

WHO Collaborating Centres Regional Meeting

**UNITED ACTION FOR BETTER
HEALTH IN EUROPE**

2-3 NOVEMBER 2021

VIRTUAL MEETING REPORT



**World Health
Organization**
REGIONAL OFFICE FOR **Europe**

WHO Collaborating Centres Regional Meeting

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Abstract

First meeting of WHO Collaborating Centres (CCs) in the European Region was held 2–3 November 2021. The purpose of the meeting was to showcase and recognize the work of CCs across the Region and to strengthen engagement and communication between WHO and the CCs and key recommendations were made. Day 1 focused on the “what”; with directors from the WHO Regional Office for Europe and heads of CCs highlighting how evidence-informed knowledge is translated into practice and the impact that this makes at country level. Day 2 focused on the “how” and encouraged participants to actively provide feedback on how CCs and WHO could strengthen their partnership and improve engagement going forward. Additionally, CCs were invited to submit an e-poster highlighting some of the main achievements of their respective workplans.

Document number: WHO/EURO:2022-5231-44995-64080

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Suggested citation. WHO Collaborating Centres regional meeting: United action for better health in Europe, 2–3 November 2021 virtual meeting report. Copenhagen: WHO Regional Office for Europe; 2022. Licence: [CC BY-NC-SA 3.0 IGO](https://creativecommons.org/licenses/by-nc-sa/3.0/igo).

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This publication contains the report of the WHO Collaborating Centres regional meeting, 2–3 November 2021 and does not necessarily represent the decisions or policies of WHO.

Designed by: Pellegrini

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Preface

I want to wholeheartedly thank the WHO collaborating centres for their dedication, tireless efforts, professionalism and year-long support. I want you to know that your work with WHO has a direct impact on the lives and well-being of nearly one billion people in the WHO European Region. It is an enormous source of pride, and an amplifier of WHO's voice in Europe, that 34% of all WHO's collaborating centres around the world are in our Region. In times when health is centre stage, you are at the cutting edge. You are the top institutions, regionally and globally. You are some of our most valuable partners.

WHO collaborating centres are a part of WHO's history as well as a crucial part of its future. That is why we are keen on finding ways of strengthening our bonds. We are committed to enhancing our partnership models, strengthening the visibility of collaborating centres and showcasing their wide-ranging expertise and work. This meeting has given us a wealth of insights and inspiration on what we can do better and how to move forward.

One of the most important lessons we have learned during the COVID-19 pandemic is the value of collaboration and recognizing what we have in the WHO European Region, including in partnership with our 270 plus collaborating centres. Some of the greatest feats of this health emergency have come about because of collaboration and by following the science, across and beyond borders. The development, production and dissemination of COVID-19 vaccines is just one example, underscoring what science can achieve with global collaboration. Because collaboration fosters solidarity, something that is in high demand in times when multilateralism is threatened.

You remain a crucial source of information and expertise and a valued cooperation partnership to support the implementation and achievement of WHO's goals, advance health and well-being across the Region, and to leave no one behind. Thank you.

Dr Hans Henri P. Kluge
WHO Regional Director for Europe



Executive summary

The first two-day meeting of WHO collaborative centres (CCs) in the WHO European Region was held online, via zoom, on Tuesday 2 November and Wednesday 3 November 2021. The purpose of the meeting was to showcase and recognize the work of CCs across the Region and to strengthen engagement and communication between WHO and the CCs.

The meeting was opened by Dr Hans Kluge, Regional Director for Europe. He welcomed participants and commended CCs for their ongoing enthusiasm, support and active participation with WHO. He acknowledged the tremendous asset that CCs represent, being a wealth of human resources, knowledge and expertise, and he recognized how they play a key role in contributing towards and supplementing WHO's mandated work, and in supporting the implementation of WHO's Thirteenth General Programme of Work (GPW) 2019–2023 and the European Programme of Work 2020–2025 – “United Action for Better Health in Europe” (EPW). He stated that the WHO Regional Office for Europe is committed to strengthen its partnerships with CCs.

Day 1 focused on the “what”; with directors from the WHO Regional Office for Europe and heads of CCs highlighting how evidence-informed knowledge is translated into practice and the impact that this makes at country level. The WHO Regional Office for Europe presented its current strategic priorities, flagship initiatives and direction and how the work of WHO and its CCs could be strengthened and aligned. Heads of CCs were able to showcase the work of their CC and share reflections, best practices and challenges in implementation of the workplan.

Day 2 focused on the “how” and encouraged participants to actively provide feedback through structured working group sessions about how CCs could be better supported and explored innovative ways on how CCs and WHO could strengthen their partnership and improve engagement going forward.

CCs were invited to submit an e-poster describing their terms of reference (ToR) and highlighting some of the main achievements of their respective workplans.

The following **key recommendations** were made:

- develop, implement and disseminate a strategic framework for working with CCs at regional and departmental level including mapping of centres to identify gaps and anticipating emerging health issues;

- increase visibility and promote awareness of CCs and their contributions, within WHO, with external audiences and with other CCs, including fostering and supporting communications between CCs and ministries in charge of health/national authorities, giving CCs a platform to showcase their work and ensuring CCs are acknowledged as key partners in supporting implementation of WHO's mandate;
- building capacity through networks of CCs and develop a strategic approach to increase the connections and synergies with technical networks of CCs, regionally and globally, technically and geographically, in addition to mechanisms to improve connectiveness between CCs;
- develop a communication plan for WHO's relationship with CCs and strengthen partnerships by establishing communication and engagement mechanisms to involve and inform on the work of WHO and give visibility for the CCs to showcase their work;
- develop a sustainable approach for capacity-building among WHO staff and CCs to support staff in the management and evaluation of CCs and the process of designation/re-designation of CCs and strengthen CCs' support for implementation of the EPW, especially in countries with few or no CCs, including developing a global community around WHO to improve knowledge sharing and transfer; and
- streamline bureaucracy through continuing to identify areas where the designation/re-designation administrative and technical processes can be more efficient.

Key **next steps** include to:

- develop the CC action plan for 2022–2023 to incorporate the recommendations and proposals from the meeting and to outline the concrete steps moving forward; and
- share with CCs a list of CCs by thematic area and geographical location.

This was the first meeting organized between WHO and the CCs and provided valuable feedback and proposals that will be further reviewed and go towards strengthening the partnership between WHO and its CCs. It will be the first of many engagement opportunities, with more work to be jointly led and implemented across the CC networks and with WHO.



Key takeaways

- 1 CCs continue to be assets for WHO and are a wealth of human resources, knowledge and expertise that contribute to and supplement WHO's mandated work, including supporting the implementation of the GPW and EPW.
- 2 CCs expressed support and enthusiasm across the two-day meeting and identified that they are inspired to strengthen partnership with WHO and other CCs.
- 3 The WHO Regional Office for Europe is committed to exploring ways of strengthening the relationship with CCs and the networks that exist between them.
- 4 The WHO Regional Office for Europe is committed to strengthen networking opportunities between CCs: expanding CC networks from regional to global levels; broadening connections across different disciplines, technical areas and expertise; broadening to other cross-cutting issues; and working towards using an interdisciplinary approach.
- 5 CCs are enthusiastic about connecting and working together with other CCs on certain technical areas and on cross-cutting health and well-being issues, with many volunteering over the two days to link up.



Introduction

Background

Through its commitment to the priorities of WHO's GPW and EPW, WHO is recognizing and developing models of partnership and scaling up existing intersectoral work with diverse actors to achieve global, regional and national health and well-being goals and targets, and to meet today's complex health challenges.

CCs are key Member State institutions that have expertise relevant and essential to WHO's work. They are distributed globally and represent a tremendous asset for WHO, strengthening Member States' health capacity to support health and well-being development. The fundamental logic is to utilize the inherent expertise in a CC for the benefit of all Member States and their populations, leaving no one behind.

To help to improve and strengthen the collaboration between WHO and CCs, the WHO Regional Office for Europe organized its first meeting of CCs in the WHO European Region.

Aim and objectives of the meeting

The overall aim of the inaugural meeting of CCs was to recognize the work of CCs and to strengthen cooperation with WHO. The meeting objectives included to:

- identify opportunities with CCs and enhance their capacities to maximize contribution towards GPW/EPW implementation;
- work together with CCs to identify, strengthen and promote innovative collaboration and strengthen and expand existing networking mechanisms;
- share good practices and address challenges in implementation of joint workplans;
- bring visibility to the tangible deliverables of CCs and the work they do; and
- inform CCs of the work of WHO, its core priorities and its flagship initiatives.

Expected outcomes

The expected outcomes of the meeting included:

- producing an outcome document on concrete actions for working together with a common understanding to optimize collaboration;
- increasing awareness among CCs of WHO's mandated work and priorities;
- identifying areas where WHO can better support CCs;
- highlighting ways of working that promote good practice and identifying key problem areas and issues that impact the smooth functioning of CCs; and
- identifying networking opportunities where technical networks can be formed.

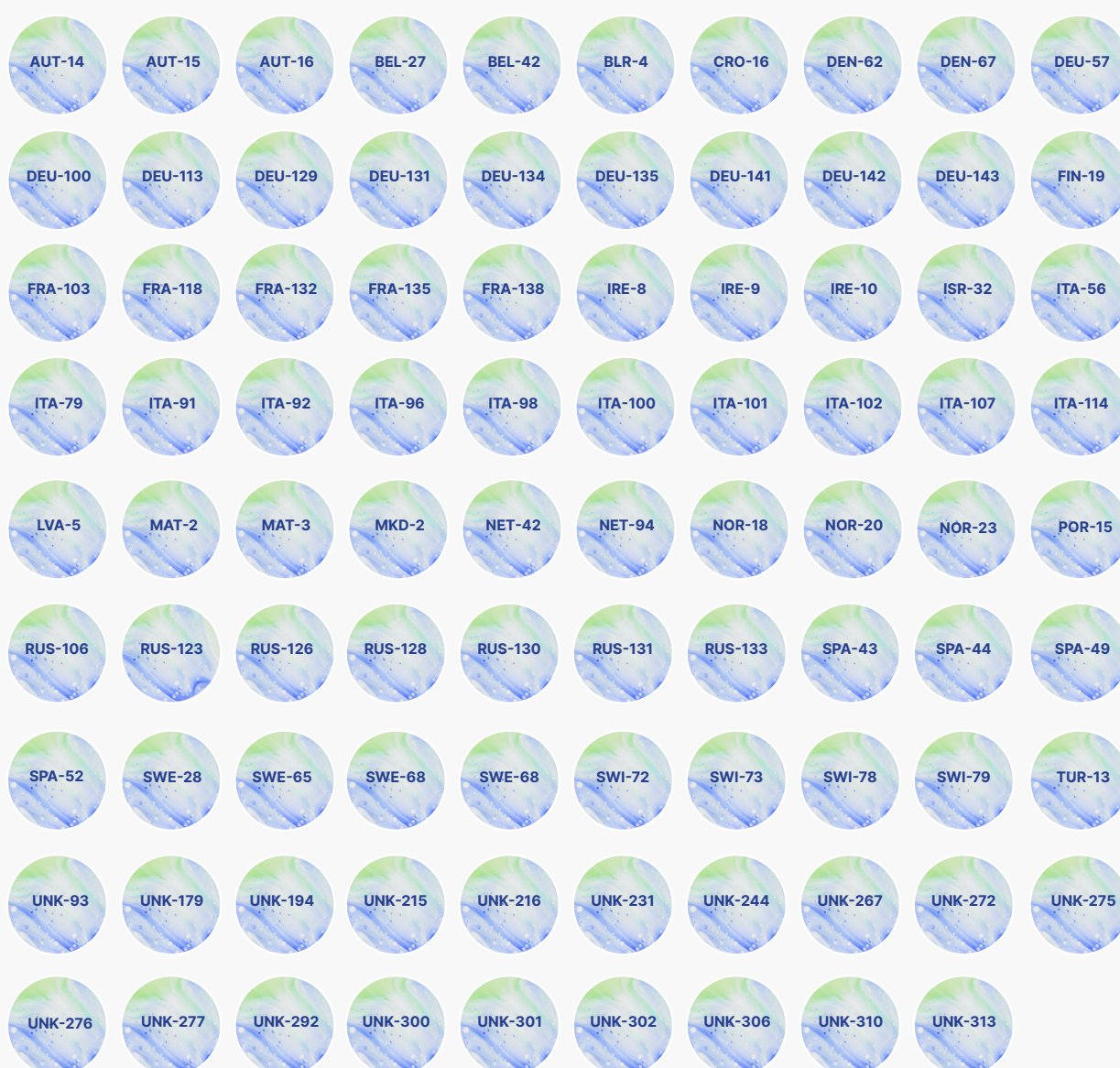
Meeting scope

Day 1 of the meeting focused on the “what” and, following the keynote speeches, directors and representatives of divisions in the WHO Regional Office for Europe outlined their respective current and future WHO strategies, priorities and flagship initiatives. This was followed by the heads of the CCs, who provided reflections and examples of best practices and underlined how evidence-informed knowledge is translated into practice and the impact that this makes at country level.

Day 2 focused on the “how”; the way in which the Regional Office and CCs work together and how to strengthen and work together more effectively, especially in new and innovative ways. It incorporated working group sessions in which participants were able to share their thoughts and provide feedback about how WHO can support CCs better, identified key problem areas, ways of sharing resources, reflected on good practices and synergies and identified ways to strengthen our partnership and improve our engagement in practical ways going forward.

Exhibition of e-posters

A feature of this meeting included a call for e-posters to showcase the work of the CCs and highlight the joint deliverables. There was a fantastic response with 89 posters received and a request from responsible officers (ROs) and CCs to ensure these posters are used productively in order to bring visibility to the work of the CCs. The posters can be found at the following location: [exhibition of e-posters](#).





Day 1: defining the “what”

Key opening messages

The meeting was opened by **Dr Hans Henri P. Kluge**, WHO Regional Director for Europe. He outlined the ways in which the world depends upon WHO, how the pandemic has opened countless windows of opportunity and that health is now at the top of every international agenda, with governments willing to invest in health like never before. However, he also noted that now is a time to reflect on what we want and need to change together. He stressed that the pandemic has made the GPW, with its Triple Billion Targets, and the EPW, with its four flagships (the Mental Health Coalition, Empowerment through digital health, the Immunization Agenda 2030 and Healthier behaviours: incorporating behavioural and cultural insights), more urgent to implement than ever.

He gave examples of the strength in collaboration and the work being done by the WHO Regional Office for Europe and its 270 plus CCs. He also highlighted the work of the Pan-European Commission on Health and Sustainable Development, and how it is tasked with rethinking health with a multidisciplinary approach, bringing in political, economic, governmental, environmental and managerial aspects.

Dr Kluge expressed his and WHO's commitment to strengthening its partnerships, including with CCs, and thanked them for their dedication, tireless efforts, professionalism and year-long support, which have a direct impact on the lives and well-being of nearly one billion people in the WHO European Region. He acknowledged that CCs are an enormous source of pride, and an amplifier of WHO's voice in Europe, without which the Regional Office would be unable to fulfil its mandated work.

Looking to the future, he reiterated that CCs are a crucial part of both WHO's history and its future, and that the Regional Office is committed to exploring ways of strengthening relationships with CCs and the networks that exist between them; boosting the capacities of low- and middle-income countries in the eastern part of the Region; and giving greater visibility to CCs' work.

Keynote speakers: main messages

Professor Oxana Drapkina is Director of the WHO Collaborating Centre on Development and Implementation of Noncommunicable Disease Prevention Policy and Programs at the Department of Integrated Prevention Programs, National Medical Research Center for Therapy and Preventive Medicine of the Ministry of Healthcare of the Russian Federation. Professor Drapkina reported that for over 70 years the institution has been at the forefront of public health and preventive medicine and is a leading institution for noncommunicable disease (NCD) data collection and analysis and for generating new scientific evidence in the area of NCDs in the Russian Federation.

She recognized that designation as a CC has provided the institution with increased visibility and recognition and allows it to call public attention to the health issues the CC works on, including elevating those issues in the Ministry of Health. WHO designation gives the CC the opportunity to shape practices and innovations and to take part in national dialogues and working groups that work towards developing national recommendations and guidelines for public health.

Some of the work that the CC has been involved in as part of the partnership with WHO includes conducting investment cases on human health and mental health; supporting countries in the Commonwealth of Independent States in assessing the nutritional quality and labelling of baby food; investigating food advertising and marketing on television; participating in the International Health Literacy Survey; assessing the impact of the COVID-19 pandemic on children's physical activity; contribution to stabilization of the pandemic in the WHO European Region; and implementing WHO guidelines and recommendations and translating these into Russian, especially in the areas of NCD prevention and health promotion.

Dr Kluge responded to Professor Drapkina by congratulating her on the success of the institution at the St Petersburg economic forum. He thanked the CC for the ongoing work and partnership with the Regional Office, especially in tackling physical activity, investigating the commercial determinants of health, assessing the impacts caused by the COVID-19 pandemic, and working in mental health and health literacy.

Professor Lothar H Wieler, President of the Robert Koch Institute (RKI) in Germany, emphasized that the COVID-19 pandemic has put public health institutions in the spotlight, with governments and the public in general turning to them for guidance and hopeful messages. He stated that he is grateful for WHO and its continued commitment to public health and that the RKI is lucky to work with WHO.

The RKI hosts three CCs, covering emerging pathogens and biological threats; outbreak alert and response, including support in the implementation of the Global Outbreak and Alert Response Network (GOARN); and HIV and hepatitis.

He stated that RKI actively continues to support and analyse epidemiological situations and is a partner for public health institutions globally. He emphasized that the RKI is committed to supporting WHO in preparing and responding effectively to emerging

infections and biological threats, with the new WHO Hub for Pandemic and Epidemic Intelligence in Berlin providing an opportunity for better prediction, prevention, detection and response to future global health threats.

He reiterated that working together to address public health issues makes us stronger and more effective. Specifically, he highlighted the opportunities and value that partnering together on public health issues provides and how CCs can help to build trust in a country.

Dr Kluge commended RKI's efficiency and accuracy in reporting health and well-being data during the pandemic. He also expressed his appreciation behind the work of the Review Committee of the International Health Regulations (IHR) and mentioned that the Regional Office and RKI will continue to work closely together through the WHO Hub for Pandemic and Epidemic Intelligence and the new WHO European Centre for Preparedness for Humanitarian and Health Emergencies in Istanbul, Turkey.

WHO current strategies and future initiatives, priorities and flagships: aligning the work of CCs to EPW

The directors and their representatives from the WHO Regional Office for Europe outlined the current strategies and future initiatives, priorities and flagship initiatives of the Regional Office and WHO headquarters. Heads of CCs were able to showcase the work of their CC and share best practices and challenges in implementation of the workplan. They discussed how the work of CCs aligns with and is crucial to delivering WHO's mandated work.

Elevating and focusing on country support

Dr Gundo Weiler, Director of the Division for Country Support and Emergency Preparedness and Response in the Regional Office, defined the role of the Division in maximizing WHO's impact in countries by focusing the Organization on realizing the health ambitions of the Member States, implementing the EPW and achieving the health-related Sustainable Development Goals (SDGs). He informed the audience that WHO is prioritizing and increasing country support and impact and there is now more than ever a need for WHO to be relevant and specific for every country in the WHO European Region. The division aims to:

- ensure programmes within the Regional Office are not siloed and that divisions work together to deliver a coherent country level response;
- facilitate effective collaboration between regional and country levels, among individual WHO country offices (COs) and countries without COs, and between countries and partners at subregional levels;
- provide a voice for country impact, an interlocutor between COs and the Regional Office; and
- help the Regional Office to deliver easier, faster and more impactful work at the country level.

He emphasized that, in order to respond effectively to the health and well-being needs of countries, we need first to understand the situation in the country as this will help to inform decisions on how to focus and adapt to country needs. The focus should be on multiple issues based on medium-term engagement plans and evaluation frameworks to measure progress and to make adjustments. This is where CCs are a crucial partner in the delivery of the EPW and why we need to engage with them frequently and use their expertise and national intelligence to inform and provide advice to the national and subnational levels of government. Furthermore, he stated that CCs help to facilitate horizontal exchanges, provide technical expertise and connectivity between and within countries to support strategizing national and subnational approaches to specific health and well-being areas. He highlighted the need to build capacity within scientific and government institutions, which WHO is supporting through workshops conducted at national and subnational levels.

He raised the issue of migration and health in the Region, stating that international migrants make up 13% of the total population of the WHO European Region and that WHO and its Member States cannot achieve any of their health and well-being goals and targets without including the health and well-being of refugees and migrants. He discussed how WHO can work with its CCs in migrant health.

Professor Anne MacFarlane is Director of the WHO Collaborating Centre for Migrants Involvement in Health Research at the Public and Patient Involvement Research Unit at the University of Limerick, Ireland. Professor MacFarlane is leading a CC that will produce principles and best practices for involving migrants in health research using participatory health research approaches. She emphasized that refugees and migrants in Ireland, and the civil society organizations and researchers in the field of migration and health, want to be listened to and want to see real action and change in the area. It is important to address implementation challenges and translational gaps in this field. She said the CC advocated for enhanced involvement of civil society stakeholders and health researchers and for public and patient involvement in health research.

She recognized the positive impact of having the CC designation, which improves the institution's status and visibility at the country level, increases networking opportunities and encourages civil society and health sector stakeholders to engage with CC activities (e.g. seminars or projects). She added that it has been possible to fund the CC programme and activities with external grants. She reflected on the added value of being in a network of migrant health CCs, where collaboration has helped to develop resources to guide migrant health research and has provided benefits from sharing knowledge and expertise.

She advised that the CC does not have an active link with the Ministry of Health in Ireland but, through designation, stakeholders have recognized the CC's expertise in its partnership with WHO. What is still missing is a regular mechanism for communication between the CC and the Ministry of Health. Furthermore, the Ministry of Health is not engaging with the CC for its expertise and guidance to provide support in refugee and migrant issues and decision-making. Therefore, there are missed opportunities, for

example in translating evidence into practice and policy during the COVID 19 pandemic. The question Professor MacFarlane posed was how we should come together better to tackle this issue, identifying that a mechanism for WHO support is required. CCs highlighted this issue throughout the meeting, especially discussing how WHO and CC work could be linked with the evidence base disseminated to Member States' national and subnational governments and/or authorities.

The meeting chat among CCs was in agreement that the visibility of CCs needed to be increased in the public domain and links strengthening between CCs and Member States' governments and institutions to ensure coordinated action and messaging. The chat comments were that the biggest health and well-being challenges involve ministry of health and policy-makers at the national and subnational levels and that it is crucial to strengthen networks within the country level and enable CCs to provide information, evidence-informed knowledge and feedback to authorities when requested. Additionally, it is critical that CCs are involved in the development of national strategies and plans to ensure their work is given visibility so that authorities understand how the activities being undertaken at the national level align to and work towards supporting a country's priorities and goals.

Additionally, CCs emphasized points raised about the need to group CCs with similar interests and expertise together to help to strengthen the work within and across technical areas. Leveraging overlapping interests will help to enhance the impact and visibility of CCs at country and regional levels. Additionally, the need for establishing a mechanism whereby CCs could connect among themselves more broadly beyond the technical work of the CC and to other cross-cutting issues was raised.

Dr Weiler agreed that networking among CCs and other stakeholders and partners within a country or more broadly in the Region was valuable. He stated that WHO would be interested in exploring further with the CCs the issue of linking in with other areas and supporting engagement opportunities or mechanisms between CCs and governments at the country level to support translating the evidence base into policy and practice and to ensure that CCs are more aligned to the needs and priorities of Member States.

Dr Weiler highlighted that climate change is an issue that has geographically and technically brought countries and CCs together, with many partners having a stake in responding to the challenges it presents. WHO has an important convening role in bringing partners together to address climate change challenges and to ensure a prompt and efficient response. He suggested that the work with CCs on climate change could model the convening function, bringing together different sectors and building a network that could elevate relevant health and well-being issues to a higher level.

Protecting people better against health emergencies

Dr Dorit Nitzan, Regional Emergency Director, WHO Health Emergencies Programme, first highlighted that protecting people better against health emergencies is a cross-cutting issue and is everyone's business. She commended the work of CCs in the Region in their support to WHO in the preparedness and prevention efforts against the COVID-19 pandemic and that CCs have been key partners during pandemics. She thanked CCs for joining WHO on missions at the country level and highlighted that CCs are highly valuable for providing the laboratory, clinical and mathematical knowledge, experience and expertise that is required to carry out WHO's mandate.

Focusing on health emergencies, Dr Nitzan identified that WHO works mainly with CCs in emergency preparedness but also recovery in the area of biological hazards and other hazards. She welcomed other institutions to apply for CC designation to strengthen the Region's capacities in emergencies, especially in the area of preparing, responding to and recovery from biological hazards, and she welcomed discussions on how to align and coordinate better to ensure a comprehensive response at the country level.

She presented on the focus of the Regional Office in strengthening its partnership with CCs, including mapping the needs of both WHO and the WHO Health Emergencies Programme (WHE) for CC support across the prevention, preparedness, response and recovery emergency management cycle; reviewing existing CC capacities to address identified needs; advocating for expanding CC networks to address gaps not covered by existing CCs; promoting a balanced approach (e.g. expanding the CC network in eastern Europe and strengthening the response component); and strengthening linkages with the network of CCs outside of the WHO European Region.

Dr Vasily Marchenko is Head of the Influenza Laboratory and Leading Researcher at the WHO Collaborating Centre for Studies on Influenza at the Animal–Human Interface at the Department of Zoonotic Infections and Influenza, Federal Budgetary Research Institution – State Research Centre of Virology and Biotechnology “VECTOR”, Rospotrebnadzor, Russian Federation. Dr Marchenko discussed the influenza and animal–human interface and presented on surveillance capacity in the Russian Federation, specifically on the national zoonotic influenza virus surveillance system. He presented on the key steps the CC is taking to move towards improving the national surveillance systems to ensure that they maintain a high-quality service at the country level, including coordinating annual external quality assessment programme for diagnostics of antibodies of seasonal and avian influenza (polymerase chain reaction and haemagglutination inhibition); providing technical support to laboratories in the Russian Federation that deal with viruses at animal–human interface; and exchanging epidemiological information with the Russian Federal Service for Veterinary and Phytosanitary surveillance (Rosselkhoznadzor).

He discussed how the CC works to investigate avian influenza virus, including the way in which new viruses undergo classification and risk assessment. He highlighted the CC's collaboration with WHO, including through regular and timely zoonotic influenza sequence sharing (GISAID); exchanging avian influenza viruses and data with laboratories approved by WHO as part of GISRS collaboration; sharing summary reports on antigenic

and genetic proprieties of zoonotic viruses with WHO on biannual meetings for pre-pandemic influenza vaccine virus selection; participating in relevant WHO influenza pandemic preparedness and risk assessment activities; preparing reports for the WHO Tool for Influenza Pandemic Risk Assessment; participating in evaluation of pandemic potential of newly isolated zoonotic influenza viruses; and alerting WHO to new zoonotic virus isolation if any unusual properties of viruses with public health significance are detected.

Dr Marchenko concluded by stating that the CC aims to strengthen surveillance and response capacities in the Russian Federation and more broadly the Region. Specifically, under WHO leadership, the CC is committed to providing zoonotic influenza virus surveillance and studies according to WHO priorities and to participate in WHO pandemic influenza preparedness programmes.

Dr Nitzan responded to the presentation by highlighting the important partnership WHO has with this CC in detecting zoonotic viruses and exploring the animal and human health and environmental interface. It highlights the importance of CCs and their networks in detecting and preventing infectious disease outbreaks. Furthermore, she acknowledged that the work that the CC carries out to investigate new viruses, with classification exercises and risk assessments conducted by the CC, provided a foundation to address the SARS-CoV-2 infections and to identify the virus quickly.

One CC asked through the chat function if there was going to be a standardized training programme on the WHO Emergency Risk Management Framework developed by the WHE programme. Dr Nitzan responded by stating that the Regional Office was working on a training programme with the WHO geographically dispersed office in Istanbul and the WHO Academy.

Dr Nitzan also acknowledged that the emergency services were working with the health workforce in general and that it is important for WHO to link CCs and networks together on common issues: for example, a reference centre for nursing could use its expertise on specific issues, including infection prevention and control. Capacity-building needed to occur in a cross-cutting way.

Mr Robb Butler Executive Director, Office of the Regional Director, and Dr Nitzan also emphasized the need to focus more on building resilience, looking not only at the health sector but also beyond it. Dr Nitzan mentioned that following the COVID-19 pandemic, we will need to continue to strengthen the resilience in each country, not only for universal health coverage (UHC) but also for IHR core capacities and capacities beyond this. She stated that this requires a whole-of-government and whole-of-society approach and that WHO, with the support of its CCs, will continue to strengthen country and health system resilience, and in particular IHR core capacities. CCs in the chat identified that CCs should support the increase in capacity for training and strengthening health system resilience in emergency preparedness.

Country health policies and systems

Dr Ledia Lazeri, Regional Advisor for Mental Health and representing the Director, Division of Country Health Policies and Systems, highlighted that the Regional Office was supporting countries, advocating for the strengthening of public health leadership and focusing on strengthening health systems through supporting countries with the design and implementation of appropriate health policies and systems that aim to strengthen UHC; advocating the strengthening of public health leadership focusing on implementing policies that are people centred, promote health, prevent illness and address the social and economic determinants of health; and focusing on building capacity for health system innovation to enable the sustainable delivery of high-quality primary health care and community services that are effectively linked to hospitals and to mental health, public health and social care services.

To achieve this, the Regional Office's Division of Country Health Policies and Systems has been structured around programme areas of access to medicines, data metrics, health through the life course, health workforce and service delivery, health policy development, digital health and the Mental Health Coalition initiative. Dr Lazeri also stated that the Regional Office has technical hubs to support and provide expertise and technical guidance and policy recommendations at the regional and country level through the WHO European Centre for Primary Healthcare in Almaty, the WHO Barcelona Office for Health Systems Financing, the WHO European Centre of Excellence for Quality in Care and Patient Safety in Athens and the WHO European Office for Investment for Health and Development in Venice. Dr Lazeri shared an update on the Digital Health flagship initiative, describing why digital health is important in strengthening health systems and public health and shared that the flagship initiative will aim to complement and operationalize the draft WHO global strategy on digital health; provide technical and policy guidance and expertise on the safety and efficacy of digital health solutions; and preserve health equity, gender equality and human rights as core values.

Dr Lazeri highlighted that the COVID-19 pandemic delivered an unprecedented shock to health systems globally and that health systems in the Region were not fully prepared to respond to emerging needs. She explained that strong and resilient health systems are a prerequisite for better health. She described why mental health is everyone's business and a priority in the Region. She highlighted the Pan-European Mental Health Coalition, launched in September 2021, which is a partnership that is dedicated to improving and promoting mental health as a critical priority for public health across Member States in the WHO European Region. It will focus on transforming attitudes about mental health, expediting mental health service reforms and accelerating progress towards UHC for people with mental health conditions. Dr Lazeri stated that some potential areas for collaboration between the Regional Office and CCs included exploring interlinkages between mental health and equity; exploring stigma and discrimination around mental health; expanding mental health services; and improving employment and working conditions in order to improve the mental health of workers.

Mr Simon Vasseur-Bacle, Head of International Affairs at the WHO Collaborating Centre for Research and Training in Mental Health, EPSM Lille Métropole, France, discussed country health policies, with a focus on promoting person-centred and rights-based approaches in the development of health policies and programmes. He shared that the CC works with the Regional Office supporting the WHO QualityRights core programme, including supporting the development of training and guidance tools and participating in training. Furthermore, he mentioned that the CC gave visibility to the WHO QualityRights Assessment Toolkit, which is used in France to support change towards recovery and rights in mental health services with participating institutions.

M Vasseur-Bacle commended the WHO Regional Office for Europe for prioritizing mental health and establishing the Pan-European Mental Health Coalition. He mentioned that the Coalition will help to target gaps in mental health care by gathering national leaders and representatives from different organizations and bringing mental health out of the shadows and into the mainstream; transforming mental health services and recovery efforts; and promoting mental health services through the life course. He highlighted that the objectives of the Coalition aligned with the work that the CCs are delivering. Furthermore, he explained that action is needed now in the field of mental health and it is about building synergies, being innovative and research driven and then sharing this new knowledge and best practice through CCs both regionally and globally. M Vasseur-Bacle also acknowledged the importance of collaboration in achieving the Coalition's objectives and maintaining coherence between international organizations, stakeholders and policy-makers.

Mr Butler and Dr Lazeri both agreed about the value of exchange between partners, including CCs, and the call for action to strengthen this further among CCs and the broader partnership arena. Furthermore, they agreed that it was a landmark year for mental health in 2021, that there is a need to keep up the momentum and that we have the tools and the means to make the change happen in the area.

Dr Lazeri concluded by providing an update about the WHO European Framework for Action on Mental Health 2021–2025 and how CCs will participate. She encouraged CCs to join the Coalition and participate in delivering work that advances mental health services in the Region.

Participants in the chat function identified that the Mental Health Coalition flagship initiative is very timely and welcome. They reiterated the importance of a population approach to tackling mental health, which should include investment in mental health promotion to enhance contributors to positive mental health and health equity; to respond in new and innovative ways to current population and mental health needs for all, together with prevention to reduce the incidence and prevalence of mental ill health; and to focus on treatment and recovery for people with mental health conditions.

Dr Mariana Dyakova, representing the WHO Collaborative Centre on Investment for Health and Well-being Policy, Public Health Wales, responded to the presentation regarding working with WHO on strengthening country health systems and policies for

health, well-being and equity. She discussed the CCs work with the Regional Office and the WHO European Office for Investment for Health and Development in Venice, specifically around building a movement for leaving no one behind and closing the health gap. She expanded upon joint work including:

- taking a cross-sector and life-course approach to closing the health gap;
- implementing European health equity leadership and initiatives;
- exploring adverse childhood experiences and how these may relate to COVID-19 pandemic response and recovery and in terms of health equity and preventing early years trauma; and
- exploring a new approach for the economy of well-being, placing population well-being and health equity at the heart of sustainable recovery and of policy and decision-making going forward.

As the pandemic has widened the health gap, and accentuated problems for certain population groups such as children, the case for sustainable investment in the health system, and especially in public health and prevention, is stronger than ever, recognizing the interdependence between population well-being, economic growth, societal progress, planetary health and leaving no one behind.

Country health programmes

Dr Carina Ferreira-Borges, Acting Co-Director, Division of Country Health Programmes, provided an overview of the structure and priorities of the Division. Dr Ferreira-Borges explained that the Division is focusing on:

- assisting country efforts to reduce the burden of NCDs and communicable diseases, including by focusing on high-impact policies, prevention and multisectoral work; effectively using platforms (Healthy Cities Network) and multilateral conventions (WHO Framework Convention on Tobacco Control, Tripartite, “One Health” collaboration) and strong data collection systems; and linking with the flagship initiatives to provide evidence-informed digital health solutions and behavioural and cultural insights in health policy and planning;
- addressing the social, economic and environmental determinants of and risks to health, including through tobacco and alcohol use, unhealthy diets, physical inactivity, violence and injuries, road safety, antimicrobial resistance (AMR) and environmental health (air pollution, climate change, chemical safety, water, sanitation and hygiene, biodiversity, contaminated sites, urban health, environment and health inequalities);
- supporting parts of health system strengthening, people-centred health care and UHC and assisting countries in their efforts, including in improvement of service delivery models for priority interventions such as cancers, cardiovascular diseases, chronic respiratory disease and diabetes; elimination and control of vaccine-preventable diseases; and advocacy for increased use of vaccines; and

- focusing on vulnerable and key populations to sustain and further enhance control and elimination of infectious diseases, including reducing the burden of tuberculosis (TB) and multidrug-resistant TB, striving towards elimination of HIV, hepatitis and sexually transmitted infections, and improving prison health systems.

She shared the so-called big-ticket items of the future that the Division is focusing on and how programmatic areas are linked to these: communicable diseases, and NCDs and environmental health,

For communicable diseases, AMR and behavioural and cultural insight programmatic areas, the big-ticket items include promoting and generating behavioural science/insights to maximize health outcomes; ensuring equitable access to immunization through the transformative European Immunization Agenda 2030; and tackling major challenges posed by AMR, including enhancing leadership and commitment to implement the One Health approach. There is also an additional refocus of efforts to reduce the burden of TB/HIV, viral hepatitis and sexually transmitted infections, including countering the adverse impacts of the COVID-19 pandemic.

Under NCDs and environmental health, the big-ticket items include launching a movement on cancer prevention and management; tackling persistent challenges, such as childhood obesity and alcohol consumption; tackling major challenges posed by environmental threats, such as climate change, loss of biodiversity and environmental pollution (air pollution, chemical pollution); and promoting a One Health approach along with AMR, food safety and ministerial commitments under the Environment and Health Process.

Dr Ferreira-Borges mentioned the need for increasing synergies and collaboration between the Regional Office and its CCs and the continued need to strengthen the focus of work on the country impact. Specifically, more capacity to support Member States is needed but also to focus on translating the SDGs into the European context.

Dr Liga Kuksa is Head of the WHO Collaborating Centre for Research and Training in Management of Multidrug-resistant Tuberculosis, Centre of Tuberculosis and Lung Disease, Department of Methodology and Surveillance, International Training Centre, Riga East University Hospital in Latvia. Dr Kuksa commented on the inspiring and encouraging opening words from Dr Kluge and reinforced the positive reinforcement that makes the CCs feel included and valuable partners of WHO. She stated that WHO provides constructive guidance, and they consider collaboration with WHO as a strong partnership.

Dr Kuksa shared that the CC works with WHO in providing targeted training at local and international levels, developing new training programmes, research in TB and international consultancy work.

Dr Kuksa highlighted that, since 2001, the CC had delivered over 200 training sessions and over 25 training programmes, with more than 3000 active participants from more

than 60 countries. Approximately 80% of programmes were implemented on-site and 20% in countries. She described that the COVID-19 pandemic has forced the CC to work in different ways, providing information and training online, and to take on different roles, including media and communication responsibility in disseminating health and well-being information. Online courses have included interactive discussions; case studies and live demonstrations; groups and participants' presentations; and virtual site visits to TB facilities (e.g. laboratory, outpatient department, online drug-resistant clinical consilium).

She highlighted that during the COVID-19 pandemic all updated guidelines and latest evidence-informed documents developed in English are "converting" into practical training provided almost entirely in Russian. Furthermore, they provided targeted TB and COVID-19 training in Russian.

Mr Butler and Dr Ferreira-Borges commended the CC's agility in changing their service delivery model from on-site to online during the pandemic and having the capacity to readjust and innovate in challenging times. Mr Butler further commented that this was an example of how CCs and the Regional Office have worked together to maintain essential services through the pandemic. Dr Ferreira-Borges mentioned the importance of the CC in providing WHO with data to understand how health services were disrupted, and how they managed to get essential services back on track. In other areas, including NCDs and access to treatment for diabetes, WHO and its work with CCs has provided the opportunity to use new tools and be innovative in providing essential services.

Pan-European Leadership Academy

Ms Gabrielle Jacob, the Special Advisor for Transformation and Organization Development in the WHO Regional Director's Office, acknowledged the importance of WHO's collaboration with its CCs in delivering the WHO Regional Office for Europe's mandate and strategic priorities.

She described the Pan-European Leadership Academy (ELA), which is a core initiative of the EPW. The goal of the ELA is to support Member States to achieve the goals and objectives of the EPW, including by supporting national health systems to prepare for potential risks and emergencies and to deliver UHC to leave no one behind. She explained that it is envisaged that the ELA will be made up of three tiers:

- Tier 1, the junior professionals programme, will focus on public health and health systems, building participatory leadership capacities and enhancing understanding of the WHO/United Nations system;
- Tier 2, for mid-level or mid-career professionals from ministry of health exchange programmes, will focus on health systems recovery and readiness in addition to EPW core priorities and the four flagship initiatives; and
- Tier 3, for high-level decision-makers involved in health system transformational change, will focus on scaling up nationwide and sustainable health systems and public health institutions, effective transformation and exchange management, and training and peer support.

She provided an overview of the overall objectives for Tiers 1 and 2, including:

- strengthening human resources for health in the WHO European Region through the provision of opportunities for learning and professional development within the Regional Office in relation to the three core priorities and four flagship initiatives of the EPW;
- creating a network of trained health professionals to support and advance the EPW through strengthened health systems in the Region;
- enhancing knowledge and insight into health systems challenges and operations at country level within the Region;
- providing a vehicle for practical dialogue between the regional and country levels in priority technical areas; and
- assisting in addressing the issue of underrepresentation of some European Member States in international governmental organizations over time.

An explanation of what is involved for Tiers 1 and 2 was provided and included the following.

- **Participation.** Participants will be given opportunities to learn about and participate in the regular work of the WHO Regional Office for Europe, including at the Regional Office and CO levels, as appropriate.
- **Learning objectives.** Learning objectives and outcomes will be agreed jointly with each participant and they will be encouraged to participate freely in relevant technical activities, including having opportunities to travel in connection with technical meetings, workshops or other activities relevant to the ToR.
- **Learning opportunities.** Internal and external training courses and learning opportunities will be identified through the agreement of participants and their learning objectives and outcomes.
- **Duration.** For Tier 1 the duration of the demonstration project will be 11 months. For Tier 2, the duration of the demonstration project will be 3–6 months.

Ms Jacob provided an update on current status of the Tier 1 demonstration project, which involved inclusion of eight committed and talented young professionals (from Bosnia and Herzegovina, Kazakhstan, Kyrgyzstan, the Russian Federation and Serbia); identification of first placements at an advanced stage and WHO iLearn platform playlists that include creative courses in RD leadership and management, emotional intelligence, change management and communication, SDGs, health security (IHR) and UHC.

She challenged the CCs to consider how they envisage the ELA's future with CC involvement and collaboration. Additionally, she asked the CCs to consider what training and capacity-building initiatives they would like to see as part of the ELA that would align best with the individuals selected and their learning journey.

Day 1 closing

Mr Butler closed the meeting and thanked the presenters for some excellent and interesting presentations and for the active participation of those online.

He drew attention to the online posters that were submitted in advance of the meeting and showed some examples of the joint work and deliverables and advised that WHO will utilize these posters in future to give visibility to the work of the CCs.

CCs in the chat requested a list of CCs according to topics and geographical location, and that a mapping exercise be undertaken to see how the CCs align to the new WHO Regional Office for Europe's divisions and the EPW priorities and flagship initiatives. The WHO Collaborating Centre Secretariat mentioned that this document had been developed and promised to share it after the meeting.

Day 2. Defining the “how”

Summary and key findings from the report WHO Collaborative Centres in the WHO European Region, Where We Are and What is Next

Ms Svenja Herrmann, Manager of Resource Mobilisation and Alliances in the WHO Regional Office for Europe, chaired Day 2.

Ms Herrmann drew attention to the key findings and recommendations from the report WHO Collaborative Centres in the WHO European Region: Where We Are and What is Next. This is a recent analysis based on feedback from CCs and ROs. The findings were clear that the work delivered by CCs is of high quality and is beneficial to delivering WHO's mandated work and that, overall, the workplans and ToR are aligned with the GPW and EPW. The greatest contribution was to UHC, although there were gaps in the representation of some technical outcomes and these needed addressing. The main findings were that CCs bring essential state-of-the-art expertise and networking capacity as well as knowledge about subnational, national and international characteristics. Their contributions represent the largest in-kind contribution to the Organization, estimated at US\$ 14 million for the WHO European Region per year.

The three key challenges that were raised centred around the value that designation brings to CCs, funding constraints and bureaucratic burdens. The recommendations of the analysis were clear in that WHO needs to:

- develop and implement a **strategic framework** for working with CCs to increase the connections and synergies with technical networks of CCs;
- tackle gaps by building **capacity** in areas where they occur, geographically and technically, and map potential centres, especially in countries that have few or no CCs;
- strengthen **internal governance** through formal planning and evaluation mechanisms and streamlining bureaucracy;

- build **capacity** by facilitating knowledge management in WHO and strengthening capacity-building with CCs; and
- increase the **visibility** of our joint work.

Response from CCs

Many CCs identified that they are interested in exploring opportunities for contributing to work of other CCs in shared topics or interest areas, sometimes outside of the scope of the existing CC ToR. They asked how WHO could help to facilitate this further and to strengthen an interdisciplinary approach to responding to health and well-being issues.

Some CCs mentioned that, when conducting evaluation and annual reporting of the ToR, there is a need to consider what kind of resources can benefit both WHO and its CCs best. There is a need to involve CCs in strategic planning for WHO and their planned events in order for collaboration to be effective and impactful.

Some CCs raised concerns around how they could be supported to increase their visibility and capacity to better deal with a mandate oriented to improving global WHO activities. In addition, questions were raised as to how CCs are involved in forming a common understanding and sharing scientific evidence that feeds into the official documents, reports and technical documents that WHO produces.

The issue was raised about ensuring that there is meaningful, timely and continuous communication between WHO and its CCs so that everyone is fully informed about the priorities and goals at WHO headquarters and the Regional Office and the work being delivered. Additionally, all interested and relevant stakeholders should be engaged in regional and country level projects and when developing technical reports, strategies and/or plans and to ensure that these are not just topdown approaches but rather collecting and utilizing the perspectives, knowledge and evidence base from bottom level up. When WHO is collaborating with national authorities, including ministries of health, in the development of national health-related strategic or plans, it would be beneficial for CCs to be involved in the process and to include perspectives and insights from the area of expertise that is specific and relevant to the country. Additionally, the involvement of CCs will better inform policy-makers about how best to respond to the health challenges in the country. Once documents are published or events are organized, it is crucial to ensure that CCs are acknowledged appropriately to increase the visibility of the CCs involved.

CCs: global perspective, policies and procedures

Mr Matias Tuler, Programme Manager, Governance and Review Services, WHO headquarters, presented on the global perspective, policies and procedures of CCs. He explained that his office in WHO headquarters is responsible for coordinating the global work of CCs.

He provided background about the establishment of CCs and the need to avoid creating new research and laboratory capacity in Member States but rather to coordinate and

make agreements with existing research institutions. He acknowledged the value of CCs and that, through them, WHO gains access to the top institutions worldwide and they provide capacity to support WHO's programmes. Additionally he explained that, through the global networks, the organization is able to exercise leadership in shaping the international health agenda. Furthermore, he explained designation opens opportunities to exchange information and develop technical cooperation with other institutions at national, regional and global levels, and it supports resource mobilization from funding partners where appropriate.

He provided tips to developing a good workplan and provided a reminder on the policies to keep in mind by CCs for use of emblem/logo, intellectual property rights and conflict of interests.

When completing the annual report, he encouraged the CCs to focus on the progress or completion of implementation of the activities of the workplan rather than details of technical or scientific results.

Response from CCs

CCs in the chat emphasized the need to continue to reduce the bureaucratic burdens, especially in the re-designation process and for established CCs. Some CCs identified that they would like policies around the use of the WHO logo to be reconsidered. Overall, they commented more could be delivered in partnership if there were fewer restrictions and greater flexibility in the ToR and ways of working with WHO and between the CCs.

One CC explained that CC policies seem outdated in the context of how universities operate in today's environment and their strategic goals. Specifically, the restrictions around the CC's activities can at times create tension with the more general institutional internal agenda within universities, which often is focused on generating income. Recognition and status of an institution as a CC is sometimes insufficient, and it is difficult to measure if this recognition truly benefits the institution.

One CC identified in the chat that this year they were expected to write in their workplan that WHO is leading all activities and that they would be asked to support and provide input only. However, they emphasized that, in reality, this was not the case and that the CC completes most of the work because of reduced capacity in WHO. This reduces the motivation for a CC to continue working with WHO.

Working group sessions

The working group sessions aimed to explore how WHO could support CCs better and allowed for participants to discuss ways to strengthen the partnership and to work in new and innovative ways together to achieve WHO's mandate. The working groups were conducted concurrently; consequently participants were able to attend one working group session, with the opportunity for feedback and further discussion at the plenary from each of the working groups.

Technical networks – how to strengthen knowledge and resource sharing (geographical, technical, regional and global) and enhance synergies – how to identify new networks and promote, support and strengthen existing networks

General discussion

The working group had a broad approach to the discussion topic by initially sharing experiences about the types of CC network that exist, including:

- technical networks, i.e. networks related to specific topics, which may include only CCs or external experts;
- geographically focused networks, at national, subregional, regional and global levels;
- CC-only networks;
- research networks with CCs and other partners (e.g. laboratory collaborations); and
- nongovernmental organizations (NGOs) and expert networks.

There was a discussion about the modality networks use to come together, with some networks identifying that they meet in person and other CC networks meeting online. Those that meet virtually identified that this a less expensive but successful option to networking and discussing key issues.

The type of work conducted by the networks also differed, with some networks involved in developing joint training courses, publications or grant applications on similar technical and/or cross-border issues.

In general, the positive feedback shared by CCs in their experiences in establishing and working in different technical networks was that they: are useful at both a general and a content-specific level and help to advance specific subject areas; work towards achieving technical outcomes; provide valuable learning experiences for all members; and allow for positive interactions between different stakeholders.

In contrast, feedback from CCs working in different technical networks highlighted the following. CCs felt that they were working with WHO, but WHO was not working with them; some CCs did not feel part of a network; there was uncertainty regarding rules of communicating with WHO COs and countries directly and if CCs were allowed to network more broadly (i.e. globally); practical issues surround the use of the WHO logo; ToR were limiting; and there were challenges associated with establishing a CC network with limited resources and to get the right partners and experts around the table.

Questions were raised regarding how WHO is ensuring that visibility and information about the work of CCs is being exchanged between the ROs, and the need for ROs to network internally.

WHO representatives raised the issue that at times it is difficult to find a balance between inviting CCs to networking activities and putting too much burden on them to be engaged in another area of work. There is a need to explore what is feasible and relevant for everybody.

Future proposals raised regarding CC networks

- Need for further support to manage the CCs, including in reporting, re-designation, garnering support from national governments, logo use and project funding proposals.
- Need for greater support from WHO in establishing CC networks, especially in the early phase in identifying partners and finding human and financial resources.
- Need to explore the design of CC networks, including:
 - cross-disciplinary collaboration may be more useful than networks staying within their discipline;
 - increase in global collaboration; and
 - provision of more information about CCs from WHO, especially CCs that might be of value to include in a specific network (this includes sharing the list of CCs in the Region and CC reports).
- Understand that WHO leadership is beneficial, especially in setting goals and joint publication agendas for CC networks.
- Formulate clear goals and outcomes when establishing a new technical network.
- Increase opportunities and engagement between CCs and ministries of health, and CCs and WHO COs.
- Encourage CCs to inspire others where possible, via national conferences and inviting other CCs to join networks.
- Identify interest for cross-cutting thematic networks, such as social sciences or digital health, and create opportunities for those networks not only ones in the same area of technical work.
- Provide opportunities to connect with CCs from other regions, as for some topics there is better expertise outside the WHO European Region, for example in tropical diseases or primary health care.

Future proposals raised regarding CCs in general

- Create closer communications between CCs and between CCs and WHO.
- Increase support from WHO for increased visibility of CCs.
- Improve exchange of current WHO projects to keep CCs updated on these projects, local and regional interventions being implemented.
- Share WHO reports when they are published with relevant CCs, so the CCs feel valued and treated like partners in health and well-being.
- Hold regular meetings among CCs with a clear purpose.

Looking at good practices, recommendations on strengthening the collaboration (also globally) and how to better engage – how can we use innovative ways to engage and work better together and how can WHO support?

General discussion

CCs shared experiences and best practices of engaging and working together. **Mr Goof Buijs**, Manager of UNESCO Chair/WHO Collaborative Centre on Global Health and Education, provided a case example of cross-sector collaboration, specifically bringing education and health sectors together into a CC network. The CCs agreed that by engaging with one another enthusiasm goes beyond the scope of work and allows them to share, connect and work in other areas and ways.

Some CCs identified that CCs have been working too much in isolation and that there is a need to strengthen connections and create different types of network.

Some participants mentioned that there are gaps in certain policy areas and certain issues are not being worked on through a cross-sectoral approach, for example in migration and health and occupational health and safety. Participants discussed that the complexity of health issues today require a holistic, interdisciplinary and cross-sectoral approach, with health expertise from multiple health backgrounds required to respond to challenges. With many CCs specialized on specific health and well-being issues, there is a need to explore how to best work together cross-dimensionally and with a subregional, regional and then global focus. One suggestion to facilitate synergies was to establish a platform so that CCs working in the same technical or geographical area can connect.

Some participants identified the need to be less rigid in the classification of CC networks in order to focus on population groups or settings (e.g. schools, prisons, health settings in general) and to take a more strategic approach. CCs emphasized this in the chat function, stating that if we continue to work narrowly, focused only on collaborating at the technical level or professional groupings, then we miss out on opportunities to experience full collaboration. Overall, these barriers need to be removed to improve research, practice and responding effectively.

Participants also raised that consideration should be given to what other fora or opportunities exist where CCs could be valuable and partnerships could be established, not just through CC networks but interlinking with other networks, including the partners for health, non-State actors and other groups more broadly.

There is a need for better sharing of information and events and opportunities to exchange information. This will ensure that CCs can be more proactive and propose solutions early on to key health and well-being issues.

Some of the areas that were raised for improving joint work included observing networks that have already been formalized; sharing challenges faced between CCs and CC networks; analysing how we can articulate better collaboration, especially with WHO

COs, government ministries and with institutions beyond WHO and the European Union; taking care of existing synergies and networks and keeping the momentum of these going forward; keeping all research lines open; sharing information about other CCs at geographical levels and technical areas; and utilizing ROs as focal points to open doors and link with other CCs.

Participants discussed the importance of making the ToR realistic and comparing the ToR between the CCs so there is no overlap but using the capacity and capability of all institutions in a strategic and coordinated way to achieve goals. There is also a need to put the capacity of the CCs at the service for WHO programmes and ensuring that they match their needs and requests.

One CC identified that, due to their technical area being quite broad, they have competing demands on their expertise and often the extra demands are not in the workplan or ToR. Despite the opportunities to engage and network being interesting, especially being a part of new initiatives, there is a need to consider how we make the ToR and the relationship between CCs and WHO more agile.

It was suggested by WHO representatives that the work CCs are involved in should be kept simple, and to use the CC platform to network in general, either directly contacting the CC or working with the RO to open doors. An example was the AMR CC network which has multiple ROs managing it, which gives more flexibility.

Future proposals raised

- Increase networking opportunities and expand CC networks around specific areas of interest and themes.
- Ensure networking goes beyond the technical area and expands to cross-cutting issues of importance with an interdisciplinary focus.
- Seek out other partnering opportunities beyond the CC network and WHO, where CCs could be involved. For example, engage in dialogue with the Regions for Health Network Secretariat to discuss solutions lab and how that works in practice and the outcomes from it.
- Make the ToR more flexible in order to link in with other CCs and networks when emerging and new opportunities arise.
- Explore how to best link up CCs' work with WHO CO work.
- Increase information sharing among the CCs to ensure that they are kept well informed; this does not necessarily have to be coordinated only centrally through RO or technical officers but could also be horizontal direct communications among the CCs.
- Organize more engagement events, similar to this meeting, to explore networking opportunities and hear about the joint work of WHO and CCs.
- Explore opportunities to create visibility platforms for CCs.

- Review bottlenecks in general to identify if there are areas that can be fixed.
- Increase visibility and recognition of CCs from WHO, for example, ensure CCs are part of the Regional Committee so Member States are aware of CCs and the work they deliver with WHO.
- Put out a call for experts from CCs from the WHO European Region and beyond to collaborate on specific issues.

How to strengthen communication between WHO and CCs: understanding needs, priorities and promotional opportunities

General discussion

CCs identified that:

- they want to focus on increasing visibility for their work, as often visibility attracts resources;
- there is already a lot of information sharing online, via webinars, website and social media;
- they would like to be a part of WHO projects or events but often when they do participate, they do not hear back about the outcomes or about the impact of the work;
- a lot of time is spent reporting back to donors, and there is a need to reduce the bureaucratic burden of this going forward; and
- there is a lack of appreciation and recognition by WHO for their efforts.

Future proposals raised

- Explore and understand better what needs to be achieved from communication between WHO and CCs, for example more funding, visibility to donors. From this information, develop a communications strategy between WHO and the CCs.
- Strengthen the so-called triangle of cooperation between technical areas, the communications team and CCs. Communication from WHO to CCs is fairly strong but CCs would appreciate a stronger network between CCs themselves.
- Amplify communication to external audiences and between CC networks through mapping social media and key audiences.
- Understand and map where CCs could fit into existing communications campaigns (e.g. AMR).
- Utilize CCs to share materials with their networks and use relevant social media hashtags.
- Continue to pull key messages and share best practices to describe the work of CCs, as has been done in the development of posters for this event.
- Consider writing an annual report of CCs to showcase impact and achievements, with a focus on celebrating joint success.

- Ensure that communication to CCs is meaningful and relevant as there is a concern over being overwhelmed by different communication options.

CCs for country support – a partnership to deliver better public health: how, why and what?

General discussion

There was consensus that WHO and the CCs need to work jointly to understand country needs. At the country level, CCs are a valuable partner for internal country intelligence and support. Although requests for support and engagement come from the countries, strategic aspects come from WHO to utilize the capacities and capabilities of CCs and their networks.

The need to increase the visibility and expertise of CCs that exist in a country was raised as was ensuring that their support was better utilized. To do this, it was suggested that WHO could promote collaboration with other CCs, government institutions and other organizations at the country level, especially on specific topics of interest. Additionally, it was raised that WHO could facilitate and ease linkages between national and subnational government authorities, including the ministry of health and CCs, especially to align strategic priorities and work together on joint activities.

It was identified that CCs can support countries and WHO best by:

- supporting the development of national health and development strategies and policies;
- supporting data collection and analysis;
- supporting training and capacity-building; and
- promoting evidence-informed recommendations.

Participants also agreed that WHO could facilitate better CC collaboration and increase their visibility between countries.

Future proposals raised

- Increase collaboration between countries, with some CCs identifying that they have capacity for other countries to reach out to them for support on specific issues.
- Explore strategic opportunities for country impact; workshops and training are required to understand their needs and to implement methods; this also helps to sustain relationships and will benefit ongoing and future work.
- Match the competencies of CCs with countries' needs.
- Create more and better networking between topic-specific CCs and for technical issues, networking both within and outside the WHO European Region.

- Explore strategic opportunities for funding and matching funding opportunities to the activities. It was suggested that a platform to exchange ideas of funding opportunities and issues should be established and alternative ways of funding be explored.
- Provide guidance and training for CCs in national and international advocacy and technical support.
- Improve and create an easier way to navigate a user-friendly CC portal that allows quicker access for the capacities of CCs within a specific health area.
- Explore different lines of communication and build sustainable relationships between CCs with country authorities, including with ministries of health and WHO COs.
- Explore how CCs can influence policy development at the country level, with opportunities fostered and supported by WHO. The reputation of CCs can help country authorities to accept recommendations.
- Explore the involvement of CCs in strategic planning at the country level, including with ministries of health and WHO COs, to better align the work in the CCs' workplan.
- Organize more frequent meetings with CCs by WHO, at minimum annually, to inform on different aspects of CC status and work and to better acknowledge CCs' activities.

Leaving no one behind: CCs working together to build a movement for change to close health gaps

General discussion

Participants identified that tackling health inequities is not only technical work but is also about advocating for change, shaping policy and political and public opinions for investing in leaving no one behind. Therefore, CCs are valuable partners in advocating and influencing for health equity in their policy networks and in the national and subnational policy arena. Health equity and ensuring no one is left behind is a cross-cutting issue and can connect CCs from different disciplines and areas of work to work together towards achieving equitable health outcomes and solutions: specifically, connecting inequities across environmental, human, economic and social dimensions of policy in areas such as One Health, health system resilience or economy of well-being.

Participants also emphasized the importance of building capacity and knowledge in health equity, which could be delivered through the WHO Academy or other mechanisms involving CCs. It is equally as important to embed health equity within new and existing training packages.

Future proposals raised

- Enhance interconnectivity and cross-fertilization across the CCs, beyond technical areas, which WHO could facilitate. This could include through creating forums, platforms or collaborative groups for CCs to work together and across different areas and to share and explore health challenges and solutions.
- Build capacity and knowledge in health equity and ensure it is part of WHO training for the current and future health workforce.

- Increase participation by CCs to inform technical work and provide input into how to deliver more equitable and inclusive outcomes across different areas.
- Increase the advocacy role of WHO in making the case for leaving no one behind and ensuring health equity and influencing dialogue at national and subnational levels.

How digitalization can contribute to reducing inequalities and improving health and well-being

General discussion

Participants agreed that the CC network has a good foundation that includes institutions that work on different technical areas and fields. It is now time, however, to build on this network further and utilize different expertise and come together using an interdisciplinary approach to work on health and well-being challenges and issues, especially in the digital health space. Participants agreed that empowerment through digital health was crucial to reducing inequality and ensuring equitable access to digital health services for all to ensure no one is left behind.

It was noted that more work was needed on data use and data sharing, and interoperability – nationally but also internationally – as CCs depend on good data for research. To increase participation and gain positive benefits from digitalized health services, further development and adoption of standards, both clinical and technical, were seen to be important (e.g. ICD/SNOMED and HL7/FIHR). It was noted that WHO was not the only player in digital health standards, and there was a need to be aware of this.

Another key issue raised was the need for increased stakeholder engagement in all research areas, not just digital health. Engaging with patient organizations, caregivers, users of the health system and WHO will help to reduce the digital inequities that exist.

It was identified that digital tools play a role in increasing access to health care, for example through the use of video consultation (e.g. telehealth). The need to implement these digital health services more in mental health-care services was also discussed.

The benefits and risks of digitalization in health and its use in different settings were discussed. For example, the introduction of artificial intelligence and machine learning was highlighted as an important step towards improving health services, especially in the area of prediction and treatment. However, the risks of using algorithms needs to be explored more, particularly how they are used in social media, which can lead to fake news being disseminated and, subsequently, can damage trust in societies.

The importance of knowledge in digital health literacy was raised and to ensure that digital literacy is targeted at all levels of society: individual, community, schools and institutions. CCs identified that they would like more updates and capacity-building in this area from WHO. Additionally, CCs recognized that this is an area that they would like to engage and work on with WHO moving forward, specifically in areas of combating fake news and supporting WHO in this mission.

Future proposals raised

- Increase opportunities for engagement between WHO and CCs in digital health space.
- Ensure that the platform is available for CCs to connect with one another and foster more collaboration in the digital health space, especially to avoid duplication.
- Work together in researching the harmful use of digital platforms, combating misinformation and creating technical and clinical standards in digital health areas.
- Engage with ambassadors in social media networks to spread information about WHO and CCs research and work.

Harnessing health-related social science and humanities insights from CCs

General discussion

Participants discussed the broad technical expertise that CCs provide to WHO. With the introduction of the EPW flagship initiative, healthier behaviours: incorporating behavioural and cultural insights, it was identified that WHO is not only working in the health sector space but also in the social sciences and arts space. This brings new opportunities but also challenges to connect and work in an interdisciplinary way. Challenges mentioned by the group included the following.

- With WHO organizational reform structures, leadership changes and WHO strategic priorities changing, some CCs felt connections were lost and momentum in activities slowed. There is a need to consider how we maintain relationships with our CCs during this transition time.
- WHO needed to understand the extent to which CCs have expertise that is relevant beyond the health topics they focus on, for example can CCs apply or use their health perspective in broader ways and expand beyond research methods and approaches.
- Systemic issues exist. ROs generally work with one person or one unit in a university or research institution with research methods, themes and dialogue limited to that area, rather than bringing in a broader range of expertise and perspectives. We need to explore how to broaden the conversation and work across organizations and themes better.

Future proposals raised

- Improve WHO's CC database.
- Explore how to best broaden connections and work across organizations better to bring different perspectives and expertise together.

Enhancing knowledge sharing and building capacity for EPW delivery: how can CCs contribute to key WHO learning initiatives, including the ELA

General discussion

Participants reflected on the types of health and social care workforce the Region and global community will need in the next 20 years, with WHO taking leadership on this and setting the vision. The vision needs to recognize the breadth of the health and social care workforce beyond the traditional professions, with the young and future generation of health leaders at the forefront of our minds.

Leadership for health has many dimensions and this was a recurring theme of the session, specifically:

- it must support leaders to influence the agenda across key sectors and ministries, which is linked to the report *Drawing Light from the Pandemic: A New Strategy for Health and Sustainable Development*; and
- WHO and its partners should develop the leadership skill sets and competencies of our future health leaders so they can lead and drive transformative change in the fields of policy, practice, research and education.

WHO could shape multidimensional leadership training and support skills development in collaboration with CCs that are working in the field of leadership. Some CCs are developing important training materials, curricula and tools, and WHO should find ways to give these products and resources much greater visibility so that educational institutions and other stakeholders in the health education and training sphere are aware. Additionally, it was identified that there are already emerging platforms through which CC capacity-building activities can be amplified, including the Pan-European Leadership Academy and the collaboration between the Regional Office and the Association for Medical Education in Europe, with the potential for others to be explored.

It was identified that data and evidence on health and social care workforce formation and professional development are needed so we can understand and design health and social care workforce capacity-building needs and address the disconnects between workforce training and practice needs.

At events and session related to capacity-building deliverables, the issue of translation of materials and interpretation was raised as a continual challenge by several participants that require further support and thinking.

Future proposals raised

- Ensure capacity-building activities of CCs are visible to stakeholders, with the posters and CC web pages good starting points.
- Create a database of CC capacity-building activities based on the CC workplans for the WHO European Region.

- Ensure the capacity-building and country-level work of CCs is visible on the Country Presence and Work in Countries Review currently underway, with an emphasis on capacity-building for technical experts at the country level.
- Explore the potential of the Pan-European Leadership Academy and the collaboration between the Regional Office and the Association for Medical Education in Europe as platforms and collaborations for the amplification of CC capacity-building activities.
- Create a matrix of health and social care workforce learning needs and map CC capacity-building activities against these.

CCs in emergencies: how can CCs support WHE activities and contribute to emergency preparedness and response?

General discussion

The emphasis on strengthening interconnections and links between CCs was raised as an important issue in this working group. The advantages of strengthening networks and connections with each other allows for the identification of gaps, information exchange, the possibility of working together with shared responsibility and improved coordination across the Region and globally.

The main challenge raised for CCs working across diverse sectors and involved in emergency preparedness activities is the lack of coordination among CCs active in the same areas of work. Specifically, many CCs are not aware of other CCs in their specific disciplines and would welcome the opportunity to connect with colleagues from similar backgrounds and expertise.

Participants of the working group agreed that the CC meeting provides an excellent opportunity to network, and future meetings should focus on both regional and global networks and the opportunity for participants to identify and connect systematically with those in their area of work or specialization, to share experiences and find ways to support each other for the WHE programme. Specific to preparedness and response, being more interconnected and strengthening cross-sectoral and cross-regional collaboration would facilitate:

- a larger community of people with expert and targeted experience to improve exchange of information on challenges, best practices, planning and, in terms of emerging threats, outbreak or other hazards, and help others to prepare accordingly;
- opportunities to apply knowledge in different settings and environments, which is important for emergency response and helps to build flexibility and experience not just for CCs but at the country level; and
- interaction between disciplines and allow for contribution to other areas of work and consideration of other perspectives and realities.

It was raised that, in certain sectors, especially those focused on research-based activities, work can be very academic, and it is important to build links between academia and other activities, in particular those in charge of operationalizing and implementing response activities.

Participants identified that having CC designation can help to open up doors in terms of governmental support and resource mobilization, and that building networks between CCs also works towards the pursuit of funding opportunities.

Future proposals raised

- WHO with support of CCs to map the needs across the various stages of the emergency management cycle (prevention, preparedness, response and recovery), and then review existing activities for gaps and needs.
- WHO to initiate an expansion of the network of CCs to address gaps, in both the technical area of focus and in terms of geography.
- Explore expanding interregional collaboration and be better coordinated with WHO headquarters, with the aim to develop collaboration on a global level.
- Establish focal points between ROs at WHO and link with CCs working in similar areas and/or with similar visions and responsibilities to create networks, and to coordinate across specializations as well as to bring together multiple disciplines.
- WHO to step up coordination across emergency specializations and to bring together multiple disciplines.
- Develop a list of CCs involved in emergency preparedness and response and summarize areas of interest to enable CCs to take initiative and connect with other CCs independently, pursue funding opportunities and share experiences and activities.
- Encourage greater interaction within training to better prepare for emergency response.

General feedback on the meeting

There was much support and enthusiasm expressed from CCs across the two days in having this meeting. Participants identified that they are very inspired to strengthen partnership with WHO and with other CCs. Many are hopeful that this meeting will help to move us towards a new perspective of partnership, where the efforts and support of CCs are better recognized. The post-COVID-19 era has allowed for innovative ways of working and for us to work together more closely and in novel ways to better prepare for and deal with health emergencies.

It was positive to hear the enthusiasm from many CCs about the meeting and their willingness for continued and strengthened cooperation in different fields.

Summary of key proposals

- 1 Review bureaucratic processes and simplify designation and re-designation processes further.
- 2 Increase networking opportunities between CCs, expanding CC networks from regional to global levels and broadening connections across different disciplines, technical areas and expertise, working towards using an interdisciplinary approach. This could include through creating forums, platforms, or collaborative groups for CCs to work together and across different areas and to share and explore cross-sectoral health challenges and solutions.
- 3 Increase engagement opportunities for CCs to contribute to WHO events and publications.
- 4 Increase utilization of CC technical expertise and capacity, including by opportunities to work with national authorities, including ministries of health, and WHO COs.
- 5 Increase visibility of the work CCs deliver for and with WHO and for WHO to provide recognition to CCs of the work they do.
- 6 WHO leadership is crucial, especially for resource mobilization, setting the vision and influencing priorities at national, regional and global levels.
- 7 Organize regular meetings between WHO and the CCs to discuss WHO priorities, explore networking opportunities and to hear about the joint work of WHO and the CCs.
- 8 Explore the possibility of developing ToR that are more flexible in order for CCs to link with other CCs and networks, especially when new and emerging opportunities arise.
- 9 Ensure communication to CCs is meaningful and relevant; invite CCs to participate in relevant communication campaigns and encourage them to disseminate key resource and tools with their networks.
- 10 Improve or create an easier to navigate, attractive and user-friendly CC portal that allows everyone to access quickly the capacities of a CC within a specific health area and geographical region.
- 11 Explore different lines of communication and build sustainable relationships between CCs and country authorities, including with ministries of health and WHO COs. Also explore how CCs can contribute to policy development at the country level, facilitated by WHO.
- 12 Explore the potential of the platforms and collaborations provided by the ELA and the Regional Office/Association for Medical Education in Europe for the amplification of CC capacity-building activities.
- 13 Establish focal points between ROs at WHO and link with CCs working in similar areas and/or with similar visions and responsibilities to create networks, and to coordinate across specializations as well as to bring together multiple disciplines.

Day 2 closing

Dr Kluge closed the meeting and thanked the CCs for their commitment, enthusiasm and active participation in the first virtual meeting of CCs in the WHO European Region.

He reflected on the meeting and highlighted the key issues identified by CCs in the working groups, including the need to establish new ways of working and a new mindset, to seek different partnering opportunities, to look at ways to increase connectiveness and interdisciplinary ways of working, and to establish ways in which CCs can connect better with and between each other.

He acknowledged that CCs remain a crucial source of information and expertise and a valued cooperation mechanism to support the implementation and achievement of WHO's goals and agreed there is a need to strengthen the visibility of CCs and showcase their wide-ranging expertise and work.

He committed WHO to connect more regularly on topics of interest, to collect the reflections, ideas and commitments agreed over the last few days and to disseminate proposed concrete actions on how to continue to strengthen the partnership and promote innovative collaboration and expand existing networks.

Key recommendations and next steps

1 Recommendation 1

Develop, implement and disseminate a strategic framework for working with CCs at regional and departmental level including mapping of centres to identify gaps and anticipating emerging health issues.

2 Recommendation 2

Increase visibility and promote awareness of CCs and their contributions, within WHO, with external audiences and with other CCs, including fostering and supporting communications between CCs and ministries in charge of health/national authorities, giving CCs a platform to showcase their work and ensuring CCs are acknowledged as key partners in supporting implementation of WHO's mandate.

3 Recommendation 3

Building capacity through networks of CCs and develop a strategic approach to increase the connections and synergies with technical networks of CCs, regionally and globally, technically and geographically, in addition to mechanisms to improve connectiveness between CCs.

4 Recommendation 4

Develop a communication plan for WHO's relationship with CCs and strengthen partnerships by establishing communication and engagement mechanisms to involve and inform on the work of WHO and give visibility to the CCs to showcase their work.

5 Recommendation 5

Develop a sustainable approach for capacity-building among WHO staff and CCs to support staff in the management and evaluation of CCs and the process of designation/re-designation of a CC and strengthen CC's support for implementation of the EPW, especially in countries with few or no CCs, including developing a global community around WHO to improve knowledge sharing and transfer.

6 Recommendation 6

Streamline bureaucracy through continuing to identify areas where the designation/re-designation administrative and technical processes can be more efficient.

Key next steps

- ✓ Develop the WHO CC action plan for 2022–2023 to incorporate the recommendations and proposals from the meeting and to outline the concrete steps moving forward;
- ✓ Share with CCs a list of CCs by thematic area and geographical location.

Annex 1. Meeting programme

WHO COLLABORATING CENTRES REGIONAL MEETING

United action for better health in Europe
2–3 NOVEMBER 2021

Tuesday, 2 November 2021 Programme

10:00–10:40 Opening

Dr Hans Kluge

Regional Director, WHO Regional Office for Europe

Professor Oxana Drapkina

Director, National Medical Research Center for Preventive Medicine of the Ministry of Healthcare of the Russian Federation

Professor Lothar H. Wieler

President, Robert Koch Institute

10:40–11:00 Meeting expectations and objectives and CC situation analysis

Mr Robb Butler,

Executive Director

11:00–12:10 WHO: Current strategies and future initiatives, priorities and flagships: aligning the work of CCs to EPW

CCs: Good practices, added value and implementation challenges: what's working and what's not

Dr Gundo Weiler

Director, Division of Country Support and Health Emergencies

Professor Anne MacFarlane

Head, WHO Collaborating Center for Migrant's Involvement in Health Research, Ireland

Questions and answers

Dr Dorit Nitzan

Director, Regional Emergency Programme

Dr Vasily Marchenko

Leading Researcher, WHO Collaborating Centre for Studies on Influenza at the Animal-human Interface, Russian Federation

Questions and answers

12:10–12:30 Break

12:30–13:50 Continued

Dr Ledia Lazeri

Division of Country Health Policies and Systems

Dr Simon Vasseur-Bacle

Head, WHO Collaborating Centre for Mental Health Research and Training, France

Questions and answers

Dr Carina Ferreira-Borges

Acting co-Director, Division of Country Health Programmes

Dr Liga Kuksa

Head, WHO Collaborating Centre for Research and Training in Management of Multidrug-Resistant Tuberculosis, Latvia

Questions and answers

Ms Gabrielle Jacob

Special Advisor, Transformation & Organization Development

Questions and answers

13:50–14:00 Wrap up of day one and invitation to view poster exhibition

Mr Robb Butler

Executive Director

WHO COLLABORATING CENTRES REGIONAL MEETING

United action for better health in Europe
2–3 NOVEMBER 2021

Wednesday, 3 November 2021 Programme

10:00–10:30 WHO Collaborating Centres global perspective, policies and procedures

Mr Matias Tuler

Programme Manager, Governance and Review Services, WHO HQ

10:30–12:00

Working groups/breakout sessions (concurrent)

- Technical networks – how to strengthen knowledge and resource sharing (geographical, technical, regional and global) and enhance synergies – how to identify new networks and promote, support and strengthen existing networks
- Looking at good practices, recommendations on strengthening the collaboration (also globally) and how to better engage – how can we use innovative ways to engage and work better together and how can WHO support
- How to strengthen communications between WHO and CCs: understanding needs, priorities and promotional opportunities
- CC's for country support – a partnership to deliver better public health: how, why and what?
- Leaving no one behind – CCs working together to building a movement for change to close health gaps
- How can digitalization contribute to a reduction of inequalities and improve health and well-being
- Harnessing health related social science and humanities insights from WHO Collaborating Centres
- Enhancing knowledge sharing and building capacity for EPW delivery – how can CCs contribute to key WHO learning initiatives, including the Pan-European Leadership Academy
- CC's in emergencies – how can CCs support WHE activities and contribute to emergency preparedness and response?

12:00–12:20 Break

12:20–14:15 Feedback to plenary from Working Groups

Dr Mariana Dyakova

WHO Collaborating Centre on Investment for Health and Well-being

Dr John McCauley

WHO Collaborating Centre for Reference and Research on Influenza

Dr Nils Fietje

Behavioral and Cultural Insights, Division of Country Health Programmes

Ms Lene Lundberg

WHO Collaborating Center for Digital Health and Telemedicine

Dr Rivka Hazan Hazoref

WHO Collaborating Centre for Leadership and Governance in Nursing

Dr Luca Ragazzoni

WHO Collaborating Centre for training and research in emergency and disaster medicine

Dr Carolien Ruesen

WHO Collaborating Centre for Antimicrobial Resistance Epidemiology and Surveillance

Dr Leuconoe Grazia Sisti

WHO Collaborating Center on Health and Migration Evidence and Capacity Building

Professor Wolfgang Ahrens

WHO Collaborating Centre for Obesity Prevention, Nutrition and Physical Activity

Questions and answers

14:15–14:30 Way forward and closing

Dr Hans Kluge

Regional Director, WHO Regional Office for Europe

Annex 2. List of participants

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WHO CC for Applied Biosafety and Training

UK Health Security Agency (formerly PHE)
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Deputy Head

Dr Jane Shallcross

Head of NADP Training

WHO CC for Arbovirus and Haemorrhagic Fever Reference and Research

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Department of Viroscience

Dr Richard Molenkamp

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Department of Virology

Professor Stephan Günther

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Dr Stephan Günther

Head of WHO Collaborating Center

Dr Emily Nelson

Staff scientist

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WHO CC pour le Développement de nouveaux Concepts d'Education et de Pratiques buWHO CCo-dentaires

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WHO CC for Diagnosis of Intestinal Helminths and Protozoa

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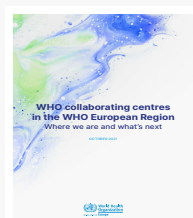
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Annex 3. Background documents



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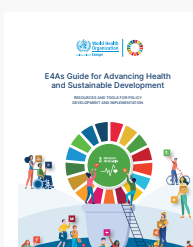
Under the same roof: identifying and evaluating WHO Collaborating Centres to assist in fulfilling the mission of the World Health Emergencies Programme in the WHO European Region. Summary of findings

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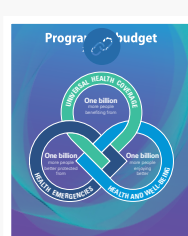
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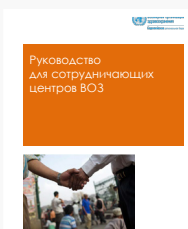
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The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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WHO/EURO:2022-5231-44995-64080

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