Meeting with WHO Collaborating Centres (WHOCCs) in the WHO African Region

Kintélé, Brazzaville, Congo

October 21 – 22, 2019

MEETING REPORT
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<th>Acronym</th>
<th>Description</th>
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<tr>
<td>AFRO</td>
<td>WHO Regional Office for Africa</td>
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<td>AU</td>
<td>African Union</td>
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<td>HIK</td>
<td>Health Information and Knowledge Management</td>
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<td>HSS</td>
<td>Health Systems and Services</td>
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<td>HQ</td>
<td>WHO Headquarters in Geneva, Switzerland</td>
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<td>MDGs</td>
<td>Millennium Development Goals</td>
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<td>MOH</td>
<td>Ministry of Health</td>
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<td>RKM</td>
<td>Research and Knowledge Management</td>
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<td>SDG</td>
<td>Sustainable Development Goals</td>
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<tr>
<td>TORs</td>
<td>Terms of Reference</td>
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<td>UHC</td>
<td>Universal Health Coverage</td>
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<td>WHO</td>
<td>World Health Organization</td>
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<td>WHOCC</td>
<td>WHO Collaborating Centre</td>
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MEETING WITH THE WHOCCs IN THE WHO AFRICAN REGION

1. BACKGROUND

As the global movement towards Universal Health Coverage (UHC) for attaining Sustainable Development Goals (SDGs) – post-2015 Millennium Development Goals (MDGs) – continues to gain momentum, countries in the African Region will need to overcome a number of design and technical challenges within their health systems to achieve UHC. Health systems strengthening and reform are very challenging, both in terms of designing policies and programmes and effectively implementing them to assure the desired impact. There is often a knowledge gap between “how to” implement health systems changes and traditional research methods and technical assistance. Much knowledge about how to effectively design and implement systems change resides in practitioners who have led or are in the process of leading systems, programmes, and reform processes.

Strengthening national public health institutions is critical to achieving the “triple billion” targets that are central to WHO’s strategic plan for the next five years: one billion more people benefitting from UHC; one billion more people better protected from health emergencies; and one billion more people enjoying better health and well-being. In the words of Dr. Margaret Chan, the immediate past Director General of WHO, at the Sixty-fourth World Health Assembly, on May 16, 2011: “In everything we do, WHO relies on the expertise of hundreds of formal WHO collaborating centres, in your countries, and thousands of the best brains in science, medicine, and public health, in your countries. They give us their time freely and it is my strong impression that they do so with pride.”

Unfortunately, of the total 829 WHOCCs that exist globally, only 27 (3.2%) are in the African region, and 56% of the 27 WHOCCs in the African Region are located in South Africa. Worse still, an assessment of the WHOCCs revealed suboptimal utilization in address the needs relevant to the themes and area of work of the different technical programmes in WHO AFRO. Most of the existing WHOCCs lack focus on the priorities urgently required to make progress on the SDGs and UHC agenda of the regional office and indeed global targets. In a meeting of responsible officers/technical counterparts of WHO collaborating centres in the African Region, held in 2015, participants shared their experiences, which included under-utilization and poor publicity and funding. It was also noted that much of the under-utilization is due to weak interaction between the WHOCCs and the technical focal points in WHO AFRO. There is also the problem associated with limited awareness and capacity in AFRO for creation, follow up and support to WHOCCs. It was thus suggested that a meeting be organized with all WCCs in the Region focusing on capacity building to improve performance and communication to build on the awareness created and strengthen the capacity to improve collaborative work with the WHOCCs.

Given the pivotal roles the WHOCCs can play, if adequately resources and mobilized, in driving the new priorities of the Regional Office aimed at achieving the goals of the Transformation Agenda, as well as the global triple billion goals, it was critical to convoketheir representative for proper orientation. In view of the above, a two-day meeting of representatives of WHOCCs in the African Region and their technical focal points in WHO AFRO as well as representatives of the different clusters was convened in Kintélé, Brazzaville, Congo.
2. INTRODUCTORY PROCEEDINGS

The participants were welcomed to the meeting by members of the Health Information and Knowledge Management (HIK) unit of the WHO Regional Office’s Health Systems and Services (HSS) cluster, and opening remarks were delivered by the Acting HSS Director.

2.1 Participants at the meeting

Representatives from 11 WHO Collaborating Centres attended this meeting, as shown in the table below.

<table>
<thead>
<tr>
<th>Centre</th>
<th>Country</th>
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<tbody>
<tr>
<td>Centre for Nursing and Midwifery Development</td>
<td>Botswana</td>
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<td>Centre on Tobacco Product Testing and Research</td>
<td>Burkina Faso</td>
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<tr>
<td>Centre for Reference and Training on Diagnosis of Human African Trypanosomiasis</td>
<td>Democratic Republic of Congo</td>
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<tr>
<td>Centre for Mental Health Research and Capacity-building</td>
<td>Ethiopia</td>
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<tr>
<td>Centre for Arboviruses and Viral Haemorrhagic Fevers</td>
<td>Gabon</td>
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<tr>
<td>Centre for Research &amp; training in Mental Health, Neurosciences &amp; Drug &amp; Alcohol Abuse</td>
<td>Nigeria</td>
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<td>Centre for Antimicrobial Resistance</td>
<td>South Africa</td>
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<td>Centre for Educating Nurses and Midwives in Community Problem-Solving</td>
<td>South Africa</td>
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<td>Centre for Family of international Classifications</td>
<td>South Africa</td>
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<td>Centre for Human Reproduction</td>
<td>South Africa</td>
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<td>Centre for Neglected Tropical Diseases</td>
<td>Tanzania</td>
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Table 1: Participating WHO Collaborating Centres

Figure 1: WHOCCs and WHO Secretariat, October 21, 2019. Kintélé, Brazzaville, Congo.
2.2 Objectives and expected outcomes

The primary objective of the meeting was to strengthen the capacity and optimize the contributions of WHOCCs in the African Region towards the realization of the WHO Regional Offices health goals and targets, namely the advancement of the SDGs and UHC agenda in the African Region.

The specific objectives of this face-to-face workshop were to:

1) Provide the WHOCCs with the new priorities of the Regional Office;
2) Provide the WHOCCs with the new areas of works of the technical programmes as dictated by the current global and regional health goals and targets; and,
3) Identify and develop modalities for closer interaction between the WHOCCs and the technical counterparts in WHO AFRO.

The expected outcomes of the meeting were for the group to make recommendations on the working relationships between the WHOCCs and WHO AFRO, as well as the development of certain key products, namely: a list of new areas of collaboration between the WHOCCs and the technical programmes in the Regional Office; and a framework of modalities for future regular interaction.

In terms of the methods of work, open discussions would be based on the Chatham House rule: “Participants are free to use the information received, but neither the identity nor the affiliation of the speaker(s), nor that of any other participant, may be revealed.”

Furthermore, the following principles were expected for all to assume:

- Respect for colleagues during discussions;
- Transparency in sharing information; and,
- Embracing of a collegial culture.

3. MEETING DELIBERATIONS

3.1 Rationale and overall status of WHO Collaborating Centres

Overview of the work of the WHO Regional Office for Africa

An overview of the work of WHO Regional Office for Africa was presented, together with the rationale and current focus areas. A summary of the research priorities presented were as follows:

With universal health coverage, the research priorities related to:

- How to shift from basic (affordable) to essential (needed) services
- How to sequence movement towards essential health services
- How to map, and monitor services for persons left behind
• Identifying and addressing missed opportunities
• How to generate and use efficiency data – making best use of funds
• Evidence for impact of financing innovations
  o Integrating investments across different building blocks: What works / does not work
  o Innovations in mobilizing domestic funds: Government, other sectors, private sector

In addition, priorities presented to facilitate improved health security were the following:
• Building resilience of health systems, to better detect and maintain services during shock events
• Improving predictability of outbreaks and disasters
• Building response capacity in countries
• Integrating emergency response into development support
• Documenting and sharing lessons from successful response efforts

Overview of the WHOCCs

The WHO Secretariat provided an overview of the WHO Collaborating Centres and their contribution to the work of WHO in the African Region.

As early as 1949, the Second World Health Assembly laid down the policy (which has been constantly followed since) that the Organization should not consider “the establishment, under its own auspices, of international research institutions” and the “research in the field of health is best advanced by assisting, coordinating and making use of the activities of existing institutions.”

All WHOCCs, irrespective of their type of work, have been designated under that policy, which has undoubtedly enhanced national participation in the Organization’s activities. Currently, there are over 800 WHO Collaborating Centres in more than 80 Member States working with WHO on areas such as nursing, occupational health, communicable diseases, nutrition, mental health, chronic diseases and health technologies.

![Global Distribution of the 845 WCCs](image)

*Figure 2: The Global Distribution of WHOCCs*
Of the total of 845 WHOCCs that currently exist worldwide, only 27 (3.2%) are in the WHO African Region. These are mostly located in South Africa, as shown in the figure overleaf.

*Figure 3: The Distribution of WHOCCs in AFRO*

These WHOCCs cover a wide range of subjects, with the largest number focused on policy and systems research and development.

*Figure 4: WHOCCs by Subject*
Factors affecting functioning of collaborating centres

The factors that facilitate effective collaboration with the WHOCCs include the following:

- Close and regular contact with heads of WHOCC institutions;
- Clear and specific terms of reference;
- Joint development of proposals;
- Regular meetings and workshops of the WHOCCs with WHO;
- Good transition plans for Responsible Officers leaving or retiring; and,
- Networking with other centres on the same subject.

There is a lack of collaborating centres in the African Region focusing on the priorities urgently required to make progress on the SDGs and UHC agenda.

Additionally, there is sub-optimal utilization of the existing WHOCCs to address the needs relevant to their themes and areas of work.

Furthermore, there is limited awareness and capacity in AFRO for the creation, follow-up, and support of WHOCCs. This was attributed to a number of reasons:

- WHO technical staff not thinking of WHOCCs when planning;
- Technical officers not budgeting enough when developing their work plan, therefore a lack of provision of catalytic funding for WHOCCs;
- Limited interactions with WHOCCs (visits, email, phone calls);
- Poor awareness of WHOCCs among WHO staff and in countries;
- Poor transition plans for exiting Responsible Officers;
- Language barriers given that the database is only in English;
- Weak capacity/knowledge of the WHOCCs database, policies, and processes;
- No formal guide to assess the performance of WHOCCs; and,
- Limited scope of current WHOCCs’ terms of reference and planned activities.

A series of recommendations were proposed for addressing these challenges, which then formed the basis of further deliberations. These included:

- Making a case for resources for initial mapping of institutions;
- Increase interactions of Responsible Officers and Focal Points in WHO Country Offices (WCOs) with WHOCCs;
- Responsible clusters to review terms of reference and amend as necessary;
- Strategic plan and budget, including indicators for AFRO’s activities in WHOCCs; and,
- Improve visibility of WHOCCs within WHO through flyers, seminars, posters, a memo from DPM to all clusters on WHOCCs and on these recommendations.
- Making a case for having full-time staff to manage WHOCCs in the African Region;
- Training key staff to improve coherence and working together to support collaborating centres and countries; and,
- Reviewing the work plans of existing WHOCCs to undertake tasks relevant to the current health challenges in the SDGs agenda.
3.2  **Emerging issues influencing specific collaborating centres**

The WHOCCs represented in the meeting deliberated upon and shared the below challenges in their work with WHO in the African Region.

**WHOCC: Centre for Neglected Tropical Diseases**

1) Most of the activities are project-based; therefore, resource availability is only during the project time, so increases in prevalence of infection outside of (and between) project times occur [gap in project coverage]

2) Communication gap is a cross-cutting issue: collaboration with AFRO and HQ
   - Improved between 2018 and 2019, but many gaps before 2016

3) Under-utilization of WHOCCs
   - WHO is directly supporting the Ministry of Health
   - Trainings that the WHOCCs didn’t know about
     → Big gap in communication
     → Risk of duplication of activities
   - Restrictions in the terms of reference

4) Health should be looked at holistically, but the TORs only allow certain things

**WHOCC: Centre for Educating Nurses and Midwives in Community Problem-solving**

1) Struggles with re-designation, matching TORs to WHO strategic priorities

2) Weak linkages with the Ministry of Health and the South Africa WCO
   - Recently secured a first meeting with the Ministry of Health, but not much was accomplished as this was an introductory meeting

3) Technical focal point person resigned and left a vacuum
   - In addition: there are many silos in working, making the WHOCCs’ impact not as great as it could be

4) Staff turnover, leaving the WHOCC without directorship or a capacity to lead
   - Poor handover processes to the next generation of directors

5) Some tasks require support from WHO due to a lack of adequate capacity to support other countries
   - Some specific support (initiatives, directives) would be helpful

6) Capacity development is a critical need
   - E.g., in developing policy briefs, WHOCCs to work together in developing capacity in these areas, in a time of increased evidence-based intervention

7) Limited funding – the WHOCC would like to do more, but ... we need to come up with mechanisms to ensure that our activities are funded

**WHOCC: Centre for Reference and Training on Diagnosis of Human African Trypanosomiasis**

1) Under-utilization of the WHOCCs – it seems like WHO doesn’t even need us
   i. Manifests in terms of lack of communication at the regional level
   ii. Country-level communication comes from our personal contacts, informal communication with WHO
iii. At HQ, do people even know we exist? We get skipped on field visits...

2) Lack of financial support
   i. E.g., production of diagnostic tests
   ii. We have everything we need, technology, workforce, but they’re not being used. We know that if we had more involvement from AFRO, there would be more visibility vis-à-vis relevant stakeholders, and people would utilize us more

WHOCC: Centre for Antimicrobial Resistance

In spite of good communication with AFRO, there are still some gaps amongst stakeholders in the area of the WCC – such as between WHO and the sub national Departments of Health
1) There is need for follow-up and reviewing of overlooked programs
2) Some areas of collaboration are rather complex and need partnerships to be in place for results, e.g. EQA problem critical to lab systems → so important to bear in mind complexity in logistics (with WHO and with AU)
3) For this program to work, we have to have funding – majority goes to shipment
4) Follow-up on the program, at country (laboratory improvement) and regional level

WHOCC: Centre for Nursing and Midwifery Development

a) Weak link with Ministry of Health and Welfare
   • NCDs have been moved to national aids coordinating agency
   • Still trying to engage with them to see what they’re doing
   • They’re unwilling to share with us, despite our attempts at courtesy calls
b) Limited funding to roll out work plans for day-to-day activities
   • Resource mobilization is a challenge because of how funds are allocated in the region
c) Lack data to know where are the gaps in nursing and midwifery development in the region to guide planning of interventions
d) Issues running the offices. Courses offered to undergrad and grad. Overworking of faculty, so limited time to support the WHOCC
e) Issues with re-designation. The terms of reference are too broad. Staffing challenge to implement them. It would be nice to narrow the terms. Most of our senior people are retiring, but no more staff coming in. issue with getting more experienced staff

WHOCC: Centre for Family of International Classifications

a) Part of a network of WHOCCs – major benefits, but is also a challenge because of the inputs needed from us as part of the network – balancing activities at the global, regional, and South Africa levels is challenging
b) A need for more financial resources, particularly for managing human resources
c) Networking through the region is one of our challenges
d) Getting more people interested in the area of classifications
e) Public sector involvement is definitely a challenge – lots of private sector involvement
f) Forming links with ministry and other actors/partners
g) How do we structure the management of our WHOCC in order to give meaningful recognition to the various stakeholders involved?
h) Links with AFRO have improved in the past few years, but still not straightforward
• Needs work put into it
• We do have gaps in communication with the WCO, we need a clearly designated focal point in the country office
  i) Re-designation process is technically challenging. Regional vs. international balance in relationships and activities

**WHOCC: Centre for Human Reproduction**

a. Initially the activities of the WHOCC were a lot broader than they currently are; activities have evolved according to shifting funding
b. Good engagement with key point person at AFRO
   • Research methods course – hasn’t been conducted in the last few years; hope that with additional funding, they’ll be able to resuscitate the course
   • Changing capacity and turnover – difficult to keep that focus to continue
c. Need to increase local, in-country engagement
d. We could improve collaboration with other organizations within the region
   • More opportunities to broaden scope to respond to current need
   • Work more strategically within the region, particularly when it comes to conception. Moving ideas from theoretical base to implementing pilot programme
   • Seed funding, trying to increase collaborations
e. Constraints around funding for some areas, e.g., for strengthening anything relating to terminations of pregnancy
f. Good to have ongoing discussions with country and regional to decide on priorities
g. We need to think about where we can be most effective

**WHOCC: Centre for Research & training in Mental Health, Neurosciences & Drug & Alcohol Abuse**
a) Due to funding constraints we lack of current data on mental health in the sub region
   • another survey needed (last survey is >20 years)
b) Very little contact with AFRO and information on what they’re doing in the country
   • Not engaged by WHO in activities relating to the WHOCCs work (ie providing psychosocial support to those affected by terrorist activities in Northeast Nigeria)
   • BUT, very regular contact with the Nigeria WCO

**WHOCC: Centre for Mental Health Research and Capacity-building**
a) Some issues with communication with WHO – could be better
b) No succinct documentation on relevance and benefits of being a WHOCC – to share within the institution and with peers, such as leaders of the College and the University
   • Lack of clarity of the value of WHOCC especially within the larger institution, hence weak support from management

**WHOCC: Centre for Arboviruses and Viral Haemorrhagic Fevers**
a) Limited to no contact with the WCO
b) Lack of communication on events relating to the WHOCCs mandate happening in the region
   • Nothing from the DRC on the current Ebola crisis
• The WHOCC has not received samples from the Chikungunya epidemic in Congo
The laboratory in Gabon belongs to all of Africa. Countries should reach out to us during
a crisis/epidemic → we have made ourselves available to the entire region

WHOCC: Centre on Tobacco Product Testing and Research
a) Gaps in capacity for WHOCCs in:
• The development and implementation of business plans
• WHOCCs management system with different relationships
• Find ways to support maintenance of laboratories and other equipment
b) Establishing a permanent and effective communication system between WHOCCs and
WHO at country and regional level

c) Finding sources to sustainably fund WHOCC activities

4. EMERGING RECOMMENDATIONS FOR STRENGTHENING COLLABORATION WITH THE WHO REGIONAL OFFICE

The deliberations from the above issues led to a concrete set of recommendations that need to be
followed up, to strengthen the WHOCC network in the region.

1) Improve the functioning, and expected results from existing WHO CCs in the region
   a. The need to have clear direction, objectives and deliverables in the next 1-3 years,
      jointly agreed with WHO.
   b. The facilitation of a process of organizational approval that ensures commitment and
      support of the organization to the WHOCC.
   c. Ensuring that there is a WHO focal point that is functional and with expertise in the
      area of work of the WHOCC, at all levels of the WHO:
      i. WHOCC to work closely with the focal points to develop their plan of work;
      ii. The focal points will support the review of TORs during re-designation; and,
      iii. Regular communications maintained between the WHOCC and the focal points.
   d. Review of annual reports should include the ways to strengthen the WHOCCs functioning.

2) Improve engagement and communications across the WHO CCs, Ministries of Health (MoH) and WHO (AFRO and WCO).
   a. Have regular meeting of the WHOCCs to share experiences (At least one face-to-face
      meeting);
   b. Conclude the WHOCC and WHO face-to-face meeting with a scientific session to
      showcase the work of the WHOCCs;
   c. WHO to share data/information on the situations related to the areas of expertise of
      WHOCCs in the Region;
   d. WHOCCs take the initiative to linkages with MoH and WCO; and,
   e. Information on ongoing related initiatives.
3) Establish technical hubs in the areas of WHOCC expertise, involving collaboration with other academic institutions in the region:
   a. Build a network of collaborating institutions around specific areas of expertise – technical hubs led by the WHOCCs
   b. WHO AFRO to use the WHOCCs as first port of call for work in the area of their expertise.
4) Increase the visibility of WHOCCs in the region:
   a. Increase access of the public to the database on WHOCCs and the area of work;
   b. Working with the regional and national focal points to support mapping of institutions with expertise WHOCCs with their areas of expertise; and,
   c. Improve communication within the host institution.
5) WHO to facilitate resource mobilization activities for WHOCCs:
   a. Support joint proposal development;
   b. Grant application; and,
   c. Development of investment cases.

In line with the above, the meeting committed to the following next steps:

- The institutionalization of a platform for regular interaction between the WHO and the WHOCCs, including the development of a digital Community of Practice to ensure continued engagement and communication; and,
- The implementation of the recommendations that emerged from the meeting discussions.
### Appendix 1. Meeting Agenda

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<tr>
<th>Time</th>
<th>Subject</th>
<th>Facilitator</th>
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<tbody>
<tr>
<td><strong>DAY 1</strong></td>
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<tr>
<td>8:00 – 9:00</td>
<td><strong>1. Opening session</strong></td>
<td>HSS</td>
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<td></td>
<td>- Welcoming and opening remarks</td>
<td>HKM</td>
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<td></td>
<td>- Introduction of the participants</td>
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<td></td>
<td>- Objectives and expected outcomes</td>
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<tr>
<td>9:00 – 10:00</td>
<td><strong>2. Overview of the work of the WHO Regional Office for Africa</strong></td>
<td>HSS</td>
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<td>11:00 – 11:30</td>
<td><strong>3. Overview of WCCs in the WHO Regional for Africa</strong></td>
<td>HIK</td>
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<td></td>
<td>Numbers, focus, current status, issues</td>
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<td>11:30 – 13:00</td>
<td><strong>Coffee break</strong></td>
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<td>13:00 – 14:00</td>
<td><strong>Lunch break</strong></td>
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<td>14:00 – 16:00</td>
<td><strong>4. Challenges faced by WCCs in engaging with WHO in the region</strong></td>
<td>WCCs</td>
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<td><em>WCCs for FRH, CDS, NCD, Polio, SDH</em></td>
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<td>16:00 – 16:30</td>
<td><strong>Coffee break</strong></td>
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<td>16:30 – 17:30</td>
<td><strong>5. Challenges faced by WCCs in engaging with WHO in the region</strong></td>
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<td><em>WCCs for HSS, WHE</em></td>
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<td><strong>Day 2</strong></td>
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<td>9:00 – 10:30</td>
<td><strong>6. Groupwork: Options for strengthening collaborations with WHO</strong></td>
<td>Chair</td>
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<td><em>Regional Office</em></td>
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<td><em>Groups: WCCs for FRH, CDS, NCD, WHE, Polio, SDH, HSS</em></td>
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<td>10:30 – 11:00</td>
<td><strong>Coffee break</strong></td>
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<td>11:00 – 13:00</td>
<td><strong>7. Plenary: Strengthening collaboration with the WHO Regional</strong></td>
<td>HKM</td>
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<td>Office to facilitate attainment of its priorities</td>
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<td><em>WCCs for WHE, HSS</em></td>
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<tr>
<td>15:00 – 16:00</td>
<td><strong>9. Emerging recommendations for strengthening collaboration with</strong></td>
<td>HIK</td>
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<td>WHO Regional Office</td>
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<td><em>Support to attainment of WHO Regional Office priorities</em></td>
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<td><em>Methods of engagement: Focal persons, methods of work</em></td>
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<tr>
<td>16:00 – 16:30</td>
<td><strong>Closing remarks and next steps</strong></td>
<td>HSS</td>
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<td>16:30 – 17:00</td>
<td><strong>Coffee break</strong></td>
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## Appendix 2. List of Participants

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<tr>
<th>WHOCC Representatives</th>
<th>Institution/Affiliation</th>
<th>Contact Email</th>
<th>Country</th>
</tr>
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<tbody>
<tr>
<td>Ms. Mosidi Mokotedi</td>
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