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Organisation mondiale de la Santé

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Implementation of resolutions and decisions

Report by the Director-General

This document presents a progress report on the implementation of a resolution concerning WHO collaborating centres. The Board is invited to note the report, which constitutes section II of document EB101/10.

II. WHO COLLABORATING CENTRES

1. Resolution WHA50.2 requested the Director-General *inter alia* to undertake a situation analysis concerning the existing networks of collaborating centres, to strengthen their capacity, and to explore the various possibilities of funding to ensure support for and coordination of the centres.

SITUATION ANALYSIS

Designations and terminations

2. In the period from January 1980 to December 1989, the network grew from 685 to 1096 collaborating centres, 656 centres being designated or redesignated and 245 discontinued, with an average duration of 12.1 years.

3. In the period from December 1990 to December 1996, the network grew from 1132 to 1183, with 459 designations (or redesignations) and 408 discontinuations (average duration 13.5 years). The detailed figures by region and by programme are available on request.¹

Definition of functions and procedure for designation and redesignation

4. The definition of WHO collaborating centres in the Regulations for Study and Scientific Groups, Collaborating Institutions and Other Mechanisms of Collaboration² remains valid.

5. Before designation of a collaborating centre, the rules in the WHO Manual must be followed, beginning with the selection based on a list of criteria. These are also specified in the Regulations and are still considered to be entirely relevant.³

6. The procedure for designation, redesignation and termination of WHO collaborating centres has been carefully worked out and revised several times in order to offer all possible guarantees both to the centres and to the Organization. The development team on WHO programme development and management established in 1994 following the report of the Executive Board working group on the WHO response to global change, reviewed the procedure and concluded that it would be desirable to:

- introduce a "trial period" before designation;
- attempt more restrictive approaches in the designation and redesignation and closer working relations throughout the collaboration period;
- use all the facilities of modern technology and communication (such as the World-Wide Web) in the management of collaborating centres, as well as those for permanent exchanges inside WHO;
- intensify dialogue between collaborating centres within a given country and among countries, as well as their communication with the WHO Representatives;

¹ Document RPS/WCC/97.1.

² *WHO Basic Documents*, 41st edition, p. 110.

³ *WHO Basic Documents*, 41st edition, p. 111.

- recognize collaborating centres more clearly as “partners” in the work of WHO, so that the collaborative activities included in the plan of work become part of the programme of WHO;
- include targets and expected results, with deadlines, as part of the terms of reference of centres whenever appropriate;
- provide periodic evaluation reports of achievements by collaborating centres reviewing their plans of action; the achievements of collaborating centres, including their targets and results, should be carefully evaluated in the context of the appropriate technical programmes in WHO; if a collaborating centre has not fulfilled its tasks the Organization should not redesignate it;
- make available information on collaborating centres, e.g. in a directory giving their terms of reference; *The world health report* should contain an up-to-date list of centres.

7. The procedural aspects of designation and redesignation have recently been reviewed in the WHO regions, and various adjustments have already been made; for example, a mechanism has been established for recognition of centres (PAHO now delivers a certificate specifying the period of designation). Further practical improvements concern the use of the latest communication technology.

AGREEMENT BETWEEN WHO AND THE COLLABORATING CENTRES

8. The current agreement by which a collaborating centre is designated and acknowledged is in the nature of a convention rather than a contract. Its basis is the centre’s plan of work agreed upon by both parties and in principle subject to annual assessment and a final evaluation. The rules established by WHO in the Manual cover all aspects of the four-year agreement. Strict application of the cooperative agreement depends on several factors including “management style” and the intensity of contacts. In addition to the recommendations in paragraph 6 above, several suggestions have been made by programme managers and by staff in the regional offices to improve collaboration.¹ A more forward-looking approach by programme managers and regional office staff to implementation of the agreements so that terms of reference and functions are fulfilled, will minimize the risk of centres’ becoming inactive without being either redesignated or discontinued.

REVIEW OF THE PROCEDURES FOR AND FREQUENCY OF EVALUATION

9. The procedures for and frequency of evaluation of the collaborating centres have been reviewed several times. Each regional office has considered ways of optimizing them and ensuring the best possible outcome for WHO, for the centre and for the country in which it is situated.

10. Several improvements have been introduced over the years. The four-year evaluation depends on continuous follow-up during the period and, naturally, on there having been collaboration. Some evaluation - by the technical unit and/or through an external audit - is in any case imperative in the light of the initially agreed goals and objectives. It should concentrate on the contribution of the centre to the development of health programmes and activities at country level, and should start about six months before the end of the period so that the decision on redesignation or termination can be taken without delay.

¹ Document RPS/WCC/97.1.

CAPACITY-BUILDING PROGRAMMES

11. Each technical programme normally establishes a formal or informal international collaborative network for mutual support and cooperation and exchange of information through various channels (newsletters, e-mail, etc.). A newly designated centre will receive the list of all those in the same programme area. Meetings of heads of collaborating centres working on the same programme should be encouraged, as should frequent contacts with the responsible technical manager, especially at the beginning.

12. Most collaborating centres belong to such networks, some at regional, others at global levels, covering drugs and substance abuse, oral health, human reproduction, occupational health, and nursing and midwifery for example. Some are leading centres, coordinating activities of the network with the appropriate programme, issuing newsletters, convening meetings, organizing training courses and research projects, and fostering capacity-building programmes so that others may quickly reach a higher level of proficiency. The consensus view among those contributing to the evaluation is that in order to build up capacity in the collaborating centre network, it is desirable to:

- generalize the networking system so that no centre works in isolation;
- convene regular regional and/or national meetings of heads of WHO collaborating centres;
- convene regular meetings of heads or principal investigators of WHO collaborating centres working in the same field;
- foster collaboration between WHO programmes to ensure the most rational utilization of collaborating centres.

ADMINISTRATION AND FINANCING

13. The prevailing view among those contributing to the evaluation is that existing mechanisms are sound but should be used more systematically. It is sometimes hard to translate principles and rules into daily practice. WHO is the main beneficiary from the fruits of collaboration, since agreements provide no more than US\$ 1000 per centre. This figure has been dwindling over the years,¹ and for more than half the centres no sum is provided. No detailed yearly figures are available, but there are large disparities in sources of funding by programme. The total amounts disbursed by WHO under agreements over the last 30 years are in the order of US\$ 60 million.

14. The scarce resources should be used mainly for the purpose of coordinating the activities of the networks so as to support the newly created centres. Extrabudgetary resources should be sought from other agencies, nongovernmental organizations, and foundations, and through contracts negotiated with the European Union, provided that some centres in developing countries may be included.

15. The Regional Office for South-East Asia has started involving collaborating centres in its planning and programming, including the consideration of budgetary implications. Successful utilization of the centres in the implementation of WHO programmes at country level and in the strengthening of national health systems implies more efficient utilization of WHO country budgets. Thus in each planning cycle emphasis is at present placed on the need to allocate a portion of the WHO country budget for certain activities in the agreed plans of work of the centres in the country concerned.

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¹ See document RPS/WCC/97.1