



FINAL REPORT

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PAHO/WHO

Identifying the most important deliverables: A study of PAHO/WHO Collaborating Centres

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Background:

PAHO/WHO Collaborating Centres (CCs) are research institutes, hospitals, university departments, ministries or laboratories designated by the WHO Director-General to carry out activities in support of the Organization's programs.

In 2017, the Office of Knowledge Management, Publications and Translations (KMP)¹ presented information documents on PAHO/WHO CCs at both the Executive Committee and the Sanitary Conference. These were well received by Member States and KM was requested by EXM to gather more detail about CC deliverables for future documents to be presented at Governing Bodies meetings.

To that end, KM launched an initiative on 6 June 2019 to identify the most important deliverables produced by the collaboration between PAHO/WHO and institutions designated as CCs. The study was intended to bring more visibility to their work and demonstrate how this collaboration is contributing to the achievement of the Organization's plans and programs, and ultimately to its priorities and mandates.

These 187¹ CCs, located in 16 countries in the Region of the Americas, are distributed among PAHO's five technical departments:

Communicable Diseases and Environmental Determinants of Health (CDE)

Family, Health Promotion and Life Course Department (FPL)

Health Systems and Services (HSS)

Noncommunicable Diseases and Mental Health (NMH)

Evidence and Intelligence for Action in Health (EIH)

Methods:

In order to collect data, all PAHO staff serving as a Responsible Officer (RO) for one or more CCs were asked to complete an online survey regarding the activities that the CC(s) under their responsibility performed during the past four years (2015-2019).

Staff serving as a Technical Counterpart (TC) only participated in the subsequent interview mentioned below (1) The surveys were sent out in 10 batches according to the breakdown by category/program area of the PAHO 2018-2019 Program & Budget corresponding to the 2014-2019 PAHO Strategic Plan. The batches included:

- 1.1. and 1.2
- 1.3 and 1.4
- 1.4 and 1.6
- 2.1
- 2.2, 2.3, 2.4, 2.5
- 3.1, 3.2, 3.3, 3.4, 3.5
- 4.2 and 4.3
- 4.4
- 4.5
- 5

¹ KMP became KM as part of the Department of Evidence and Intelligence for Action in Health (EIH) on 22 January 2020.

The purpose of the survey (**Annex 1**) was to collect specific information on the most important deliverables produced by each CC. The survey was focused on the activities that the CC performed during the past four years, including questions focused on the quantity of products (i.e. number of publications, trainings, research projects etc.).

Once the survey(s) was completed, all staff participated in an in-person/virtual follow-up interview (**Annex 2**) to gather or clarify information about their survey responses and experiences working with CCs. These interviews gathered additional data regarding the challenges staff have faced, the intangible benefits, such as best practices and lessons learned of working with CCs, and to investigate how KM/EIH could better support staff. These interviews were recorded to ensure the accuracy of the resulting summaries and webnotes.

As mentioned above, staff who only had the role of a TC were not asked to complete the online survey since it was determined early on that many of them were either not familiar with their CCs or there were no significant deliverables for the Region of the Americas. This is because the Responsible Officers for these CCs are staff at WHO/HQ and there is inconsistency in how involved our staff are in the development of the CC workplan and/or how much these CCs work with PAHO or even within the Region.

The survey also included a question to obtain an estimate of the monetary value that these products/services might have cost the Organization if it had to pay for these products or services. This was PAHO’s first attempt at roughly quantifying the in-kind resources that CCs are providing through their work as CCs. The survey was estimated to take approximately 10 to 15 minutes per CC to complete.

To raise support and awareness of the initiative, KM participated and presented at the AD’s meeting with Department Directors on 15 October 2019 (**Annex 3**). A meeting was also held with staff from PHE on 1 November 2019.

The survey was closed on 31 December 2019 with a total of 187 CCs covered resulting in a 100% response rate.

Following are the results of the survey:

Figure 1: Breakdown of categories and # of surveys and interviews completed

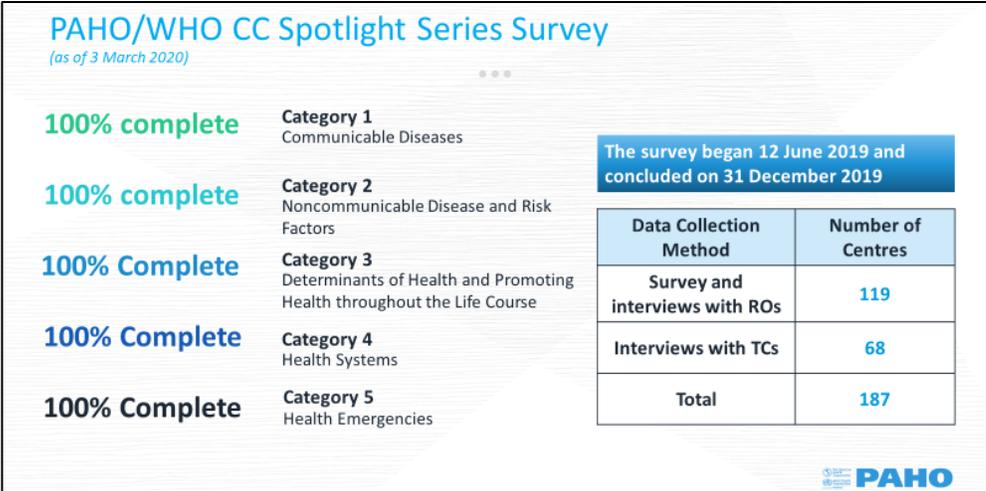


Figure 2: Represents what types of activities are the most carried out by CCs.

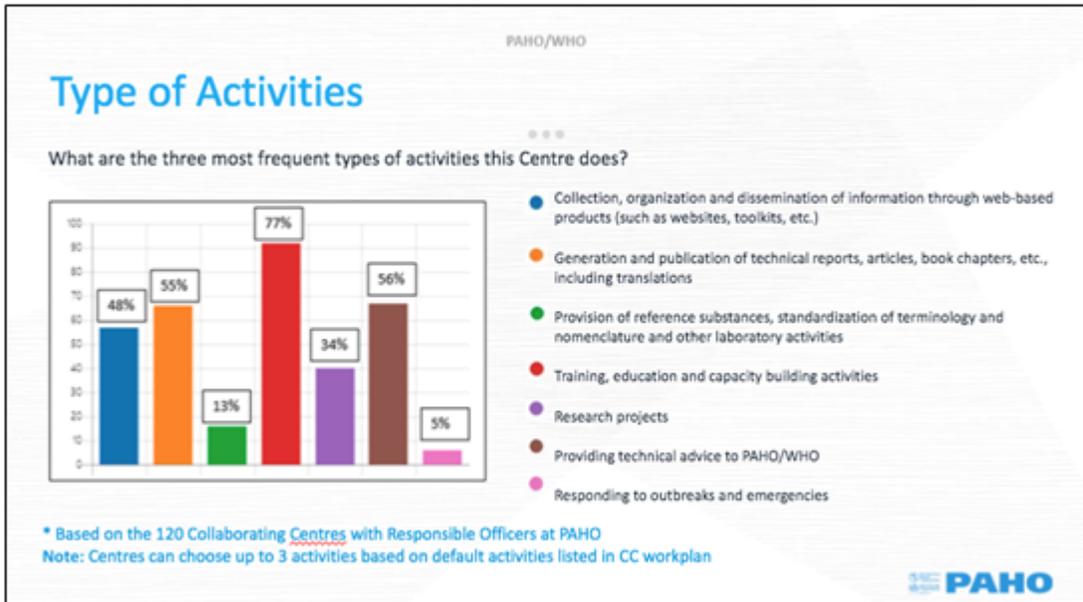


Figure 3: Represents the quantity of training or capacity building activities carried out by CCs.

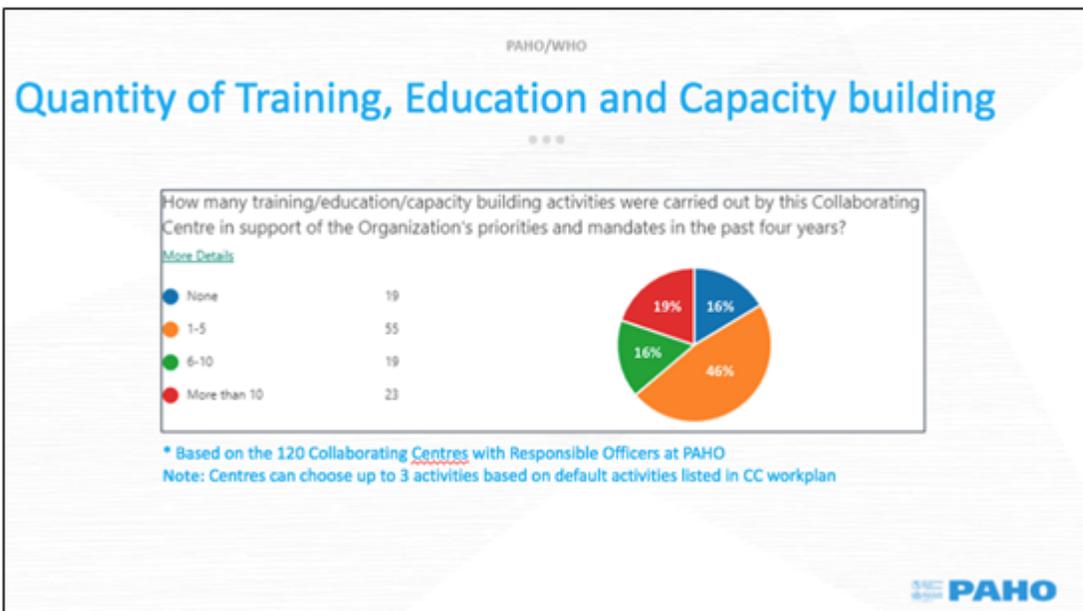


Figure 4: Represents the quantity of publications, reports, articles, etc. CCs deliver.

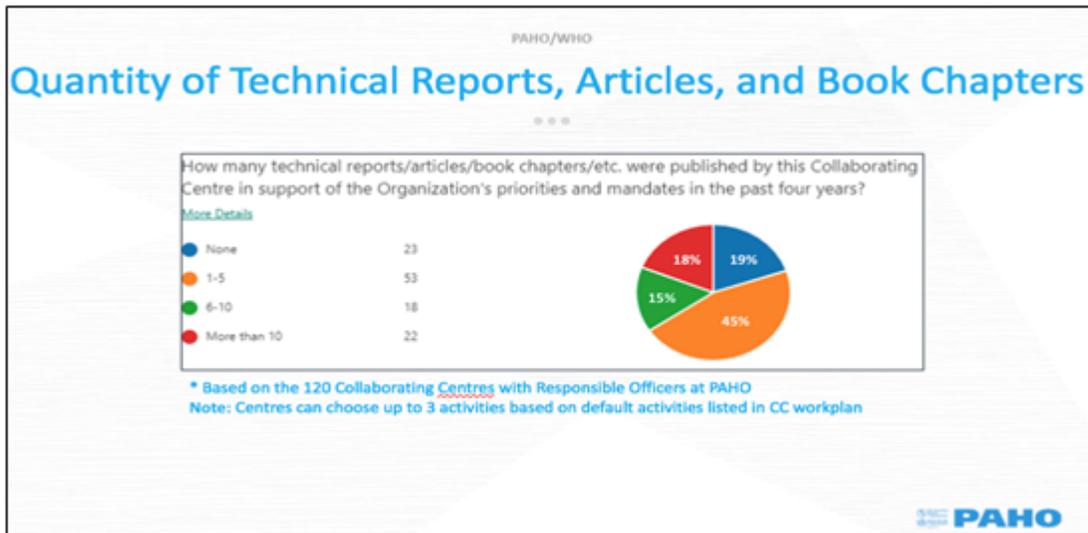


Figure 5: Represents the quantity of research activities conducted by CCs on behalf of the Organization.

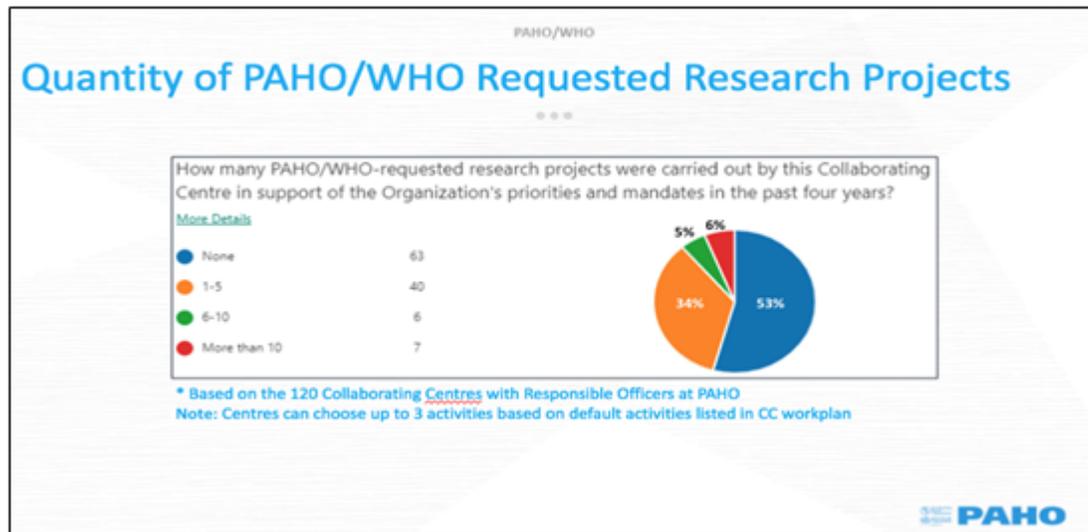
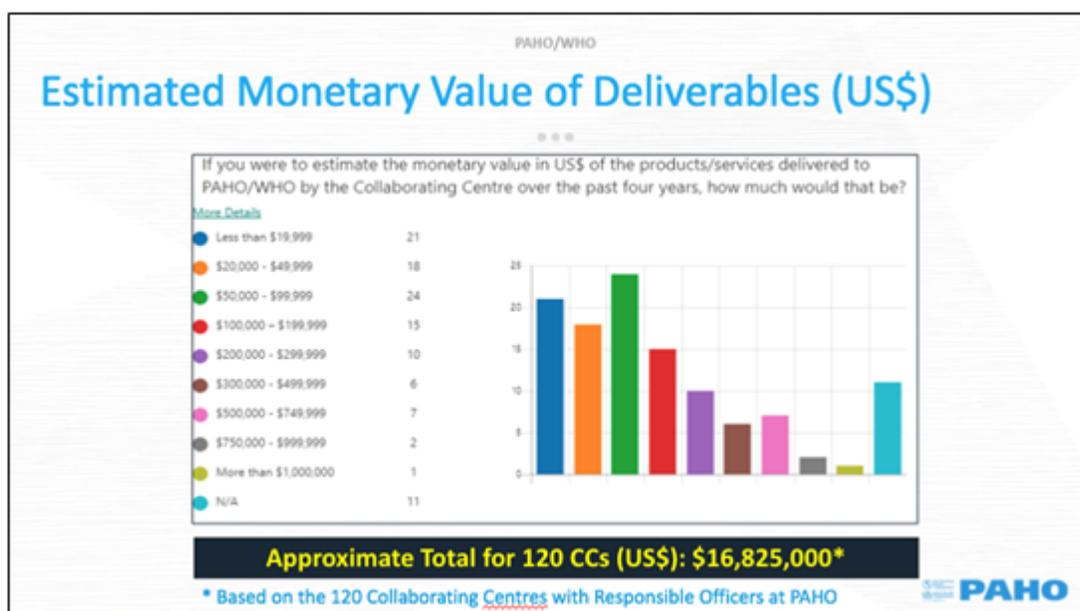


Figure 6: Represents the estimated monetary value of the products/services delivered to the Organization



Findings:

- Having a 100% response rate, allowed KM/EIH to gather information on what all 187 CCs have been doing for the past four years.
- Regarding the types of activities CCs are carrying out, it was no surprise that most of them are involved in capacity-building activities (77%).

The majority of CCs in the Region, or approximately 51%, are in fact, academic institutions with the expertise, material, and resources necessary to conduct face-to-face and virtual training, and many can be found on PAHO's Virtual Campus of Health or on the institutions' websites. Some of these have far-reaching capacity, for example USA-349 at the University of Miami, together with the University of West Indies, offers a nursing leadership course that has 90,330 enrolled participants from all over the world.

- Providing technical advice to the Organization and the generation of publications are the two second most common activities (56% and 55%, respectively). This can take the form of reports, white papers, manuscripts for publications, as well as less formal technical input provided through conversations, emails, visits, and meetings. It is noteworthy that although many

publications were not specifically requested by PAHO/WHO, these publications have provided scientific validation for the Organization's interventions and policies. Subject areas that utilize these CC publications include Chagas Disease, nursing, tobacco, and health workforce planning, among others.

- The next most common activity was the organization and dissemination of information through a variety of web-based products (websites, toolkits, etc.).

For example, both ARG-34 and SPA-50 (at the Hospital Italiano and the Universitat Oberta de Catalaunya, respectively) contributed to the development of the Information Systems for Health (ISH4) framework and toolkit which outline the strategic goals focused on data management and information technologies, management and governance, innovation and performance, and knowledge management and sharing. Another example from USA-333 (at Brigham and Women's hospital) is the development of a software called WHONET, which helps to monitor antimicrobial resistance in microbiology labs and allows timely reporting at the national level. Similarly, CAN-43 at the Canadian Centre for Occupational Health and Safety collaborates with WHO to maintain the International Programme on Chemical Safety (IPCS INCHEM) tool, which is one of most important chemical information services delivered by a CC.

- Research projects amounted to 34% of activities, however, one must consider that the survey focused mainly on those CCs that were initiated by PAHO staff. From anecdotal information, this number may be higher if CCs initiated by WHO staff were included.
- The last two types of activities included laboratory related deliverables (13%) and response to outbreaks (5%). Examples include USA-187 at the Clinical and Laboratory Standards Institute

Although response to outbreaks is small (5%) there are examples of CCs working on different aspects of the response process such as ARG-19 at the Instituto Nacional de Enfermedades Virales Humanas (INEVH). During August 2019, INEVH responded to an emergency outbreak by deploying experts to Santa Cruz, Bolivia during an Arenavirus outbreak to support the implementation of laboratory diagnosis. The Centre deployed a second team to study the ecology and reservoirs of the arenavirus involved in this outbreak.

which assists with implementing quality standards, certification and accreditation processes helping to ensure accurate data for decision making and MEX-31 at the *Dirección de Servicios y Apoyo Técnico DSAT, InDRE* which focuses on quality management systems.

- As already presented, **Figures 3, 4, and 5** capture more specific numbers about the number of trainings, publications, and research projects requested by PAHO during 2015-2019. Figure 3 shows that 46% of CCs carried out 1-5 training or capacity-building activities, while 19% carried out more than 10. Figure 4 reveals again that 46% delivered 1-5 technical reports, articles, and book chapters and 18% delivered more than 10. Lastly, Figure 5 indicates that 53% of CCs did not carry out research activities requested by PAHO/WHO while 36% carried out 1-5.
- As shown on **Figure 6** the estimated monetary value of CC deliverables for 119 CCs. This reduced figure (out of a total of 187 CCs) is because several staff did not feel confident making this estimation and preferred not to give an estimated amount.
- The total amount was calculated by multiplying the median dollar amount for each range by the number of responses in each range category. This quantity is based on the responses to the online survey and/or subsequent interviews with staff.
- The graph shows, therefore, that approximately US\$16,825,000 is the estimated value of the products and services the Organization is receiving in-kind. This is only a rough estimate and is the first time the Organization has attempted to quantify this information. This figure should, however, be countered by the amount of funds the Organization actually expends to carry out some CC activities, i.e. travel and per diem for CC staff to travel whether it is for training or to provide technical advice. It would be useful to capture this information in the future.
- Overall, the survey and subsequent interviews produced many examples of trainings, publications, research projects and findings, information dissemination campaigns, laboratory activities, and provision of technical expertise for both the Organization and Member States. These examples have been captured in the many final products, such as in the webnotes, videos, slides, etc. These products are for the public. There are also more complete summaries of each interview which are for internal use by staff to use as a baseline to help make future decisions about their CCs.

Challenges:

Following is a brief summary of the challenges, requested support and training, and best practices based on the responses to the interviews with staff. More detail can be found in Annex 3.

Communication Issues

PAHO staff, in their roles as ROs and/or TCs, reported having experienced communication challenges with CCs including the need for consistent and meaningful communication between PAHO and the CCs regarding their regional and global work. They also indicated there is a need for more knowledge and better understanding about CCs internally.

Resource Issues

In terms of political/legislative challenges, RO/TCs have experienced challenges with Member States' regulations impeding technical cooperation between countries due to differing laws and regulations concerning lab safety, transplants and blood donations, for example.

In terms of human resource challenges, some RO/TCs mentioned the lack of qualified personnel with the required technical or even language expertise needed to accomplish CC activities and how in turn can affect the types of deliverables offered, or timely responses from CCs. Internally, managers are challenged to assign staff and time to the work with CCs. Lastly, staff frequently voiced the issue of lack of funding for CC activities and how this limits how much work can be accomplished.

Workplan Issues

In terms of workplans, RO/TCs noted that workplans can be restricting over the 4-year designation as priorities and objectives can change based on changes in strategic direction, capacity and occurrence of events.

In other cases, CCs are reporting activities outside of the agreement as a CC, having trouble expanding beyond the country level to a regional level, and not having a clear understanding of their role as a support to the Organization. TCs, specifically, reported having a lack of understanding on what is to be accomplished through the workplan when they were not included from the beginning.

CC Relationship and Expectations

RO/TCs noted that sometimes CCs want to follow their own agenda rather than what is agreed in the workplan (i.e. working closely with WHO instead). Staff indicated they would like to explore possibilities of working with Centres outside the Region and receive support in dealing with expectations from CCs who expect to receive funds from PAHO/WHO to carry out their work.

eCC System Issues

A few staff members recognized the challenge of having to use an electronic platform that is not accessible when staff are travelling and/or teleworking and as a result makes it harder to complete tasks in a timely manner.

Recommendations and General Best Practices:

For KM-EIH: Additional Support/Training Requested

- ROs/TCs noted the need for additional process/system training regarding CC mechanisms, the process for designation/re-designation, funding options, how to write and evaluate annual reports, and how to write workplans to be more aligned with the strategic plan for PAHO.
- Another topic of training request was related to technical training with regards to receiving more knowledge on policies and information systems for countries across the Region, accessing knowledge dissemination experts for different audiences, receiving guidance on intellectual property rights for collaborative deliverables and working to include evidence/solution-based research with CC activities.
- Ensure each ROTC has the necessary knowledge of CCs to be successful.

- Provide periodic training on various topics, e.g. Intellectual Property rights, annual reports, using the eCC platform, etc.
- Recognize the potential of CCs and take advantage of their knowledge, expertise, and resources.

For staff working as ROs:

- Become familiar with the current WHO Programme Budget.
- Become familiar with the current PAHO Strategic Plan and outcomes.
- Inform the proposed CC of our mandates and goals to negotiate how they can support us.
- Organize the workplan to align with any global/regional action plans, strategies, your departmental strategy. Mention these in the workplan.
- Set up good communication channels with CC and its directors.
- Visit the Centre on different occasions to have a better understanding of their capacity and to monitor progress.
- Review annual reports and provide feedback as soon as you receive them.
- Recognize the potential of CCs and take advantage of their knowledge, expertise, and resources.

For staff working as TCs:

- Get involved with the early development of the workplan and discussions by contacting the RO at WHO HQs.
- Identify ways the CC can support the Region and ask the RO to include these in the workplan.
- Review the proposed workplan as soon as it reaches your To Do list.

For department directors:

- Meet with ROs/TCs in your department to become familiar with CCs and what they are doing and provide direction.
- Review proposed workplans as soon as they reach your To Do list.
- Periodically convene meetings with CCs supporting your department.

For supervisors:

- Meet with ROs/TCs in your department to become familiar with CCs and what they are doing.

For PWRs:

- Meet with CCs in your country to ensure they are familiar with PAHO/WHO's mandates and actions.
- Identify potential institutions who meet the criteria for CCs and have the capacity to collaborate.
- Keep the RO in the loop when communicating with a CC.
- Forward all CC queries to the RO and Regional Focal Points.

Annexes:

1. Survey Questionnaire
2. Interview Questionnaire

ANNEX 1: Survey Questionnaire

1. WHO Reference Number:

2. What are the three most frequent types of activities this Collaborating Centre has delivered in support of the Organization's priorities and mandates in the past four years? Please select three products/services.
 - Collection, organization and dissemination of information through web-based products (such as websites, toolkits, etc.)
 - Generation and publication of technical reports, articles, book chapters, etc., including translations
 - Provision of reference substances, standardization of terminology and nomenclature and other laboratory activities
 - Training, education and capacity building activities
 - Research projects
 - Providing technical advice to PAHO/WHO
 - Responding to outbreaks and emergencies
3. Please describe the three most important deliverables this Collaborating Centre has produced in the last four years, or is currently working on. Please be as specific as possible, e.g. topic of training, publication, event, etc.; duration; face-to-face or virtual; how many, etc. Please provide links if applicable.
4. How many technical reports/articles/book chapters/etc. were published by this Collaborating Centre in support of the Organization's priorities and mandates in the past four years?
 - None
 - 1-5
 - 6-10
 - More than 10
5. Please provide links to the technical reports/articles/book chapters/etc. if applicable.
6. How many training/education/capacity building activities were carried out by this Collaborating Centre in support of the Organization's priorities and mandates in the past four years?
 - None
 - 1-5
 - 6-10
 - More than 10

7. Please provide links to training/education/capacity building activities if applicable.
8. How many PAHO/WHO-requested research projects were carried out by this Collaborating Centre in support of the Organization's priorities and mandates in the past four years?
 - None
 - 1-5
 - 6-10
 - More than 10
9. Please provide further information or the links to the research projects if applicable.
10. If you were to estimate the monetary value in US\$ of the products/services delivered to PAHO/WHO by the Collaborating Centre over the past four years, how much would that be?
 - Less than \$19,999
 - \$20,000 – \$49,999
 - \$50,000 – \$99,999
 - \$100,000 – \$199,999
 - \$200,000 – \$299,999
 - \$300,000 – \$499,999
 - \$500,000 – \$749,999
 - \$750,000 – \$999,999
 - More than \$1,000,000

ANNEX 2: Interview Questionnaire

WHO reference number:

Overview

- Please tell us about your overall experience working with this Centre?
- Why is it important to have their support and expertise?
- How often are you in contact with this Centre to monitor and discuss progress of activities?

Deliverables

- [Only if more in-depth information is needed]
 - When did it take place?
 - Where did it happen?
 - What's the impact of this deliverable?

Countries/Territories impacted by the work of the Centre

- What was the geographic coverage of this Centre's collaboration?

Networks

- Is this Centre part of a network? Which one?

Challenges

- In your role as RO/TC have there been any challenges to working with the process or with this Centre in particular?

Support and Training

- Is there any additional training or information you would like to receive regarding your responsibilities as RO/TC?
- How can KMP best support your work?
- Do you have any advice for other ROs/TCS?

Estimated \$ value of collaboration

- [Only if clarification is needed]