



# The WHO Collaborating Centres:

## An analytical review

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## THE WHO COLLABORATING CENTRES: AN ANALYTICAL REVIEW

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In its resolution EB99.R14 of 20 January 1997, the Executive Board requested the Director-General:

- (1) to undertake a situation analysis concerning the existing networks of collaborating centres;
  - (a) to prepare a review of designations and terminations since resolution WHA33.20 and submit it to the Executive Board in January 1998;
  - (b) to review the definition of the functions of the collaborating centres and the procedure for their designation and redesignation;
  - (c) to explore the arrangements between WHO and the collaborating centres, including the option of working through contracts;
  - (d) to review the procedures for and frequency of evaluation of these centres with a view to their redesignation or termination;
- (2) to take steps to promote and encourage the emergence of a larger number of collaborating centres in the countries concerned by WHO's priorities and to foster capacity-building programmes in these centres;
- (3) to explore organizational mechanisms within WHO at headquarters and regional level and the various possibilities of funding to ensure the best support for and coordination of the network of centres;
- (4) to report on his findings and recommendations to the 101st session of the Executive Board in January 1998.

Since the creation of WHO in 1948, the governing bodies of the Organization have shown constant interest in this network of expertise and worked to increase the number and quality of WHO collaborating centres while seeking to make the best use of their potential.

At WHO, all agree in recognizing that the WHO collaborating centres represent an important source of technical competence for the Organization. However, it is recognized in the report of the Executive Board on the response of WHO to global change that "their potential is not fully used" (EB92/4 of 16 April 1994, para. 4.8.3). This situation therefore needs to be improved.

The updating of the health-for-all strategy and the preparation of the agenda "for a research policy: science and technology in support of global health development" in support of this strategy offer an excellent opportunity to review the role and place of the WHO collaborating centres in the work of WHO with the aim of making better use of this remarkable resource for research and support to health services. Meanwhile the extraordinary development of the information and communications media raises hope for a new policy by WHO vis-à-vis its external collaboration networks.

Over the years several reviews on the WHO collaborating centres have been carried out at both global and regional levels and the Executive Board has discussed this problem several times (see Annex 1). One vital document is the "organizational study of the role of the WHO Experts Advisory Panels and Committees and WHO collaborating centres in meeting the needs of WHO regarding expert advice and in carrying out technical activities of the Organization", better known as the Spies-Aujaleu report, whose recommendations were adopted by the Executive Board in 1980. The importance of this document and the fact that it was produced in the wake of the Alma-Ata Conference make it a good point of departure for this analytical review which is intended as a contribution to the updated health-for-all strategy for the next twenty years. This is also a timely undertaking in this period of budgetary restrictions which is forcing WHO to redefine its collaboration with all the external structures that could assist it in its immense task of improving world health. The WHO collaborating centres are one of the best of these external resources. Notwithstanding their interest and value, however, the WHO collaborating centres are only one of the resources which help to build up the scientific knowledge and evidence on which the Organization draws to fulfill its mission. And they cannot be endlessly increased in number: they must be carefully selected and managed. Other sources of collaboration need to be mobilized in addition to them, with their own capacities and with specific mandates and terms of reference.

The Board's request is threefold: for a situation analysis, development and management of WHO collaborating centres. This document is therefore in three parts dealing with these questions.

## 1. Situation analysis

### 1.a Designations and terminations

Since 1980 and pursuant to resolution WHA33.20 recommending (4.1) *"the establishment, for adoption by the World Health Assembly, of new rules to govern all WHO mechanisms for the consultation of experts and collaboration with concerned institutions"*, the number of WHO collaborating centres increased from 685 to 1183 (31 December 1996). The development of research within and through WHO, and of the responsibilities and activities of the regional offices, have contributed to this growth (see Table I and figure 1 in Annex 2). A peak number of 1317 was reached in 1994, followed by a loss of 134 in 2 years, 2/3 of which were in Europe (-85). In the first six months of 1997, 18 new WHO collaborating centres were opened, 13 for EURO, 2 for AFRO and AMRO, and 1 for WPRO. From 1980 to 1996 the evolution in the number of centres was: +193% for WPRO, +100% for EMRO and SEARO, +58% for EURO, +53% for AMRO, stability for AFRO. EURO with 550 WHO collaborating centres (end of June 1997) and AMRO with 277 still make up nearly 69% of the total number.

Distribution by country reveals that half of Member States (94 out of 190) have no WHO collaborating centres: 33/46 for AFRO, 21/35 for AMRO (where 2/3 of the centres are concentrated in the United States, Canada and Brazil), 8/22 for EMRO, 13/50 for EURO, 2/10 for SEARO, 17/27 for WPRO. These countries without WHO collaborating centres are essentially the least populated.

Of even more interest is the distribution by appropriation section (programme groups) (Annex 2 - Table II) with the breakdown by subjects (Annex 2 - Table III). The imbalance between technical units and subjects is even greater than between regions and countries.

In regard to designations and terminations, two periods - 1980-89 and 1990-96 - may be distinguished, with a view to identifying recent trends.

- **1980-89**, from 685 to 1096 WHO collaborating centres (+411, +60%) as a result of 656 designations and 245 terminations with an average lifetime of 12.1 years for the centres terminated.

By Regions	Designations	Terminations
AFRO	32	19
AMRO	135	71
EMRO	26	18
EURO	301	112
SEARO	40	9
WPRO	122	16

By Appropriation Sections <sup>1</sup>	
Appropriation Section 2	4
Appropriation Section 3	19
Appropriation Section 4	116
Appropriation Section 5	106

- 1990-96, numbers evolved from 1132 to 1183 (1201 at the end of June 1997) (+51, +4.5%) with 459 designations and 408 terminations, with an average lifetime of 13.5 years for the centres terminated.

By Regions	Designations	Terminations
AFRO	21	32
AMRO	118	94
EMRO	27	9
EURO	219	229
SEARO	20	18
WPRO	54	26

By Appropriation Sections	
Appropriation Section 2	22
Appropriation Section 3	73
Appropriation Section 4	110
Appropriation Section 5	203

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<sup>1</sup> In the 9th General Programme of Work, Appropriation Section 2 includes: policy, administration, programme development; Appropriation Section 3: public health and quality of care; Appropriation Section 4: health fields and lifestyles; Appropriation Section 5: communicable and noncommunicable diseases. Breakdown of designations by section is impossible because the statistics do not distinguish sufficiently between designation and redesignation.

### *Comments*

All these figures should be treated with caution. Where communicable diseases are concerned, for example, it must be realised that the Special Programme for Research and Training in Tropical Diseases (TDR) does not formally designate WHO collaborating centres. Between 1980, 1990 and 1997 classification by programmes has changed with successive WHO General Programmes of Work, which makes comparisons difficult. In spite of these reservations it may be noted that 653 WHO collaborating centres were terminated between 1980 and 1996:

- 26 in appropriation section 2 (for 79 still in operation)
- 92 in appropriation section 3 (for 211 still in operation)
- 226 in appropriation section 4 (for 427 still in operation)
- 309 in appropriation section 5 (for 496 still in operation)

The average lifetime of the centres terminated is roughly three times the length of the term (4 years) for which the centre was designated. This does not mean much in so far as some centres (for the international classification of diseases, biological standardization, laboratory techniques ...) are reference centres and as such bound to continue, and the average is raised by these centres. However, many centres designated for one term continue to function for too long without any formal procedure of redesignation or renewal, and this situation is not normal. Moreover, of the 245 WHO collaborating centres terminated between 1980 and 1989, only 9 were terminated at the end of the first term - and 7 earlier, including 3 at the end of the first year, - and of the 408 terminations between 1990 and 1996, only 5 were done after 4 years and 6 after less than 4 years. Limitation to one term is thus the exception.

#### 1.b Definition of missions and procedure for designation/redesignation

A WHO collaborating centre is an institution or part of an institution, or a combination of institutions or parts of institutions with academic, research or service functions which collaborate with the Organization on the basis of a 4-year agreement to carry out one or several specific tasks in liaison with a WHO programme. The WHO collaborating centres are one of the effective instruments for the implementation of WHO policies and strategies and its efforts towards health for all. Each centre must be part of an inter institutional network of WHO collaborating centres set up by the Organization to support its programmes at national, inter-country, regional, inter-regional and global levels, as far as necessary. The WHO network of WHO collaborating centres is one of the mechanisms for conducting technical cooperation between the Organization and its Member States.

But there is more. In line with the present policy of WHO on technical cooperation, WHO collaborating centres must also contribute to the strengthening of their country's resources in terms of information, services, training and research to support health development. This national health development must remain a major concern of these WHO collaborating centres in the framework of their functions. Through their permanent liaison with national institutions, they play an important role in the opening of new fields and implementation of new modalities of health research in their countries, the application of research findings and the transfer of technology to the national network of institutions.

This national dimension of the work of the WHO collaborating centres is sometimes neglected, particularly in the evaluation of their work; and yet there is no true cooperation without mutual benefit.

The statutory functions of the WHO collaborating centres are as follows:

- (a) collection, collation and dissemination of information;
- (b) standardization of terminology and nomenclature, technology, diagnostic, therapeutic and prophylactic substances, and methods and techniques;
- (c) development and application of appropriate technology;
- (d) supply of reference substances and other services;
- (e) participation in collective research activities organized under the auspices of the Organization, including the planning, implementation, monitoring and evaluation of research work and promotion of the application of the findings obtained;
- (f) training, including training for research; and
- (g) coordination of the activities carried out by several institutions on a given subject.

Obviously every centre does not carry out all these functions to the same extent. Experience also shows that the more functions it has, the more difficult it is to monitor and evaluate the work of a centre. Its mission and functions should be defined and translated into a programme of work established by common accord between WHO and the centre. But it should be stressed that the research function is the chief function for many centres, more particularly in the last one or two decades. It should concentrate especially on training for young research workers for and through research.

This plan of work is the essential element of the collaboration, and even more so of the evaluation. But instead of consisting in a limited number of clear and explicitly worded objectives, it is too often made up of a few vague sentences - a sort of declaration of intentions - or a list of numerous (more than 10 in some cases) and poorly defined activities. It must therefore be remembered that the translation of functions into a precise and coherent plan of work is highly important. It is also desirable that, in their different functions, the WHO collaborating centres should opt for a problem-solving approach rather than an approach by disciplines.

The WHO Manual outlines a detailed and rigorous procedure for the designation of a WHO collaborating centre, based on a series of criteria:

- (a) the scientific and technical level of the institution in question, at the national and international levels;
- (b) its place in the country's health, scientific or educational structures;
- (c) the quality of its scientific and technical officers, and the number and qualifications of its staff;
- (d) its future stability in terms of personnel, activity and financing;
- (e) the working relations it has established with other institutions in the country, and at the inter-country, regional and global level;
- (f) the extent to which it is able and willing to contribute to the work of the WHO programme, whether in the form of support to national programmes or participation in activities of international cooperation.

To this can be added the willingness of the institution to develop its own potential, if necessary, with the scientific and technical support of WHO, its ability and desire to offer services for a sufficient length of time and not just for one limited task. These latter elements should be discussed case by case and should be stated in the collaboration agreement.

These criteria must be applied with flexibility. They are not all likely to be present in all situations. They need to be weighted in the light of the specific functions assigned to each centre and of the context in which the candidate centre operates.

Any interested institution may be a candidate. The initiative most often comes from the Organization itself, from one of its divisions or technical units, at the global or regional level.

Any responsible technical officer may make the first contacts. As a general rule, it would appear that the WHO representatives in countries are too rarely associated with the search for possible candidates: their role should be strengthened at all stages in the procedure. As should the role of countries, as will be seen later.

The procedures for the designation, redesignation and termination of WHO collaborating centres were very carefully studied at the outset and have been revised several times in order to offer maximum guarantees both to centres and to WHO. These procedures comprising the modalities of initiation and discontinuation are summarised in Annex 3. In view of the importance of the proposed collaboration the procedure for designation may take several months, or even a year. Redesignation is usually faster, provided the procedure is not neglected, for lack of time or inadequate follow-up, centres carrying on after the term of their activity has expired in principle. Some regard termination as a measure that is diplomatically difficult - particularly for centres appointed on political rather than technical grounds. Nevertheless, careful and tactful application of the procedure, as is done for example by SEARO and WPRO, appears to give satisfaction.

Things are simpler when regular contacts are maintained through the 4 years covered by the collaboration agreement. This begins with the adoption of a plan of work with clear objectives and a precise time schedule. The rules provide for an annual report and an evaluation before the end of the 4 years, with a view to redesignation or termination which should only be decided after a serious evaluation of the work done by the centre, in collaboration with WHO, on the basis of the programme of work determined jointly at the start of the period. This evaluation should take ample account of the benefit derived by the country from collaboration between WHO and the centre. If the result is satisfactory and if the need for which the centre was appointed is still there, redesignation could be decided for the same or a shorter period of time for the same subject or for another subject carefully chosen in the light of the capacities of the centre and the priorities of WHO. If the findings are negative on balance, termination should be envisaged. However, the centre could be given a last chance, in the form of an extra year - before the final decision - in which collaboration should be strengthened, contacts more frequent and the support of WHO more determined. In the cases both of redesignation or termination, the centre would be informed by a letter of thanks, with a copy to the Ministry of Health.

Systematic application of these procedures is certainly exacting, but it is essential to follow the rules and to control the quality of the work of the centres in order to remedy the present situation which is wanting on this point. There are nevertheless some possible solutions which will be presented in 1.d.

In regard to the designation and redesignation of centres, several measures have already been taken at different levels. For example, a certain number of initiatives taken by AMRO during the last 4 years have noticeably improved the efficacy and efficiency of collaboration with centres. These are:

- a list of criteria to enable responsible technical officers to easily evaluate possible candidates;
- use of special couriers to send out all official mail: this guarantees delivery and speeds up the process;
- modification of the letters of designation and redesignation to make the rules of operation more explicit;
- communication with WHO collaborating centres and headquarters by fax and electronic mail;
- preparation of a certificate sent to every WHO collaborating centre, serving as a constant reminder of the terms of the agreement and encouraging the centre to take the initiative for possible redesignation.

SEARO has revised the procedures to introduce more stringent rules for designation and redesignation, so as to identify "dormant" centres and secure the full cooperation of the national authorities. EURO (550 centres in 1997: 46% of the total) in 1990 requested Headquarters to be responsible for all the centres designated by it - nearly 80%. This recentralization caused a certain amount of confusion and it was for this reason that the working group on programme development and management proposed, in 1995, a summary of the procedure applicable to the technical units at Headquarters for the designation of WHO collaborating centres in European Region (Annex 4).

At the same time, several headquarters divisions have, over the years, come to orient their policy and practice vis-à-vis the WHO collaborating centres on the basis of the evolution of their programmes and a periodic evaluation of their collaboration with the centres. For example, an analysis of the collaborative activities between the Special Programme on Human Reproduction (HRP) and its WHO collaborating centres carried out in 1995-96 concluded that they could not all carry out all the varied tasks assigned to them and that it was therefore necessary to select just a few, or just one of these tasks; that training was insufficient and deserved high priority; that the emphasis on biomedical research in human reproduction should be reduced to give greater place to behavioural and psychosocial research - which would necessitate the designation of

centres with the right profile - ; and that some tasks should be delegated to "lead centres", in order to reduce the workload of the programme.

The Division of Emerging and Other Communicable Diseases undertook, in 1997, a general evaluation of its WHO collaborating centres by means of an in-depth questionnaire sent to all centres, as well as to national institutions cooperating with the programme. Such a step makes it possible to identify the centres functioning satisfactorily, those that need to be strengthened, and those that are no longer participating in the activities of the division and ought to be terminated. Other units and divisions are embarking on the same procedure, which is no doubt easier to carry out than a global evaluation. They should be assisted in this.

### 1.c Agreement and contracts between WHO and WHO collaborating centres

The present agreement by which a WHO collaborating centre is designated is an arrangement of an administrative nature rather than a contract in the strict sense. It is based on the programme of work agreed by the two parties and, in principle, evaluated through annual reports and the final report. The rules enacted by WHO (see the revision of 15 March 1992 of the WHO Manual, chapter on Collaboration for Research and Training, articles 100 to 390) cover all the aspects of the arrangements binding these two parties for a period of 4 years. However, they are very detailed and complex, and above all they are not always applied. This poses a problem, particularly as some centres, that have not been either officially redesignated or terminated, continue to use the name and logo of WHO although no longer working with and for the Organization. This absence of control may derive in part from the fact that most centres do not receive any funding from WHO, collaboration with the Organization being regarded as honorific.

Members of the Executive Board have frequently voiced their concern about this. But while some recommend a limited number of centres of excellence and strict application of rules and procedures, others plead for greater flexibility to permit more centres to be designated, especially in the areas and fields that are under-equipped and underdeveloped. There is a real dilemma here, that is nevertheless open to alternatives.

First of all, and this has already been said, the WHO collaborating centres are one of the various means available to WHO to build the scientific and technological base necessary for the development of its programmes and its action through the mobilization of external support and resources. Study groups, multicentre surveys, advisory groups, panels of experts, meetings of expert committees... offer a wide range of possibilities to be used in a flexible and pertinent manner. The national institutions recognized by WHO "in the case of collective activities whose scope and nature do not justify the designation of a WHO collaborating centre" (same document,

articles 400 to 470) represent a simpler modality of cooperation that is certainly of interest and not sufficiently used.

Secondly and with regard to the management aspects, there are several possibilities for entering into contracts with outside persons, groups or bodies: agreements for the performance of work (for example, for a publication), technical services agreements. The possibility may thus be envisaged of basing the relations of each WHO collaborating centre with WHO on a contract rather than a merely administrative arrangement and a letter of designation. This contract would constitute the framework for the collaboration: the centre's terms of reference, the duration of the engagement, the right to use the name and emblems of WHO, evaluation procedures, etc... If designation involves financial assistance from the Organization, this should be specified. Such financial support, however, generally given for a particular task entrusted to the WHO collaborating centre (for example, the preparation of a regular newsletter, a course, running a meeting...), would be better managed by a contract drawn up to cover that specific point. In any case, incorporating the modalities of the cooperation of a WHO collaborating centre with WHO into the clauses of a contract could undoubtedly remind both parties of the conditions of this cooperation and encourage respect for them. Even if this practice does somewhat complicate relations with the WHO collaborating centres that cover more than one institution or several departments from different institutions, the difficulty thus created is not insurmountable. As for the problem of financing, this should be carefully examined, without any preconceived ideas: a contractual service does not necessarily imply the concept of payment for services rendered. The contract should be very precisely drafted on this point, whether or not there is any financial commitment by WHO. Where there is financing a double audit - technical, by the unit concerned, and administrative and financial by the competent services - should be stipulated in the contract.

#### 1.d Modalities and periodicity of evaluation

These have been revised several times, most recently in 1995 by the working group on programme development and management. Most of the regional offices have also given thought to this problem with a view to facilitating both technical and administrative procedures and optimizing collaboration for the benefit of WHO, WHO collaborating centres and countries, and a number of improvements have been made. Since it is well known that the process of evaluation has to be an integral part of any programme from the outset, it is advisable to consider the matter throughout the different stages of procedure.

### *Selection of potential candidates*

Based on the existing procedures on WHO collaborating centres as instruments of choice for the acquisition of the scientific and technical competence essential for the elaboration of global and regional programmes, and to mobilize the necessary collaboration from countries, the system of advisory committees on health research should be encouraged to identify centres of excellence in the field of research and in all disciplines that may contribute to the improvement of health. The technical units, at headquarters and in the regions, are well placed to identify potential candidates and the offices of representatives in countries should be encouraged to participate actively in this selection. Candidate centres should receive a copy of the document “General information on WHO collaborating centres” from the relevant WHO officials in order to be acquainted with the whole process of collaboration with WHO.

The initiative also lies with countries themselves. In its resolution EB99.R14 the Executive Board urges Member States:

- (1) to support and develop national centres of expertise so that they may meet the criteria to become a WHO collaborating centre;
- (2) to inform WHO of the existence of these centres of expertise.

From these varied sources of information it becomes possible to stake out a preliminary option: either the potential candidate meets the selection criteria and can be recognized as a WHO collaborating centre; or a trial period may be proposed for less formalized collaboration pending possible designation; or a different modality of cooperation with WHO (national institution, contractual agreement...) may be envisaged on the basis of a limited objective and duration. Before any designation, SEARO requires an on site technical evaluation by the technical unit(s) concerned.

### *Designation*

The detailed procedure has been described in 1.b and in Annex 3, together with the AMRO initiative to accelerate it, which has enabled its duration to be reduced by half. It is essential to elaborate with the centre a work plan that has clear and realistic objectives, a limited list of activities and a time frame. If the centre is a major institution with several departments and varied fields of activity, the letter of designation must stipulate which are concerned with the collaboration, and only they will have the right to use the name and emblems of WHO.

The initial designation is for a period of 4 years. Different suggestions have been made for longer or shorter periods, but a mandate covering 2 biennia seems reasonable, specially in view of the possibility of terminating an unsatisfactory collaboration at short notice.

The centre normally receive the list of centres working on the same subject and a yearbook of all the WHO collaborating centres in the country, if applicable. AMRO also sends a certificate mentioning the subject areas and duration of the designation. If there is a financial commitment, it should be clearly specified in the clauses of the agreement.

The centre should be reminded that it is joining a network of WHO collaborating centres which should mutually support each other to carry out the work for which they have been designated. Such networking is essential and we shall come back to this point. Another point of capital importance is that the country should benefit from this collaboration with WHO.

### *Monitoring*

Official designation of the centre marks the point of departure for the collaboration specified. To ensure fruitful cooperation a series of measures need to be implemented, of which the only ones required in the document are an annual progress report to be sent to the responsible programme officer(s). There are nevertheless a certain number of centres that do not meet this obligation, whereas it would seem very important to receive news periodically of the work of every WHO collaborating centre. The technical units should be more systematic in their follow-up not only to ensure that annual reports are received, but from that basis to maintain contact, exchange information, and advise WHO collaborating centres to reorient their work if necessary. This would obviate the difficult situation where, after 4 years with little or no monitoring of the cooperation, the decision has to be taken as to whether or not to continue. It has been proposed that a report should only be requested every two years, in which case it should be considerably more substantial. This regular monitoring of WHO collaborating centres by the responsible technical unit is essential and the success or failure of cooperation depend very much upon its quality.

Even where there are regular reports it is of interest to organize more frequent informal contacts, for example, visits by responsible programme officers during missions, publication of letters of information - by the WHO technical unit or by a centre belonging to the network, at a regional or interregional level. In most regions and many Member States there is a directory of WHO collaborating centres, which facilitates contacts between centres. It is obvious that "home pages" on the Internet would permit better mutual acquaintance and permanent exchanges of information between centres. Electronic mail offers new possibilities for periodic contacts

between centres and between centres and the Organization and it would be desirable for global websites to be created quickly for each network of WHO collaborating centres.

It is obvious that periodic meetings of WHO collaborating centres are essential for these varied contacts; they permit follow-up of the work of the centres at the same time. More than 50 WHO collaborating centres from the United States (out of 167) met in this way in June 1997 in Washington, D.C. This meeting, announced by the National Council of International Health, was attended by most of the heads of the WHO collaborating centres members of the National Institutes of Health and the Center for Disease Control, and some American universities also took part.

Other countries or regions organize similar meetings on a more or less regular basis. In China, all the WHO collaborating centres meet at least every 2 years to share their experiences, and these meetings are taken very seriously by the health authorities. Australia, Japan and Malaysia do the same. EMRO convened most of its WHO collaborating centres in September 1997 to envisage procedures and modalities for greater cooperation with them. SEARO held a meeting, at the same date, of its WHO collaborating centres on reproductive health and on emerging or re-emerging diseases to discuss concrete plans for collaborative activities such as networking, research and training. At the conclusion of this consultation a series of recommendations were made covering the terms of reference of the centres, information on their work and its results, links within networks, the use of modern communications technologies, incentive financing, geographical and subject rebalancing, supervision and evaluation of the centres. There is some really intensive questioning and thinking about WHO collaborating centres going on at present at all levels of the Organization, and the fruits must be gathered.

### *Evaluation*

It is relatively easy to proceed to a final evaluation of the work of a centre after 4 years if there has been continuous evaluation during the period in question. On the other hand, to do this after 4 years when there has been no interaction and monitoring is difficult, and not satisfactory. And yet this final evaluation - by the technical unit concerned and/or by an external evaluator - is of capital importance to enlighten the decision that has to be taken, and it has to be done. Various formats have been proposed for this purpose (see Annex 5). The names of the head of the centre and the principal investigator/collaborating staff should be mentioned, as changes in the team of directors are often the reason for cessation of activity. Evaluation should also attach great importance to the contribution made by the centre to the development of health programmes and activities in the country.

### *Redesignation*

This should never be automatic - still less tacit - with no formal evaluation. Annex 3B provides the details of procedure depending on whether the initiative for designation came from headquarters or from a regional office. It should start before hand so as to avoid any break in the collaboration. AMRO encourages its WHO collaborating centres to take the initiative. Once the decision has been taken on solid grounds, the administrative arrangements should go ahead quickly. However, the two parties must agree on a new programme of work, either on the same subject - as is usually the case, particularly for the biological reference centres - or on a new subject that has been carefully discussed and chosen. Redesignation may be for a fresh term of 4 years or for a shorter period.

### *Termination*

Many responsible officers agree that it can be a very delicate matter to send a well known centre a letter to end collaboration. This explains why some centres are never officially closed, even if there is no longer any collaboration. This situation is quite obviously unacceptable. Where centres are "dormant", they should be "revived" if this is necessary and possible, or closed, in this case with a letter thanking them and saying courteously that WHO could call upon them again in case of need. This happened with certain WHO collaborating centres in the field of ionizing radiation reactivated by the Organization after the Chernobyl disaster. Centres whose activities no longer correspond to the priorities of WHO should be closed. As well as for designation and redesignation, termination should aim at a reasonable compromise between the search of quality and an equitable balance between programme areas and regions.

The word "termination" (or closure) is never used in official correspondence. At the end of the period a letter of thanks is sent by the regional director to the institution (Annex 6). It simply refers to the end of the agreement without any allusion or value judgement on the quality of the work carried out. AMRO, in the certificate addressed to WHO collaborating centres at the beginning of the period, also mentions the end of this term. A proper contract would probably be preferable to the present agreement, which has only administrative value. Any contract clearly stipulates at the outset the duration of the agreement between the two parties and quite naturally comes to an end when this period is up.

Termination also means the end of the privileges attached to collaboration and steps should be taken to ensure that no abusive use is made of the name, patronage and emblems of WHO.

All in all, this problem of the termination of WHO collaboration with a WHO collaborating centre deserves thorough consideration and, without doubt, a common attitude on the part of headquarters and the regional offices.

## **2. Dynamics of the development of WHO collaborating centres**

### Promotion and encouragement of the emergence of more WHO collaborating centres in the countries concerned with the priorities of WHO

Several measures are desirable if it is wished to give practical implementation to this recommendation that comes back regularly in evaluation reports and in numerous resolutions of the Executive Board and the World Health Assembly on WHO collaborating centres. The first is to clearly identify the priorities of the Organization for the years to come and to see that they are made known and adopted. A unique opportunity offers for this: the updating of the health-for-all strategy will point the way for the coming decades, while the Tenth General Programme of Work will start to implement this strategy. At the same time, the agenda for a research policy to support the strategy identifies a general policy and concrete modalities for the development of research on and for health. Consequently the sectors in which the emergence of new centres is needed are going to be clearly delimited, as are the regions and countries in which these centres should be implanted.

However, the number of WHO collaborating centres should be kept within certain limits. Thus a certain number of centres working in fields and on subjects that are no longer recognized as priorities must be closed, together with most of the "dormant" centres which some estimates put at 20 to 30% of the total.

The process of selection based on the identification of potential candidates has been envisaged in 1.d. All partners must conjugate their efforts to determine which national centres meet the criteria for admission to a network of WHO collaborating centre: no isolated designation should be made. Headquarters is undoubtedly best placed to have a global view of the thematic and regional balance of the centres while the regional offices can be more operational in investigations in the field. There is another partner that should be more and better utilized at this stage, and that is the entire scientific community, which can be mobilized through the CIOMS, the International Council of Scientific Unions (ICSU), associations of medical research councils and institutes, national academies of sciences, associations of universities ... The Advisory Committee on Health Research which is in working relations with these bodies can easily make the priorities of WHO known to them, and ask them for help in identifying centres of excellence. This is particularly important for the scientific fields that do not feel involved at present in health research and yet have much to contribute to it.

Once the centres are ready for agreement, the procedure should be applied with flexibility but respect for the rules. At this stage the possibility of contractual relationship might be considered, particularly if there is a financial commitment on the part of WHO. Personal contact between the director of the centre and the responsible technical officer would seem indispensable for a thorough "briefing" on the programme of work, procedures, policies and programmes of the Organization.

All these stages are important. It should nevertheless be kept in mind that a probationary (or trial) period may be a good solution provided it is used to strengthen the centre's expertise and prepare it for designation as a WHO collaborating centre; and that there are other possibilities for collaboration between an institution and WHO. TDR cooperates with a variety of institutions as and when needed and finds it satisfactory, without any formal designation as WHO collaborating centres.

#### Encouragement of programmes to strengthen resources and centres

Any newly appointed centre should very quickly join the relevant network. This is particularly important for the WHO collaborating centres opened in the developing countries where the scientific and administrative environment may not be sufficiently supportive, but it is also true for other centres since all must, by definition, "form part of an international network of collaboration". This networking process means support and cooperation, joint activities, frequent exchanges of information through various channels (letters of information, electronic mail...). Meetings of directors of WHO collaborating centres in the same programme are a fertile experience and should be encouraged. Frequent contacts with responsible technical officers are similarly important, especially at the start of cooperation. This WHO officer must organize the monitoring and control of all the centres dependent on the programme in question, with special attention to those newly established.

Most WHO collaborating centres are effectively grouped into networks, some regional, others global. There is much excellent practice in this regard, for example, drug addiction, oral health, human reproduction, safety promotion and injury prevention. Thus the unit responsible for the International Classification of Diseases held the annual meeting of its network of WHO collaborating centres in October 1997 with the material participation of the host country. The directors of these centres agreed on a long term strategy for the development and management of the ICD, with special attention to the regions or groups of countries not at present well covered by the programme, mechanisms for permanent updating, and the classification families which start from a common hard core but differ from the ICD on certain points. The network of WHO collaborating centres in occupational medicine, established in 1990, is also very active. On the basis of its experience, it has defined the conditions required to function effectively: consensus

in its strategic vision, clear and rational organization, the creation of channels of permanent communication and a marked interest in international collaboration. The network meets every two years, under the aegis of a facilitation group, and has both scientific and management objectives. But in spite of its dynamism, it cannot make up for the insufficiency of the human and material resources that WHO itself allocates internally to this question of occupational medicine that is so essential. There is a serious problem here, that also applies to other important subject areas. Another example is given in Annex 7 (the network of WHO collaborating centres for nursing).

From these models of good practice it emerges that certain centres may be able to second the responsible technical unit by coordinating the work done within the network. These "lead centres" can prepare and disseminate letters of information, convene a meeting, organize a course, launch multicentre research, take the initiative in programmes of support and strengthening to help emerging centres to come up rapidly to a good operational standard and find their place in the network - a kind of sponsorship, in fact. In the opinion of AMRO, a system of this kind is preferable to "multisite" centres which are sometimes difficult to manage. In the network each partner is a centre in its own right, managed as such by WHO in addition to its participation in a collective undertaking. Moreover a partnership at a more modest level between newly established centres and older centres, and between WHO collaborating centres in the North and in the South needs to be developed, for example in the form of one-to-one twinning.

Even if they are relieved of part of their responsibilities by this system of networks, the technical units in charge of a certain number of centres need a certain amount of resources to run them. Since the leadership and supervision of WHO collaborating centres is an integral part of their activities, these units should have some funds in their budgets, with at least a minimum for the tasks of coordination. Moreover, the administration of the WHO collaborating centres - by the office of research policy and strategy coordination at headquarters and by the corresponding units in the regions - requires a thorough knowledge of procedures as well as relational abilities for internal coordination (especially when a centre works with several units) and outside contacts (with researchers, national authorities ...). It is a very demanding job, and this office and the units responsible for research in the regions should have human and material resources commensurate with their responsibilities.

Every evaluation report and every resolution on WHO collaborating centres ends with the same conclusions: "The WHO collaborating centres are an essential tool for the work of the Organization, but they are not used to their full capacity. WHO must take steps to take better advantage of this reservoir of experience and expertise". This kind of declaration remains without effect without the resources - quite modest - that are indispensable for successful

accomplishment of the work of leadership and catalysis. Limited investment would permit substantial gains. This has been understood by AMRO, which has just recruited a professional to assist the head of the HDP/HDR programme which is the focal point for the WHO collaborating centres of the region. This initiative deserves to be imitated in the other regional offices and at headquarters. Similarly, an opinion poll among the heads of WHO collaborating centres - exhaustive or, better, in greater depth in a representative sample - would make it possible to know their feelings and suggestions on the dynamics of centre development.

### **3. Administrative and financial management**

#### Exploring the organizational mechanisms at headquarters and at the regional level

The mechanisms for the management of WHO collaborating centres by WHO are generally regarded as appropriate and judicious, but it remains to implement them on a day-to-day basis. There are not many difficulties other than the insufficiency of human and financial resources to which one has already referred. One problem is the monitoring and management of WHO collaborating centres carrying out activities under different programmes: here the solution might be to entrust responsibility to one of the responsible technical units or to the office in charge of research coordination.

Another problem is related to the size and complexity of the overall system: about 1200 centres, with a considerable although as yet insufficient turnover. To control the operation of such a large collection of centres, a networking organization is essential, with interactive data bases between headquarters and the six regional offices. This does not exist at present, and an interactive computer network of this kind should be set up to enable day-to-day management of the WHO collaborating centres to be kept up to date in real time. A website for the WHO collaborating centres should be created, with a specific site for each network and a "home page" for each centre. Modern technology offers these possibilities and WHO should make use of them.

As already indicated, there are other ways in which the Organization can acquire the scientific and technical knowledge it needs to accomplish its programming function. These are also not sufficiently used. Developing them in liaison with the WHO collaborating centres would help to make full use of the latter while not increasing their number too greatly.

Finally, periodic evaluation of the functioning and performance of the networks of WHO collaborating centres should be undertaken by the corresponding programme(s) with reports to the governing bodies of the Organization and, for the research components, to the Advisory Committee on Health Research.

Various possibilities of financing to support and best coordinate this network of centres

From this point of view the situation is very variable. Some centres are self-sufficient and do not need financing from WHO. Others cannot live and work without financial support. Some, in the developed countries, may contribute - in cash or in kind - to the programme to which they are attached. There are thus various solutions. In any case account should be taken of the extrabudgetary resources - human and financial - brought to WHO by its network of WHO collaborating centres. These are enormous and represent an added value out of all proportion to the sums allocated by the Organization to the management of the centres.

The overall financial support of WHO to the WHO collaborating centres is given below as a cumulative figure up to 1993, and annually thereafter. Up to 1993, a total of US\$ 66 million was allocated to the WHO collaborating centres:

EURO:	US\$	34 451 808
AMRO:	US\$	11 737 558
SEARO:	US\$	8 135 858
WPRO:	US\$	7 399 659
AFRO:	US\$	3 176 804
EMRO:	US\$	896 949

It is not possible to make comparisons between regions and an annual average would be meaningless as the number of WHO collaborating centres and their distribution have varied continually over the years. Since 1993, the resources allocated to the WHO collaborating centres have been decreasing:

1994:	US\$	1 382 821	
1995:	US\$	1 075 588	
1996:	US\$	935 006	essentially for EURO and AMRO

However, these figures do not take account of the funds allocated to their WHO collaborating centres by the regional offices through country programmes. Some developed countries - Belgium, the United Kingdom and Sweden - received substantial sums up to 1993, mainly from extrabudgetary sources, and these funds were essentially used in the developing countries.

Distribution by programmes shows that appropriation section 4 is the main beneficiary of funding, especially for the reproductive health, family health and community health programmes, followed by appropriation section 5 - communicable diseases. This is because of

the special programmes which derive most (HRP) or a substantial part (TDR) of their funding from extrabudgetary contributions. In these cases, in the absence of formally designated WHO collaborating centres, it is the institutions and groups involved in the programme that benefit from contractual financing.

With a total - for all programmes and regions - of less than a million US dollars a year, what can WHO do for the WHO collaborating centres that need help? According to the rules, such help is possible on certain conditions (articles 280 to 290 of the 1992 WHO Manual). But in practice? In the current context of financial difficulties, this would seem unrealistic. Yet there are possibilities that can be explored.

First of all, the scanty existing resources should be mainly used to coordinate the activities of networks and to assist newly established centres. Complementary resources should be sought from other United Nations agencies, NGOs, Foundations, and through contracts with the European Union (provided these involve developing countries).

Secondly, cooperation with the private sector should be encouraged, on condition that appropriate ethical rules be observed. There are many industries working more or less closely with the health system and many scientific and technical bodies are accustomed to collaboration with them. WHO should not systematically remain outside this movement.

If the Organization wants to make the most of its cooperation with the WHO collaborating centres, for itself and for countries, incentive funding should be written into the regular budget. The WHO collaborating centres should be told, at the outset of the designation procedure, of the financial implications of their collaboration with WHO. SEARO has developed an interesting mechanism: to make best use of the contribution of the WHO collaborating centres in the implementation of WHO programmes in countries and to strengthen national health systems, the WHO collaborating centres in the country participate in the management of the WHO budget at the national level from the formulation of plans of action for each programme during the planning/funding allocation cycle, where specific activities can be identified and entrusted to national centres, to the final evaluation of programmes. The emphasis is thus at present, in each programme and budget planning cycle, on the assignment of activities that are sub-contracted to the WHO collaborating centres with the corresponding financing.

Finally, WHO could stimulate the developed countries with large numbers of WHO collaborating centres to allocate a small fraction of their multi-bilateral cooperation budget to their national centres by encouraging them to help through a kind of scientific and technological sponsorship the WHO collaborating centres in the developing countries that belong to the same networks and are so often without financial resources. But it is obvious that WHO can only

mobilize external financing if it can itself prove its interest in the WHO collaborating centres not just in words, but also in concrete commitments including a reasonable allocation of funds.

### **Conclusions and recommendations**

There is consensus about the value and importance of the contribution of the WHO collaborating centres to the activity of WHO for health for all, and about the need for improvement in this field. Financial constraints are not the only reason for the insufficient use made of these centres for the benefit of both WHO and countries. The role they could potentially play in attaining the objectives of the Organization is both considerable and irreplaceable. Progress is possible and the SWOT analysis (Strengths, Weaknesses, Opportunities and Threats) given in Annex 8 could help.

The updating of the global strategy offers a dream opportunity to redefine the place of these WHO collaborating centres in the Organization's programme of work for the coming decades and to rebalance the centres between regions and programmes in the light of the priorities of WHO. At the same time, as cooperative research is one of the essential activities of the WHO collaborating centres, the "agenda for a research policy: science and technology in support of global health development" comes at a timely moment.

The procedures and rules concerning WHO collaborating centres and their role and functioning are satisfactory on the whole but need to be better applied. They do not prevent initiatives to improve and facilitate things at the different stages of selection, designation, redesignation or termination of centres, provided these innovations are duly evaluated.

Finally, if WHO wishes to mobilize more external resources in order to maximize the results of the activity of the centres, it must commit itself clearly to better management and assistance to the networks of WHO collaborating centres. With a view to strengthening this beneficial cooperation between the Organization and its WHO collaborating centres it is recommended:

- (1) to improve the distribution of the centres between regions, countries and programmes;
- (2) to increase their involvement in health care activities with particular emphasis on primary health care and, more generally, in the priority sectors determined by WHO;

- (3) to extend as far as possible and desirable the practice of a probationary period before official designation;
- (4) to aim for more restrictive application of existing policies on designation and redesignation, and more active collaboration throughout the period of the agreement;
- (5) to generalize networking, so that no centre remains isolated;
- (6) to promote periodic, regional, national and programme network meetings, and meetings of directors of WHO collaborating centres;
- (7) to utilize modern information and communication resources in the management of the centres and in the work and exchanges within and between networks and between the networks and responsible technical and administrative officers at the regional offices and Headquarters;
- (8) to mobilize external support and assistance - from governments, NGOs, the scientific community, etc. - to strengthen the networks of WHO collaborating centres and facilitate their functioning;
- (9) to undertake periodic evaluations of the WHO collaborating centres with the help, whenever possible, of small committees asked to give expert opinions on the basis of peer reviews. The members of WHO panels of experts could be associated with these evaluations;
- (10) to report periodically to the governing bodies of the Organization on the situation and the results of the work of the WHO collaborating centres;
- (11) finally, so as to optimize the overall functioning and performance of the system, to increase the human and financial resources of the services responsible, at headquarters and in the regional offices, for the management, coordination and evaluation of the WHO collaborating centres.

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**LIST OF ANNEXES**

- Annex 1 List of Executive Board/World Health Assembly/Regional Committee resolutions concerning WHO collaborating centres.
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- Annex 5 Proposed evaluation sheet for WHO collaborating centres.
- Annex 6 Standard letter of thanks to the host establishment or director of the institution at expiry of designation/redesignation period.
- Annex 7 Extracts from the report of a meeting of the network of WHO collaborating centres on nursing.
- Annex 8 SWOT (Strengths, Weaknesses, Opportunities & Threats) analysis of the WHO collaborating centres.

**Annex 1**     List of Executive Board /World Health Assembly / Regional Committee resolutions concerning WHO collaborating centres

I     **Basic Documents** : Regulations for Study and Scientific Groups, collaborating institutions and other Mechanisms of collaboration (41st edition, 1996, p. 110-114)

II     **Resolutions and Decisions** :

Executive Board

**EB99.R14** of 20 January 1997 : WHO collaborating centres

**EB69.R21** of January 1982

**EB67.R15** of 29 January 1981 : Implementation of Recommendations of the Organizational study on “The Role of WHO Expert Advisory Panels and Committees and **WHO Collaborating Centres in meeting the needs of WHO regarding expert advice and in carrying out technical activities of WHO**”

**EB65.R14** of Jan. 1980

**EB59.R34** of Jan. 1977

World Health Assembly

**WHA50.2** of 12 May 1997 : WHO collaborating centres

**WHA35.10** of 12 May 1982 : Regulations for Expert Advisory Panels and Committees

**WHA33.20** of May 1980

**WHA32(12)** of May 1979

**WHA30.17** of May 1977

Regional Committee :

**SEA/RC50.R5** of September 1997 : WHO collaborating centres

**WPR/RC26.R10** of Sept. 1975

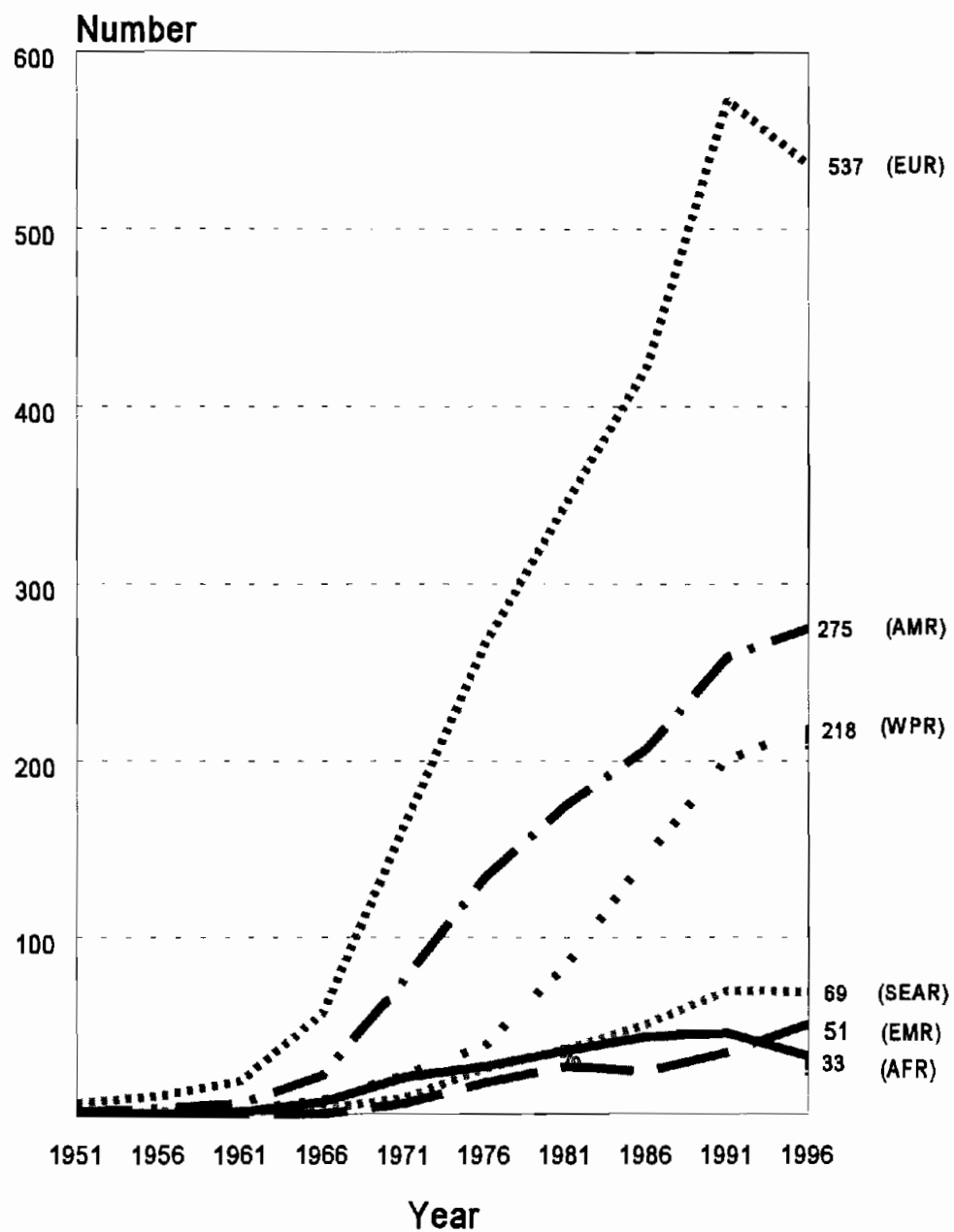
III     **Relevant working papers and summary records** from EB and WHA

1     **EB99/SR/13** (20 Jan. 1997) ; **EB99/SR/7** (16 Jan. 1997); **EB99/SR/5** (15 Jan. 1997); **EB99/SR/4** (14 Jan. 1997); **EB99/SR/2** (13 Jan. 1997)

2     **WHA47/1994/REC/1** of 1994 : Recommendations of the Working Group on the WHO Response to Global Change - related to **WHO collaborating centres**.

3     **EB65/1980/REC/1 (OP/2)** of 10 June 1980

**Annex 2** Figure 1 : Line-graph showing number of WHO collaborating centres in operation by region and year



**Annex 2** Table I : Number of WHO collaborating centres in operation by region and year

<b>YEAR</b>	<b>AF</b>	<b>AM</b>	<b>EM</b>	<b>EU</b>	<b>SE</b>	<b>WP</b>	<b>TOTAL</b>
1947	0	0	0	0	0	0	0
1948	0	0	0	1	0	0	1
1949	0	0	0	2	0	0	2
1950	0	1	0	4	0	0	5
1951	0	1	0	6	0	0	7
1952	0	1	0	7	0	0	8
1953	0	1	0	7	1	0	9
1954	0	1	0	8	1	0	10
1955	0	2	0	9	1	0	12
1956	0	3	0	10	1	0	14
1957	0	3	0	11	1	1	16
1958	0	4	0	11	1	1	17
1959	0	4	0	11	1	1	17
1960	1	4	0	16	1	1	23
1961	1	6	0	19	1	2	29
1962	1	8	0	25	1	5	40
1963	2	9	0	28	3	5	47
1964	5	14	0	37	3	5	64
1965	5	18	0	48	3	7	81
1966	7	22	0	57	3	8	97
1967	9	36	0	81	3	9	138
1968	9	40	0	95	3	10	157
1969	12	62	3	135	7	16	235
1970	20	73	6	154	9	21	283
1971	21	76	6	163	9	22	297
1972	23	93	9	194	19	32	370
1973	23	98	12	205	21	33	392
1974	24	109	13	222	21	36	425
1975	26	122	16	247	21	36	468
1976	27	134	18	266	26	39	510
1977	27	148	21	290	27	42	555
1978	28	157	25	306	27	46	589
1979	33	164	26	317	29	52	621
1980	33	177	26	342	34	73	685
1981	36	175	27	345	37	84	704
1982	38	178	28	353	38	99	734
1983	40	181	28	375	36	114	774
1984	39	179	31	390	36	120	795
1985	41	198	29	412	45	130	855
1986	44	207	24	422	51	146	894
1987	49	215	29	464	56	155	968
1988	48	240	34	501	66	172	1061
1989	46	241	34	531	65	179	1096
1990	44	251	33	547	67	190	1132
1991	46	259	35	573	70	201	1184
1992	45	253	39	572	78	206	1193
1993	47	277	46	609	80	214	1273
1994	55	290	49	625	80	218	1317
1995	31	247	46	494	71	211	1100
1996	33	275	51	537	69	218	1183

**Annex 2** Table II : Number of WHO collaborating centres: distribution by Appropriation Section (programme groups)

APPROPRIATION SECTION 2		<b>48</b>
- General Programme Development and Management	(5)	
- Health, Science and Public Policy	(0)	
- National Health Policies and Programmes Development and Management	(23)	
- Biomedical and Health Information and Trends	(20)	
APPROPRIATION SECTION 3		<b>211</b>
- Organization and Management of Health Systems based on Primary Health Care	(30)	
- Human Resources for Health	(68)	
- Essential Drugs	(25)	
- Quality of Care and Health Technology	(88)	
APPROPRIATION SECTION 4		<b>427</b>
- Reproductive, Family and Community Health and Population Issues	(168)	
- Healthy Behaviour and Mental Health	(126)	
- Nutrition, Food Security and Safety	(50)	
- Environmental Health	(83)	
APPROPRIATION SECTION 5		<b>521</b>
- Eradication/Elimination of Specific Communicable Diseases	(6)	
- Control of Other Communicable Diseases	(319)	
- Control of Noncommunicable Diseases	(196)	

**Annex 2** Table III : Number of WHO collaborating centres: distribution by subjects  
(as of 31 December 1996)

Virus Diseases	73
Mental Health	59
Worker's Health	56
Zoonoses	55
Human Reproduction	51
Environmental Health	41
Oral Health	38
Nursing / Maternal Child Health / Noncommunicable Diseases (Diabetes)	32
Human Resources for Health	31
Cancer	29
Noncommunicable Diseases - Prevention & Control	26
Cardiovascular Diseases/ Food Safety / Technology for Health Systems / Bacterial Diseases	25
Nutrition	24
Radiation Medicine / Blindness, Deafness	23
Health Education / Community Water Supply	22
Hereditary Diseases / Health Systems - Primary Health Care	20
Immunology	19
Traditional Medicine / Vector Biology Control	18
Drug Vaccine Quality Biologicals / Pharmaceuticals / Health of the Elderly	17
Accident Prevention	15
Vaccine Research & Development	14
Health Systems Research / District Health Systems / Rural, Urban Housing	13
Alcohol, Drug Abuse / Epidemiological Statistical Systems	12
Rehabilitation / Tuberculosis / AIDS	11
Malaria	10
Emergency Relief/Research Promotion & Development/Health Promotion/Tobacco Health/Sexual Transmitted Diseases	9
Diarrhoeal Diseases / Communicable Diseases - Control & Prevention	8
Essential Drugs, Vaccines Schistosomiasis	7
Mental / Neurological disorders	6
Information Support / Leprosy / Toxic Chemistry / Technology & Primary Health Care / Informatics	5
National Health Systems, Policies / Trypanosomiasis & Leishmaniasis	4
Health Situation & Trends / Adolescent Health / Health & Human Development / Filariasis / Parasitic Diseases / Smallpox / Safety in microbiology	3
Acute Respiratory Infections / Health Legislation / Women Health	2
Maternal & Child Health - Family Planning	1
HFA coordination / Managerial process for National Health Development / Public Information	0

**Annex 3**      A: Summary of the procedure for the designation of WHO collaborating centres

(Relevant WHO Manual Part XV.2)

(NOTE : Regional Directors are responsible for proposing institutions for designation as WHO Collaborating Centres by the Director-General. However, initiatives for the proposal may come from either Regional Offices or HQ.)

**I      HQ initiated:**

1.      PROPOSAL

- Technical Unit/HQ formulates terms of reference (TOR) and plan of work with the Institute for a 4-year period.

2.      ADG/EXD's APPROVAL AND ASSESSMENT BY RD's concerned

- Memo of proposal for designation with background documentation, TOR and the plan of work for the institution to RD of the respective regional office for the attention of technical unit/responsible office of RPS at the region. { Technical Unit/HQ - to propose justification; Director - to give approval; RPS - to check accuracy and conformity with policy guidelines and to record information in central file; ADG/EXD & RD - to give approval to consult institution(s) }

To :              RD attention: Technical Unit/Responsible Officer, RPS/RO  
Through :        Divisional Director, RPS, ADG/EXD  
Signed by :      Technical Unit/HQ  
cc:                RPS/HQ

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**II      RO initiated**

Action required at HQ for the procedure of designation of WHO Collaborating Centres with the initiative from the Regional Office.

1.      PROPOSAL

Technical Unit/RO formulates TOR and plan of work with the Institute through the normal channels.

2.      ADG/EXD's APPROVAL AND ASSESSMENT BY RD's concerned

After receiving the proposal from RO:

(a) Technical Unit/HQ examines the justification, terms of reference (TOR) and plan of work for the Institute and provides technical comments for the proposal. If it is necessary for some modification of TOR or plan of work, the technical unit/HQ should communicate with the technical unit/RO.

(b) Technical Unit/HQ prepares the reply of proposal for designation with the TOR and the plan of work for the institution to RD of the respective regional office for the attention of technical unit/responsible unit of RPS at the region.

To :              RD attention : Technical Unit/Responsible Officer RPS/RO  
Through :        Divisional Director, RPS, ADG/EXD  
Signed by :      Technical Unit/HQ  
cc:                RPS/HQ

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### 3. INSTITUTION'S APPROVAL

Once the agreement of all parties have been obtained, Technical Unit/RO prepares a formal letter under the signature of the Regional Director to Institution with the TOR and plan of work seeking its opinion as to its designation for 4-year period.  
(cc: RPS/HQ and Technical Unit/HQ)

### 4. DG's CONCURRENCE AND GOVERNMENT CLEARANCE

RO has been notified that the institution is willing to accept designation and is in agreement with the proposed TOR and plan of work, a letter is prepared to the government concerned inviting its comments on the proposal (WHO Manual XV.2 - Annex A) for the signature of the Regional Director.

Upon receipt the positive reply from the government or when the time limit for receiving its comments has expired, RO prepares a memorandum, for the signature of the RD formally proposing to the DG that he designates the institution as a WHO Collaborating Centre. RPS/HQ checks the relevant documentation and proceeds for DG's decision.

RPS/HQ forwards DG's decision to RD for formal designation of WHO Collaborating Centre by the RD. (cc: Technical Unit/HQ)

### 5. DESIGNATION

After DG's concurrence, an official designation letter to the Institution signed by the RD and copied to (a) Government, (b) WR, (c) Technical Unit/HQ and (d) RPS/HQ. (WHO Manual XV.2 - Annex B)

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### **Annex 3 B: Summary of the procedure for the redesignation or termination of WHO collaborating centres**

(Relevant WHO Manual Part XV.2)

(NOTE : Regional Directors are responsible for proposing institutions for redesignation as WHO Collaborating Centres by the Director-General. However, initiatives for the proposal may come from either Regional Offices or HQ.)

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#### **FOUR YEARS TERM TERMINATED**

##### **I. HQ initiated:**

###### **1. PROPOSAL**

- After the evaluation of performance of the centre for redesignation, Technical Unit/HQ prepares memorandum to the Technical Unit/RO with copy of the Annual Report of the Institute seeking their comments.

###### **2. ADG/EXD's APPROVAL AND ASSESSMENT BY RD's concerned**

- Memo of proposal for redesignation with the evaluation of performance of the centre to RD of the respective regional office for the attention of technical unit/responsible officer of RPS at the region. { Technical Unit/HQ - to check the validity of the TOR, etc; Director - to give approval; RPS - to check accuracy and conformity with policy guidelines and to record information in central file; ADG/EXD & RD - to give approval to consult institution(s) }

To : RD attention : Technical Unit/Responsible Officer, RPS/RO  
 Through : Divisional Director, RPS, ADG/EXD  
 Signed by : Technical Unit  
 cc: RPS/HQ

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##### **II RO initiated**

Action required at HQ for the procedure of redesignation or termination of WHO Collaborating Centre with the initiative from the Regional Office.

###### **1. PROPOSAL**

After the evaluation of performance of the centre for redesignation, Technical Unit/RO recommends for redesignation or termination.

###### **2. ADG/EXD's APPROVAL AND ASSESSMENT BY RD's concerned**

After receiving the proposal from RO:

(a) Technical Unit/HQ examines the evaluation, annual report of the institute, terms of reference (TOR) etc. and provides technical comments for the proposal. If there is a need for some modification of TOR or plan of work, the Technical Unit/HQ should communicate with the Technical Unit/RO.

(b) Technical Unit/HQ prepares the reply of proposal for redesignation with the TOR and the plan of work for the institution to RD of the respective regional office for the attention of technical unit/responsible officer of RPS at the region.

To : RD attention : Technical Unit/Responsible Officer, RPS/HQ  
Through : Divisional Director, RPS, ADG/EXD  
Signed by : Technical Unit/HQ  
cc: RPS/HQ

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### 3. INSTITUTION'S APPROVAL

Once the agreement of all parties have been obtained, Technical Unit/RO write to the Institution seeking its opinion as to its redesignation as well draw the attention of the Institute to the original TOR - whether it is still valid or should be revised.

(cc: RPS/HQ and Technical Unit/HQ)

### 4. REDESIGNATION

After receiving the acceptance of the institution, an official redesignation letter to the Institution signed by the RD and copied to (a) Government, (b) WR, (c) Technical Unit/HQ and (d) RPS/HQ. (WHO Manual XV.2 - Annex D)

### 5. TERMINATION

If there is any negative decision of redesignation or proposal of termination of the institute through normal channels, RO write an official letter of thanks to the Institute. (WHO Manual XV.2 - Annex E)

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## **Annex 4** Summary of the procedure for the designation of WHO collaborating centres in the European Region

(Relevant WHO Manual Part XV.2)

(NOTE : Regional Directors are responsible for proposing institutions for redesignation as WHO Collaborating Centres by the Director-General. However, initiatives for the proposal may come from either Regional Offices or HQ.)

### 1. PROPOSAL

- Technical Unit/HQ prepares provisional plan of work, including terms of reference for a 4-year period.

### 2. ADG/EXD's APPROVAL AND ASSESSMENT BY RD's concerned

- Technical Unit/HQ prepares a memo to EURO unit concerned (counterpart) with proposal for comments. { Technical Unit/HQ - to propose justification; Director - to give approval; RPS - to check accuracy and conformity with policy guidelines and to record information in central file; ADG & RD - to give approval to consult institution(s) }

To : RD attention: Technical Unit/RO  
 Through : Divisional Director, RPS, ADG/EXD  
 Signed by : Technical Unit/HQ  
 cc: RPS/HQ

### 3. INSTITUTION'S APPROVAL

- After receiving comments from EURO, Technical Unit/HQ prepares a formal letter to Institution with the TOR and plan of work seeking its opinion as to its designation for 4-year period.

To : Institution  
 Signed by : Divisional Director  
 Clearance : Divisional Director, RPS, ADG/EXD  
 cc: RPS/HQ,

### 4. DG's CONCURRENCE AND GOVERNMENT CLEARANCE

- After receiving acceptance from Institution:

(a) Technical Unit/HQ prepares a memo with justification to the DG requesting his concurrence.

To : Director-General  
 Through : RPS, ADG/EXD  
 Signed by : Divisional Director  
 cc: RPS/HQ

(b) Technical Unit/HQ also prepares a letter to government (WHO Manual XV.2, Annex A) to be signed by the Director-General.

To : National Authority  
 Signed by : Director- General  
 Clearance : Divisional Director, RPS, ADG/EXD  
 cc: Institution, RO's unit concern, WR & RPS/HQ

## 5. DESIGNATION

- After receiving government clearance, Technical Unit/HQ prepares an official designation letter to Institution (WHO Manual XV.2, Annex B).

To : Institution  
Signed by : Divisional Director  
Clearance : RPS, ADG/EXD  
cc: Government, RO's unit concerned, WR & RPS/HQ

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**Annex 5** Proposed evaluation sheet for WHO collaborating centres

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Date :

Country :

Field :

Name :

Address :

Date of designation :

Expiring date :

**Terms of Reference :****Current Work Plan :****Annual Report received on :**

Note received :

Never received :

**Work performed :**

Activities carried out during the period under evaluation :

Research :

Training :

Others :

National :

International :

Joint activities with WHO :

With other organization :

**Quality & quantity achieved :**

Terms of Reference fulfilled :

Partly fulfilled:

None :

Work Plan implemented :

Partly implemented:

None :

**Impacts & contribution made :**

To the National Health Development :

To WHO programme :

To the development of the Centre itself :

Administrative status upgraded :

More support received from Government or international organizations :

Personnel and Budget increased :

No change or adverse effects as additional burdens :

**Comments :***At country level :**by WHO Collaborating centre :**by WHO Representative :**At Regional level :**by Regional Technical Units :**by Regional RPS :**At Headquarters :**by HQ Programme Manager/Technical Unit**by HQ/RPS***Recommendations :***Redesignation :**Termination :***RD's approval :**

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**Annex 6** Standard letter of thanks to the host establishment or director of the institution at expiry of designation/redesignation period

Dear [Dr, Professor, Mr, Mrs, etc.],

Subject :

I am writing to you in connection with the designation of your Institute by the World Health Organization as a WHO Collaborating Centre for [ subject ]. Our records indicate that your Institute was formally designated on [ date ] as a WHO Collaborating Centre for a period of [ X ] years i.e. for the period from [ ..... ] to [ ..... ] and that no redesignation took place after that date.

I would like to express my deep appreciation of the active participation of your institute in the WHO Programme on [ subject ]. The experience gained during our collaboration will be extremely useful for similar activities that may be carried out by WHO in the future. Thus, I would like to place on record WHO's gratitude for the contribution made by you and your Institute during the said period.

I would like also to avail myself of this opportunity to point out that, as per WHO regulation, use of the WHO logo or of the term 'WHO Collaborating Centre' is not permitted beyond the designation period.

With kind regards,

Yours sincerely,

Regional Director

cc: National Health Authorities  
Concerned units in regional office and HQ  
RPS/HQ  
WR

**Annex 7** Extracts from the report of a meeting of the network of WHO collaborating centres on nursing

The idea of collaborating centers in nursing was developed in 1986 and presented at the Conference "Leadership in Nursing for Health for All: Echoing in the Area of the Americas", sponsored by the College of Nursing at the University of Illinois. Soon after, the first Center for Nursing Development was developed at the University of Chicago. Its Terms of Reference pertained to leadership for nursing in primary health care. In Latin America, the first center designated for nursing development was the School of Nursing of the University of Sao Paulo at Ribeirao Preto, Brazil.

In 1987, the Centers for nursing development came together to form a Global Network of Collaborating Centers, to promote coordination and enhance nursing's contributions to health development. This Global Network was developed during an interregional workshop convened by the WHO where participants discussed the potential of a Global Network of nursing institutions and organizations committed to nursing's development in support of the goal of "Health for All" through Primary Health Care.

Nursing leaders from twenty different institutions attended the workshop; a number of those institutions are now WHO Collaborating Centers and members of the Network. At the time of the workshop, five nursing institutions were designated as WHO Collaborating Centers - four of the original regional Centers of Europe (Finland, Denmark, France and Yugoslavia) and one new Center in the United States (University of Illinois at Chicago (UIC)). The meeting culminated in the unanimous agreement to establish a global network of WHO Collaborating Centers for Nursing Development as an integral part of national and international strategies for achieving "Health for All" by the Year 2000 through Primary Health Care. It was decided that the Secretariat of the Network would be located at the University of Illinois at Chicago College of Nursing, and remain there initially for a five-year period with the Dean of the College (the Collaborating Center) functioning as the Secretary General. The Network was conceived as a voluntary association in which WHO Collaborating Centres for Nursing Development could apply for membership. It has remained in close alliance with WHO/PAHO though it is an autonomous organization. Each year, newly designated Nursing Collaborating Centers have been accepted into the Network. In 1994, "Midwifery" was added to the title of the Network.

Six meetings have been held since, the last one in 1996. At the 1994 meeting, a strategic plan was developed. The plan contains a mission statement and the Network's vision and goals; it also identifies task forces. A joint publication of the Network and the American Association of Colleges of Nursing on "Primary Health Care: Nurses Lead the Way - A Global Perspective," is a beginning effort at dissemination of information relating the achievements of our members through a group of case studies. Similarly, the international conference proceedings "Nurses Making the Difference," documents and disseminates experiences of the Centers.

The Network has grown rapidly and is now ten years old. Its goals and potential for leadership are clear. There has been considerable "give and take" between members, a sharing of resources and personnel, and the publication of a Network Newsletter.

As of April 1997, thirty-five (35) institutions hold full membership in the Global Network of WHO Collaborating Centers for Nursing/Midwifery Development; with twelve in the Americas, including two in Latin America. Several more are in the process of designation or in early stages of discussion about possible development. We have been particularly interested in designating centers of excellence in Latin America and the Caribbean. In the near future, centers in Cuba, Chile, Mexico, Panama, and Jamaica are expected to be established.

In addition to this Network of WHO Collaborating Centers, quite a few schools of Nursing and/or Midwifery are associated to the Network, so benefiting from the experience, expertise and activities of the full members.

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**Annex 8** SWOT (Strengths, Weaknesses, Opportunities & Threats) analysis of the WHO collaborating centres.

<p><b>STRENGTHS</b></p> <p>Extension of the technical competence and skills of WHO beyond the resources available at Headquarters and in the regional offices.</p> <p>Acquisition by WHO of valid information on health at the national and local levels.</p> <p>Transmission of information from WHO on strategies and programmes to these same levels.</p> <p>Provision of the Organization with a good network of ambassadors spread throughout countries and able to disseminate quality information on the role and achievements of WHO to large target groups.</p> <p>Provision of WHO with a quality professional link with national institutions, in complement to links of an administrative nature with ministries.</p> <p>Availability to WHO of operational support through activities of research, information and training.</p> <p>Accomplishment of many operational activities at considerably lower costs than those of international organizations.</p> <p>Provision to WHO, as necessary, of flexible and temporary means of work to enlarge its competence and operational capacities, without it being necessary for the Organization to continually maintain its involvement.</p>	<p><b>WEAKNESSES</b></p> <p>Great variability in the scientific competence and operational capacity of the WHO collaborating centres.</p> <p>Substantial number of dormant centres.</p> <p>Difficulty for the technical units of WHO in following the activities of a large number of WHO collaborating centres.</p> <p>Diversion to the WHO collaborating centres and their coordination, support and evaluation, of resources of the Organization that could be used for other things.</p> <p>Many centres with indispensable need for financial support.</p> <p>Complexity and frequent ignorance of the links, connections and sharing of responsibilities between the WHO collaborating centres, headquarters and the regional offices.</p> <p>Under-utilization of the WHO collaborating centres when the interaction with the technical unit is insufficient.</p> <p>Insufficient use of the specific competence of certain WHO collaborating centres which can therefore be regarded as dormant; however, their competence could be of use later.</p>
<p><b>OPPORTUNITIES</b></p> <p>More effective use of the networking system on the basis of well elaborated strategies and programmes clearly indicating which parts of these programmes and which tasks are assigned to the WHO collaborating centres.</p> <p>Twinning between WHO collaborating centres in developed and developing countries and assignment of certain programme elements to these pairs.</p> <p>Electronic links between the WHO collaborating centres creating effective information and consultation collaboration within networks and between them and WHO (Planet Heres: planning network for health research).</p> <p>Production of an electronic directory of WHO collaborating centres with a profile of their competences and capacities.</p> <p>Establishment for each network of a "home page" for the constituent centres and a bulletin board.</p> <p>Incentive financing by WHO for members of the WHO collaborating centres carrying out particular tasks at the request of the Organization.</p> <p>Training of WHO collaborating centre staff on the strategies and programmes to which they will contribute. Training of young researchers.</p> <p>Provision of WHO collaborating centres and WHO responsible programme officers with a manual on the modalities of work and coordination of the centres.</p> <p>Designation of institutions of high scientific standing as WHO collaborating centres, to attract others.</p> <p>Careful evaluation of annual and 4-yearly progress reports from WHO collaborating centres.</p> <p>Development of directives and criteria for WHO technical units to develop their ability to manage the networks of WHO collaborating centres.</p>	<p><b>THREATS</b></p> <p>A further reduction in the staff of WHO would make it impossible to coordinate the WHO collaborating centres and to make use of their cooperation and contributions.</p> <p>Any such reduction, if accompanied by increased demands and tasks at the national level, runs the risk of overloading the WHO collaborating centres and their directors.</p> <p>Requests from other international organizations can overload the centres with work.</p> <p>National policies could become more reserved about the participation of WHO collaborating centres in the work of WHO.</p> <p>An increase in the number of dormant centres contributing little or nothing to the activities of the Organization could ruin the very concept of WHO collaborating centres.</p> <p>A serious technical or other fault on the part of a WHO collaborating centre could seriously damage the reputation of WHO.</p> <p>Loss of the competence and capacity for work of the WHO collaborating centres not required permanently by WHO could be critical in situations of emergency (disasters, epidemics) when their collaboration would be needed.</p>