Terms of Reference of the pan-European Mental Health Coalition
of the WHO European Region – amended, January 2023

These Terms of Reference (ToRs) apply to the pan-European Mental Health Coalition (hereinafter, “the Coalition”), established in 2022 and provide the framework for collaboration between the World Health Organization (“WHO”) Regional Office for Europe and the members, supporters and observers of the Coalition for supporting the delivery of improvements to mental health systems laid out in the WHO European Framework for Action on Mental Health 2021–2025 (EFAMH).

I. Context

Resolution EUR/RC71/R5 on the WHO European Framework for Action on Mental Health 2021–2025, which was adopted by the 71st Regional Committee for Europe on 14 September 2021, recognizes that mental health is a vital element of individual and collective well-being. The COVID-19 pandemic has presented an unprecedented challenge to the mental health of all people everywhere by creating a host of adverse living, working and economic conditions; highlighting social inequalities; and stoking violence and conflict. Even before the pandemic, mental health conditions were one of the leading causes of suffering and disability in the WHO European Region, touching all ages and social groups – nearly 16% of the population of the Region had a mental health or substance use condition, a fraction of which actually received treatment or care. Added to this is a near-ubiquitous stigma and violation of the human rights of those with mental health conditions.

In the wake of the pandemic, the Region has seen, among others, a surge in diseases of despair, a rise of burnout among health and care workers, and an overall exacerbation of the mental health treatment gap. Through its disruption of health care services, the pandemic highlighted pre-existing inequalities in access to quality mental health care and illustrated the inadequacy of mental health care systems for addressing needs at the population level, whether it be in treating those with mental health conditions or in implementing preventative interventions that build resilience and well-being. The war in Ukraine and increased cost of living for the European population were additional tremendous challenges for the mental health that 2022 brought to the reality.

There is now an opportunity for the WHO European Region to face this mental health crisis head on. In pursuing its core priorities, the European Programme of Work, 2020–2025 – “United Action for Better
Health in Europe” (EPW) identified mental health as one of its four flagship initiatives. The core strategic priorities of this flagship initiative are laid out in the WHO European Framework for Action on Mental Health 2021–2025 (EFAMH). The Coalition serves as a key vehicle for implementing priorities and objectives of the EFAMH.

II. Purpose and objectives of the Coalition

The purpose of the Coalition is to support the implementation of the strategic priorities of the EFAMH:

a. Mental health service transformation: leadership packages, strengthening mental health service delivery, attracting and retaining an adequate mental health workforce, increasing funding in mental health services, and provision of digital technologies aimed at the prevention and management of mental health conditions.

b. Integration of mental health into the preparedness for, response to, and recovery from crises and emergencies: policy and technical actions that include, but are not limited to, including mental health and psychosocial support as an integral and cross-cutting aspect of public health emergency responses and capacity-building for community-based mental health care and support.

c. Mental health promotion and protection over the life course: advocacy packages for vulnerable populations (children, adolescents, young people and older adults); increasing mental health literacy via advocacy and communication tools to reduce stigma and discrimination; developing programmes that support mental health in the workplace; and taking actions to prevent self-harm and suicide.

III. Status

The Coalition was established by WHO. The Secretariat is provided by the WHO Division of Country Health Policies and Systems. The Coalition is a WHO collaborative mechanism for enhanced coordination among relevant stakeholders in implementing the EFAMH. The Coalition is not a legal entity. It operates through members’ commitment to achieve the shared purpose and to be consulted on the delivery, dissemination and implementation of work packages outlined in these ToRs. The activities and operations of the Coalition shall be administered by WHO in accordance with the WHO Constitution, the WHO European Programme of Work and applicable WHO policies, rules, regulations, procedures and practices, including the WHO Framework on Engagement with Non-State Actors (FENSA).

The Coalition will only operate within and in accordance with these ToRs. Recommendations and proposals by the Coalition are non-binding on WHO and other members of the Coalition and are only intended to serve as resources to inform policy dialogues, technical actions and emerging collaboration in the area of mental health. Each member of the Coalition is responsible for implementing recommendations and activities subject to and in accordance with its own mandate, internal rules, regulations, procedures and priorities.

IV. Areas of collaboration

During the period of 2021–2025, the Coalition’s work will focus on six work packages aligned with the strategic priorities of the EFAMH. Work package materials (as defined below) will be developed by WHO with relevant inputs from the Coalition’s members. The form and type of inputs will be based on the type of organization (see section VI) and their area of work. The Coalition’s members will be asked to

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1 As per resolution of WHA 69: https://apps.who.int/gb/ebwha/pdf_files/wha69/a69_r10-en.pdf
disseminate and implement work package materials in their respective contexts, based on need, opportunity and availability of resources.

The work packages are as follows:

a. **Develop a mental health leadership package**: Leadership training and capacity-building materials will be developed, including online/in-person training courses, masterclasses, webinars and handbooks aimed at policy-makers from relevant sectors, mental health service providers, civil society, self-advocacy organizations, etc.

b. **Support the mental health and well-being of children, adolescents and young people**: The Coalition will aim to build comprehensive support for the mental health and well-being of children, adolescents and young people through advocacy, suicide prevention initiatives, mental health literacy tools and quality standards for mental health care of children, adolescents and young people.

c. **Support the mental health and well-being of older adults**: Areas of focus include strengthening healthy ageing initiatives and dementia prevention and care through engagement of community resources; alignment with the goals of the UN Decade of Healthy Ageing; and partnerships with existing networks such as Healthy Cities and Regions for Health Network.

d. **Support the promotion of mental health in the workplace**: The Coalition’s members will support the development and implementation of efforts to promote mental health and well-being in the workplace, including policies that support new working modalities, mental health literacy toolkits, stress management programmes and substance use prevention programmes.

e. **Support integration of Mental Health and Psychosocial support (MHPSS) into National Emergency Preparedness Response and Recovery plans (EPRR)**: The Coalition will support Member States in the accrual, evaluation and application of empirical evidence with the purpose of the integration of mental health into emergency preparedness, response and recovery.

f. **Support countries in transforming mental health services**: Continuing the work done by WHO and Member States, the Coalition will aim for the scaling up of existing efforts to integrate mental health into primary healthcare (e.g. mhGAP), promote deinstitutionalization, train and support the mental health workforce and adopt a human rights- and person-centred approach to mental health services based in the community (e.g. WHO QualityRights).

Mental Health Data as a cross-cutting dimension is being tackled across all work packages.

**V. Guiding Principles of the Coalition**

The work of the Coalition will be conducted in a manner that is objective and impartial, without favour to any Coalition member or other party, and that avoids actual or apparent conflicts of interest, unfounded bias or improper influence of stakeholders.

The work of the Coalition will be informed by the latest scientific evidence and based on good practices.

In recognition of the importance of respecting, protecting and fulfilling the human rights of mental health service users, the Coalition will be faithful to the provisions of the relevant international human rights instruments, notably the UN Convention on the Rights of Persons with Disabilities (UNCRPD) and the UN Convention on the Rights of the Child.
The sharing and use of confidential and/or proprietary information in connection with the execution of the working packages will be subject to Coalition participants obtaining the prior written consent of the owner(s) of such information. Members, supporters and observers of the Coalition need to sign a Confidentiality Undertaking (see Annex I).

VI. Composition

1. Entities eligible to become members of the Coalition
   a. Governmental organizations, including National Technical Focal Points for Mental Health appointed by Member States of the WHO European Region, senior representatives of WHO Member States and parliaments, to stimulate in-country and cross-country knowledge exchange and leadership development.
   b. Intergovernmental organizations, including the United Nations and its specialized agencies and the European Union, to promote synergetic action and innovation for mental health towards the common objective of achieving the UN Sustainable Development Goals.
   c. WHO Collaborating Centres for mental health, to contribute in accordance with their respective ToRs.
   d. Non-State actors – non-governmental organizations, philanthropic foundations, international business associations and academic institutions – to provide expertise and specific inputs required for the execution of the above working packages.

2. Supporters
   WHO may designate individuals as supporters to promote, disseminate and advocate for the Coalition’s work in their respective local contexts in accordance with WHO policies and procedures, including the conduct of due diligence following submission of a Declaration of Interest form to the WHO Secretariat (as described under Section III).

3. Observers
   Private sector entities that are interested may be invited by the WHO Secretariat (as described under Section III) to exchange information relevant to the implementation of the strategic priorities of the EFAMH, subject to WHO’s FENSA.

4. Application criteria for participation in the Coalition
   The following general and specific criteria must be cumulatively met by those participating in the Coalition as members, supporters and observers.
   a. General criteria
      In order to participate in the Coalition, each entity/individual must (i) fall within one of the eligible categories set forth above; and (ii) fulfil the following general application criteria:
      • demonstrate a clear commitment to advancing public health;

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22 The categories of non-State actors follow the WHO’s Framework for Engagement with Non-State Actors (FENSA)
• agree to these ToRs and its Annexes (including, but not limited to, the Confidentiality Undertaking attached hereto), and any future amendments;
• commit to provide ongoing support to the Coalition’s activities; and
• if applicable, nominate focal person(s) for matters relating to the Coalition and its activities.

b. Specific criteria

In addition to the aforementioned general criteria, eligible entities/individuals must also fulfil the following technical criteria:

• demonstrated adherence to and compliance with relevant international technical norms and standards, especially those established by WHO; and
• demonstrated engagement in activities relevant to mental health.

c. Eligibility criteria for non-State actors

Participation of non-State actors in the Coalition will be subject to the WHO’s FENSA, which includes the conduct of due diligence and risk assessment before any such engagement. The acceptance of non-State actors as participants of the Coalition is guided by the following principles. The non-State actor should:

• demonstrate a clear benefit to public health;
• adhere to WHO’s Constitution, rules and procedures including but not limited to the overarching principles contained in FENSA;
• respect the intergovernmental nature of WHO and the decision-making authority of Member States as set out in the WHO’s Constitution;
• support and enhance, without compromising, the scientific and evidence-based approach that underpins WHO’s work;
• not compromise WHO’s integrity, independence, credibility and reputation;
• not engage with the tobacco industry nor with non-State actors that work to further the interests of the tobacco industry; and
• not engage with the arms industry.

Interested non-State actors must be an entity, not an individual, and are required to provide the WHO Secretariat (as described under Section III) with information on their organization, including signing the tobacco-arms disclosure statement. Acceptance of non-State actors will be subject to the conduct of due diligence and risk assessment in accordance with the provisions of the WHO’s FENSA.

Participants should be free from actual, potential or apparent conflict of interest. To this end, proposed participants are required to complete a declaration of interest form and their acceptance is subject to the evaluation of completed forms by the WHO, determining that their participation would not give rise to a real or perceived conflict of interest.

VII. Information exchange

The members of the Coalition may utilize face-to-face or on-line meetings and electronic communication methods for the exchange of information related to the work of the Coalition. The need for face-to-face or on-line meetings of the Coalition will be determined and coordinated by the WHO Secretariat (as described under Section III) that will, in its discretion, convene such meetings and develop the related meeting agenda.
VIII. Confidentiality

A Confidentiality Undertaking with WHO must be signed by each Coalition member, supporter and observer as a condition to participation/involvement in the Coalition (see Annex I).

Without limiting or prejudicing the terms and conditions of the Confidentiality Undertaking, each member of the Coalition agrees to:

a. maintain the confidentiality of (and refrain from disclosing to any third parties) any confidential information and materials shared by or on behalf of WHO and/or any Coalition participant, except when expressly indicated otherwise in writing by WHO; and

b. maintain the confidentiality of (and refrain from disclosing to any third parties) any views or opinions expressed by WHO and/or any Coalition participant, as well as of any deliberations and discussions held in the context of the Coalition or any of its activities, except when expressly indicated otherwise in writing by WHO.

IX. Financing of the Coalition

Each Coalition participant shall be responsible for covering all costs and expenses relating to its participation in the Coalition work and activities, including but not limited to, travel and subsistence expenses in connection with attendance at meetings. When possible and at its sole discretion, WHO may provide financial support to Coalition participants for specific Coalition activities. The above does not prejudice or preclude separate funding arrangements, if any, entered into between WHO and Coalition participants.

Subject to the availability of sufficient financial resources for this purpose, the day-to-day routine operations of the WHO Secretariat (as described under Section III) will be financed by WHO.

WHO may also, in its sole discretion, seek to raise funds or accept financial and/or in-kind contributions from external sources to support Coalition activities, in accordance with WHO’s rules, regulations, policies, procedures and practices.

X. Publications and deliverables

As a general rule, and subject to its discretion, WHO shall be responsible for issuing publications and other materials (including without limitation the work packages defined in section IV as well as communication outputs and meeting/event reports) about the Coalition’s activities (“Coalition Materials”). For the avoidance of doubt, publication and dissemination of Coalition Materials will only be made by WHO, or by a Coalition member as decided by WHO on a case-by-case basis. Copyright in any Coalition Materials prepared or commissioned by WHO shall be vested in WHO. This also applies if the work is issued by WHO as a compilation of works by Coalition members or is otherwise work prepared with input from one or more Coalition members.

Subject to the proprietary rights of WHO and subject to WHO’s prior approval as per the foregoing paragraph, any Coalition member (the “publishing party”) may prepare and issue publications relating to the activities of the Coalition, provided that WHO has been given the opportunity to comment on the content before publication, which comments shall be given due and good faith consideration by the publishing party.

The publishing party shall have the right to claim copyright of any publication as a whole issued by it as part of Coalition activities. The copyright of any contribution made to the publication by WHO will be...
retained by WHO with a non-exclusive, sublicensable, worldwide, royalty-free licence to the publishing party to deal with the contribution for all purposes, in all manners and in all formats, as part of the publication. WHO will be appropriately acknowledged in the publication. The wording of the acknowledgement shall be agreed between the parties.

WHO publishes all its publications under the WHO open access policy using the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO (CC BY-NC-SA 3.0 IGO) licence, which permits free reuse of WHO publications for non-commercial purposes. When authorized by WHO, any publication issued by a Coalition member shall be published under a similar open access licence.

No publication or other work resulting from the Coalition activities shall contain commercial advertising or be used for the promotion of any commercial product or service.

Any publication about Coalition activities issued by a Coalition member other than WHO is to contain appropriate disclaimers as decided by WHO, including that the content does not necessarily reflect the views or stated policy of the members (including WHO, acting as the Secretariat for the Coalition).

For the avoidance of doubt, WHO shall be vested with a non-exclusive, worldwide, royalty-free and sublicensable license to use, reproduce, synthesize, adapt, publish and disseminate in whatever format – paper, electronic or otherwise – and in whatever manner WHO may deem appropriate for public health purposes, the work produced by each Coalition member within the context and work of the Coalition.

XI. Public communications

As a general rule and subject to its discretion, WHO shall be responsible for issuing all public communications relating to the Coalition’s work and activities. In this regard, Coalition members shall not make or issue any public statements/materials or press releases concerning the Coalition, its work or any of its activities, or on behalf of WHO, unless specifically requested or authorized to do so in writing by WHO.

The contributions to the Coalition made by its members will be acknowledged by WHO in accordance with its applicable rules, regulations and procedures.

XII. Use of the names and emblems

If applicable, the use of the Coalition’s name and logo is restricted to WHO and/or Coalition members, but only with prior express written approval of WHO.

Coalition members, supporters and observers shall not use the name, acronym or emblem of WHO in any manner and for any purpose, without prior written consent of WHO. This includes, inter alia, the display of the WHO logo and name on any premises, equipment, as well as on any communication and/or training materials, training certificates, social media tools or publications.

XIII. Liability

Under no circumstances shall WHO assume any liability for acts carried out by Coalition members, regardless of whether such acts were carried out in the name of the Coalition. Furthermore, WHO, at its sole discretion, may refrain from implementing any decision of the Coalition if, in the view of WHO, such a decision gives rise to undue financial, legal or reputational liability, or is contrary to WHO rules, regulations, administrative practices and programmatic and policies.
XIV. Termination of participation in the Coalition

Any participant may terminate its involvement in the Coalition by providing 3 months written notice to WHO. In addition, WHO, in its sole discretion, may terminate the participation in the Coalition of any participant by providing three months written notice. Upon the issuance of a termination notice by either party, WHO and the Coalition participant will work collaboratively and in good faith to bring to orderly conclusion any ongoing activities by the termination date. The provisions of the ToRs which are, by their nature, intended to survive termination of participation in the Coalition will do so indefinitely.

XV. Termination of the Coalition

The Coalition is expected to terminate by 31 December 2025, and the term of its members, supporters and observers, as applicable, shall end at such date.

WHO may terminate early the activities of the Coalition at any time upon providing the participants at least sixty (60) days’ prior written notice. Upon the issuance of such written notice, WHO and the participants of the Coalition will work collaboratively and in good faith to wind down and conclude the activities of the Coalition by the termination date.

Notwithstanding the termination of the Coalition’s activities, the provisions of these Terms of Reference which are, by their nature, intended to survive such termination will do so indefinitely.

XVI. Amendments

These ToRs may be amended by WHO, and all Coalition participants shall be informed of such changes. Continuing participation in the Coalition entails acceptance of the amended ToRs.

XVII. Methods of work

The Coalition supports and contributes to the process of achieving the purpose and objectives of the EFAMH by supporting activities in all areas of collaboration. The work of the Coalition will be coordinated by the WHO Secretariat (as described under Section III), with input from the Coalition’s participants.

Within the Coalition, working groups are established to provide input on the work packages. Additionally, ad hoc working groups may be created by WHO to address specific issues as needed. The EFAMH serves as the policy document of the Coalition. Responsibility for the execution of the strategic priorities of the EFAMH rests on WHO.
Annex I – Confidentiality Undertaking

[Set forth in the next page]
CONFIDENTIALITY UNDERTAKING

1. The World Health Organization Regional Office for Europe (WHO/Europe) has established a WHO collaborative mechanism for enhanced coordination among relevant stakeholders in implementing the strategic priorities of the European Framework for Action on Mental Health 2021–2025, called the “Pan-European Mental Health Coalition” (hereinafter, the “Coalition”).

2. In connection with the Coalition, members, supporters and observers may gain access to confidential and/or proprietary information, documents and other materials which are disclosed by WHO and/or other third parties collaborating in the Coalition (including, without limitation, members, supporters and observers) and which are clearly stated or marked by such disclosing party(ies) to be confidential (collectively, "Confidential Information"). To safeguard the confidentiality of such Confidential Information, each participant, in the Coalition (including, without limitation, the Undersigned) is required to sign the Undertaking set forth in this document.

3. The Undersigned hereby undertakes to treat the Confidential Information as confidential and proprietary to WHO and/or third parties collaborating in the Coalition, and to use the Confidential Information solely for the purposes of carrying out the activities, meetings and recommendations of the Coalition at the regional and/or country levels (collectively, the "Purpose"), and no other purpose. The Undersigned also agrees to take all reasonable measures to ensure that Confidential Information is not used, copied, disclosed or otherwise transmitted, whether in whole or in part, by or on behalf of the Undersigned to any third parties; except for third parties who have a need to know the Confidential Information for the Purpose and who are bound by obligations of confidentiality and restrictions on use which are substantially similar to those contained in this Undertaking.

4. The Undersigned shall not be bound by any confidentiality obligations or restrictions on use contained herein if and to the extent that the Undersigned is clearly able to demonstrate that the Confidential Information: (a) was known to the Undersigned prior to its disclosure to by WHO or any third parties collaborating in the Coalition; or (b) was in the public domain at the time of disclosure to the Undersigned by WHO or any third party collaborating in the Coalition; or (c) becomes part of the public domain through no fault of the Undersigned; or (d) becomes available to the Undersigned from a third party not in breach of any legal obligations of confidentiality or restrictions on use.
5. The Undersigned undertakes not to communicate any of the materials, discussions, outputs, results or recommendations of the Coalition or any of its governing bodies or working groups to any third parties, except as authorized in writing by WHO.

6. Upon WHO’s request, the Undersigned shall promptly return to WHO or third parties collaborating with the Coalition, as applicable, any and all copies of their respective Confidential Information which are then in the Undersigned's possession or control.

7. The obligations of the Undersigned pursuant to this Undertaking shall survive the termination of the Undersigned’s participation in the Coalition.

8. Any dispute relating to the interpretation or application of this Undertaking shall, unless amicably settled, be subject to a conciliation. In the event of failure of the latter, the dispute shall be settled by arbitration. The arbitration shall be conducted in accordance with the modalities to be agreed upon by the parties or, in the absence of agreement, with the rules of arbitration of the International Chamber of Commerce. The parties shall accept the arbitral award as final.

9. Nothing contained in or relating to this Undertaking shall be deemed or construed as a waiver of any of the privileges and immunities enjoyed by WHO, or as submitting WHO to any national court jurisdiction.

Agreed to and accepted by the Undersigned as of the date set forth below.

FOR AND ON BEHALF OF

[INSERT FULL NAME OF ENTITY]

Signature: _______________________
Name: _______________________
Title: _______________________
Date: _______________________

Annex II - Application process

Process of application for membership in the Coalition:

1. Parties interested in participating in the Coalition must send an email to EUROMHC@who.int and must clearly indicate that such interested party wishes to become a participant of the Coalition. WHO may also send announcements to third parties whom WHO is aware would be interested in becoming participants in the Coalition; provided, however, that any such announcement shall not be construed as WHO granting the recipient thereof any right, benefit or advantage, including with respect to the Coalition’s application process.

2. Following receipt of the initial application, WHO will perform a preliminary screening to determine whether the applicant meets the eligibility criteria set out in the TORs for participation in the Coalition. Intergovernmental organizations, including the United Nations and its specialized agencies and the European Union, governmental organizations (as defined in the TORs) and WHO Collaborating Centres for mental health need only to inform the WHO Secretariat (as described under Section III) to be considered members of the Coalition. Non-State actors, including as observers (as defined in the TORs), will be subject to the full application process as described below.

3. Should the application pass this screening step under 2 above, WHO will provide the applicant with a copy of the Coalition ToRs (including, but not limited to, the Confidentiality Undertaking contained in Annex I thereto), as well as a more detailed application form (together with the list of the additional information and documentation concerning the application which WHO requires in order to assess the application).

For an application to be considered, non-State actors will be required to submit adequate information and documentation regarding its legal status, membership, mandate, aims and objectives, sources of funding (including list of donors and sponsors) as well as a summary of its activities (nature and scope) as they relate to the criteria to become a participant of the Coalition. Non-State actors will be required to sign the tobacco-arms disclosure statement.

4. Following receipt of the detailed application and all supporting materials/documentation, WHO will review the same and determine whether the applicant meets, in principle, the eligibility criteria, the general criteria and, if applicable, the specific criteria set out in Section VI of the TORs for participation in the Coalition. WHO will request further clarification from the applicant, should it be necessary to determine whether any such criteria are met.

5. Following review of the applications, WHO will determine whether an applicant will be formally accepted to join the Coalition as a participant, and will inform successful applicants of the same in writing. Contextually, WHO, at his own discretion, will also assign the successful applicant to one of three categories of the Coalition (member, supporter or observer). For the avoidance of doubt, WHO will retain the final decision on whether or not any applicant meets the eligibility criteria and the application criteria required for participation in the Coalition, and/or is formally accepted to join the Coalition as a member, supporter or observer. WHO’s decisions concerning the foregoing are not open to appeal.

As a condition precedent to their participation in the Coalition, successful applicants will be required to agree to, sign and return to WHO a copy of the Confidentiality Undertaking attached as Annex I thereto. By submitting a detailed application, each applicant, once accepted to join the Coalition as a member, supporter or observer, is deemed to agree to the terms of the ToRs.