REPORT ON THE MEETING OF THE HEADS OF WHO COLLABORATING CENTRES IN THE SOUTH-EAST ASIA REGION, 3-7 APRIL 1989 IN THE NEW DELHI

by Dr. Suriadi Gunawan
(National Institute of Health Research and Development)

1. INTRODUCTION

The first Meeting of the Heads of WHO Collaborating Centres in the South-East Asia Region was held from 3 from 7 April 1989 in the WHO South-East Asia Region Office, New Delhi.

The Regional Director, Dr. U Ko Ko, while welcoming the participants to the Region, traced the development of WHO activities in the field of research promotion and recalled that, in the South-East Asia Region, WHO's collaboration with national institutions had begun as early as in 1953. With the intensification of the WHO research program-me in 1958, the number of WHO collaborating centres had increased rapidly, and currently there were 1,048 such centres globally; of these, 62 were in the South-East Asia Region. Many of these centres had been collaborating with WHO for than ten years, a few even for more than 20 years. This long enduring partnership with many centres reflected the very useful role that the centers had played in supporting the development of WHO's programmes and in enhancing national capabilities.

In this initial stage, WHO's association with its collaborating centres was for the purpose of standardization of terminology and nomenclature, classification of diseases, and developing methodologies related to diagnosis, prophylaxis and treatment of diseases and health technology. Recently, the scope had broadened and the centres played a vital role in national health development and in WHO's overall international technical cooperation through research, training and services.

He pointed out that the designation of an institution as a WHO collaborating centre signified recognition of the important role the centre played in national health development and, this, linked with WHO's worldwide mandate in the field of health, would further national, regional and global efforts towards the goal of HFA/2000.

Dr. Natth Bhamarapravati and Dr. Usha K. Luthra were nominated Chairman and Vice-Chairman respectively, while Dr. Suriadi Gunawan was nominated Rapporteur.

2. OBJECTIVES OF THE MEETING.

The objectives of the meeting were to
1. Inform, clarify and discuss the role of WHO Collaborating Centres, vis-a-vis WHO;
2. Discuss how WHO and the network of collaborating centres would maintain
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1. Inform, clarify and discuss the role of WHO Collaborating Centres, vis-a-vis WHO;
2. Discuss how WHO and the network of collaborating centres would maintain
effective contact for technical collaborating and information exchange;
3. Promote a network of related national institutions, and
4. Discuss, in groups, selected common problems related to collaborative activities.

The following four general issues had been selected for discussion in group sessions on the basis of suggestions made by the collaborating centres, as well as the past experience of working with the centres:

1. The role of WHO collaborating centres in research and training;
2. Development of mechanisms for monitoring and evaluation of collaborating activities;
3. The role of WHO collaborating centres in the transfer of technology and information exchange;
4. Development of linkages between WHO collaborating centres and health services and communities.

It was expected that, during the group sessions, each selected issues would be (a) reviewed and appraised, (b) the constraints and problems identified, (c) the development of a working network, as appropriate to the subject, suggested, and (d) ways and means for improvement recommended.

3. GENERAL DISCUSSION

General discussions on various inter-related aspects of WHO collaborating centres took place during plenary session and are summarized in the following paragraphs.

Attention was drawn to the small number of designated centres in the region ad they constituted only 6 per cent of all designated centres throughout the world and the disparity in the distribution of collaborating centres in the countries of the region. This was the consequence of the earlier emphasis on research in the designation criteria of WHO and it is now expected that, with consideration of centres which have potential and promise for designation as collaborating centres, the situation will be altered. With the success of development efforts in the region there is a change in morbidity patterns, and a corresponding need has arisen for identifying centres for non communicable diseases. On the other hand, even diseases like leprosy and filariasis, which were still of great importance for the region, had no designated collaborating centre. Consideration of collaboration in research was taking place, especially in tropical diseases, in institutions in countries without their being designated as collaborating centres.

Additional commitment as collaborating centres might sometimes causes time constraints and hinder discharge of functions in national programmes. In most instances, the terms of reference of the collaborating centres constituted only a smaller proportion of their total functions in the national context. It was appreciated that institutions had to accord higher priority to national health programme needs.

The lack of financial and information support for their roles in the collaborating centres network was mentioned. Financial support by WHO to the centres varied greatly and a fresh look was needed in this regard to facilitate their activities and to link them to WHO programme or to other institutions in the countries.

It was also felt that the recommendations of the Working Group, set up in 1981, to look into the management of collaborating centres
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need to be reviewed in the light of the present
discussions.

It was noted that the training costs in Eu-
rope of North America were higher and it was
felt that, for reasons of high cost, relevance of
research tools and research areas, the training
is best imparted in developing countries. It
was suggested that the content and scope of
training in developing countries could be
considerably enhanced.

The opinion was expressed that absence of
contact and information transfer seemed to
indicate a lack of appreciation of the times
collaborative role of the centres. This was
generally not true of collaborating centres
connected with global programmes indicating
that some WHO Headquaters was more aware
of the activities in progress at the
collaborating centres than the Regional Office.

Since the centres are committed to submit
reports to their national authorities, the
preparation of special report for WHO would
mean an increase in work-load for the centre,
but it was emphasized that such a special
report would be essential for evaluation and
monitoring. A uniform, simplified format was
suggested. The centres would appreciate
receiving critical feedback on the reports
submitted.

In evaluating the highly technical aspects
of the functions of collaborating centres,
WHO could, if necessary, draw on the expert
panels and other expertise available to the
organization. Evaluation of the impact of the
functions of the centres on national health
development would be difficult to quantity
since various factors were involved.

The results of questionnaire that asked
what participants felt are the four most
important aspects of being a WHO
collaborating center were presented. A total of
56 participants had made over 200 responses,
all of which were positive (annex 2). The
participants felt that being a collaborating
centre provided a number of opportunities for
contributing to national and regional health
development, particularly by acting as the
initiators in transfer of technology. They also
felt that the status of being a collaborating
centre enhanced their scientific reputation and
international recognition.

4. RECOMMENDATIONS

The recommendations made by the four
working groups were considered at a plenary
session, and consolidate and agreed upon. The
following recommendations are largely direc-
ted at WHO to implement in accordance with
its mandate and the resources it could
mobilize, but they are also partly within the
purview of the collaborating centres
themselves to implement as pertinent.

1. WHO should publish and circulate a direc-
tory of WHO collaborating centres in the
region that contains update institutional
profiles and available expertise and an
inventory of principal technology available
in the centres. WHO should also ensure
that collaborating centres regularly re-
ceive relevant WHO publications.

2. In order to strengthen communication and
information exchange between WHO and
its collaborating centres and among the
levels, WHO should publish and circulate
periodically a newsletter highlighting the
activities of the centres.

3. WHO should convene periodic regional
and/or national level meetings of scientists
from WHO collaborating centres in
technically related fields to discuss
common scientific issues and to formulate
collaborative plans of action.
4. WHO should promote and facilitate free exchange of important reagents and reference materials between WHO collaborating centres and continue and expand its current efforts to ensure quality control of biologicals, pharmaceutical products, reagents and reference materials.

5. WHO collaborating centres, when acting as providers in the process of technology transfer, should ensure that the technology to be transferred is entirely appropriate to the needs of the users.

6. WHO should promote appropriate mechanisms for the smooth and rapid transfer of technology among the WHO collaborating centres of the region in the national priority areas and, when requested provide advice on the particular technology proposed to be transferred to WHO collaborating centres.

7. WHO should promote the development of the infrastructure needed by the WHO collaborating centres to absorb new technology.

8. WHO should consider designating new collaborating centres in the areas of high national priority in countries where such collaborating centres do not exist, so that the transfer of relevant health technology to these countries is facilitated.

9. WHO should promote commissioned research and training programmes in the WHO collaborating centres on health development.

10. WHO collaborating centres should be used optimally for the training of researchers and health professionals in the region. For those researchers who have completed long-term research training, the Regional Office should explore the possibility of providing re-entry grants, similar to those provided by some of the special programmes.

11. WHO collaborating centres in related disciplines should establish/strengthen networks at the country level which should be extended, to regional and global levels and incorporate other centres of excellence.

12. WHO collaborating centres, in forging linkages with institutions in the health sector and other sectors, should ensure that the exchange of information that takes place is mutually beneficial.

13. WHO should explore the possibilities of mobilizing increased financial support for WHO collaborating centres from its own budget as well as from other sources in order to utilize optimally the centres for national and regional health development.

14. Annual reports should be sent to WHO by all WHO collaborating centres and WHO, in turn, should review such reports and provide prompt, constructive feedback.

15. WHO should undertake periodic external evaluation of its collaborating centres with the help of small external expert committees, as necessary.

It is expected that the above recommendations, when effectively implemented, would improve the functioning of the WHO collaborating centres and enable them to contribute further to national health development in ways that would further improve the quality of life of the peoples of the countries of the region.
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Annex 1

Number of WHO Collaborating Centre (CC) in the countries of South-East Asia Region (as of February 1989)

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PERCEPTION OF PARTICIPANTS ON BEING A WHO COLLABORATING CENTRE

The responses received could be classified into seven rather discrete areas and number of responses in each area is given below.

(1) Transfer of technology, global contacts, visits and exchanges 42
(2) Opportunity for collaborative research and training—quality control, research techniques, and training module development 38
(3) Opportunity to contribute to national health development 31
(4) Increase of prestige, recognition, moral support 22
(5) Opportunity to collaborate with WHO and other collaborating centres 14
(6) Greater accessibility to information and communication 14
(7) Suggestions for action by WHO 24