

Guide for WHO collaborating centres



This is NOT a promotional flyer. This practical guide is for use by designated WHO collaborating centres and prospective institutions already being considered for designation as a WHO collaborating centre.

Since the information contained in the guide may change at any time, you may access the most updated information, by referring to the following website:

<http://www.who.int/collaboratingcentres/information/en/>

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■ Glossary

eCC is WHO's electronic system for processing designations, redesignations and annual reports of WHO collaborating centres (CCs). The system saves time, reduces duplication and allows documents to be submitted directly to the correct person.

Head of the WHO CC is the staff member of the designated institution who acts as the main focal point for the collaboration with WHO, in particular for communicating with the WHO responsible officer and for overseeing the implementation of the workplan. The head of the WHO CC is not necessarily the head of the designated institution (e.g. the head can be a leading scientist within the designated unit or department). In this guide, before a designation or redesignation has been approved, this staff member is also referred to as the **head of the proposed WHO CC**.

WHO Deliverables are what the WHO Secretariat, as a whole, is committed to achieve, as stated in the WHO programme budgets. The WHO Deliverables are a desired outcome of the work of the Secretariat, in terms of change or achievement, over a medium-term period. Use the five (or six)-digit code to identify the relevant WHO Deliverables, e.g. 2.2.2.H1 (this code has to be provided by the WHO Responsible Officer).

Proposed institution refers to the unit, division, department or other part of a formally recognized entity (e.g. university, research institute, hospital, academy or ministry) that is proposed by a WHO responsible officer as a WHO CC. After approval of designation or redesignation, the proposed institution becomes the **designated institution**.

Regional director (RD) is the head of a WHO regional office.

Responsible officer is the WHO staff member (located either in WHO headquarters or any of the six regional offices) who initiates the designation or redesignation, and acts as the main focal point for coordinating the work with the WHO CC and overseeing the implementation of the workplan. In all cases, this is the first person a WHO CC should contact for advice and guidance.

Technical counterpart is a WHO staff member working in the same technical subject area as the responsible officer but in a different geographical location (headquarters or regions). Each time an institution is proposed for designation or redesignation, technical counterparts are called upon to provide comments or recommendations on the proposals.

■ 1. Introduction

The World Health Organization (WHO) often requires expert advice and engages in scientific or technical cooperation with other institutions. WHO CCs¹ are institutions that have been solid WHO allies for years, helping WHO to implement its mandated work and achieve its current goals. WHO CCs cooperate with WHO on a diverse range of activities such as collecting data for a report, organizing a meeting or developing a guideline.

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.

This win-win relationship between WHO and its collaborating centres makes a difference to public health globally. WHO encourages every designated institution to benefit as much as possible from this formal relationship.

This guide is intended to provide proposed and designated institutions with a better understanding of the framework of this special relationship with WHO. Further information and the most recent version of this guide can be found at <http://www.who.int/collaboratingcentres/information>.

■ 2. Definition, mission and strategic rationale of WHO CCs

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."²

The designation both recognizes a history of collaboration with WHO and provides a formal framework for future joint activities. It is a time-limited agreement of collaboration between WHO and the designated institution, through which the latter agrees to implement a series of concrete activities specifically developed or designed with WHO. Designating an institution as

¹ A WHO CC is not a legal entity. The legal entity that controls and is responsible for the WHO CC is the designated institution or the legal entity of which the designated institution forms part. In this guide, the term "institution" refers to the specific part of an entity that is proposed or designated as WHO CC (e.g. a department within a university as opposed to the university as a whole). The term "WHO CC" refers to the institution while it is performing the agreed terms of reference and workplan with WHO, as opposed to performing other activities outside the collaboration with WHO.

² 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).

WHO CC is not a mechanism for recognizing the institution as a centre of excellence per se.

Vision

WHO CCs are key institutions with relevant expertise distributed throughout the world. They represent a valuable resource as an extended and integral arm of WHO's capacity to implement its mandated work.

Mission

The WHO CCs 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.

■ 3. Eligibility and other criteria for designation

After at least two years of successful collaboration with WHO in carrying out jointly planned activities, and if warranted by WHO technical programme requirements, WHO may propose to formalize a successful collaborative relationship by designating an eligible institution as a WHO CC. Spontaneous applications or self-nominations by institutions are not accepted.

Formally established institutions that may be eligible for designation include parts of universities, research institutes, hospitals or academies. Parts of governments may also be eligible for designation.³ A designation is normally limited to the specific department, division, laboratory, unit or other part that collaborates with WHO. Eligible institutions can be public or private, but should not be of a commercial or profit-making nature. Two or more separate institutions or separate branches of one institution in different locations cannot share a single designation as a WHO CC.

To be considered for designation as a WHO CC, eligible institutions must fulfill all of the following criteria:

- (a) high scientific and technical standing at national and international levels;
- (b) prominent place in the country's health, scientific or educational structures;
- (c) high quality of scientific and technical leadership, and sufficient number of staff with high-level qualifications;
- (d) stability in terms of personnel, activity and funding;

³ Institutions that are not eligible for designation as WHO CC include international intergovernmental organizations, international and national nongovernmental organizations and similar bodies with a membership structure, including professional associations or foundations that raise resources for health development activities, as well as networks, working groups, partnerships or programmes.

- (e) strong working relationship with other institutions in the country, and at intercountry, regional and global levels;
- (f) clear ability, capacity and readiness to contribute, both individually and within networks, to WHO programme activities, whether in support of country programmes or through participation in international cooperative activities;
- (g) clear technical and geographical relevance of both the institution and its activities to WHO's programme priorities;
- (h) at least two years of previous collaboration with WHO in carrying out jointly planned activities.

Designations cannot be transferred from one institution to another, nor can they be transferred from one part of an institution to another. For instance, in cases where the staff members working on the activities of a WHO collaborating centre move to a different institution, the designation remains with the original institution, it does not follow the staff.

■ 4. Functional scope of WHO CCs

The collaborating centres help WHO to implement its mandated work. Thus, all activities an institution conducts under its designation as a WHO CC must be jointly planned and implemented with WHO, clearly linked to WHO strategic plans, and reflected in the workplans of the WHO technical programmes to which they contribute.

Typical functions of WHO CCs include:

- (a) collection, collation and dissemination of information;
- (b) standardization of terminology and nomenclature, of technology, of diagnostic, therapeutic and prophylactic substances, and of methods and procedures;
- (c) development of evidence-based technical guidance tools and resource materials on various topics;
- (d) development and application of appropriate technology;
- (e) provision of reference substances and other services;
- (f) participation in collaborative research developed under WHO's leadership, including the planning, conducting, monitoring and evaluation of research; evaluation of WHO interventions in countries; and promotion of the application of the results of research;
- (g) training, including research training;

- (h) coordination of activities carried out by several institutions on a given subject;
- (i) capacity-building work at country level;
- (j) provision of monitoring, preparedness and response services to deal with disease outbreaks and public health emergencies.

While a WHO CC may participate in collaborative research under WHO's leadership, the centre should not undertake research involving human participants or clinical trials of its own accord as part of its workplan. Any research activity involving human participants included in the terms of reference (TOR) or workplan of the WHO CC may require the approval of the WHO Research Ethics Review Committee (ERC). Approval by an ethics body other than the ERC does not exempt a research activity from ERC review. Clinical trials included in the workplan must be conducted as WHO clinical trials, following WHO procedures and rules, with WHO support.

A WHO health information product containing recommendations may be considered a WHO guideline. WHO has established policies, rules and procedures for guideline development; these ensure that WHO guidelines are consistent with internationally accepted best practices, including the appropriate use of evidence. Any activity of a WHO CC aimed at supporting the development of a WHO guideline must therefore conform with WHO's policies, rules and procedures for guideline development.

Certain activities are beyond the functional scope of WHO CCs and should not be performed by WHO CCs. Examples of activities that should not be performed include:

- provision of advice to Member States on policy and legislative matters;
- establishment of new entities (e.g. a research institute or fundraising body);
- development and issuance of qualifying diplomas (e.g. MA, MSc, PhD) or delivery of courses offered as part of an established degree programme;
- issuance of national guidelines;
- provision of interns, secondees or other types of HR-related loans to WHO (this type of agreements should be discussed with HRD and not be part of a WHO CC workplan);
- participation in WHO technical advisory groups (i.e. commissions, committees, working groups, etc.).

■ 5. Duration and expiry of designations

The first period of designation starts on the date indicated in the official letter of designation from WHO to the institution and ends exactly four years later. At the end of the period of designation, the institution automatically ceases

to be a WHO CC. For example, if an institution has been designated on 20 June 2016, its designation will automatically expire on 20 June 2020.

During the period of designation, WHO can terminate the designation of an institution as a WHO CC at any time. The WHO CC may also revoke its designation if it wishes to do so. Notice of the intention to terminate must be given at least three months in advance.

An initial designation may be renewed ("redesignation") for the same period or less if proposed by the responsible officer and approved prior to the designation expiry date (see section 11 for more information on redesignation). If a redesignation proposal has been initiated but has not been successfully approved and notified by the time that the initial designation ends, the designation expires and the institution ceases to be a WHO CC.

■ 6. Responsibilities of WHO CCs and responsible officers

During the period of designation, a designated institution is expected to do the following:

- (a) implement the agreed workplan in a timely manner and to the highest possible standards of quality, and bring to the attention of the WHO responsible officer any issue that may affect the implementation of the workplan;
- (b) comply with the *Terms and conditions for WHO collaborating centres*,⁴ and abide by relevant WHO regulations and policies;
- (c) submit annual reports via WHO's global electronic processing system eCC when requested to do so on the annual anniversary of the designation date;
- (d) discuss any possibility of a redesignation with the WHO responsible officer at least six months before the end of the current designation.

The responsible officer is a member of WHO staff who has the technical knowledge and the responsibility to manage the collaboration with the WHO CC. The responsible officer is expected to do the following:

- (a) jointly develop with the proposed institution a list of TOR and a detailed workplan of activities to be implemented by the WHO CC;
- (b) ensure that the proposed activities of the WHO CC are linked to the current WHO Medium-term Strategic Plan and Programme Budget;
- (c) maintain close and regular contact with the WHO CC, communicating directly with the head of the WHO CC (the staff member of the

⁴ The Terms and conditions for WHO collaborating centres are electronically accepted by the proposed institution during the (re)designation procedure and are part of the contractual agreement with WHO (see Annex 2).

designated institution who acts as the main focal point for the collaboration with WHO);

- (d) monitor the quality of the work being produced and how the agreed workplan is being implemented by the WHO CC;
- (e) review the annual reports submitted by the WHO CC and provide feedback;
- (f) initiate all relevant processes in eCC.

■ 7. Funding and interaction with industry and private sector

Designation of an institution as a WHO CC is independent of any kind of financial support from WHO. In most cases, the WHO CC will be expected to cover the costs of the agreed activities through the core budget of the institution and, if necessary, mobilization of additional extrabudgetary resources. This does not prevent WHO from co-contributing financially in exceptional cases, provided that funds are available and are designated for that purpose.

The designated institution must safeguard the credibility, independence and objectivity of the work it conducts as a WHO CC. To achieve this, WHO seeks to ensure that the interactions this institution may have with the private sector entities – in particular the part of the institution being proposed for designation – conform to the requirements of The Framework of Engagement with Non-State Actors (FENSA) adopted by the World Health Assembly in May 2016 ([resolution WHA 69.10 and its Annex](#)), in particular with regards to the management of conflicts of interest and other risks.

The section below summarizes the WHO policy for interaction of WHO CCs with private sector entities; full details are given in the *Terms and conditions for WHO collaborating centres* (see Annex 2). Where there are discrepancies, the latter take precedence over the text given below.

Private sector entities are defined under FENSA as commercial enterprises i.e. businesses that are intended to make a profit for their owners. The term also refers to entities that represent, or are governed or controlled by, private sector entities. This definition includes, but is not limited to:

- business associations representing commercial enterprises;
- entities not at "arms' length" from their commercial sponsors; and
- partially or fully State-owned commercial enterprises acting like private sector entities.

An entity is "at arms' length" from another entity if it is independent from the other entity, does not take instructions, major funds and is clearly not influenced or clearly not reasonably perceived to be influenced in its decisions and work by the other entity.

7.1 Avoiding real or perceived conflicts of interest

Below are examples of the types of interaction that may lead to a real or perceived conflict of interest in respect of the work of the WHO CC and should therefore be avoided.

(a) **Support from private sector entities with incompatible business activities.**

The institution should not accept funding or other support (e.g. in kind or through secondment of employees) from private sector entities whose business activities are incompatible with WHO's work (e.g. enterprises associated with the production of tobacco or arms). This applies to both the activities of the institution as a WHO CC and any other activities of the institution as a whole.

(b) **Support from private sector entities with direct commercial interest.**

The WHO CC should not accept funding or other support (e.g. in kind or through secondment of employees) from a private sector entity that has, or may be perceived as having, a direct commercial interest in the outcome of that activity. For example, funds or other support should not be accepted from a manufacturer of insulin for an activity that relates (even generically) to the treatment of diabetes.

(c) **Support from private sector entities with indirect commercial interest.**

A WHO CC should exercise caution in accepting financing or other support from a private sector entity that has even an indirect interest in the outcome of an activity. For example, in the case of an activity relating to the epidemiology of a disease, caution should be exercised in accepting funds or other support from a manufacturer of drugs for that disease. In such cases, it is preferable to secure funding from multiple competing commercial enterprises, to avoid a perceived close association with any one particular private sector entity.

(d) **Support for the production of WHO guidelines or recommendations.**

As a general rule, a WHO CC should not accept any funds or other support from private sector entities, regardless of their business interests, for activities related to the production of WHO guidelines or recommendations.

(e) **Commissioned research or other work.**

The activities that an institution conducts as a WHO CC (as part of the WHO CC's TOR or workplan) should not include any research or other work commissioned or contracted by private sector entities.

(f) **Unspecified donations from private sector entities.**

In the event of an unspecified donation for the activities of a WHO CC in general (i.e. not for a specific activity), the donation should not be allocated to support activities in which the private sector entity (or affiliated companies) could have a direct commercial interest. In the case of an indirect commercial interest, donations should be sought from various sources having a similar interest; it is preferable that support from multiple competing sources is secured. In addition, the overall amount of unspecified support provided by private sector entity (or affiliated companies) should not be so large

that the WHO CC would become dependent on it for its continued operations.

- (g) **Support for salary of specific staff or posts.** A WHO CC should not accept funds from private sector entities to support the salary of specific staff or posts designated to the activities of the WHO CC (including short-term consultants) if the financial support could give rise to a real or perceived conflict of interest. For example, a conflict of interest would arise if the responsibilities of the staff member or post were directly or indirectly related to the business interests of the private sector contributor.
- (h) **Secondment of company employees.** A WHO CC should not accept the secondment of company employees from the private sector to work on the activities of the WHO CC if the company has a direct or indirect commercial interest in all or part of those activities.
- (i) **Interactions, affiliations, relations and interests of staff.** The institution should ensure and attest to WHO that the head of the WHO CC and staff designated to work on the activities of the WHO CC do not have any interactions, affiliations or relations with, or financial or other interests in, private sector entities that could give rise to, or could be seen as giving rise to, a conflict of interest in respect of any of the activities.

7.2 Information to be provided to WHO before designation

Before being designated or redesignated, each institution must provide information to WHO about its interactions with the private sector entities in the relevant sections of the designation or redesignation form. Where interactions are identified, this information includes details of any contributors; their business interests; the activities, research, staff and posts concerned; and any other details or clarification that WHO may reasonably require.

In addition, the institution must ascertain whether the head of the WHO CC or staff designated to work on the activities of the WHO CC have any interactions, affiliations or relations with, or financial or other interests in, private sector entities that could give rise to a real or perceived conflict in respect of any of the activities of the WHO CC. The institution is required to attest to WHO that the head and staff designated to work on the activities of the WHO CC have been required to declare any such interactions, affiliations, relations and financial or other interests; and either no conflicts exist, or appropriate measures have been taken to address and remove them.

Examples of the type of interactions, affiliations, relations and financial or other interests that could give rise to, or be seen as giving rise to, a conflict of interest, can be found in the declaration of interest (DOI) for WHO experts, which is given at Annex 1. The DOI is provided as an example; it is not intended for use by the institution. The institution should make its own arrangements to ascertain, address and remove any possible conflicts that the head of the WHO CC or other staff may have.

7.3 Evaluation by WHO and measures to be taken by WHO CCs

Where WHO considers that an interaction gives rise to the risk of a real or perceived conflict of interest, the institution must make every effort to provide all relevant and potentially relevant information to WHO for evaluation in accordance with the requirements under FENSA and to arrive at a mutually acceptable solution that is consistent with the guidance provided. For example, for a designation or redesignation to be approved, activities that give rise to a conflict of interest as described above, or that have been commissioned by industry, will need to be deleted from the workplan.

Similarly, the WHO CC must ensure that staff who have declared an interaction, affiliation, relation or financial or other interest in a private sector entity that gives rise to a real or perceived conflict in respect of any activity of the WHO CC do not work on that activity.

With respect to contributions from private sector entities that are deemed acceptable, the WHO CC should – for reasons of transparency – always make a public acknowledgement. The usual approach is to insert a discreet acknowledgement in the documentation relating to the activity concerned. This acknowledgement should also be included in any publication by the WHO CC of the outcome of this activity. Acknowledgements should usually be worded along the following lines: “The World Health Organization Collaborating Centre [full title] gratefully acknowledges the financial contribution of [Private sector entity] towards [description of the outcome]”.

WHO may also require the WHO CC to publicly disclose the interactions, affiliations, relations or other interests of its head or staff that are considered to give rise to a conflict of interest.

Before accepting any contributions from private sector entities, the WHO CC should seek written assurance from the contributors in question that they will not use the results of the work that they, as contributors, have supported for commercial purposes, or seek promotion of the fact that they have made a donation. However, contributors may make reference to donations in their corporate annual reports or similar internal documents.

The WHO CC should at all times maintain full and exclusive control over the activity to which a contribution relates, including over any report of the activity and its contents, whatever the form in which it is published or disseminated (e.g. electronically), and the timing of such diffusion.

■ 8. Intellectual property rights

This section provides information on intellectual property rights to the deliverables of the activities of a WHO CC, with further details included in the

*Terms and conditions for WHO collaborating centres.*⁵ The full terms and conditions should be consulted if detailed guidance is required.

Certain deliverables of the activities of the workplan (e.g. a publication, toolkit, report or training module) may require an agreement between the designated institution and WHO about the intellectual property rights.

When planning joint activities leading to such deliverables, the responsible officer and the proposed institution should identify what type of intellectual property right is applicable (for example, copyrights apply to publications, and patents may apply to other types of deliverables), and whether these rights will be owned by the designated institution giving a license to WHO (in this case, the deliverable will be the institution's product), or by WHO (in which case the deliverable will be a WHO product).

For both possible scenarios, two standard statements are already included under Sections 3.1 (for copyrights) and 3.2 (for patents) of the *Terms and conditions for WHO collaborating centres*. To document the intended attribution of intellectual property rights for a deliverable of the centre's workplan, a reference to the applicable section should be included next to the specific deliverable in the designation or redesignation form. For example, if an activity in the workplan includes a WHO publication as a deliverable, the expected outcomes field might say, "Publication (3.1.2)". However, if the resulting publication will be owned by the institution giving a licence to WHO it should instead note for example, "Publication (3.1.1)".

If no reference or other agreement is noted in the form, the intellectual property rights will be held by the institution and a licence given to WHO as per sections 3.1.1 or 3.2.1 of the *Terms and conditions for WHO collaborating centres*.

■ 9. Use of WHO name, emblem and flag by WHO CCs

The WHO name, emblem and flag can only be used by WHO CCs after the Director-General has authorized the proposed use. Authorization is given on a case-by-case basis, this means each time the institution intends to use the WHO name, emblem or flag for a specific purpose, a request must be made to WHO to obtain authorization.

The authorization can only be given for use in relation to an activity included in the agreed workplan (as opposed to other activities that the institution may conduct). The authorization will end on completion of the activity or expiration of the period of designation of the WHO CC, whichever occurs first.

The WHO CC must make the request to the responsible officer at WHO, who will forward it on for clearance. The centre should provide the background to

⁵ The Terms and conditions for WHO collaborating centres are electronically accepted by the proposed institution during the (re)designation procedure and are part of the contractual agreement with WHO (see Annex 2).

the request, including a brief justification for the proposed use. Any requests for authorization of use of the WHO name and emblem must include a mock-up of the proposed use that complies with the visual identity guidelines and additional conditions (where applicable) set out below.

9.1 Use of the WHO name and emblem

Any authorized use of the WHO name and emblem is subject to the following visual identity guidelines.

- (a) The WHO name should never be used in isolation. Instead, the exact title of the WHO CC, as indicated in the official letter of designation and registered in the WHO CC global database (e.g. "WHO Collaborating Centre for Occupational Health") should be used.
- (b) The WHO emblem should never be used in isolation (see Fig. 1). If the WHO emblem is to be used, it may only be placed directly next to the title. The title and emblem should be similar in size (see Fig. 2). All words in the title must be of the same font size.



Fig. 1. Example of incorrect use



Fig. 2. Example of incorrect use

- (c) The title and emblem should be used discreetly; they should be placed immediately underneath the name of the designated institution, which should have a more prominent position. If the WHO emblem is to be used in addition to the title, the logo or emblem of the designated institution should also be used. The WHO emblem should be smaller than the emblem or logo of the institution. The characters of the title of the WHO CC must be smaller than the characters of the name of the designated institution (see Fig. 3.).



Fig. 3. Example of correct use

- (d) If the language used by the WHO CC is not one of the official languages of the WHO (Arabic, Chinese, English, French, Russian and Spanish), then the WHO CC must also use one of the official languages.

In addition to the visual identity guidelines above, any authorized use of the WHO name and emblem on letterheads, information and communication products, and websites is subject to additional conditions set forth below.

Additional conditions for letterheads

The following additional conditions apply for letterheads.

The letterhead may be used repeatedly during the designation period for correspondence related to the activities included in the workplan. However, the title and emblem must not be used on the standard letterhead for general correspondence of the designated institution.

Additional conditions for information and communication products

The following additional conditions apply for information and communication products in print or electronic format (e.g. presentations, brochures, booklets).

- (a) The product must be part of the agreed workplan of the WHO CC.
- (b) The information it contains must be of the highest technical standing and compatible with WHO policies.
- (c) The following disclaimer must be used: "This **[insert name of brochure or booklet]** is published by **[insert name of institution]**, which is a WHO Collaborating Centre; it is not a publication of the World Health Organization. The **[insert name of institution or authors]** are responsible for the views expressed in this **[insert type of publication]**, and the views do not necessarily represent the decisions or policies of the World Health Organization."

Additional conditions for webpages

The following additional conditions apply for webpages.

- (a) The WHO emblem is not used on the main website of the designated institution. Instead, it is used on a webpage (within the website) dedicated exclusively to the activities of the institution as part of its designation as WHO CC. A discreet reference to the designation of the institution as a WHO CC could be included on the main website (see Fig. 4); that reference could be linked to the webpage (within the website) fully dedicated to the activities of the institution as a WHO CC (see Fig. 5).
- (b) The proposed webpage is in accordance with the TOR and workplan of the WHO CC and only relates to the work of the institution in its capacity as a WHO CC.
- (c) The content of the proposed webpage is acceptable to WHO from a technical and scientific point of view.

- (d) If any financial support from the private sector is to be received for the development of the webpage, this has to be consistent with the rules on interaction of WHO CCs with the commercial private sector, including in respect of the manner in which contributors are acknowledged.



Fig. 4. Website of the Department of Microbiology of the University ABC



Fig. 5. Webpage within the website of the Department of Microbiology of the University ABC, dedicated to the activities in its capacity as a WHO CC

9.2 Limitations of the use of the WHO name and emblem

The use of WHO's name or emblem on business or visiting cards of the staff members of the designated institution is not allowed in any circumstance.

Normally, WHO does not authorize WHO CCs to use plaques bearing the WHO name and emblem.

The WHO name and emblem may not be used on certificates of attendance, diplomas or similar awards to participants in training or other courses organized as part of a WHO CC's workplan.

9.3 Use of the WHO flag

A WHO CC must obtain authorization if it wishes to use the WHO flag. Such authorization is time-limited and granted only in relation to specific occasions (e.g. World Health Day). Where authorized, the display of the WHO flag is subject to the *WHO Flag code and regulations*.⁶ At the end of the specific occasion for which authorization has been granted, the flag must immediately be returned to WHO.

■ 10. The procedure for first-time designation

Any new proposal for designation as a WHO CC will be initiated by a WHO staff member based at one of WHO's regional offices or at its headquarters in Geneva.

All proposals for designation are processed electronically through eCC, WHO's global electronic processing system for WHO collaborating centres (see section 14 for instructions on how to use eCC).

After the responsible officer has initiated the procedure of designation in eCC, the proposed head of the WHO CC receives an automatically generated email from eCC, asking the institution to access the system and complete the online designation form in eCC. The designation form may be blank or partly completed by the responsible officer. To access the required form, the institution logs in to eCC via the WHO CC portal . Details of the website address, login name and password are included in the email (see section 14 for instructions on how to use eCC).

Once the online designation form has been finalized and electronically submitted, it is reviewed by the responsible officer, WHO technical staff and by other relevant WHO departments. The government concerned is also consulted. Ultimately, it is the Director-General of WHO who approves designations. If approved, the Regional Director concerned informs the head of the whole institution by official letter that it has been designated as a WHO CC for four years, starting from the date indicated in the letter.

It is difficult to estimate the length of the designation procedure from start to completion. While it is possible to complete it in as little as six months, this is only feasible if the responsible officer and the proposed institution carefully consider the applicable WHO regulations, communicate thoroughly while jointly writing the activities for the workplan, and take immediate action in response to all requests from reviewers for clarification or modification to the original proposal. Submission of a proposal for designation does not imply that the designation will be approved.

⁶ The WHO Flag code and regulations are sent along with the flag or can be viewed here: <http://www.who.int/collaboratingcentres/information/en/>

10.1 The designation form

Upon designation of an institution as a WHO CC, the designation form serves as a binding agreement with WHO. By submitting this document, the institution commits to implementing the agreed workplan in line with its TOR and the *Terms and conditions for WHO collaborating centres*.

The designation form consists of three sections – Institutional profile, Terms of Reference and Workplan. The content of each section is further outlined below.

Institutions that are unable to submit information in English should discuss their language requirements with the responsible officer before completing the designation form in eCC. While relevant documentation may be drafted in any of the official languages of the World Health Assembly, information in a language other than English must be translated before being entered into the online form in eCC.

Institutional profile

The institutional profile is reserved for completion by the proposed institution and requires information about the institution proposed for designation including name, address, characteristics, funding, staff, and facilities. In the section entitled "sources of funding" some questions refer to the proposed terms of reference and activities included in the workplan of this proposal. Therefore please limit your responses to what is relevant in relation to the proposed terms of reference and activities included in the workplan. However, when a question refers to the "proposed institution", please provide information on the legal entity as a whole (for example, the University of ABC as a whole).

Terms of Reference

The Terms of Reference are short, one-sentence points providing a general high-level overview of the area of future collaboration. They must reflect the future collaboration between WHO and the proposed institution, rather than the usual work of the institution. No details about the activities should be included. The TORs require prior discussion with the responsible officer, because they set the general framework under which the activities of the workplan will be developed.

Examples of TORs are:

- "assisting WHO in the dissemination of information in the field of food safety";
- "to contribute to the implementation to WHO vision 20/20 policy";
- "in agreement with WHO, to provide specialized training courses on blood transfusion safety".

Box 1. Checklist for Terms of Reference (TOR)

- The TORs do not go beyond the functional scope of the WHO CCs.
- The proposed TORs are short, one-sentence bullet points. Each point provides a high-level, broad indication of the area of work for the agreed collaboration without listing details such as dates or names.
- There are as few TORs as possible (on average two or three TORs should suffice).
- Each TOR makes reference to WHO (e.g. "When requested by WHO, ...", "Under WHO's leadership, to...", "At WHO's request, ...").

Workplan

The workplan is the list of detailed activities that the proposed institution will implement if it is designated as a WHO CC. All activities should fall within the TOR described in the previous part of the form. Each activity must contribute to the achievement of a WHO task, with the role of all participants clearly described for each activity. Only specific and concrete activities that have been discussed and agreed with the responsible officer should be listed (i.e. the proposed institution's independent activities should not be listed).

For each proposed activity in the workplan, the proposed institution and the responsible officer should discuss and provide the required items listed below.

- (a) **Activity title:** a short, descriptive name that accurately captures the essence of the proposed activity.
- (b) **Link to TOR:** the TOR to which this activity relates.
- (c) **Name(s) of responsible staff at the institution:** the name of the scientist or scientists at the proposed institution who will lead the activity.
- (d) **Type of activity:** select from the drop-down list how this activity could best be categorized.
- (e) **Why WHO is asking for this activity and how WHO will use the deliverables?:** a justification of why WHO is asking the proposed institution to do this activity. This may include a short description of the concerned WHO's programme and its current/future needs, and how this activity will contribute.
- (f) **What concrete actions will be taken by the designated institution?:** this is the actual detailed description of what the activity consists of and in particular what concrete actions will be undertaken by the proposed institution to implement it. The proposed activities should be SMART: Specific, Measurable, Achievable, Realistic, and Timely.

- (g) **What will be WHO's role in this activity?:** a short description of WHO's contribution to this activity. This could range from coordination to co-implementation. For instance, if the activity is a training course, WHO may develop the content or curricula, and/or select the participants, or at least establish a criteria for the selection of participants; if the activity is a research activity, WHO is expected to take on a leading role (including, for example, the development of the research protocol, ethical review etc).
- (h) **Expected deliverables:** the tangible product or service or results to be delivered by this activity (e.g. a document with technical advice submitted to WHO; translation into Farsi of the WHO Guideline for ..., a one-week training course for up to 20 participants delivered annually, a complete dataset with the survey results; a piece of software/database/data entry tool, the results of the systematic review submitted to WHO, etc).
- (i) **Deliverables listed above are subject to intellectual property (IP) rights:** Some of the expected deliverables described in the field above may be subject to IP rights, e.g. a document with technical advice submitted to WHO as the result of an activity may be owned either by the proposed institution or by WHO. This attribution of IP right's ownership should be determined at the occasion of the submission of the proposal for designation. For this, the form has three options:
- i. IP rights of ALL deliverables belong to the WHOCC as per paragraphs 3.1.1 and/or 3.2.1 of the Terms and Conditions
 - ii. IP rights of ALL deliverables belong to WHO as per paragraphs 3.1.2 and/or 3.2.2 of the Terms and Conditions
 - iii. Other (please explain in the box "Expected deliverables" above, next to each concerned deliverable).

Chose option (iii) if none of the expected deliverables will be subject to IP rights (e.g. a one-week training course for up to 20 participants delivered annually); or if different expected deliverables will have different IP right's attributions (i.e. some will be subject to paragraphs 3.1.1. or 3.2.1, but others will be subject to 3.1.2 or 3.2.2); and/or there will be a special IP right clause for a deliverable (and in that case, please write it immediately next to it in the field "Expected deliverables"). See section 8 for more details on IP rights.

- (j) **WHO Deliverable Code:** The code is provided by the responsible officer. It links the activity to WHO's expected results.
- (k) **Name(s) of funding sources** (including amounts, if specified): the detailed and complete list of names of funding sources that will be used for the particular activity, not for the institution as a whole. For example, "This activity will be funded by the B&M Gates Foundation or from the regular budget of the institution". Please do not include descriptions such as "various funding agencies", "other sources" or "participating institutions". If the specific amount of funding from an identified funding source for this particular activity is known, it should be included.

- (l) **Activity timeframe** (including key milestones, if applicable): a specific timeframe for the implementation of each activity (avoid generalizations such as “ongoing” or “throughout the designation period”).

Box 2. Checklist for workplans

- The proposal is concise and avoids self-promotional text.
- The activities **do not** go beyond the functional scope of WHO CCs (see section 4). For example, they do not relate to qualifying degrees (e.g. MAs, MSc, PhD, etc.), participation in WHO expert advisory panels, committees or any type of advisory groups, establishment of new entities, provision of advice to governments of Member States, or issuance of national guidelines.
- Only activities that have been jointly planned with and tailored for WHO, and directly contribute to WHO's programmes (as opposed to benefiting public health in general) are included. Standard activities of the proposed institution or activities that are not conducted collaboratively with WHO, irrespectively of how good they may be, should not be included in the workplan.**
- The activities included in the workplan fall within the scope set out in the TOR (Terms or Reference).
- The description of each activity includes the following:
 - the context and reasons why WHO requires the activity to be done;
 - the concrete actions to be taken by the proposed institution;
 - WHO's involvement (e.g. in implementation, coordination and provision of advice);
 - how the deliverables will be used by WHO.
- Each activity has secured funding and this is explained in the field “Name(s) of funding sources”.
- Each activity has a clear timeframe (this may include intermediate milestones).
- The respective code from the WHO operational plan for the concerned biennium has been included in the field “WHO Deliverable Code”.
- A clause relating to intellectual property is indicated for each deliverable (see section 8).

Examples of activities:

Part III – Workplan		
Activity ID 26409	Activity title Link to TOR Name(s) of responsible staff at the institution Type of activity Why WHO is asking for this activity and how WHO will use the deliverables? What concrete actions will be taken by the designated institution? Be specific. What will be WHO's role in this activity? Expected deliverables Intellectual property rights WHO Deliverable Code Name(s) of funding sources Activity timeframe	Development of a comprehensive package for reducing maternal sepsis TOR1 David Lissauer and Arri Coomarasamy Product development (guidelines; manual; methodologies; etc.) The third most common direct cause of maternal mortality worldwide is maternal sepsis. Undetected or poorly managed maternal infections can lead to sepsis, death or disability for the mother and increased likelihood of early neonatal infection and other adverse outcomes. Recognizing the need to foster new thinking and to catalyse greater action to address this important problem, the World Health Organization (WHO) and Jhpiego launched the Global Maternal and Neonatal Sepsis Initiative, dedicated to focusing additional effort, energizing stakeholders and accelerating progress in the area of maternal and neonatal infection and sepsis. - Implement research protocol in multiple health facilities in Malawi - Data management and analysis of results from Malawi - Develop protocol for implementation of bundle and tools in multiple low resource settings - Develop tools for initial care of maternal sepsis - Contribute to interpretation of results from Malawi - Contribute to development of protocol for scale of bundle and tools in multiple low resource countries - Facilitate the distribution of the hand hygiene survey and host the focus group during the GLOSS meeting [1] Completion and report of testing a sepsis management bundle and tools for the initial care of maternal sepsis in Malawi. [2] Development and commencement of a full-scale implementation study in multiple low resource countries. [3] Maternity specific hand hygiene tools IP rights of ALL deliverables belong to the WHOCC as per paragraphs 3.1.1 and/or 3.2.1 of the Terms and Conditions 3.1.4:H1 1) University of Birmingham alumni donations (GBP 125,000) 2) Regular institutional budget 3) MSD for Mothers project grant (GBP 125,000) Deliverable [1]: June 2018 Deliverable [2]: June 2023 Deliverable [3]: September 2018
This activity has been specifically developed for the workplan of the WHO collaborating centre and does not constitute a standard activity of the institution without WHO involvement.		

Fig. 6. Example of recommended activity

Activity ID 27197	Activity title Global Oral Health Report Link to TOR TOR1 Name(s) of responsible staff at the institution Prof Poul Erik Petersen Type of activity Product development (guidelines; manual; methodologies; etc.) Why WHO is asking for this activity and how WHO will use the deliverables? The WHO Oral Health Programme has developed a 3-year roadmap based on five pillars as follow: 1. Global report on oral health 2. Phase down use of dental amalgam as part of the Minamata Convention 3. Life-course approach & population-based strategies 4. Mobile technology to contribute to better oral health 5. Oral health information systems & integrated surveillance This WHO CC Copenhagen work contributes to 1) Global report on oral health, 3) Life-course approach & population-based strategies, and 5) Oral health information system & integrated surveillance. What concrete actions will be taken by the designated institution? Be specific. The WHO CC will support in this activity by; 1) producing a database for data management and analysis of the global data using the statistical software - Statistical Package for Social Sciences SPSS version 25, 2) undertaking statistical analysis of the survey data, focusing on existing national oral health systems, primary oral health care in relation to important target groups, delivery of oral disease prevention, population-directed oral health programmes, integrated NCD national oral health targets, and oral health surveillance systems established by countries through univariate, bivariate and multivariate analyses, 3) preparing a technical report on the results of questionnaire survey, including the country progress towards oral health based on above What will be WHO's role in this activity? WHO oral health programme will lead the entire development and dissemination of the global oral health report involving several WHO CCs and experts as well as regional consultations with Member States. Expected deliverables Report on the results of questionnaire survey on the country progress prepared for WHO by the end of August 2018 Development of specific chapters of the global oral health report on request of WHO by the end of November 2018 The report on the results of questionnaire survey, copy rights will be owned by the designated institution giving a licence to WHO as per paragraph 3.1.1 of the terms and conditions for WHO CCs. Intellectual property rights Other (please explain in the box "Expected deliverables" above, next to each concerned deliverable). WHO Deliverable Code 211H3 Name(s) of funding sources Governmental funds Activity timeframe 2018-2019 This activity has been specifically developed for the workplan of the WHO collaborating centre and does not constitute a standard activity of the institution without WHO involvement.
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Fig. 7. Example of recommended activity

10.2 Revisions during the review process for designations

At any stage throughout the review process at WHO, a reviewer may return the proposal, to clarify certain points or to request changes to the form. If

changes to the form are required, and either the responsible officer or the proposed head of the WHO CC has introduced these, the form will be passed on to the other party for agreement. In this situation, the other party can either agree with the changes, or can disagree and make further changes. This process will be repeated until both the responsible officer and the proposed head of the WHO CC agree to all the changes that have been made.

The WHO review will commence from the beginning each time the form is modified. If clarifications are provided through comments (without revising the form), the WHO review will continue.

All changes are processed through eCC. In each situation where an action by the proposed head of the WHO CC is required, that person will receive an automated email from eCC with instructions, login name and password.

■ 11. The procedure for redesignation

In cases of successful collaboration, and if warranted by WHO programme activities, the responsible officer may propose an extension of the designation ("redesignation") as a WHO CC for one, two, three or four years. The procedure for redesignation should be initiated by the responsible officer in eCC at least six to nine months before the expiry date of the original designation, to ensure it can be approved and finalized before that date.

If supported, a proposal for redesignation is initiated by the responsible officer via eCC. After the responsible officer has initiated the procedure of redesignation in eCC, the proposed head of the WHO CC receives an automatically generated email, asking the institution to complete the online redesignation form in eCC. The redesignation form may only be pre-filled with the previous TORs or already have been partly completed by the responsible officer. To access the required form, the institution logs in to eCC via the WHO CC portal (see section 14 for instructions on how to use eCC). Details of the website address, login name and password are included in the email.

Once the online redesignation form has been completed and electronically submitted, it is reviewed by the responsible officer, WHO technical staff and by other relevant WHO departments. If approved, the regional director concerned informs the head of the whole institution by official letter of the redesignation.

The redesignation needs to be approved prior to the expiry date of the current designation otherwise the centre will be automatically discontinued. Even though a redesignation may be in process, designation as a WHO CC will cease on the expiry date and, consequently, a redesignation can no longer be pursued.

11.1 The redesignation form

The redesignation form has three sections: Institutional profile, Terms of Reference and Workplan. The content of each section is briefly outlined below.

Institutional profile

The institutional profile is reserved for completion by the proposed institution. Parts of it are automatically prepopulated by eCC. Information that may have changed since the last designation should be updated in the form. However, a designation cannot be transferred to another department or institution; therefore, the name of the institution cannot be edited, and only certain fields in the form may be revised.

Terms of Reference

The TORs should be thoroughly discussed with the responsible officer at least six to nine months before the expiration of the current designation. eCC will prepopulate the redesignation form with the current TORs. The TORs are expected to remain stable, although minor changes can be made, if required, to reflect the future collaboration between the WHO CC and WHO. For further details about the information required in the TOR please refer to section 10.1.

Workplan

The workplan requires a thorough discussion with the responsible officer at least six to nine months before the expiration of the current designation. Every activity should relate to the TOR. For further details about the information required in the workplan please refer to section 10.1.

11.2 Revisions during the review process for redesignations

At any stage throughout the review process, a reviewer may return the proposal, to clarify certain points or to request revisions. After either the responsible officer or the proposed head of the WHO CC has made the requested changes to the redesignation form, the form will be passed on to the other party for agreement. In this situation, the other party can either agree with the changes, or can disagree and make further changes. This process will be repeated until both the responsible officer and the proposed head of the WHO CC agree to all the changes that have been made. Once the redesignation form has been re-submitted and sent back to the reviewer, neither the proposed institution nor the responsible officer can make further changes, unless other reviewers return the form for additional revisions.

The WHO review will commence from the beginning each time the form is modified. If clarifications are provided through comments (without revising the form), the WHO review will continue. As with the original form, all changes are processed through eCC. In each situation where an action by the proposed head of the WHO CC is required, that person will receive an automated e-mail from eCC with instructions, login name and password.

The process for redesignation is less complex and has fewer steps than the original designation. However, it may take up to nine months to complete it.

Therefore, it is critical that the head of the WHO CC communicates closely with the responsible officer throughout the final year of the current designation, to initiate the redesignation process on time and avoid inadvertent discontinuation. Submitting a proposal for redesignation does not guarantee that the redesignation will be approved.

■ 12. Monitoring and annual reporting requirements

WHO CCs should contact their responsible officer if they would like to discuss any aspect of the designation, particularly any issue related to the implementation of the agreed activities. Once a year, WHO CCs complete a short annual report form in eCC on the progress made in the implementation of the agreed workplan over the previous 12 months.

12.1 Progress reporting by WHO CCs

To alert the institution of the need to file their annual report form, WHO sends an email to the email address registered in the WHO CC global database for the head of the WHO CC. This e-mail provides the link to the WHO CC portal website, the login name and the password required to access the form.

The email is sent each year on the anniversary of the designation. For example, if a WHO CC was designated on 1 November 2017, it will receive an email on 1 November 2018 requesting that the first annual report form be completed, covering the period from November 2017 to November 2018. On the expiry date of their designation, the institution will receive the last request for an annual report. This request may therefore coincide with the start of a new period of designation in case of a WHO CC being redesignated.

WHO CCs should submit their annual report form within four weeks of the anniversary of designation. Only annual report forms submitted via eCC are accepted (for instructions on how to prepare and submit annual reports using eCC, please refer to section 14.3).

Annual report forms are used to monitor the implementation of the agreed workplan. Detailed technical results should not be reported in this form. Depending on the nature of the agreed activities, a responsible officer may ask the institution to submit an additional, more technical report directly, via email or post.

12.2 The annual report form

The annual report form has four questions and requires:

- (a) a brief description for each activity included in the workplan about progress made during the reporting period; any outputs delivered and results achieved; and any difficulties encountered (if applicable);
- (b) a brief description of other activities requested by WHO in addition to the agreed workplan during the past 12 months;;

- (c) an evaluation of resources spent on the implementation of the activities agreed with WHO during the past 12 months. This is an approximate estimation of (i) the number of staff of the designated institution who have been working on the implementation of the agreed activities (i.e. those included in the workplan), (ii) the number of full day equivalents that these staff have spent on these activities, and (iii) a ratio between staff and activity costs incurred. See example below:

3. Resources

Indicate staff time spent on the implementation of activities agreed with WHO (i.e. those mentioned in questions no. 1 and no. 2 above). Do not include any data related to other activities done by your institution without the agreement of WHO. Please indicate staff time using the number of "full-day equivalents" – a day of work comprising 8 hours (e.g. 4 hours work per day for 7 days should be recorded as 3.5 full-day equivalents).

Number of staff involved (either partially or fully)

Senior staff *	Mid-career staff *	Junior staff, PhD students *
<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="2"/>

Number of full-day equivalents, total for all staff involved

Senior staff *	Mid-career staff *	Junior staff, PhD students *
<input type="text" value="75"/>	<input type="text" value="110"/>	<input type="text" value="130"/>

Implementation of the agreed workplan activities (i.e. those mentioned in questions no. 1 and no. 2 above) normally require resources beyond staff-time, such as the use of laboratory facilities, purchasing of materials, travel, etc. Please estimate the costs of these other resources as a percentage of the total costs incurred (e.g. if you incurred costs of USD 100 and the value of your staff time was USD 50 which makes the total of USD 150, please report 33.3% and 66.7%).

Percentage of costs associated with staff time *	Percentage of costs associated with other resources *	Total
<input type="text" value="60.00"/> %	+ <input type="text" value="40.00"/> %	= <input type="text" value="100.00"/> %

- (d) a brief description of the interactions and collaborations with other WHO CCs, including participation in networks.

The list of activities cannot be edited at this stage; thus, if any activity is no longer relevant, this should be explained.

■ 13. The role of networks of WHO CCs

In January 2000, the WHO Executive Board urged Member States to make full use of WHO CCs as sources of information, services and expertise; and to strengthen their own national capacity for training, research and collaboration for health development. WHO CCs were encouraged to develop working relations with other centres and national institutions recognized by WHO, by creating or joining collaborative networks. Instead of collaborating with WHO CCs one on one, several WHO technical programmes have also established networks of WHO CCs (see Fig. 8).

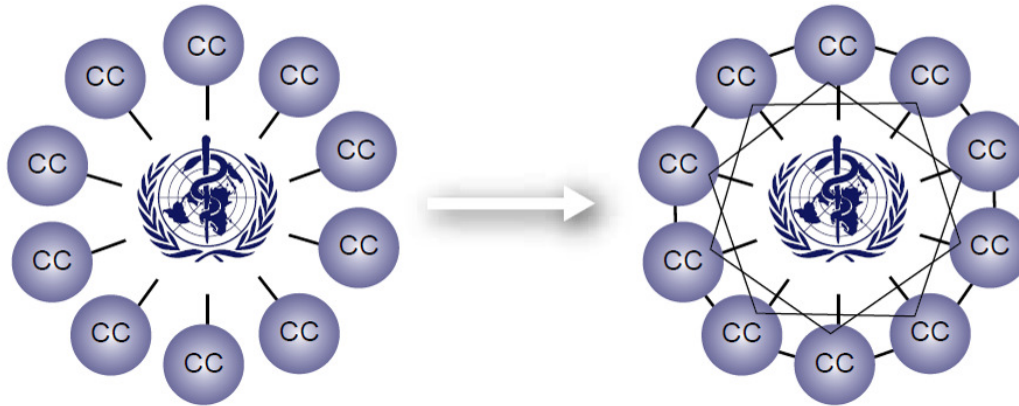


Fig. 8. Moving from bilateral relationships to networks of WHO CCs

Some of the benefits of collaborative networks include greater global application and impact of the activities, new synergies and peer-to-peer opportunities for WHO CCs, better alignment with WHO programmes, and improved motivation for leadership opportunities.

Thematic networks of WHO collaborating centres exist, for example, in the fields of: bioethics; biological standardization; communicable diseases; family of international classifications; global foodborne infections; global influenza surveillance; health promotion; health technology assessment; injury and violence prevention; nursing and midwifery development; nutrition; occupational health; radiation emergency medical preparedness and assistance; tobacco control; traditional medicine.

There have also been region or country-specific efforts to encourage networking among WHO CCs.

In 2006–2007, WHO conducted an internal evaluation of its work with WHO CCs. The evaluation included interviews with institutions and WHO staff, and a review of documents. It concluded that successful networks of WHO CCs had the following in common:

- strong leadership from WHO to organize the network;
- preparation of an agreed strategic plan that laid out the role and work expected of each of the designated institutions, and fostered joint projects and collaboration between the WHO CCs;
- a strong coordinator from WHO or one of the designated institutions, who was able to sustain the network and keep it active;
- an effective and efficient system of communication, including regular meetings (annually or every two years) where all the designated institutions come together to review and update their strategic plan, build solidarity, discuss activities, and renew their commitments to work together following common strategies;

- a period of collaboration sufficient to develop close working relationships;
- availability of funds (even in limited amounts) from WHO or network members to support the network when required.

More information on existing networks of WHO collaborating centres can be found on the WHO website (<http://www.who.int/collaboratingcentres/networks/en>).

■ 14. How to use the electronic processing system eCC

Since 1 June 2007, WHO has activated eCC, its global electronic processing system to process designations and redesignations, and to allow WHO CCs to submit annual reports. The system is an online, paperless environment that saves time, reduces duplication and allows documents to be submitted directly to the correct person.

Institutions are asked to access eCC when preparing and submitting or revising the designation or redesignation form; and the annual report forms. Whenever action in eCC is required, the head of the WHO CC⁷ will receive an email message from whocc@who.int. The email will provide information about the outstanding action, the unique CC reference number, website address of the WHO CC Portal, username and a password. Such emails are automatically generated and it is not possible to respond to them directly by email.

All emails are sent to the email address(es) of the head(s) of the WHO CC registered in the WHO global database (<http://www.who.int/whocc>). Institutions should therefore immediately inform the responsible officer of changes in email address(es).

While any user can access the WHO CC portal at any time to identify any outstanding actions, the institution will need the email with the username and password to access the relevant forms. Once action has been taken, forms can no longer be accessed.

WHO has a dedicated eCC HelpDesk, which users can contact to resolve problems with eCC by sending an email to ecc_techsupport@who.int. This email should include the CC reference number (e.g. CAN-78).

For general guidance or questions, users should consult the frequently asked questions (FAQ) at <http://www.who.int/collaboratingcentres/faq/en/> or contact their responsible officer.

⁷This section refers to the head of the WHO CC, but it applies equally to the person proposed as head of the WHO CC before the designation is approved.

14.1 Preparing and submitting a designation form

These instructions are intended for the proposed head of a WHO CC.

Step 1. Open the email from whocc@who.int.

Step 2. Click on the link provided in the email to access the WHO CC portal website (<http://www.who.int/whocc>). Enter your CC reference number (stated in the email e.g. DEU-99), and click **Search**. The page will indicate the action to be taken. Click on the link provided to open the designation form.

The screenshot shows the WHO Collaborating Centres Global database portal. At the top, there is a navigation bar with 'Home', 'Search', 'Reports', and 'Portal' tabs. Below the navigation bar, there is a search criteria section with a dropdown menu for 'CC Reference Number' set to 'DEU' and a text input field for '99'. A red callout box points to this search area with the text: 'Enter your CC reference number, click Search ...'. Below the search criteria, there is a section titled 'WHO Collaborating Centre Portal' with two main sections: '1) Selected institution: (DEU)' and '2) Required action:'. The 'Selected institution' section contains details like 'Institution: Sample Department', 'City and Country: Hamburg GER', 'Title: WHO Collaborating Centre', and 'WHO Responsible Officers: EHRE'. A red callout box points to this section with the text: '... review the required action ...'. The 'Required action' section contains a link: 'Click here to complete and submit the form'. A red callout box points to this link with the text: '... click on the link to login.'.

Step 3. Enter your username and password (from the email) and click **Log In**.

Step 4. Type text directly into the form, or copy and paste the information.

To move from one section of the form to the next, click on the tabs, or scroll to the bottom of the page and click **Next** or **Previous**.

To print or create a pdf of the form, use the "Print" button at the bottom of the page.

The designation form does not need to be completed in a single session, you can save it by clicking **Save**.

To add a new activity, simply complete all activity fields In the workplan section of the designation form and click **Save Activity**.

To edit an activity, first select the activity ID from the dropdown menu, click **Select**, make your changes in the activity fields, and click **Save Activity**.

To delete an activity, select the activity ID from the dropdown menu, click **Select**, and click **Delete Activity**.

To see all added activities, use the Workplan Overview.

The screenshot shows the 'Part 3: Workplan' form. The 'Workplan' tab is selected. A dropdown menu for 'Activity ID' is shown with '123' selected. A 'Delete Activity' button is highlighted. A 'Workplan Overview' button is also highlighted. The form contains various fields for activity details, including TOR, responsible staff, WHO role, actions, and deliverables.








TIP: Each activity is assigned with a unique activity ID when added. Activity IDs do not start with 1 and may not be consecutive numbers.

Step 5. Once you have completed the form, go to the "Submission" tab and click **Add Notes and Submit**. On the next page, enter any comments you wish to make, and click **Submit to WHO**.

Institutional Profile	Terms of Reference	Workplan	Submission
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Part 4: Validation / Submission

The Designation Form has been correctly filled, you can now submit it.

 **Add Notes and Submit**  **Print**  **Save**  **Previous**  **Close**



TIP: Once submitted, the form cannot be retrieved. To create a PDF file that can be printed or saved for future records, click Print before submitting.



Add Comments CC reference number: Folder Number :

Please enter your comments and click the Submit button to confirm Submit to WHO action.
Your comment will only be visible to WHO staff in the eCC Comment Log and cannot be edited or deleted.

Dear ...[

 **Submit to WHO**  **Cancel**

Step 6. You will receive an automated email from whocc@who.int to confirm that the form has been received by WHO. The subject line will read: "WHO Successful Submission".

14.2 Requests for clarification and/or modification after submission

This section outlines the steps required if a designation or redesignation form is returned to the institution after it has been submitted for review. It is directed at the proposed head of the WHO CC.

Step 1. You will receive an automatically generated email from whocc@who.int . If the responsible officer is requesting you to provide a clarification or to modify the form, the subject header will read “WHO - Clarification for the proposal to (re)designate your institution as a WHO Collaborating Centre”. If the responsible officer has made changes to the form and would like you to accept these, the subject header will read “WHO - Modification of WHO Collaborating Centre proposal”.

Step 2. Click on the link provided in the email to access the WHO CC portal website (<http://www.who.int/whocc>). Select the reference number for your centre in the drop-down menu (e.g. DEN-63), and click **Search**. The page will indicate the action to be taken. Click on the link provided to open the form.

Step 3. Enter your username and password provided in the email and click **Log In**.

Step 4. Read the comments from the responsible officer. You will see a pop-up window with the comments when you enter the form, or click **View Comments** button at the top of the form.

Step 5. You have two options:

- To accept the form as it is, go the Submission tab and select **Accept Without Changes**, enter your comments or any requested clarifications in the field and click **Submit to WHO**.
- To modify the form, click on the Submission tab and select **Make Changes** to unlock the form, edit it as required, then go back to the Submission tab, select **Add Notes and Submit**, enter your comments and click **Submit to WHO**.

Please note that the institutional profile cannot be edited by the responsible officer.





*TIP: Once submitted, the form cannot be retrieved. To create a PDF file that can be printed or saved for future records, click **Print** before submitting.*

To more details on how to print, navigate or revise the workplan, please refer to the instructions on how to complete the designation form in section 14.1.

Step 6. You will receive an automated email from whocc@who.int to confirm that the form has been received by WHO. The subject line will read: "WHO Successful Submission".

14.3 Preparing and submitting an annual report form

These instructions are directed at the head of the WHO CC.

Step 1. On the anniversary of the designation, you will receive an automatically generated email from whocc@who.int. The email will alert you that an annual report form is due.

Step 2. Click on the link provided in the email to access the online WHO CC portal website (<http://www.who.int/whocc>). Select the reference number of the WHO CC in the drop-down menu (e.g. UNK-3) and click **Search**. The page will show the action to be taken. Click on the link provided to open the annual report form.

Step 3. Enter the username and password provided in the email.

Step 4. To complete, text can be entered directly or copied and pasted into the form. The reporting period (e.g. 11/2015 to 11/2019) is indicated at the top of the form. The form does not need to be completed in a single session, you can save it by clicking **Save**. When you are finished, click **Submit** to send the form to WHO.

Step 5. You will receive an automated email from whocc@who.int to confirm that the form has been received. The subject line will read: "WHO Successful Submission".

14.4 Preparing and submitting a redesignation form

While the redesignation form requires less information than the designation form, the steps for completion and submission of a redesignation form in eCC are the same as for a designation form (see section 14.1). In the redesignation form, the TOR section is prepopulated with the TOR from the current period of designation. It can be edited to introduce minor changes if required.

■ 15. The WHO CC global database

The WHO CC global database (<http://www.who.int/whocc/>) is the official source of information on all WHO CCs worldwide and accessible through the Internet.

All users can search the database in a number of ways, and can combine different search criteria (see Fig. 9 below). For example, users can search by:

- reference number assigned to each WHO CC (e.g. CHN-62);
- official title;
- name of the head of the WHO CC, WHO responsible officer, technical counterpart or institution;
- geographic location (e.g. city, country or region);
- output(s);
- subject, type of activity, or key words;
- status, designation date or expiry date.

Fig. 9. How to search in the WHO CC global database

The entry for each WHO CC in the database includes the following information (see Fig. 10):

- reference number;
- initiator of the designation (WHO headquarters or region code);
- title of the WHO CC;
- name of the head(s) of the WHO CC (who may or may not be the same as the director of the institution);
- name and contact details of the institution;
- date of original designation, date of last redesignation (if any) and date of expiry of current designation;
- TOR of the WHO CC;

- areas of work of the WHO CC;
- types of activity of the WHO CC;
- WHO outputs;
- name and contact information for the responsible officer (and sometimes also colleague(s) of the responsible officer);
- name and contact information for the technical counterpart.

World Health Organization		WHO Collaborating Centres Global database	
Home	Search	Reports	Portal
Search / List / Details			Version 1.5
Ref.No. [Initiator] SIN-21 [WPRO]			Print Status Active
Title of the centre: WHO Collaborating Centre for Health Promotion and Disease Prevention			
Director / Head: Dr CHEW LING chew_ling@hpb.gov.sg Mr alan Pui alan_pui@hpb.gov.sg			
Institution: Health Promotion Board (HPB)			
Address: 3 Second Hospital Avenue, - 168937 168937			
Town: Singapore	Country: SINGAPORE	Region: WPRO	
Phone: (65) 6435 3556	Fax: (65) 6536 8656	Web Site: http://www.hpb.gov.sg	
Date of Designation: 10/Jan/2007	Last Redesignation: 10/Jan/2011	Expiry: 10/Jan/2015	
Terms of Reference: 1. To collaborate with WHO to strengthen the capacity of health promotion practitioners in the Region to plan, implement & evaluate health promotion interventions in support of WHO's Global Strategy on Diet, Physical Activity & Health. 2. To collaborate with WHO to strengthen setting-based approaches & develop best practices to promote the health & well-being of schoolchildren, youths, adult & older persons. 3. To develop & offer training programmes in Workplace Health Promotion to strengthen capacity & also to create opportunities for the exchange of experiences among member countries. 4. To collaborate with WHO in the collection, collition & dissemination of publications on Best Practices on Health Promoting Schools & Workplace Health Promotion & linking the publications to the existing WHO website 5. To share with the Region the determinants of health & evidence-based strategies of HPB's health promotion programmes, (eg: smoking, obesity & mental health).			
Subjects: 1. Health promotion & education			
Types of activity: 1. Training and education 2. Product development (guidelines; manual; methodologies; etc.)			
WHO organization wide expected result: 6.1: Advice and support provided to Member States to build their capacity for health promotion across all relevant programmes, and to establish effective multisectoral and multidisciplinary collaborations for promoting health and preventing or reducing major risk factors.			
Responsible Officer: Hai-Rim SHIN	Phone:	Email: shinh@wpro.who.int	
Technical Counterpart: Kwok-Cho TANG	Phone: (41-22) 791 3299	Email: tangkc@who.int	
Registry file Ref: H2/286/15			
Access to annual progress reports and the current workplan (this is accessible to WHO Staff Members only): Link to eWork			

© Copyright World Health Organization (WHO)
Fig. 10. Example of details provided about a WHO CC in the WHO CC global database

■ 16. Support and resources for WHO CCs

The WHO responsible officer is the person to contact if help is needed.

The responsible officer will be able to provide advice on any issue regarding the implementation of the workplan and the relationship with WHO. In addition, the responsible officer can direct any questions or request (e.g. request for authorization for the use of the WHO name and emblem) to the relevant focal point.

For technological problems with eCC, contact the eCC HelpDesk at WHO by sending an email to ecc_techsupport@who.int. The email should include the CC reference number (e.g. CAN-78) and describe the problem.

Further information for WHO CCs can be found on the WHO website at <http://www.who.int/collaboratingcentres/information/en/>. This webpage includes:

- the most updated version of this guide;
- the *Quick reference guide for WHO CCs*;
- a comprehensive list of frequently asked questions (FAQ) by WHO CCs about eCC;
- the *Regulations for study and scientific groups, collaborating institutions and other mechanisms of collaboration*;
- the *Terms and conditions for WHO collaborating centres*.

■ Annex 1: Declaration of interests

This form is not to be sent to WHO. Rather, it is to be used as a reference as mentioned in section 7.2 of this guide.

DECLARATION OF INTERESTS FOR WHO EXPERTS

WHO's work on global health issues requires the assistance of external experts who **may have interests related to their expertise**. To ensure the highest integrity and public confidence in its activities, WHO requires that experts serving in an advisory role disclose any circumstances that could give rise to a potential conflict of interest related to the subject of the activity in which they will be involved.

All experts serving in an advisory role must disclose any circumstances that could represent a **potential conflict of interest** (i.e., any interest that may affect, or may reasonably be perceived to affect, the expert's objectivity and independence). You must disclose on this Declaration of Interest (DOI) form any financial, professional or other interest relevant to the subject of the work or meeting in which you have been asked to participate in or contribute towards and any interest that could be affected by the outcome of the meeting or work. You must also declare relevant interests of your immediate family members (see definition below) and, if you are aware of it, relevant interests of other parties with whom you have substantial common interests and which may be perceived as unduly influencing your judgement (e.g. employer, close professional associates, administrative unit or department).

Please complete this form and submit it to WHO Secretariat if possible at least 4 weeks but no later than 2 weeks before the meeting or work. You must also promptly inform the Secretariat if there is any change in this information prior to, or during the course of, the meeting or work. All experts must complete this form before participation in a WHO activity can be confirmed.

Answering "Yes" to a question on this form does not automatically disqualify you or limit your participation in a WHO activity. Your answers will be reviewed by the Secretariat to determine whether you have a conflict of interest relevant to the subject at hand. One of the outcomes listed in the next paragraph can occur depending on the circumstances (e.g. nature and magnitude of the interest, timeframe and duration of the interest).

The Secretariat may conclude that no potential conflict exists or that the interest is irrelevant or insignificant. If, however, a declared interest is determined to be potentially or clearly significant, one or more of the following three measures for managing the conflict of interest may be applied. The Secretariat (i) allows full participation, with public disclosure of your interest; (ii) mandates partial exclusion (i.e., you will be excluded from that portion of the meeting or work related to the declared interest and from the corresponding decision making process); or (iii) mandates total exclusion (i.e., you will not be able to participate in any part of the meeting or work).

All potentially significant interests will be **disclosed** to the other participants at the start of the activity and you will be asked if there have been any changes. A summary of all declarations and actions taken to manage any declared interests will be **published** in resulting reports and work products. Furthermore, if the objectivity of the work or meeting in which you are involved is subsequently questioned, the contents of your DOI form may be made available by the Secretariat to persons outside WHO if the Director-General considers such disclosure to be in the best interest of the Organization, after consulting with you. Completing this DOI form means that you agree to these conditions.

If you are unable or unwilling to disclose the details of an interest that may pose a real or perceived conflict, you must disclose that a conflict of interest may exist and the Secretariat may decide that you be totally recused from the meeting or work concerned, after consulting with you.

Name:

Institution:

Email:

Date and title of meeting or work, including description of subject matter to be considered (if a number of substances or processes are to be evaluated, a list should be attached by the organizer of the activity):

Please answer each of the questions below. If the answer to any of the questions is "yes", briefly describe the circumstances on the last page of the form.

The term "you" refers to yourself and your immediate family members (i.e., spouse (or partner with whom you have a similar close personal relationship) and your children). "Commercial entity" includes any commercial business, an industry association, research institution or other enterprise whose funding is significantly derived from commercial sources with an interest related to the subject of the meeting or work. "Organization" includes a governmental, international or non-profit organization. "Meeting" includes a series or cycle of meetings.

EMPLOYMENT AND CONSULTING

Within the past 4 years, have you received remuneration from a commercial entity or other organization with an interest related to the subject of the meeting or work?

- 1a Employment Yes No
- 1b Consulting, including service as a technical or other advisor Yes No

RESEARCH SUPPORT

Within the past 4 years, have you or has your research unit received support from a commercial entity or other organization with an interest related to the subject of the meeting or work?

- 2a Research support, including grants, collaborations, sponsorships, and other funding Yes No
- 2b Non-monetary support valued at more than US \$1000 overall (include equipment, facilities, research assistants, paid travel to meetings, etc.) Yes No
- Support (including honoraria) for being on a speakers bureau, giving speeches or training for a commercial entity or other organization with an interest related to the subject of the meeting or work?

INVESTMENT INTERESTS

Do you have current investments (valued at more than US \$10 000 overall) in a commercial entity with an interest related to the subject of the meeting or work? Please also include indirect investments such as a trust or holding company. You may exclude mutual funds, pension funds or similar investments that are broadly diversified and on which you exercise no control.

- 3a Stocks, bonds, stock options, other securities (e.g., short sales) Yes No
- 3b Commercial business interests (e.g., proprietorships, partnerships, joint ventures, board memberships, controlling interest in a company) Yes No

INTELLECTUAL PROPERTY

Do you have any intellectual property rights that might be enhanced or diminished by the outcome of the meeting or work?

- 4a Patents, trademarks, or copyrights (including pending applications) Yes No
- 4b Proprietary know-how in a substance, technology or process Yes No

PUBLIC STATEMENTS AND POSITIONS (during the past 3 years)

- 5a As part of a regulatory, legislative or judicial process, have you provided an expert opinion or testimony, related to the subject of the meeting or work, for a commercial entity or other organization? Yes No
- 5b Have you held an office or other position, paid or unpaid, where you represented interests or defended a position related to the subject of the meeting or work? Yes No

ADDITIONAL INFORMATION

- 6a If not already disclosed above, have you worked for the competitor of a product that is the subject of the meeting or work, or will your participation in the meeting or work enable you to obtain access to a competitor's confidential proprietary information, or create for you a personal, professional, financial or business competitive advantage? Yes No
- 6b To your knowledge, would the outcome of the meeting or work benefit or adversely affect interests of others with whom you have substantial common personal, professional, financial or business interests (such as your adult children or siblings, close professional colleagues, administrative unit or department)? Yes No
- 6c Excluding WHO, has any person or entity paid or contributed towards your travel costs in connection with this WHO meeting or work? Yes No

6d Have you received any payments (other than for travel costs) or honoraria for speaking publicly on the subject of this WHO meeting or work? Yes No

6e Is there any other aspect of your background or present circumstances not addressed above that might be perceived as affecting your objectivity or independence? Yes No

7. **TOBACCO OR TOBACCO PRODUCTS** (answer without regard to relevance to the subject of the meeting or work)

Within the past 4 years, have you had employment or received research support or other funding from, or had any other professional relationship with, an entity directly involved in the production, manufacture, distribution or sale of tobacco or tobacco products or representing the interests of any such entity?

Yes No

EXPLANATION OF "YES" RESPONSES: If the answer to any of the above questions is "yes", check above and briefly describe the circumstances on this page. **If you do not describe the nature of an interest or if you do not provide the amount or value involved where relevant, the conflict will be assumed to be significant.**

Nos. 1 - 4: Type of interest, question number and category (e.g., Intellectual Property 4.a copyrights) and basic descriptive details.	Name of company, organization, or institution	Belongs to you, a family member, employer, research unit or other?	Amount of income or value of interest (if not disclosed, is assumed to be significant)	Current interest (or year ceased)
<p>Nos. 5-6: Describe the subject, specific circumstances, parties involved, time frame and other relevant details</p>				

CONSENT TO DISCLOSURE. By completing and signing this form, you consent to the disclosure of any relevant conflicts to other meeting participants and in the resulting report or work product.

DECLARATION. I hereby declare on my honour that the disclosed information is true and complete to the best of my knowledge.

Should there be any change to the above information, I will promptly notify the responsible staff of WHO and complete a new declaration of interest form that describes the changes. This includes any change that occurs before or during the meeting or work itself and through the period up to the publication of the final results or completion of the activity concerned.

Date: _____

Signature: _____

■ Annex 2: Terms and conditions for WHO collaborating centres

The following terms and conditions are agreed by the proposed institutions when submitting a proposal in eCC.

- 1. The general conditions of becoming a WHO collaborating centre**
- 2. Use of the WHO name, emblem and flag**
- 3. Intellectual property**
- 4. Interaction of WHO collaborating centres with industry and private sector in general**
- 5. Research**
- 6. Guideline development**
- 7. Other Conditions**

Definitions and notes

Unless otherwise stated, for the purpose of this document,

- the term "institution" means the part (e.g. department, division, unit, etc.) of the institution (e.g. university, research institute, hospital or academy) or Government that is being proposed for re/designation. Example: Department of Microbiology of the University of ABC...

- the term "WHO CC" means the institution designated as a WHO collaborating centre while performing the agreed terms of reference and work plan with WHO (as opposed to the institution performing other activities outside the agreed terms of reference and workplan). Example: Department of Microbiology of the University of ABC... when working on two activities included in their designation form and agreed with WHO.

A WHO CC is not a legal entity. The legal entity which controls and is responsible for the WHO CC is the institution or the ministry, academy, university, established research institute or hospital of which the institution forms part.

Through the signature of this form, a duly authorized representative of the institution proposed for (re)designation as a WHO CC (hereafter referred as "the head of the proposed WHO CC"), hereby accepts and agrees on behalf of the institution to comply with the following terms and conditions, in the event the proposal for re/designation is approved by WHO:

1. General conditions

Upon designation, the designated institution will be responsible for:

- (a) implementing the agreed plan of work in a timely manner and to the highest possible standards of quality;

- (b) bringing to the attention of the WHO responsible officer any issue that can delay or compromise the implementation of the workplan, and/or any change in the information provided in this form;
- (c) submitting annual reports via eCC on the anniversary of the designation date and as may be requested by WHO;
- (d) initiating discussions with the responsible officer at WHO at least six months prior to the expiration of the period of designation, with a view to evaluating any possible re-designation of the WHO CC.

2. Use of the WHO name, emblem and flag

As a general rule, a WHO CC may obtain permission to use WHO's name and emblem⁸ only in relation to an activity included in the agreed work plan (as opposed to other activities that the institution may conduct outside the workplan). Use of the WHO name and/or emblem requires the prior approval of the WHO Director General on a case by case basis. Any authorization for use of the WHO name and emblem is granted only for the purpose for which such authorization has been requested and automatically comes to an end upon completion of the said purpose or expiration of the period of designation of the WHO CC, whichever occurs first.

To obtain permission to use WHO's name and/or emblem in relation to an activity from the work plan, the WHO CC should contact their responsible officer at WHO with a justification and a *mock-up of the proposed use* in line with the conditions set forth below.

General considerations

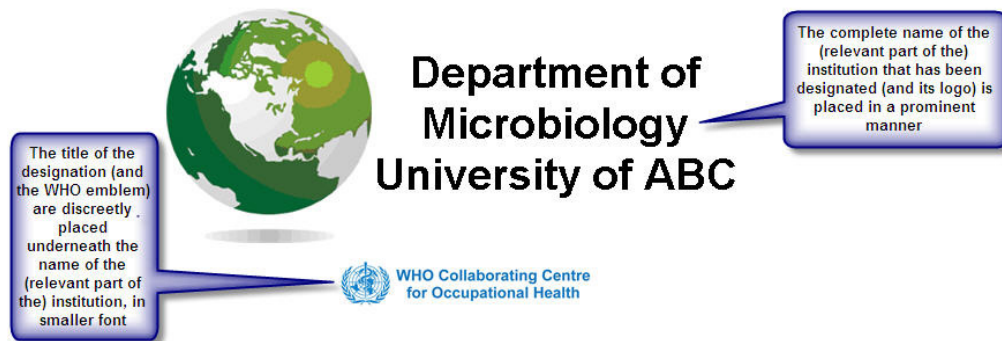
- (a) the WHO emblem and/or name should never be used in isolation. Instead, the exact title of the WHO CC (hereafter referred to as the "title"), as indicated in the official letter of designation and registered in the WHO CC global database (e.g. "WHO Collaborating Centre for Occupational Health") should be used, rather than the WHO name alone. If the WHO emblem is also to be used, it may only be placed directly next to the title;
- (b) The title (and emblem) should be discreetly used (and both have a similar size), and placed immediately underneath the name of the (relevant part of the) designated institution, which should have a more prominent position;
- (c) The characters of the title must be smaller than the characters of the name of the designated institution (or relevant part thereof), e.g. "WHO Collaborating Centre for Occupational Health" must be typed in smaller characters than "School of Occupational Health, ABC University".

⁸ Emblem and logo are different things. The WHO logo incorporates the WHO emblem and the name of the Organization in a single design. Normally, WHO CCs are not allowed to use the WHO logo. Instead, they may be authorized to use the WHO emblem and title of their designation as a WHO CC following the rules stated in this document.

- (d) All words in the title must be of the same font size, e.g. "WHO" may not be larger than "Collaborating Centre for Occupational Health".
- (e) If, in addition to the title, the WHO emblem is to be used, the emblem of the designated institution should also be used, and the former should be of smaller size than the latter.



Example 1



Example 2

- (f) If the language used by the WHO CC is not one of the official languages of the World Health Organization (Arabic, Chinese, English, French, Russian and Spanish), or in case of designation by a WHO Regional Office, one of the official languages used by that regional office, then the WHO CC must also use one of those official languages .

2. 1 Use of the WHO name and emblem on letterheads

Subject to the general rule and considerations stated above, a WHO CC may use its official title and the WHO emblem on letterheads for correspondence related to the agreed activities.

2. 2 Use of the WHO name and emblem on a dedicated webpage

Subject to the general rule and considerations stated above, and the additional conditions stated below, a WHO CC may use its official title and the WHO emblem on a dedicated WHO CC webpage.

Before submitting the request for permission, the responsible officer at WHO should receive a draft webpage from the WHO CC to ensure that:

- (a) the WHO emblem is not used on the main webpage of the designated institution (or part thereof). Instead, a discreet reference to the

designation of the institution as a WHO CC may be included in the webpage of the institution, and that reference could be linked to a separate page fully dedicated to the activities of the institution as a WHO CC;

- (b) the proposed webpage is in accordance with the terms of reference and workplan of the WHO CC, i.e. it only refers to the activities of the institution in its capacity as a WHO CC as described in the terms of reference and workplan;
- (c) the content of the proposed webpage is acceptable to WHO from a technical and scientific point of view;
- (d) if any financial support from the private sector is to be received for the development of the webpage, this has to be consistent with the rules on interaction of WHO collaborating centres with the commercial private sector including in respect of the manner in which contributors are acknowledged.



Fig. 1. main page of the Department of Microbiology of the University ABC.

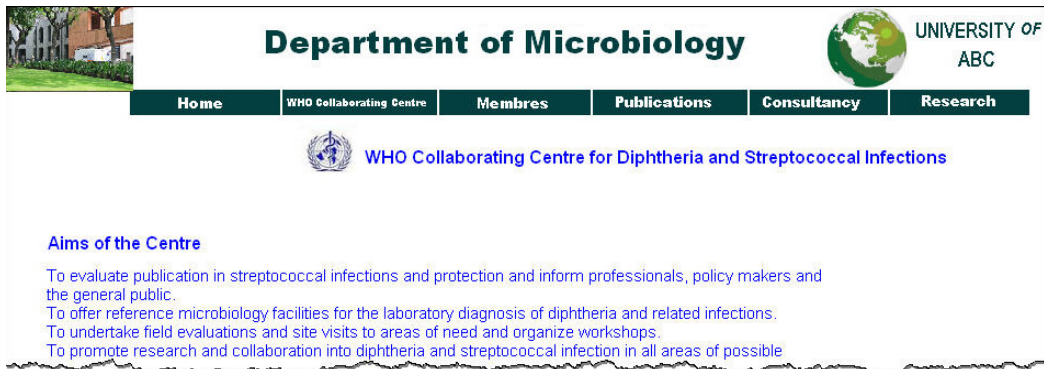


Fig. 2. page within the website of the Department of Microbiology of the University ABC, especially dedicated to the activities in its capacity as a WHO CC for Diphtheria and Streptococcal Infections.

2. 3 Use of the WHO name and emblem on brochures, presentations and published material

Such use is subject to the general rule and considerations stated above and to a case by case approval by WHO.

2. 4 Flag

A WHO CC may submit a request for time limited use of a WHO flag at specific occasions (e.g. World Health Day). Such a request should be submitted to the WHO responsible officer. Approval, if granted, will be subject to the WHO CC displaying the flag in conformity with the WHO Flag Code and Regulations (sent along with the flag). At the end of the specific occasion for which approval has been granted, the flag must immediately be returned to the Organization.

2. 5 Business or visiting cards

The use of WHO's name or emblem on business or visiting cards of the staff members of the WHO CC is not allowed in any circumstance.

2. 6 Plaques

WHO does not normally authorize the use of plaques bearing its name and emblem by WHO CCs.

2. 7 Training diplomas and certificates

The WHO name and emblem may not be used on certificates of attendance, diplomas or similar awards to participants in training or other courses organized as part of a WHO CC's workplan.

3. Intellectual property

This applies to the deliverables (outcomes) of the activities included in the workplan.

Summary table	Product of the WHO CC, and therefore WHO CC owns IP and gives licence to WHO	WHO product, and therefore WHO owns IP and gives WHO CC a licence
Copyright (publications)	3.1.1	3.1.2
Patents (other type of deliverables)	3.2.1	3.2.2

3.1 Copyright

3.1.1 As a rule, a product produced by the WHO CC as part of the agreed workplan and published under the institution's own name is the sole responsibility of the institution, and copyright will be vested in the institution, unless otherwise agreed. WHO is automatically granted a perpetual and irrevocable, non-exclusive, world-wide, royalty-free, sub-licensable right to use, change, adapt, translate, publish and disseminate such work product in any manner and in any format in conjunction with the work of WHO. Any adaptation, translation, publication (including in scientific journals) and dissemination to be made by either party will be coordinated between them in order to avoid overlap. The institution will not publish in the name of WHO, nor use its title as a WHO CC and/or the WHO emblem in the product (book, article in a journal, etc), unless this has been specifically agreed with WHO, in which case the work product is subject to a special WHO's publication clearance procedures. In no case shall the name of WHO (either as an acronym or in full text) be used in the title of these products. If granted, the permission to publish in the name of WHO and/or use the title as a WHO CC and/or the WHO emblem ceases automatically upon termination or expiry of the institution's designation as a WHO CC.

3.1.2 However, if a work product is be developed by the WHO CC as a WHO product as part of the agreed workplan, then the copyright of such work product will automatically be vested in WHO, unless WHO requests otherwise. The institution (as a WHO CC) will be appropriately acknowledged for its contribution in connection with the product. WHO retains the right to amend the work product after consultation with the institution, to decide if and how the work product will be used and whether or not it will be published and disseminated. At the institution's request, WHO will give good faith consideration to granting the institution a non-exclusive, world-wide, royalty-free right to use, translate, adapt, publish and disseminate such work product as part of its agreed workplan as a WHO CC, or to use it for the development of other work products as foreseen in the WHO CC terms of reference. Any adaptation, translation and publication (including in scientific journals) and dissemination will be coordinated with and requires the agreement of WHO in order to avoid overlap. Any licence granted by WHO will terminate automatically upon termination or expiry of the institution's designation as a WHO CC.

3.2 Patents

3.2.1 Unless otherwise agreed by the parties in writing, the ownership of any inventions, know-how, data and information and other results arising from any other study or trial carried out by the WHO CC, if exceptionally agreed as part of the workplan (see section 5 below) shall be vested in the institution, in accordance with and subject to the terms set forth below (unless otherwise agreed):

- (a) The results of the project may be freely used or disclosed by either party provided that, without the consent the other party, no use may be made for commercial purposes and confidentiality shall be maintained with respect to results that may be eligible for protection by proprietary rights. The institution will provide WHO with the results, in the form of relevant know-how and other information, and to the extent feasible, tangible products.
- (b) The industrial or commercial exploitation of any intellectual property rights, including the ownership of know-how, arising from the project shall be designed to achieve, in so far as circumstances permit, the following objectives in the following order of priority:
 - i. the general availability of the products of creative activity;
 - ii. the availability of those products to the public health sector on preferential terms, particularly in developing countries;
 - iii. the grant to each party of additional benefits, including royalties, account being taken of the relative value of each party's financial, intellectual and other contributions to the research.
- (c) The rights referred to above shall belong to the institution, or to the principal investigator if the institution and WHO so agree. To the extent that the former do not intend to exercise them, the rights shall be promptly transferred to WHO, if it so requests. Each party shall provide the other with its full cooperation to permit the effective exercise of the rights. The party in which the corresponding rights are vested may file applications for industrial property protection, promptly furnishing copies of the applications and other patent documents to the other party. All rights other than the right to file applications shall be exercised in accordance with an agreement which shall be negotiated in good faith between the institution and WHO.
- (d) In any publication by the institution or the principal investigator relating to the results of the project, the responsibility for the direction of the work shall not be ascribed to WHO. Unless WHO advises otherwise, all publications shall include a notice indicating that the underlying investigation was carried out by the Institution as a WHO CC. Two off-prints or copies shall be sent to WHO unless another number is stipulated.

3.2.2 However, the ownership of any inventions, know-how, data and information and other results arising from any study or trial carried out by the WHO CC as part of the agreed workplan, as a WHO study or trial, shall be

vested in WHO and shall be held by the institution in confidence and not be used by it in any way without the prior written agreement of WHO.

3.3 Generic clause

In the absence of any different provision included in the designation form, any deliverable of any activity included in the designation form subject to copyrights will be ruled by paragraph 3.1.1, and any deliverable of any activity included in the designation form subject to patent rights will be ruled by paragraph 3.2.1.

4. Interaction of WHO collaborating centres with private sector entities in general

Designation of an institution as a WHO CC is independent from any kind of financial support from WHO. In most cases, the WHO CC will be expected to cover the costs of the agreed activities through the core budget of the institution and if necessary, by mobilizing additional extra-budgetary resources. This does not prevent WHO from contributing financially in some cases, provided that funds are available and obligated for that purpose.

In order to safeguard the credibility, independence and objectivity of the work conducted by an institution as a WHO CC, WHO seeks to ensure that the interactions which this institution may have with private sector entities do not give rise to any real or perceived conflicts of interest in respect of the work of the WHO CC or compromise its reputation.

Private sector entities are defined for the purposes of this document as commercial enterprises i.e. businesses that are intended to make a profit for their owners. The term also refers to entities that represent, or are governed or controlled by, private sector entities. This definition includes but is not limited to:

- (a) business associations representing commercial enterprises;
- (b) entities not at "arms' length" from their commercial sponsors; and
- (c) partially or fully State-owned commercial enterprises acting like private sector entities.

An entity is "at arms' length" from another entity if it is financially and organizationally independent from the other entity, does not take instructions, and is not influenced or not reasonably perceived to be influenced in its decisions, activities, mandate and work by the other entity.

Below are examples of the types of interaction that may give rise to a real or perceived conflict of interest in respect of the work of the WHO CC. Before the (re)designation of an institution as a WHO CC, the institution must:

- ascertain whether it and/or its staff responsible for the WHO CC activities are engaged in any interaction with private sector entities

- (particularly in respect of any activities that fall within the WHO CC's terms of reference and/or work plan); and
- if so, provide details thereof to WHO (including in particular, details about the identity of the private sector entities in question, their business interests, and the activities, research and/or staff at the WHO CC which are concerned by the interaction).

Should WHO consider that an interaction gives rise to the risk of a real or perceived conflict of interest, or is considered as compromising its reputation every effort should be made to reach a mutually acceptable solution, consistent with the guidance provided in this section. In the event no such solution can be found, WHO will not be able to proceed with the proposed (re)designation of the institution as a WHO CC.

4.1 Funding or other support from private sector entities with incompatible business activities

WHO does not engage with the tobacco industry or entities that work to further the interests of the tobacco industry, and also does not engage with the arms industry. The institution should not accept funding or other support (e.g. in kind or through secondment of employees) from such private sector entities nor from non-State actors that work to further the interests of the tobacco industry . This applies to both the activities of the institution as a WHO CC and any other activities of the institution as a whole.

4.2 Funding or other support from companies with a direct commercial interest

The WHO CC should not accept funding or other support (e.g. in kind) from a private sector entity, if the entity in question has, or may be perceived as having, a direct commercial interest in the outcome of that activity. For example, funds or other support should not be accepted from a manufacturer of insulin for an activity which (even generically) relates to the treatment of diabetes.

4.3 Funding or other support from private sector entities with indirect commercial interest

A WHO CC should exercise caution in accepting financing or other support from a private sector entity that has even an indirect interest in the outcome of an activity (e.g. in the case of an activity relating to the epidemiology of a disease, caution should be exercised in accepting funds or other support from a manufacturer of drugs for the disease). In such cases, it is preferable to secure funding from multiple competing sources (i.e. so as to avoid a perceived close association with one particular entity). In addition, the larger the proportion of the donation from any one source, the greater care that should be taken to avoid the possibility of a conflict of interest or appearance of an inappropriate association with one contributor.

4.4 Unspecified support

In the event of an unspecified donation from a private sector entity for the activities of a WHO CC in general (and not designated for a specific activity), the institution should ensure that the following are complied with.

- (a) The donation should not be used to support activities in which the private sector entity has a direct commercial interest (see paragraph 4.2. above). In the event it is intended to use the donation to support activities in which the private sector entity has an indirect commercial interest, donations should be sought from various sources having a similar interest; and it is preferable that support from multiple competing sources is secured (see paragraph 4.3 above). The larger the proportion of the donation from any one source, the greater the care that should be taken to avoid the possibility of a conflict of interest or appearance of an inappropriate association with one contributor.
- (b) The overall amount of unspecified support provided by the private sector entity should not be so large that the WHO CC would become dependent on support from a single entity, or group of entities, for its continued operations.

4.5 Support for activities related to the production of WHO guidelines or recommendations

As a general rule, a WHO CC should not accept any funds or other support from private sector entities (regardless of their business interests) for activities related to the production of WHO guidelines or recommendations. The reason for this is that WHO's normative and standard setting work should be free from commercial concerns.

4.6 Funding to support the salary of specific staff or posts and secondment of employees from private sector entities

Further, a WHO CC should not accept funds from private sector entities to support the salary of specific staff or posts designated to the activities of the WHO CC (including short-term consultants), if the financial support could give rise to a real or perceived conflict of interest. For example, a conflict of interest would arise if the responsibilities of the staff member or post are directly or indirectly related to the business interests of the commercial contributor.

Similarly, a WHO CC should not accept the secondment of employees from a private sector entity to work on the activities of the WHO CC, if the entity has a direct or indirect commercial interest in all or part of those activities.

4.7 Commissioned research or other work

The activities which an institution conducts as a WHO CC (as part of the WHO CC's terms of reference and/or work plan) should not include any research or other work commissioned by industry. In other words, WHO CCs should not, as

such, perform research or other work which is contracted by private sector entities.

4.8 Declaration of the interests of the director and other responsible staff

The institution should ensure and attest to WHO that the director and staff designated to work on the activities of the WHO CC do not have any interactions, affiliations or relations with and/or financial or other interests in private sector entities (as defined above) that could give rise to, or be seen as giving rise to, a conflict of interest in respect of any of these activities.

In the event that the WHO CC director and/or staff have any interactions, affiliations, relations and/or financial or other interests that could give rise to a real or perceived conflict in respect of any of the activities of the WHO CC, the institution should take appropriate measures to address and remove such conflicts. Examples of the type of interactions, affiliations, relations and financial or other interests that could give rise to, or be seen as giving rise to, a conflict of interest, can be found in the Declaration of Interest (DOI) for WHO experts, which can be found at http://www.who.int/collaboratingcentres/Declaration_of_Interests.pdf

The WHO DOI is not, however, intended for use by the institution. The institution should make its own arrangements to ascertain, address and remove any possible conflicts which the WHO CC director and/or staff may have.

4.9 Information to be provided to WHO

In light of the above, before an institution can be (re)designated as a WHO CC, the head of the proposed WHO CC must ascertain whether:

- (a) the institution receives funding or other support from private sector entities whose business activities are incompatible with WHO's work (such as, for example, tobacco companies);
- (b) the institution, as part of the work plan of the WHO CC, will conduct:
 - activities that are funded or otherwise supported by private sector entities as defined above; and/or
 - research or other work commissioned by industry; and/or
- (c) the institution receives funding to support the salary of specific staff or posts at, and/or the secondment of employees from private sector entities for, the WHO CC.

In the affirmative, the institution should provide details (in the relevant sections of the re/designation form) about the identity of the contributors in question, their business interests, and the activities, research, staff and/or posts concerned, as well as any other information and/or clarification which WHO may reasonably require.

In addition, the head of the proposed WHO CC must ascertain whether the director and/or staff designated to work on the activities of the WHO CC have any interactions, affiliations or relations with and/or financial or other interests in private sector entities which could give rise to a real or perceived conflict in respect of any of the activities of the WHO CC. In the affirmative, the institution must take appropriate measures to address and remove such conflicts.

The institution is required to attest to WHO that:

- the director and staff designated to work on the activities of the WHO CC have been required to declare any such interactions, affiliations, relations and financial or other interests; and that
- either no conflicts exist, or appropriate measures have been taken to address and remove them.

4.10 Evaluation by WHO and agreement on possible measures to be taken

The institution must make every effort to provide all relevant and potentially relevant information to WHO for evaluation, and where needed, to arrive at a mutually acceptable solution, consistent with the guidance provided in this section. For example, activities that give rise to a conflict of interest as described above or that have been commissioned by industry, will need to be deleted from the work plan, in order for a (re)designation to be approved. Similarly, WHO CC staff who have declared an interaction, affiliation, relation and/or financial or other interest in a private sector entity that gives rise to a real or perceived conflict in respect of any activity of the WHO CC will need to recused from working on that activity.

With respect to those contributions from private sector entities which are deemed acceptable, the WHO CC should -for reasons of transparency- always make a public acknowledgement. The basic and most common approach is to insert a discreet acknowledgement in the documentation relating to the activity concerned, including in any publication by the WHO CC of the outcome of this activity.

WHO may also require WHO CCs to publicly disclose the interactions, affiliations, relations and/or other interests of its director and/or staff that are considered to give rise to a conflict of interest.

Before accepting any contributions from private sector entities, WHO CCs should seek the written assurance from the contributors in question that they will not use the results of the work that they have supported for commercial purposes or seek promotion of the fact that they have made a donation. However, they may make reference to donations in their corporate annual reports or similar internal documents.

WHO CCs should at all times maintain full and exclusive control over the activity to which a contribution relates, including over any report of the activity, its contents, whether it is published or disseminated in any form (e.g. electronically), and the timing of such diffusion.

5. Research conducted by WHO CCs under a joint work plan

The terms of reference or work plan of a WHO CC should not include research involving human participants conducted by the WHO CC on its own accord. Instead, the terms of reference or work plan could provide that the centre will "participate in collaborative research under WHO leadership". Such activities will be conducted as WHO research, following WHO procedures and rules.

In order to fulfil WHO's responsibilities and oversee its involvement in research involving human participants, WHO has established a WHO Research Ethics Review Committee (ERC) to provide ethical review of research involving human participants funded or otherwise supported by WHO. As a result, in addition to the approval required for the designation or re-designation of a WHO CC, any research activity involving human participants included in the terms of reference or work plan of the WHO CC may require the approval of the WHO ERC. The WHO responsible officer will seek such approval/s, if necessary. Approval by an ethics body other than the WHO ERC does not exempt a research activity from WHO ERC review. The decision whether or not a particular activity involving human participants requires WHO ERC review and approval is made by the WHO ERC.

All research involving human participants for which WHO ERC approval is required, must conform to the requirements set forth at <http://www.who.int/ethics/research/en/>.

It is furthermore the responsibility of the WHO CC to safeguard the rights and welfare of human participants involved in research performed as part of the terms of reference or work plan, in accordance with the appropriate national code of ethics or legislation, if any, and, the Helsinki Declaration and any subsequent amendments. Research may only be undertaken where:

- (a) the rights and welfare of the research participants are adequately protected;
- (b) freely given informed consent has been obtained;
- (c) the balance between risk and potential benefits involved has been assessed and deemed acceptable by a panel of independent experts appointed by the institution;
- (d) any special national requirements have been met.

It is moreover the responsibility of the institution to comply with the relevant national regulations pertaining to research involving human participants.

Without prejudice to obligations under applicable laws, the WHO CC is required to make appropriate arrangements to eliminate or mitigate the negative consequences to research participants, or their families in the case of death, injury or illness resulting from the conduct of the research. Such arrangements shall, to the extent feasible, include medical treatment and financial relief. The WHO CC should furthermore undertake to protect the confidentiality of the information relating to the possible identification of participants involved in such research.

Finally, the WHO CC should ensure that living animals, required for use as laboratory animals in research undertaken by the WHO CC, shall be handled in accordance with generally accepted principles for the humane treatment of such animals and the avoidance of unnecessary suffering.

6. Guidelines development

A WHO Guideline is a health information product containing recommendations. All WHO guideline development activities supported by a WHO CC as part of the agreed workplan must conform to the requirements set forth in the WHO Guidelines Review Committee (GRC) rules and procedures, unless the WHO guideline in question has previously been adjudicated by WHO as being exempt from GRC review.

7. Other conditions

7.1 Dissemination of results through WHO media

If any of the proposed activities provides that the results will be published by WHO, or disseminated through the WHO website or through any other WHO media, the material to be published or otherwise disseminated will be subject to specific WHO clearance processes.

7.2 WHO funds

If any of the proposed activities mentions WHO as a source of funds, such financial contribution from WHO will be subject to the availability of funds.

7.3 Liability

The WHO CC shall be solely responsible for the manner in which the activities included in the terms of reference or work plan are carried out and accordingly shall assume full liability for any damage arising from these activities. Thus, WHO shall not be responsible for any loss, accident, damages or injury suffered by any person whatsoever arising in or out of the execution of these activities.

By completing and submitting this form, the head of the proposed WHO CC confirms that:

- to the best of his/her knowledge the information provided in this form is true and complete; and
- if there is any change in the information provided in this form, he/she will promptly notify the responsible officer of WHO.

If these conditions cannot be met, an institution cannot be (re)designated as a WHO CC. If these conditions cease to be met after designation, this should be immediately reported to the responsible officer of WHO.