



# World Health Organization

## COLLABORATING CENTRES

### Fact sheet

**Over 900 institutions...**

**...in almost 100 countries...**

**...supporting WHO programmes**

The World Health Organization requires expert advice for overall scientific and technical guidance, as well as for direct support of global, interregional and regional technical cooperation programmes for national health development.

Since its establishment, WHO has obtained expert advice and support from a very large array of institutions. The collaboration with a number of these institutions has continued over the years greatly benefiting WHO's programmes.

The designation of an institution as a WHO Collaborating Centre can be explored when there has been successful collaboration in implementing jointly planned activities in support of WHO programmes and, at the same time, there is a concrete perspective of the continuation of such collaboration.

*Definition: A WHO Collaborating Centre is an institution designated by the Director-General to form part of an international collaborative network carrying out activities in support of the Organization's programmes at all levels\**

Common misconceptions: the designation as a WHO Collaborating Centre is not:

- a certification of excellence,
- a prize or an award, or
- indefinite.

In fact, designation are given only for up to a maximum of four years, and in case of unsuccessful or inactive collaboration and/or no more relevance for the WHO programmes, the designation is discontinued.

### Eligibility and criteria for designation

An entire institution or, in most cases, a department, division or laboratory within an institution may be designated as a centre. Typical examples of WHO Collaborating Centres are departments of universities, laboratories or divisions of national research institutes, departments of hospitals, departments of ministries, national academies, etc.

To be eligible for designation, the proposed institution should have successfully completed at least two years of collaboration with WHO in carrying out jointly planned activities.

The proposals will be reviewed at the regional and global level, including the Office of the Director General. During the review, the following aspects will be particularly assessed:

- the scientific and technical standing;
- the place the institution occupies in the country's health, scientific or educational structures;
- the quality of its scientific and technical leadership;
- the institution's prospective stability in terms of personnel, activity and funding;
- the working relationship which the institution has developed with other institutions in the country, regional and global levels;
- the institution's ability, capacity and readiness to contribute to WHO programme activities;
- the technical and geographical relevance of the institution and its activities to WHO's programme priorities.

### Designation and redesignation

The process of designation is initiated by the technical unit that will be working with the proposed WHO CC, either at a regional office or at headquarters. Only the Director-General, after consultation with the relevant national government, can approve designations.

Designation is independent of financial support being given to the institution by WHO.

The designation, which is originally given for a period of four years, is renewable for the same or shorter periods, if warranted by programme requirements and the results of evaluation. The redesignation process usually takes about 6 months. The redesignation should be approved before the date of expiry of the designation.

\* definition given by the Regulations for 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).

## Roles and expectations

WHO CCs are an essential and cost-effective cooperation mechanism, which enables the Organization to fulfil its mandated activities and to harness resources far exceeding its own.

WHO gains access to top centres worldwide and the institutional capacity to ensure the scientific validity of global health work. Through these global networks, the Organization is able to exercise leadership in shaping the international health agenda.

Conversely, designation as a WHO collaborating centre provides institutions with enhanced visibility and recognition by national authorities, calling public attention to the health issues on which they work. It opens up improved opportunities for them to exchange information and develop technical cooperation with other institutions, in particular at international level, and to mobilize additional and sometimes important resources from funding partners.

The main role of the WHO CCs is to provide strategic support to the Organization to meet two main needs: implementing WHO's mandated work and programme objectives, and developing and strengthening institutional capacity in countries and regions.

## Networks of WHO Collaborating Centres

In January 2000 the Executive Board urged the Member States to make full use of WHO Collaborating Centres (WHO CC) as sources of information, services and expertise, and to strengthen their own national capacity for training, research and collaboration for health development. At the same time, it encouraged WHO Collaborating Centres to develop working relations with other centres and national institutions recognized by WHO, in particular by setting up or joining collaborative networks with WHO's support. This has actually been the case of the WHO CCs in many areas, where networks have been created. Examples of existing networks of WHO Collaborating Centres are:

- The Global Network of WHO CCs for Nursing and Midwifery Development
- Network of WHO CCs in Occupational Health
- Global Environment Monitoring System - Food Contamination Monitoring and Assessment Programme
- The global network of WHO CCs working on Communicable Diseases
- The network of WHO CCs for Tobacco Control
- WHO CCs on Radiation / REMPAN network
- WHO CCs for International Classifications
- WHO CCs for Traditional Medicine



"With the technical institutions of Member States and the WHO Collaborating Centres, the Network [of WHO CCs on Communicable Diseases] has responded to more than 50 major disease outbreaks"

Dr J.W. LEE, at the address to the Fifty-eight WHA, 17 May 2005

## History and present

The WHO CCs have been in place since the founding of the Organization. The first WHO CC was the Department of Biological Standardization, Statens Serum Institute, Copenhagen, originally designated at the beginning of 1948; currently the Organization has over 900 WHO CCs located in almost 100 Member States. Examples of recent designations are:

1) Designation of the Parasitology Unit of the Public Health Laboratory Ivo de Carneri, Pemba, Zanzibar, as a WHO Collaborating Centre for Schistosomiasis and Intestinal Parasitic Infections in August 2005.



At the occasion of the inauguration on 11 August 2005, the Honorable Minister of Health of Zanzibar, Salim Juma Othman says " The reason [why the Public Health Laboratory Ivo de Carneri has been designated as a WHO Collaborating Centre] is that the Zanzibar Government and WHO have collaborated for over 20

years to test innovative approaches to relieve Africans from the scourge of these parasitic infections. We have learned when visiting Geneva recently during the World Health Assembly that our contribution in the control of these infections has indeed been outstanding and innovative. We want to continue to be the leaders of such innovative efforts and our Government is committed to work with the World Health Organization in a privileged partnership that we acknowledge with great pride and thanks."

2) In October 2005, the Centre for Disease Control and Prevention of Guangdong Province, Guangzhou, People's Republic of China, was designated as WHO Collaborating Centre for Surveillance, Research and Training of Emerging Infectious Diseases. This WHO CC will focus on strengthening surveillance and prevention of emerging infectious diseases, including influenza. It will also conduct related operational and epidemiological research/studies such as operational research in animal origin of SARS, and work on advocacy for improved animal husbandry practices in order to protect human health.

## Some figures

As of 2006, the Member States with most WHO CCs are:

USA	110	Thailand	33
China	69	Italy	31
UK	61	Japan	31
Australia	49	Canada	24
Germany	36	Russian Federation	25
India	36	Brazil	21
France	34	Sweden	18

As of 2006, the technical areas with the most WHO CCs are:

Occupational health, assessment of environmental health hazards, cholera and other diarrhoeal diseases, nursing, mental health, viral diseases and human reproduction.

For an up-to-date list of the WHO CCs, check the public database at: <http://whocc.who.int/>