



PRENATAL SCIENCES GLOBAL CONGRESS PARTNERSHIP  
<https://www.prenatalsciencespartnership.org>  
email:ppgcongress@gmail.com

*We Are All  
Connected*  
5-9 OCT 2022, ONLINE

## Memorandum of Understanding

February 2022

### Memorandum of Understanding

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Subject: **Memorandum of Understanding for the implementation of the Prenatal Sciences Global Congress titled *Prenatal Sciences, Human-Earth Connection and Life Sustainability*, including the pre/post congress or ongoing activities. Establishment of the Prenatal Sciences Partnership.**

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The establishment of the Prenatal Sciences Partnership aim to globally promote the visions and missions within the field of Prenatal Sciences as described in this memorandum for optimal outcomes .

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## Memorandum of Understanding

### **MEMORANDUM OF UNDERSTANDING**

For the implementation of

1. the online global congress titled

**Prenatal Sciences, Human-Earth Connection & Life Sustainability  
Including pre/post congress or ongoing activities**

and 2. The establishment of the

**Prenatal Sciences Partnership**

The Member Organizations and/or the legally abiding representatives signing this document, accept the present Memorandum of Understanding (MoU) and wish to undertake joint activities of mutual interest and declare their common intention to participate in the tasks/ projects referred to above and described in the Technical Annex of this MoU.

The Action will be carried out in accordance with the set of the Technical Annex (Annex 1), or any new document amending or replacing them together with the following documents:

<https://www.prenatalsciencespartnership.org>, email: [ppgcongress@gmail.com](mailto:ppgcongress@gmail.com)



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- a. "Growth, Management, Monitoring and Final Assessment" (Annex 2);
- b. "Participation in the Partnership" (Annex 3);

The main aim and objective of the partnership is to advance, consolidate and disseminate evidence within Prenatal Sciences by seeking ways to promote healthy beginnings for all human beings, maximize quality of life prospects for all, resolve pre/perinatal traumas to free human potential, sensitize different professional communities as to the impact of the primal period for the rest of our life as children and adults, inform communities of interest such as parental groups and families all over but also scientific and research communities as to the significance of the pre/ perinatal early postnatal period, to optimize human-earth connection, to support life sustainability, promote peaceful global relationships, and advance civilization honoring differences and integrating them to maximize understanding and finally to accelerate the translation of knowledge into best practices that can be shared across the globe. This will be achieved through the specific objectives detailed in the Technical Annex.

The economic dimension of each of the activities carried out under the Partnership will be individually estimated on the basis of information available during the planning of this activity and then the cost will be covered by the member organizations on a shared basis if needed.

The MoU will enter into force once at least five (5) Member Countries and/or organizations have accepted it, and the corresponding Management Committee Members have been appointed, as described in Annex 4.

The Partnership will start from the date of the first Elected Management Committee meeting and shall be implemented for a period of four (4) years, unless an extension is approved following the procedure described in Annex 4. All previous works for the exploration and preparation of this partnership will be on the agenda for the 1st Management Committee Meeting and approved as necessary procedures that led to this MoU

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# Memorandum of Understanding

## **TECHNICAL ANNEX**

### **OVERVIEW**

#### **Summary**

Pre/**perinatal experiences are** significant for the health, relationships and quality of life after birth, during infancy, childhood and adulthood affecting all human life from birth to death. This impact is further reflected on the micro, meso and macrosystem each one of us exists. The interlinkage, interdependence and interconnection of all entities and their environments on a continuous basis interact leading to changes that are passed down from one generation to the next and the next. Despite the fact that in the modern years there have already been 100 years of clinical observations, research and published evidence as to such lifelong impact, the pre/perinatal/birth **trauma** is slow to be recognized and be integrated in the existing body of knowledge.

At the same time more and more evidence is now available as to the impact of the birthing experience of the woman who gives birth to her child and how it affects the rest of her life and that of the whole family and dictate the child-parent relationship. Evidence suggests up to 30% of women describe their birth experience as traumatic and experience some symptoms of intrusion, avoidance or hyper-arousal. Meta-analyses show post-traumatic stress disorder (PTSD) affects 4% of women after birth and up to 18% of women in high risk groups.

Given the enormous psycho-socio-economic burden it places on women, mothers/fathers or partners, health systems, and particularly children, relatively small improvements in services to amend the situation and introduce health advancement practices can benefit society significantly.

**The main aim of this Partnership is two-fold.** The Partnership will establish an international multidisciplinary network of organizations involved in prenatal sciences, researchers, clinicians, NGOs and SMEs to:

A) consolidate and disseminate current evidence and coordinate a joint effort to seek ways to:

1. sensitize professional, academic and community bodies as to the significance of the prenatal sciences and the pre/ perinatal human experience of each one of us for the rest of our life,
2. advocate about the need for introducing health advancement practices and/ or behaviors on a personal and collective level to honor the sustainability of life in general and human life specifically, advance human-earth connection as well as human-human

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relationship and parent-(un)born child relationship in healthy ways that promote peace, civilization and also somatopsychological/ mental health.

3. Educate different professional bodies on skills that can resolve pre/perinatal/birth-related trauma and PTSD or how to adopt professional cultures that support healthier beginnings for future generations
  4. Support professional bodies in the direction of optimizing emotional and psychological outcomes for parents and families
  5. Nurture the cross-disciplinary/ transdisciplinary and transcultural co-operation on the issue of life from pre-conception to death and the intergenerational information inheritance
  6. Support researchers and stakeholders in their efforts to create new knowledge in the field and design new services or products for different populations among which pregnant couples, newborns, children of school age, adolescents, young adults and seniors
- and B) accelerate the translation of that knowledge into best practices that can be shared across the globe to reduce the health impact and societal and economic burden arising from pre/ perinatal/ birth-related negative/traumatic experiences through:
1. Congresses, conferences, symposiums, round tables etc.
  2. Publications such as print and e-books, audio books
  3. Publications of research papers, or reviews or any other academic form
  4. Screening of films and support of documentaries
  5. Creation of digital tools eg website, educational platform etc
  6. Creation of educational modules and MOOCs for either professionals or community groups
  7. Communication tools and social media involvement
  8. Development of Toolkits and Advocacy tools

<b>Areas of Expertise Relevant for the Partnership</b>	<b>Keywords &amp; #</b>
<ul style="list-style-type: none"> <li>• Prenatal Sciences, Prenatal Psychology, Health Sciences, Health services, health care research, Medicine, Obstetrics, Sociology, Embryology, Medical / Cultural Anthropology, Life Sciences, Embryology, History, Philosophy, Literature, Pedagogy, Midwifery, Advocacy, Ecology, Humanities, Epigenetics, Genetics, Physics, Biochemistry, AI, Astrophysics</li> </ul>	<ul style="list-style-type: none"> <li>• perinatal mental health</li> <li>• pre/ perinatal/birth-related trauma</li> <li>• family systems</li> <li>• PTSD</li> <li>#prenatal #psychologist</li> <li>#Mentalhealth #Psychology</li> <li>#Psychiatrists #Obstetrics</li> <li>#Medicine #Midwifery #Doulas</li> <li>#Breastfeeding #Birth</li> </ul>

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	<p>#BirthProfessionals #socialWorkers #Nurses #Educators #Embryologists, #sustainability #ecologyMentalhealth #BirthEcology #CangarooMethod #utopicworld #idealisticWorld #fightforyourideals #humanrights #humankind #humanactivism #Sociologists, #Anthropologists, #BodyTherapists #Familytherapists #HolisticTherapies #BioenergeticTherapies #Physiotherapists, #Craniosacral therapists, #Chiropractors, #Ecologists, #NGOs</p>
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## Specific Objectives

To achieve the main objective described in this MoU, the following specific objectives shall be accomplished:

### Research Coordination

- 1) to develop a **common understanding/definition of key concepts** to inform guidelines and guide the development of future standards for prenatal sciences
- 2) to understand **the factors** that promote wellbeing, psycho-somatic and mental health and good human-earth relationships
- 3) to further develop/consolidate mechanisms/**tools for assessment and screening** vulnerable populations in the direction of health promotion
- 4) to coordinate current efforts to develop an **understanding of the relationship** between **(primal)/ early life and socio cultural environments and health**
- 5) to advance our understanding of the **manifold impact of primal experiences** and inform the **development of sustainable, cost-effective**

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**services** for measures that can empower health among vulnerable populations

- 6) to advance our understanding as how different forms of life in different kingdoms and settings show similarities and how humans can learn from other organisms/ kingdoms
- 7) to systematize existing knowledge in the field of prenatal sciences
- 8) to connect and network with other existing knowledge/ research bodies in the world focusing on similar or close to similar issues
- 9) to increase consolidation and dissemination of results to the research community, general public, stakeholders and policy makers.

### Capacity Building

- 1) To build and unify a global, multidisciplinary network of researchers and clinicians around prenatal sciences, maternity care, perinatal mental health and early childhood development using biomedical, epigenetic, socio-cultural, health-organisational, economic, and neuro-psycho-social approaches to tackle pre/ perinatal/ birth-related trauma and the emotional and psychological sequelae for human beings after birth, women, parents, infants and families as well as societies and life sustainability on the planet.
- 2) To facilitate access to a global network of researchers, clinicians and advocacy groups in the field
- 3) To provide targeted know-how for the next generation of researchers and clinicians in the field through access to the network
  - 4) To increase consolidation and dissemination to maximize translation of research into practice,
  - 5) To bridge current theory-practice gaps bringing evidence to knowledge end users
  - 6) To support the development of skills among member organizations that are new to this understanding.

## ANNEX 1: TECHNICAL ANNEX

Opportunities to make improvements in human psycho-somatic/ mental health as well as gentle, honoring parts relationships between individuals, family groups, nations and our planet can be achieved by advancing scientific knowledge in the area of pre/ perinatal/ birth-related trauma as well.

Pre/**perinatal experiences are** significant for the health, relationships and quality of life after birth, during infancy, childhood and adulthood affecting all human life from birth to death. This impact is further reflected on the micro, meso and macrosystem each one of us exists. The interlinkage, interdependence and interconnection of all entities and their environments on a continuous basis interaction leads to changes that are passed down from one generation to the next and the next. Despite the fact that in the modern years there have already been 100 years of clinical observations, research and published evidence as to such lifelong impact, the pre/ perinatal/birth **trauma** is slow to be recognized and be integrated in the recognized, existing body of knowledge.

At the same time, more and more evidence is now available as to the impact of the birthing experience of the woman who gives birth to her child and how it affects the rest of her life and that of the whole family and how this dictates the child-parent relationship. Evidence suggests up to 30% of women describe their birth experience as traumatic (pregnancy loss, stillbirth, disrespectful or unnecessary obstetric interventions, increasing statistics of C-section, violence within the familial/maternal environment, pandemic stress ...) and experience symptoms of intrusion, avoidance or hyper-arousal. Meta-analyses show post-traumatic stress disorder (PTSD) affects 4% of women after birth and up to 18% of women in high risk groups.

Given the enormous psycho-socio-economic burden it places on women, mothers/fathers or partners, health systems, and particularly children, relatively small improvements in services to amend the situation and introduce health advancement empowerment practices associated with salutogenic aims and goals such as expanding resilience and cultivating meaningfulness etc can benefit society significantly.

A lot of research remains to to be done as concerns the traumagenic role of the **birth (human/ non-human) environment**, as the **setting** (home vs hospital, persons being present and their relations) and the **cultural and organizational** (systems and structures) factors that shape the **context of birth** (models of care). Such research is likely to influence the quality and nature

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of interactions between:

- maternal environment in the bio-ecological context and the (un)born child,
- care providers,
- women and their families,
- men and women partners and their relationship quality,
- the existing values and philosophies, cultures and principles present on the personal/ collective level,
- Representations and interpretations associated to health or disease etc.

Recent research has identified those shortcomings in interactions are among the **most frequently reported causes of trauma** whilst, conversely, good communication has the **potential to positively impact on outcomes**.

Unlike trauma at other times, pre/perinatal trauma and subsequent PTSD are particularly important because of its potential impact on women and their children. Infants of women who are anxious in pregnancy are more likely to show fearful or anxious behavior and there is increasing evidence of long-term impacts on the child. Epidemiological studies show pre/perinatal PTSD is associated with poor and potentially enduring outcomes such as preterm birth, reduced breastfeeding and poor child development. Research in epigenetics, biomedicine and neuro-endocrinology helps explain possible mechanisms through which infants are affected. Variations in exposure and responses to stress have been shown to influence patterns of maternal and fetal behavior. Consequently, the **role of epigenetics, biomedicine, neuro-endocrinology, neuro-psychology and psychological processes**, related to secondary traumatization, compassion fatigue and (psychological) **intergenerational transmission of trauma** are important to the development of evidence-based interventions to maximize the quality of the lives of families affected. As the fields of epigenetics and biomedicine rapidly evolve, new understandings are emerging that suggest passing on trauma is not inevitable and that **the intergenerational cycle of transfer can be broken through timely interventions**. Adverse psychological outcomes after birth-related trauma can affect infant-mother attachment, which is linked to poor mental health for the children later in life. Strong evidence exists of the long-term impact and cost of postnatal depression, or child/ adult depression or mental diseases, violent behavior, self-destructive behavior, cancer or other fatal or life-quality limiting diseases.

Evidence on **prevention and treatment of birth-related trauma** is sparse. There are a few studies of primary prevention through antenatal stress management or counselling, with inconsistent results. Little research has

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looked at the **prenatal/perinatal/birth/ early postnatal environment** and how this can be altered to potentially mitigate against negative and traumatic experiences and how it can be empowered to potentially maximize positive outcomes. The impact of **traumatic stress on health professionals present on the scene** and its link with the triggering of their own traumatic prenatal/birth trauma must also be considered as a potential modifiable risk factor. When considering the potential psychological consequences of pre/perinatal trauma, it is important to take a transgenerational, **family-centred approach, as trauma can be transmitted within the family system, which by itself is the outcome of many family systems being brought together.** Knowledge of the relationship between these factors is critical and education of health professionals as concerns treatment is also mandatory. Perinatal mental health problems have **severe ergo-socio-economic consequences**, most of which are associated with intergenerational spillover effects on child health and on the long term emotional, cognitive and physical development. However, new understandings from **epigenetics and neuroendocrinology suggest the intergenerational transmission of trauma** is not inevitable. The societal benefits of even relatively small improvements in services can create huge positive changes for present and future generations.

On a global level, there are huge differences from country to country as to the understanding of such forces at work. Africa and Asia are still high in perinatal mortality/ morbidity and there are many parts in the world where violence takes its toll. The majority of countries have not even heard of prenatal psychology and health professionals miss the opportunity of integrating the pioneer expertise in their practices to benefit human communities. The problem grows even worse if we add the climatic changes and the ecological threats. Therefore, it is imperative that those who have discovered some knowledge and have developed tools and practices that honor human life, human-earth connection and life sustainability get together, align their skills and co-ordinate their efforts in order to awaken those who are ready, sensitize the front-liners and educate them to better serve, prioritize and **inform health policymaking** to tackle this issue the best possible way.

Such levelling of inequalities in the sphere of knowledge is especially important with the **increasing cross-border mobility of families** and the strong migration trends over the last at least ten years.

Thus, priority should be given to the potential of education and training for care providers as they interact with women and their partners in pregnancy, labor and postpartum in the development of an integrated care model to safeguard and secure that (un)born babies and their parents experience

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best beginnings and promote **respect, communication, empathy and empowerment** within the relationship between women, partners and care providers advancing cultural awareness and cultural competency. Consequently including **women as stakeholders** in this partnership ensures a bottom up approach to service improvement through the very coalitions among parents, professionals, researchers, educators, NGOs, SMEs and managers that this partnership/ network seeks to foster.

**The main aim of this Partnership is two-fold.** The Partnership will establish an international multidisciplinary network of organizations involved in prenatal sciences, researchers, clinicians, NGOs and SMEs to:

A) consolidate and disseminate current evidence and coordinate a joint effort to seek ways to:

7. sensitize professional, academic and community bodies as to the significance of the prenatal sciences and the pre/ perinatal human experience of each one of us for the rest of our life,
8. advocate about the need for introducing health advancement practices and/ or behaviors on a personal and collective level to honor the sustainability of life in general and human life specifically, advance human-earth connection as well as human-human relationship and parent-(un)born child relationship in healthy ways that promote peace, civilization and also somatopsychological/ mental health.
9. Educate different professional bodies on skills that can resolve pre/perinatal/birth-related trauma and PTSD or how to adopt professional cultures that support healthier beginnings for future generations and generate new waves of students highly motivated and well trained in the field.
10. Support professional bodies in the direction of optimizing emotional and psychological outcomes for parents and families
11. Nurture the cross-disciplinary/ transdisciplinary and transcultural co-operation on the issue of life from pre-conception to death and the intergenerational information inheritance
12. Support researchers and stakeholders in their efforts to create new knowledge in the field and design new services or products for different populations among which pregnant couples, newborns, children of school age, adolescents, young adults and seniors

and B) accelerate the translation of that knowledge into best practices that can be shared across the globe to reduce the health impact and societal and economic burden arising from pre/ perinatal/ birth-related negative/traumatic experiences through:

9. Congresses, conferences, symposiums, round tables etc.
10. Publications such as print and e-books, audio books

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11. Publications of research papers, reviews or any other academic papers, guidelines, white- papers and utilisation of data from comparable datasets for the generation of new findings.
12. Screening of films and support of documentaries
13. Creation of digital tools eg website, educational platform etc
14. Creation of educational modules and MOOCs for either professionals or community groups
15. Communication tools and social media involvement
16. Development of Toolkits and Advocacy tools

<b>Areas of Expertise Relevant for the Partnership</b>	<b>Keywords &amp; #</b>
<ul style="list-style-type: none"> <li>• Prenatal Sciences, Prenatal Psychology, Health Sciences, Health services, health care research, Medicine, Obstetrics, Sociology, Embryology, Medical / Cultural Anthropology, Life Sciences, Embryology, History, Philosophy, Literature, Pedagogy, Midwifery, Advocacy, Ecology, Humanities, Epigenetics, Genetics, Physics, Biochemistry, AI, Astrophysics</li> </ul>	<ul style="list-style-type: none"> <li>• perinatal mental health</li> <li>• pre/ perinatal/birth-related trauma</li> <li>• family systems</li> <li>• PTSD</li> </ul> <p>#prenatal #psychologist            #Mentalhealth #Psychology            #Psychiatrists #Obstetrics            #Medicine #Midwifery #Doulas            #Breastfeeding #Birth            #BirthProfessionals            #socialWorkers #Nurses            #Educators #Embryologists,            #sustainability            #ecologyMentalhealth            #BirthEcology            #CangarooMethod            #utopicworld #idealisticWorld            #fightforyourideals            #humanrights #humankind            #humanactivism            #Sociologists,            #Anthropologists,            #BodyTherapists            #Familytherapists            #HolisticTherapies            #BioenergeticTherapies            #Physiotherapists,            #Craniosacral therapists,            #Chiropractors,            #Ecologists,            #NGOs</p>

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## **Specific Objectives**

To achieve the main objective described in this MoU, the following specific objectives shall be accomplished:

### **Community/ professional & Academic Research Coordination**

- 1) to develop a **common understanding/definition of key concepts** to inform guidelines and guide the development of future standards for prenatal sciences
- 2) to understand **the factors** that promote wellbeing, psycho-somatic and mental health and good human-earth relationships
- 3) to further develop/consolidate mechanisms/**tools for assessment and screening** vulnerable populations in the direction of health promotion
- 4) to coordinate current efforts to develop an **understanding of the relationship** between **(primal)/ early life and socio cultural environments and health**
- 5) to advance our understanding of the **manifold impact of primal experiences** and inform the **development of sustainable, cost-effective services** for measures that can empower health among vulnerable populations
- 6) to advance our understanding as how different forms of life in different kingdoms and settings show similarities and how humans can learn from other organisms/ kingdoms
- 7) to systematize existing knowledge in the field of prenatal sciences
- 8) to connect and network with other existing knowledge/ research bodies in the world focusing on similar or close to similar issues
- 9) To introduce recommendations for education and training of healthcare providers in Prenatal Sciences
- 10) to increase consolidation and dissemination of results to the research community, general public, stakeholders and policy makers.
- 11) to increase visibility of the Prenatal Sciences findings

### **Capacity Building**

- 1) To build and unify a global, multidisciplinary network of researchers and clinicians around prenatal sciences, maternity care, perinatal mental health and early childhood development using biomedical, epigenetic, socio-cultural, health-organizational, economic, and neuro-psycho-social approaches to tackle pre/ perinatal/ birth-related trauma and the emotional and psychological sequelae for human beings after birth,

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women, parents, infants and families as well as societies and life sustainability on the planet.

- 2) To facilitate access to a global network of researchers, clinicians and advocacy groups in the field
- 3) To provide targeted know-how for the next generation of researchers and clinicians in the field through access to the network
  - 4) To increase consolidation and dissemination to maximize translation of research into practice,
  - 5) To bridge current theory-practice gaps bringing evidence to knowledge end users
  - 6) To support the development of skills among member organizations that are new to this understanding.
  - 7) To potentiate less research-intensive countries through partnering on prenatal Sciences projects
  - 8) To strengthen national development policies/strategies, particularly if that evidence has been generated across a range of contexts and cultures.

### **The Benefits of the Established Partnership**

The purpose of this Partnership is to create synergy between Prenatal Sciences, biomedical, epigenetic, socio-cultural, health-organizational, economic, and neuro-psycho-social approaches to tackle negative/traumatic experiences of pre-conception to birth and the emotional and psychological sequelae. The objectives outlined in this Partnership, both research and capacity building/ knowledge dissemination are only feasible through the collaboration of a broad, multidisciplinary, global group, which currently does not exist. To date, the absence of such a partnership has led to a state where knowledge is fragmented and scattered across disciplines, teams, associations and countries. This lack of synergy has hindered significant advances in the field. The unique value of this Partnership is the potential to bring together experts from a diverse background and also connect end users who can collaborate on agreed objectives together through a coordinated collection and comparison of data and practices, standardization of definitions, exchange of knowledge and practices, improving the implementation of what is known and bridging knowledge gaps, and avoiding, minimizing or eliminating duplication of effort thus enhancing effectiveness. The cross cultural understanding of pre/perinatal semantics that all members will bring to the Partnership will be invaluable in developing our global understanding of the contexts and the following sequelae and will have the potentiality to actually strengthen national development policies/strategies, particularly if that evidence has been generated across a range of contexts and cultures. This Partnership will build on the work of past pioneers in the field and/or the pioneer work of existing

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individuals and/or organizations/ societies or professional, academic or research bodies now at work.

Working collaboratively within the partnership will reduce fragmentation, stimulate innovation (jointly with stakeholders/end users) and accelerate the progress of knowledge development in the field. Increased coordination will strengthen, organize and merge scientific knowledge in this field on a global level. The Partnership attempts to create a multidisciplinary research environment, increasing expertise and competitiveness globally, building a strong and growing sense of community amongst international researchers, clinicians and end users working in the field of prenatal sciences and offering mentorship and leadership to the emerging new generation of researchers and also increasing dissemination supporting bridging the gap between science, policy makers and community members. This Partnership has the potential to become an important reference point for research in pre/perinatal themes. New members will be invited to join via the Partnership website and through diverse collaborations. It is hoped that through snowballing, new members, not yet known to the team, will join the Partnership.

Stakeholders are likely to be located in **research-intensive universities and institutes, clinical practice, professional associations, SMEs in technology and service user organizations, educational institutions of all levels from kindergarten to college/ universities, publishers and those who merchandise such knowledge into useful everyday products from toys/ clothes, nutrition, ...** Consequently; **many of the members who have close links with service user organisations at a national level, will begin by inviting new stakeholders to the Partnership.**

It is anticipated that the integration of disciplines, knowledge end users, stakeholders and research teams through the partnership will **lead to the development of collaborative research/ dissemination/ education and community projects** on a wide spectrum.

### PLAN FOR DISSEMINATION AND/OR EXPLOITATION AND DIALOGUE WITH THE GENERAL PUBLIC OR POLICY

The Action's scientific programme focuses on the application of knowledge and practice synthesis to establish what works, for whom and in what circumstances. **Dissemination activities** are critical to maximise the impact of research on practice. A **Dissemination Working Group (DWG) consisting of the National Representatives and a Dissemination Coordinator (DCO) will be**

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responsible for managing communications, organisation of events and the sharing of outputs through activities and venues such as the Partnership Website, Open Access publications and social media platforms to advertise conferences, congresses and highlight key papers/findings making the outputs available to the public. The **Dissemination Strategy (DS)** will be developed by the DWG approved by the Partnership members and reviewed annually and will include activities to target a range of audiences such as academia, research, education, clinical practice, service users, policy makers and governmental departments. Through member's local technology transfer offices and the dissemination mechanisms of the member organizations/ individuals, the communications/ press departments will be utilized to maximize visibility, media coverage, participation and event attendance both on a local and a global level. Maximum use of member's profiles will be made in academic/ research/ research or community sharing platforms to profile the Partnership activities and include new participants.

The Partnership will have a **dedicated website** which will host all events, activities, projects, outcomes, courses and resources for ease of access. A list and links to publications and full text papers/presentations not subject to copyright restrictions (open access) will be available openly for all. The final conference papers/proceedings will be available as open access.

A social media strategy will be developed by the Dissemination Working Group (DWG), coordinated by the DCO and in co-operation with national/ local dissemination partners, focusing on engagement. The Partnership will utilize a structured combination of Private, Closed and Open social media platforms for clinicians, researchers, parents and other interested communities in order to achieve appropriate outreach. Participating members have contacts with service user groups nationally which can be utilized to share 'what works' principles as well as webinars, masterclasses, pre/post congress events etc.

# ANNEX 2

## GROWTH, MANAGEMENT, MONITORING & FINAL ASSESSMENT

### MODEL OF GROWTH

The cascade model of Growth is to be followed. This consists of the following levels:

1. The Organizing Committee or Management Committee (MC). This consists of 2 National Ambassadors 1 regular member and 1 substitute, from each member country. National Ambassadors are initially appointed (as they are the people who initiated the partnership, later elected by the National Teams.

MAIN TASK: STRATEGIC DECISIONS

RECEIVES THE FEEDBACK FROM EACH COUNTRY, EVALUATES SITUATIONS DESIGNS, MAKES STRATEGIC DECISIONS FOR THE BENEFIT OF ALL THE NATIONAL AMBASSADORS BRING THE WORK DOWN TO THE NATIONAL LEVEL & THE REGIONAL CHAMPIONS. EACH REPORTS TO THE MANAGEMENT COMMITTEE (MC) & COLLECT FEEDBACK FROM THE REGIONAL CHAMPIONS TO SUPPORT THE MC DECISIONS

2. Regional Champions (RC): They consist of members of the partnership who are responsible for the organization of the partnership works within a specific country region.

MAIN TASK: BRING THE WORK DOWN TO EACH REGION IN EACH COUNTRY. THEY CONNECT WITH THE COMMUNITY HEROES. THEY PROVIDE FEEDBACK AND REPORT TO THE NATIONAL AMBASSADORS

3. Community Heroes (CH): They consist of community members of the partnership who are responsible to connect the partnership with the community and bring the knowledge and understanding to the service users, stakeholders and policy makers in the area where they live.

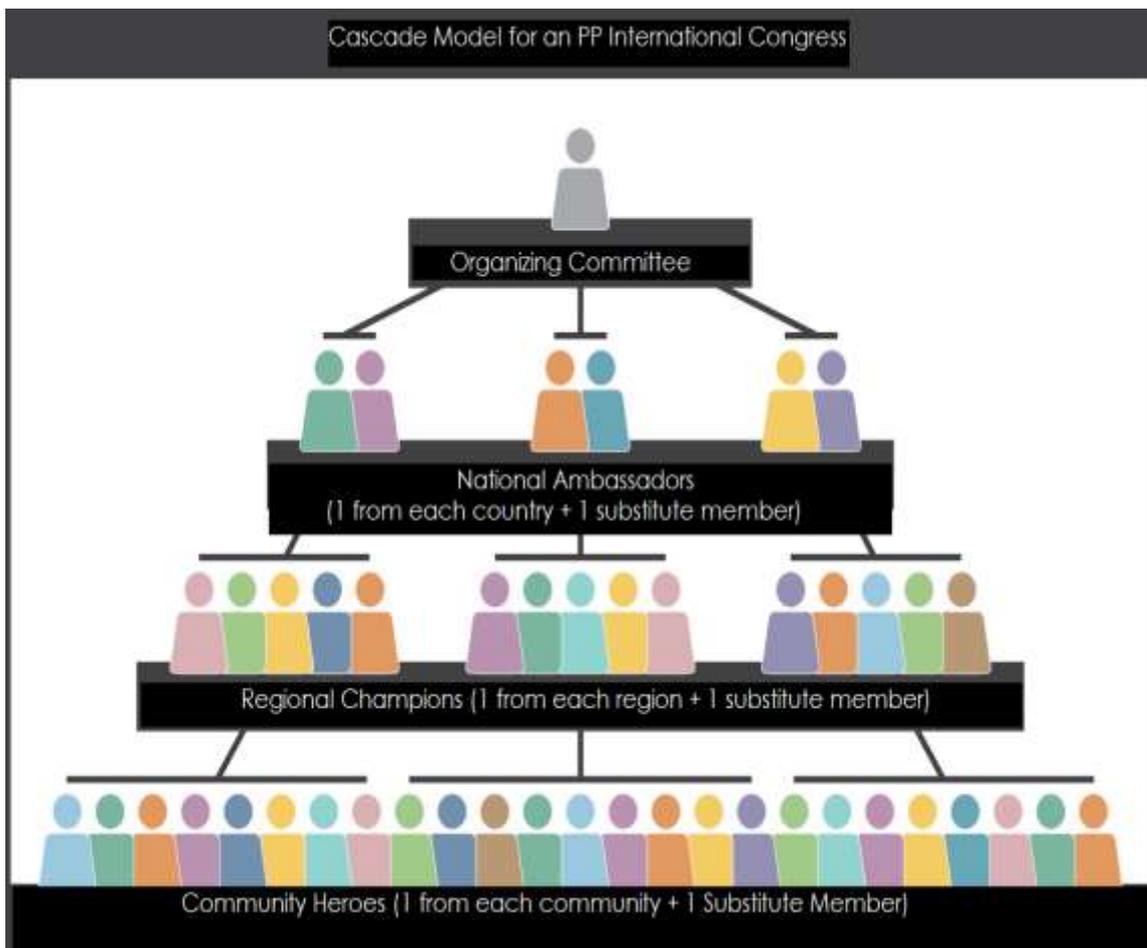
MAIN TASK: THEY BRING THE WORK DOWN TO THE COMMUNITY ON A LOCAL LEVEL. THEY LISTEN TO THE COMMUNITY NEEDS AND THEY BRING THIS FEEDBACK TO THE REGIONAL CHAMPIONS (WHO BRING IT TO THE NATIONAL AMBASSADOR AND FINALLY TO THE MC.

Thus, it is a bottom up process but also a top down. A continuous

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feedback loop that comes from the community, then processed the best possible way and goes back to the community providing resources, solutions, support, information, knowledge etc which is the result outcome of a continuous interaction and improvement of the whole partnership.

The diagram that follows provides a visual.



The tasks of each group are shown below:

### **The National Ambassadors**

1. Mapping the existing situation within the country
  - a. Identify related same-minded organizations
  - b. Identify the regional champions
  - c. Identify or decide on the community heroes suggested
  - d. Identify interested stakeholders/ sponsors
  - e. Create the communication strategy with the national media (social media included)
  - f. Identify interested speakers (on a national level), artists etc
  - g. Identify interested research to be presented

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- h. List the interested publications within the country (books, reports, films, ...)
  - i. Nominates national people for receiving an award
  - j. Researches the needs on a national level
2. Connects with the decision makers on a national level
  3. Does all work for ECTS/ or accreditation for congress participants
  4. Blogs, informs the public
  5. Creates the national page within the congress website
  6. Synergizes with other organizations to participate in events of mutual benefit (eg their congresses, Day of the child, day of health, mother's day, father's day etc), round tables, focus groups etc
  7. Organizes the national pre-congress events
  8. Organizes the post congress events
  9. Evaluates work done every time according to the chosen indicators
  10. Does budgetary control
  11. Serves participants' registration procedure
  12. Develops the national congress program and submits to the Organizing committee for approval
  13. Reviews all abstracts in the national language
  14. Collects all pre/ post/ during congress material for further development (abstracts, full papers, videos, podcasts etc)
  15. Translates the material in English
  16. Elects 1 member as a regular representative and 1 substitute to bring this experience to the National Ambassadors' committee
  17. Decide on the selected material for the various hubs
  18. Acts as a regional champion for the region they are based
  19. They act as community heroes for the specific community they are active in
  20. They do the work of the regional champion and/or community heroes when there is not one yet.
  21. They create the support team for the actual days of the congress
  22. AOB

## The Regional Champions

(A champion is somebody who fights for an ideal that he believes is the right vision for the world. A champion has passion, a strong trust in the cause and a strong connection with his/ her creative powers and puts all this potentiality in the service of the vision.

1. Map the existing situation within the region
  - a. Identify related same-minded organizations within the region and connects with them
  - b. Identify the community heroes and submit to the National Ambassador

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- c. Identify interested stakeholders/ sponsors within the region and connect with them to exchange the prepared material
- d. Creates the communication strategy with the national/ regional media (social media included)
- e. Identify interested speakers (on a regional level), artists etc
- f. Identify interested research to be presented
- g. List the interested publications within the region (books, reports, films, ...)
- h. Nominates regional people for receiving an award
- i. Researches the needs on a regional level
2. Connects with the decision makers on a regional level to inform, get their support, invite to the congress etc
3. Blogs in the national page within the congress website, informs the public
4. Synergizes with other organizations and participates in events of mutual benefit on a regional level (eg their congresses, Day of the child, day of health, mother's day, father's day etc), round tables, focus groups etc
5. Organizes the regional pre-congress events
6. Organizes the post congress regional events
7. Evaluates work done every time according to the chosen indicators on a regional level
8. Does budgetary control on a regional level
9. Serves regional participants' registration procedure
10. Supports the national congress program and submits to the National Ambassadors' committee for approval
11. Translates all abstracts in the national language in English
12. Collects all pre/ post/ during congress material for further development (abstracts, full papers, videos, podcasts etc) on a regional level and delivers to the National Ambassador
13. Elects 1 member as a regular representative and 1 substitute to bring this experience to the National Ambassadors' committee
14. Make suggestions for content for the various hubs
15. They do the work of community heroes when there are not any yet (within their administrative region)

AOB

## The Community Heroes

A hero is an ordinary human being who is called by life to face extraordinary circumstances. As Cambell shows in the Hero's Journey, (s)he hears the call, overcomes any refusal to respond and steps into the unknown or the uncertain, leaving behind a comfort zone where it is not possible to return. He seeks to transform personally and to transform the relational sphere of which (s)he is a part by inviting others in the community to become "heroes" as well, on the path to exercising shared

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or collective leadership. Heroes become guides or supporters for each other bringing people together and showing a way out of separateness.

1. Map the existing situation within the region
  - a. Identify related same-minded organizations within the community and connects with them
  - b. Identify the interested stakeholders/ sponsors within the community and connect with them to exchange the prepared material
  - c. Creates the communication strategy with the local community media (social media included)
  - d. Identify interested speakers (on a community level), artists etc
  - e. Identify interested research to be presented
  - f. List the interested practices, initiatives, publications within the community (books, reports, films, ...)
  - g. Nominates community people for receiving an award
  - h. Researches the needs on a community level
  - i. Connects with the decision makers on a community level to inform, get their support, invite to the congress etc
2. Blogs in the national page within the congress website, informs the public
3. Synergizes with other community organizations and participates in events of mutual benefit on a community level (eg their congresses, Day of the child, day of health, mother's day, father's day etc), round tables, focus groups etc
4. Organizes the community pre-congress events
5. Organizes the post congress community events
6. Evaluates work done every time according to the chosen indicators on a community level
7. Does budgetary control on a community level
8. Serves community participants' registration procedure
9. Supports the regional/ community congress program and submits to the regional champions committee for approval
10. Translates all community abstracts in the national language in English
11. Collects all pre/ post/ during congress material for further development (abstracts, full papers, videos, podcasts etc) on a community level and delivers to the Regional Champions
12. Elects 1 member as a regular representative and 1 substitute to bring this experience to the Regional Champions' committee
13. Make suggestions for content for the various hubs
14. They do the work of community heroes in a nearby community when there are not any yet
15. AOB

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## CO-LEADERSHIP MODEL

As a model of leadership, the partnership adopts the co-leadership model or also known as co-evolutionary leadership model.

**Rationale:** Co-evolutionary leadership creates conditions that allow individuals to “grow in humanity” – liberating their creative potential and enabling them to contribute, if they wish, to this key emerging evolutionary stage, through the wider adoption of appropriate individual and collective developmental practices that are an essential component of transforming health, research, education, quality of life.

The word evolutionary is used here to characterize the person who facilitates, catalyzes, and feels responsible for – at his/her level – the evolution of humanity and the conditions of life on the planet, and connects their actions to the context of the “Great Story” of the evolution of the universe. This person realizes that we are entering an era of conscious evolution and this person consciously consents to be an active agent of this process.

The verb “lead” comes from the IndoEuropean root “leith”, which means “to go forth”, “to cross a threshold”, or even “to die”. Embracing leadership includes **acknowledging a threshold that needs to be crossed** – and that **something must be left behind for something new to emerge**. It also means that letting go of what we think we know or what we imagine we control – may be experienced as a form of death to what has been familiar to us.

Thus, according to Alain Gauthier, some of the characteristics of leadership are:

- venturing into the unknown, into the void, with openness and trust;
- sensing what is about to emerge by being present to what is;
- participating creatively in a wider field of knowing and doing;
- giving voice and energy to an evolutionary impulse;
- inviting self and others to cross a threshold and discover new spaces where collective creativity, intelligence, and wisdom can be expressed;
- enabling access to the leadership potential which exists in each individual

Practicing co-leadership opens a new relational space where a group of people can jointly act as leaders. This by itself requires the embodiment of an evolutionary perspective. It is an inner dance that then reflects on the outside the outer environment as an outer dance. It involves awakening to both one’s uniqueness and deep connection to the whole, as well as demonstrating innocence (in the sense of not knowing), humility, presence,

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empathy, and courage – in the service of consciousness evolution. Co-leadership both requires and develops these qualities. An “inner dance” with various aspects of one’s identity builds the foundation on which the “external dance” with others and a larger “evolutionary dance” become possible in service of the whole.

A way to practice co-leadership is simply to **behave as mutually responsible partners**. Petra Künkel defines collective leadership as ***the capacity of a group of leaders to deliver a contribution for the common good through assuming joint and flexible leadership, according to what is perceived and required***. Each co-leader feels no need to personally stand out or impose their views, but **cultivates the ability to know or sense what needs to be said and done now or to be prepared for the future, by making use of one’s singular gifts**. Co-leadership challenges the traditional distinction between leaders and followers who agree on one or two objectives to achieve – each one staying within his/her role of decider or implementer. In its emerging forms, co-leadership produces direction, alignment, and mutual commitment as means to attain longer-term goals. It requires that each co-leader examine their beliefs about both individual and collective leadership and engages in practices – such as **mutual awakening, shared sense-making, reciprocal adjustment, collective learning, and collective intelligence – that will generate a new leadership culture**.

Co-leadership engages simultaneously in top-down, bottom-up, diagonal, and circular change processes, and cuts across functional, organizational, geographic or even sectoral boundaries. It is used to generate open innovation that involves professional communities, service-users, policy makers, stakeholders, academia etc. as partners, and can address complex challenges of sustainable development by forming partnerships across researchers, scholars, professional associations, companies, government, and civil society. When practiced across sectors, it creates the conditions for societal learning and innovation through an increased sense of interdependence and a deeper trust in self-organization, based on shared purpose, vision, and values.

See figure below for the 3H (Head/ Heart/ Hara Model of co-leadership

**Figure 3H Model of Evolutionary Co-leadership**

Energy centers	Relationship to oneself	Relationship to others	Relationship to the whole
<b>Head Center</b> <i>Awareness-based</i>	Mentally clear Conscious Attentive Intuitive	Valuing multiple perspectives Action Inquiry Alignment	Global vision Clarity about interconnection
<b>Heart Center</b> <i>Love-infused</i>	Sensitive Connected to feelings Open, non-judgmental	Heartfelt and ethical relationships Empathetic listening Attunement Courage	Global compassion Sense of service
<b>Hara Center</b> <i>Presence-centered</i>	Embodied intent Grounded Self-sufficient and receptive	Shared presence Root connection Entrainment	Globally-informed right action Sensing the field

Source: Global Transforming Ensemble

The values described here are also adopted values, principles and philosophies of this partnership.

## MANAGEMENT

### DESCRIPTION OF WORKING GROUPS, TASKS AND ACTIVITIES

The Management Committee (**MC**) will consist of two National Representatives and will be responsible for the election of Partnership co-leadership positions, coordination of the activities, Financial management, reporting and monitoring progress in line with the Memorandum of Understanding (MoU) and specific managerial functions such as creation/dissemination of knowledge, website development and management and Intellectual Property policy. The MC, the committee with decisional power, will be established at a kick-off meeting with the required representatives from participating countries, and will coordinate the scientific and administrative actions. The MC will hold monthly meetings online. The first meeting will address the election of representatives to key leadership roles, Partnership Chair (PC) and the Partnership Vice Chair (PVC), each of the Working Group Leaders (WGLs) and WG Vice Leaders (WGVL) plus the Dissemination Coordinators and Community Leaders. The PC Chair will outline developments up to and including the details of the

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MoU so that all can contribute effectively to the WGs to achieve the aim of this Partnership from the get go. During the kick off meeting the PC will elect the following: The Partnership Chair (PC) and the Partnership Vice Chair (PVC), the PC holds responsibility for coordinating all MC activities. The WGLs and Vice Leaders (WGLs) will coordinate the WG activities and design an individual detailed plan for each WG in collaboration with the MC, including follow up of the allocated budget on an annual basis. Members of the MC must also be a member of at least one WG. The MC will ensure the results achieved during the Partnership, presented in regular monthly reports to the partnership office and bi-annually at the MC- Scientific Board joint meetings.

At the first MC meeting the following committees will be established: The Congress Committee (CC), the Educational Committee, the Dissemination Committee (DC), the Website Committee (WC), the Coordination/ administration Committee (CC), the Research Committee (RC), the Ethical Committee (EC) and the Steering Committee (SC). **The SC** will be made up of the Partnership Chair, Partnership Vice-Chair and seven WG Leaders- mandate to be decided at the first MC meeting. The SC will meet on a regular monthly basis and when necessary and will be responsible for direct and daily business of the Partnership. The committees will submit monthly/ bi-annual and annual reports to the MC to monitor and ensure progress in line with the Partnership objectives. Adjustments will be made contemporaneously as necessary. Decisions made at the SC must be approved by the MC.

### **PARTNERSHIP BODIES**

Management Committee MC  
2 members from each member country  
(one regular/ one substitute)

Steering Committee SC  
Partnership Chair + Partnership Vice-Chair + (7) WG Leaders

### **WORKING COMMITTEES**

1. The Congress Committee (CC),
2. The Educational Committee,
3. The Dissemination Committee (DC),
4. The Website Committee (WC),
5. The Coordination/ administration Committee (CC),
6. The Scientific/ Academic Research Committee (RC),

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## 7. the Ethical Committee(EC)

### PROJECT GROUPS

Created to implement specific project aims and goals

#### Tasks of the Working Groups

**The Working Groups** will be formed and WG Leaders (and Vice-Leaders) will be appointed at the first MC meeting. A detailed Work and Plan will be developed and approved at the first MC meeting. One day will be dedicated to the process whereby WGLs can put forward their plan, the networking/ methodology/ evaluation model, current and planned activities, including a discussion on how the relationship of cross-disciplinary, cross-cultural ideas to one another and synergies across WGs on particular activities can be achieved.

A Coordination/ Administration Committee (CC) will be set up to collate and share outputs across all WGs. The CC will work with the DC on dissemination.

**The Congress Committee (CC)** will oversee all activities that are necessary for the successful organization of the congress in collaboration with the Scientific/ Advisory Board and the MC. More specifically, the CC will decide on the following:

1. Time/ Date and duration of the congress
2. Theme of the congress
3. Congress announcement(s)
4. Abstract collection
5. Abstract evaluation
6. Announcement of speakers
7. Speaker invitations
8. Session formats
9. Congress program (proposed, draft, final)
10. Opening and closing ceremonies of the congress
11. Awards
12. Congress platform
13. Hubs
14. Sponsors
15. Proceedings
16. Congress hosting aspects
17. Congress technology
18. Continuous education credits
19. AOB

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**The Educational Committee (EC)** will oversee a number of activities namely the organization of the pre/ post congress or ongoing educational program. More specifically:

1. The submission criteria/ guidelines
2. The evaluation criteria
3. The announcement of the call and important dates
4. The collection of proposals
5. The screening and evaluation of all proposals submitted
6. The announcement of the approved programs
7. The communication with the educators and students
8. The updating of the information on the website (in co-operation with the website committee)
9. The preparation of the implementation agreement between the organization/ individual educator and the partnership to be signed by the two parts (by the PC on behalf of the partnership and the legal representative of the other part)
10. The preparation of the student certificates of attendance (in co-operation with the Organization/ Administration Committee)
11. The dissemination of information about the program (in co-operation with the dissemination committee and the website committee)
12. The provision of zoom link or other technical support needed and communication of such information to the educators, participants
13. The collection of handouts, supporting documents of each educational activity.
14. The preparation of documents of consent for recording or video recording and usage rights
15. The archive of the material, educational courses
16. The study of the resources to disseminate knowledge to various groups (in co-operation with the dissemination committee)
17. The proposal to MC of grants to be offered and to whom and then the communication of these grant awards to the successful applicants.
18. The creation of all necessary documents and procedures to make this work smooth.
19. AOB

**The Dissemination Committee (DC)** will have within it a Website Committee (WC) to ensure outputs are available as widely as

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possible. The DC will be responsible for

1. the dissemination of reports, books, resources, proceedings, guidelines, recommendations or papers generated by the Partnership to the public, media, academic/ research/ professional/ student/ stakeholder/ service users and policy makers communities.
2. The design of a strategy (to be reviewed annually) including a discrete plan for the use of social media, coordinated by the dissemination coordinator (DCC) with local dissemination partners.
3. Screen all relevant publications in the prenatal sciences and creating summations or highlighting most significant findings in the field.
4. Reviewing books published and present these book reviews online on the website
5. Spotting gaps and making suggestions to the research committee
6. Writing press releases, creating newsletters, emails or other communication documents for different populations
7. Developing audience lists under various tags for proper knowledge dissemination
8. Developing audiences in social media
9. Creating, scheduling and posting in social media
10. Networking with same-minded organizations in existing country members and new ones
11. Mapping the global situation to spot new resources, new possible members and strengthening bonds with existing members
12. Networking with educational institutions/ professional education/ training entities and creating synergies (in cooperation with the Educational Committee)
13. Networking with interested researchers and disseminating to them significant data
14. Designing innovative ways and tools (including gamification) to reach communities and populations of interest (children, migrants, artists, ...)
15. ensuring the Partnership is keeping to schedule, identifying threats, ensuring communication mechanisms are effective.
16. AOB

**The Website Committee (WC)**, works in cooperation with the Dissemination Committee and the Co-ordination/ Administration Committee as well as MC and its tasks are:

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1. Create the technical structure of the website as needs be every time to serve the implementation goals of the partnership
2. Update the system so that it is always functional and according to the legal (GDPR ie) or other guidelines/ rules etc.
3. Create the content and publish it
4. Continually develop it so that it can serve the educational, dissemination or other goals (including an educational platform, store, blog, other languages etc)
5. Screen available technology and spot (open) source apps for translation, transcription, live-streaming, congress/conference platforms etc and submit their proposals to the MC for adoption, use or purchase
6. AOB

### **The Coordination/ administration Committee (CC).** Its tasks are:

1. Design task procedures and project management guidelines
2. Act as secretariat of the partnership
3. Collate and share outputs across all WGs.
4. Co-ordinate translations
5. Co-ordinate actions in terms of registration, payments, bank accounts, invoicing, grant proposal submissions, sponsorships, taxation, royalties, preparing third party agreements for being signed by the PC and generally most administration, financing, reporting, book-keeping and taxation tasks
6. Keep the digital or physical archives/ files/ documents as required by authorities
7. Prepare the budget both for the partnership but also individual projects
8. Seek fundraising or funding opportunities
9. AOB

### **The Scientific/ Academic Research Committee (RC).** Its tasks are:

1. To decide on scientific/ academic/ research priorities within Prenatal Sciences
2. Study and advise in case of theoretical, academic or other scientific unclear questions
3. Advise on methodologies to be adopted
4. Publish, edit, write books, congress proceedings
5. Create list of research themes and suggest themes for master/ doctorate questions
6. Create reference lists
7. AOB

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### **The Ethical Committee (EC).** Its tasks are

1. to design the ethics for research questions
2. to examine and decide the values, principles and relationships among members
3. to provide guidance on research design/ methodology, on practices/ techniques adopted or proposed or any issue on professional/ functioning ethics when asked by any of the members of the partnership.
4. AOB

### RISK ANALYSIS AND CONTINGENCY PLANS

<b>Risk assessment</b>	<b>Solution</b>
Different Time zones	Asynchronous messaging/ tools to organize (Basecamp/ Slack/ other? IT support (WebEx Events? ? ZOOM? Jitsi?/ other? (analysis for the best based on the needs: audience muting, delocalized presenters, all speakers/ participants connecting to the primary site, parallel events, recording, galleries, poster presentations, rooms...))
Technical Challenges Video/ audio/ technology issues? Connectivity? Poor microphone quality?	Early Check the quality of the video/ sound/ minimize IT issues/ post test links for individuals + hubs in advance, helpful hints document with simple but detailed instructions
Language barriers?	National Ambassadors to take care of translations. Efforts to spot and use translation apps
Challenges due to non-physical meetings	Facilitate audience engagement (exploring slido/ Kahoot/ Remo/ hopin ... )
Lack of funds	Sponsorship will be explored, grant proposals, pre/post congress activities, registration fees, sales from physical/ digital products created, donations among members and friends
Low participation numbers	Critical thresholds will be made and correction actions or revisions will be introduced.
Members do not complete tasks on time	Ensure templates are clear. Agree dates in advance. Have a reminder system so members

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	can seek assistance. Circulate and identify difficulties early
Challenges with data available being too disparate, incomplete in terms of what is captured nationally/locally	Focus on key common or differentiating factors
Difficulties in engagement with clinicians or policymakers (and funding to meet challenges of providing effective care in practice)	Minimize time required for such groups. Ensure the value of the outputs. Continued and sustained lobbying for standards of care with emphasis on the value of a paradigm shift from a curative to a preventative model. Ensuring the economic argument to support effective care is communicated clearly.
Low interaction between participants and WGs	Wide range of participants, many experienced with working within previous projects in their professional history. The MC, WGLs and WGLs will discuss quarterly participation in order to act early, good document and depository database management to ensure effective communication.
Low impact of dissemination activities	Collaboration across disciplinary fields should be a mitigating factor. Revision of strategies and dissemination policies.
Low stakeholder communication	Website with meeting schedule and outputs, OpenAIRE, use of technology for dissemination, members links with NGOs, professional associations and corporations. Organized events for stakeholders to be informed.

## ANNEX 3: PARTICIPATION IN THE PARTNERSHIP

Members of the partnership can be:

Organizations involved in Prenatal Sciences and which are registered in their countries under the national laws and regulations. They may function under the form of for-profit entities or non-profit status.

Organizations involved not directly in Prenatal Sciences but they share the vision/ mission of serving life on Earth, health, consciousness, or knowledge. At least one common goal is enough.

Individuals who have served Prenatal & Life Sciences so far in any personal/ professional way (scholars, authors, artists, scientists, researchers etc.

Community members and activists interested in the mission/ vision of the partnership in a more extended interpretation.

Application

Any interested individual/ organization submits the online application form (on the website) and asks for participation.

All applications are collected and the MC decides for the acceptance of the new member in the first meeting right after the application date. The Coordination/ Administration Lead announces the decision to the new member and arranges for the orientation meetings so that the new member can be integrated in the partnership and make the best contribution to the partnership but also to his/ her country and the self.

Once the applicant becomes a partnership member (s)he participates in any of the WGs or projects open, has all the rights and also responsibilities as any other member.

Participation Fees: No participation fee is required. However, responsible personal involvement is asked towards the implementation of the vision/ mission. If the member wishes to propose a pre/ post congress educational course or if (s)he offers to bring a physical/ digital product to the partnership a 10-15% on the sales is kindly asked to be retained to cover the partnership costs and promote the PSP's goals.

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All members (organizations) or individuals are volunteers and they are not subject to salary or other fees. They are free to run their own organizations/ companies and organize other synergies or other events they see important as any autonomous entity is entitled to do and they are liable to the taxation or other commercial/ civic laws of their country.

The members of the Partnership can modify participation conditions and may introduce a participation fee if they see it significant for the successful continuation of this partnership and its goals.

## Termination of Membership.

The member can terminate membership by sending an email to the partnership expressing the decision to terminate membership. Until this date, all memberships are considered valid.

Date: February 22, 2022

Signed by

Name	Organization	individual	Country
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