing effectiveness and rapidity of detection and response to acute public health threats, with particular focus on contributions made by innovative medical devices, including AI and PPE.	Regular reports are submitted for WHO's consideration, documenting results of fieldwork, real-world data and scoping reviews conducted for providing evidence-based technical information on novel methods and tools for enhancing effectiveness and rapidity of detection & response to acute public health threats. This includes innovative medical devices, PPE, and methods for reorganize detection and response at national, regional and global level using affordable technologies.	2025	2027	N/A	in kind	IFMBE's own resources	The provision of such technical inputs shall not create the expectation that these will be positively considered by WHO, but they would inform WHO's work in the domains concerned. WHO may use the technical inputs developed/provided by the entity on the subject matter as deemed appropriate.
2. As per WHO request, provide technical inputs that may inform WHO's activities, as appropriate, when developing guidance materials on methods and tools for increasing	Regular reports are submitted for WHO's consideration, documenting results of fieldwork, real-world data and scoping reviews conducted for providing evidence-based technical information on	2025	2027	N/A	in kind	IFMBE's own resources	Same comment as per activity above.

²² Please list Member States, intergovernmental organizations and other non-State actors involved if applicable (not individuals).

<p>sustained and equitable access to essential health services during emergencies, with particular focus on contributions made by innovative medical devices, including AI, PPE and devices for drug delivery and storing.</p>	<p>novel methods and tools for enhancing sustained and equitable access to essential health services during emergencies. This includes innovative medical devices, PPE, and methods based on innovative and affordable technologies adoptable at national, regional and global level.</p>						
<p>Geographical area²⁴:</p> <p><input checked="" type="checkbox"/> International</p> <p><input type="checkbox"/> Regional (specify WHO regions):</p> <p><input type="checkbox"/> National (specify country/ies):</p>							
<p>If the area of collaboration was agreed with another staff member from WHO than the DTO, please provide his/her name and department:</p> <p>N/A</p>							
<p>If another staff member from the non-State actor than the focal point is responsible for this area of collaboration, please provide the name and contact:</p> <p>Leandro Pecchia, IFMBE</p>							
<p>Additional information if any:</p> <p>N/A</p>							

²⁴*International*: it involves agreement to act at the country level in more than two WHO regions; or the outcome is intended to be relevant to countries worldwide (e.g. a joint publication); or it is open to all countries (e.g. workshop with participants from more than two WHO regions). *Regional*: as above, except that the activity is restricted to a specific WHO region. *National*: a product/activity/service that is relevant only to the country, for example a national workshop.

Annex: “WHO strategic objectives” and “WHO joint outcomes”, in line with the General Programme of Work and current Programme Budget (GPW-14)

Strategic objective 1: Respond to climate change, an escalating health threat in the 21st century.

- **Joint outcome 1.1.** More climate-resilient health systems are addressing health risks and impacts.
- **Joint outcome 1.2.** Lower-carbon health systems and societies are contributing to health and well-being.

Strategic objective 2: Address health determinants and the root causes of ill health in key policies across sectors.

- **Joint outcome 2.1.** Health inequities reduced by acting on social, economic, environmental and other determinants of health.
- **Joint outcome 2.2.** Priority risk factors for noncommunicable and communicable diseases, violence and injury, and poor nutrition, reduced through multisectoral approaches.
- **Joint outcome 2.3.** Populations empowered to control their health through health promotion programmes and community involvement in decision-making.

Strategic objective 3: Advance the primary health care approach and essential health system capacities for universal health coverage.

- **Joint outcome 3.1.** The primary health care approach renewed and strengthened to accelerate universal health coverage.
- **Joint outcome 3.2.** Health and care workforce, health financing and access to quality-assured health products substantially improved.
- **Joint outcome 3.3.** Health information systems strengthened and digital transformation implemented.

Strategic objective 4: Improve health service coverage and financial protection to address inequity and gender inequalities.

- **Joint outcome 4.1.** Equity in access to quality services improved for noncommunicable diseases, mental health conditions and communicable diseases, while addressing antimicrobial resistance.
- **Joint outcome 4.2.** Equity in access to sexual, reproductive, maternal, newborn, child, adolescent and older person health and nutrition services and immunization coverage improved.
- **Joint outcome 4.3.** Financial protection improved by reducing financial barriers and out-of-pocket health expenditures, especially for the most vulnerable.

Strategic objective 5: Prevent, mitigate and prepare for risks to health from all hazards.

- **Joint outcome 5.1.** Risks of health emergencies from all hazards reduced and impact mitigated.
- **Joint outcome 5.2.** Preparedness, readiness and resilience for health emergencies enhanced.

Strategic objective 6: Rapidly detect and sustain an effective response to all health emergencies.

- **Joint outcome 6.1.** Detection of and response to acute public health threats is rapid and effective.
- **Joint outcome 6.2.** Access to essential health services during emergencies is sustained and equitable.
