Evaluation of WHO's work with collaborating centres: WHO European Region summary
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Abstract
Disaggregated data specific to WHO collaborating centres in the WHO European Region were collected from a larger global evaluation conducted by the WHO Evaluation Office and these were analysed to examine the relevance, effectiveness and efficiency of the programmatic contribution of WHO collaborating centres to the achievement of WHO objectives and results within the WHO European Region. The evaluation documented successes, challenges and best practices and provided lessons learned and recommendations for future use by management to inform policy and decision-making and how we will work together.

Document number: WHO/EURO:2021-3806-43565-61186

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Contents

Acknowledgements ........................................................................................................ iv
Executive summary ........................................................................................................ v

1. Introduction .................................................................................................................. 1
  1.1 Background .............................................................................................................. 1
  1.2 Evaluation purpose, objectives and scope ................................................................. 2
  1.3 Methodology ............................................................................................................ 2
  1.4 Summary of findings from the WHO European Region ........................................ 3

2. Evaluation findings ....................................................................................................... 3
  2.1 To what extent is the work carried out by CCs aligned to the relevant GPW and their outcomes/outputs? ................................................................. 3
  2.2 To what extent does the work of the CCs contribute to the delivery of WHO's results? ........................................................................................................... 5
  2.3 How efficiently did WHO manage its relations with CCs? ...................................... 7
  2.4 What are the main lessons learned? ......................................................................... 9

3. Recommendations ....................................................................................................... 11

4. Next steps ..................................................................................................................... 13
Acknowledgements

The authors would like to thank the WHO Evaluation Office who produced the original evaluation report in May 2020. The purpose of publishing evaluation reports produced by the WHO Evaluation Office is to fulfil a corporate commitment to transparency through the publication of all completed evaluations. The reports are designed to stimulate a free exchange of ideas among those interested in the topic and to assure those supporting the work of WHO that it rigorously examines its strategies, results and overall effectiveness. Any enquiries about this evaluation should be addressed to the Evaluation Office, World Health Organization, Email: evaluation@who.int
Executive summary

WHO collaborating centres (CCs) are a mechanism of cooperation in which relevant institutions are recognized by WHO as assisting the Organization in implementing its mandated work by supporting the achievement of WHO’s planned strategic objectives at the regional and global levels; enhancing the scientific validity of its global health work; and developing and strengthening institutional capacity in countries and regions.

It has been 12 years since the last evaluation of WHO’s work with CCs was carried out in 2007. The evaluation by the WHO Evaluation Office in May 2020 aimed to (i) examine the relevance, effectiveness and efficiency of the programmatic contributions of CCs to the achievement of WHO objectives, (ii) identify lessons learned, and (iii) make recommendations to inform future policy and decision-making. The evaluation was framed around four key questions:

- to what extent is the work carried out by the CCs aligned with the relevant general programmes of work (GPW) and their outputs/outcomes?
- to what extent does the work of CCs contribute to the delivery of WHO's results?
- how efficiently did WHO manage its relations with CCs?
- what are the main lessons learned and the strategic recommendations for the way forward?

The WHO Regional Office for Europe received and reviewed disaggregated data from the global evaluation specific to CCs in the WHO European Region. Using the scope framework from the global evaluation, the Office conducted an analysis to examine the relevance, effectiveness and efficiency of the programmatic contribution of CCs to the achievement of WHO objectives and expected results specific for the WHO European Region. The evaluation included responses from CCs in the WHO European Region that were active during the 2018–2019 biennium. There were 65 responses collected from CCs in the WHO European Region.

The main recommendations of the report are:

1. Develop, implement and disseminate a strategic framework for working with CCs at global, regional and departmental level based on the policies and procedures detailed in the WHO Manual XV.5.
2. Promote awareness of CCs and their contribution, both within WHO and with external audiences as appropriate.
3. Develop a communication plan for WHO’s relations with CCs.
4. Use the forthcoming redevelopment of the electronic collaborating centres (eCC) as an opportunity to improve the effectiveness and efficiency of the online system.
5. Undertake a review of current staff support and management systems to identify areas for improvement.
Introduction

1.1 Background

WHO CCs have been in place since the founding of WHO, with the first CC being designated in 1948. CCs are a mechanism of cooperation in which relevant institutions are recognized by WHO as assisting it in implementing its mandated work by supporting the achievement of WHO's planned strategic objectives at the regional and global levels; enhancing the scientific validity of its global health work; and developing and strengthening institutional capacity in countries and regions.1 The main functions of CCs as outlined in the WHO Manual XV.5 include:

- collection, collation and dissemination of information;
- standardization of terminology and nomenclature of technology, diagnostic, therapeutic and prophylactic substances, and methods and procedures;
- development of evidence-informed technical guidance tools and resource materials;
- provision of reference substances and services;
- participation in collaborative research developed under WHO's leadership;
- training, including research training;
- coordination of joint activities;
- capacity-building work at country level; and
- provision of monitoring, preparedness and response services to deal with disease outbreaks and public health emergencies.

WHO's work with CCs is intended to benefit both parties. Through this work, WHO stands to gain access to leading institutions worldwide and the institutional capacity to support its work. In turn, institutions designated as CCs stand to gain visibility and recognition by national authorities, as well as greater attention from the public for the health issues on which they work. The CCs also gain opportunities to work together towards common objectives by exchanging information, pooling resources and developing joint technical cooperation, particularly at the international level. Collaboration among CCs also gives them the opportunity to mobilize additional and sometimes important resources from funding partners.

1 A WHO CC refers to that part of an institution (e.g. university, research institute, hospital, academy, or government) that performs the agreed terms of reference and workplan with WHO; this in contrast to the other activities the institution performs outside the agreed terms of reference and workplan related to its relationship with WHO. See: WHO eManual, XV.5 Collaborating Centres.
1.2 Evaluation purpose, objectives and scope

WHO's Thirteenth General Programme of Work (GPW13) is WHO's five-year strategic plan for 2019–2023. It aims to contribute to the achievement of the United Nations Sustainable Development Goals and to drive public health impact at country level. Through GPW13, WHO aims to become more focused and effective in its country-based operations by working closely with partners, engaging in policy dialogue, providing strategic support and technical assistance, and coordinating service delivery. Additionally, for the WHO European Region, the European Programme of Work, 2020–2025 – “United Action for Better Health in Europe” (EPW) was endorsed by 53 Member States at the Seventieth session of the WHO Regional Committee for Europe in 2020. The EPW also calls for scaling up existing intersectoral work with diverse actors to achieve regional and national health and well-being goals and targets and to meet today's complex health challenges.

It has been 12 years since the last evaluation of WHO's work with CCs was carried out in 2007. Recommendations from the 2007 evaluation addressed a wide range of issues, from putting in place or updating internal policies to guide the work with CCs at all levels of WHO, to changing administrative procedures for designating and redesignating CCs, and developing a clear and common shared vision of the strategic role of CCs. Since that evaluation, WHO has undertaken efforts to make its work with CCs more strategic, in part by discontinuing the designation of CCs that are inactive or ineffective. There are currently 822 CCs across the six WHO regions.

The present evaluation aimed to (i) examine the relevance, effectiveness and efficiency of the programmatic contributions of CCs to the achievement of WHO's objectives, (ii) identify lessons learned, and (iii) make recommendations to inform future policy and decision-making. The evaluation was framed around four key questions:

• to what extent is the work carried out by the CCs aligned with the relevant GPW and their outputs/outcomes?
• to what extent does the work of CCs contribute to the delivery of WHO's results?
• how efficiently did WHO manage its relations with CCs?
• what are the main lessons learned and the strategic recommendations for the way forward?

1.3 Methodology

This evaluation applied a mixed-method approach that compiled evidence from several sources of qualitative and quantitative data, including (i) a review of relevant documents; (ii) face-to-face and virtual interviews; and (iii) two online surveys, one soliciting the perspectives of the heads of CCs and another soliciting the views of WHO staff working directly with CCs. The evaluation covered CCs that were active during the biennium 2018–2019.

1.4 Summary of findings from the WHO European Region

The WHO Regional Office for Europe received and reviewed disaggregated data from the global evaluation specific to CCs in the WHO European Region. Using the scope framework from the global evaluation, the Office conducted an analysis to examine the relevance, effectiveness and efficiency of the programmatic contribution of CCs to the achievement of WHO objectives and expected results specific for the WHO European Region. From a global total of 312 responses, 65 responses from CCs in the WHO European Region were collected.
Evaluation findings

2.1 To what extent is the work carried out by CCs aligned to the relevant GPW and their outcomes/outputs?

Over the past 12 years, WHO has undertaken a range of actions in response to the recommendations of the 2007 evaluation, leading to improvements in the management of its relationship with CCs and to closer alignment of the work of CCs with WHO’s priorities. For example, significant changes have been made to WHO’s approach to working with CCs and the processes for designating and redesignating CCs, through (i) the introduction and continued improvement of the eCC, a web-based e-work interface for initiating and managing these partnerships more efficiently; (ii) the improvement of guidelines for heads of CCs and WHO staff working with CCs; and (iii) the introduction of a due diligence process to ensure compliance with WHO’s Framework for Engagement with non-State actors (FENSA), a framework aimed at strengthening WHO’s engagement with non-State actors such as nongovernmental organizations, philanthropic foundations, the private sector and academic institutions. Currently, the approval process using the eCC provides opportunities to ensure alignment between the workplans of CCs and WHO priorities. Additionally, WHO guidelines for WHO and CC staff, as well as the eManual, provide details on how this alignment should take place. In recent years, these changes have led to a considerable reduction in the number of CCs, which has been achieved through the discontinuation of inactive, ineffective and less strategically aligned CCs as well as through concerted efforts to designate or redesignate only those CCs that can contribute to WHO’s priorities. As a result, most of the work delivered by CCs is relevant to WHO’s GPW and aligned with GPW outcomes and outputs.

Engagement between CCs and technical WHO counterparts in the designation and redesignation process and in planning the work of CCs with WHO, was reported as effective and efficient in the WHO European Region. Key stakeholders should be engaged from the beginning of the approval process to ensure alignment with WHO’s priorities, timely approval and effective implementation, monitoring and evaluation of the work with CCs.

CCs highlighted that their WHO counterpart demonstrated a commitment to quality and transparency in the joint work they deliver, and the majority agreed that the expectations, roles and responsibilities of CCs and technical WHO counterparts are clear. The majority of CCs in the WHO European Region meet with their WHO counterpart at least once a year to discuss the activities on their agreed workplan and progress made against that plan, and the majority agree that those opportunities for engagement are somewhat or very effective. If there are any changes affecting the CC’s work plan or affecting the work as a CC, CCs identified that they are informed by WHO or keep WHO informed about these changes in a timely manner.

Despite this progress, a number of outstanding gaps have hindered the ability of CCs to ensure continued relevance of their work to WHO’s priorities. For example, despite the efforts to streamline the process of designating and redesignating CCs and making them more strategic, there are still several inactive or ineffective CCs, which may pose reputational risks for WHO. Additionally, the 2007 evaluation highlighted the need for WHO to have strategic plans that serve as a reference point for selecting, designating and discontinuing CCs. However, even though the WHO Regional Office for Europe has a regional corporate action plan, WHO still lacks a comprehensive organization-wide strategic plan for working with CCs that includes specific actions at the global, regional and technical programme area levels. While some of the departments have developed and implemented such plans with positive effects, others did not, mainly owing to the lack of engagement at the senior management level and the lack of resources to support implementation and monitoring.

The views of key stakeholders underscore the continued importance of these partnerships to the fulfilment of the GPWs, even though the evaluation highlighted the need for further improvements. A majority of WHO staff who participated in the online survey considered CCs to be making a highly valuable contribution to the achievement of WHO’s objectives. Many considered CCs as key partners, without which they would be unable to fulfil their WHO remit. This sentiment was particularly pronounced among WHO staff who work with limited financial resources or in very small teams. CCs in the WHO European Region identified a good level of understanding about how their work contributes to the delivery of WHO’s priorities. Engaging key CC staff in discussions around WHO’s strategic priorities could increase their understanding of WHO’s priorities as presented in GPW13 and beyond.

At the same time, many CC and WHO staff have a limited understanding of the needs and requirements of the FENSA due diligence process. This presents challenges for staff in both sectors in knowing what is required through the process, and in understanding feedback on their designation proposals from the FENSA due diligence team. Improvements still need to be made to increase CCs’ understanding about the purpose and policies of WHO FENSA and for WHO to give more guidance to CCs about feedback that CCs receive from the WHO FENSA due diligence team.
2.2 To what extent does the work of the CCs contribute to the delivery of WHO’s results?

Both WHO staff and CC heads broadly felt that CCs contribute significantly to the delivery of WHO’s results by undertaking important activities in the areas of (i) provision of technical expertise, (ii) capacity-building, (iii) research, (iv) policy development, and (v) emergency response. CCs linked to WHO regional offices tended to focus more on direct technical assistance and capacity-building support to countries, while also improving WHO’s access to high-quality technical expertise and research capabilities at this level. Those linked to headquarters' technical programmes, by comparison, tend to work on issues that are global in nature, such as research, guidelines and policy development. These CCs linked to headquarters are an effective mechanism for developing global thought leadership and increasing the evidence base for policy-making.

Indeed, WHO staff identified the development of global thought leadership and global communities of advocates for WHO’s work as one of the key areas where the work of CCs have added the greatest value. Accessing global experts to engage in dialogue around policy or research ensures collaborative knowledge generation. CC experts supporting the work of WHO provide specific knowledge and expertise that WHO staff may not necessarily have. In this regard, several WHO staff felt that the large CC network has improved the quality and relevance of WHO’s policy and research and development work. In addition, WHO’s collaboration with CCs extends the Organization’s scope of influence as it generates new advocacy opportunities through which WHO can position its policy work.

However, the potential of CCs to make a meaningful contribution at global level is curtailed by their unequal representation at the global level and across regions. Although the location of CCs is not of primary concern for WHO, as the CCs are expected to deliver outputs that are regional and global in nature, CCs located in low- and middle-income countries often face challenges related to low availability of resources, which can adversely affect their ability to fulfil their role as CCs. An analysis of the location of the 822 currently designated CCs, which are based in 99 countries across all six WHO regions, reveals that there is an imbalance in the geographical distribution of CCs in favour of high-income countries and specific regions. All told, fully one third of all CCs are based in the WHO European Region, while 24% are based in the Western Pacific Region, 22% in the Region of the Americas, 13% in the South-East Asia Region, 5% in the Eastern Mediterranean Region and only 3% in the African Region. Furthermore, nearly 80% of all CCs are based in 22 countries, 13 of which are high-income countries. As a result, the potential of the CCs to achieve maximum effectiveness globally is limited by the unevenness in their global presence and reach.

CC heads expressed that what they most value in their relationship with WHO is the contribution that they make to global health outcomes by supporting WHO to fulfil its mandate. In addition, they highly valued the recognition that CCs gain through their formal relationship with WHO, as this helps CCs to improve their visibility and reputation vis-à-vis national authorities and the broader public in their specific areas of work.
They also noted that the relationship helped CCs to gain access to broader global networks of CC institutions working in similar fields, thereby increasing their visibility at regional or global level. Increased involvement in policy-making processes was also identified as an important added value of the collaboration with WHO. Accessing global experts to engage in policy and research dialogue ensures collaborative knowledge generation. WHO's collaboration with CCs extends its scope of influence as it generates new advocacy opportunities through which WHO can position its policy work. Moreover, some institutions apply the learning and good practices that emerge from their role as CCs across other programmes, thereby improving the quality and consistency of the work delivered by their respective institutions more broadly.

CCs in the WHO European Region recognized that the planning process with WHO is clear and appropriate and that they are aware of how the products and services they deliver contribute to the delivery of WHO's results, with this often reflected in CCs' work plans. Most CCs agreed that their objectives were realistic and achievable, and the activities and services planned were aligned with WHO's area of expertise.

However, there are a number of areas in which WHO's work with CCs has been less effective. One of these areas relates to the monitoring of the work delivered by CCs. Stakeholders noted that internal processes for monitoring and reporting could be improved. In particular, the heads of CCs expressed that the feedback they receive from WHO staff on the annual reports that they submit does not meet expectations. Additionally, numerous stakeholders highlighted that there have been missed opportunities to assess the contribution of the work of CCs to WHO's results. Although this contribution is valued by WHO, opportunities for showcasing the work of CCs both within WHO and externally have been limited. Evaluation processes could be more systematic and engagement between WHO and CCs should be more frequent, and if possible face to face, when assessing the contribution of work of CCs to WHO results.

Interviews with WHO staff and heads of CCs also indicated that CCs often have workplans that are too broad and, therefore, difficult to implement within the designated period. Indeed, achieving the ambitious objectives in these workplans would require additional resources and capacities. It was felt that there is room for further improvement in the planning process to ensure that the identified objectives are clear and realistic. Such broad workplans, on the one hand, allow flexibility for them to adapt to WHO's priorities, as these can shift during the designation period; on the other hand, the breadth of these workplans often entails a need for more resources and capacity if the CCs are to fully demonstrate tangible results.

The evaluation identified several key factors that have enabled CCs to work effectively and overcome their challenges. These include effective communication between CCs and WHO from the planning stage to implementation and monitoring; ensuring adequate funding is available for resources to carry out the CC's work; good leadership from WHO; and effective joint planning processes, which are facilitated by an open and transparent discussion on the roles of key stakeholders and expectations vis-à-vis the relationship. CC heads also underlined that networks of CCs working in the same or similar areas is a key factor enabling the achievement of results, although some also mentioned
that more networking opportunities is warranted. They further noted that the WHO CC “brand” is a key factor that enables CCs to fulfil their role as it increases the institution’s visibility and its trust by government, partners and donors and, consequently, allows the institution to mobilize additional resources. Other enabling factors include positive working relationships between CCs and WHO based on mutual trust and the presence of a strategy or approach guiding WHO's work with CCs.

The most significant challenge faced by CCs, as expressed by the heads of CCs as well as WHO staff who work directly with CCs, is a lack of resources. While this is particularly true for CCs from low- or middle-income countries, CCs in high-income countries often must justify to their institution why they deliver work as a CC considering that there is no financial benefit to their institution more broadly. Other key challenges faced by the CCs include ambiguity over WHO's expectations; lack of joint planning; the administrative burden of the designation and redesignation process; lack of networking and difficulties coordinating and communicating between CCs and other stakeholders, which can lead to duplication of work and missed opportunities for synergies; difficulties engaging with national stakeholders to inform them about CCs’ activities with WHO; CCs not always engaged to participate in events or activities led by WHO; and lack of transparent communication, especially in relation to the reasons for delays in the approval of proposals. Stakeholders also noted that there is a need for WHO to better communicate to CCs its changing priorities.

2.3 How efficiently did WHO manage its relations with CCs?

An assessment of the efficiency of WHO’s work with CCs reveals a mixed picture. There has been considerable improvement in ensuring that inactive CCs do not continue to hold the CC designation, thus helping to avoid overstretching already-limited capacities for CC engagements. Improvements in the designation and redesignation process have reportedly helped in identifying institutions that have the capacity, resources and expertise to contribute optimally to WHO’s results.

Human and financial resourcing of the CCs represents a distinct and considerable aspect of efficiency. WHO does not provide any financial resources to CCs for the implementation of their workplan, although it does dedicate significant staff time. By contrast, WHO CCs contribute significant levels of financial, human and technical resources to WHO. Stakeholders highlighted that having a strategic planning process in place at the level of regional, department or technical programme areas is essential to ensure that financial and technical resources are used efficiently and strategically, and that there is no duplication of effort. CC heads also explained that part of their role as CCs is to respond to ad hoc requests to implement activities that are emerging priorities for WHO. CCs tend to see these ad hoc activities as an important element of their role, particularly in emergency situations. They further noted that mobilizing resources within a short timeframe has proved challenging, although CCs have responded to these requests in a timely manner. In this regard, CCs are perceived as a highly cost-effective means of achieving the goals of the EPW/GPW.

At the same time, several challenges have hampered the efficiency of WHO's work with the CCs.
In particular, there are substantial costs incurred by WHO in managing its work with CCs. These costs mainly involve the staff time of responsible officers and technical counterparts, the majority of whom are senior-level officials, and those involved in decision-making on the designation and redesignation process (directors, assistant directors-general, global and regional focal points, and the FENSA due diligence team). Although it is difficult to place an exact monetary value on such human investments, they are not negligible. However, considering the substantial amount of time that most responsible officers and some technical counterparts spend undertaking CC-related work, this aspect of their work is rarely reflected in their performance management and development system plans and performance assessments. Most fundamentally, despite the significant investment of human resource capacity in CC-related work, there has been a significant (some stakeholders say urgent) need for additional capacity to support the management of CCs at the global and regional levels – as well as for training and support for staff, especially surrounding good practice in working with CCs and awareness of the requirements of the FENSA due diligence process.

Other major efficiency-related concerns centre on administrative and management systems; lack of joint decision-making on the designation and redesignation process of CCs, coupled with delays in these processes; the lack of transparent communication on the reasons for delays in approving a proposal and reasons for discontinuing a designation; and a lack of awareness of the work CCs deliver, both internally within WHO as well as externally.

For example, the administrative and management systems currently in place support both CCs and WHO staff throughout the process of designation and redesignation. These systems also support CC and WHO staff in planning and delivering CC activities. However, those who use this system have reported that it is not as efficient or as robust as it could be. In particular, they indicated that the eCC system could be made more user friendly and that the approval steps could be streamlined. They also noted that the system could allow for more flexibility in the permitted formats of eCC submissions.

Delays in the designation and redesignation process reportedly stem from (i) a lack of engagement of all decision-makers from the beginning of the process; (ii) the time required for due diligence review under FENSA; (iii) delays in taking decisions on whether to continue or discontinue a CC; and (iv) the cyclical nature of the system, which requires that when feedback is provided at any point in the designation and redesignation process it is resubmitted at the start of the system for approval by all stakeholders. These delays have resulted in a loss of momentum in the relationship, missed opportunities, mistrust and negative expectations of working with WHO.

Communication between WHO staff and CCs is cited as another area in which timeliness and quality are less than optimal. Some CCs in the WHO European Region raised the issue that they feel communication between WHO and CCs only goes in one direction. In this vein, there is a substantial difference in the perception of WHO staff and heads of CCs surrounding the regularity of such communication. Whereas most WHO staff who directly work with CCs mentioned that communication with the CCs occurs twice a year, over half of the heads of CCs noted that communication with WHO only happens
once year. As noted above, communication that feeds into monitoring systems presents a particularly significant challenge.

The internal and external lack of awareness of the work CCs deliver for WHO is seen as being the result of a lack of regular and formal communication processes. This lack of awareness has reduced opportunities to apply a more strategic approach to planning and implementing the work of CCs and to maximize the potential use of existing CCs to achieve major health objectives in an effective and efficient manner.

2.4 What are the main lessons learned?
The designation of a new CC or redesignation of an existing CC has been most effective when there is a strategic approach in place to ensure the relevance of the work of the CC and its alignment with WHO's priorities. Where there has been a systematic and transparent mechanism in place for approving designation/redesignation proposals, for engaging senior management and for communicating decisions on the designation or redesignation of a CCs in a timely manner, it was easier for responsible officers to manage WHO's relationships with CCs. Continued designation and redesignation of ineffective and inactive CCs resulting from internal or external pressures could reduce the relevance of the work of the CCs to WHO's priorities and entails potential reputational risks.

The effectiveness of CCs has been enhanced in situations where there is a regional, departmental or network strategy in place. These strategies often cover approaches to the identification, designation and redesignation of CCs, as well as the management and review of CCs and their work. The development and use of strategies for working with CCs by WHO staff and senior managers has increased the effectiveness of the CCs work and maximized their contributions.

CCs in the WHO European Region identified that timely, regular and systematic engagement between WHO and CCs is essential to strengthening trust in their relationships and maximizing the impact of their work towards achieving WHO results. Efforts towards strengthening CCs monitoring and evaluation processes and sharing knowledge products, tools and information should be a priority going forward. CCs in the WHO European Region suggested that engagement could be strengthened by using different communication mediums when sharing information or networking, for example a newsletter or by having regular face-to-face meetings.

Moving forward, there is a potential for WHO to work more effectively and efficiently with CCs by establishing clear strategic plans, leadership and decision-making processes at the highest levels to formulate WHO's future approach for this work. An organizational strategy for working with CCs could improve the effectiveness and efficiency of the work they deliver.

The use of CC networks working in the same or similar technical areas can help CCs to maximize their contribution to WHO's results. Enhancing and ensuring systematic engagement not only between WHO and CCs, but between CCs and other health and well-being partners in the WHO European Region (for example national research
funding bodies) are essential to avoid duplication in work and support CCs in making the best contributions to WHO’s results. It was suggested that a mechanism be established to bring CCs together, including through regional and thematic meetings of WHO CCs.

CCs in the WHO European Region raised the importance of promoting and advocating WHO CCs across WHO networks as a valued asset. This will aim to increase the awareness among national experts and policy-makers about the existence of CCs and the expertise that exists within the country, as well as increase opportunities for external funding streams for CCs.

CCs in the WHO European Region expressed interest in becoming more involved and integrated into WHO activities and would like to participate in events and conferences organized by WHO. However, they acknowledged that providing financial support to CCs and securing additional financial resources to assist them in participating in activities organized by WHO are required.

There are several specific challenges faced by CCs based in low- and middle-income countries. Understanding their specific needs, challenges and capacities will likely help WHO staff to effectively manage those CCs and support the CCs to perform more efficiently going forward.
Recommendations

The evaluation has generated five overarching recommendations, covering areas also identified in the 2007 evaluation. These areas for improvement still require focused attention to ensure that WHO’s collaborative relationship with CCs is as relevant, effective and efficient as possible going forward.

1. Develop, implement and disseminate a strategic framework for working with CCs at global, regional and departmental level based on the policies and procedures detailed in the WHO Manual XV.5. This framework should include, as appropriate, measures to:

   • conduct a strategic review of current CCs by a panel of WHO senior managers to identify those that are inactive or ineffective and establish a process that will lead to the discontinuation of CC designations based on strategic alignment and risk considerations consistently across WHO;
   • develop a robust monitoring and evaluation process to assess the work of CCs in order to maximize their relevance, effectiveness and efficiency, and ensure consistency of implementation across WHO;
   • ensure more regular and systematic engagement of directors, assistant directors-general, and technical counterparts in designation/redesignation and planning processes;
   • review the designation of CCs or develop new categories of CCs to take into account the different needs of CC institutions in low- and middle-income countries, and WHO regional or country requirements; and
   • establish a mechanism for anticipating emerging health issues and forecasting needs, and for establishing pipelines for the development of new CCs to address these.
2. Promote awareness of CCs and their contribution, both within WHO and with external audiences as appropriate. Toward this end, it is recommended to:

- undertake systematic mapping of CCs’ locations and areas of work (or specialization) and disseminate this internally to various technical units and departments to improve awareness of CCs and the efficiency with which these are used across WHO;
- establish high-level internal reporting systems to evaluate and report on CCs’ contributions across WHO by ensuring that existing data are systematically analysed and made available to senior management periodically;
- create formal systems to showcase the work of CCs within WHO and externally; and
- include the contributions of CCs in high-level strategy documents and report these in an annual summary report.

3. Develop a communication plan for WHO’s relations with CCs that, inter alia

- ensures more regular and formalized communication throughout the CC designation/redesignation process;
- establishes regular contact during the designation period and a systematic communication structure for ongoing monitoring of CCs’ work;
- engages CCs more systematically in wider WHO dialogues on strategic priorities and directions; and
- allows more face-to-face engagement between WHO staff and CCs.

4. Use the forthcoming redevelopment of the eCC as an opportunity to improve the effectiveness and efficiency of the online system, namely through measures to:

- re-assess the ordering and requirements of each approval step to streamline the process and re-design the system to remove the need for resubmission and approval after each edit;
- allow for more flexibility in the formats used for proposal submission in eCC;
- improve the user interface and guidance notes of the eCC to make it more user friendly; and
- provide more guidance for users on the timeframe required for each step and how to avoid delays.

5. Undertake a review of current staff support and management systems to identify areas for improvement, with a view to:

- increase capacity in the functions of regional focal points and the Global Focal Point Team to include a networking, training and communication role;
- establish a training programme for staff on planning and management processes for working with CCs and on the FENSA due diligence process and requirements;
- provide opportunities for peer learning for responsible officers and regional focal points; and
- include CC-related roles (responsible officers and technical counterparts) in WHO staff performance management and development system processes.
Next steps

WHO is committed to strengthening its relationship with its CCs and ensuring that CCs continue to support WHO’s mandated work, including implementation of the GPW/EPW. The findings and recommendations presented in the global evaluation report\(^3\) were discussed with the management team at global and regional levels, where they accepted the recommendations of the evaluation and committed to specific actions to take them forward. In 2020, a management response process was initiated, which involves monitoring and evaluating the implementation of the recommendations proposed. The management response process is ongoing, and an update is available on request.

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\(^3\) Note: this report is an extract from the global report. The recommendations presented in this report are consistent with the global report.
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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