PROJECT COLLABORATION AGREEMENT

Between

The **World Health Organization,**
20, Avenue Appia
1211 Geneva 27
Switzerland

(hereinafter referred to as "WHO")
on the one side

And

The **University of Colombo**
94, Cumaratunga Munidasa
Mawatha, Colombo 03,
Sri Lanka

(hereinafter referred to as "UOC")
on the other side

WHEREAS WHO, represented by its Regional Office for South-East Asia (SEARO), is an international intergovernmental organization and a specialized agency of the United Nations, and the directing and coordinating authority on international health that provides leadership on global health matters, and monitors and assesses health trends;

WHEREAS The University of Colombo has established itself as a regional and global leader in biomedical and health informatics, genomics, and precision medicine, with more than two decades of experience in advancing research, education, and innovation. The university has pioneered postgraduate training programmes in Biomedical and Health Informatics and Clinical Genetics, led initiatives in digital health policy and AI governance, and contributed significantly to regional capacity building in digital health and genomics. Through WHO supported work, international collaborations, and partnerships with intergovernmental agencies, development partners, and academic and professional networks worldwide, the University has strengthened health data systems, medical education, and health systems innovation. These strengths uniquely position the University of Colombo to drive advancements at the convergence of artificial intelligence, precision medicine, primary health care (PHC), and universal health coverage (UHC).

WHEREAS This project collaboration agreement is a reflection of the intent of the University of Colombo and WHO (hereafter referred to as the "Parties") to establish collaboration to pursue common goals based on their respective mandates, competences and comparative advantages.

1. The Project

1.1 The parties shall collaborate on the project as described in Annex 1 attached hereto (hereinafter referred to as the "Project"), which forms an integral part of this Agreement. The activities to be carried out by each party under the Project are also described in Annex 1.

1.2 The implementation of Project activities by a party is subject to that party's regulations, rules and administrative practices.

2. Funding

2.1 Each party hereto shall be fully responsible for the funding of its activities under this Agreement, except as may otherwise expressly be agreed in this Agreement or in any sub-agreement thereto. The implementation of each Project activity is subject to the availability of sufficient human and financial resources.

2.2 Any fundraising for the Project will be decided jointly by the parties and will be directed to governments, non-profit organizations, and foundations. Any fundraising from commercial entities or their foundations, or organizations funded mainly from commercial sources, shall be decided jointly by the parties and will be made in accordance with the regulations, rules, and administrative practices of the parties in order to avoid any perceived conflict of interest.

2.3 Each party shall administer the funds handled by it in accordance with its financial regulations, rules and administrative practices. The accounts shall be subject to audit in accordance with the party's audit rules and procedures, and a copy of the report of the external auditor shall be sent to the other party, if so requested, as soon as it becomes available.

2.4 Any transfer of funds between the parties shall be made under an appropriate separate agreement, to be negotiated in good faith between the parties.

3. Copyright/Publications

3.1 Publications foreseen to be prepared under the Project are listed in Annex 1. The parties may prepare additional publications, unforeseen at the conclusion of this Agreement, subject to the provisions below.

3.2 Copyright of any work prepared by one of the parties on its own under this Project shall be vested in that party, who may publish the work provided that the other party has been given the opportunity to comment on the work and any references to that other party before publication, which comments shall be given due consideration by the publishing party.

3.3 Unless otherwise agreed by the parties, copyright in any jointly prepared work shall be vested in WHO. For publications, WHO shall be the lead publishing party. In this capacity, WHO shall serve as copyright administrator and will act as the contact for third parties with regard to requests to reproduce or make use of the publications, or portions thereof, in any form or medium in all languages. WHO herewith grants The UOC a perpetual and irrevocable, non-exclusive, world-wide, royalty-free, sub-licensable license to use such jointly prepared work, or parts thereof, for public health

purposes. The collaboration of the parties shall be duly acknowledged in any publication resulting from the Project, unless a party does not wish to be associated with the publication. The wording of the acknowledgement shall be agreed between the parties.

3.4 No publication or other work resulting from the Project shall contain commercial advertising or be used for the promotion of any commercial product or service.

4. Website

4.1 The parties shall decide jointly on any dissemination of Project information over the Internet. The parties shall not create a separate web site for this purpose, but any information shall be disseminated through one or both parties' existing web site(s).

5. Use of logo and promotional activities

5.1 A party may not use the logo of the other party unless that party has given its prior approval in writing.

5.2 Without the prior written consent of the other party, neither party shall, in any statement or material of an advertising or promotional nature, refer to the relationship of the parties under this Agreement.

6. Relationship and responsibility of the parties

6.1 Nothing in this Agreement shall be construed as creating a relationship of joint venturers, partners, employer/employee or agent between the parties. Neither party shall have the authority to make any statements, representations, or commitments of any kind, or to take any action which shall be binding on the other party, except as may be explicitly provided for in this Agreement or authorized in writing by the other party.

6.2 Each party shall be solely responsible for the manner in which it carries out its part of the collaborative activities under this Agreement. Thus, a party shall not be responsible for any loss, accident, damage or injury suffered or caused by the other party, or that other party's staff or sub-contractors, in connection with, or as a result of, the collaboration under the Project.

7. Notices

All notices to be given under this Agreement must be in writing and sent to the address or official email account of the intended recipient set out hereinafter or to any other address or email account which the intended recipient may designate by notice given in accordance with this clause. Any notice may be delivered personally or sent by first class pre-paid registered mail or by email, and it will be deemed to have been served: if by hand, when delivered; if by first class registered mail, 48 hours after posting; and if by email, when dispatched, provided no delivery failure information is received.

If to WHO Attention: Wor

Regional/ Country Office for South-East Asia, World Health House Indraprastha Estate Mahatma Gandhi Road New Delhi 110002 India
Tel.: 91-11-4304 0200/ 0161

If to UOC Attention:

University of Colombo Prof I M Karunathilake, Vice Chancellor, University of Colombo, Sri Lanka
Tel: +94 7773 51835
Email: vajira@anat.cmb.ac.lk

8. Duration, Termination and Modification

8.1 This Agreement shall be valid for an initial period of two years, commencing 10 July 2026 and ending 31 July 2028 and ending terminated, unless terminated earlier by either party for cause, or without cause by giving three months notice in writing to the other party. The parties may agree in writing to extend this Agreement for subsequent periods of one year.

8.2 In the event of termination of this Agreement, the parties shall take the necessary steps to ensure that the activities carried out under the Agreement are brought to a prompt and orderly conclusion, and they shall wind up their obligations hereunder.

8.3 This Agreement may be modified by mutual consent of the parties as expressed in writing.

9. Compliance with WHO Policies

By entering into this Agreement, the UOC Institute acknowledges that it has read and hereby accepts and agrees to comply with the WHO Policies (as defined below). In connection with the foregoing, the UOC Institute shall take appropriate measures, including training, to prevent and respond to any violations of the standards of conduct, as described in the WHO Policies, by its employees and any other natural or legal persons engaged or otherwise utilized to perform any Project activities under the Agreement. Without limiting the foregoing, The UOC Institute shall promptly report to WHO, in accordance with the terms of the applicable WHO Policies, any actual or suspected violations of any WHO Policies of which The UOC Institute becomes aware. For purposes of this Agreement, the term "WHO Policies" means collectively: (i) the WHO Code of Ethics; (ii) the WHO Policy on Preventing and Addressing Sexual Misconduct; (iii) the WHO Policy on Preventing and Addressing Abusive Conduct; (iv) the WHO Code of Conduct for responsible Research; (v) the WHO Policy on Preventing and Addressing Retaliation; and (vi) the WHO Policy on Prevention, Detection and Response to Fraud and Corruption, in each case, as amended from time

to time and which are publicly available on the WHO website at the following link: http://www.who.int/about/ethics/en/.

10. Zero tolerance for sexual misconduct, harassment, and other types of abusive conduct

WHO has zero tolerance towards any form of sexual misconduct (an all-inclusive term which includes sexual exploitation, sexual abuse, sexual harassment, and all forms of prohibited sexual behavior), harassment, and any type of abusive conduct. In this regard, and without limiting any other provisions contained herein, The UOC Institute warrants that it shall: (i) take all reasonable and appropriate measures, including training, to prevent any form of sexual misconduct, as described in the WHO Policy on Preventing and Addressing Sexual Misconduct and any type of abusive conduct as described in the WHO Policy on Preventing and Addressing Abusive Conduct by any of its employees and any other natural or legal persons engaged or otherwise utilized by it to perform any activities under the Agreement, (ii) promptly report to WHO, through the WHO Office of Internal Oversight Services (investigation@who.int) or through the WHO Integrity Hotline which can be accessed via https:www.who.int/about/ethics/integrity-hotline, and respond to and take corrective measures, in accordance with the terms of the respective Policies, any actual or suspected violations of either Policy of which The UOC Institute becomes aware, and (iii) cooperate with WHO in relation to the response to such actual or suspected violations.

11. Anti-Terrorism and UN Sanctions; Fraud and Corruption

The UOC Institute warrants for the entire duration of the Agreement that:

(i) it is not and shall not be involved in, or associated with, any person or entity associated with terrorism, as designated by any UN Security Council sanctions regime, that it shall not make any payment or provide any other support to any such person or entity and that it shall not enter into any employment or other contractual relationship with any such person or entity;

(ii) it shall not engage in any fraudulent or corrupt practices, as defined in the WHO Policy on Prevention, Detection and Response to Fraud and Corruption, in connection with the implementation of the Project;

(iii) it has taken all reasonable and appropriate measures to inform any natural and/or legal persons engaged or otherwise utilized to perform any activity under the Agreement of the WHO Policy on Prevention, Detection and Response to Fraud and Corruption and their duty to comply with the standards of conduct set out in the aforementioned Policy;

(iv) it shall take all necessary measures to prevent the financing of terrorism and/or any fraudulent or corrupt practices as referred to above in connection with the implementation of the Project; and

(v) it shall promptly report to WHO, through the WHO Integrity Hotline or directly to the WHO Office of Internal Oversight Services (investigation@who.int), any credible allegations of actual or suspected fraudulent or corrupt practices (as defined in the WHO Policy on Prevention, Detection and Response to Fraud and Corruption) in connection with the execution of this Agreement of which The UOC Institute becomes aware and respond to such allegations in an appropriate and timely manner in accordance with its respective rules, regulations, policies and procedures. Furthermore, The UOC Institute, agrees to cooperate with WHO and/or parties authorized by WHO in relation to the response. Relevant information on the nature of any credible allegations of such actual or suspected violations, as well as the details of the intended response, the outcome of any such response, and any corrective measures implemented should be communicated and coordinated with WHO, with the understanding that, subject to the terms of the WHO Policy on Prevention, Detection and Response to Fraud and Corruption, confidentiality and the due process rights of those involved will be respected.

12. Breach of essential terms

The UOC acknowledges and agrees that each of the provisions of clause 9 (Compliance with WHO Codes and Policies), clause 10 (Zero tolerance for sexual misconduct, harassment and other types of abusive conduct), and clause 11 (Anti-Terrorism and UN Sanctions; Fraud and Corruption) above constitutes an essential term of this Agreement and that in case of breach of any of these provisions, WHO may, in its sole discretion, decide to terminate this Agreement and/or any other agreement concluded by WHO with The UOC , immediately upon written notice to The UOC Institute, without any liability for termination charges or any other liability of any kind.

13. Confidentiality

When information provided in the context of this Agreement is described by the party providing it as confidential, the receiving party shall take all reasonable measures to keep the information confidential and shall only use the information for the purpose for which it was provided. The receiving party shall ensure that any of its employees and/or consultants having access to the said information shall be made aware of and be bound by the obligations of the receiving party hereunder.

However, there shall be no obligation of confidentiality or restriction on use where:
(i) the information is publicly available, or becomes publicly available otherwise than by action of the receiving party; or
(ii) the information was already known to the receiving party (as evidenced by its written records) prior to its receipt; or
(iii) the information was received from a third party not in breach of an obligation of confidentiality; or
(iv) the information was subsequently and independently developed by or on behalf of the receiving party without access to the information of the disclosing party.

Unless another period is stipulated by the party providing the information, the obligations of this clause 13 shall survive the termination of this Agreement and continue in full force and effect without any expiration period applying.

14. Privileges and immunities

Nothing in this Agreement shall constitute, or be deemed to constitute, a waiver of any of the privileges and immunities enjoyed by WHO under any source of law, or as a submission to the jurisdiction of any national court or tribunal.

15. Settlement of disputes

Notwithstanding any specific provision herein, this Agreement and any dispute arising therefrom or relating thereto shall be governed by general principles of law, to the exclusion of any single national system of law. Any dispute arising from or relating to this Agreement, including its validity, interpretation, or application shall, unless amicably settled, be subject to conciliation. In the event the dispute is not resolved by conciliation within thirty (30) days, the dispute shall be settled by arbitration. The arbitration shall be conducted in accordance with the modalities to be agreed upon by the Parties or, in the absence of agreement within thirty (30) days of written communication of the intent to commence arbitration, in accordance with the UNCITRAL Arbitration Rules. The Parties shall accept the arbitral award as final.

IN WITNESS WHEREOF, this Agreement is executed as follows:

Agreed and signed on behalf of the
World Health Organization

Mr Manoj Jhalani
Director
Department of Health Systems
, India
WHO SEARO
New Delhi, India

Date: 3rd July 2026

Signed on behalf of The UOC

Prof I M Karunathilake
Vice Chancellor,
University of Colombo,
Sri Lanka

Vice Chancellor
University of Colomb

Date: 8th July 2026

Concept Note

Technical Collaboration on AI Leadership and Capacity Development to Support Precision Medicine, Primary Health Care and Universal Health Coverage

Proposed by the Centre for Health Systems Policy and Innovation in Collaboration with the Centre for Digital Health and Centre for Genetics and Genomics, Faculty of Medicine, University of Colombo, Sri Lanka

1. Background and Rationale

Countries across the WHO South-East Asia Region (SEARO) are increasingly exploring digital technologies, artificial intelligence (AI), and genomics under the umbrella of precision medicine as part of broader health system transformation. At the same time, Member States continue to face major challenges in strengthening primary healthcare systems, addressing the growing burden of non-communicable diseases, improving the efficiency of healthcare delivery with a focus on primary health care, expanding equitable access to care, and accelerating progress toward Universal Health Coverage (UHC).

The Seventy-ninth World Health Assembly recognized the growing importance of precision medicine in strengthening health systems and advancing Universal Health Coverage through its resolution on "Precision medicine: a path towards targeted, personalized and equitable care." The resolution calls upon Member States and WHO to strengthen workforce development, governance, implementation research, equitable access, and integration of genomics and related technologies into healthcare systems and public health practice, particularly in low- and middle-income countries (LMICs).

In parallel, WHO Executive Board document EB158/19 on data, digital health and artificial intelligence governance highlights the importance of ethical oversight, equitable access, workforce preparedness, and institutional readiness for digital transformation in health systems.

Together, they establish a strong policy foundation for building regional capacity in AI-enabled precision medicine as a pathway to strengthen primary healthcare systems and accelerate progress toward Universal Health Coverage.

AI is expected to play a critical enabling role in translating precision medicine into routine healthcare practice through:

- Risk prediction and early diagnosis
- Clinical decision support and personalized therapeutics
- Disease surveillance and population health planning
- Preventive care pathways

Importantly, these applications are increasingly relevant to primary healthcare and not only specialized tertiary care.

2. Institutional Overview and Relevant Experience

The University of Colombo has over two decades of leadership in biomedical and health informatics, genomics, and precision medicine. Its relevant strengths include:

- Establishment of the pioneering postgraduate training programmes in Biomedical and Health Informatics as well as Clinical Genetics in the region
- Leadership in digital health policy and AI governance
- Regional capacity development in digital health and genomics
- Commonwealth and global leadership in digital health and genomics
- WHO-supported work in digital health and health data systems
- International partnerships in genomics, AI, digital health, medical and health professions education and health systems innovation with inter governmental agencies, international development partners, and national, regional, and global academic and professional networks

These institutional assets position the University of Colombo to contribute uniquely at the intersection of AI, precision medicine, PHC, and UHC.

3. Gap in the Regional AI and Precision Medicine Ecosystem

Across the region, several institutions are advancing important aspects of digital health and AI, including:

- AI innovation and tool development
- Digital public goods and health information systems
- Telemedicine implementation
- Digital health evidence generation

However, a critical regional gap remains in preparing health systems and health professionals to safely, ethically, and effectively implement AI-enabled precision medicine.

Member States increasingly face operational questions such as:

- How can AI-enabled precision medicine be integrated into PHC systems?
- How can health professionals be trained to safely use these tools?
- What governance mechanisms are required for ethical use?
- How can equity be maintained in precision medicine deployment?
- How can AI-enabled precision medicine strengthen UHC rather than widen disparities?

Few institutions in the region are currently focused on developing leadership, workforce capabilities, governance frameworks, and implementation knowledge required to answer these questions.

4. Proposed Role of the University of Colombo

The University of Colombo proposes a 24-month technical collaboration with WHO SEARO focused on AI leadership and capacity development to support precision medicine.

This collaboration will support WHO SEARO and Member States in:

- Strengthening workforce readiness for AI-enabled precision medicine
- Supporting responsible implementation within primary healthcare systems
- Developing governance and policy frameworks
- Generating practical implementation knowledge for LMICs
- Strengthening health system pathways toward UHC

This collaboration complements existing regional initiatives by focusing not on building technologies, but on preparing the people, systems, and governance structures required to use them responsibly.

5. Core Technical Functions

The University of Colombo will support WHO SEARO and Member States through four core technical functions.

A. Competency Development and Leadership Training

- Development of regional competency frameworks
- Executive leadership programmes
- Fellowship and mentorship programmes
- Workforce training for clinicians, educators, researchers, and policymakers

B. AI Governance and Readiness Support

- Baseline and follow-up readiness assessments
- Governance and ethics frameworks
- Policy consultations
- Support for genomic data governance

C. AI-enabled Precision Medicine for PHC and UHC

- Implementation models for NCDs
- Pharmacogenomics integration
- Risk stratification models
- Preventive care pathways
- Maternal and child health applications

D. Knowledge Translation and Policy Support

- Technical guidance documents
- Policy briefs
- Case studies
- Regional implementation repository

6. Flagship Initiatives

6.1 SEARO Regional Competency and Leadership Hub for AI-enabled Precision Medicine

Key outputs:

- One regional competency framework by Month 6
- Three fellowship cohorts
- Eight regional training programmes
- At least 500 professionals trained from at least eight Member States

6.2 SEARO Readiness and Governance Accelerator

This initiative will support Member States in assessing readiness and strengthening governance for AI-enabled precision medicine.

Key outputs:

- Three Member State readiness assessments
- Four regional policy dialogues
- Three governance guidance documents

6.3 SEARO PHC Innovation Lab for AI-enabled Precision Medicine

This initiative will support implementation models linking precision medicine to PHC and UHC.

Key outputs:

- Three implementation toolkits
- Six open-access learning modules
- Four implementation case studies
- One regional implementation repository

7. Duration, Phasing and Milestones

Phase 1 – Inception (Months 0–6)

- Agree Terms of Reference with WHO SEARO
- Establish governance and reporting structures
- Conduct baseline readiness assessment
- Confirm institutional resourcing and partnerships
- Publish the Regional Competency Framework

Phase 2 – Core Delivery (Months 6–18)

- Deliver the first leadership and fellowship cohort
- Conduct four regional training programmes
- Publish initial guidance documents
- Conduct two regional policy dialogues
- Release open-access learning resources and toolkits

Phase 3 – Scale-up and Evaluation (Months 18–24)

- Deliver remaining fellowship cohorts
- Expand training to additional Member States
- Complete remaining policy dialogues and case studies
- Consolidate regional collaborative network
- Conduct external evaluation
- Finalize sustainability and financing plan

- Develop recommendations for continued collaboration and future WHO Collaborating Centre consideration

8. Expected Outputs

Over the next 24 months, the University of Colombo will support WHO SEARO through:

- One regional competency framework for AI-enabled precision medicine
- Eight regional training programmes
- Three fellowship cohorts
- At least 500 trained professionals across SEARO Member States
- Six open-access learning modules
- Three implementation toolkits
- Three Member State readiness assessments
- Four regional policy dialogues
- Three governance and technical guidance documents
- Four peer-reviewed publications or technical reports
- One regional implementation repository

9. Expected Outcomes

- Improved regional workforce readiness for AI-enabled precision medicine
- Improved governance and institutional readiness in participating Member States
- Increased integration of AI-enabled precision medicine into PHC settings
- Strengthened regional collaboration and knowledge exchange
- Enhanced policy and technical capacity for equitable precision medicine implementation

10. Expected Impact

- Stronger primary healthcare systems
- Improved preventive care and continuity of care
- Better use of precision medicine to support equitable healthcare delivery
- Accelerated progress toward Universal Health Coverage
- Improved regional preparedness for future AI-enabled healthcare transformation

11. Monitoring and Evaluation

Key indicators will include:

- Number of Member States engaged
- Number and cadre of participants trained
- Number of competency frameworks, modules, and toolkits produced
- Number of policy dialogues conducted
- Number of Member States supported
- Number of publications produced
- Participant competency improvements
- Institutional uptake of frameworks or tools

An external evaluation will be completed at Month 24.

12. Strategic Positioning

This technical collaboration fills a critical gap within the regional AI and precision medicine ecosystem.

While many institutions focus on developing technologies, implementing digital solutions, or generating evidence, the University of Colombo will focus on developing the human, institutional, and governance capabilities required for safe, ethical, effective, and sustainable AI-enabled precision medicine.

By emphasizing leadership development, workforce preparedness, governance, and practical implementation for primary healthcare and UHC, this collaboration will help Member States move beyond innovation toward equitable real-world impact.
It will position the WHO South-East Asia Region as a leader in responsible AI-enabled precision medicine for LMIC settings.

The Centre for Health Systems Policy and Innovation of the Facuty of Medicine, University of Colombo was established as a Innitiative of the World Health Organization and the Asian Development Bank in 2023. The Center for Health Systems Policy and Innovation was ceremoniously opened on 24 August 2023 by Dr Alaka Singh, WHO Representative to Sri Lanka with the participation of officials of the Ministry of Health, Ministry of Education, University of Colombo, and other universities, development partners, academia and other professionals.