ACCELERATING COLLABORATION

REGIONAL CONSULTATION OF WHO COLLABORATING CENTRES IN SOUTH-EAST ASIA REGION

19–21 October 2016

World Health Organization
Regional Office for South-East Asia
ACCELERATING COLLABORATION
Regional Consultation of WHO Collaborating Centres in South-East Asia Region

New Delhi, India
19–21 October 2016
CONTENTS

Acronyms .................................................................................................................................. v
Executive summary .................................................................................................................. vii
Introduction ............................................................................................................................... 1
Session 1: Inauguration ........................................................................................................... 4
Session 2: Role and Priorities of WHO in Programme Implementation and Knowledge Management .............................................................................................................. 8
Session 3: WHO Collaborating Centres: overview, practices and experiences ..................... 19
Session 4: Strengthening and enhancing partnerships ........................................................... 39
  Parallel group meetings and their recommendations .............................................................. 42
  - Communication .................................................................................................................. 46
  - Monitoring and evaluation ............................................................................................... 43
  - Networking ....................................................................................................................... 44
  - Resource generation ......................................................................................................... 44
  - Evolving role of collaborating centres ............................................................................ 45
Session 5: Synthesis and recommendations ........................................................................... 47
Marketplace ............................................................................................................................ 50
Informal Meeting of WHO CCs and WHO Staff – Ice Breaker ............................................. 56
Feedback of participants ......................................................................................................... 58

ANNEXES
Annex 1: Meeting agenda ........................................................................................................ 65
Annex 2: List of participants .................................................................................................... 68
Annex 3: Inaugural Address by Dr. Poonam Khetrapal Singh, Regional Director .................. 79
Annex 4: Status of collaboration between WHO and WHO collaborating centres in the South-East Asia Region: Report of rapid assessment ...................................................... 83
Participants at the Regional Consultation of WHO Collaborating Centres in the South-East Asia Region stretch their limbs with a light jig during one of the informal sessions. The session, part of the ‘Be the Change’ Initiative, aimed to promote physical activity at the workplace.
<table>
<thead>
<tr>
<th>ACRONYM</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIIMS</td>
<td>All India Institute of Medical Sciences</td>
</tr>
<tr>
<td>AMR</td>
<td>Antimicrobial Resistance</td>
</tr>
<tr>
<td>BTC</td>
<td>Be the Change</td>
</tr>
<tr>
<td>CBT</td>
<td>Competency-based Training Programme</td>
</tr>
<tr>
<td>CCs</td>
<td>Collaborating Centres</td>
</tr>
<tr>
<td>CDC</td>
<td>Centers for Disease Control and Prevention</td>
</tr>
<tr>
<td>CDS</td>
<td>Communicable Diseases</td>
</tr>
<tr>
<td>FGL</td>
<td>Family Health, Gender and Life Course</td>
</tr>
<tr>
<td>HQ</td>
<td>Headquarters</td>
</tr>
<tr>
<td>HSD</td>
<td>Health Systems Development</td>
</tr>
<tr>
<td>HSE</td>
<td>Health Security and Emergency Response</td>
</tr>
<tr>
<td>ICMR</td>
<td>Indian Council of Medical Research</td>
</tr>
<tr>
<td>IDI</td>
<td>In-depth interview</td>
</tr>
<tr>
<td>INCLEN</td>
<td>International Clinical Epidemiology Network</td>
</tr>
<tr>
<td>KFD</td>
<td>Kyasanur Forest Disease</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>Monitoring and Supervision</td>
</tr>
<tr>
<td>MDG</td>
<td>Millennium Development Goals</td>
</tr>
<tr>
<td>MMed</td>
<td>Master of Medicine</td>
</tr>
<tr>
<td>NCD</td>
<td>Non Communicable Diseases</td>
</tr>
<tr>
<td>Abbreviation</td>
<td>Full Form</td>
</tr>
<tr>
<td>--------------</td>
<td>-----------</td>
</tr>
<tr>
<td>NDE</td>
<td>Non Communicable Diseases and Environmental Health</td>
</tr>
<tr>
<td>NICED</td>
<td>National Institute of Cholera and Enteric Diseases</td>
</tr>
<tr>
<td>NIH</td>
<td>National Institute of Health</td>
</tr>
<tr>
<td>NIPSOM</td>
<td>National Institute of Preventive &amp; Social Medicine</td>
</tr>
<tr>
<td>NIV</td>
<td>National Institute of Virology</td>
</tr>
<tr>
<td>ORS</td>
<td>Oral Rehydration Solution</td>
</tr>
<tr>
<td>RPC</td>
<td>Research, Policy and Cooperation</td>
</tr>
<tr>
<td>SEA</td>
<td>South-East Asia</td>
</tr>
<tr>
<td>SEAR</td>
<td>South East Asia Region</td>
</tr>
<tr>
<td>SEARO</td>
<td>South-East Asia Regional Office</td>
</tr>
<tr>
<td>SPI</td>
<td>Strategy, Policy &amp; Information</td>
</tr>
<tr>
<td>TACTs</td>
<td>Triple Artemisinin-based Combination Therapies</td>
</tr>
<tr>
<td>TB</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>TOR</td>
<td>Terms of Reference</td>
</tr>
<tr>
<td>UHC</td>
<td>Universal Health Coverage</td>
</tr>
<tr>
<td>WCO</td>
<td>WHO Country Office</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
</tbody>
</table>
The first Regional Consultation of WHO collaborating centres (CCs) in the South-East Asia Region was held in New Delhi on October 19 to 21, 2016. The objective of the consultation was to “enhance the capacity of WHO CCs in the Region to support WHO’s organizational mandate”. Historically, CCs have acted as valuable allies of WHO, helping the organization to implement its mandate in the Region. The consultation sought to strengthen this relationship and help collaborating centres align their activities with the current mandate of WHO.

Dr Poonam Khetrapal Singh, Regional Director of the WHO South-East Asia Region, set the tone for the proceedings by appreciating, in her inaugural address, the role played by CCs in implementing the mandate of WHO in the Region. She emphasised that CCs were critical for moving ahead together in a more coordinated and efficient way in the midst of an evolving health scenario. WHO and collaborating centres together need to find ways of greater collaboration to implement the four identified strategic areas of operation: addressing the persisting, emerging epidemiological and demographic challenges; promoting universal health coverage and building robust health systems; strengthening emergency risk management for sustainable development; and articulating a strong voice in the global health agenda.

The technical sessions focused on the role and priorities of WHO in the Region, and the experiences and practices of WHO collaborating centres. In an interactive panel discussion, the WHO Regional leadership explained priorities under the Regional Flagship Programmes and the role CCs could play in fulfilling this mandate. Research leaders from India and Thailand gave an insight into experiences and
outcomes of CCs in the two countries. During the joint discussion between the WHO technical units and their corresponding WHO CCs on best practices for collaboration, it emerged that clarity of goals and roles, and extensive planning, are prerequisites.

As a proactive step to make collaboration effective, the Regional Office had commissioned an independent rapid assessment of WHO’s work with CCs. The rapid assessment was based on a feedback questionnaire and in-depth discussions with representatives of selected WHO CCs and WHO staff. Based on this assessment, five issues were identified, and lack of communication was a particular concern. Further brainstorming was carried on these five issues by the representatives of WHO CCs to make recommendations for WHO to strengthen the degree of collaboration.

Another unique feature of the consultation was the “Marketplace”, which provided an unique opportunity to participating CCs to display their work and interact among themselves as well as WHO’s Technical Officers. Country-wise pavilions presented the work of several CCs working in a range of areas through posters, audiovisual presentations and display of products. The extended lunch- and tea-breaks provided participants ample time to take advantage of the Marketplace and engage in mutually beneficial discussions and interactions.
Countries in the WHO South-East Asia Region of WHO, home to one fourth of the world’s population, have made remarkable progress towards achieving the Millennium Development Goals (MDGs). They are now committed to the Sustainable Development Goal 3 which seeks to ensure health and well-being for all at every stage of life. The Goal addresses all major health priorities, including reproductive, maternal and child health; communicable, noncommunicable and environmental diseases; universal health coverage; and access for all to safe, effective, quality and affordable medicines and vaccines. It also calls for more research and development, increased health financing, and strengthened capacity of all countries in health risk reduction and management.¹

Among several factors responsible for the success in the health sector by this Region is the contribution of health research and innovation. Several innovations pioneered in the South-East Asia Region have spread to the rest of the world and have helped promote global health. Given the limited availability of resources – both financial and technical – in this part of the world, WHO has traditionally leveraged the strength of research institutions, universities and health ministries to further its work in priority areas. WHO collaborating centres have acted as an effective mechanism to promote research and innovation in identified areas, and as an extended arm of WHO in its technical work. Such collaboration brings benefits to both WHO and collaborating institutions and their host countries. WHO gains access to top institutions in the Region, while the collaborating centres get increased visibility and recognition by national authorities and an opportunity to work at the international level. The collaborating centres can leverage this recognition to access additional and important resources globally. The number of such centres in the Region has grown from 80 in 1998 to 94 in 2016 (September).

¹ https://sustainabledevelopment.un.org/sdg3
The WHO collaborating centres in the South-East Asia (SEA) Region are engaged in a diverse range of activities. These include: conducting surveys and studies on several health conditions; providing laboratory support; helping in the distribution of reagents, cultures and antisera; capacity building and training; the development of guidelines; development and maintenance of databases; information dissemination; and providing support in health emergencies and natural disasters. In the past few years, a need has been felt to further strengthen this mechanism by re-energizing it and aligning the work of CCs with the changing priorities of WHO. The first Regional Consultation of CCs in the SEA Region was an attempt to do precisely this.

This was the first time that the Regional leadership of WHO and leaders of collaborating centres shared a platform and deliberated on ways to enhance the effectiveness and efficiency of the collaboration mechanism. The need for consultation arose from the thinking that involvement of WHO collaborating centres was essential to strengthen WHO’s technical prowess and to execute its workplans more effectively. It was, therefore, felt that it would be useful to develop Regional collaborative plans of action to strengthen networking and linkages. Health research collaboration between institutions within countries as well as across national borders is critical for Member States to strengthen research capacity. More collaboration in health research has the potential to enhance the flow of knowledge by bringing together people, ideas and technologies. For smaller countries or those with limited research capacities, collaboration can be a powerful approach to gain access to external resources and reach a wider audience. The idea for consultation was conceived by the Regional Director and was implemented through the Research, Policy and Cooperation (RPC) unit of Department of Communicable Diseases. It was decided to conduct a networking meeting of collaborating centres in the Region, so that they can learn about each others’ strengths and also foster collaboration.

A total of 80 representatives from 94 collaborating centres (as of 30 September 2016) located in seven Member States in the South-East Asia Region participated in the Regional Consultation. Eleven government representatives from 10 Member States and three technical advisers form the Region also participated in the Consultation. The WHO Secretariat was represented by the Regional Director, department directors, Regional advisers, and technical officers. WHO headquarters, Geneva, was represented by the Programme Manager, Strategy, Policy and Information. The full list of participants is provided in Annex 2.
Objectives of the Meeting

The general objective of the meeting was “to enhance the capacity of WHO collaborating centres in the Region to support WHO’s organizational mandate”.

Specific objectives of the Consultation were to:

1. promote capacity-building and work on WHO’s Priority Areas;
2. collaborate in activities listed in WHO’s Regional Flagship Programmes; and
3. identify issues that hamper the smooth functioning of collaborating centres and solutions thereof.

Overview of the Meeting

Dr Poonam Khetrapal Singh, Regional Director, set the tone for the proceedings at the two-day Regional Consultation by highlighting the role played by collaborating centres in implementing the mandate of WHO in the Region. She pointed out that collaborating centres were critical for moving ahead together in a more coordinated and efficient way in the midst of an evolving health scenario. The technical sessions following the inaugural session focused on the role and priorities of WHO in the Region, and the experiences and practices of WHO collaborating centres in the Region. In an interactive panel discussion, the WHO Regional leadership explained the priorities under the Regional Flagship Programmes and the role CCs could play in implementing these. Research leaders from India and Thailand gave an insight into experiences and outcomes of CCs in the two countries.

The results of an independent assessment of WHO’s work with CCs focusing on strengthening and enhancing partnerships was also presented during the session. The “Marketplace” provided a unique opportunity to participating CCs to display their work and interact among themselves as well as WHO’s technical officers. Country-wise pavilions presented the work of several CCs working in a range of areas through posters, audiovisual presentations and display of products. The extended lunch- and tea-breaks provided participants ample time to take advantage of the Marketplace and engage in mutually benefiting discussions and interactions. The physical activity sessions held in the morning attracted a number of participants and generated a positive buzz. The informal meeting between WHO staff and representatives of participating CCs, held on the evening preceding the formal opening session, helped in icebreaking and networking.
In his welcome remarks, Dr Swarup Kumar Sarkar, Director, Department of Communicable Diseases, pointed out that collaborating centres working with WHO were capable of taking the benefits of science and research to millions of people through cooperation and collaboration. The service offered by one of the CCs in the Region, the National Institute of Virology in Pune, India, during the recent outbreak of Zika is an example of this. Within weeks, this centre was ready to test samples from any country of the Region and was ready with a primer developed by it along with training plans. In the past, the collaborating centre at the National Institute of Cholera and Enteric Diseases in Kolkata developed an antisera for diagnosis of a new strain of cholera and made it freely available globally with the assistance of WHO. SEARO enabled the real-time tracking and mapping of the spread of the new pathogen. Similarly, the work done by the collaborating centre at Mahidol University (Nakhon Pathom, Thailand) on the genesis of resistance to antimalarial drugs helped shape the malaria response globally.

While the Region has made significant contributions to public health and disease response through research and collaboration, it also presents certain dichotomies. For instance, Dr Sarkar said, while the Region has the highest number of people who pay out of their pocket for health, it also has the example of Thailand pursuing the goal of universal health coverage (UHC). Similarly, the Region has the lowest coverage of anti-TB drugs but has the highest capacity to manufacture drugs. It is for the meeting to examine how best the CC mechanism can be leveraged to ensure that the fruits of science start benefiting the people. One of the ways, he suggested, could be promoting more and more lateral collaboration among collaborating centres. For example, if CCs working on new molecules and conducting human trials can work closely with CCs focused on access to drugs and drug pricing, it would benefit more and more people.
In order to facilitate dialogue and interaction during the meeting, Dr Sarkar informed that the services of a professional management group had been requisitioned, while INCLEN International has been roped in to conduct a rapid assessment of collaboration status. The presence of Mr Tuler Matias (Programme Manager, SPI) from WHO headquarter was ensured to help CC representatives understand the role of CCs in the mandate of WHO. Dr Swarup informed that technical leaders from the SEA Regional office present during the consultation would facilitate understanding of new challenges and scope of work in the Regional context.

**CALL OF THE REGIONAL DIRECTOR FOR EFFECTIVE COLLABORATION**

In her inaugural address, (Annex 3) **Dr Poonam Khetrapal Singh, Regional Director**, noted that the SEA Region considered collaborating centres as an impressive network of cutting-edge health institutions which was valuable not only for the country of their respective locations but also for the world at large. Over the years, CCs have emerged as strong allies of WHO, helping in the implementation of its mandated work and in achieving current goals. Dr Singh recalled significant contributions made by CCs in recent successes achieved in the SEA Region, such as the Region being certified polio-free, the elimination of malaria from Maldives and Sri Lanka, the elimination of mother-to-child transmission of HIV in Thailand, as well as several other instances.

Going further, collaborating centres can make their contributions effective and relevant by aligning their activities with the Flagship Priority Areas of the SEA Region. These priorities are a direct reflection of country realities and have been developed in response to them. These Flagship Priorities, proposed by the Regional Director, emanate from four Strategic Areas of operation, collectively known as the “1 by 4” Plan where “1” refers to a more responsive WHO and “4” to the number of areas. These Strategic Areas are:

- Addressing the persisting, emerging epidemiological and demographic challenges,
- Promoting universal health coverage and building robust health systems,
- Strengthening emergency risk management for sustainable development, and
- Articulating a strong voice in the global health agenda.
Since this plan was proposed, seven Flagship Priority Areas have been developed. The Regional Consultation of Collaborating Centres presented an opportunity to discuss how these centres can play a more active role in promoting capacity-building at the national and Regional levels in the Flagship Areas.

In addition to discussing the role of collaborating centres in working with WHO in the Flagship Areas, Dr Singh wanted the Regional Consultation to deliberate on establishing new ways of working together. She suggested greater participation of CCs in WHO meetings and other activities to facilitate the intense interplay of knowledge and research and their implementation. Another way to bolstering this collaboration would be developing a Regional platform to enhance multilateral networking and joint activities among the centres themselves. Dr Singh said such a network should be “functional, effective and sleek”, and be able to not only make the research more worthwhile but also make it more widely and readily acceptable.

Dr G.B. Nair, Acting Regional Adviser, Research, Policy and Cooperation Unit, WHO SEARO, noted that the general objective of the meeting was to enhance the capacity of WHO collaborating centres in the Region to support WHO’s organizational mandate and strengthen institutional capacity. The meeting was organized to explore possibilities of forming a Regional network of WHO collaborating centres in the SEA Region, besides looking at ways to promote capacity-building and work on WHO’s Priority Areas as well as collaborating in activities listed in the Regional Flagship Programmes. Its aim was also to identify issues that hamper the smooth functioning of collaborating centres and look for solutions thereof.

The inaugural session ended with a group photograph of all participants with the Regional Director. Dr Singh then inaugurated the “Marketplace” and interacted with leaders of CCs present at the kiosks.
In order to help collaborating centres align themselves with the WHO mandate in the Region in a meaningful way, it is necessary for them to fully understand the current priorities and interface between WHO and CCs. Keeping this in mind, the session was designed as an interactive panel discussion on current strategies and future initiatives of WHO-SEARO. Five directors from the Regional Office participated in this session and answered a range of questions from CCs.

In order to help collaborating centres align themselves with the WHO mandate in the Region in a meaningful way, it is necessary for them to fully understand the current priorities and interface between WHO and CCs. Keeping this in mind, the session was designed as an interactive panel discussion on current strategies
and future initiatives of WHO-SEARO. Five directors from the Regional Office participated in this session and answered a range of questions from CCs.

The objective was to sensitize representatives of CCs about WHO’s workplan as well as the latest reforms in the Organization. In addition, participants were also informed about the current strategies and future initiatives of WHO. While introducing the panel, Dr Angela Chaudhuri, facilitator from Swasti Health Resource Centre, remarked that the Region presented some of the biggest health challenges as well as opportunities. The Region is also vulnerable to natural disasters and outbreak of infections, both of which require quick response to crises and the equipping of national health systems to handle them effectively. In order to address such crises, WHO needs support and collaboration of the collaborating centres which can provide critical help to Member States of the Region.

The panel included Dr Pem Namgyal (Director, Family Health, Gender and Life Course), Dr Roderico Ofrin (Director, Health Security and Emergency Response), Dr Phylida Travis (Director, Health System Development), Dr Patanjali Dev Nayar (who represented Dr Thaksaphon Thamarangsi, Director, Noncommunicable Diseases and Environmental Health) and Dr Swarup Kumar Sarkar (Director, Communicable Diseases). The discussion was moderated by Mr Nandlal Narayanan from Swasti.

Setting the ball rolling for the interaction, Dr Baizid Khoorshid Riaz of the WHO Collaborating Centre for Training and Development of Public Health Workforce (NIPSOM, Dhaka Bangladesh), sought information from the panel about ways to make the work of collaborative centres more effective, particularly in helping them implement the Flagship Priorities of the Regional Office. The first step, according to Dr Namgyal, was to strengthen communication between the WHO and CCs so that they are kept informed of all new programmes and priorities as soon as such information becomes available. Collaboration, Dr Nayar added, was a two-way process. Efforts being made by WHO should be reciprocated by the centres also. Horizontal collaboration among CCs was vital for public health, and such collaboration acts as a force multiplier.

All the same time, the panelists referred to opportunities in new areas. Dr Ofrin referred to new opportunities for collaboration emerging in the area of health security and emergency response. These are cross-cutting areas of work,
Panel discussion, involving WHO departmental directors or their representatives, in progress at the Regional Consultation.
such as taking care of mental health after emergencies and developing resilience in health systems for emergencies.

CCs can play a vital role in emergencies by collaborating among themselves as well as the ministries of health. The response to Zika in Maldives is a good example of vital technical support provided by CCs. Dr Travis noted that despite progress made during the era of the Millennium Development Goals (MDGs), around 130 million people in the SEA Region still lacked access to one or more essential services. Around 50 million people in the Region are impoverished as a result of health-care spending each year. Such health challenges open up new opportunities of work for CCs, she said.

Dr Nayar pointed out that the consultation could be of great help to Member countries which did not have any CCs currently but were keen to have them. It was also an opportunity to such countries to forge links with existing CCs in other countries.
In response, Dr Nayar said CCs should understand the workplan of the Regional Office and align their activities accordingly. CCs should also be available for technical help on short notice. Dr Namgyal said CCs should always be cognizant of the purpose of their relationship with WHO and be clear about deliverables. Dr Travis was of the opinion that CCs should focus on generation of research and documentation to advance universal health coverage (UHC), health technology assessment, skill development and training. They should also be able to provide policy support to countries on UHC. Dr Ofrin listed the areas of collaboration in Health Security and Emergency Response (HSE) as real-time evaluation of emergencies, documentation of disasters and emergencies, skill development and training, timely response to global outbreak of diseases and infections, and laboratory service support for global outbreaks. He cited the examples of support provided by the collaborating centre at icddr, b (International Centre for Diarrhoeal Disease Research, Bangladesh) for outbreaks of cholera globally, and support for Zika and Ebola provided by CCs in Thailand and India. Dr Sarkar observed that communication has been a problem. There is a need to improve communication with WHO but also among CCs in the Region as well as globally. Every CC should have one focal point for communication, he suggested.
ROLE OF CCs BEYOND THE REGION

In response to a query posed by Dr Pratap Singhasivanon (Mahidol University, Thailand) about the work of collaborating centres from one Region in another Region of WHO, the panel set the record straight by pointing out that the work of CCs was global in nature and they should not feel constrained because they are located in one Region or the other. Dr Nayar said CCs represent a knowledge base of skills and expertise which can be used globally. For it to be utilized fully, CCs must start communicating so that others become aware of their strengths.

Dr Ofrin said “once you are designated a CC, you are working for the whole world”. Dr Namgyal said it was not possible for every country to possess expertise in all fields. Therefore, collaboration across countries is necessary and it can help avoid duplication of effort besides generating new knowledge. Dr Travis added that a lot of work of CCs such as training, analysis and documentation was useful beyond the country where they are located. It was pointed out that the work of CCs is supposed to be international in nature and not just for the country of their location.
At the request of Nandlal Narayanan, facilitator of the session, all the panelists briefed participants about areas of priorities from their respective sectors and how CCs could work in those identified areas.

Dr Namgyal listed the following priority areas in the Family Health, Gender and Life Course (FGL) sector:

- Measles elimination is a priority in which CCs can help in policy advocacy with the political leadership and policy-makers.

- In the area of mother and child health (MCH), achieving missed MDG targets of maternal mortality rate and child mortality rate is a priority in the Region, with focus on technology and interventions in which CCs could help.

- Gender and equity in health systems need to be give their due importance and CCs can work with WHO in this sector.

- Healthy Ageing is an emerging issue on which countries in the Region need to work seriously. At present only Thailand is working on it. CCs in the Region can take up activities in this sector.
Dr Nayar articulated the following priorities in the NDE sector:

- Social determinants of health and environmental health such as water and sanitation, occupational and environmental health as well as education offered opportunities for collaboration.
- Implementing “best buys” to meet the challenge of NCDs such as tobacco cessation, salt intake reduction, etc.
- Other priority areas include nutrition, injury prevention and road fatality prevention.
- CCs can work in building the response of health systems to NCDs, and specific areas such as disabilities due to NCDs such as stroke.

Dr Sarkar mentioned the following areas of priority for CCs in communicable diseases:

- The Region is witnessing a paradigm shift with regard to communicable diseases – from control to elimination. However, renewed thrust is needed to reach 2030 targets.
- There is a huge burden of communicable diseases such as TB and diseases of the marginalized such as kala-azar in the Region.
- CCs can contribute to address such issues, particularly those relating to the last mile of implementation.

In the HSD sector, Dr Travis listed the interface between modern and traditional medicine, financial protection, and sustaining progress in UHC as priority areas for CCs.

Dr Ofrin said the spread of antimicrobial resistance (AMR) has thrown open a number of areas for CCs to work on. For instance, CCs can start working with the food and animal sectors for surveillance on resistance. Other potential areas of collaboration are disaster risk reduction, studying likely impacts of climate change on health, and developing strategies for the impact of migration and urbanization on health systems.
A still from the Regional Consultation, with the participants listening attentively to the proceedings.
Mr Matias Tuler, Programme Manager – Strategy, Policy & Information (SPI) at WHO headquarters, Geneva, makes a point.
After discussing the role and priorities of WHO in Programme implementation, leaders of collaborating centres got to know about the framework of CCs, operational policies and some of the best practices through examples of collaborating centres and their responsible officers in the Regional Office.

This session focused on briefing the audience about the history and background of collaborating centres and discussing ways to strengthen the collaboration by looking at some of the best examples. It was divided into three parts:

1. Overview, policies and practices relating to CCs.
2. Good practice of collaboration from SEAR: Case studies jointly presented by WHO and CCs.
3. Experiences and practices of regional collaboration, presented by regional CC leaders.
OVERVIEW, POLICIES AND PRACTICES RELATING TO CCs

It was way back in 1949 that the Second World Health Assembly had underlined the importance of research with help from existing institutions. Today, WHO has about 800 CCs spread in over 80 countries globally. There are 94 CCs (as of September 2016) in the SEA Region, the bulk of them being in India and Thailand. These CCs work in a range of health areas, from HIV to health promotion and education. Mr Tuler Matias, Program Manager, Strategy, Policy & Information (SPI) at WHO headquarters, gave an overview of policies and procedures relating to CCs and cleared several doubts in the question-answer session.

It was reiterated that designation of a CC was always the formalization of an existing, successful collaboration between WHO and an external institution. The guidelines require that activities of a collaborating centre should be planned jointly and should contribute directly to the programmes of WHO. These activities need to be firmly anchored in the WHO Programme Budget. Regular activities of host institutions are not to be included in the workplan of a CC. Dr Matias also clarified a number of misconceptions about CCs. For instance, Dr Matias said, the designation of CC is not a certificate of excellence or an agreement or a lifeline engagement. WHO CCs are not considered “regional” or “global”; all CCs have a similar status. CCs are not also not preferred providers of services to WHO nor are they legal entities. The functional scope of collaborating centres is broad, ranging from functions such as collection, collation and dissemination of information to becoming available for technical assistance to WHO whenever required. At the same time, WHO CCs are not permitted to engage in activities such as conducting clinical trials on their own, providing advice to Member countries of WHO, issue guidelines or offer academic degrees. Overall, activities of CCs should be SMART – specific, measurable, achievable, relevant and time-bound – and be within the mandate of their agreement with WHO.

It was clarified that redesignation of a CC is subject to several factors such as past performance, future needs and relevance of CC to WHO programmes. Answering a specific question about the benefits of being a CC when it was only a contract, Dr Matias said institutions designated can derive several benefits. They get increased visibility and recognition by national authorities and greater attention from the public on health issues they are working on. CCs can also leverage association
with WHO to garner funding from other donors. They get opportunities to work with other partners at national and international levels. On a question about the communication gap and logistical issues such as reporting of change in mail identities, he said CCs should know their contact officers in WHO and be in touch with them on a regular a basis. The responsible officer from WHO is the key link between WHO and the collaborating centre.
WHO Collaborating Centres

Over 800 institutions...

...in over 80 countries...

...supporting WHO programmes

- **AFRO**
  - Countries: 46
  - CCs: 25

- **AMRO**
  - Countries: 36
  - CCs: 182

- **EMRO**
  - Countries: 22
  - CCs: 46

- **EURO**
  - Countries: 53
  - CCs: 220

- **SEARO**
  - Countries: 11
  - CCs: 94

- **WPRO**
  - Countries: 27
  - CCs: 191

**AMRO**
Global Distribution of WHO CCs by Region with number of Member States

Number of CCs per country in the region

- **EURO**: 4
- **AMRO**: 0.5
- **EMRO**: 2
- **SEARO**: 9
- **WPRO**: 7

Over 182 institutions...supporting 80 programmes...in over 220 countries...94...
Dr Manju Rani, Regional Adviser, NCD and Tobacco Surveillance in SEARO, spoke about “operationalizing policies and procedures for WHO CCs”, drawing on her previous experience of dealing with CCs in the Western Pacific Region of WHO. She dwelt on ways to improve effectiveness and contribution of CCs to the work of WHO and the need for collaboration with national institutions beyond the designation as CCs. She pointed out that there are several formal ways in which WHO collaborates with institutions, designation as CCs being one of the collaborative mechanisms. Collaboration with national institutions helps extend the technical capacity and resources of WHO, and helps improve scientific validity of its global health work.
The underlying philosophy of the relationship between a collaborating centre and WHO is collaboration and not outsourcing, Dr Rani noted. Therefore, both sides have to understand the organizational and institutional context of this relationship to make it more effective and deliver the desired results. CCs must have a thorough understanding of WHO’s planning cycle, Programme planning and budgeting, as well as programmatic priorities. On the other hand, WHO should appreciate the strengths of CCs where they are best positioned to support WHO.

More frequent communication between WHO and CCs could help bridge the gap and facilitate better planning of activities. Usually, the major communication channel is between the CC head and the responsible officer at the WHO end. The need is to encourage communication with other staff members in CCs. Underlying the need for horizontal networking among CCs, she said formal and informal networking of CCs within the same Region or across Regions of WHO would enhance the value of work being done by the CCs. The networking could be within the same thematic area or cross-cutting. All such networking would provide additional value to both WHO and the CCs involved.

Networking: Moving from bilateral relationships to networks of WHO CCs
Dr Patanjali Dev Nayar, Regional Adviser – Disability Prevention and Rehabilitation, shares his experience about best practices.
BEST PRACTICES OF COLLABORATION

In order to illustrate circumstances in which collaboration can be effective and impactful, three case studies illustrating good practices of collaboration in the SEA Region were jointly presented by WHO responsible officers and leaders of CCs concerned.

The first case study related to strengthening of capacity for handling outbreaks of infectious diseases at a regional CC and using the same for assistance during outbreaks globally. It presented by Dr Aparna Singh Shah, Regional Adviser, Health Laboratory Services and Blood Safety, WHO-SEARO, and Dr Mandeep S. Chadha of the WHO collaborating centre for strengthening capacity for infectious diseases at the National Institute of Virology, Pune, India.

Dr Shah gave an overview of the critical role played by WHO laboratories in detection, characterization, treatment and containment of diseases while maintaining biosafety protocols. In the SEA Region, seven national laboratories have been working as collaborating centres and in different areas such as emerging infectious diseases, antimicrobial resistance and snake venom toxicology. These laboratories extend health laboratory services of WHO in critical areas such as emergency response, setting standards and strengthening capacity for pathogen detection and characterization. Networks of CCs have also helped in disease surveillance. For instance, the Global Influenza Surveillance Network has been successfully conducting detection, characterization, isolation and sharing of viruses for several decades. Similarly, sharing of reagents, protocols and information among laboratories in the Region has helped in better response in emergency situations. Timor-Leste, Bhutan and Maldives, which had limited laboratory capacity, have been supported by other WHO collaborating centres to enhance their capacities.

Dr Chadha from the collaborating centre at the National Institute of Virology (NIV) said that the centre had established two-way communication with WHO and had been responding to emergency outbreaks promptly with technical help and information. The centre has collaborated with other CCs in the US CDC and Melbourne to enhance its training capacity, which has then been used for training other laboratories in the SEA Region. The NIV has also transferred vaccine technologies to the Indian industry: inactivated JE vaccine to Bharat Biotech International Ltd (BBIL) Hyderabad and BHL Chennai; ELISA technologies for Crimean-Congo hemorrhagic fever, Chandipura, Hepatitis E and KFD to Zydus Cadila, Ahmadabad.
Training of Trainers:
Collaboration with WHO CCs located outside the region

From the presentation of Dr Aparna Shah at the Regional Consultation.
Benefits of Horizontal Collaboration

The second case study presented good practices in horizontal collaboration. It was presented by Dr Patanjali Dev Nayar, Regional Adviser, Disability Prevention and Rehabilitation, SEARO, and Dr Witaya Chadbunchachai of the WHO CC for Injury Prevention and Safety Promotion at the Khon Kaen Regional Hospital, Srichan Rd., Nai Muang, Muang, Khon Kaen Province, Thailand. Dr Nayar gave details of facilitating collaboration between the Khon Kaen Hospital and the JP Apex Trauma Centre of the All India Institute of Medical Sciences in New Delhi, India to strengthen emergency and trauma care in primary-care settings. WHO facilitated the collaboration with the aim of plugging the existing gaps in emergency health care in primary care settings in the SEA Region.

The collaboration leveraged on the unique strengths of the two centres: AIIMS has pioneered the use of ultrasound in critical care while Khon Kaen operates the Network and Command Centre. For such collaborations, Dr Nayar said, clarity of goals and roles, and extensive planning, are a prerequisite. Participants were drawn from six Member countries – Bangladesh India, Indonesia, Myanmar, Sri Lanka and Thailand and the Regional Office. The objective was to develop strategies to improve pre-hospital care including communication methodologies, and trauma and emergency care at primary health care settings in the Region. Possibilities of further collaboration between the two centres in terms of capacity-building, education and research were also explored. The unique strengths of the both centres were showcased, with WHO playing the role of facilitator. Dr Chadbunchachai shared the experience of the international workshop on strengthening emergency and trauma care that was held at the CC in Khon Kaen Regional Hospital, Srichan Rd., Nai Muang, Muang, Khon Kaen Province, Thailand in August 2016 after detailed planning.
Strengthening Emergency and Trauma Care In Primary Care Setting

Utilizing the strengths of Khon Kaen Hospital, Thailand and JP Apex Trauma Centre, India

From the presentation of Dr Patanjali Dev Nayar at the Regional Consultation.
ACHIEVING CROSS-SECTOR COLLABORATION

The third case study was on cross-sectoral collaboration in the field of International Health Regulations and Health Security and Emergency Response. It was presented by Dr Gyanendra Gongal, Scientist, Health Security and Emergency Response, WHO-SEARO, and Dr P. Vijayachari of the WHO CC for diagnosis, reference, research and training in leptospirosis of Indian Council of Medical Research (Port Blair, India).

WHO CCs in the IHR/HSE sector play a pivotal role in addressing challenges posed by disease outbreaks in the Region, including neglected diseases such as rabies, viral zoonoses and leptospirosis. For instance, the Armed Forces Institute of Medical Science (AFRIMS), Bangkok, offered its services during the Zika outbreak in Maldives and also investigated the outbreak of scrub typhus there. It has also helped in building-capacity for surveillance of scrub typhus in Bhutan and has provided support for outreach activity in Nepal.

The Chulalongkorn University in Bangkok plays a key role in the detection of new pathogens and generating evidence-based information on a range of pathogens.
(Lyssa virus, Nipah virus, MERC-CoV, Zika, etc.). Similarly, the ICMR Centre in Port Blair has been providing training for leptospirosis diagnosis, besides offering referral services, data sharing and hosting regional consultations.

WHO is also catalysing collaboration among different CCs as well as cross-cutting collaboration. For example, CCs working on rabies are connected through physical and electronic discussion groups. They regularly share information and expertise during regional and international expert group consultations on rabies. Further networking among CCs and strengthening of referral services could improve services. Such collaboration is vital for meeting targets and goals under various initiatives such as the Sustainable Development Goals (SDGs), rabies elimination and roadmaps for NTD elimination. Dr P. Vijayachari informed how the centre in Port Blair was helping build capacity on leptospirosis both within India and among SEA countries.

Regional Forum of FAO/OIE/WHO CC/RC/Reference Laboratories

From the presentation of Dr Gyanendra Gongal at the Regional Consultation.
The key message of the session was to help Asian countries in capacity-building for laboratory diagnosis, strengthening biosafety and promoting EQA system and technology transfer.

**LEARNING FROM EXPERIENCE IN THE REGION**

In the third part of Session 3 on “WHO CCs: Overview, practices and experiences” which continued on 21 October, Dr Soumya Swaminathan (Director-General, ICMR and Secretary, Department of Health Research) and Dr Pratap Singhasivanon, Mahidol University, Bangkok, Thailand, shared experiences of CCs in India and Thailand respectively.

Dr Swaminathan stressed that countries in the SEA Region had a lot to learn from each other on a range of health issues from research and response to epidemics to health system reforms. For instance, lessons and experiences from Thailand about rolling out UHC could be useful for India and other countries. If research and other partnerships in the health sector are mapped, it would show that most institutions in the Region are partnering with counterparts in Western Europe and North America, and not within the Region. Therefore, ICMR recently organized the India-Africa Research Summit to promote South-South partnerships. India and countries in Africa face similar problems and challenges such as lack of adequate resources and can learn from each other. African countries are trying to overcome health workforce shortages by shifting tasks to non-health personnel, whereas all health care in India is supposed to be delivered only by doctors.

She elaborated on the work being carried out by different collaborating centres in the ICMR system. Some of these institutions have contributed to global health in a big way over the past few decades. The National Institute of Cholera and Enteric Diseases (NICED), which is the CC for research and training in diarrhoeal diseases, pioneered the use of the oral rehydration solution (ORS) for treatment of acute dehydrating diarrhoea, and has also demonstrated superiority of hypo-osmolar ORS over conventional ORS.

In the same way, the National Institute for Research in Tuberculosis made significant contribution to the development of the DOTS Strategy for the treatment of TB. The National Institute of Virology, Pune, has been strengthening capacity for emerging infectious diseases in the Region. It provides technical support to other developing countries, evaluates diagnostic kits, assists in investigation of outbreaks and provides diagnostic reagents and kits to countries in the SEA Region.
Dr Soumya Swaminathan, Secretary – Department of Health Research and Director General – ICMR, delivering her address during a session at the Regional Consultation.
Dr Pratap Singhasivanon spoke about the work being carried out by the CC at Mahidol University for clinical management of malaria. The centre has contributed to strengthening capacities for the clinical management of malaria and in addressing antimalarial drug resistance, besides helping to improve the evidence base for diagnosis and treatment of malaria. For the past 13 years, the centre has been organizing annual international training courses on the management of malaria which have benefited hundreds of participants from over 40 countries. Training courses have also been held in countries outside the SEA Region as well.

Regarding the emergence of antimicrobial resistance, Dr Singhasivanon explained how the Thai-Cambodian border had become the epicenter of drug-resistant malaria. The evidence on resistance in the Greater Mekong Sub Region is being
Dr Pratap Singhasivanon, Dean Mahidol University, Bangkok, Thailand, makes a point during his presentation.
collected so that containment measures such as blocking of transmission could be initiated. One of the options being researched is triple artemisinin-based combination therapies (TACTs).

Over the years, the CC at Mahidol University has worked with global partners in different aspects of malaria management, published a number of research papers on malaria, developed malaria management guidelines, conducted international training courses on malaria, and played an important role in malaria elimination globally. However, he said, the world needed many more such CCs in order to finally eliminate malaria.

Participants at a malaria training course held in collaboration with WHO-SEARO in Papua, Indonesia

From the presentation of Dr Pratap Singhasivanon, showing the activity of WHO CC.
INTERACTIVE SESSION

The two lectures were followed by a lively question-answer session in which a number of issues relating to the working of CCs were discussed. In response to a question, Dr Singhasivanon said researchers should also develop soft skills such as communication needed for advocacy with politicians, policy-makers and others. For this, the CC in Mahidol University plans to launch a three-week short-term course. In reply to another query on capacity-building, Dr Swaminathan suggested the establishment of fellowships on the lines of TDR grants given for research in tropical diseases. CCs should also be able to share knowledge and resources for research such as humanized mouse models.

To a question about ways to showcase the work and products of CCs, Dr G.B. Nair, Acting Regional Adviser, Research Policy and Cooperation, WHO-SEARO, informed that in addition to the “yellow pages” of CCs published by the Regional Office, a directory of public health institutions in the Region was being developed and would be published soon.

Dr Singhasivanon said the Regional Consultation provided a great opportunity to CCs in the Region to acquaint themselves with work being done here and also to network with each other. All CCs must realize that they need to work in an interdisciplinary and multisectoral environment. Dr Swaminathan suggested developing an online space for continued interaction among CCs. Online and offline networks should be developed for training young researchers, and new avenues such as TDR, the Special Programme for Research and Training in Tropical Diseases, must be found for promoting collaborative research.

The key messages emerging out of this session were:

- Activities of CCs should be SMART – specific, measurable, achievable, relevant and time-bound – and within the mandate of the agreement with WHO and aligned with programme priorities of WHO.
- Formal and informal networking of CCs within the same Region or across Regions of WHO would enhance the value of work being done by CCs.
- WHO can play the role of facilitator to bring the strengths of two centres together for larger benefits to other Member countries and can act as a force multiplier.
- All CCs must realize that they need to work in an interdisciplinary and multisectoral environment.
A unique element of the consultation was the independent rapid assessment of collaboration conducted prior to the meeting as well as during the meeting itself. Results of both the exercises were shared in a special session. The independent assessment was carried out by a team of the INCLEN Trust, which had sent a questionnaire in advance to all the CCs and also conducted one-to-one feedback sessions with a select group of participants during the consultation itself. Detailed report of this assessment is in Annex 4.

Dr N.K. Arora, Executive Director, INCLEN International, presented the findings of the survey which was commissioned by WHO to understand the current status of CCs and to identify avenues and mechanisms for further collaboration and networking among CCs. It was also aimed at exploring ways to strengthen alignment between the WHO agenda and workplans of CCs. A total of 94 CCs in eight countries were contacted (three countries in the SEA Region do not have any CC) for their feedback in the form of a questionnaire. Of them, 55 per cent (54 of them) responded. Key activities being performed by them include capacity-building, provision of technical expertise, research and evaluation, development of products and standards, and knowledge dissemination.

Institutions which host CCs feel that their designation as a WHO CC adds value to their work in different ways. The bulk of them feel the CC status provides them access to capacity building and knowledge translation. Other perceived value
Dr Narendra K Arora, Executive Director – INCLEN International, discussing rapid assessment exercise.
additions include the ability to contribute to the WHO mandate, networking with CCs, increased reputation and the opportunity to work beyond the country of location.

When asked about the challenges they face, CCs mentioned “technical support from WHO”, followed by access to funds, as major challenges. Other challenges include support from the Ministry of Health, implementation of ToRs and collaboration with other CCs. Lack of communication from WHO was cited as a key hurdle.

The CCs that participated in the survey were also asked to offer suggestions for strengthening collaboration. Among the suggestions made by them are: better coordination with WHO officers, need for building CC networks, strengthening research/academic capacities, dissemination of CC leanings and knowledge translation, facilitating access to funds, and expanding activities to other WHO mandates. Dr Arora said most of the CCs are located in universities, national institutions and government-funded organizations, and they often felt the need for core funding for their activities.

Overall, Dr Arora said, the feedback survey pointed to the need for structured communication and coordination with WHO for implementation of the mandate and ToRs. CCs also felt that opportunities should be explored for collaboration and networking with other CCs so that learning could be shared.

To complement the responses obtained through the questionnaire and in-depth interviews, the participants were divided into five groups to discuss the five key thematic areas identified from the questionnaire.

GROUP 1: Communication and collaboration with WHO HQ and SEARO and country offices
GROUP 2: Monitoring and supervision
GROUP 3: Collaboration and coordination with other CCs
GROUP 4: Leveraging resources
GROUP 5: Evolving roles of CCs.
PARALLEL GROUP MEETINGS AND THEIR RECOMMENDATIONS

The five groups met separately and brainstormed on the topic allotted to them following the format of focused group discussions. Group leaders and chairs of the five groups later presented their recommendations to the plenary. WHO staffs were not represented in these discussions and hence the recommendations made is a perspective of WHO CCs only.

Group1 – Communication

The group participants felt that the current modes of communication were impersonal, infrequent and rather automated. Most of the time the onus was on the CCs to communicate. Due to lack of communication, CCs are often not aware of changes in the governance structure in WHO offices. Specifically, communication gap existed about expectations of WHO from CCs and vice versa. To begin with, it was observed, the WHO website can be more user-friendly and frequently updated for information relevant to CCs. The centres are also unaware about the final utility of their outputs.

The group made the following suggestions:

- Development of institutionalized mechanisms for regular communications to ensure bilateral engagement.
- Establishment of frequency and points for initiating communications – from Regional Office and CC.
- Need for clarity on details and functioning at each level of the WHO in the system of working, including on manpower, dynamics of association, priorities, biannual goals, and workplans.
- Need to ensure greater access to expertise through database of experts/capacities available at the different levels: WHO SEARO, country office and CCs.
- Development of a web-based repository on products, packages, outputs, guidelines and dissemination efforts.
- Promotion of personalized communication through face-to-face meetings, consultations, etc.
Group 2 - Monitoring and evaluation

The group on monitoring and evaluation felt that this was a rather ambiguous area. At times, there is lack of clarity about ToRs under which a CC is supposed to function. In such situations, monitoring and evaluation may become difficult. Then there are questions about the tools and methodologies to be used for this exercise, and the mechanisms for it. In this regard, the group made the following recommendations:

- Broadly, any monitoring and evaluation exercise should look at the working of the collaboration between WHO and a CC. Specifically, this should be done within the framework of ToRs.
- When ToRs are translated into a Plan of Action, there should be quantifiable and specific deliverables.
- Ways and tools for M&E should include overall performance, annual report, visits by WHO/CC experts, teleconferencing, etc.
Expertise/new knowledge/products developed by CCs should be utilized and showcased by WHO.

If there is a WCC Network (Convening Committee) it can conduct M&E of the collaboration between the CCs among themselves.

**Group 3 – Networking**

The group felt the need for devising ways to promote networking among CCs. Currently there is a lack of communication, mutual interest and funding. CCs also have to take into consideration national regulatory and ethical frameworks while networking with CCs in other countries. The group made the following recommendations:

- Develop manuals or guidelines for sharing information about other CCs.
- Promote active networking using information technology tools and interactive platforms.
- Establish coordination mechanisms to promote networking.
- Hold periodic meetings/conferences where CC representatives could network face-to-face.

**Group 4 - Resource generation**

It emerged during discussions in this group that CCs currently manage funds from institutional resources but find it difficult to sustain their activities. The CCs located in private sector institutions find it difficult to mobilize resources from government sources. The group made the following recommendations:

- One possible solution is the “Thailand model” in which the WHO country office, CC and Ministry of Health come to an agreement on core funding in priority areas.
- Another way out to pool resources is the establishment of a consortium/platform for specific problems or diseases to increase South-South/North-North collaboration.
- WHO should inform its thrust areas to the line ministries/potential funding agencies and could facilitate CCs to secure funds for those areas.
WHO should provide funds for CCs to establish a core unit to implement ToRs, and also assess research/capacity-building activities of CCs for quality improvement.

WHO should link CCs to share intellectual resources, and use trained human resources of CCs for specific roles or to mentor further.

WHO could pool funds for thematic areas and issue requests for proposals (RFPs) specific to CCs.

CCs should develop a framework and roadmap for managing resources, and must establish a core team with a nodal person for this task.

Group 5 - Evolving role of collaborating centres

Members of this group felt the need to define the way ToRs of collaborating centres change over time. At present, there is limited scope for making changes in the ToRs. The group also discussed problems encountered in the re-designation process, particularly in situations in which ToRs are evolving. The issue of helping countries which do not have any CCs at present was also discussed. The group made the following recommendations:

- CC officers should have the ability to change contact information which will greatly improve communication.
- WHO responsible officers should facilitate/help CCs in fundraising.
- Strengths of countries where there are no CCs should be identified and national agencies there assisted in linking up with CCs in other countries.

After the group presentations, Dr Arora led the discussions and invited questions/suggestions from all participants. He noted that lack or inadequacy of communication appeared to be affecting CCs as all the five groups resonated this aspect. Different dimensions of communication needed urgent attention from WHO. For addressing concerns related to changes in databases, information on re-designation etc., digital tools could be deployed for updating information in real time. An institutional mechanism or platform should be developed to bridge the communication gap.

Regarding enhancing collaboration, Dr Arora suggested that collaboration with non-CC entities should also be encouraged, in addition to CC-to-CC collaboration. In fact, CCs can become a source of knowledge generation for WHO as they can
be used for mechanisms such as networked studies. For resource generation, innovative mechanisms could be followed. If WHO activities in a country are implemented through CCs, it will be a win-win situation for both sides. National research agencies should be encouraged to give preferential treatment to CCs if the agenda of the centre is aligned with national priorities.

Dr Swarup Sarkar asked participants to suggest ways of conducting independent detailed evaluation of the work of collaborating centres. It was suggested from the floor that experts drawn from a consortium of universities would be a good mechanism for such a process.
The final session began with the recommendations of the meeting. Dr Nair brought out a very important aspect of the relationship, which is about nurturing, patience and trust in all collaborations. He called upon participants to nurture sensitivities and continue relationships beyond this consultation. In conclusion, Dr Nair presented the following recommendations of the meeting:

1. **Enhance communication between WHO and WHO CCs:** The process of the communication is to be institutionalized in a manner such that dependence on individuals is reduced. The coordinating office at WHO-SEARO needs to review the mechanisms, periodicity, content, context and recipients of communication between CCs and WHO in consultation with all parties concerned. Institutionalized mechanisms are needed for regular communications and bilateral engagement between WHO and CCs.

2. **Enhance engagement:** WHO CCs to be actively involved in WHO’s activities, and an engagement strategy to be developed.

3. **Review of ToRs:** Periodic review of ToRs for clarity and re-alignment with the WHO mandate and refinement of the monitoring and evaluation framework for CC activities to make them more transparent and quantifiable. The underlining philosophy of relationship between a CC and WHO is collaboration and not outsourcing.
4. **Platform for information dissemination:** Establishing platforms and mechanisms for dissemination and sharing of activities, achievements and good practices by the WHO CCs and WHO for networking and collaboration.

5. **Focal point in WHO country offices:** To support WHO CCs and facilitate the administrative activities, especially the designation and re-designation process, WHO country offices must assign a focal person for WHO collaborating centres.

6. **Promote regional networking:** WHO will promote and encourage the WHO CCs to form a regional network on common themes so as to accelerate and enhance the support to Member States in a more efficient manner.

7. **External evaluation:** WHO to commission a detailed external evaluation by a consortium of experts drawn from different countries (within and outside the Region) and with experience in program evaluation.

8. **Regional Consultation:** Acknowledge the value of meetings like this one and organize such meetings more frequently.

Dr GB Nair, Acting Regional Adviser – Research Policy and Cooperation, presenting the recommendations of the Regional Consultation.
In his closing remarks, Dr Swarup Sarkar summarized his vision on how to deliver state-of-the-art science and thereby change people’s lives. The larger question, he said, was how we could bring the centres of excellence into the forefront and share information, resources and experts outside the narrow structure of the collaborating centre relationship.

The deliberations were wide-ranging, intense, fruitful and satisfying. He noted that it was heartening to see that the consultation had been successful in fulfilling, to a great extent, the objectives for which it was organized. The meeting could clearly identify issues and concerns that affect all collaborating centres in the Region, and now there was a fair understanding of the way forward. The outcome of this meeting would help in developing a roadmap for collaboration in the future, in line with the fast changing health challenges in the Region.

Another important outcome was the need to realign the work of collaborating centres with the priorities of the SEA Region, as emphasized by the Regional Director in her inaugural address. Collaborating centres have been working in key areas that fall within the mandate of WHO, but there is a need for further sharpening their focus on the Flagship Programmes of SEARO, which in a way are linked with the global agenda of ending major communicable diseases by 2030. In addition, focus will have to be maintained on emerging infections, emergency response, disaster preparedness of health systems as well as noncommunicable diseases.

Dr Sarkar thanked all participants for their precious time to participate in the Regional Consultation to strengthen collaboration. He also thanked all government nominees and technical advisers for providing technical support.

A still from the Regional Consultation, with the participants listening attentively to the proceedings.
A key highlight of the two-day consultation was the “Marketplace” where collaborating centres from participating countries presented their work in the form of displays, posters, audiovisual presentations and product exhibitions. The arena also provided an opportunity to participants to informally get to know about each other’s work and learn from the same. Many CCs reported that this led to promising potential collaborations. The arena was visited by the Regional Director of WHO South-East Asia and the Director-General of ICMR. Both appreciated the efforts and interacted with representatives of CCs present. Dr Swaminathan suggested that many of the products displayed in the “Marketplace” could be transferred to industry and finally taken to the market.

Here is a brief description of products displayed at the “Marketplace”:

**Bangladesh**

Three collaborating centres from Bangladesh showcased their products. The CC located in the National Institute of Preventive and Social Medicine displayed details of the competency-based training (CBT) programme in nutrition which it has developed to enhance capacity of health providers at various levels in nutrition knowledge and skills so that they can contribute to reduction of malnutrition in the country. The target is to cover 23 districts and three city corporations between 2015 and 2017, while using local, cost-effective and easily available training tools. The CC at the Centre for Medical Education designed a course called Masters in Medical Education. Sixty six MMEd-qualified teachers are acting as change agents for the improvement of medical education at different medical and dental institutions in Bangladesh and abroad. The International Centre for Diarrheal Diseases Research, Bangladesh, displayed through posters its contributions such as low-cost solutions in the treatment and management of diarrhoeal diseases.
**INDIA**

A total of 33 collaborating centres from India participated and displayed a range of products from diabetic rice to a primer on palliative care. The CCs located within the All India Institute of Medical Sciences (AIIMS), the Indian Council of Medical Research (ICMR) as well as private research institutes participated in the “Marketplace”. Products displayed included personal cooling garments for workers in hot environments, mosquitocidal biopesticide, special footwear for diabetes patients, and a digital diagnostic system for dental problems.

**MYANMAR**

The WHO collaborating centre at the University of Nursing, Yangon focuses on nursing and midwifery development. It has been engaged in strengthening the quality of nursing and midwifery education, service and research, and in promoting capacity of nursing and midwifery workforce. The centre has innovated “honorary teaching appointment” at teaching hospitals to improve the effectiveness of nursing education by involving nursing staff of teaching hospitals. This way the programme has been able to foster cooperation between teaching institutions and hospitals as well as with provincial and central training schools.

**SRI LANKA**

The WHO collaborating centre for Training and Research in Occupational Health, University of Colombo, has partnered with the WHO working group to develop training modules on delivery of essential occupational health interventions at the primary care level and also to evaluate their effectiveness according to WHO methodologies. The product displayed at the “Marketplace” was the “Industrial Safety Manual”. It is a practical and user-friendly guide published in local language which enables supervisors and employees to refer on the shop floor. It can also be used as a textbook for health and safety professionals. The WHO Collaborating Centre for Public Health Workforce Development, National Institute of Health Sciences (NIHS), has developed a module in automated mortality coding and has been conducting training courses for mortality coders. The training material has been reviewed by the joint collaboration of WHO Family of International Classifications–International Federation of Health Records Organizations and approved for international use.
THAILAND

A total of 23 collaborating centres from Thailand participated in the “Marketplace” covering a range of areas from malaria control to traffic injury prevention. CCs located in Mahidol University, Chulalongkorn University and national research centres displayed their work, and products such as assistive devices, “Germ Count” (a clinical kit to measure levels of salivary microbes), training manuals and details of training programmes.
Dr Poonam Khetrapal Singh and other Directors and participants spent time at the ‘Be the Change’ and Mahidol University Stall.
Vignettes from the Marketplace stalls at the Regional Consultation.
An ice-breaking session was organized during the evening of 19 October 2016. This provided an opportunity to WHO staff to interact with representatives of the collaborating centres. This informal session started with a round of introduction of all the participants and thereafter, the WHO CCs gathered for a roundtable discussion with their respective departments. The session was highly interactive and WHO CCs informed participants about their recent activities and achievements.
“Be the Change (BTC)” is a WHO-SEARO initiative designed to promote health, well-being and work productivity within organizations. At the consultation, a demonstration of BTC activities was done to encourage delegates to adapt the same in their respective organizations.

The meeting was made interactive and engaging by infusing side activities both during and outside the consultation that advocate healthy lifestyle promotion among delegates. To promote physical activity, an interactive yoga session and a fun fitness dance session was also organized. Other activities during the meeting included stretching sessions and dances to cross-cultural music during the 2-minute breaks. Furthermore, there were “Be the Change” standees at the Marketplace along with pledge cards with messages to be a role model on staying active and eating healthy. Delegates took pictures with the pledge cards and widely shared the same on their social media pages.
FEEDBACK
FROM PARTICIPANTS

A real-time feedback survey was conducted towards the end of the consultation. Of 80 participants present at 3 p.m. on Day 2, responses were given by 64 participants via Feedback Google form which was analysed in real time and live responses were shared with the audience. On a scale of 1 to 5 (1 meant “not at all productive” and 5 “extremely productive”), 56% of participants gave a rating of 4, 20% ticked 3 while 22% felt the programme was “extremely productive”. The exercise was overseen by facilitators from Swasti.

Participants were also asked to give reasons for their ratings. The following are some of the responses:

- “It was very informative, got answers to areas that were not clear. Also it was good to connect with lot of people and their area of work.”
- “Got an idea of the importance and responsibilities of a CC, first time got a chance to interact with other CCs in SEAR and learn a lot about them.”
- “Provided a clear understanding of how WHO CC will be sustainable in its function.”
- “Got better understanding about the rules and regulations made by WHO on the WHO-CC responsibilities. Importantly, knowing the other WHO-CCs.”
- “Showed the need for communication between collaborating centre and support centres.”
Most of the participants felt that the objectives of the consultation were clearly communicated in advance and those objectives were met. They also felt that the consultation resulted in some clear follow-up actions. The participants felt that the consultation was effectively moderated and everyone got an opportunity to participate in the proceedings. They felt the need for such meetings frequently and regularly, and also the need for building a network. In addition, it was suggested that meetings of small groups of WHO-CC in the same expertise, direction or topics should be organized in the future.
The objectives were clearly communicated in advance of the consultation

- Strongly Disagree: 14.1%
- Disagree: 28.1%
- Agree: 43.8%
- Strongly Agree: 10.9%
- Neutral: 70.8%
- Not Applicable: 15.6%

Consultation objectives were met

- Strongly Disagree: 10.9%
- Disagree: 70.8%
- Agree: 43.8%
- Strongly Agree: 15.6%
- Neutral: 14.1%
- Not Applicable: 28.1%

Clear follow-up actions from the consultation

- Strongly Disagree: 9.4%
- Disagree: 18.8%
- Agree: 67.2%
- Strongly Agree: 39.1%
- Neutral: 46.9%
- Not Applicable: 10.9%

The consultation was effectively moderated

- Strongly Disagree: 10.9%
- Disagree: 46.9%
- Agree: 39.1%
- Strongly Agree: 9.4%
- Neutral: 18.8%
- Not Applicable: 28.1%
The person had an opportunity to participate

- 50% Agree
- 39.1% Neutral
- 9.4% Disagree
- 9.4% Strongly Disagree

The duration of the consultation was appropriate

- 90.6% It was perfect
- 7.8% It was too long
- 9.4% It was too short

The consultation venue was appropriate

- 42.2% Agree
- 46.9% Neutral
- 9.4% Disagree
- 9.4% Strongly Disagree

The participant could hear the speakers easily

- 46.9% Agree
- 43.8% Neutral
- 9.4% Disagree
- 9.4% Strongly Disagree
All the presentations were easily understandable:
- 42.2% Agree
- 40.6% Strongly Agree
- 12.5% Strongly Disagree
- 10.9% Disagree
- 9.4% Neutral
- 12.5% Not Applicable

The role of participant within WHO SEAR CCs:
- 65.6% WHO Staff
- 10.9% WHO CC Representative
- 9.4% Technical Partner
- 12.5% Other
- 10.9% Government Nominee

Geographical location of the participant:
- 57.8% India
- 26.6% SEAR region
- 10.9% Sri Lanka
- 4.7% Thailand
- 4.7% Bangladesh
- 4.7% Indonesia
- 4.7% Maldives
- 4.7% Bhutan
Dr Arun Thapa (Director, Programme Management) and Mr David Allen (Director, Administration and Finance) at reception by the Regional Director.
A still from the Regional Consultation, with the participants listening attentively to the proceedings.
ANNEX 1

REGIONAL CONSULTATION of the WHO Collaborating Centres in South-East Asia Region

VENUE: Le Méridien, New Delhi

**DAY 1: October 19, 2016 (Venue: Desire, Le Méridien)**

- 1800-2000: Meeting of the Heads of WHO Collaborating Centres (CC) with the WHO SEARO Directors and WHO-CC Responsible Officers

**DAY 2: October 20, 2016**

- 0645-0730: YOGA (Venue: Swimming Pool, Le Méridien)

**Venue:** Sovereign Hall, Le Méridien

- 0900-1000: Registration
### SESSION 1: Inaugural session

<table>
<thead>
<tr>
<th>Time</th>
<th>Session Title</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>1000-1015</td>
<td>Welcome remarks</td>
<td>Dr. Swarup Kumar Sarkar</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Director, Department of Communicable Diseases (CDS)</td>
</tr>
<tr>
<td>1015-1035</td>
<td>Keynote address</td>
<td>Dr. Poonam Khetrapal Singh</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Regional Director, WHO South-East Asia</td>
</tr>
<tr>
<td>1035-1045</td>
<td>Objectives of the meeting</td>
<td>Dr G.B. Nair</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ag. Regional Adviser, Research Policy and Cooperation</td>
</tr>
<tr>
<td>1045-1055</td>
<td>Group photograph</td>
<td></td>
</tr>
<tr>
<td>1055-1115</td>
<td>Inauguration of market place by the Regional Director</td>
<td></td>
</tr>
<tr>
<td>1115-1145</td>
<td>Tea Break and Market Place</td>
<td></td>
</tr>
</tbody>
</table>

### SESSION 2: Role and priorities of WHO in Programme Implementation and Knowledge Management

<table>
<thead>
<tr>
<th>Time</th>
<th>Session Title</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>1145-1200</td>
<td>Setting the expectations</td>
<td>Dr. Angela Chaudhuri (Facilitator)</td>
</tr>
<tr>
<td></td>
<td>Panel discussion on current strategies and future initiatives</td>
<td>Panel members will be the WHO SEARO Directors</td>
</tr>
<tr>
<td>1200-1300</td>
<td>Family Health, Gender and Life Course (FGL)</td>
<td>Dr. Pem Namgyal</td>
</tr>
<tr>
<td></td>
<td>Health Security and Emergency Response (HSE)</td>
<td>Dr Roderico Ofrin</td>
</tr>
<tr>
<td></td>
<td>Health Systems Development (HSD)</td>
<td>Dr. Phyllida Travis</td>
</tr>
<tr>
<td></td>
<td>Non Communicable Diseases and Environmental Health (NDE)</td>
<td>Dr. Thaksaphon Thamarangsi (Represented by Dr. Patanjali Dev Nayar)</td>
</tr>
<tr>
<td></td>
<td>Communicable Diseases (CDS)</td>
<td>Dr. Swarup Kumar Sarkar</td>
</tr>
<tr>
<td>1300-1415</td>
<td>Lunch Break / Market Place</td>
<td></td>
</tr>
<tr>
<td>1415-1420</td>
<td>Healthy power break</td>
<td></td>
</tr>
</tbody>
</table>
**SESSION 3: WHO CCs: overview, practices and experiences**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker/Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>1420-1500</td>
<td>WHO Collaborating Centres: policies and procedures</td>
<td>Dr Tuler Matias, Programme Manager, SPI, WHO Headquarters</td>
</tr>
<tr>
<td>1500-1515</td>
<td>Operationalizing policies and procedures for WHO Collaborating Centers: key issues</td>
<td>Dr Manju Rani, Regional Adviser, NCD and Tobacco Surveillance, WHO SEARO</td>
</tr>
<tr>
<td>1515-1600</td>
<td>Tea Break/ Market Place</td>
<td></td>
</tr>
<tr>
<td>1600-1700</td>
<td>Good practices of collaborations from SEAR (A joint presentation by WHO and WHO CC representative)</td>
<td>Case Study 1: Dr Aparna Shah, Regional Adviser, Health Laboratory Services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Case Study 2: Dr Patanjali Dev Nayar, Regional Adviser, Disability Prevention and Rehabilitation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Case Study 3: Dr Gyanendra Gongal, Scientist, International Health and Regulations</td>
</tr>
<tr>
<td>1700-1900</td>
<td>Free time</td>
<td></td>
</tr>
<tr>
<td>1900-2100</td>
<td>Reception by Regional Director</td>
<td></td>
</tr>
</tbody>
</table>

**DAY 3: Tentative Programme, 21 October, 2016**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker/Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>0930-0945</td>
<td>Recap of Day 1</td>
<td>Dr Angela Chaudhuri (Facilitator)</td>
</tr>
<tr>
<td>0945-1015</td>
<td>Assessment of WHO’s work with the Collaborating Centres</td>
<td>Dr N.K. Arora, Executive Director, INCLEN International</td>
</tr>
<tr>
<td>1015-1145</td>
<td>Parallel Session to frame recommendations to strengthen the collaboration</td>
<td></td>
</tr>
<tr>
<td>1145-1215</td>
<td>Collaborating Centres of ICMR: Experiences and outcomes</td>
<td>Dr Soumya Swaminathan, Director General, ICMR and Secretary DHR</td>
</tr>
<tr>
<td>1215-1245</td>
<td>Collaborating Centres of Mahidol University: Experiences and outcomes</td>
<td>Dr Pratap Singhhasivanon, Dean, Mahidol University</td>
</tr>
<tr>
<td>1245-1345</td>
<td>Lunch break</td>
<td></td>
</tr>
<tr>
<td>1345 -1445</td>
<td>Plenary session presentation on recommendation</td>
<td>Group’s Representative</td>
</tr>
<tr>
<td>1445-1500</td>
<td>Summarising the recommendation</td>
<td>Dr N.K. Arora</td>
</tr>
<tr>
<td>1500-1515</td>
<td>Tea Break</td>
<td></td>
</tr>
<tr>
<td>1515-1545</td>
<td>e-feedback</td>
<td>Dr Angela Chaudhuri (Facilitator)</td>
</tr>
<tr>
<td>1545-1600</td>
<td>Recommendations of the meeting</td>
<td>Dr G.B. Nair</td>
</tr>
<tr>
<td>1600-1610</td>
<td>Closing Remarks and Vote of Thanks</td>
<td>Dr Swarup Sarkar</td>
</tr>
</tbody>
</table>
ANNEX 2
List of participants

Regional Consultation of WHO Collaborating Centres in the South-East Asia Region, New Delhi
19–21 October 2016
(Following is a a pre-conference list, prepared on the basis of agreement for attending the conference)

Government nominations

Bangladesh
1. Professor Dr Baizid Khoorshid Riaz
   Director
   National Institute of Preventive & Social Medicine (NIPSOM)
   Ministry of Health & Family Welfare
   Mohakhali, Dhaka

Bhutan
2. Ms Tashi Dema
   Research officer
   Research unit, Ministry of Health
   Thimphu

India
3. Dr Neena Valecha
   Director
   National Institute of Malaria Research
   Sector-8, Dwarka,
   New Delhi

Indonesia
4. Dr M. Royan M. Kes
   Head of Health Crisis Facilitation
   Division Centre for Health Crisis
   Ministry of Health
   Jl. H.R. Rasuna Said Block X5 Kavling
   4-9 Block A, 12950 DKI, Jakarta
Maldives
5. Dr Sheeza Ali,
   DGHS Ministry of Health
   Male
6. Ms Aishath Shaheen Ismail
   Dean, Faculty of Health Sciences,

Nepal
7. Dr Kiran Regmi Ghimire
   Chief Specialist
   Ministry of Health
   Ramshah Path, Kathmandu

Myanmar
8. Dr (Ms) Khin Saw Aye
   Deputy Director General
   Department of Medical Research
   Ministry of Health and Sports
   Republic of the Union of Myanmar
   Nay Pyi Taw

Sri Lanka
9. Dr KPMDAR Ferdinando
   National Institute of Health Sciences
   Kalutara

Thailand
10. Dr Pathom Sawanpanyalert,
    Senior Expert in Health Promotion
    (Public Health physician)
    Bangkok

Timor-Leste
11. Mr Ivo Cornelio Lopes Guterres
    Head of HMIS Department
    Ministry of Health
    Democratic Republic of Timor-Leste
    Rua de Caicoli
    Dili

WHO collaborating centres

Bangladesh
12. Professor Baizid
    WHO Collaborating Centre for
    Training and Development of Public
    Health Workforce
    BAN- 5
    National Institute of Preventive and
    Social Medicine (NIPSOM), Dhaka

13. Dr AFM Saiful Islam
    WHO Collaborating Centre for WHO
    Collaborating Centre for Medical
    Education
    BAN-6
    The Centre for Medical Education
    (CME)
    Dhaka

14. Dr M.A. Salam
    WHO Collaborating Centre for
    Diarrhoeal Diseases Research
    BAN-7
    International Centre for Diarrhoeal
    Disease Research, Bangladesh
    (ICDDR)
    Dhaka

India
15. Professor Sunesh Kumar
    WHO Collaborating Centre for Human
    Reproduction
    IND-37
    All India Institute of Medical Sciences
    (AIIMS)
    New Delhi

16. Dr M.S. Kulkarni,
    Head, Radiation Standards Section,
    BARC, WHO Collaborating Centre
    for Secondary Standard Radiation
    Dosimetry, IND-39
    Bhabha Atomic Research Centre
    Mumbai
17. Dr Shanta Dutta
WHO Collaborating Centre for Research and Training on Diarrhoeal Diseases
IND-48
National Institute of Cholera & Enteric Diseases (NICED)
Kolkata

18. Dr Sunil Kumar, MSc.,PhD, FAEB
Scientist-G and Director-in-charge, Division of Reproductive and Cytotoxicology
National Institute of Occupational Health (ICMR)
IND-52
Ahmedabad

19. Dr A.M. Manonmani
WHO Collaborating Centre for WHO Collaborating Centre for Research and Training in Lymphatic Filariasis and Integrated Vector Management
IND-53
Indian Council of Medical Research (ICMR)
Pondicherry

20. Dr Prahlad Kumar
WHO Collaborating Centre for Tuberculosis Research and Training
IND-55
National Tuberculosis Institute (NTI)
Bangalore

21. Dr Srikant Tripathy
WHO Collaborating Centre for Tuberculosis Research and Training
IND-56
National Institute for Research in Tuberculosis
Chennai

22. Dr Anil Sharmila Pimple
Tata Memorial Hospital
WHO Collaborating Centre for Cancer Prevention, Screening and Early Detection,
IND-59
Mumbai

23. Professor Geetam Tiwari
WHO Collaborating Centre for Research and Training in Safety Technology
IND-66
Indian Institute of Technology
New Delhi

24. Dr Madhulika Kabra
WHO Collaborating Centre for Training in Clinical and Laboratory Genetics in Developing Countries
IND-71
All India Institute of Medical Sciences (AIIMS)
New Delhi

25. Dr R. Thara
WHO Collaborating Centre for Mental Health Research and Training, IND-76
Schizophrenia Research Foundation (SCARF)
Chennai

26. Dr Vinod K. Paul
WHO Collaborating Centre for Training and Research in Newborn Care, IND-79
All India Institute of Medical Sciences (AIIMS)
New Delhi

27. Dr S.D. Gupta
WHO Collaborating Centre for District Health System based on Primary Health Care
IND-81
Indian Institute of Health Management and Research
Jaipur
<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>WHO Collaborating Centre</th>
<th>Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>28.</td>
<td>Dr G. Chandrashekhar</td>
<td>WHO Collaborating Centre for Prevention of Blindness</td>
<td>L.V. Prasad Eye Institute</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IND-83</td>
<td>Hyderabad</td>
</tr>
<tr>
<td>29.</td>
<td>Dr Manjula Datta</td>
<td>WHO Collaborating Centre for Research, Education and Training in Diabetes</td>
<td>Diabetes Research Centre and M.V. Hospital for Diabetes Chennai</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IND-85</td>
<td></td>
</tr>
<tr>
<td>30.</td>
<td>Professor Gururaj Gopalakrishna</td>
<td>WHO Collaborating Centre for Injury Prevention and Safety Promotion</td>
<td>National Institute of Mental Health and Neurosciences (NIMHANS), Bangalore</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IND-88</td>
<td></td>
</tr>
<tr>
<td>31.</td>
<td>Professor V. Ravi</td>
<td>WHO Collaborating Centre for Reference and Research in Rabies</td>
<td>National Institute of Mental Health and Neurosciences (NIMHANS), Bengaluru</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IND-90</td>
<td></td>
</tr>
<tr>
<td>32.</td>
<td>Dr P. Vijayachari</td>
<td>WHO Collaborating Centre for Diagnosis, Reference, Research and Training in Leptospirosis</td>
<td>Indian Council of Medical Research (ICMR), Port Blair</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IND-91</td>
<td></td>
</tr>
<tr>
<td>33.</td>
<td>Dr R.R. Gangakhedkar</td>
<td>WHO Collaborating Centre for HIV Diagnosis and Monitoring of Antiretroviral</td>
<td>National AIDS Research Institute (NARI), Indian Council of Medical Research (ICMR), Pune</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IND-92</td>
<td></td>
</tr>
<tr>
<td>34.</td>
<td>Dr Kalpana Balakrishnan</td>
<td>WHO Collaborating Centre for Research and Training in Occupational and Environmental Health</td>
<td>Sri Ramachandra Medical College and Research Institute Chennai</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IND-93</td>
<td></td>
</tr>
<tr>
<td>35.</td>
<td>Dr Ravindra Rao</td>
<td>WHO Collaborating Centre for Substance Abuse</td>
<td>All India Institute of Medical Sciences (AIIMS), New Delhi</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IND-95</td>
<td></td>
</tr>
<tr>
<td>36.</td>
<td>Ms Manju Bagdwal</td>
<td>WHO Collaborating Centre for Research, Community-based Action and Programme Development in Child Health</td>
<td>Society for Applied Studies, New Delhi</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IND-96</td>
<td></td>
</tr>
<tr>
<td>37.</td>
<td>Dr B.S. Garg</td>
<td>WHO Collaborating Centre for Research and Training in Community Based Maternal, Newborn and Child Health</td>
<td>Mahatma Gandhi Institute of Medical Sciences, Sewagram Wardha</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IND-100</td>
<td></td>
</tr>
<tr>
<td>38.</td>
<td>Dr V. Mohan</td>
<td>WHO Collaborating Centre for Noncommunicable Diseases Prevention and Control</td>
<td>Dr Mohan’s Diabetes Specialities Centre, Chennai</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IND-101</td>
<td></td>
</tr>
<tr>
<td>39.</td>
<td>Dr Guha Pradeepa</td>
<td>WHO Collaborating Centre for Noncommunicable Diseases Prevention and Control</td>
<td>Chennai</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
40. Dr Tharion George  
WHO Collaborating Centre for  
Development of Rehabilitation Technology, Capacity Building and Disability Prevention, IND-107  
Christian Medical College  
Vellore

41. Professor D. Behera  
WHO Collaborating Centre for  
Research and Capacity Building in Chronic Respiratory Diseases  
IND-108  
Postgraduate Institute of Medical Education and Research (PGIMER)  
Chandigarh

42. Dr Madhu Raikwar  
WHO Collaborating Centre for  
Family of International Classifications  
IND-109  
Ministry of Health & Family Welfare  
New Delhi

43. Dr Praveen Bharti  
WHO Collaborating Centre for  
Health of indigenous populations  
IND-110  
National Institute for Research in Tribal Health  
Jabalpur

44. Dr Anand Krishnan  
WHO Collaborating Centre for  
Capacity Building and Research in Community-based Noncommunicable Disease Prevention and Control  
IND-111  
All India Institute of Medical Sciences (AIIMS)  
New Delhi

45. Dr N. Baridalyne  
WHO Collaborating Centre for  
Capacity Building and Research in Community-based Noncommunicable Disease Prevention and Control  
IND-113  
All India Institute of Medical Sciences (AIIMS)  
New Delhi

46. Dr Nandini Vallath  
WHO Collaborating Centre for  
Training and Policy on Access to Pain Relief, IND-114  
Trivandrum Institute Of Palliative Sciences (TIPS)  
Trivandrum

47. Dr Ms Chadha  
WHO Collaborating Centre for  
Strengthening Capacity for Emerging Infectious Diseases, IND-116  
National Institute of Virology, Pune

48. Professor Anup Thakar  
WHO Collaborating Centre for  
Traditional Medicine, IND-117  
Gujarat Ayurved University  
Jamnagar

49. Dr Ishwar V. Basavaraddi  
WHO Collaborating Centre for  
Traditional Medicine, IND-118  
Morarji Desai National Institute of Yoga  
New Delhi

50. Dr O.P. Kharbanda  
WHO Collaborating Centre for Oral Health Promotion, IND-122  
All India Institute of Medical Sciences (AIIMS)  
New Delhi

51. Professor Dorairaj Prabhakaran  
WHO Collaborating Centre for  
Surveillance, Capacity building and Translational Research in Cardio-
Metabolic Diseases, IND-124
Centre for Chronic Disease Control (CCDC), New Delhi

52. Professor Shiv Kumar Sarin
WHO Collaborating Centre for Viral Hepatitis and Liver Diseases, IND-125
The Institute of Liver and Biliary Sciences
New Delhi

53. Dr S. Manikandan
WHO Collaborating Centre for Training and Research in Essential Medicines and Rational Use of Medicines, IND-126
Jawaharlal Institute of Postgraduate Medical Education & Research (JIPMER), Puducherry

54. Dr P. Manickam
WHO Collaborating Centre for Leprosy Research and Epidemiology IND-127,
National Institute of Epidemioloy
Chennai

55. Dr Rohit Sarin
WHO Collaborating Centre for Tuberculosis Training IND-128, National Institute of Tuberculosis and Respiratory Diseases
New Delhi

56. Ms G. Krishnaveni
WHO Collaborating Centre for Prevention of avoidable blindness and visual impairment IND-129, Aravind Eye Care System Madurai

57. Professor Surendra Sharma
WHO Collaborating Centre for Training and Research in Tuberculosis IND-131

58. Dr Jitendra Sharma
WHO Collaborating Centre for Priority Medical Devices & Health Technology Policy IND-133
National Health Systems Resource Centre, New Delhi

59. Dr Pawan Labhasetwar
WHO Collaborating Centre for WHO Collaborating Centre for drinking water and sanitation IND-134
National Environmental Engineering Research Institute Nagpur

60. Dr Anil Kumar Paleri
WHO Collaborating Centre for WHO Collaborating Centre for Community Participation in Palliative Care and Long term Care IND-135
Institute of Palliative Medicine Kozhikode

61. Professor Atul Kumar
WHO Collaborating Centre for WHO Collaborating Centre for Prevention of Blindness IND-142
All India Institute of Medical Sciences (AIIMS), New Delhi

62. Dr S.L. Chauhan
Head of WHO Collaborating Centre for Research and Training in Reproductive Health, National Institute for Research in Reproductive Health, Indian Council of Medical Research, Jehangir Merwanji Street, Parel Mumbai
Indonesia

63. Dr ORL Ronny Suwento
WHO Collaborating Centre for Prevention of Deafness and Hearing Impairment
INO-19
University of Indonesia
Jakarta

64. Dr Ina Agustina Istrurini, MKM
WHO Collaborating Centre for Training and Research on Disaster Risk Reduction
INO-22
Ministry of Health
Jakarta

Myanmar

65. Professor Myat Thandar
WHO Collaborating Centre for Nursing and Midwifery Development
MMR-4
University of Nursing
Yangon

Sri Lanka

66. Dr Kantha Nirmali Lankatilake
WHO Collaborating Centre for Training and Research in Occupational Health,
SRL-8
University of Colombo, Colombo

Thailand

67. Dr Preecha Prempree
WHO Collaborating Centre for Occupational Health
THA-16
Ministry of Public Health
Nonthaburi

68. Mr Siri SRIMANOROTH
WHO Collaborating Centre for Secondary Standard Radiation Dosimetry
THA-17
Ministry of Public Health
Nonthaburi

69. Dr Unnop Jaisamrarn
WHO Collaborating Centre for Research in Human Reproduction
THA-19
Chulalongkorn University
Bangkok

70. Mr Somsak Sunthornphanich
WHO Collaborating Centre for Quality Assurance of Essential Drugs
THA-25
Ministry of Public Health
Nonthaburi

71. Professor Dr Supa Pengpid
WHO Collaborating Centre for Primary Health Care Development
THA-26
Mahidol University
Nakhon Pathom

72. Dr Pugpen Sirikutt
WHO Collaborating Centre for Case Management of Severe Dengue
THA-38
Queen Sirikit’s National Institute of Child Health
Bangkok

73. Dr Witaya Chadbunchachai
WHO Collaborating Centre for Injury Prevention and Safety Promotion
THA-41
Khon Kaen Regional Hospital
Khon Kaen

74. Dr Thanee Kaewthummanukul
WHO Collaborating Centre for Nursing and Midwifery Development
THA-43
Chiang Mai University
Muang
75. Dr Ubonwon Charoonruangrit  
WHO Collaborating Centre for Training in Blood Transfusion Medicine  
THA-44  
Thai Red Cross Society  
Bangkok

76. Dr John P Maza  
WHO Collaborating Centre for Diagnostic Reference, Training and Investigation of Emerging Infectious Diseases, THA-45  
Armed Forces Research Institute of Medical Sciences (AFRIMS)  
Bangkok

77. Dr Jutamaad Satayavivad  
WHO Collaborating Centre for Capacity Building and Research in Environmental Health Science and Toxicology  
THA-47  
Chulabhorn Research Institute  
Bangkok

78. Dr Puenthai Thephmontha  
WHO Collaborating Centre for Training in Medical Rehabilitation and Prosthetics - Orthotics  
THA-48  
Srinindhorn National Medical Rehabilitation Centre  
Nonthaburi

79. Professor Surasak Taneepanichskul  
WHO Collaborating Centre for Research and Training in Public Health Development  
THA-54  
Chulalongkorn University  
Bangkok

80. Dr Siriporn Ghai  
WHO Collaborating Centre for Research and Training on Viral Zoonoses  
THA-57  
Chulalongkorn University  
Bangkok

81. Dr Tippawan Liabsuetrakul  
WHO Collaborating Centre for Research and Training on Epidemiology  
THA-60  
Prince of Songkla University  
Hat Yai

82. Assistant Professor Dr Tippanart Vichayanrat  
WHO Collaborating Centre for Oral Health Education and Research  
THA-62  
Mahidol University  
Bangkok

83. Dr Banchob Sripa  
WHO Collaborating Centre for Research and Control of Opisthorchiasis (Southeast Asian liver fluke disease)  
THA-67  
Khon Kaen University  
Khon Kaen

84. Professor Dr Siripen Supakankunti  
WHO Collaborating Centre for Health Economics  
THA-68  
Chulalongkorn University, Bangkok

85. Dr Kanokwan Tharawan  
WHO Collaborating Centre for Research in Human Reproduction  
THA-69
86. Ms Wantana Paveenkittiporn
WHO Collaborating Centre for Antimicrobial Resistance Surveillance and Training
THA-71
Ministry of Public Health, National Institute of Health
Nonthaburi

87. Ms Natamol Tienmanee
WHO Collaborating Centre for Strengthening Quality System in Health Laboratory
THA-72
Department of Medical Sciences, Ministry of Public Health
Nonthaburi

88. Dr Myo Nyein Aung
WHO Collaborating Centre for Medical Education
THA-73
Chulalongkorn University
Bangkok

89. Dr Wanna Hanshaoworakul
WHO Collaborating Centre for Field Epidemiology
THA-74
Ministry of Public Health
Nonthaburi

90. Associate Professor Angsuwathana, Surasak
WHO Collaborating Centre for WHO Collaborating Centre for Research in Human Reproduction
THA-80
Sririraj Reproductive Health Research Centre
Bangkok

91. Dr Sanduk Ruit
Eye Surgeon
Himalayan Cataract Project
Tilganga Institute of Ophthalmology
Kathmandu

92. Dr Soumya Swaminathan
Director-General
Indian Council of Medical Research
New Delhi

93. Professor Pratap Singhasivanon
Faculty of Tropical Medicine, Bangkok

94. Professor Narendra Kumar Arora
Executive Director
INCLEN Trust International
F-1/5, Okhla Industrial Area, Phase-I,
New Delhi

WHO Secretariat
WHO SEARO

95. Dr Arun B. Thapa
Director, Programme Management

96. Dr Swarup Kumar Sarkar
Director, Department of Communicable Diseases

97. Dr Pem Namgyal
Director, Department of Family Health, Gender and Life Course

98. Dr Phyllida Travis
Director, Department of Health Systems Development

99. Dr G.B. Nair
Ag. Regional Adviser
Research Policy and Cooperation
100. Dr Lin Aung  
Co-ordinator, Capacity, Policy & Advocacy

101. Dr Neena Raina  
Coordinator, Child and Adolescent Health

102. Dr Rahul Srivastava  
Junior Public Health Professional Research Policy and Coordination

103. Dr Gunasena Sunil Senanayake  
Regional Adviser, Health Systems Management

104. Ms Lesley Jayne Onyan  
Regional Adviser, Occupational Health

105. Dr Ahmed Mohamed Jamsheed  
Regional Adviser, Neglected Tropical Diseases

106. Dr Md Khurshid Alam Hyder  
Regional Adviser, Tuberculosis Control

107. Dr Gampo Dorji  
Technical Officer, Neglected Tropical Diseases

108. Dr Gyanendra Gongal  
Regional Adviser, IHR

109. Dr Patanjali Dev Nayar  
Regional Adviser Disability Prevention and Rehabilitation

110. Dr Padmini Angela De Silva  
Regional Adviser, Noncommunicable Diseases and Environmental Health

111. Dr Nazneen Anwar  
Regional Adviser, Mental Health

112. Dr Aparna Singh Shah  
Regional Adviser, Health Laboratory Services

113. Dr Lluis Vinals Torres  
Regional Adviser Health Economics and Health Planning

114. Dr Arturo Pesigan  
Regional Adviser Emergency Risk and Crisis Management

115. Dr Mark Landry.  
Regional Adviser Health Situation Analysis and Information System Strengthening

116. Dr Klara Tisocki  
Regional Adviser, Essential Drugs and other Medicines

116. Dr Eva-Maria Christophel  
Regional Adviser, Malaria Control

117. Dr Klara Tisocki  
Regional Adviser Essential Drugs and Other Medicines

118. Dr Sungchol Kim  
Regional Adviser, Traditional Medicine

119. Dr Razia Narayan Pendse  
Regional Adviser, HIV-AIDS

120. Dr Madhur Gupta  
National Professional Officer Pharmaceuticals

121. Ms Payden  
Regional Adviser, Water and Sanitation
WHO Headquarters

122. Mr Matias Tuler
   Strategy, Policy & Information

WHO Country Offices

123. Mr Md Nuruzzaman
   National Professional Officer
   WHO Country Office for Bangladesh

124. Dr Alaka Singh
   Adviser on Health Policy & Systems for
   UHC
   WHO Country Office for Myanmar

125. Dr Prakin Suchaxaya
   CHP (Coordinator, Health Programs)
   WHO Country Office for India

126. Professor Natika Sepali Gunawardena
   National Professional Officer
   WHO Country Office for Sri Lanka
ANNEX 3

COLLABORATION IS KEY

Inaugural Address by
Dr. Poonam Khetrapal Singh
Regional Director, South-East Asia

Regional Consultation of the WHO Collaborating Centres in the South-East Asia Region, New Delhi
20-21 October 2016

Distinguished guests, ladies and gentlemen,

It gives me great pleasure to welcome you to this Regional Consultation of WHO Collaborating Centres in the South-East Asia Region. This is especially so as it is the first such event since I assumed office as Regional Director.

I strongly believe that the WHO South-East Asia Region is strengthened by our collaborating centres which work in support of WHO’s mandate and priorities. The SEA Region sees the CCs as an impressive and valuable network of cutting edge health institutions, not just valuable for the country in which the CCs are located but also beyond. These are institutions that have been strong allies of WHO in its work for years, helping WHO implement its mandated work and achieve current goals. These centres are selected after going through a rigorous review process to ensure that we have the best hands supporting us.
This collaboration brings substantial benefits to both parties. WHO gains access to top institutions worldwide and the institutional capacity to support its work. Similarly, institutions designated as a WHO Collaborating Centre gain increased visibility and recognition by national authorities, and greater attention from the public for the health issues on which they work. This win-win relationship between WHO and its collaborating centres makes a difference to public health globally. WHO encourages every designated institution to benefit as much as possible from this formal relationship. The region's priorities have obviously emerged as a direct reflection of country realities and were developed in response to them. There will be ample opportunity through this Regional Consultation to discuss where the CCs can play a more active role with the Flagship Priority Areas and promoting capacity-building at the national and regional levels in these. Significant contributions by collaborating centres have been observed in recent successes such as the Region being certified polio-free, malaria elimination from Maldives and Sri Lanka, the elimination of mother-to-child transmission of HIV in Thailand, as well as several other instances.

I am proud that the Region today has 94 collaborating centres and I am particularly delighted that most of the centres are represented here, alongside government officials from a number of countries. The objective of having so many collaborating centres is that these provide a platform for the Region to enhance collaboration across a large gamut of disease clusters in order to strengthen WHO’s work in this part of the world which bears a high burden of disease. It also brings in the diversity of various disciplines, which is much-needed.

Your participation and presence is a clear indication that, like WHO, you value the role that collaborating centres play in working to address the health challenges of our Region.

The collaboration between your centres and WHO South-East Asia is critical for moving ahead together in a more coordinated and efficient way amid an evolving health scenario. As we strive to realize the Sustainable Development Goals, as well as achieve the unfinished agenda of the Millennium Development Goals, it goes without saying that our work is laid out for us. In this regard, strengthening our collaboration and capacity is vitally important.

When I assumed this office, I was acutely aware of the public health challenges that lay ahead for the Region. To address these challenges, I proposed the “1 by 4”
plan. As you may be aware, “1” refers to a more responsive WHO; and “4” refers to four strategic areas of operation. These include:

1. Addressing the persisting, emerging epidemiological and demographic challenges;
2. Promoting universal health coverage and building robust health systems;
3. Strengthening emergency risk management for sustainable development; and
4. Articulating a strong voice in the global health agenda.

Since this plan was proposed, Seven Flagship Priority Areas were developed that you will no doubt hear more about during the meeting, particularly with reference to their deliverables. There will also be ample opportunity to discuss where the collaborating centres can play a more active role in working on these Flagship Areas and promoting capacity-building at the national and regional levels.

Indeed, at this meeting you will be fully briefed on WHO South-East Asia Region’s plan of work and, therefore, be able to engage with us to more productively move forward. But beyond this very important outcome, at this meeting we also have the opportunity to establish new ways of working together.

Since collaborating centres were first established in 1948 they have provided a valuable network of cutting-edge public health institutions, both within countries and beyond. Similarly, they have also pioneered important research, and been a source of innovative ideas, helping to advance thinking on critical public health issues in the Region. In this sense, they have functioned true to their mandate as an extended arm of WHO. We must escalate the involvement of collaborating centres in our Programmatic areas to get maximum benefit from their expertise and experiences. There should be greater participation of WHO collaborating centres in WHO meetings and other activities to facilitate the intense interplay of knowledge, research, and its implementation.

Nonetheless, one way to deepen this collaboration further is through developing a regional platform to enhance multilateral networking and joint activities among the collaborating centres themselves. I would urge all participants to put their heads together and device a functional, effective and sleek network of WHO CCs in the Region that would not only make the research more worthwhile but also more commendable and more widely and readily acceptable. Not only would this benefit
collaborating centres and boost the resources that can be drawn upon, but would also benefit Member States across the Region and, of course, the Organization itself.

Under such an initiative, the value of each collaborating centre would be multiplied, thereby quickening the march towards achieving the SDGs. Creating this platform is clearly something that is possible; similar networks already exist at the global level, providing a blueprint on how we can do it here.

Ladies and gentlemen,

I anticipate your enthusiasm for this proposal and look forward to hearing your thoughts on how we can work together to make it happen. As I said in my inaugural speech when I assumed office, I believe we in the South-East Asia Region have the possibility and opportunity to show leadership in all areas of global health. Over the coming days we have the potential to demonstrate this.

I know that during this meeting you will share your ideas and thoughts on how best to translate the Regional Priorities into meaningful action. That is exactly what we are eager to hear and discuss. A similar exercise was done for research where knowledge was translated to tangible products, practice and policy. I expect you to have a fruitful dialogue on how to make our collaboration work in innovative ways. This is what we are counting on. Your recommendations would be taken seriously and acted upon. That is at the core of this Consultation.

It is only by working together that we will translate our vision into reality and make a difference right across the Region. We have the tools, the talent and the potential to achieve the goals we set for ourselves, so let us bring all of our capacities together to make the progress we envision.

I wish you the best in your deliberations.

Thank you all very much.
ANNEX 4

Status of the collaboration between WHO and WHO Collaborating Centres in the South-East Asia Region

Report of Rapid Assessment

The INCLEN Trust International
2nd Floor, F1/5,
Okhla Industrial Area, Phase 1
New Delhi-110020, INDIA
www.inclentrust.org
DISCLAIMERS

This report is result of a rapid assessment of the status of WHO Collaborating Centres (CC) in South East Asia Region. The report summarizes the feedback through questionnaire, personal interaction and group discussion with the representatives of WHO CCs. The report reflects the key issues extracted out of these information sources.
CONTENTS

1. Executive summary
2. Introduction
3. The need for rapid assessment
4. Methodology
5. Analysis of response to the questionnaire
6. In-depth interviews and group discussions
7. Suggestions for improving the functioning of CCs
8. Conclusions and recommendations
EXECUTIVE SUMMARY

The WHO Collaborating Centres (CCs) are a valuable resource for furthering the WHO mandate. These centres, however, remain under-utilized and there is limited networking among CCs. WHO team was keen to have better understanding of issues, challenges and determinants that facilitate functioning of CCs and impact of their work.

To appreciate the current functional status of CCs in the SEA Region, relationship with WHO and collaboration with other CCs, WHO planned a multi-layered process of obtaining feedback from CCs to develop various options for the way forward. Broad objectives of the exercise were to determine:

• the status of collaboration between WHO and CCs
• factors that helped and worked for CCs to be successful
• factors limiting the performance of CCs and
• the status of networking among CCs

The assessment process included the following three elements

• Circulation of an open-ended questionnaire for responses from CCs on their activities, collaborations and challenges;
• A consultation of CC representatives, WHO staff and key stakeholders during October 20-21, 2016 at New Delhi
• Structured interaction with CC representatives and WHO staff during the consultation and group discussions on key domains of concerns by The INCLEN Trust International.

The observations and feedback so obtained were analyzed and synthesized by the INCLEN team to prepare this report.
In all, 54 (57%) out of 95 CCs submitted their response to WHO circulated questionnaire. The consultation meeting was attended by 80 participants from CCs. INCLEN team reviewed responses from CCs, conducted in-depth interviews (IDIs) with representatives from 12 CCs, 2 WHO Responsible Officers and facilitated group discussions on five relevant thematic areas (Communication and collaboration; Monitoring and supervision; Collaboration and coordination among CCs; Leveraging resources and Evolving roles of CCs).

**Key findings of the assessment were:**

**CC activities:** CCs were engaged in multiple activities including capacity building, providing technical expertise, research and evaluation, product and standards development, dissemination and knowledge translation. Several of these activities were facilitating implementation of WHO mandate.

**ToRs and benchmarking:** The CCs and WHO responsible officers felt that there was need for periodic review of ToRs to bring clarity and re-alignment with WHO mandate in line with evolving global, regional and national health scenarios.

**Value addition as CC:** Designation as WHO CC had enhanced the scientific and programmatic credibility of the host institutions. The CCs had better access to funding opportunities and resources of WHO as well as other organizations for research, capacity building. This gave them opportunities to work with other institutions including those beyond their own countries.

**Factors for success and failure as a CC:** The facilitating factors identified are: leadership of the CC; relationship with the host institution, government, and WHO offices; effective communication and proactive engagement with the WHO responsible officer. The critical factors that potentially prevented a CC being successful are poor communication with WHO; lack of understanding of the WHO mandate and its alignment with CC ToRs; lack of resources and support from WHO; limited participation of WHO team in the preparation of CC workplan and implementation.

Collaboration and networking: There is limited collaboration between the CCs within the countries and across the Region. The reasons for poor collaboration between CCs are lack of awareness about the each other’s work, platform for collaboration and networking, facilitation by WHO (at global, Regional and country level) and issues related to local regulatory and ethical considerations.
In conclusion, most CCs in the SEA Region are active and making efforts to contribute to the WHO mandate at country, regional and global level. The performance and effectiveness of CCs to be part of the WHO mandate was however, constrained due to poor communication between CCs and WHO, sporadic efforts at collaboration among CCs, lack of systematic efforts to strengthen their research and academic capacities, persistence with original ToRs without consideration for dynamic global, regional and country health scenarios and lack of elements that bring accountability for operations of CCs and oversight mechanisms at WHO.

**Recommendations:**

1. **Recommendations for immediate action:**
   
   1.1. The SEA regional office needs to review and improve mechanisms, periodicity, content, context and recipients of communication between CCs and WHO in consultation with all parties concerned.
   
   1.2. Improve awareness of the host institutional leadership about pre-requisite for CCs to align with WHO mandate at the time of their designation and re-designation.
   
   1.3. Improve the alignment of subject knowledge and expertise of responsible officers at WHO and the working domains of CCs they are assigned to oversee and coordinate with

2. **Recommendations for a roadmap for in depth external evaluation:** In view of the diversity of the subject expertise, functioning, location and professorial of CCs, more specific recommendations shall require an in-depth external evaluation.

   2.1. Detailed external evaluation of the collaboration between WHO and WHO collaborating centres in the SEA Region: The suggested terms of reference of the external evaluation may be:

   (i) To determine the extent of refinement of ToRs for improving their impact and re-alignment of work plans with WHO mandate in the context of rapidly evolving global, regional and national health scenarios;

   (ii) To suggest strategies for improving collaboration and networking among CCs to increase their effectiveness and impact;
(iii) To recommend strategies for systematic strengthening of the research and academic capacities of CCs;

(iv) To identify elements that bring accountability for the operations of CCs and oversight mechanisms at WHO;

(v) To determine the role of WHO country offices in the functioning of CCs in their country; and

(vi) To identify technical areas and institutions where new CCs can be established or and the mandate of existing CCs could be expanded.

An international consortium of experts might be established to undertake in-depth external evaluation. Such a team should make country visits to assess the situation on the ground. The opportunity should also be utilized to set up new CCs including in countries in the region which do not have any CCs at present.
1. INTRODUCTION

“In everything we do, WHO relies on the expertise of hundreds of WHO Collaborating Centres, in your countries, and thousands of the best brains in science, medicine, and public health, in your countries. They give us their name freely and it is my strong impression that they do so with pride.”

Dr Margaret Chan, Director-General, in her address to the Sixty-fourth World Health Assembly on 16 May 2011

A WHO collaborating centre (CC) is defined as “…an institution designated by Director-General to form part of an international collaborative network carrying out activities in support of the Organization’s program at all levels”.

The WHO CCs are based at institutions or departments of institutions of diverse nature (universities, research institutes, hospitals, or Ministry of Health) with technical competence and track record of excellence. WHO CCs are designated and redesignated by WHO through a structured institutional process. It is a time-limited agreement (designation tenure is for four years) of collaboration between WHO and designated institution with concrete deliverables. WHO-CCs cooperate with WHO on a diverse range of activities including technical advice, research, developing guidelines, capacity building, meeting and consultations, and dissemination.

The vision for WHO CCs is:

“WHO-CCs are key institutions with relevant expertise distributed throughout the world. They represent a valuable resources as an extended and integral arm of WHO’s capacity to implement its mandated work.”
The mission for WHO CCs is:

“The WHO CCs are a highly valued mechanism of cooperation in which selected institutions are recognized by WHO to assist the organization with implementing its mandated work. This is accomplished by supporting the achievement of planned strategic objectives of the Regional and global levels; enhancing the scientific validity of its global health work. And developing and strengthening institutional capacity in countries and Regions “

The collaboration is to make a difference to public health at country, regional and global levels. The designation is independent of any financial support from WHO and the cost of the activities planned by the CC are to be covered by the core budget of the institution.

A guide sets out the standard operating procedures for CCs. For each CC, one Responsible Officer at WHO is designated as per the functional area. This officer may be based at the Regional office or WHO headquarters at Geneva. One WHO staff (Responsible Officer) may be responsible for several CCs. A Guide document for the WHO staff working with WHO CCs compiles policies, practices and mechanisms of collaboration.

The main functions of CCs are standardization, synthesizing and disseminating scientific and technical information, provision of services such as epidemiological surveillance, laboratory support and technical cooperation in national health development, research, training and coordinating of joint activities.

As per the WHO CC database, as of October 2016, there are 825 CCs located in 80 Member States, with the majority in the European Region (286), the Americas (183) and the Western Pacific Region (191). In South-East Region there are 94 CCs across 8 Member States and three Members States (Bhutan, Maldives and Timor-Leste) don’t have any CC. The WHO CCs in SEAR have diverse focus and span over 46 different fields related to health.
2. THE NEED FOR RAPID ASSESSMENT

The SEA Regional office expects CCs to link among themselves at country, regional and global levels to undertake collaborating activities and further the evolving global health agenda besides accomplishing their work plans. Each CC has a responsible officer at WHO (either at Regional office or headquarters) for coordination and communication with the CC.

The communication between CC focal person and WHO responsible officer is considered vital for smooth functioning of CCs, planning and monitoring implementation of their work plan and facilitating them to achieve stated objectives.

A review of annual reports indicated that anticipated collaboration between CCs was limited. WHO team has been interacting with CCs and other key stakeholders informally and internally to better comprehend the scenario and issues. During conversations at various levels, it was observed that CCs are valuable asset yet they remain underutilized and WHO would like to engage them more efficiently.

The Global WHO CC evaluation conducted in 2007 identified lack of systematic communication, internal administrative factors at WHO, resource requirements and clear monitoring and evaluation guidelines as key bottlenecks that needed to be addressed to improve performance and impact of CCs. WHO team at the SEA Regional office felt the need for better understanding of issues, challenges and determinants that facilitate functioning of CCs and are preventing collaboration among CCs.

In view of the above, WHO planned a multi-layered process of obtaining feedback on different issues from the CCs and consider various options for the way-forward.

(a) WHO team circulated a questionnaire for obtaining feedback from CCs on their work plan, functioning, achievements and challenges to achieve their work plan milestones and collaborations with other institutions.
Thereafter, the SEA Regional office hosted a consultation during October 20-21, 2016 at New Delhi with all the CCs in the Region and also included the Ministry of Health representative from some countries. The consultation provided a platform for communication, meeting and collaboration between WHO staff and CC focal persons. Its objective was also to bring CCs together to enhance networking and collaboration between them, identify the modalities that make operations of CCs smooth and identify the problems that hamper their performance.

WHO invited The INCLEN Trust International to conduct a structured interaction with CC representatives and WHO staff during the October 2016 consultation and facilitate group discussions on key domains of concerns. The observations and feedback so obtained were analyzed and synthesized by the INCLEN team to prepare this report and suggest the way forward.

The exercise was expected to inform WHO and CCs about improving modalities of doing business to further their efforts towards achieving global health agenda and sustainable development goals.

Broad objectives of the exercise were to determine:

- the status of collaboration between the WHO and WHO CCs,
- factors that helped and worked for the CCs to be successful,
- factors that limited the performance of the CCs and the status of networking between the CCs

The specific objectives of this activity were to:

1. Analyse responses obtained from CCs in the questionnaire circulated by WHO and identify the key points on activities, issues and challenges in coordination and alignment with WHO strategy/ programs

2. During the Consultation Meeting (October 20-21, 2016 at New Delhi), The INCLEN Team sought to gauge perceptions of the participants from different CCs in the Region through a limited number of in-depth interviews, and informal interactions to improve understanding on the domains and issues identified from the questionnaire and review of available background documents. The team also tried to capture feedback and suggestions articulated by representatives by CC representatives during group discussions on thematic areas. All the information from multiple sources was synthesized to arrive at draft future course of action for all concerned.
3. METHODOLOGY

3.1 Information source

The findings, conclusions and options are based on three types of information sources:


b) Feedback from the CCs on the questionnaire sent by WHO (54 responses, 56% response rate, see Annex II for survey questionnaire).

c) Interviews with representatives from the CCs attending the consultation and WHO Program Officers (SEAR)

d) CC Database at http://whocc.who.int/

This report does not reflect the responses from CCs according to country or thematic area.

3.2 The INCLEN team

To undertake the feedback analysis, interviews, facilitation of the group discussions, a six member team of experts was assembled at INCLEN. The INCLEN Trust International has extensive experience of conducting evaluation of different public health programmes. The experts were selected based on their experience and knowledge in areas relevant to the objectives of the evaluation. The team consisted of the following members:
# Members of the INCLEN Evaluation Team

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Narendra K. Arora</td>
<td>Team Leader</td>
<td>Executive Director, The INCLEN Trust International, New Delhi</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Former Professor of Pediatrics, All India Institute of Medical Sciences, New Delhi</td>
</tr>
<tr>
<td>Dr Siddarth Ramji</td>
<td>Member</td>
<td>Director-Professor Department of Pediatrics, Maulana Azad Medical College, Delhi</td>
</tr>
<tr>
<td>Dr Sanjay Chaturvedi</td>
<td>Member</td>
<td>Professor &amp; Head Department of Community Medicine, University College of Medical Sciences, Delhi</td>
</tr>
<tr>
<td>Dr Naresh Gupta</td>
<td>Member</td>
<td>Director-Professor Department of Medicine, Maulana Azad Medical College, Delhi</td>
</tr>
<tr>
<td>Dr Rajib Dasgupta</td>
<td>Member</td>
<td>Professor Centre of Social Medicine &amp; Community Health, Jawaharlal Nehru University, New Delhi</td>
</tr>
<tr>
<td>Dr Manoj K Das</td>
<td>Member</td>
<td>Director Projects The INCLEN Trust International, New Delhi</td>
</tr>
</tbody>
</table>
3.3 The process

The WHO team had prepared a brief questionnaire and circulated to all CCs in the Region during September 2016 and received the feedback in October 2016.

The WHO questionnaire comprised of three open ended questions to the CCs:

a) In your association with WHO as WHO CC, what has worked?

b) In your association with WHO as WHO CC, what has not worked?

c) Your inputs on how the collaboration with WHO can be further strengthened?

Prior to the regional consultation, the INCLEN team had several rounds of internal brainstorming discussion regarding the assessment methodology and development of protocol for undertaking various activities and role clarity for the team members. The October meeting was used as an opportunity by the INCLEN team to conduct in-depth interviews with representatives from 12 CCs, 2 WHO Responsible Officers and organize group discussions on five thematic areas that were considered as relevant for the exercise.
The INCLEN team analyzed feedback from CCs using qualitative methodology and identified the key emerging themes.

Based on preliminary analysis of the feedback, the team drafted an interview schedule for obtaining in-depth feedback from CC representatives and developed guides for facilitating group discussions on five thematic areas identified from the feedback analysis.

For in-depth interviews, the INCLEN team purposively invited participants from CCs based on following three criteria: (a) good performing CCs; (b) poorly performing CCs; (c) CCs that had not responded to WHO questionnaire. The performance status was as per the responses to the questionnaire sent by WHO, and analyzed by the INCLEN team. Care was taken to invite at least one participant from each of the eight countries in the SEA Region where CCs are located. A total of 12 interviews with representatives of CCs were conducted. Through in-depth interviews with CC representatives, issues related to CC-collaboration, their value addition, challenges, barriers and alignment of the CC-WHO mandate were further explored. These issues were to complement responses received to the questionnaire. During the October meeting, CCs had displayed posters in the marketplace highlighted their achievements. These posters were referred to understand and explore on activities of the corresponding while conducting in-depth interviews, in addition to replies in the questionnaire.

To understand the perspective of WHO responsible officers for the CCs, the INCLEN team conducted in-depth interview with three WHO officers from country and regional levels. The issues of communication, coordination and function of CCs were explored. Verbal consent was obtained from all the participants of the in-depth interviews.

**Group discussions:** To complement the responses obtained through the questionnaire and in-depth interviews, participants were divided into five groups to discuss key five thematic areas identified from analysis of the questionnaire.

- **Group 1:** Communication and collaboration with HQ/ SEARO and WCO
- **Group 2:** Monitoring and supervision
- **Group 3:** Collaboration and coordination with other CCs
- **Group 4:** Leveraging resources
- **Group 5:** Evolving role of CCs
A focus group guide prepared by the team was used for facilitating discussion in the groups. The groups had 12-14 members in each group. One member from the INCLEN team facilitated the group discussion. The discussions in the groups were recorded. One member of the group was identified as Chairperson and another as Rapporteur, who presented the summary of the discussion to the house subsequently.

**Group discussions during the Consultation**
4. FINDINGS FROM QUESTIONNAIRE CIRCULATED TO WHO CCs

4.1 Responses received from the CCs

By 20th October 2016, 54 out of 95 WHO CCs in the SEA Region (response rate 57%) responded. As reflected in the Figure 1, 32 (63%) CCs from India, 18 CCs from Thailand (54%), 2 (66%) CCs from Bangladesh, 1 CC each from Sri Lanka and Myanmar responded. The CCs located in Indonesia, DPR Korea, and Nepal did not respond.

FIGURE 1: Distribution of responses from CCs
4.2 Activities of CCs - contribution to the WHO mandate

The CCs were engaged in seven major categories of activities. As shown in the figure 2, the three major activities undertaken by the CCs include capacity building, providing technical expertise to the respective national governments and undertaking research and evaluation. Implementation of WHO activities at the country level was listed lower down in the priority.

![Bar chart showing the percentage of responses for different activities.]

**Capacity building** 50%
**Provision of technical expertise** 39%
**Research & Evaluation** 33%
**Product & standard development** 24%
**Implementation of WHO activities at country level** 17%
**Coordination among CCs/WHO** 7%
**Dissemination & Knowledge translation** 17%

**FIGURE 2:**
Most critical activities reported by WHO CCs (n=54)

4.3 Benefits of being a WHO CC

CCs perceived greater access to the opportunities and resources by WHO and other funding organizations for capacity building, and were encouraged in contributing to fulfilling the WHO mandate and opportunities to work with institutions beyond their own countries. Some agreed that being WHO CCs enhanced their institutional credibility. However, the efforts to networking with the other CCs were limited. The assessment team observed that despite the potential and existing capacity, several of the CCs did not expand and or change their activities for several years (Figure 3).
4.4 Challenges experienced by the CCs

Poor communication between CCs and WHO offices was perceived as a key challenge. The CC representatives repeatedly expressed the need for strengthening technical and networking support from the WHO; currently this suffered due to poor, inconsistent and occasionally no communication between CCs and their responsible officers in the WHO headquarters or the regional office. Several CC representatives were either unaware of their current responsible officer or were unaware if any change had occurred. CCs also expected greater support from country offices in execution of their activities. While some of the CCs had been able to leverage the CC recognition for generating resources, many were facing challenges in meeting their financial and manpower support for core activities. Several CCs had been able to sustain their activities owing primarily to their existence in larger state-funded health institutes. Some others reported inadequate opportunity within the WHO CC framework for collaboration and networking with other CCs. Most of the CCs worked stand alone, with limited collaboration and interactions with other CCs,
even within the country level. This restricted the full realization of the CCs potential to contribute to WHO’s overall mandate and expectations at country and Regional level.

A few of the CCs indicated that restrictions on using WHO logo for CC activities had limited the degree of recognition and success of some of their activities. The process of re-designation as CC and transition to online process had caused unnecessary delays and occasional discontinuation of their CC status, which was a concern.

**FIGURE 4:**
Challenges experienced by the WHO CCs (n=54)
5. IN-DEPTH INTERVIEWS AND GROUP DISCUSSIONS

The following issues emerged from in-depth interviews with CC representatives and group discussions.

5.1 ToRs and benchmarking

There was widely prevalent perception that ToRs for several CCs had remained unchanged over years, continued to generic in nature and required further clarity with periodic updating as the health scenarios were evolving at different levels. The CCs felt that there was limited opportunity for making amendments in the ToRs during the year. Several CCs were also not clear about the process of their assessment and evaluation and the responsible authorities. They also felt that the evaluation findings were used in a limited manner for future planning and work plan drafting. Several CCs reported the routine institutional activities and programs as CC activities and thus were neither aligned with their TOR nor helped in advancing research, capacity building and networking agenda of WHO. A large proportion of CC representatives felt that WHO should use benchmarking parameters for assessing the CCs performance using the yardsticks like:

- Completion of the planned activities in annual/ periodic plans
- Structured and transparent monitoring and evaluation framework
- Undertaking activities beyond the plan activities
- Leveraging opportunities for collaboration with other CCs and institutions
Several of the WHO responsible persons and other staff perceived the need for different yardsticks for assessing the performance of the CCs in developed and developing countries in view of the available capacities and infrastructure; there were however contrary views as well who strongly argued to create a competitive environment for helping all CCs to emerge as global leaders irrespective of their location. Notwithstanding these issues, there was unanimity for an objective and transparent evaluation of the functioning and performance of the CCs.

5.2 Value additions as CC

The participants generally concurred with the view that designation as WHO CC had enhanced the scientific and programmatic credibility of their departments and institutions. They felt that with WHO-CC affiliation, they are able to:

- Attract greater visibility at national and global level
- Greater acceptability by the national governments and other partners
- The WHO representatives also felt that the CCs are champions in their fields and supported the WHO mandate and various levels.

5.3 Factors for a CC being successful

It was clear from the responses that several CCs were more successful than the others in achieving their ToRs with better performance. We further explored factors that could potentially have had helped certain CCs to be successful. According to CC representatives, these were:

- Proactive leadership of the CC - relationship of the CC leadership with the host institution, government, WHO country office and Regional office was attributed a factor of good performance
- Status of the CC in the host institute and access to various institutional resources
- Degree of interaction between CCs and the respective WHO responsible officer and their involvement in planning and facilitation of work plan
- Ability to leverage opportunities
WHO representatives echoed the factors outlined by the CC representatives as success factors. They also perceived proactive approach of the WHO responsible officer and effective follow up communication to be important contributing factors in the performance of the CCs.

5.4 Factors that prevented a CC from being more successful

The CC representatives indicated the critical factors that potentially prevented a CC being successful were:

- Poor communication with WHO
- Lack of clear understanding among CCs about their ToRs and non-alignment of the activities with the capacity of CC team
- Lack of accountability for the CCs
- Lack of resources and support from WHO
- Poor working relationship with the country office
- Restriction in using WHO logo for the CC activities even when these were part of their TOR
- Limited or no feedback from the WHO team on the annual reports and work plan

The group discussions also brought out similar points that had emerged during in-depth interviews and from feedback questionnaire. In addition group discussions emphasized a few additional points:

- The current modes of communication were impersonal, infrequent, and automated and the onus of the good functioning and achievements rested mostly with the CCs.
- Many times, the expertise of WHO responsible officers did not match with the functional domains of the CCs.
5.5 Collaboration and networking

The data from different sources consistently triangulated presence of limited collaboration and networking among the CCs both within the countries and across the Region. According to the CC representatives, the reasons for this state were several:

- Lack of awareness about the work professorial of CCs and identification of specific CCs that are active in the same field
- Lack of platform for collaboration and networking
- Lack of facilitation by WHO at global, Regional and country level
- National regulatory and ethical consideration for establishing collaborative projects

WHO representatives echoed greater need for facilitation by WHO responsible officers to encourage collaboration and networking between the CCs. They also felt that the CCs with laboratory or investigation facilities were likely to be attractive and had higher chance of establishing collaboration with other CCs and institutions.

5.6 Alignment and furthering WHO mandate

CCs are usually housed at reputed national institutions with good academic capacity, research ability and laboratory facilities, and their representatives therefore felt that CCs had high potential for furthering the WHO mandate at both national and global level. However, several CC representatives acknowledged lack of awareness and clarity on WHO mandate and were, therefore, unsure if their work plan aligned in the desired direction but were convinced about their capability to do so.
6. SUGGESTIONS FOR IMPROVING THE FUNCTIONING OF CCS

Based on feedback from the circulated questionnaire and themes emerging during the in-depth interviews and group discussions, CC representatives and corresponding WHO responsible staff put forth several suggestions for consideration of WHO and relevant national stakeholders to make CCs more effective and to facilitate better collaboration among CCs for accelerating progress towards achievement of national, regional and global WHO mandates (Figure 5).

**FIGURE 5:** Suggestions for improving functioning of CCs (n=54)
6.1 Improving communication between WHO and CCs

Poor communication was identified as a key factor to various problems faced by CCs and adversely affected their performance.

Institutionalized mechanisms for regular communications and bilateral engagement between WHO and CCs were suggested as one of the key success processes. This required a minimum and predetermined periodicity of exchange of letters. Furthermore, teleconferences and video-conferences were suggested to make communication more personal. Several respondents held the views that WHO responsible persons should make proactive efforts to initiate communication with an agenda. This could include areas like CC functioning including issues related to personnel, capacity, collaboration building among CCs, priority setting, review of work plans and sharing of achievements.

The CC representatives suggested improving coordination processes with WHO (global, regional and country offices) including planning, implementation, monitoring and evaluation and dissemination of best practices. Some WHO representatives felt that country offices could function as a focal point for CCs for ensuring better communication, with an overall improved performance. The current arrangement of responsible officers placed remotely was also cited as a factor for poor communication. This also required establishing a nurturing relationship based on greater trust and sensitivity towards the needs and expectations of both the sides. Several CCs had difficulty with sustaining their core activities as well as initiating new programs; for this they wanted WHO to work with them to facilitate resource generation. WHO might work with potential funders for research programs in which the CCs could participate.
6.2 Strengthening research and academic capacity of CCs

The CCs felt that strengthening their research and academic capacities was essential for sustainability of their productivity and would also help countries and institutions in the preparation of the next generation of leadership. Since most CCs were located in prominent institutions, all stakeholders encouraged to continue with the existing tradition of having a well-established faculty development program and hand-holding in the host institutions to have smooth leadership transition. With changing public health scenarios at national, regional and global levels, there was need for updating and refining activities of CCs with expansion to new and emerging research domains that could add value to CC’s own work professorial and contribute to WHO mandate. WHO offices at different level could facilitate this through provision of data base of experts/capacities to the CCs and linking them together as and when the opportunities arose.

6.3 Periodic refinement of terms of reference for CC

The CCs and WHO responsible officers felt the need for periodic review of ToRs to bring clarity and to re-align activities of CCs with WHO mandate as the global health scenarios was fast evolving. This also required refinement of monitoring and evaluation criteria of CCs to make it more transparent, quantifiable and translated into specific deliverables. There were suggestions to complement these with field visits by WHO experts, and also explore possibility of getting formal evaluation of the CC functioning.

6.4 Encouraging collaboration and networking among CCs

Most of the collaborations depended on the working alignment of three major factors: “Individual ambitions, institutional ambitions and WHO mandate”. There were repeated suggestions for establishing a mechanism for disseminating/sharing information, experiences, and products developed by CCs for larger audiences. CC representatives were unanimously appreciative of regional
consultation for bringing CCs together on a single platform and providing them with an opportunity to interact face-to-face. Such a platform gave them an opening for sharing their domains of work, achievements and good practices; enhance opportunities for networking and forging collaboration with other CCs within and across countries. Such platform was also expected to help generate resources by the CCs. Creating knowledge archive of periodical/ manuals/ guidelines/ bulletin boards for use by CCs and other relevant stakeholders was likely to facilitate capacity building, and promote active networking among the CCs. In member countries with no CC, WHO may identify and work with suitable institution(s) for pushing the mandate and link with other CCs in the Region for mentoring and supervision.
7. CONCLUSIONS AND RECOMMENDATIONS

In conclusion, most CCs in the SEA Region are active and making efforts to contribute to the WHO mandate at country, regional and global level. The performance and effectiveness of CCs is however, constrained due to poor communication between CCs and WHO, sporadic efforts at collaboration among CCs, lack of systematic efforts to strengthen their research and academic capacities, persistence with original ToRs of CCs without consideration for the dynamic global, regional and country health scenarios and lack of elements that bring accountability for the operations of CCs and oversight mechanisms at WHO.

7.1 Recommendations for immediate action: The coordinating office of the WHO at the SEA regional office needs to review mechanisms, periodicity, content, context and recipients of communication between CCs and WHO in consultation with all parties concerned. Improvement in the communication between WHO and CCs will be decisive for re-energizing the functioning of most of the CCs. The process of the communication is to be institutionalized in a manner that the dependence on individuals at either at CCs or the WHO offices is reduced.

The alignment of work of CCs with WHO mandate may be served better by making aware the host institutional leadership about this pre-requisite at the time of their designation and re-designation. There is also need for better alignment of the subject knowledge and expertise of responsible officers at WHO and the working domains of CCs they are assigned to oversee and coordinate with. The roles and responsibilities of responsible officers also need review for clarity and elaboration.

7.2 Recommendations for a roadmap for in-depth external evaluation: The CCs are located in different countries with diverse cultural and governance contexts. These institutions pursue dissimilar scientific fields and have differential focus on research, policy and program, clinical care or capacity building. Therefore, for more specific recommendations on the challenges identified during this rapid
assessment, WHO shall require to commission detailed external evaluation by a consortium of experts drawn from different countries (within and outside the Region) and with experience in program evaluation.

7.3 **Detailed external evaluation of WHO collaborating centres in the SEA Region:** The suggested terms of reference of the external evaluation may be:

i. To determine the extent of refinement of CC TORs for improving their impact and re-alignment of work plans with WHO mandate in the context of rapidly evolving global, regional and national health scenarios

ii. To suggest strategies for improving collaboration and networking among CCs to increase their effectiveness and impact

iii. To recommend strategies for systematic strengthening of the research and academic capacities of CCs

iv. To identify elements that bring accountability for operations of CCs and oversight mechanisms at WHO

v. To determine the role of WHO country offices in the functioning of CCs in their country

vi. To identify technical areas and institutions where new CCs can be established or and the mandate of existing CCs could be expanded

For such detailed evaluation, review of background information and CC annual reports of last 3 years will need to be done as the first step. The team felt that 6-7 country visits may be required including to a country where no collaborating centre is at present for in-depth review and analysis of the situation on the ground. In depth interviews with key stakeholders and visits to laboratories and field sites will be made. The collaborating centres will be selected for site visits based on length of their existence, performance (including those that are non-functional or de-recognized as CC), primary domains of activity (viz. research, capacity building, service), and type of institution (university, research institutions, ministries of health). The opportunity could also be utilized to setting up new CCs and CCs in the countries where these do not exist at present.
Dear colleagues,

We would very much appreciate your valuable views/opinions on making this Regional Consultation more effective. The information collected will be used for further strengthen the collaboration between the WHO and collaborating centres.

We request short answers in bullet form. All the information will remain anonymous.

Thank you!

<table>
<thead>
<tr>
<th>In your association with WHO as WHO CC, what has worked?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>In your association with WHO as WHO CC, what has not worked?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Your inputs on how the collaboration with WHO can be further strengthened.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
In-depth Interview Guide

1. From the feedback from WHO Collaborating Centres, it has been observed that some of the Centres have been able to leverage and take benefit of being a collaborating Centre.

1.1. In your opinion, what are the indicators of a successful WHO CC?

1.2. In your opinion, why some CCs have been more successful than others?

1.3. In your opinion, why some CCs are not so successful?

2. In your opinion, to what extent your CC has been able to align with the WHO’s mandate?
Group Discussion Guide

Group 1: Communication and collaboration with WHO

1. What kind of communication modalities are existing / being practiced at present between CC and WHO (WCO, SEAR, HQ)?

2. What has been the frequency of communication in the last three years?
   (Probe: timeliness, regularity)

3. Who all do you communicate with?

4. What are the key elements of discussion/ content during these communications?
   (Probe: administrative, financial, technical, academic)

5. What factors contribute to a satisfying and effective communication?

6. In your experience, what difficulties or barriers have you experienced in your communication with WHO HQ, SEARO, WCO, MOH

7. Please describe some examples of not so good/ unsatisfactory communication.

8. Please give your suggestions for strengthening communication and collaboration with SEARO and WCO.

Group 2: Monitoring and supervision

1. What are the current practices of monitoring the CCs?

2. How would you describe the accountability framework in the context of your CC?
   Probe: performance accountability, resources and financial accountability, political accountability

3. Please describe the current reporting system from your CC to the HQ/ SEARO/ WCO/MoH
   Probe: annual reports

4. What are the elements that are being regularly monitored?
   Probe: internal reviews, external reviews
5. In your experience, what difficulties do you encounter to report on these parameters/activities?

6. Please give your suggestions for making monitoring and supervision systems more effective.

**Group 3: Collaboration and coordination with other CCs**

1. In your view, what is the potential for collaboration with the CCs in SEAR and outside?

2. How aware are you about work areas of other CCs in SEAR?

3. Please give some examples of collaboration between CCs.
   - What facilitated the collaboration?
   - What are the perceived benefits?
   - What are the challenges?
   - Suggestions to enhance the collaborations.

4. Please give some examples of collaboration with non-CC institutions within the country, Region and globally.
   - What facilitated the collaboration?
   - What are the perceived benefits?
   - What are the challenges?
   - Suggestions to enhance the collaborations.

**Group 4: Leveraging resources**

1. To sustain a functional CC, resources are required. We shall like you to share your views and experiences about how you have gone around generating resources.
   (probe: funding sources, human resources, infrastructure, etc.)

2. How much your association with WHO as CC facilitated the process?

3. What proportions of the resources are being spent on non-TOR activities?

4. What are the innovative approached you adopted/ are adopting to keep the core functioning of CC going?
5. What are your suggestions to further facilitate resource generation for your CC to sustain its activities?

Group 5: Evolving roles of CCs

1. Since inception of your CC, today what proportion of your activities retain the original TOR/activities?

2. What are the changes in CC’s work plan during this period?
   (Probe: scaling down, up-scaling of original activities, during re-designation)

3. What factors influenced diversification into areas that are not part of the original ToR?

4. In your view, how can the existing CCs facilitate and do hand-holding for the member states which have either a few or no CC?