What is a Collaborating Centre?

- WHO Collaborating Centres departments, laboratories or divisions within an academic or research institution, hospital, or government which have been designated by the Director-General to carry out concrete activities at the regional and global levels in support of the Organization’s programs. The entire institution is not normally designated.

- All WHO Collaborating Centres located in the Region of the Americas are known as Pan American Health Organization/World Health Organization Collaborating Centres (PAHO/WHO CCs) since PAHO serves as a WHO Regional Office.

- CCs work with PAHO/WHO on areas such as nursing, occupational health, communicable diseases, chronic diseases, emergency response, and eHealth, among others.
Global Distribution - WHO Regional Offices

*As of 6 December 2021

TOTAL: 821

AMRO: 182
AFRO: 27
EMRO: 44
EURO: 270
SEARO: 102
WPRO: 196

UniversalHealth
CCs in the Region

TOTAL: 182

*As of 21 January 2022
A Model for Collaboration

• The idea of utilizing national institutions to work at an international level began since the time of the League of Nations, when national laboratories were designated as reference centers for the standardization of biologicals. Shortly after its creation in 1947, WHO designated the Worldwide Influenza Center in London, to which it entrusted world epidemiological surveillance tasks.

• In 1949, the second World Health Assembly affirmed "the best means to promote research in the field of health consists of helping existing institutions, coordinating their work, and utilizing their results."

• Today more than 800 Collaborating Centres exist in more than 80 countries worldwide.
Eligibility Criteria

1. High scientific and technical standing nationally and internationally.
2. Prominent place in the country’s health, scientific or educational structures.
3. High quality of leadership with sufficient number of qualified staff.
4. Stability in terms of personnel, activity and funding.
5. Strong working relationship with other institutions at national, regional and global level.
6. Clear ability, capacity and readiness to contribute to PAHO/WHO program activities.
7. Technical and geographical relevance of the institution and its activities to WHO’s program priorities.
8. At least two years of previous collaboration with PAHO/WHO in carrying out jointly planned activities.
<table>
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<tr>
<th>Collection, collation and dissemination of information</th>
<th>Standardization of terminology, diagnostic, therapeutic and prophylactic substances and methods</th>
<th>Development of evidence-based technical guidance tools and resource materials</th>
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<tr>
<td>Provision of reference substances and other services</td>
<td>Participation in collaborative research developed under PAHO/WHO’s leadership</td>
<td>Training, including research training</td>
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<tr>
<td>Coordination of activities</td>
<td>Capacity-building work at country level</td>
<td>Provision of monitoring, preparedness and response services for disease outbreaks and public health emergencies</td>
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Some Limitations

1. Provision of advice to Member States on policy and legislative matters.
2. Establishment of new entities (e.g. research institutes).
3. Development and issuing of diplomas (e.g. MA, MSc, PhD) or courses offered as part of an established degree program.
5. Assignment of interns, staff on commission or other HR-related activities.
6. Participation of WHO technical advisory groups (e.g. commissions, committees, working groups).
Common Misconceptions

1. A designation as a PAHO/WHO CC is a: certification of excellence, accreditation, award, recognition or a permanent agreement. X

2. An institution can “apply” to be designated. X

3. WHO CCs are different from PAHO CCs. X
Funding

• The CC is expected to cover the costs of the agreed activities through the institution’s regular budget.

• PAHO/WHO works to ensure that interactions the proposed part of the institution could have with the private sector do not cause any real or perceived conflict of interest with respect to the work of the CC.
Steps to Designate a CC

Designation as a PAHO/WHO CC

Final approval: WHO gives final approval & institution is notified

Government consultation: Health authorities consulted

Review process: Informal & formal review of TORs & workplan by PAHO and WHO

TORs & workplan: Development of Terms of Reference and workplan

Planning: Discussion of possible activities aligned with PAHO/WHO strategies and mandates

Track record: Eligibility met and two years of prior collaboration with PAHO/WHO
Designation as a CC

- The designation of an institution is proposed by a department or program of PAHO/WHO. **Self nominations are not acceptable.**

- The designation is an agreement of limited duration. **It concludes automatically on the expiration date.**

Starts: 30 August 2022
Expires: 30 August 2026
Development of the Workplan

Requires open communication between the PAHO/WHO Responsible Officer and the institution. The negotiation is based on the concrete needs of the Organization and what the institution can offer to respond to those needs.
Workplan Checklist

- Only activities that have been jointly planned with and tailored for PAHO/WHO, and directly contribute to PAHO/WHO's programs should be included.

- The description of each activity includes the following:
  1. The context and reason for the activity
  2. The concrete actions to be taken
  3. PAHO/WHO's role
  4. The tangible, expected deliverables

- Each activity has secured funding by the institution.

- Each activity has a clear timeframe.

- Each deliverable states the intellectual property rights.
Redesignation

PAHO/WHO decides if proposing a redesignation based on the general performance of the Centre and the future needs of the Organization.

Requires the submission of the first three annual reports.

Redesignation can have a duration of 1, 2, 3 or 4 years.

Should begin 6-9 months before the expiration date.

The redesignation process must be finalized before the expiration date!
Annual Report

1. Are requested automatically every 12 months on the date of the anniversary of the designation.

2. Are expected to be completed and uploaded by the CC within 30 days.

3. Are not the appropriate place to provide detailed technical or scientific results.
eCC System

CCs can only access eCC to:

• Complete the Institutional Profile and confirm agreement with work plan.

• Complete and submit annual reports.
Responsibilities of a CC

- Implement the workplan in the agreed time period using the highest quality of standards.
- Inform the RO about any change that can affect the implementation of the workplan.
- To submit the annual reports on time.
- To follow the WHO regulations and policies indicated in the Terms and Conditions.
Formation of Networks

- CCs are encouraged to form working relationships with other CCs through the formation of collaboration networks or incorporation into existing ones.

- Benefits:
  - Greater global application and impact of the activities
  - New synergies and peer-to-peer opportunities for CCs
  - Better alignment with PAHO/WHO programs
  - Provides opportunity to build institutional capacity within countries

Some networks:
- Nursing and Midwifery
- Bioethics
- Nutrition
Best Practices for PAHO/WHO Collaborating Centres (CCs)

- **Guide for WHO CCs**: Provides information for the successful implementation of the CC mechanisms.

- **CC Website**: Contains information about the CC and its relationship with the CCs and other mechanisms.

- **CCs’ Database & Portal**: Contains information on CCs, with links to other information and resources.

- **CC Networks Worldwide**: Contains information on regional and global CC networks.

- **CC Kneelab Library**: Contains links to resources carried out by Member States to support the Organization’s goals and mandates.

- **Workplans**:
  - Work closely with PAHO/WHO’s Operational Plans and ensure that the work carried out is aligned with PAHO/WHO’s goals and mandates.
  - Implement the agreed action plan using the highest quality of standards.
  - Inform the WHO’s Director-General on the progress and changes in the action plan.
  - Complete the institutional profile form in the CCuaras platform, with attachment to the action plan document and updates.
  - Submit annual reports on time (before 30 days of the end of the financial year).

- **Knowledge and Understanding**:
  - Ensure familiarity with PAHO/WHO’s objectives and goals and how the CCs contribute to achieve PAHO/WHO’s strategic plans and other PAHO/WHO initiatives.
  - Understand the responsibilities of a CC director and the CCs’ decision-making process.
  - Familiarize with the CCs’ performance and reports.
  - Understand and adhere to the WHO/CC Terms and Conditions, with specific attention to the use of the WHO marks and symbols.

- **Interaction**:
  - Maintain consistent communication with the WHO and other CCs to develop the CC if possible.
  - Schedule CCs’ technical meetings when needed.
  - Establish a CC knowledge network to:
    - Increase regional and global awareness and promote synergies with other CCs.
    - Establish new synergies with other CCs.
    - Build capacity in each institution.
  - Identify and sustain cross-organizational collaboration with other CCs and support new collaborations.

- **Opportunity for the Future**:
  - Reflect on the impact of the COVID-19 pandemic on our work with other CCs to identify and sustain new opportunities for respectful interactions and strategic partnerships for future health crises.
PAHO/WHO CC Website

https://www.paho.org/en/pahowho-collaborating-centres