



# The assessment of the collaboration between WHO and its Collaborating Centres in the South East-Asia region

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# Executive Summary

WHO Collaborating Centres (WHO-CCs) have been developed by the World Health Organization (WHO) as a key strategy to further its goals. As on May 11th, 2018, 829 such designated WHO-CCs have been established across 93 countries, out of which 98 WHO-CCs are located in the South East Asia (SEA) region. In August 2017, WHO's South East Asia Regional Office (SEARO) requested support with the assessment of the relationship between WHO and the WHO-CCs in the region. The purpose of the assessment was to understand and evaluate the partnership performance of the WHO-CCs and to what extent it served as a mechanism to achieve WHO's goals. The objectives of the evaluation were to

- 1 Assessing the potential versus the actual realization of the partnership between WHO SEARO and its WHO-CCs, as well as thematic collaboration between the WHO-CCs
2. Assessing if the current concept of WHO-CCs contributes to achieving the overall goals of WHO, now and for the future.

A team of five international consultants conducted the review between 24 February and 30 July 2018. The review included an online survey shared with 98 WHO-CCs in the region and key informant interviews (KII) with stakeholders involved in the 24 sampled WHO-CCs (20 currently designated WHO-CCs and 4 discontinued WHO-CCs). A total of 45 of the 98 invited WHO-CCs in the SEARO region completed the online survey. KIIs were conducted with stakeholders of the 24 selected WHO-CCs which included 14 of 22 Responsible officers, 4 of 18 Technical Counterparts (TCs), 17 of 24 Heads of the WHO-CCs, 6 of 10 Directors of the WHO-CC, 4 of 5 WHO Directors, and 3 other officers from WHO. The response rate for the online survey was slightly less than 50% among WHO-CCs, and nearly one-third in case of Responsible officers (Surveys and KIIs with WHO-CC representatives together provided a total of 55 unique data sources for analysis).

A regional steering committee consisting of WHO Directors provided overall guidance and support to the team of independent consultants who carried out the interviews and analysis. In order to analyze and assess progress, issues, challenges and potential, the team used the five evaluation criteria -- of relevance, effectiveness, efficiency, impact and sustainability -- as proposed by the Organisation for Economic Co-operation and Development / Development Assistance Committee (OECD/DAC), (Annex A)

Limitations included a one-month delay in starting off the survey on account of clearance issues, lower-than-expected response rates despite repeated follow-ups, a potential for bias among those who responded (and those who did not), and the fact that the mechanism of WHO-CCs is global but that the evaluation is regional, hence there is minimal scope to understand cross-regional and global collaborations.

## Findings:

Overall, the WHO-CC mechanism continues to be relevant and has shown positive results. WHO-CC mechanism contribution to the global agenda, as well as emerging issues, is growing but the potential is significant. Most of the individual WHO-CCs have been seen to achieve their commitments, with few exceptions. The power of WHO-CCs as a network (thematically or geographically) has not been fully utilized. About one-fourth of the SEARO-based WHO-CCs

provide support to other regions or have a global role, with specific blueprint and support can be improved. In terms of WHO-CCs addressing emerging issues in health sector (going beyond work plans), there is evidence to show CCs have stepped up to contribute during outbreaks like Zika and Nipah Virus. However, the potential for the region to contribute to areas of technology in public health, disaster response, etc are not fully utilized, and a broader approach and framework is required for WHO-SEARO to help WHO-CCs set some of the agenda and do more than just follow the General Programme of Work (GPW) . Innovations are also not sufficiently focused on.

The current concept of WHO-CCs is highly relevant, as endorsed by both the WHO-CCs and WHO SEARO. There is value-addition for the WHO-CCs (stature, reach, etc.) and for WHO (meeting agenda, partnership, etc). Broadly, the WHO-CCs contribute to GPW 12, although partially. There is no overall plan which governs enrollment, management and disengagement of WHO-CCs, linked to each GPW area or a joint work plan wherein WHO-CCs deliverables are situated (and monitored). The WHO-CCs are predominantly well known academic institutions. While this has served WHO well, it would be useful to look at other forms of partnership including Governments and other non-state actors (NGOs, private sector), particularly to expand the agenda and also to address some of the key emerging areas within health sector including international multilateral led public health diplomacy opportunities.

## Recommendations:

### **Move from hiring and managing WHO-CCs to orchestrating joint success by deliberately planning and adequately resourcing WHO-CC mechanism**

*By increased focus on clear and joint accountability, contribution linked to types of WHO-CCs, support resource constrained WHO-CCs differently*

R1a: Develop a regional SEA-WHO-CC partnership plan, aligned with the new GPW

R1b: Recognise the value of WHO-CC as a strategy and invest sufficiently

R1c: Strengthen secretariat

### **Harness the potential fully by focusing on key results:**

*By increased focus on clear and joint accountability, contribution linked to types of WHO-CCs, support resource constrained WHO-CCs differently-*

R2a: Improve accountability and focus on results within WHO and WHO-CCs

R2b: Work closely with developing new WHO-CCs in key emerging countries and identify new types of WHO-CCs

R2c: Nuance categories of WHO-CCs to improve engagement and result orientation

R2d: Leverage the potential for multilateral south-south public health diplomacy

R2e: Where funding is a barrier, support WHO-CC to raise funds

### **Improve quality of collaboration:**

*By improving quality of engagement, bring equity into the relationship, Improve the role of Responsible officers and energize networks.*

R3a: Improve the quality of engagement between WHO and the WHO-CCs

R3b: Bring more equity into the collaboration between WHO and the WHO-CCs

R3c: Reduce reliance on a single WHO contact person

R3d: Simplify the disengagement process to be transparent, simpler and fair

R3e: Energize WHO-CC networks

The evaluation team suggests three immediate next steps to validate and make this report useful for WHO and WHO-CCs:

1. Present this report to key staff of WHO-SEARO and select WHO- CCs and secure their views and consensus on the recommendations.
2. Develop a detailed action plan for change, based on recommendations (What to the how)
3. Disseminate the report and action plan widely to all relevant stakeholders including WHO-CCs, responsible officers, country offices, headquarters and others.