



In reply please refer to: WP/ESD/WHOCC/2019
Prière de rappeler la référence:

Dr Chris McGowan
Chief Executive
SA Health
Public Health and Clinical Systems Division
at the Department for Health and Wellbeing
Citi Centre, 11 Hindmarsh Square
Adelaide 5000
South Australia
Australia

02 SEP 2019

Dear Dr McGowan,

I am pleased to inform you that the World Health Organization has designated the SA Health, Public Health and Clinical Systems Division, at the Department for Health and Wellbeing, as a WHO Collaborating Centre for Advancing Health in All Policies Implementation, under WHO's reference number AUS-141.

As previously agreed, Professor Paddy Philips and Ms Carmel Williams will act as Heads of the Centre. Should there be any change in the future, I would be grateful if you would inform WHO without delay.

... The agreed terms of reference and workplan of the Centre are attached. We wish to emphasize that institutions designated as WHO collaborating centres are expected to implement the agreed workplan in a timely manner and to the highest possible standard of quality. Any issue that may affect the implementation of the agreed workplan should be brought to the attention of the WHO responsible officer, Dr Nicole Britt Valentine, +41 22 791 3217, valentinen@who.int. For information on administrative matters, please visit the WHO website <http://www.who.int/collaboratingcentres/information/en/>.

... We wish to also emphasize that institutions designated as WHO collaborating centres must also comply with the attached *Terms and Conditions for WHO Collaborating Centres*. We wish to draw your particular attention to the fact that the WHO name and emblem may only be used by a WHO collaborating centre as described in those terms and conditions.

.../

... ENCL.: As stated.

cc: The Secretary, Department of Health, Attention: Assistant Secretary, International Strategies Branch, Canberra

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Finally, please note that institutions designated as WHO collaborating centres must complete a short online progress report form once a year. On the anniversary of the designation date, details will be sent to the email address of the Head of the Centre specified in the designation form.

The designation as a WHO collaborating centre will be effective for a period of four years, as from the date of this letter, unless redesignation has been approved by WHO before that date. During the period of designation, either party may revoke the designation at any time by giving three months advance notice in writing.

I look forward to our successful collaboration.

Yours sincerely,


Takeshi Kasai, MD, Ph.D.
Regional Director



Collaborating Centres DESIGNATION FORM

The designation form consists of three parts:

Part I - Institutional Profile

Part II - Terms of Reference (TOR)

Part III - Workplan

This designation form below, together with the Terms and conditions for WHO collaborating centres will serve as the agreement between the proposed institution and WHO if the designation as WHO collaborating centre is approved by WHO. Completion and submission of the designation form, however, does not guarantee that the designation will be approved.

Folder eCC_00018274 is in stage Notification Letter

Name of the University, Hospital, Research Institute, Academy or Ministry

SA Health

Name of the Division, Department, Unit, Section or Area

Public Health and Clinical Systems Division, at the Department for Health and Wellbeing

City

Adelaide

CC Reference Number

AUS-141

Title

WHO Collaborating Centre on Advancing Health in All Policies Implementation

Part I - Institutional Profile

The status of WHO CC is granted to an administrative unit of an institution (i.e. department, division or unit) and not to the institution as a whole in the vast majority of cases. For example, WHO CC status is granted to the Department of Microbiology of the University of ABC and not to the university itself. A WHO CC is not a legal entity. The legal entity is the proposed institution, i.e. the ministry, academy, university, established research institute or hospital, of a part thereof.

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).

Address of the proposed institution

1.1 Street and number	CitiCentre, 11 Hindmarsh Square
1.2 City	Adelaide
1.3 State/Region/Canton/Province	South Australia
1.4 Postal Code	5000
1.5 Country	AUS
1.6 WHO Region	WPRO
1.7 Phone	+61 8 8226 6227



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1.8 Fax

1.9 Web site

<http://www.sahealth.sa.gov.au/healthinallpolicies>

If you would like your institution to receive important news and other communications from WHO (unrelated to the work as a WHO CC) such as launching of new WHO campaigns, new WHO publications, etc, please indicate an email address.

HealthHiAP@sa.gov.au

Staff of the proposed institution

1.10 Name of the director of the institution as a whole

Dr Chris McGowan

1.11 - Name and email of the proposed heads of the WHO collaborating centre (Please note this information will be listed in the public database)

Salutation	First Name	Last Name	Email Address
Prof	Paddy	Phillips	paddy.phillips@sa.gov.au
Salutation	First Name	Last Name	Email Address
Ms	Carmel	Williams	Carmel.Williams@sa.gov.au

1.12 Please list the names of professional who will work on the proposed terms of reference or activities of the workplan together with their professional qualifications (e.g. Dr John Smith MPH). Please do not include full resumes or biographies.

Prof Paddy Phillips, MBBS, DPhil
Prof Katina D'Onise, MBBS, MPH, PhD, FAFPHM
Ms Carmel Williams, Dip T, Post Grad Health Ed, MPH
Ms Claudia Galicki, BBS, BEH
Ms Amy Porcelli, BSc (Hons), MPH
Ms Bethany Keough, BU&RP, PhD
Ms Linnell Barelli, BA Lib Stud, Post Grad
Mr Shaun Li, MND, BBTech (Hons)
Ms Deborah Wildgoose, BSoSc, GradDip Inf. Mgt
Ms Jacqueline Evans, BNutDiet, MPH

Sources of funding

NOTE: Private-sector entities in this form refer to three categories: (i) business associations representing commercial enterprises, (ii) entities that are not at "arms' length" from their commercial sponsors, and (iii) partially or fully state-owned commercial enterprises that act like private-sector entities.

An entity that is "at arms' length" from another entity should meet the following three conditions: (i) to be financially and organizationally independent from the other entity, (ii) not to take instructions from the other entity, and (iii) not to be influenced or not reasonably perceived to be influenced in its decisions, activities, mandate and work by the other entity.

1.13 During the last two years, what percentage of the funding of the proposed institution was core funding? Core funding refers to funding that is received regularly from secure sources, as opposed to ad-hoc contributions.

over 75% regular (core) funding



1.14 Please provide a complete list of donors that provide funding for the proposed institution, such as private-sector organizations, philanthropic foundations, nongovernmental organizations, governments, inter-governmental organizations and members of the public. Please include the full names of all donors, but not the amount donated.

N/A

1.15 Tobacco/arms-related disclosure statement .

Under the WHO Framework of Engagement with non-State Actors, WHO does not engage with the tobacco industry or non-State actors that work to further the interests of the tobacco industry. Moreover, WHO does not engage with the arms industry.

For the purposes of this statement: tobacco industry refers to any entity involved in the manufacture, sale or distribution of tobacco and related products, and any affiliate of such an entity; and arms industry refers to any entity involved in the manufacture, sale or distribution of arms, and any affiliate of such an entity.

To determine whether the proposed institution conforms to this rule, please answer the following questions:

- Is the proposed institution, or was the proposed institution over the last four years, part of the tobacco or arms industries (as defined above)?
- Is the proposed institution, or has the proposed institution over the last four years, engaged in activities that support the interests of the tobacco industry? This includes, but is not limited to, supply contracts, contract work, services and lobbying.
- Does the proposed institution currently, or did the proposed institution over the last four years, have any other association or relationship with the tobacco industry (as defined above)? This includes in particular investment interests (other than general mutual funds or similar arrangements whereby the institution has no control over the selection of the investments), commercial business interests, the provision or receipt of financial and/or other support.
- Does the proposed institution have any formal association, affiliation or links with private-sector entities and other non-State actors whose policies or activities negatively affect human health and are not in line with WHO's policies, norms and standards, in particular those related to noncommunicable diseases and their determinants?

The answer is yes to at least one of the questions above. Please provide details

☐

By selecting this choice I confirm that the answer to all the questions above is no

☒

[If yes] Please provide details (i.e. the names of entities, their activities, level of funding).

1.16 Is there any prospect that the proposed terms of reference or activities of the workplan will be funded by one or more private-sector entities that have, or may be perceived as having, a direct or indirect commercial interest in those proposed terms of reference or activities of the workplan?

Yes ☐ No ☒

[If yes] Please provide the names of these entities, their business activities and the level of funding.

1.17 Is any of the proposed terms of reference or activities of the workplan, or is there a prospect that any of the proposed terms of reference or activities of the workplan will be, performed as part of or related to work (research or other) commissioned by private-sector entities?

Yes ☐ No ☒

[If yes] Please provide the names of these entities, their business activities and the level of funding.

1.18 Is any of the proposed terms of reference or activities of the workplan, or is there a prospect that any of the proposed terms of reference or activities of the workplan will be, funded directly or indirectly by unspecified funds from one or more private-sector entities?



Yes ☐ No ☒

[If yes] Please provide the names of these entities, their business activities, level of funding, for what such funding is being, or will be, used and whether the implementation of the proposed terms of reference and activities of the workplan is dependent on the support of one or more of these private sector entities.

1.19 Are the salaries of staff who will work on the proposed terms of reference or activities of the workplan or their posts funded by one or more private sector entities, were they ever funded in this way in the past or could they receive such funding in future?

Yes ☐ No ☒

[If yes] Please provide the names of these entities, their business activities, level of funding, for which staff or what posts such funding is being, or will be, used, and the functions of such staff and/or posts.

1.20 Did over the last three years, does currently, or is there a prospect that, any specific staff who will work on the proposed terms of reference or activities of the workplan (including the proposed head(s) of the WHO collaborating centre), have any other interactions, affiliations or relations with, or any other personal, professional, financial or business interests in, one or more private sector entities that could give rise to a real or perceived conflict of interest or reputational risk?

Such risks may exist

- (i) if the private sector entity has a direct or indirect commercial interest in all or part of the proposed terms of reference or activities of the workplan, or may be perceived as having such interest;
- (ii) if the business activities of the entity engage with the tobacco industry and /or arms industry; or non-State actors that work to further the interests of the tobacco industry ; or
- (iii) if the private sector entity has a vested interest in exerting influence on the proposed terms of reference or activities of the workplan and/or their outcome or may be seen as having such interest.

Interactions, affiliations, relations with, or other personal, professional, financial or business interests include, but are not necessarily limited to, collaborative projects or initiatives, employment, consultancy, investment interests (e.g. stocks, bonds, stock options, other securities, but not mutual funds, pension funds or similar investments that are broadly diversified), commercial business interests (e.g., proprietorships, partnerships, joint ventures), patents, trademarks, or copyrights (including pending applications), proprietary know-how in a substance, technology or process.

Yes ☐ No ☒

[If yes] Please provide details.

Institutional characteristics



1.21 What type of entity is the proposed institution?

Public

Please provide details

Ministry

☒ By ticking this box you confirm that the entity you represent is a nonprofit entity.

1.22 Please attach a current organizational chart (1 page) of the institution, including its administrative units such as divisions, departments, sections or areas (whichever structure applies), indicating the one proposed as WHO collaborating centre.

SA Health Organizational Chart May 2018.pdf

1.23 Please attach the constitutive documents of the institution you represent e.g. constitution, registration document, by-laws or similar.

SA Health_entity information.pdf

1.24 Number of years the institution is in operation.

more than 10 years

1.25 Please list major facilities and any specialized equipment available to the proposed institution (e.g. laboratories, training facilities, documentation centre), if applicable. Please do not list general office space or standard office equipment.

Statistical and epidemiological software

1.26 Does the proposed institution currently establish a smoke-free environment across its premises, which can be illustrated either through a documented institutional/departmental policy or through the existence of national/local smoke-free legislation? The smoke-free environment must apply to all indoor workplaces and public places of the institution's premises, and must entail a complete ban of smoking indoors and no areas designated for smoking.

Yes

☒ I understand that information on my entity and its engagements with WHO that are categorized as public domain will be published in the WHO Register.

☒ The proposed institution agrees with the following Terms and conditions for WHO collaborating centres.

Part II - Terms of Reference (TOR)

Please include the proposed terms of reference for the future collaboration between the proposed institution and WHO, as discussed prior to completing this form. In most cases, 1-3 TOR will be sufficient to provide a high-level framework of the future collaboration. For redesignations, the current terms of reference is automatically prefilled but can be revised as appropriate.

For detailed instructions on how to fill in this section please click on the link provided at the top of the form.

TOR 1 Work with WHO to increase capabilities for action on the determinants of health and health equity through Health in All Policies approaches.

TOR 2 Together with WHO, contribute to the knowledge base on the critical success factors for collaborative practices to enhance systems for health.



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- | | |
|--------------|---|
| TOR 3 | Support WHO in strengthening the alignment between the determinants of health and the Sustainable Development Goals to drive collaborative action on the achievement of the Sustainable Development Agenda. |
| TOR 4 | Support WHO to strengthen research to policy translation on the determinants of health to increase evidence-based strategies for prevention and population health. |



Part III – Workplan		
Activity ID 27667	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?	Development of the Global Status Report on Health in All Policies (HiAP) TOR1, TOR2, TOR3, TOR4 Carmel Williams and Claudia Galicki Evaluation Addressing health through all the Sustainable Development Goals creates the opportunity to create healthier living conditions based on sound economic development, social equity and environmental protection. Adopting a "Health in All Goals" approach provides an important opportunity for primary prevention and health equity. This activity will contribute to Output 3.6.2 Improved country policies, capacities and intersectoral actions for addressing social determinants, in order to improve health equity through Health in All Policies, and whole-of-government approaches, through development of a baseline assessment of the state of Health in All Policies implementation globally, helping to identify areas of strengths and weakness, capacity building needs and setting the research agenda in the field of implementation of HiAP. This helps WHO to Support countries in implementing a "Health in All Policies" approach (including through capacity building) in the context of the Sustainable Development Goals. It will also contribute to Output 3.6.3, WHO Secretariat and Member States have enhanced capacities for measuring and monitoring equity, gender equality, human rights and social determinants, through the deliverable, Monitor and report on the global situation and trends in relation to action on the social determinants of health, integrating gender equality perspectives and human rights actions.
	What concrete actions will be taken by the designated institution? Be specific.	This activity includes developing a Global Status Report on HiAP. The report aims to analyse the current situation of HiAP approaches from around the world to facilitate the provision of baseline information on HiAP practice. The findings will be clustered under topics and thematic areas of importance for HiAP action. These themes will explore factors which are critical for successful HiAP practice such as governance, leadership and strong partnerships. Importantly, the report will

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	analyse the HiAP models which exist across regions and unpack the enablers and barriers to HiAP implementation. Other thematic areas of importance are likely to emerge from the data collection process. A survey will be administered to collect the information and data required for the report. The WHO Social Determinants of Health Regional Focal Points will be used as one of the mechanisms to distribute the survey across regions. The report is intended to spur discussion and advocacy about the opportunities and challenges of HiAP implementation and, in turn, to support collaborative policy-making and the achievement of the Sustainable Development Goals. The Collaborating Centre will seek advice on the methods, analysis and final report from WHO and other networks working on the implementation of Health in All Policies.
What will be WHO's role in this activity?	WHO will coordinate the planning and conducting survey, the analysis of the results as well as finalizing the report. WHO will use some of the analyses from this report (Citing them appropriately) in the report on Monitoring Actions on the Social Determinants of Health: a global review of trends in 2019.
Expected deliverables	The report will be a collection of comprehensive baseline information on HiAP practice used to catalyse collaborative policy-making and advocate for HiAP as a critical policy-making tool. The report will include layout and graphic design. The publication will be disseminated through WHO HiAP and evidence to policy networks including via meetings, conferences, workshops, and webinars at national and sub-national levels.
Intellectual property rights	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
WHO Deliverable Code	362H3
Name(s) of funding sources	The proposed institution will provide staff time, coordination and expertise for the development and dissemination of the report.



	Activity timeframe Year 1: The report is expected to be released by May 2019. Year 2: Dissemination and promotion as agreed with WHO. 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.	
Activity ID 27668	Activity title Strengthening HiAP capability development within public health educational and professional development courses Link to TOR TOR1 Name(s) of responsible staff at the institution Carmel Williams Type of activity Training and education Why WHO is asking for this activity and how WHO will use the deliverables? Under Output 3.6.2 Improved country policies, capacities and intersectoral actions for addressing social determinants, one of the key avenues of work is to develop tools to support education curricula development and health workforce development strategies. These products will assist in achieving the longer-term goal of skills development, as part of the Health in All Policies work on training. What concrete actions will be taken by the designated institution? Be specific. The leadership of intersectoral efforts to improve health and wellbeing is increasingly needed to address the public health challenges of the 21st century. This activity will explore approaches and methods for supporting the effective delivery of HiAP capability development within public health and related training courses. The initial focus will be to identify the gaps in current curriculum models and the needs of public health organisations to better support a public health 'ready' workforce in regards to HiAP practice and action on the determinants of health. This will include broadly mapping current public health training programs and how they deliver and develop the technical skills needed for HiAP action through their courses. The scope of the activity will be on workforce development strategies that foster the skills needed for HiAP practice, for example, health diplomacy, collaboration, negotiation, knowledge transfer and innovation, and how these are embedded into public health education and training. It is intended that this activity will promote learning plans to reflect more closely the areas of demand for the current and future public health workforce in regards to HiAP practice. This activity supports	



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What will be WHO's role in this activity?

the need to advance an educational platform that will equip tomorrow's practitioners and policy makers to apply a HiAP framework to decision-making and the delivery of policy to effectively respond to modern public health issues as well as traditional public health activities.

WHO, with the WHO Advisory Group for Health in All Policies Training and Education, will define the scope and method of the initial background product and in the process ensure alignment and coordination with the activities of other consultants and groups across WHO setting standards for the health workforce. WHO, with the WHO Advisory Group, will review the background assessment and convene a meeting to develop recommendations and for supporting the delivery of HiAP related curricula, as part of its work to define standards for SDH.

Expected deliverables

Recommendations for strengthening HiAP capability development in public health programs and training will be developed. These will be formulated in the WHO Social Determinants of Health Discussion Paper Series. [IP belongs to WHO]

Examples of training methods for supporting the delivery of HiAP related curriculum will accompany the recommendations. The examples will be developed to illustrate some of the challenges and opportunities for building and training the public health workforce in relation to HiAP practice and action on the determinants of health. [IP belongs to WHOCC]

The WPRO region will be used as a 'case study' when exploring HiAP needs in public health educational and training programs and the development of the framework will support the region in building HiAP workforce capacity. [IP belongs to the WHOCC]

Intellectual property rights

Other (please explain in the box "Expected deliverables" above, next to each concerned deliverable).

WHO Deliverable Code

362H1

Name(s) of funding sources

The proposed institution will provide staff time, coordination, and expertise for development of the recommendations.



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	Activity timeframe Year 1 - 2: Identify public health workforce needs in relation to HiAP and action on the determinants of health; mapping of current methods to deliver HiAP capability development in public health training programs. Year 2 - 3: Develop recommendations and the supporting examples of training methods. Year 4: Promotion of the recommendations. 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.
Activity ID 27670	Activity title Describing the role and function of HiAP specific teams to advance HiAP implementation Link to TOR TOR1, TOR2 Name(s) of responsible staff at the institution Carmel Williams Type of activity Product development (guidelines; manual; methodologies; etc.) Why WHO is asking for this activity and how WHO will use the deliverables? As interest in HiAP practice grows and emerging and sustained HiAP models continue to evolve across WHO regions, there is benefit in articulating the role and function of HiAP teams or units to support increased investment for intersectoral work and partnerships for health and sustainable development. This activity will assist WHO to support Member States in implementing the SDGs by providing a practical resource for countries looking to initiate or strengthen HiAP as a mechanism to deliver on the sustainable development agenda. WHO is developing a toolbox for supporting implementation of HiAP and intersectoral action as part of its capacity building work under the headquarters output 3.6.2, Improved country policies, capacities and intersectoral actions for addressing social determinants, in order to improve health equity through Health in All Policies, and whole-of-government approaches, and the deliverable, Develop and strengthen/refine WHO methodologies, guidance and tools to apply "Health in All Policies" approaches. The activity of the WHO CC contributes to the development of tools and resources to support HiAP initiation and implementation across WHO regions. What concrete actions will be taken by the designated institution? Be specific. This activity aims to 1) generally describe the role and function of HiAP specific teams or units to advance HiAP implementation and action on the determinants of health by unpacking the necessary skills sets of such



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teams, how they operate to support effective HiAP practice, and their associated funding models; 2) describe the specificities of these operational aspects in the context of South Australia/Australia. The final products will include recommendations for best practice based on an analysis of "what works" in existing HiAP teams around the world and the literature on partnerships and collaboration.

HiAP is a complex process and relies on appropriate resources and organizational capacity to sustain efforts. Practical guidance on how dedicated HiAP teams can contribute to whole-of-government policy goals, including action on the SDGs, and the necessary resources and skills required for such teams to operate will be presented in a paper. This product will complement existing training materials for HiAP practice. For example, it is expected that the product will build on aspects of the WHO HiAP Training Manual, with a focus on describing the key features for the effective operation of HiAP teams to support their value as a critical tool for cross sector action and collaboration. This is a current gap in existing HiAP training resources and in the proposed WHO Toolbox.

What will be WHO's role in this activity?

WHO will coordinate the activity, and review and finalize the paper and products from this activity in relation to the general guidance. WHO will support publication of a general paper to inform the general guidance in the WHO toolbox for HiAP after reviewing them and ensuring that they are in accordance with WHO policies and guidelines. It will also include the South Australia/Australia specific guidance as a case study example subject to their copyright permissions.

Expected deliverables

1) A paper (in the form of a factsheet, information brochure or other relevant format) will be developed describing the role of HiAP teams and the resources and skills required for such teams to operate effectively. This paper will be published as a WHO Social Determinants of Health Discussion Paper with author attribution. The paper will draw on examples of how current HiAP teams in various WHO regions operate and the models they use to enable HiAP practice.
IP RIGHTS BELONG TO WHO
2) A second paper on the SA Health/Australia example will be produced and shared through WHO networks including for the general guidance to be developed on HiAP models and



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	Intellectual property rights teams. IP RIGHTS BELOW TO WHOCC WHO Deliverable Code Other (please explain in the box "Expected deliverables" above, next to each concerned deliverable). 362H1 Name(s) of funding sources The proposed institution will provide staff time, coordination and expertise for the development and dissemination of the product. Activity timeframe Year 1 - 2: Develop paper, including brief case studies on current HiAP team models, describing how they operate, the skill sets needed, and how they are resourced. Year 3: Dissemination and promotion of the product. 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.
Activity ID 27672	Activity title Building on the second Adelaide Statement on HiAP: links between individual Sustainable Development Goals and individual determinants of health Link to TOR TOR3 Name(s) of responsible staff at the institution Carmel Williams Type of activity Product development (guidelines; manual; methodologies; etc.) Why WHO is asking for this activity and how WHO will use the deliverables? As part of WHO output 3.6.2, countries ask for evidence to related to key policies and actions on social determinants of health (e.g. poverty, housing, basic services, employment conditions in mining). WHO produced the first Adelaides Statement list of evidence in 2010. The Second Adelaide Statement provides an opportunity to provide countries with an updated list that is usefully linked to the Sustainable Development Goals. The SDGs provide the opportunity and focus for advancing HiAP and action on the determinants of health for many countries. This was iterated in the Second Adelaide Statement on HiAP, which was endorsed by participants at the conclusion of the two-day International HiAP Conference in March 2017. This statement recognises HiAP as a critical approach to supporting the achievement of the SDGs and continued action on the determinants of health; action on the SDGs means acting on the determinants of health. This activity builds on the 'call to action' in the Second Adelaide Statement for improved governance for health and strengthened



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	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 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.	partnerships to better address the determinants of health and support action on the SDGs by applying a practical lens. The Second Adelaide Statement positioned HiAP for the first time in the context of the sustainable development era. There is scope to complement the 'call to action' with a more practical companion document. The development of the 'companion guide' aims to demonstrate practical detail on how HiAP is contributing to delivering on the SDGs through effective action on the determinants of health. Examples from across WHO regions will be used to capture the links between HiAP action on individual SDGs and individual determinants of health. This will also emphasise the range of health-related goals that reside beyond SDG 3 to highlight the importance of working with other sectors on the determinants of health to achieve shared goals, including the SDGs. WHO has undertaken the original systematic review of evidence. Using this evidence base, the CC will work with WHO to frame a policymaker friendly annex that summarises the evidence. A companion guide to the Second Adelaide Statement will be developed in the form of an annex. This will capture how countries across WHO regions are implementing HiAP to deliver on the SDGs and the determinants of health. The companion document will highlight the connections between individual SDGs, individual determinants of health and corresponding HiAP action. IP rights of ALL deliverables belong to WHO as per paragraphs 3.1.2 and/or 3.2.2 of the Terms and Conditions 362H2 The proposed institution will provide staff time, coordination and expertise for the development and dissemination of the product. Year 1: Develop annex to the Second Adelaide Statement. Year 2: Promotion and dissemination of the product.
Activity ID 27673	Activity title	Developing a strategy to support the establishment of a formalised network of WHO Collaborating Centres on the determinants of



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	health and HiAP action
Link to TOR	TOR4
Name(s) of responsible staff at the institution	Carmel Williams
Type of activity	Coordination of activities carried out by several institutions (e.g. other WHO collaborating centres)
Why WHO is asking for this activity and how WHO will use the deliverables?	A key strategic activity of the Social Determinants of Health programme area has been to increase the number of collaborating institutions and networks as described in general and in Output 3.6.2. For example, with the launch of the WHO Health in All Policies Training Manual, the global strategy was to establish informal regional hubs of trainers. As the demands from countries for technical assistance with HiAP and addressing the societal determinants, continue to grow, there is a need to scale up coordination between institutions working in this area. Several of these institutions are in the process of becoming global or regional collaborating centres but there are even more that may qualify for collaborating centres, and would want to be, but for which there has been no plan of outreach. By undertaking this activity, the proposed collaborating centre will support consolidation and alignment of these new institutions, in particular in view of the fact that this area of public health employs new tools and approaches. These institutions require support and a collaborative network will assist in this. It will also facilitate outreach and scale-up to respond to country needs.
What concrete actions will be taken by the designated institution? Be specific.	There are a number of recently established WHO collaborating centres which have a specific focus on action on the determinants of health, advancing HiAP practice, and governance for health. Bringing these institutions together through a formalised network provides increased opportunities for coordinated knowledge and information exchange as well as technical cooperation and strengthened partnerships. This will also further support the mobilisation of essential resources, especially in the context of the sustainable development agenda. The challenge of working across sectors and with all stakeholders to achieve the health-related SDGs requires new ways of thinking and working. The establishment of this network creates a platform to support and strengthen the mechanisms, tools and institutional processes available to sectors within government and stakeholders beyond

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	government to advance whole-of-systems, whole-of government and whole-of-society approaches to deliver on the SDGs. This activity involves the coordination and development of a strategy to support a formalised network of collaborating centres which focus on addressing the determinants of health. The network will enable strategic support between the collaborating centres involved and improve global oversight of action to assist with identifying gaps and future planning for action on the determinants of health.
What will be WHO's role in this activity?	WHO produces the specific WHO CC workplans with each CC and will support liaison with the other institutions. WHO will oversee development and consultation on the strategy to support the establishment of the network of relevant collaborating centres. WHO, with the Advisory Group for Health in All Policies training and education and other networks covering environmental and other determinants, will guide and review proposals for new areas of emphasis in the work of the network and for its expansion.
Expected deliverables	The development of a strategy to support the establishment of a formalised network of collaborating centres which have a focus on addressing the determinants of health. The network will improve coordination and information exchange between the relevant collaborating centres to support strengthened institutional capacity for intersectoral work within countries and across WHO regions. The strategy will also support linking the relevant WHO CCs with several WHO networks.
Intellectual property rights	IP rights of ALL deliverables belong to WHO as per paragraphs 3.1.2 and/or 3.2.2 of the Terms and Conditions
WHO Deliverable Code	362H2
Name(s) of funding sources	The proposed institution will provide staff time, coordination and expertise for the development of the strategy and initial implementation of the network.
Activity timeframe	Year 3-4: Under guidance of WHO, develop strategy to support the coordination of the collaborating centres across WHO regions which operate to address the determinants of health.



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	Year 4: Begin to implement the strategy to support the establishment of the network of relevant collaborating centres. Year 4: Support the WHO network in a role (that will be designed to rotate across ccs) to ensure long-term implementation of the strategy, whereby the network is able to co-share responsibilities and co-govern to promote sustainability as the network expands and new collaborating centres sign-on. 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.
Activity ID 27675	Activity title Exploring the role of HiAP action on specific health issues Link to TOR TOR1, TOR2, TOR4 Name(s) of responsible staff at the institution Carmel Williams Type of activity Product development (guidelines; manual; methodologies; etc.) Why WHO is asking for this activity and how WHO will use the deliverables? There is an increasing demand from across environment and other determinants (e.g. human-animal interface, zoonoses) to understand the value added by the HiAP approach to these different intersectoral areas of public health. As discussed under Output 3.6.2, Develop and strengthen/refine WHO methodologies, guidance and tools to apply "Health in All Policies" approaches, there is a need to refine the HiAP methodology as applied to specific determinants. What concrete actions will be taken by the designated institution? Be specific. Health sector work at the global level on the health impacts of air pollution and mercury are some traditional health issues that have been successfully brokered through an understanding of the viewpoints of partnering sectors, while maintaining health interests. The challenge of finding solutions to such complex problems demonstrates the increasing need for effective HiAP action and for the health sector to lead-by-example in promoting increased consideration and investment to integrate intersectoral action as part of core business activities. It calls on ministries of health to take a different role in the policy making process, that of a facilitator, to help drive integration across different systems. This activity will explore the role of HiAP action on traditional and emerging public health issues, including the role of the health sector in facilitating a 'change process' to support



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		improved intersectoral action. For example, some of the issues which may be explored include air pollution, anti-microbial resistance (AMR), water quality, and the human-animal-ecosystems interface (One Health).
	What will be WHO's role in this activity?	WHO will guide the identification of the specific areas of determinants, specific materials for analysis and identification of the examples. The intended product will form part of the WHO SDH Discussion Paper Series where the authors are named but copyright is held with WHO.
	Expected deliverables	A product (in the form of a discussion paper or other relevant format) will be developed which examines the role of HiAP action on specific health issues. The product will demonstrate how HiAP practices can support work on key traditional and emerging public health issues and the implications for broader well-being frameworks.
	Intellectual property rights	IP rights of ALL deliverables belong to WHO as per paragraphs 3.1.2 and/or 3.2.2 of the Terms and Conditions
	WHO Deliverable Code	362H1
	Name(s) of funding sources	The proposed institution will provide staff time, coordination and expertise for the development of the product.
	Activity timeframe	Year 3: Develop paper/product. Year 4: Dissemination and promotion of the product.
	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.	
Activity ID 27677	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?	Factsheet series on the implementation of HiAP mechanisms based on the South Australian experience of HiAP practice TOR2 Carmel Williams Product development (guidelines; manual; methodologies; etc.) A key headquarters deliverable under Output 3.6.2, on Health in All Policies, is to support sharing of best practices across regions, countries and jurisdictions. The South Australian example is one of the most thorough examples with lots of efforts undertaken to ensure reflection and analysis in the global context. It is very important that



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What concrete actions will be taken by the designated institution? Be specific.

these efforts to understand and analyse the example are documented and shared for others to learn from and emulate.

Policy-makers and decision-makers are increasingly interested in best-practice models for intersectoral action for health, especially in the context of the sustainable development agenda where health is central to many of the 17 SDGs. There are a growing number of practical resources to support HiAP initiation and implementation. Many of these are comprehensive and include a great level of detail, spanning a range of themes within a single platform.

This activity will support the WHO toolkit on HiAP and other resources by providing complementary information on how to implement and sustain HiAP in a factsheet format that is easy-to-read and provides a general overview of key points for readers looking for 'quick tips'. Each factsheet will explore a different theme which is critical for the effective implementation of HiAP that will be underpinned by the lessons from the South Australian experience of HiAP practice. The factsheets will be in an easy-to-read format and will direct readers to other resources for further information. Examples of some themes which the factsheets may cover include: governance; resources for HiAP; partnerships and engagements processes; and pathways to initiate, implement and sustain HiAP. These factsheets will explore the 'how to' in regards to HiAP practice and guide readers through a range of considerations for initiating, implementing and sustaining HiAP.

What will be WHO's role in this activity?

WHO will provide the framework from the WHO HiAP implementation toolbox/kit and request review of this framework by the WHOCC.

The South Australian fact sheets will be included in the WHO toolbox/kit that includes other specific sets of instructions that have been developed by WHO.

This activity is a joint activity of WHO and the WHOCC (as advised by WHO officer, Partnerships and Non-State Actors Department).

Expected deliverables

A series of factsheets will be developed relevant to the South Australian/Australian context.

Each factsheet will cover a different theme critical for effective HiAP practice based on the lessons of HiAP implementation in South



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	Australia and relate to the WHO HiAP Toolbox/kit. - IP belongs to WHOCC The IP of the General framework and other fact sheets for other country settings belongs to WHO.
Intellectual property rights	Other (please explain in the box "Expected deliverables" above, next to each concerned deliverable).
WHO Deliverable Code	362H1
Name(s) of funding sources	The proposed institution will provide staff time, coordination and expertise for the development of the factsheet
Activity timeframe	A new factsheet will be released 16-18 months throughout the duration of this workplan.
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.	

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 progress 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 emblem¹ 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

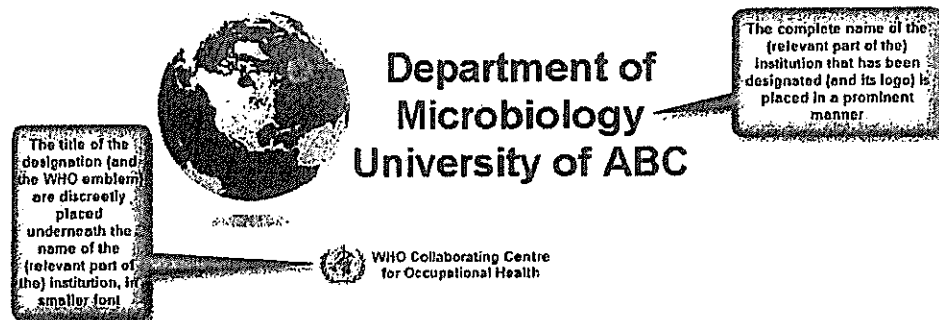
¹ Emblem and logo are different things. The WHO logo incorporates the WHO emblem and the name of the Organization in a single design. Normally, WHO CCs are not allowed to use the WHO logo. Instead, they may be authorized to use the WHO emblem and title of their designation as a WHO CC following the rules stated in this document.

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".
- (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.

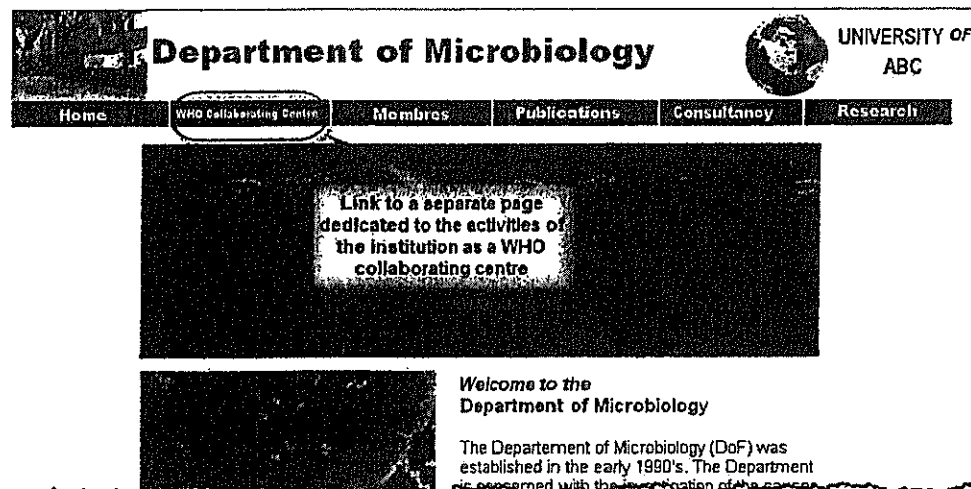


Fig. 1. main page of the Department of Microbiology of the University ABC.

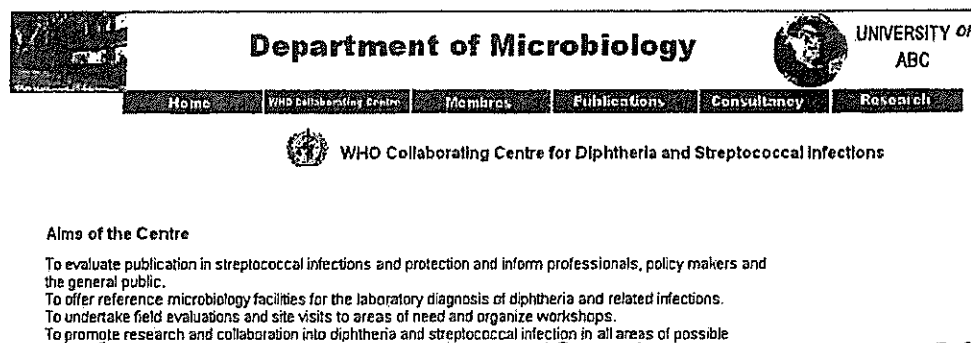


Fig. 2. page within the website of the Department of Microbiology of the University ABC, especially dedicated to the activities in its capacity as a WHO CC for Diphtheria and Streptococcal Infections.

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 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 adaption, 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 be 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 workplan

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/rpc/research_ethics/erc/en/index.html.

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.

