

# **Evaluation of WHO's work with Collaborating Centres**

## **Volume 2: Annexes**

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## Annex A: Terms of Reference

### Background

1. WHO Collaborating Centres (WHO CCs) have been in place since the founding of the Organization and the first WHO CC was designated in 1948. A WHO CC is defined as "... an institution designated by the Director-General to form part of an international collaborative network carrying out activities in support of the Organization's programme at all levels. They 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 at the regional and global levels; enhancing the scientific validity of its global health work; and developing and strengthening institutional capacity in countries and regions<sup>1</sup>" As of September 2017, there are over 800 CCs located in 80 Member States<sup>2</sup>, with the majority in the X Region ( %), Y ( %) and the Z Region (21%).
2. WHO's main objectives of cooperation with CCs are to provide strategic support to the Organization to fulfill WHO's mandate and implement programmes, as well as to develop and strengthen institutional capacity in regions and countries<sup>3</sup>. The main functions of CCs are standardization, synthesizing and disseminating scientific and technical information, provision of services (for example epidemiological surveillance, laboratory support), research, training and coordinating joint activities, and technical cooperation in national health development.
3. The collaboration brings benefits to both parties. WHO gains access to top institutions worldwide and the institutional capacity to support its work. Similarly, institutions designated as WHO CC gain increased visibility and recognition by national authorities, and greater attention from the public for the health issues on which they work. The centres also gain opportunities to work together (e.g. sharing objectives, exchanging information, pooling resources and developing technical cooperation), particularly at the international level; and opportunities to mobilize additional and sometimes important resources from funding partners<sup>4</sup>.
4. Two evaluative assessments were conducted in the last two decades on the work of WHO with CCs. In 2007, the Office of the Internal Oversight Services produced a report of the evaluation of WHO's work with the Collaborating Centers.<sup>5</sup> The **purpose** of this evaluation was to examine the relevance, effectiveness, and efficiency of the programmatic contributions of CCs to the achievement of WHO objectives and results, and to identify lessons learned. The evaluation report highlighted several key options (recommendations??) to stimulate discussions on the future role of CCs and their relationship with WHO, and to guide the deliberations of the Global Steering Committee on CCs.
5. In 1997, the Executive Board (EB) requested the Director-General (DG) to undertake a situation analysis of CCs. The review was completed and published in 1998. Together with other studies

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<sup>1</sup> As per the Regulations for study and scientific groups, collaborating institutions and other mechanisms of collaboration. Text approved by the Executive Board at its 69th session (resolution EB69.R21) with amendments approved at its 105th session (resolution EB105.R7)

<sup>2</sup> [https://www.who.int/docs/default-source/documents/about-us/factsheetwhocc2018.pdf?sfvrsn=8c7166ee\\_2](https://www.who.int/docs/default-source/documents/about-us/factsheetwhocc2018.pdf?sfvrsn=8c7166ee_2)

<sup>3</sup> [http://apps.who.int/gb/archive/pdf\\_files/EB105/ee21.pdf](http://apps.who.int/gb/archive/pdf_files/EB105/ee21.pdf)

<sup>4</sup> [https://www.who.int/docs/default-source/documents/about-us/guide-for-who-collaborating-centres-2018final.pdf?sfvrsn=9120347\\_6](https://www.who.int/docs/default-source/documents/about-us/guide-for-who-collaborating-centres-2018final.pdf?sfvrsn=9120347_6)

<sup>5</sup> Evaluation report No.07/741, June 2007.

and recommendations of an interregional meeting in 1999, a report was submitted to the 105th session of the EB in January 2000 (EB105/21) <sup>6</sup>.

## Rationale

6. WHO's 13th General programme of work (GPW 13) is the strategic plan for the five years (2019-2023) which aims to contribute towards the achievement of the sustainable development goals (SDGs) and to drive public health impact at country level<sup>7</sup>. WHO will become more focused and effective in its country-based operations, working closely with partners, engaging in policy dialogue, providing strategic support and technical assistance, and coordinating service delivery, depending on the country context. In this regard, WHO CCs play an important role in supporting the implementation of WHO's General Programme of Work.
7. It has been twelve years since the previous evaluation of the work with CCs was carried out. The key options (recommendations?) identified in the evaluation report of 2007 ranged from effecting policy changes to have clear and common shared vision of the strategic role of CCs to changing administrative procedures and regulations. From 2007 to 2019, the number of CCs have been reduced from 1200 to over 800, mostly through a process of weeding out those ineffective or non-strategic CCs. It is timely to assess how relevant the current roles of the CCs since the previous evaluation, especially in the context of the new initiatives to effect impact at country level.
8. In light of WHO's current transformation agenda, this evaluation is considered timely to inform policy and decision making.

## Purpose and objectives

9. The purpose of this evaluation is to examine the relevance, effectiveness, and efficiency of the programmatic contribution of CCs to the achievement of WHO objectives and expected results. The evaluation will also document successes, challenges and best practices, and will provide lessons learned and recommendations for future use by management to inform policy and decision making. The evaluation will be formative in nature and meets accountability as well as learning objectives.

## Target audience and expected use

10. The principal target audience of this evaluation are WHO senior management (the Director-General, Regional Directors, Directors of Programme Management, Directors of Departments at WHO HQ and in regions) and Heads of WHO Country Offices. The main expected use for this evaluation is to support WHO senior management to efficiently and effectively use the collaboration with CCs to improve WHO's performance, especially at country level, and enhance accountability and learning for future planning.
11. Member states and other partners also have an interest in understanding the role of CCs and their added value in contributing to achieving WHO's mandate.

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<sup>6</sup>

[https://apps.who.int/iris/bitstream/handle/10665/64224/WHO\\_RPS\\_ACHR\\_98.4.pdf?sequence=1&isAllowed=y](https://apps.who.int/iris/bitstream/handle/10665/64224/WHO_RPS_ACHR_98.4.pdf?sequence=1&isAllowed=y)

<sup>7</sup> [http://apps.who.int/gb/ebwha/pdf\\_files/WHA71/A71\\_4-en.pdf?ua=1](http://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_4-en.pdf?ua=1)

## Scope and focus

12. The evaluation will consider the relevance, effectiveness and efficiency dimensions of WHO's work with CCs. It will assess the specific contributions and added value of CCs in relation to delivering results in response to the outputs and outcomes identified by the GPW.
13. The focus of this evaluation will be to assess WHO's work with CCs which were specifically active during the biennium 2018-2019. However, the broader policy changes since the previous evaluation in 2007 will also be explored with key internal stakeholders.

## Evaluation questions

14. High level evaluation questions and the corresponding indicative areas for investigation are presented below<sup>8</sup>:

EQ1: To what extent is the work carried out by the Collaborating Centres aligned to the relevant General Programmes of Work and their outputs/outcomes? (relevance)

EQ2: To what extent does the work of the Collaborating Centres contribute to the delivery of WHO's results? (effectiveness)

EQ3: How efficiently did WHO manage its relations with Collaborating Centres? (efficiency)

EQ4: What are the main lessons learned and the strategic recommendations for the way forward?

## Approach and deliverables

15. The present evaluation will build on the evaluation done in 2007. At the inception stage, the evaluation team will develop an **inception report** which will include a rigorous and transparent methodology to address the evaluation questions in a way that serves the dual objectives of accountability and learning. The evaluation team will adhere to WHO cross-cutting evaluation strategies on gender, equity, vulnerable populations, and human rights and include to the extent possible disaggregated data and analysis. The inception report will include an evaluation matrix as per WHO guidelines, detailing information needs, sources and methods for all evaluation questions.
16. **The evaluation methodology** will demonstrate impartiality and lack of bias by relying on a cross-section of information sources (from various stakeholder groups) and using a mixed methodological approach to ensure triangulation of information from various stakeholder groups gathered through a variety of means. The evaluation will use the following methods for data collection:
  - document review (including the WHO CC web portal, and will also explore benchmarking of other relevant UN agency's work with similar institutional arrangements)
  - key informant interviews with (a) selected WHO focal points for CCs at HQ, Regional Offices: (b) selected senior management from HQ, regional offices and countries (such as RDs, ADGs, Heads of Departments at HQ & Regional offices; WHO Representatives
  - online surveys with (a) WHO CCs; and (b) WHO technical focal points for CCs.

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<sup>8</sup> Detailed evaluation sub-questions will be finalized as part of the evaluation matrix at the inception phase in agreement with the WHO Evaluation Office.

17. **The evaluation report** will be based on the quality criteria defined in the WHO Evaluation Practice Handbook. It will present the evidence found through the evaluation in response to all evaluation criteria, questions and issues raised. It should be relevant to decision-making needs, written in a concise, clear and easily understandable language, of high scientific quality and based on the evaluation information without bias.
18. The Evaluation report will include an Executive Summary and evidence-based conclusions and recommendations directly derived from the evaluation findings and addressing all relevant questions and issues of the evaluation.
19. Once approved, the evaluation report will be posted on the WHO Evaluation Office website ([www.who.int/about/evaluation/en/](http://www.who.int/about/evaluation/en/)).
20. The management response to the evaluation recommendations will be prepared by WHO senior management and posted on the WHO Evaluation Office website alongside the evaluation report. Dissemination of evaluation results and contribution to organizational learning will be ensured at all levels of the Organization, as appropriate.
21. It is expected that the evaluation will start in October 2019 and be concluded within 12 weeks, by end 2019.

#### Evaluation management

22. The WHO Evaluation Office will conduct this evaluation with the support of an external expert. The evaluation team will report to the Head of Evaluation Office.

## Annex B: Evaluation Matrix

Evaluation Question	Evaluation Sub-Question	Sources of data	Data collection
<b>EQ1 - To what extent is the work carried out by the CCs aligned to the relevant General Programme of Work and their outputs/outcomes? (Relevance)</b>	1.1 What have been the changes since the last evaluation	CC management systems documents WHO staff – direct contact with CCs WHO staff – indirect contact with CCs	Desk research Key stakeholder interviews
	1.2 Have those changes taken into account the recommendations of the previous evaluation	CC management system documents WHO CC documents WHO staff – indirect contact	Desk research Key stakeholder interviews
	1.3 How important is the role of CCs in the context of GPW 13	WHO CC documents WHO staff – indirect contact	Desk research Key stakeholder interviews Online survey
	1.4 How does the designation / re-designation process ensure alignment	CC management systems documents WHO staff – direct contact WHO staff – indirect contact	Key stakeholder interviews Online survey
	1.5 To what extent do CCs understand their role / contribution within GPW 13	CC Focal Points	Online survey
<b>EQ2 - To what extent does the work of the Collaborating Centres contribute to the delivery of WHO's results? (Effectiveness)</b>	2.1 How do CCs deliver work that contributes to WHO results	CC management systems documents WHO CC documents WHO staff – direct contact	Desk research Key stakeholder interviews Online survey
	2.2 To what extent were the defined objectives of the CCs realistic	CC Focal Point	Online survey
	2.3 What were the enabling factors for CCs in achieving their objectives	WHO staff – direct contact CC Focal Point	Key stakeholder interviews

			Online survey
	2.4 What were the key challenges faced by CCs in contributing to the results of WHO	CC Focal Point WHO staff – direct contact	Online survey
	2.5 What is the added value of collaboration	WHO staff – direct contact WHO staff – indirect contact CC Focal point	Key stakeholder interviews Online survey
<b>EQ3 - How efficiently did WHO manage its relations with Collaborating Centres? (Efficiency)</b>	3.1 What is the cost to WHO for managing the CCs? To what extent does the cost match with the benefits	CC management systems documents WHO CC documents	Desk research Online survey Key stakeholder interviews
	3.2 Were the services provided by the CCs timely, and used appropriately	WHO staff – direct contact CC Focal Point	Key stakeholder interviews
	3.3 What is the level of awareness within WHO around the work of the CCs	WHO staff – direct contact WHO staff – indirect contact	Key stakeholder interviews
	3.4 How efficient is the communication between CCs and WHO	WHO staff – direct contact	Key stakeholder interviews Online survey
	3.5 Are the administrative and management systems appropriate, robust and efficient	WHO staff – direct contact CC Focal Point	Key stakeholder interviews Online survey
<b>EQ4 - What are the main lessons learned and the strategic recommendations for the way forward?</b>	4.1 What are the key lessons learned while working with the CCs	WHO staff – direct contact CC Focal point	Key stakeholder interviews Online survey
	4.2 Moving forward, how can WHO work more effectively and efficiently with the CCs in relation to achieving its results	WHO staff – direct contact WHO staff – indirect contact CC Focal Point	Key stakeholder interviews Online survey
	4.3 Are there any examples of good practice	WHO staff – direct contact	Key stakeholder interviews



## Annex C: List of documents reviewed

Category	Document Name	Date of Document
<b>WHO headquarters/ global</b>		
	Regulations for study and Scientific Groups, Collaborating Institutions and other mechanisms for collaboration	<b>Current</b>
	WHO e-Manual XV.5 Collaborating Centres	<b>Current</b>
	Terms and conditions for WHO Collaborating Centres (CCs)	<b>Current</b>
	Tools and techniques to support knowledge networking	<b>Current</b>
	WHO CCs – Advice to Senior Management	<b>Current</b>
	WHO CCs: Global Perspectives, Policies and Procedures Presentation	<b>2019</b>
	Guide for WHO staff working with WHOCC	<b>2018</b>
	Draft Proposed Programme Budget 2020-2021, WHO	<b>2018</b>
	Guide for WHOCC	<b>2018</b>
	Policy issues discussion minutes	<b>2017</b>
	WHO CC Factsheet	<b>2014</b>
	WHO CCs – Strategic Rational, Scope, and Annual Reports	<b>2013</b>
	Meeting on Networks of WHO collaborating centres	<b>2011</b>
	Medium-Term Strategic Plan 2008-2013 Amended	<b>2008</b>
	Evaluation Reports No. 07/741 – WHO's Work with Collaborating Centres	<b>2007</b>
<b>WHO Regional Office for Africa</b>		
	Report: Meeting with WHO CCs in the WHO African Region	<b>2019</b>
<b>WHO Regional Office for the Eastern Mediterranean</b>		
	Assessment of World Health Organization Collaborating Centres in the Eastern Mediterranean Region, Eastern Mediterranean Health Journal, Vol. 23 No. 10 – 2018.	<b>2017</b>
	WHO Regional office for the Eastern Mediterranean: WHOCC Oversight Committee, Regional Director's circular	<b>2019</b>
	Summary report on Third meeting of the WHOCC in WHO Regional office for the Eastern Mediterranean.	<b>2015</b>
	WHO collaborating centres in the Eastern Mediterranean Region: an agenda for action and improvement, Eastern Mediterranean Health Journal, Vol. 24 No. 11, 2018.	<b>2018</b>
	WHO Collaborating Centres: An Overview Supporting Development of WHO CC in Egypt	<b>2019</b>
<b>WHO Regional Office for Europe</b>		
	Overview of WHO Collaborating Centres in European Region	<b>2019</b>
	Position paper WHO CCs	<b>2019</b>
	Update on the work of WHO CCs minutes 18.09.2019	<b>2019</b>
	Update on the work of WHO CCs minutes 18.09.2019	<b>2019</b>
	Best practice documenting	<b>2019</b>
	WHO Collaborating Centres Corporate Strategy for WHO regional office for Europe	<b>2011</b>
<b>WHO Regional Office for the Americas (cf. PAHO)</b>		
	Adding value to Technical Cooperation - an assessment of PAHO/WHO CCs contributions	<b>2019</b>

<b>WHO Regional Office for South-East Asia</b>		
	Regional Network Meeting Report	<b>2010</b>
<b>WHO Regional Office for the Western Pacific</b>		
	Third Regional Forum of WHO CCs	<b>2018</b>
	Second Regional Forum of WHO CCs	<b>2016</b>
	Leadership, Coordination and Support – The Work of WHO in the Western Pacific Region	<b>2015</b>
	First Regional Forum of WHO	<b>2014</b>
<b>Collaborating Centre Networks</b>		
	The Global Network of WHO CCs for Nursing and Midwifery Annual Report	<b>2019</b>
	Strengthening the capacity to tackle noncommunicable diseases: Meeting of CCs of the European Region on NCDs	<b>2018</b>
	The Global Network of WHO CCs for Nursing and Midwifery Development: A Policy Approach to Health for All Through Nursing and Midwifery Excellence	<b>2017</b>

## Annex D: List of Interviewees

Category	Number of Interviewees
Heads of WHO Collaborating Centres	18
HQ	27
AFRO	3
EMRO	2
EURO	7
PAHO	3
SEARO	3
WPRO	3
<b>TOTAL</b>	<b>66</b>

Name	Office
Abdoulaye Diarra	WHO Regional Office for Africa (AFRO)
Aditi Bana	WHO Headquarters (HQ)
Afarin Rahimi-Movaghar	WHO Collaborating Center for Research and Training on Substance Use Disorders and Mental Health (Tehran, Iran)
Ahmed Mandil	WHO Regional Office for the Eastern Mediterranean (EMRO)
Alain Golay	WHO Collaborating Centre for Reference and Research in the Field of Education and Long-Term Follow-up Strategies for Chronic Diseases (Geneva, Switzerland)
Alarcos Cieza	WHO Headquarters (HQ)
Ana Maria de Roda Husman	WHO Collaborating Centre for Risk Assessment of Pathogens in Food and Water (Utrecht, Netherlands)
Andreas Reis	WHO Headquarters (HQ)
Andrés Duque Solis	WHO Headquarters (HQ)
Andrew Boule	WHO Collaborating Centre for HIV Epidemiology and Research (Cape Town, South Africa)
Anne Marie Worning	WHO Regional Office for Europe (EURO)
Anoek Backx	WHO Collaborating Centre for Risk Assessment of Pathogens in Food and Water (Utrecht, Netherlands)
Anshu Banerjee	WHO Headquarters (HQ)
Antonio Montresor	WHO Headquarters (HQ)
Bente Mikkelsen	WHO Regional Office for Europe (EURO)
Bruno Bucheton	WHO Collaborating Center for Research on Interactions on The Epidemiology of Human African Trypanosomiasis (Bobo Dioulasso, Burkina Faso)
Carey McCarthy	WHO Headquarters (HQ)
Claire Duchesne	WHO Headquarters (HQ)
Colin Bell	WHO Collaborating Centre for Obesity Prevention (Geelong, Australia)

David Stuckler	WHO Collaborating Centre for Social Protection and Governance for Health (Oxford, UK)
Donna Zilstorff	WHO Regional Office for Europe (EURO)
Eliane Pereira dos Santos	WHO Regional Office for the Americas (AMRO/PAHO)
Elkhan Gasimov	WHO Regional Office for Europe (EURO)
Eric Gerard Georges Bertherat	WHO Headquarters (HQ)
Erin Lee Shutes	WHO Headquarters (HQ)
Etienne Krug	WHO Headquarters (HQ)
Fabio Di Cera Paternostro	WHO Headquarters (HQ)
Faten Ben Abdelaziz	WHO Headquarters (HQ)
Fatima Serhan	WHO Headquarters (HQ)
Francoise Mourain-Schut	WHO Headquarters (HQ)
Gabrielle Jacob	WHO Regional Office for Europe (EURO)
Graham Harrison	WHO Regional Office for the Western Pacific (WPRO)
Ivan Dimov Ivanov	WHO Headquarters (HQ)
Jan De Maeseneer	WHO Collaborating Centre on Primary Health Care (Ghent, Belgium)
Jennifer Nyoni	WHO Regional Office for Africa (AFRO)
Jill Meloni-Andrews	WHO Headquarters (HQ)
John Grove	WHO Headquarters (HQ)
Joseph Cabore	WHO Regional Office for Africa (AFRO)
Julietta Rodríguez-Guzmán	WHO Regional Office for the Americas (AMRO/PAHO)
Landon Myer	WHO Collaborating Centre for HIV Epidemiology and Research (Cape Town, South Africa)
Ley Sander	WHO Collaborating Centre for Research and Training in Neurosciences (London, UK)
Loubna Al Atlassi	WHO Headquarters (HQ)
Maria Neira	WHO Headquarters (HQ)
Martin Vandendyck	WHO Regional Office for the Western Pacific (WPRO)
Martin Willi Weber	WHO Regional Office for Europe (EURO)
Matias Tuler	WHO Headquarters (HQ)
Maureen Dollard	WHO Collaborating Centre for Occupational Health (Adelaide, Australia)
Melissa McDiarmid	WHO Collaborating Centre on Occupational Health (Baltimore, USA)
Nenad Friedrich Ivan Kostanjsek	WHO Headquarters (HQ)
Nita Bhandari	WHO Collaborating Centre for Research, Community-based Action and Programme Development in Child Health (New Delhi, India)
Pem Namgyal	WHO Regional Office for South-East Asia (SEARO)
Rana Hajjeh	WHO Regional Office for the Eastern Mediterranean (EMRO)
Robert Jakob	WHO Headquarters (HQ)
Samira Asma	WHO Headquarters (HQ)
Sandra Weinger	WHO Regional Office for the Americas (AMRO/PAHO)
Santino Severoni	WHO Regional Office for Europe (EURO)
Soumya Swaminathan	WHO Headquarters (HQ)

Steven Allender	WHO Collaborating Centre for Obesity Prevention (Geelong, Australia)
Sungchol Kim	WHO Regional Office for South-East Asia (SEARO)
Tasnim Azim	WHO Regional Office for South-East Asia (SEARO)
Vaseeharan Sathiyamoorthy	WHO Headquarters (HQ)
Vincent Jamonneau	WHO Collaborating Center for Research on Interactions on The Epidemiology of Human African Trypanosomiasis (Bobo Dioulasso, Burkina Faso)
Wenqing Zhang	WHO Headquarters (HQ)
Yachan Li	WHO Collaborating Centre for Traditional Medicine (Macao, China)
Yu Lee Park	WHO Regional Office for the Western Pacific (WPRO)
Zhuoying Qiu	WHO Collaborating Centre for the Family of International Classification (WHO-FIC) (Beijing, China)

## Annex E: Survey Response Rates

### *Survey with heads of CCs: response rate*

Region	Total Population	%	Respondents	%	Response rate
African Region	26	3	11	3.50%	42.31%
Region of the Americas	184	22	64	20.38%	34.78%
Eastern Mediterranean Region	42	5	11	3.50%	26.19%
European Region	272	33	123	39.17%	45.22%
South-East Asia Region	103	13	33	10.51%	32.04%
Western Pacific Region	195	24	72	22.93%	36.92%
<b>Total</b>	<b>822</b>	<b>100</b>	<b>314</b>	<b>100.00%</b>	<b>38.20%</b>

### *WHO staff (Responsible Officers and Technical Counterparts) survey response rate*

Region	Total population	%	Respondents	%	Response rate
Headquarters	195	50	50	52.08%	25.64%
African Region	12	3	3	3.13%	25.00%
Region of the Americas	52	13	15	15.63%	28.85%
Eastern Mediterranean	22	6	6	6.25%	27.27%
European Region	52	13	9	9.38%	17.31%
South-East Asia Region	24	6	4	4.17%	16.67%
Western Pacific Region	34	9	9	9.38%	26.47%
<b>Total</b>	<b>391</b>	<b>100</b>	<b>96</b>	<b>100.00%</b>	<b>24.55%</b>

## Annex F: WHO Staff Survey Results

### Background Information

**Q1: Please indicate in which major office you are located?**

	F	%
WHO Headquarters (HQ)	50	52.1%
WHO Regional Office for Africa (AFRO)	3	3.1%
WHO Regional Office for the Americas (AMRO/PAHO)	15	15.6%
WHO Regional Office for the Eastern Mediterranean (EMRO)	6	6.3%
WHO Regional Office for Europe (EURO)	9	9.4%
WHO Regional Office for South-East Asia (SEARO)	4	4.2%
WHO Regional Office for the Western Pacific (WPRO)	9	9.4%
<b>Total</b>	<b>96</b>	<b>100%</b>

**Q2. Please indicate your current grade?**

	F	%
P5 or above	51	53.1%
P4-P3	44	45.8%
P2-P1	1	1.0%
GS	0	0%
<b>Total</b>	<b>96</b>	<b>100%</b>

**Q3. Please indicate your role in relation to WHO Collaborating Centres?**

	F	%
1. Responsible officer	79	61.2%
2. Technical Counterpart	50	38.8%
<b>Total</b>	<b>129</b>	<b>100%</b>

**Q4a. As Responsible Officer, how many WHO Collaborating Centres are you responsible for?**

	F	%
1-3	56	70.9%
4-5	11	13.9%
6 or more	12	15.2%
<b>Total</b>	<b>79</b>	<b>100%</b>

**Q4b. As Technical Counterpart, how many WHO Collaborating Centres are you responsible for?**

	F	%
1-3	40	80.0%
4-5	6	12.0%
6 or more	4	8.0%
<b>Total</b>	<b>50</b>	<b>100%</b>

**Q5a. How much time do you spend per week in your role as Responsible Officer?**

	<b>F</b>	<b>%</b>
Less than 5%	50	64.1%
6-10%	20	25.6%
11-20%	4	5.1%
Over 21%	4	5.1%
<b>Total</b>	<b>78</b>	<b>100%</b>

**Q5b. How much time do you spend per week in your role as Technical Counterpart?**

	<b>F</b>	<b>%</b>
Less than 5%	47	94.0%
6-10%	2	4.0%
11-20%	1	2.0%
Over 21%	0	0%
<b>Total</b>	<b>50</b>	<b>100%</b>

**Q5c. Is your role in relation to WHO Collaborating Centres reflected in your PMDS?**

	<b>F</b>	<b>%</b>
Well reflected (3)	14	14.6%
Reflected to some extent (2)	40	41.6%
Not at all reflected (1)	42	43.8%
<b>Total</b>	<b>96</b>	<b>100%</b>
<b>Mean</b>	<b>1.71</b>	
<b>Median</b>	<b>2.00</b>	

## Designation / redesignation process

**Q6. What factors are most important to you when deciding to put forward an institution/part of an institution for designation as a WHO Collaborating Centre or when approving an application?**

- Alignment of CCs contribution to WHO's priorities
- Fit of CC to current WHO needs
- Technical capacity of the CCs and ability to deliver activities
- A history of collaboration or previous working relationship
- Area and level of expertise
- Organisational reputation



**Q7. When planning activities with WHO Collaborating Centres, how realistic are the objectives defined for them?**

	F	%
Very realistic (4)	53	56.4%
Somewhat realistic (3)	38	40.4%
Not very realistic (2)	3	3.2%
Not at all realistic (1)	0	0.0%
<b>Total</b>	<b>94</b>	<b>100%</b>
	<b>Mean</b>	<b>3.53</b>
	<b>Median</b>	<b>4.00</b>

**Q8. What factors do you consider when redesignating a WHO Collaborating Centre?**

- Alignment of CCs contribution to WHO's priorities
- Technical capacity of the CCs and ability to deliver activities
- A history of collaboration or previous working relationship
- Area and level of expertise
- Commitment of the CC
- Fit of CC to current WHO needs
- Location and level of existing support provided to regions or countries
- Scientific capacity or facilities

**Q9. Please rate the following aspects of Collaborating Centre procedures:**

	Very effective (=4)	Somewhat effective (=3)	Somewhat ineffective (=2)	Not effective (=1)	TOTAL		
<b>1. Designation process</b>							
	F	21	55	13	4	<b>93</b>	Mean 3.00
	%	22.6%	59.1%	14.0%	4.3%	<b>100%</b>	Median 3.00
<b>2. Redesignation process</b>							
	F	24	46	14	7	<b>91</b>	Mean 2.96
	%	26.4%	50.5%	15.4%	7.7%	<b>100%</b>	Median 3.00

## Contribution to the achievement of WHO's objectives

**Q10. In your opinion, how valuable is the contribution of WHO Collaborating Centres for the achievement of WHO's objectives and expected results?**

	F	%
Very valuable (4)	58	60.4%
Somewhat valuable (3)	32	33.3%
Not very valuable (2)	6	6.3%
Not at all valuable (1)	0	0.0%
Total	96	100.0%
Mean	3.54	
Median	4.00	

**Q11. Should you wish to expand on your previous answer, please use the text box below.**

- CCs add considerable value to WHO's work
- There is variation in how valuable different CCs contributions are
- CCs who are more concerned with the status of designation provide less valuable contributions
- There should be more evaluation of CCs contributions

## Interactions with WHO

**Q12. On average, how much contact do you have with the Collaborating Centre(s) for which you are Responsible Officer? Please select one of the following:**

	F	%
There is regular contact (at least twice a year)	65	82.2%
There is some contact (once a year)	3	3.8%
There is no contact	1	1.3%
Other	10	12.7%
Total	79	100%

**Q13. Please rate how frequently you communicate with the collaborating centre(s) for which you are Responsible Officer for the following reasons:**

		Very frequently (=4)	Somewhat frequently (=3)	Somewhat infrequently (=2)	Very infrequently (=1)	TOTAL		
1. Designation/redesignation process	F	33	23	14	8	78	Mean	3.04
	%	42.3%	29.5%	17.9%	10.3%	100%	Median	3.00
2. Coordination of Collaborating Centre activities	F	22	38	13	6	79	Mean	2.96
	%	27.8%	48.1%	16.5%	7.6%	100%	Median	3.00
3. Implementation of activities (fulfilment of WHO side of activities)	F	30	33	13	3	79	Mean	3.14
	%	38.0%	41.8%	16.5%	3.8%	100%	Median	3.00
4. Monitoring of Collaborating Centre activities	F	14	38	22	5	79	Mean	2.77
	%	17.7%	48.1%	27.8%	6.3%	100%	Median	3.00
5. Queries/follow-up	F	16	33	27	2	78	Mean	2.81
	%	20.5%	42.3%	34.6%	2.6%	100%	Median	3.00

**Q14. Please rate the following aspects of WHO Collaborating Centre procedures:**

		Strongly Agree (=4)	Somewhat Agree (=3)	Somewhat Disagree (=2)	Very Disagree (=1)	TOTAL		
1. Coordination of Collaborating Centre activities	F	22	55	12	5	94	Mean	3.00
	%	23.4%	58.5%	12.8%	5.3%	100%	Median	3.00
2. Communication between Collaborating Centres and WHO	F	34	42	13	5	94	Mean	3.12
	%	36.2%	44.7%	13.8%	5.3%	100%	Median	3.00
3. Monitoring of Collaborating Centre activities	F	18	50	18	6	92	Mean	2.87
	%	19.6%	54.3%	19.6%	6.5%	100%	Median	3.00

**Q15. Do you feel equipped to effectively fulfil your role in relation to WHO Collaborating Centres?**

	F	%
Well equipped (4)	39	40.6%
Somewhat equipped (3)	44	45.8%
Somewhat unequipped (2)	10	10.4%
Not equipped (1)	3	3.1%
Total	96	100%
Mean	3.24	
Median	3.00	

**Q16. Should you wish to expand on your previous answer, please use the text box below.**

- More time needed to effectively perform role with CC
- More resources needed to allow face to face meetings and better communication
- More capacity needed to effectively perform role with CC
- Advice / support from GFP / RFP / PNA team useful when accessed
- Need more recognition from managers for the role performed with CCs
- Need better systems for monitoring / evaluation / follow up on activities

**Q17. What do you think are the most important elements of a successful working relationship with WHO Collaborating Centres?**

- Good communication
- Effective strategic planning process
- Good working relationship based on mutual trust
- Roles, responsibilities and expectations are well defined and understood
- Commitment and motivation of CC staff
- Resources allocated by CC to complete their work
- Work plan based on mutually beneficial outcomes

**Final feedback**

**Q18. Please use the text box below to cite examples of good practices in working with WHO Collaborating Centres.**

- Examples of effective delivery of ToR
- Effectiveness of CC networks

- Good communication established through face to face meetings
- Linking CC ToR to WHO priorities
- CC arranging national / regional meetings on key themes

#### Q19. Please use the text boxes below to cite the main challenges:

	F	%
You face in your role (s) in relation to WHO Collaborating Centres	38	39.60%
For WHO as an Organization to work with Collaborating Centres	39	40.60%
For WHO Collaborating Centres in working with WHO	38	39.60%
For WHO Collaborating Centres in achieving the WHO's objectives through their work plan	25	26.00%
Total	96	

#### Q19. A- Responses

- The designation/re-designation process on the eCC
- Time and capacity to fulfil their role with CCs
- CCs understanding of expectations and responsibilities

#### Q19. B- Responses

- Issues with the designation/ re-designation process
- Staff need more support / time to deliver their CC role
- Need more effective monitoring and evaluation

#### Q19. C- Responses

- Allocating sufficient funding / resources to fulfil their role as a CC
- Competing priorities within WHO

#### Q19.D Responses

- Lack of resources / funding to deliver CC role
- Lack of clarity of WHO's objectives and wider priorities

#### Q20. What suggestions would you make to maximize the success of WHO's work with Collaborating Centres in the future??

- Improve the selection of CCs
- Effectively evaluate CCs work and contribution

- **Improve the eCC and designation / re-designation system**
- **More opportunities to meet CC staff in person**
- **Increase the recognition / showcasing of CCs work**
- **Provide funding for CCs work**

## Annex G: WHO CC Survey Results

### Background Information

#### Q1. In which region is your WHO Collaborating Centre located?

	F	%
African Region	11	3.5%
Region of the Americas	64	20.4%
Eastern Mediterranean Region	11	3.5%
European Region	123	39.2%
South-East Asia Region	33	10.5%
Western Pacific Region	72	22.9%
<b>Total</b>	<b>314</b>	<b>100%</b>

#### Q2. Where is your WHO counterpart based?

	F	%
WHO Headquarters (HQ)	100	31.8%
WHO Regional Office for Africa (AFRO)	7	2.2%
WHO Regional Office for the Americas (AMRO/PAHO)	45	14.3%
WHO Regional Office for the Eastern Mediterranean (EMRO)	12	3.8%
WHO Regional Office for Europe (EURO)	65	20.7%
WHO Regional Office for South-East Asia (SEARO)	35	11.1%
WHO Regional Office for the Western Pacific (WPRO)	50	15.9%
<b>Total</b>	<b>314</b>	<b>100%</b>

#### Q3. For how long has your institution held WHO Collaborating Centre designation?

	F	%
Less than 5 years	81	25.8%
5-8 years	50	15.9%
9-12 years	37	11.8%
13-15 years	28	8.9%
Over 16 years	118	37.6%
<b>Total</b>	<b>314</b>	<b>100%</b>

## Designation / redesignation process

### Q4. Please rate how effective the planning process with WHO was in terms of:

		Very effective (=4)	Somewhat effective (=3)	Somewhat ineffective (=2)	Not effective (=1)	TOTAL		
1. Identifying and utilizing your organization's area of expertise effectively.	F	201	91	12	4	308	Mean	3.59
	%	65.3%	29.5%	3.9%	1.3%	100%	Median	4.00
2. Detailing the relevance of the planned activities to WHO's General Programme of Work.	F	177	118	12	1	308	Mean	3.53
	%	57.5%	38.3%	3.9%	0.3%	100%	Median	3.00
3. Identifying clear and appropriate objectives or activities.	F	206	88	12	2	308	Mean	3.62
	%	66.9%	28.6%	3.9%	0.6%	100%	Median	4.00
4. Ensuring effective communication.	F	163	106	34	5	308	Mean	3.39
	%	52.9%	34.4%	11.0%	1.6%	100%	Median	4.00

### Q5. Please rate the following statements regarding the designation/redesignation process of your institution as a WHO Collaborating Centre:

		Strongly Agree (=4)	Somewhat Agree (=3)	Somewhat Disagree (=2)	Strongly Disagree (=1)	TOTAL			No Basis for Judgment
1. We received information from WHO clarifying the procedure.	F	205	84	6	8	303	Mean	3.60	5
	%	67.7%	27.7%	2.0%	2.6%	100%	Median	4.00	1.6%
2. The information provided by WHO clarifying the procedure was complete and useful.	F	183	102	10	7	302	Mean	3.53	6
	%	60.6%	33.8%	3.3%	2.3%	100%	Median	4.00	1.9%
3. We were kept informed by WHO about the progress of the designation/redesignation process.	F	174	94	21	12	301	Mean	3.43	7
	%	57.8%	31.2%	7.0%	4.0%	100%	Median	4.00	2.3%
4. The designation/redesignation process was transparent.	F	185	80	24	8	297	Mean	3.49	12
	%	62.3%	26.9%	8.1%	2.7%	100%	Median	4.00	3.9%



5. The designation/redesignation process was straightforward.	F	150	102	32	15	299	Mean	3.29	9
	%	50.2%	34.1%	10.7%	5.0%	100%	Median	4.00	2.9%
6. The designation/redesignation process was completed within a reasonable timeframe.	F	169	91	23	18	301	Mean	3.37	8
	%	56.1%	30.2%	7.6%	6.0%	100%	Median	4.00	2.6%
7. I have a clear understanding of the purpose and policies of the WHO Framework of Engagement with Non-State Actors	F	135	104	31	10	280	Mean	3.30	29
	%	48.2%	37.1%	11.1%	3.6%	100%	Median	3.00	9.4%
8. Guidance issued to Collaborating Centres concerning the WHO Framework of Engagement with Non-State Actors provided useful direction to inform our engagement	F	114	108	29	9	260	Mean	3.26	48
	%	43.8%	41.5%	11.2%	3.5%	100%	Median	3.00	15.6%

## Contribution to the achievement of WHO's objectives

### Q6. Please list the objectives in your Collaborating Centre's Terms of Reference.

- Technical assistance
- Providing training
- Contributing to or undertaking research, and producing reports / studies
- Capacity building
- Gathering data, managing information systems and disseminating evidence
- Support for developing standards and guidelines
- Providing consultation and advice

### Q7. What are the main activities or products (2-4) that your institution has delivered during 2018-2019 as part of your role as WHO Collaborating Centre?

- Delivering training courses and capacity building
- Arranging meetings / symposium / networking
- Editing / reviewing / developing publications and guidelines
- Technical support
- Providing advice and consultancy to WHO
- Attending WHO meetings

**Q8. Are you aware of how these products and services contribute to the delivery of the results of WHO's work?**

	F	%
Very aware (4)	218	70.1%
Somewhat aware (3)	71	22.8%
Somewhat unaware (2)	18	5.8%
Not aware (1)	4	1.3%
Number of respondents	<b>311</b>	<b>100%</b>
	<b>Mean</b>	<b>3.62</b>
	<b>Median</b>	<b>4.00</b>

**Q9. What type of support do you consider the most critical contribution of your institution to the work of WHO? Please select all that apply.**

	F	%
Provision of technical expertise	260	82.8%
Capacity building	248	79.0%
Research	215	68.5%
Policy development	143	45.5%
Stand-by for emergency response	54	17.2%
Other	25	8.0%
Number of respondents	<b>314</b>	

**Q10. Please rate the following statements regarding collaboration of your institution with WHO.**

		Strongly Agree (=4)	Somewhat Agree (=3)	Somewhat Disagree (=2)	Very Disagree (=1)	TOTAL		
<b>1. Our defined objectives are realistic and achievable.</b>	<b>F</b>	236	62	12	0	<b>310</b>	Mean	3.72
	<b>%</b>	76.1%	20.0%	3.9%	0.0%	<b>100%</b>	Median	4.00
<b>2. The contribution of our institution is clearly stated in our workplan.</b>	<b>F</b>	247	55	7	0	<b>309</b>	Mean	3.78
	<b>%</b>	79.9%	17.8%	2.3%	0.0%	<b>100%</b>	Median	4.00
	<b>F</b>	210	82	13	3	<b>308</b>	Mean	3.62

3. The contribution of our institution is adequately valued by WHO.

%	68.2%	26.6%	4.2%	1.0%	100%	Median	4.00
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## Interactions with WHO

Q11. How often does your institution discuss the activities of the agreed workplan with your WHO counterpart (monitoring)? Please select one of the following:

	F	%
There is regular monitoring (at least twice a year)	130	42.1%
There is some monitoring (once a year)	159	51.5%
There is no monitoring	20	6.5%
Total	309	100%

Q12. How do you rate these discussions?

	F	%
Very effective (4)	163	56.4%
Somewhat effective (3)	115	39.8%
Somewhat ineffective (2)	9	3.1%
Not effective (1)	2	0.7%
Total	289	100%

Mean 3.52  
Median 4.00

Q13. Which statement best describes the review/evaluation of your institution's collaborative work with WHO? Please select one of the following:

	F	%
We meet/consult with WHO at least once a year for an in-depth review/evaluation of our collaboration	196	63.4%
Review/evaluation is infrequent and not systematic	76	24.6%
There is no review/evaluation	11	3.6%
Other	26	8.4%
Total	309	100%

**Q14. Do you receive feedback or queries from your WHO counterpart after submission of your annual report?**

	F	%
Often (4)	109	35.3%
Sometimes (3)	92	29.8%
Rarely (2)	43	13.9%
Not at all (1)	38	12.3%
Not applicable (999)	27	8.7%
<b>Total</b>	<b>309</b>	<b>100%</b>
	<b>Mean</b>	<b>2.96</b>
	<b>Median</b>	<b>3.00</b>

**Q15. How would you rate the quality of the feedback from WHO?**

	F	%
Very effective (4)	146	60.3%
Somewhat effective (3)	80	33.1%
Somewhat ineffective (2)	14	5.8%
Not effective (1)	2	0.8%
<b>Total</b>	<b>242</b>	<b>100%</b>
	<b>Mean</b>	<b>3.53</b>
	<b>Median</b>	<b>4.00</b>

**Q16. How useful was the feedback in improving your delivery of activities?**

	F	%
Very useful (4)	152	63.1%
Somewhat useful (3)	77	32.0%
Not very useful (2)	9	3.7%
Did not use it (1)	3	1.2%
<b>Total</b>	<b>241</b>	<b>100%</b>
	<b>Mean</b>	<b>3.57</b>
	<b>Median</b>	<b>4.00</b>

**Q17. Please rate the following statements regarding the interactions of your institution with your WHO counterpart**

		Strongly Agree (=4)	Somewhat Agree (=3)	Somewhat Disagree (=2)	Very Disagree (=1)	TOTAL		
1. Mutual expectations, roles and responsibilities are clear.	F	193	100	14	3	310	Mean	3.56
	%	62.3%	32.3%	4.5%	1.0%	100%	Median	4.00
2. We are informed in a timely manner about any changes affecting our work as a WHO Collaborating Centre.	F	150	121	31	6	308	Mean	3.35
	%	48.7%	39.3%	10.1%	1.9%	100%	Median	3.00
3. We inform each other regularly concerning major developments affecting the agreed workplan.	F	157	119	29	5	310	Mean	3.38
	%	50.6%	38.4%	9.4%	1.6%	100%	Median	4.00
4. Our WHO counterpart demonstrates commitment to quality.	F	227	72	9	0	308	Mean	3.71
	%	73.7%	23.4%	2.9%	0.0%	100%	Median	4.00
5. Our WHO counterpart demonstrates commitment to transparency.	F	219	73	16	1	309	Mean	3.65
	%	70.9%	23.6%	5.2%	0.3%	100%	Median	4.00

**Q18. What, if any, improvements to communications between your Collaborating Centre and WHO would you recommend?**

- Better consistency / frequency of communications between WHO and CCs
- More feedback on annual reports
- Better monitoring and evaluation of CCs work
- N/A or no suggestions
- More opportunities for face to face meetings
- Better communication on changing priorities of WHO

## WHO Collaborating Centre resources

**Q19: What kind of resources did your institution provide during 2018-2019 for your work as a WHO Collaborating Centre? Please select all that apply.**

	F	%
Professional staff time	296	94.3%
Administrative and/or support staff time	227	72.3%
Office facilities	190	60.5%
Financial resources (e.g. for travel expenses or project costs)	175	55.7%
Other	25	8%
Number of respondents	<b>314</b>	

**Q19b: [ONLY IF Q19.4 SELECTED] Please estimate the financial value of the resources you provided for your work as a WHO Collaborating Centre (in US\$, approximately):** **US\$ 31,506,228.96**    Number of respondents: 147

## Final feedback

**Q20: In your opinion, what is the added value to your institution of being a WHO Collaborating Centre? Please select all that apply.**

	F	%
Opportunity to contribute to the mandate of WHO	285	90.8%
Increased reputation	263	83.8%
Access to, and networking with, other WHO Collaborating Centres	234	74.5%
Improved access to relevant health information	144	45.9%
Improved access to financial and other resources	62	19.7%
Other	23	7.3%
Number of respondents	<b>314</b>	

**Q21: What are the top three factors that are crucial in achieving your objectives as a WHO Collaborating Centre? Please select a maximum of three options.**

	<b>F</b>	<b>%</b>
Good communication with WHO	187	59.6%
Effective joint planning with WHO	182	58.0%
Your CCs' work being valued within WHO	140	44.6%
Understanding the needs and/or requirements of WHO	120	38.2%
Good coordination from WHO	99	31.5%
Clarity of objectives	98	31.2%
Good leadership from WHO	80	25.5%
Other	7	2.2%
Number of respondents	<b>314</b>	

**Q22: What are the top three factors that inhibit your ability to achieve your objectives as a WHO Collaborating Centre? Please select a maximum of three options.**

	<b>F</b>	<b>%</b>
Lack of resources	180	57.3%
Ambiguity over the needs and/or requirements of WHO	109	34.7%
Lack of joint planning	83	26.4%
Lack of communication	78	24.8%
Administrative burden of designation/redesignation process	64	20.4%
Lack of coordination from WHO	57	18.2%
Lack of clarity of objectives/activities	45	14.3%
Your CCs' work not being valued within WHO	34	10.8%
Other	27	8.6%
Lack of leadership from WHO	22	7.0%
Number of respondents	<b>314</b>	

**Q23: What are your three biggest challenges as a WHO Collaborating Centre contributing to the achievement of WHO's objectives and expected results?**

- **Lack of funding / resources**
- **Lack of human resources**
- **The administrative procedures and eCC systems**
- **Poor communication with WHO**

- Understanding changing needs of WHO and clarity of objectives
- Lack of co-ordination within WHO (e.g. between HQ and Country Offices)
- Leveraging political support

**Q24: Moving forward, what suggestions would you make to maximize the success of WHO's work with Collaborating Centres in the future?**

- Better communication
- More feedback on annual reports
- More opportunities to network with other CCs
- Funding for CC work
- Improved visibility / recognition of CC work
- More involvement in WHO's strategic discussion
- Better joint planning processes



## Annex H: Previous Evaluation (2007): Recommendation implementation status

	Recommendations	Accepted	Partially	Not accepted	Fully	Partially	Not implemented
<b>Strategic planning</b>	<i>Review and clarify the vision and objectives of WHO in working with CCs as laid out in the Regulations, with the objective of developing a vision statement on the strategic use of CCs at all levels of the Organization.</i>	X			x		
	<i>Use the new Strategic Objectives for the Medium-term Strategic Plan (2008–2013) as an opportunity to analyze the gaps and identify the needs that can be filled by Collaborating Centres.</i>	x				x	
	<i>Provide guidance for technical programmes to support the development of strategic plans for working with CCs, requiring that the plans clarify how they intend to utilize CCs.</i>	x				x	
	<i>Require all technical programmes to complete and submit a strategic plan, which will form the reference point for selecting, designating and discontinuing CCs.</i>		x			x	
	<i>Establish a results-based approach to CCs as opposed to aiming at a certain total number of CCs. The optimal number of CCs for a specific programme needs to be based on a needs assessment and a strategic plan, as well as the availability of resources to effectively manage the collaborations.</i>	x			x		
<b>Policy issues</b>	<i>Prepare updated policies based on the vision statement to guide work with CCs at all levels of the Organization.</i>	x			x		
	<i>Involve ADGs and regional governing bodies more closely in deliberations on policy matters concerning CCs.</i>		x			x	
	<i>Consider inclusion of representatives from CCs in the WHO dialogue on the future of the CC mechanism, possibly as participants of the Global Steering Committee.</i>			x			x
	<i>Encourage ADGs and DPMs to request each of their departments/programmes/offices to prepare strategic plans for working with CCs, to be discussed at regional level and at a GSC meeting.</i>	x				x	
<b>Re-orient perceptions</b>	<i>Guide programmes in utilizing CCs for programmatic support as well as for research activities.</i>	x			x		
	<i>Study different options for including national institutions within the CC framework to support the work of the WCO as well as the individual programme areas.</i>			x			x
	<i>Consider improving the use of National Institutes Recognized by WHO by integrating them into existing networks and increasing capacity-building support.</i>	x					x
	<i>Develop guidelines for consideration and selection of National Institutes Recognized by WHO.</i>						x

<b>Awareness and involvement of Technical staff and programmes</b>	<i>Publish a regular newsletter on CCs to be circulated to all staff electronically, similar to what KCS has started, with a focus on lessons learned.</i>			x			x
	<i>Conduct a survey of all technical units on their perceptions and goals concerning use of CCs and as an input into policy considerations.</i>		x			x	
	<i>Increase the contribution of technical units to policy issues related to CCs by systematically seeking their inputs into GSC discussions, through the ADGs.</i>			x			x
	<i>Include specific responsibilities for CC management in PMDS of concerned staff.</i>		x			x	
<b>Involvement of WCOs in CC management and use</b>	<i>Revise the regulations to explicitly state the role of WCOs in managerial and technical interactions with the CCs, including proposing CCs for designation.</i>			x			x
	<i>Include WCO formally in the electronic designation process coordinated by KCS.</i>			x			x
	<i>Assign a focal point at each WCO to coordinate work and communication with CCs.</i>		x			x	
<b>Alignment of the work of CCs with WHO objectives</b>	<i>Incorporate CCs, and their contributions, as a specific input into the context of the results-based management framework.</i>	x				x	
	<i>Guide programmes to develop indicators to identify CCs' contribution to WHO's work and reflect them in the MTSPs, SOs, CCS, programme budgets and biennial workplans.</i>		x			x	
	<i>Establish a mechanism to review CC TORs in terms of medium-term plans and biannual workplans as part of the biannual workplan development process.</i>		x			x	
<b>Effective use of contributions by CCs</b>	<i>Develop indicators that cover inputs from CCs in the workplans of technical programmes.</i>						
	<i>Consider using the collaborative mechanism as a specific objective or ER at programme level such as in the case of networking.</i>		x			x	
	<i>With respect to networking:</i> • <i>Complete an analysis of the different types of CC networks within the Organization and the characteristics of successful ones, as an input into policy considerations.</i>	x				x	
	<i>With respect to networking:</i> • <i>Continue to promote networking in view of the noted successes in synergies, resource mobilization, and support to the Organization's programmes.</i>	x				x	
	<i>With respect to networking:</i> • <i>Provide more details on practical aspects of establishing and sustaining successful networks.</i>	x				x	
	<i>With respect to networking:</i> • <i>Continue to collect success stories on networks to share with all technical units.</i>	x				x	
<b>Administrative aspects</b>	<i>Review the administrative and communication procedures with an aim to minimize the administrative burden for technical units and CCs by rationalizing and streamlining requirements.</i>	x				x	
	<i>Ensure timely feedback on all communications (e.g. plans, reports) submitted by CCs, similar to responses to correspondence within the Organization, as part of their special status as CCs.</i>	x				x	

	<i>Strongly encourage dialogue between HQ, ROs and WCOs on working with CCs so that all are involved, particularly in relation to the situation where a CC is designated in one region/country but working mainly with other regions/countries.</i>	x				x	
<b>Resources to support optimal use of CCs</b>	<i>Allocate dedicated resources for managing CCs at HQ and RO, when appropriate.</i>					x	
	<i>Include a separate budget for CC development at the Organization-wide level and within programmes.</i>			x			x
	<i>Allocate funds to develop the capacity of selected country level institutions with potential to contribute to WHO programmes as a CC.</i>		x				x
	<i>Consider use of CCs as preferred service providers in country workplans.</i>			x			x
<b>Monitoring and evaluation</b>	<i>Institute a system of annual reports from technical units on their interaction with CCs. The evaluation team notes that some successful networks are already producing such reports.</i>	x			x		
	<i>Include collaboration with CCs as part of the mid-term and end-of-biennium results- based management assessment reports from technical units and WCOs.</i>	x				x	
	<i>Require that all annual reports submitted by CCs be reviewed and feedback provided within a specified timeframe.</i>	x			x		