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2009 Please send your suggestions for changes to Marilyn Fingerhut at mfingerhut@cdc.gov . We are seeking short personal stories of benefit to you from belonging to this Network. Please send one! Thank you so much, Marilyn

Guidebook for Members of the Global Network of WHO Collaborating Centres in Occupational Health

Preface: John Howard and Maria Neira (to be added)

Introduction (to be added)

Chapters

- 1. History of the Global Network of WHO CCs in Occupational Health**
 - a. CCs in Occupational Health and Formation of the Global Network
 - b. Meetings of the Global Network

- 2. Rationale for the Work of the Global CC Network**
 - a. Global Strategy on Occupational Health for All
 - b. Global Plan of Action for Workers' Health
 - c. ILO/WHO Joint Committee on Occupational Health

- 3. Workplans of the Global Network**
 - a. 1990–1992 Priorities
 - b. 1992–1994 Workplan
 - c. 1995–1997 Workplan
 - d. 1998–2001 Workplan
 - e. 2001–2005 Workplan
 - f. 2006–2010 Workplan

- 4. The 2009–2012 Workplan of the Global Network**
 - a. Overview
 - b. Structure and Terminology

- 5. Leadership Structure of the Global Network**
 - a. Summary of Responsibilities of the Leadership

- 6. The October 2009 Geneva Global Network Meeting**
 - a. Advancing Priorities of the Global Plan of Action

- 7. The WHO Regional Networks in Occupational Health** *(to be added)*

- 8. References, Resources, and Links**
- 9. Annexes**
 1. WHO Collaborating Centers: Description and Designation Procedures
 2. Summary of Priorities of the Global Plan of Action on Workers Health
 3. Terms of Reference of the Network Planning Committee
 4. Terms of Reference of the Network Advisory Committee
 5. Terms of Reference of the Managers of Workplan Projects
 6. Terms of Reference of the CC Initiative Leaders of Projects in Priority Areas
 7. Terms of Reference of the Co-Coordinator of the Global Network

Chapter 1

History of the Global Network of WHO CCs in Occupational Health

Collaborating Centres (CC) in Occupational Health have existed since the 1970s. However, it was not until 1990 that the Global Network of WHO Collaborating Centres in Occupational Health (Network) was formed at a meeting of CCs in Helsinki at the Finnish Institute of Occupational Health, with the intent to provide support to the WHO Worker' Health Programme and to strengthen coordination and contributions of the Centres.

The first meeting of the Network was held in Moscow in September 1992, with meetings held approximately every two years thereafter: in Beijing in 1994, in Bogota in 1997, and in Helsinki in 1999. A Planning Group of about 5 volunteer CCs was approved at each meeting to assist in preparing a work plan and to oversee activities between meetings and to prepare with WHO for the next Network meeting.

At the 2001 Chiangmai, Thailand Meeting, the 2003 Iguassu Falls, Brazil Meeting and the 2006 Stresa, Italy Meeting more formal leadership structures were agreed, including a broad Planning Committee and a smaller Advisory Committee.

Generally, the national or local Collaborating Centres organized the Network Meeting, with assistance of WHO. Reports of the Network Meetings are retained in the CC Archives.¹

The WHO Global Network of Collaborating Centres (CCs) in Occupational Health has now a broad and active membership including 57 CCs and 10 in the process of CC designation², which represents a substantial component of the world's leading ministerial, academic and professional communities in occupational health. The Global Network also includes three non-governmental organizations (NGOs) in formal affiliation with WHO: the International Commission on Occupational Health (ICOH), the International Occupational Hygiene Association (IOHA), and the International Ergonomics Association (IEA). The WHO occupational health staff in Geneva and the Regional Advisors in Occupational Health constitute the Secretariat, and the International Labour Organization (ILO) is an active partner.

The coordinated and direct interactions among the members of the Global Network expand greatly the global reach of the Occupational Health Programmes at WHO headquarters and the six WHO Regional offices.³

The Global Network of CCs in Occupational Health is unique in WHO, for its coherence, energy, and organization of contributions to a common Workplan.

¹ Reports of Meetings of the WHO Global Network of CCs in Occupational Health
http://www.who.int/occupational_health/network/ccarchives/en/index.html

² Directory of CCs in Occupational Health
http://www.who.int/occupational_health/publications/newsletter/CCs_NGOs_and_others.pdf

³ WHO Webpage for CCs in Occupational Health http://www.who.int/occupational_health/network/en/



Figure 1. Map of the WHO CCs in Occupational Health

In January 2000, the WHO Executive Board urged the Member States to make full use of WHO CCs as sources of information, services and expertise; and to strengthen their own national capacity for training, research and collaboration for health development. WHO CCs were encouraged to develop working relations with other centres and national institutions recognized by WHO by creating or joining collaborative networks.

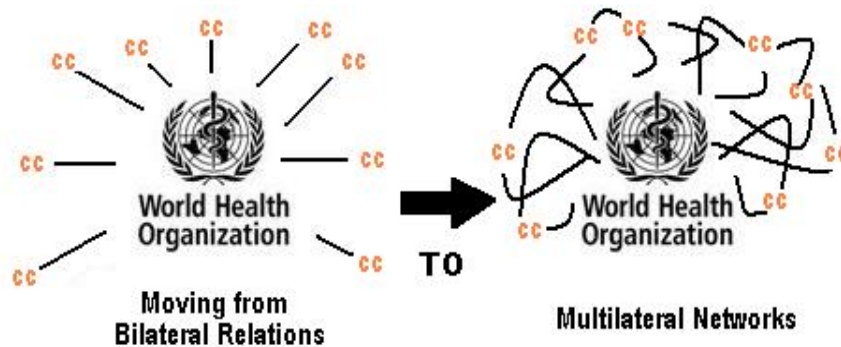


Figure 2. From bilateral relations to multilateral networks

The WHO Global Network of CCs in Occupational Health, which was formed earlier, in 1990, experienced benefits including: greater global application and impact of the activities; new synergies and peer-to-peer opportunities for the Centres beyond their WHO agreed work; better alignment with WHO programmes; and improved motivation for leadership opportunities. In 2007, the WHO conducted an internal review of its Collaborating Centres. The Global Network of WHO CCs for Occupational Health was noted by WHO as one of the most successful examples to date of CC Networks.

Chapter 2

Rationale for the Work of the WHO CCs in Occupational Health

Since the formation of the World Health Organization in 1948, only two Resolutions have been passed by the UN Member States addressing the health and safety of workers. These were the Global Strategy on Occupational Health for All, endorsed in 1996, and the Global Plan of Action on Workers' Health, endorsed in 2007. The Resolutions have been driving forces for the Occupational Health Programme and its Collaborating Centres. A third critically important force is the Joint ILO/WHO Committee on Occupational Health, founded in 1950.

Global Strategy on Occupational Health for All 1996)

The CCs in Occupational Health worked with WHO to prepare Resolution 49.12 *Global Strategy on Occupational Health for All*, which was endorsed by the World Health Assembly in 1996.⁴ In preparation for WHO bringing the Resolution to the World Health Assembly, the Global Network of CCs had devoted its 1st Network Meeting (Moscow) in 1992 and 2nd Network Meeting (Beijing) to discussions leading to publication of a detailed document entitled 'Global Strategy on Occupational Health for All', published in 1994.⁵ This document provided guidance to countries how to successfully implement the strategy in national occupational health and safety standards and practical actions. Of note is the Declaration on Occupational Health for All, which was signed at the Great Wall of China in 1994 by the Chairs and Vice-Chairs of the Global Network and the Network Meeting in Beijing.⁶

Global Plan of Action for Workers' Health 2007

In anticipation of the tenth anniversary of the 1996 World Health Assembly Resolution 49.12, "Global Strategy on Occupational Health for All", WHO and the Global Network of CCs in Occupational Health addressed the need for a new Resolution to meet the continuing needs of workers. Based on consultations with CCs, countries, and international partners, and on a 2005 Survey of Member States, it was concluded that the objectives and approaches of the 1996 Resolution and the supporting 1994 CC Network document remained largely valid. What was needed was a renewed call to action. Accordingly, WHO worked with the six WHO Regional Offices, the ILO, ICOH, IOHA, IEA, international organizations of employers and workers, and the Global Network of WHO Collaborating Centers for Occupational Health to develop a Global Plan of Action on Workers' Health to provide a policy framework for renewed and intensive action to protect, promote and improve the health of all workers. In 2006, as part of the preparation, the Stresa Declaration on Workers Health⁷ was unanimously approved by the CC Directors at the 7th Network Meeting in Stresa, Italy, and was signed by the members of the Network Advisory Committee.

⁴ WHO, 1996 World Health Assembly Resolution WHA49.12, Agenda item 17, Annex 1 (to be added)

⁵ WHO CC Network 1994 Document Global Strategy on Occupational health for All
http://www.who.int/occupational_health/publications/globstrategy/en/index.html

⁶ Declaration by the Network CC Directors 1994 on Occupational Health for All
http://www.who.int/occupational_health/publications/declaration/en/index.html

⁷ Declaration by Network CC Directors 2006 on Workers Health
http://www.who.int/occupational_health/Declarwh.pdf

Draft 3 September 2009

The *Global Plan of Action for Workers' Health*⁸ was reviewed by the WHO Executive Board in January 2007 and finalized and endorsed as Resolution 60.26 by the 193 United Nations Member States at the 60th World Health Assembly in May 2007.

The Global Plan of Action for Workers' Health addresses all aspects of workers' health, including primary prevention of occupational hazards, protection and promotion of health at work, employment conditions, and improving the response of health systems to workers' health. It calls for traditional occupational risk assessment and management in the workplace, which is a key area for action. It also calls for improving workers' health through involvement with other public health disciplines, such as chemical safety, environmental health, health systems, and disease prevention and control. It urges close collaboration with labour and other sectors, and organizations of employers and workers. The aim of the Global Plan of Action is to improve the health of all workers. The specific objectives of the plan are:

1. To devise and implement policy instruments on workers' health;
2. To protect and promote health at the workplace;
3. To improve the performance of and access to occupational health services;
4. To provide and communicate evidence for action and practice; and
5. To incorporate workers' health into other policies.

The WHO CCs in Occupational Health carry out national, regional and global projects to assist countries to implement the recommendations.

Joint ILO/WHO Committee on Occupational Health

The International Labour Organisation (ILO) is a key partner to the CC Global Network. Occupational health at country level involves both Ministries of Health and Ministries of Labor. In the United Nations system, the member states are represented by their Health Ministers to the WHO and by their Labor Ministers to the ILO. The first meeting of the *Joint ILO/WHO Committee on Occupational Health* occurred in 1950, shortly after the founding of WHO, and initiated the continuing close collaboration between WHO and the International Labor Organization. Recommendations from the Thirteenth Meeting in December, 2003 included some priority areas of work for WHO and ILO.⁹ Examples include the recommendations to assist countries to develop basic occupational health services, and to carry out campaigns to eliminate silicosis and asbestos-related diseases, which are current productive joint efforts of WHO and ILO.

Chapter 3 Workplans of the Global Network

Since its establishment in 1990, the Network of Collaborating Centres in Occupational Health established a small Planning Group to plan the activities of the Network in collaboration with the WHO Occupational Health Programme.

1990–1992 Priorities

Collaborating Centres contributions to WHO Workers' Health Programme

1. Participating, hosting and sponsoring special scientific meetings of WHO

⁸ WHO, 2007 World Health Assembly Resolution WHA60.26 Agenda Item 12.13
http://apps.who.int/gb/ebwha/pdf_files/WHA60/A60_R26-en.pdf

⁹ ILO, 2003 Thirteenth Session of the Joint ILO/WHO Committee on Occupational Health, Geneva.
<http://www.ilo.org/public/english/protection/safework/health/session13/report.pdf>

Draft 3 September 2009

2. Participating in preparation of guidelines, manuals and state-of-the-art reports
3. Participating in organization and also provision of training courses and symposia at both basic and advanced levels
4. Participating in practical programmes for strengthening the infrastructure for occupational health in industrialized, newly-industrialized and developing countries
5. Participating in coordinating research on specific areas of mutual interest, such as ergonomics.

Prospects for collaboration between the Network of Institutes of Occupational Health

1. Joint efforts in support of the WHO Workers' Health Programme
2. Exchange of information and potential joint activity on an inter-institutional basis
3. Joint approaches to third parties at the national and international level to promote occupational health.

1992–1994 Global Network Workplan

The Planning Group of the Network discussed in depth the priorities in various groups of countries: developing countries, newly-industrialized countries, Countries of Central and Eastern Europe (CCEE) and industrialized countries. On the basis of an analysis of priorities in each group, a summary of so-called 'superpriorities' was drafted. These included

1. Global Information System on Occupational Health
2. Development of human resources for occupational health
3. Development of occupational health in agriculture
4. Small-scale enterprises
5. Occupational health practices
6. Reorientation of OH&S systems, especially in CCEE countries
7. Occupational health of aging workers, especially in industrialized countries
8. Newly recognized epidemics among working populations
9. Women at work.

For each priority area, actions to be taken by the Collaborating Centres either as an individual activity or a joint activity were agreed upon. All CCs were invited to join the activities.

1995–1997 Global Network Workplan

The workplan was continued on the basis of the plans of the previous term.

1998–2001 Global Network Workplan

The Planning Committee concluded on the basis of brainstorming and discussions that the following actions should be included in the policy objectives for occupational health:

- Occupational health should be strongly included in the WHO HFA Strategy.
- It should include the goals of sustainable socio-economic development.
- It should include ethical aspects (in collaboration with ICOH).
- Occupational health should be organized for all working people.
- The Network policy for collaboration with the ILO should be defined.
- A guideline for transferring occupational health to the national level programmes should be developed.
- Occupational health should be put on the agenda of the WHO Executive Board and World Health Assembly every three years (WHO/OCH).
- Intersectorial collaboration for policy development should be encouraged and strengthened.

The Plan of Action for the implementation of the Global Strategy on Occupational Health for All comprised the Strategy priorities:

1. Strengthening of International and National Policies for Health at Work
2. Developing the Healthy Work Environment
3. Development of Healthy Work Practices
4. Strengthening of Occupational Health Services
5. Establishment of Appropriate Support Services for Occupational Health
6. Development of Occupational Health Standards Based on Scientific Risk Assessment
7. Development of Human Resources for Occupational Health
8. Establishment of Registration and Data Systems
9. Strengthening of Research
10. Development of Collaboration in Occupational Health and with Other Activities and Services

2001–2005 Global Network Workplan

Why did the Network develop a 2001-2005 Work Plan? The WHO Global Strategy on Occupational Health for All had been approved by the World Health Assembly in 1996, endorsing the strategy that forms the basis of the activities of the WHO Global Program in Occupational Health. As the years passed, interest grew at WHO and among the CCs to work more closely together to assist developing nations to improve occupational health and to achieve the goals of the Global Strategy on Occupational Health for All. At the 5th Network Meeting in Chiangmai, Thailand in 2001, the Network committed itself to enhanced coordination of efforts specifically to achieve this objective. A global agenda of fifteen occupational health priority areas was set by the CC Directors at the Meeting, who committed to working in a common work plan to advance the Global Strategy on Occupational Health for All. A Task Force of volunteer CCs was created to work in each priority area, led by Co-Chairs from WHO and a CC. Every CC was expected to carry out at least one project that had immediate or potential benefit for developing nations, while also benefiting the country where the CC is located. A format for project entry was provided, and all projects suitable to a Task Force priority area were accepted. The Global Network meetings and Global Work Plan provided a framework for WHO and ILO to work together successfully with country and regional partners.

The Global CC Network 2001–2005 Work Plan¹⁰ contained an impressive range of about 355 national and international projects that were organized into 15 priority areas called Task Forces:

1. Technical guidance in occupational health
2. Intensive partnership in Africa
3. Child labor and adolescent workers
4. Elimination of silicosis
5. Health care workers
6. Health promotion activity
7. Psychosocial factors at work
8. Promotion of OS&H in small enterprises and in the informal sector

¹⁰ Global Network 2001-2005 Workplan [link to be added from CC Archives](#)

Draft 3 September 2009

9. Prevention of musculoskeletal disorders
10. Preventive technology
11. Training of occupational health personnel
12. Internet resources and networks
13. National and local profiles and indicators
14. Economic evaluation
15. Global burden of disease

An evaluation was conducted in 2005 that reflected upon the successes and limitations of the 2001-2005 Workplan, identified 'lessons learned', and made recommendations for the next five year Work Plan¹¹. The evaluation found that all 64 Collaborating Centres, the three NGOs (ICOH, IOHA and IEA) and the International Labour Organization contributed projects. The review concluded that the working together of the CCs in a common Work Plan is highly successful and beneficial to nations and regions, and globally. A document describing Products from the 2001-2005 Workplan was prepared.¹² Because the intention of the Work Plan was to assist developing nations, in addition to achieving national benefit, the evaluation emphasized the overall success of the Task Forces in achieving the objective of assisting the developing nations in the priority area. The qualitative review concluded that about five Task Forces had excellent success in achieving this objective, and eight Task Forces had adequate success. Two Task Forces had primarily a national focus.

2006–2010 Global Network Workplan

The 2006–2010 Global Work Plan was proposed in September 2005, at the Planning Committee meeting in Johannesburg, South Africa¹³ that was held in conjunction with the annual meeting of the International Occupational Hygiene Association (IOHA). The 'Lessons Learned' in the evaluation of the 2001-2005 Workplan were followed. The proposed Workplan 2006-2010 had fewer priority areas, required that projects had regional or global benefit, and was managed by CC experts whose Directors allowed 25% time for them to coordinate the projects of the Workplan.

The Workplan was finalized at the Stresa Meeting¹⁴ of the Collaborating Centres. Six Activity Areas were chosen to support implementation of the draft Global Plan of Action for Workers Health, which had not yet been brought to the WHO World Health Assembly. The Workplan included about 200 projects from all Collaborating Centres. Dedicated Project Managers, called Activity Area Managers, interacted with project leaders and collected progress updates for the projects.

The Six Activity Areas of the Global CC Network Work Plan 2006-2010 were:

AA1: Global situation analysis

¹¹ Evaluation of the 2001-2005 Workplan [link to be added from CC Archives](#)

¹² Products of the Global Network Workplan 2001-2005
http://www.who.int/occupational_health/publications/compendiumfinalproducts/en/index.html

¹³ Johannesburg 2005 Planning Committee Meeting
http://www.who.int/occupational_health/network/reportplancom05/en/index.html

¹⁴ Stresa, Italy 2006 Meeting of the Network
http://www.who.int/occupational_health/network/stresareportmarch2007.pdf

Dr. Wendy Macdonald, University of Latrobe, Australia
AA 2: <i>Evidence for action, and national policies and action plans</i>
Dr. Jo Harris-Roberts, Health and Safety Laboratory, UK
AA 3: <i>Practical approaches to identify and reduce occupational risks</i>
Dr. Stavroula Leka, University of Nottingham, UK
AA 4: <i>Education, training, and technical materials</i>
Leslie Nickels, University of Illinois, Chicago, US
AA 5: <i>Development and expansion of Occupational Health Services</i>
Dr. Timo Leino, Finnish Institute of Occupational Health
AA 6: <i>Communication and Networking</i>
Claudina Nogueira, NIOH, Johannesburg

The CCs worked on their projects in the 2006-2010 Workplan, beginning in June, 2006 following the Stresa, Italy Network Meeting. In May, 2007, the WHO World Health Assembly endorsed Resolution 60/26, The Global Plan of Action for Workers Health (GPA). Although all of the CC projects contributed to the actions called for in the GPA, there was interest in WHO and in the CC Network leadership to increase the intensity with which the CCs were addressing the priorities of the GPA. In March 2008, the Advisory Committee concurred, and the transition from the 2006-2012 WorkPlan was begun to the current 2009-2012 WorkPlan. Consultations were made by email with CC Directors, and in a meeting of participating CCs at the Seoul, Korea World Congress on Safety and Health at Work in June 2008. The Planning Committee of the Global Network of the WHO Collaborating Centres in Occupational Health convened in Munich, Germany in September, 2008 to draft plans for inviting projects from the CC Directors to fill gaps in the 2009-2012 Work Plan of the WHO CC Network with respect to advancing key priorities endorsed by member states in the Global Plan of Action for Workers' Health. All ongoing projects and some new projects were reordered into the new groupings of the 2009-2012 Workplan.

Chapter 4 The 2009–2012 Workplan

The 2009-2012 Workplan is organized to promote intensive activity toward addressing the Global Plan of Action. The current projects of the 2009-2012 Workplan¹⁵ are organized into five groups, each focused on one of the five Objectives of the Global Plan of Action for Workers' Health¹⁶. The Managers are called Global Plan of Action Objective Managers (GPA Managers).

The GPA Objective Managers¹⁷ for the 2009-2012 Workplan are:

GPA Objective 1: To devise and implement policy instruments on workers' health

Claudina Nogueira, NIOH, South Africa

GPA Objective 2: To protect and promote health at the workplace

Stavroula Leka and Aditya Jain, University of Nottingham, UK

¹⁵ Compendium of Projects in the 2009-2012 Global Network Workplan

http://www.who.int/occupational_health/network/newsletter_15_compendium/en/index.html

¹⁶ WHO, 2007 World Health Assembly Resolution WHA60.26 Agenda Item 12.13

http://apps.who.int/gb/ebwha/pdf_files/WHA60/A60_R26-en.pdf

¹⁷ Introduction to the 2009-2012 Managers <http://www.cdc.gov/niosh/ccc/CCCnewsV1N8.html>

Draft 3 September 2009

GPA Objective 3: To improve the performance of and access to occupational health services

Timo Leino, FIOH, Finland and Leslie Nickels, University of Illinois, Chicago, USA

GPA Objective 4: To provide and communicate evidence for action and practice

Jo Harris-Roberts and Ed Robinson, HSL, UK

GPA Objective 5: To incorporate workers' health in to other policies

Wendy Macdonald, University of LaTrobe, Australia

The 2009–2012 Work Plan also organizes the projects into subgroups addressing Priority topics¹⁸ within each of the GPA Objectives. Each subgroup of projects is coordinated by a CC Initiative Leader, who assists the GPA Objective Manager. Their work is done in cooperation with the Network Co-Coordinator, and the occupational health staff in Geneva and in the regional offices. The Priorities were established at the Network Planning Committee 2008 Munich Meeting. Details about the Priorities and the CC Initiative Leaders are provided as Appendix 1 of this Guidebook.

Organization of Projects in the 2009-2012 Workplan

The projects are distributed into the five GPA Objectives, and are further grouped within the Priorities of the GPA.

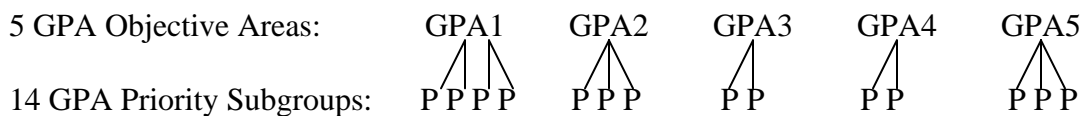


Figure 3. Distribution of >200 Projects in the 2009–2012 Workplan of the Network of WHO CCs in Occupational Health

Priorities of the 2009–2012 Workplan

The Priorities of the Global Plan of Action are listed here within each of the GPA Objectives:

- GPA Objective 1: To devise and implement policy instruments on workers' health
 - Priority 1.1: profiles on workers' health and evaluation of national action plans on workers' health
 - Priority 1.2: the prevention of silica and other dust-related diseases.
 - Priority 1.3: the elimination of asbestos-related diseases.
 - Priority 1.4: the comprehensive protection and promotion of health for health care workers, emphasizing HBV immunization.
- GPA Objective 2: To protect and promote health at the workplace
 - Priority 2.1: practical toolkits for the assessment and management of OH risks
 - Priority 2.2: a global framework and guidance on healthy workplaces
 - Priority 2.3: toolkits for the assessment and management of global health threats including HIV, tuberculosis, malaria, and influenza (emphasizing vulnerable groups *i.e.* migrant workers)

¹⁸ Summary of Priorities of the Global Plan of Action for Workers Health

http://www.who.int/occupational_health/network/summary_of_priorities_2009-2012/en/index.html

Draft 3 September 2009

- GPA Objective 3: To improve the performance of and access to occupational health services
 - Priority 3.1: provide technical assistance to countries for organization, delivery and evaluation of basic OH services
 - Priority 3.2: training materials and training for international capacity building in OH
- GPA Objective 4: To provide and communicate evidence for action and practice
 - Priority 4.1: practical research on emerging issues, including nano-materials and climate change
 - Priority 4.2: develop the global research agenda for workers' health
- GPA Objective 5: To incorporate workers' health in to other
 - Priority 5.1: studies to clarify the economic benefits of workers' health
 - Priority 5.2: risks associated with the effects of globalization on workers' health
 - Priority 5.3: implement sectoral toolkits for the assessment and management of OH risks in the most hazardous sectors and for vulnerable workers

Structure and Terminology in the 2009–2012 Workplan

The 2009–2012 Work Plan is structured so that the CCs can achieve substantial accomplishments of the Global Plan of Action by 2012. The following terms are used in the Workplan.

Priority Initiative- Fourteen Priorities were identified by the CC Planning Committee, with consultation of the CC Directors, within the 2009-2012 Workplan of the Global Network.¹⁹ A Priority Initiative is an effort to advance the Priority by a group of projects that together will achieve substantial results by 2012. The Priority Initiative project group includes an administrative 'Facilitating Project' and several or many 'Contributing Projects'.

Facilitating Project- A Facilitating Project is an administrative project that lists and describes the Contributing Projects working to address the Priority. It is used to increase communication and actions in addressing the Priority. Facilitating Projects provide a mechanism for increasing collaborations among CCs, external CC Network Partners, employers, trade unions, and NGOs, to address these priorities.

Contributing Project- Contributing Projects are individual projects contributed by CCs. The Contributing Projects may be projects from the 2006-2010 Workplan that have been reordered within groupings of the five GPA Objectives, or they may be new projects sought in November 2008 by an electronic *Call to the CC Directors for Projects*.

¹⁹ Priorities of the WHO Global Plan of Action
http://www.who.int/occupational_health/network/priorities.pdfhttp://www.who.int/occupational_health/network/priorities.pdf

Chapter 5

Leadership Structure of the Global Network of CCs in Occupational Health

Overview

The work of the CCs in Occupational Health from the 1970s through the early decades was primarily carried out individually in relationship with WHO. From 1990 on, the Planning Group of the Network prepared a Workplan for the next 2–3 years with priority activities in view of providing support to the implementation of the WHO Workers' Health Program. It was in preparation for the Network Meeting in Chiangmai, Thailand in 2001 that the idea of working together by contributing CC projects into a common Workplan was implemented. CCs were invited to contribute projects in priority areas defined at the Chiangmai meeting, to benefit workers globally in the Workplan 2001-2005. It was recognized that as the number of Collaborating Centres in Occupational Health was increasing, a larger Planning Committee would be needed in order to guarantee the wide coverage of ideas and needs in the Workplans of the WHO in the field of occupational health. The Planning Committee appointed in 2001 included CCs from all continents, the non-governmental organizations (ICOH, IOHA, IEA) and the ILO. Also, a small Core Group of Directors (ICPS, Italy; NIWL, Sweden; FIOH, Finland; NIOSH, USA) was appointed to meet regularly to advise and monitor the programme of activities in-between the Planning Committee meetings. These four Institutes were chosen because they had long supported the WHO Occupational Health Programme financially and in kind. It was agreed that their experience should be utilized in the further development of occupational health worldwide. This leadership structure assumed responsibility for ongoing activities and for organization of the next Network Meeting in Iguassu Falls, Brazil in 2003. In Brazil, the Planning Committee was broadened to include the Task Force Co-chairs of the Workplan projects, while retaining the core Advisory Committee of four CCs. In the 2006 Stresa, Italy Meeting, the Advisory Committee was increased, to include geographic representation from Africa, South America and Asia.

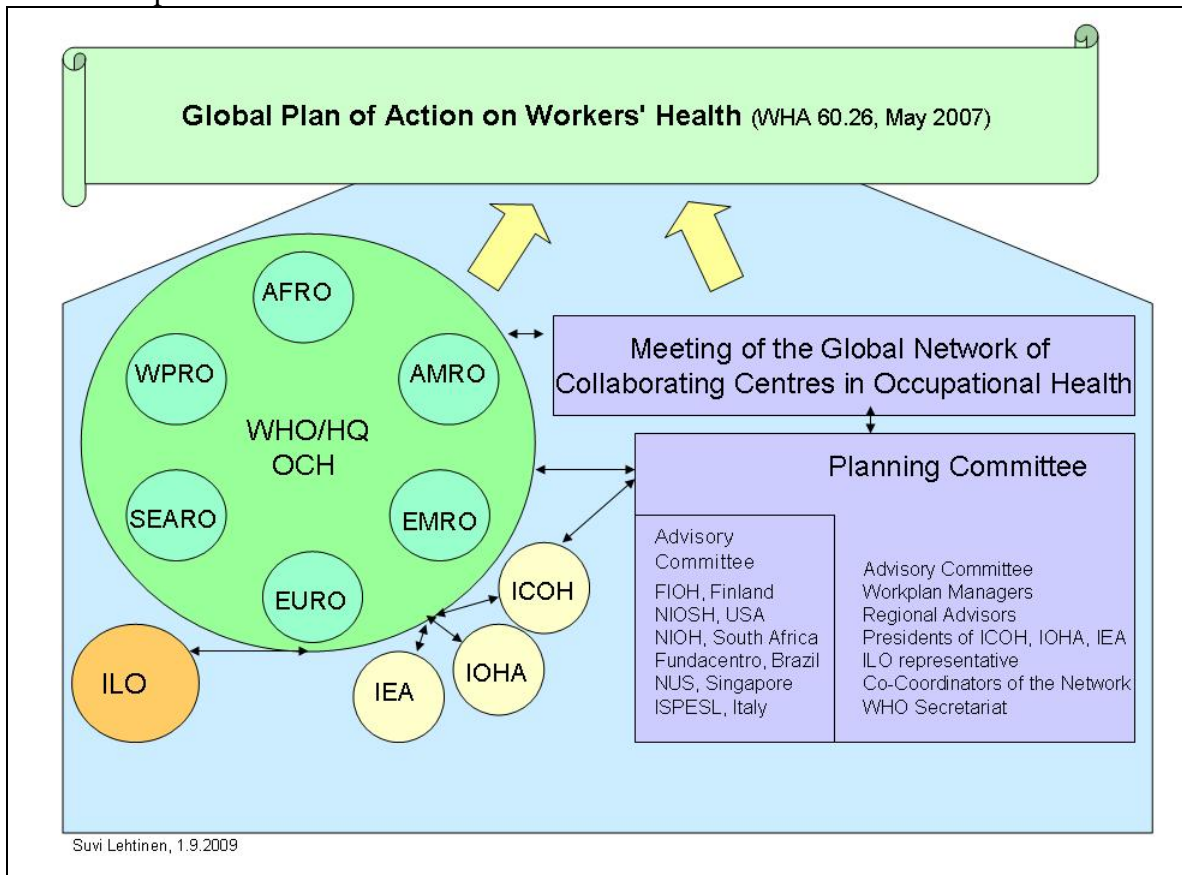


Figure 4. Structure of Leadership of the Global Network of CCs in Occupational Health

Summary of Responsibilities of the CC Network Leadership

A brief summary of responsibilities of the CC Network Leadership is provided here. Appendices 2-6 provide detailed Terms of Reference for each leadership group.

- **The Global Network Meeting of CC Directors and NGO Presidents**, recently held every three years, is the setting in which they make major decisions by consensus. The recommendations are brought to them by the Chair of the Advisory Committee.
- **The Global Network Planning Committee** is the administrative leadership body of the WHO Global Network of CCs in Occupational Health. The Planning Committee provides practical input and assistance to ensure the coordinated work of the Network and progress in the commitments of the Global Network Workplan. The Network Planning Committee consists of the Advisory Committee, the Workplan Managers, six Regional Advisers in Occupational Health, the Presidents of the non-governmental organizations in official relations with WHO (ICOH, IOHA, IEA), a representative of the ILO, the Co-Coordinator of the Network, and the WHO Secretariat.
- **The Advisory Committee** of the WHO Global Network of Collaborating Centres (CCs) provides advice on an ongoing basis about planning, monitoring and evaluating of the work of the CCs and their contribution to achieving the

Draft 3 September 2009

objectives of the World Health Assembly Resolutions ‘*Occupational Health for All*’ (1996) and the ‘*Global Plan of Action on Workers’ Health*’ (2007). The Chair of the Advisory Committee serves also as Chair of the Planning Committee and of the Global Network. Current members include

- Finnish Institute of Occupational Health (FIOH)
 - National Institute for Occupational Safety and Health (NIOSH) USA
 - National Institute of Occupational Health, Johannesburg (NIOH)
 - National University of Singapore
 - FUNDACENTRO, Brazil
 - National Institute of Occupational Safety and Prevention (ISPESL) Italy
- **The Managers of Workplan projects** are experts from WHO CCs who provide the coordination and administration of projects within the Workplan of the Global Network. Working closely with the WHO Secretariat and with the CC Project Leaders, the *Global Plan of Action Objective Managers* encourage intensive action and collaboration among all parties to ensure substantial achievements by the end of the timeframe of the Workplan.
 - **The CC Initiative Leaders** are volunteer experts from WHO CCs responsible for advancing intensive action by projects contributing to one particular GPA priority area. Their role is to assist the GPA Objective Managers and WHO to ensure substantial achievements from the CCs by 2012. Whereas the GPA Objective Manager deals with projects contributing to several Priority areas, the CC Initiative Leader concentrates on the subset of projects in one Priority only.
 - **The Network Co-Coordinator**s provide administrative coordination for the WHO Global Network of CCs in Occupational Health and for its various leadership groups, the Planning Committee, the Advisory Committee, the GPA Managers and the CC Initiative Leaders, to assist the Network to achieving its objectives. WHO designates a staff member of the WHO Secretariat as a Co-Coordinator, and the Network appoints a Co-Coordinator.

Chapter 6

The October 2009 Geneva Global Network Meeting

The Eighth Meeting of the WHO Global Network of Collaborating Centres in Occupational Health will take place in Geneva, Switzerland from 19-21 October, 2009²⁰. The purpose of the Meeting is to assess the progress of the Network 2009-2012 Workplan in achieving the outcomes of the Global Plan of Action; to note outcomes anticipated from the projects by 2012; to identify critical gaps needing filling by 2012; and to look forward to areas of emphasis anticipated for the next Workplan 2012-2017. The Meeting hosts 14 Working Groups, one for each GPA Priority Area. Prior to the meeting, all CCs were invited to update progress on projects, including identifying outcomes already achieved and anticipated deliverables by 2012. This information will

²⁰ Program and Detailed Agenda of Geneva Network Meeting, October 2009
http://www.who.int/occupational_health/en/

Draft 3 September 2009

be used in the Working Groups to stimulate increased collaboration, generate new or modified projects, and project the level of success by 2012. The dates of 2012 and 2017 were selected as end dates of the Network Workplan periods because WHO must report to the 2013 and 2018 World Health Assemblies on progress of the countries on the commitments of the Resolution 60.26 Global Plan of Action on Workers' Health.

Following the Network Meeting on 22 and 23 October three intensive Workshops will substantially advance three key priorities of the Global Plan of Action: Capacity Building, Healthy Workplaces, and Healthcare Workers.

Chapter 7

The Regional Networks in Occupational Health (to be added)

Note: We anticipate inviting the Regional Advisors to provide a half-page summary, with an option of also attaching a 1 page Appendix. This might include Regional Office Programmes, Regional Networks of WHO CCs., Contact Persons, etc.

EURO

PAHO

WPRO

SEARO

AFRO

EMRO

Chapter 8

References, Resources, and Links

This Chapter lists links to key documents and products of the WHO Global Network of CCs in Occupational Health.

- WHO Website for Occupational Health www.who.int/occupational_health
- Collaborating Centre Connection Newsletter <http://www.cdc.gov/niosh/ccc/>
- WHO Link on How to Become a WHO Collaborating Centre
<http://www.who.int/collaboratingcentres/en/>
- GOHNET Issues about the CCs and OSH Network
http://www.who.int/occupational_health/publications/newsletter/gohnetarchives/en/index.html
- Archives of WHO Occupational Health Program
http://www.who.int/occupational_health/network/ccarchives/en/index.html
 - Reports of Network Meetings
 - Previous Network Workplans
 - Products of Previous Workplans
 - Evaluation of the 2001 – 2005 Work Plan of the WHO Global Network of Collaborating Centres in Occupational Health²¹ May 27, 2005

²¹ Evaluation of 2001-2005 Workplan [Link to be added.](#)

Draft 3 September 2009

- Planning Committee Report from Iguassu 2003 Meeting
http://www.who.int/occupational_health/network/en/oh6plancomrep.pdf
- Report of Planning Committee Meeting 2005 Johannesburg
- Report of Planning Committee Meeting 2008 Munich
- African, Asian-Pacific and Barents Newsletters of FIOH, ILO and WHO
<http://www.ttl.fi/Internet/English/Information/Electronic+journals/>

Annex 1 WHO Collaborating Centres (CCs): Description and Procedures for Designation

Definition and function

Since its establishment, the World Health Organization (WHO) has obtained expert advice and support from a very large multiplicity of institutions. In cases of long-standing successful collaboration where there is a concrete likelihood of joint future activities, the designation of an institution as a WHO Collaborating Centre (CC) has sometimes been pursued. This is a way of recognizing a long history of collaboration with WHO, and at the same time providing a formal framework to the forthcoming jointly planned activities.

A WHO Collaborating Centre is “...an institution designated by the Director-General to form part of an international collaborative network carrying out activities in support of the Organization’s programme at all levels.” The type of institutions eligible for designation are departments of universities, established research institutes, hospitals, academies and parts of Governments. Information about becoming a WHO Collaborating Centre is maintained by the WHO Office of Collaborating Centres.²²

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

Mission: The WHO CCs are a highly valued mechanism of cooperation in which selected institutions are recognized by WHO to assist the Organization with implementing its mandated work. This is accomplished by supporting the achievement of planned strategic objectives at the regional and global levels; enhancing the scientific validity of WHO global health work; and developing and strengthening institutional capacity in countries and regions.

Strategic rationale: Since the WHO CCs assist the Organization in implementing WHO mandated work, the work of the CCs should be explicitly linked to the strategic plans of the Organization and reflected in the work plans of the technical programmes to which they contribute. Thus, the WHO CCs in Occupational Health contribute to the work of the WHO Occupational Health Programme. Added value is achieved by the formal and informal networking of WHO CCs to enhance synergy and strengthen collaborative strategic planning. This is the approach of the WHO Global Network of CCs for Occupational Health.

Functions of WHO CCs include the following:

- a) collection, collation and dissemination of information;
- b) development of evidence-based technical guidance tools and resource materials;
- c) development and application of appropriate technology;
- d) participation in collaborative research developed under WHO’s leadership, including the planning, conduct, monitoring and evaluation of research,

²² WHO Office of Collaborating Centres <http://www.who.int/collaboratingcentres/en/>

Draft 3 September 2009

- evaluation of WHO interventions in countries, as well as promotion of the application of the results of research;
- e) training, including research training;
 - f) coordination of activities carried out by several institutions on a given subject;
 - g) capacity-building work at country level; and
 - h) provision of monitoring, preparedness and response services to deal with disease outbreaks and public health emergencies.

Designation

Eligible institutions (e.g. parts of universities, research institutes, hospitals, academies or governments) must fulfill all the following criteria:

- a) high scientific and technical standing of the institution concerned at the national and international levels;
- b) prominent place of the institution in the country's health, scientific or educational structures;
- c) high quality of its scientific and technical leadership, and sufficient number and high-level qualifications of its staff;
- d) stability in terms of personnel, activity and funding;
- e) strong working relationship with other institutions in the country, as well as at the intercountry, regional and global levels;
- f) clear ability, capacity and readiness to contribute, individually and within networks, to WHO programme activities, whether in support of country programmes or by participating in international cooperative activities;
- g) clear technical and geographical relevance of the institution and its activities to WHO's programme priorities;
- h) at least two years of previous collaboration with WHO in carrying out jointly planned activities.

Institutes need to contribute to the work of the respective WHO Technical Unit for a minimum of two years in order to be considered for designation. Each CC has a WHO Staff Member identified as the "responsible officer", who acts as main focal point in the coordination of the work with that CC. The responsible officer may be located in headquarters or in a regional office. The Responsible Officer will initiate the online process.

The designation as a WHO CC automatically expires and the institution ceases to be a WHO CC at the end of the period of designation, unless its redesignation is approved and the CC is notified before the date of expiry. A designation can also be terminated at any time if the work is no longer relevant to WHO programmes or if the relationship is not functioning as expected. The centre may also revoke its designation, should it not be able to fulfill the agreed activities. In both cases, either the institution or WHO should give notice of its intention to do so three months in advance.

Redesignations: In cases of successful collaboration, a renewal of the designation for the same or shorter period can be obtained. Redesignation will be proposed and initiated by the responsible officer. The CC will receive an e-mail prompting completion of their updated terms of references and proposed workplan. If assistance is needed, this should be discussed with the responsible officer.

.Before any (re)designation of a WHO CC, WHO must ascertain whether the institution, **as part of the work plan** of the WHO CC, will conduct:

- a) research commissioned by industry; and/or
- b) activities that are funded or otherwise supported by companies (or trade associations or foundations closely associated with their commercial sponsors).

Electronic CC Designation (eCC) System

In June 2007, WHO activated an electronic system (eCC) to process designations, redesignations and the submission of annual progress reports of WHO CCs. The system is an on-line, “paperless” environment that saves time, reduces duplication and allows documents to be submitted directly to the right person. The WHO Collaborating Centres (CCs) Database is the official source of information about the WHO Collaborating Centres worldwide and it is essential that the e-mail information for the CC is updated regularly.²³

Responsibilities

During the period of designation, **a WHO CC is 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 responsible officer any issue that can delay or compromise the implementation of the work plan;
- c) Abiding by WHO regulations and policies on ethical reviews and clinical trials, when relevant for the agreed work plans;
- d) Following the conditions for the use of the WHO name and logo;
- e) Submitting annual progress reports via the WHO electronic system (eCC) when notified electronically, on the anniversary of the designation date;
- f) Discussing desired redesignation with the responsible officer at least six months prior to the end of the current designation.

²³ WHO Global Database of CCs <http://www.who.int/whocc>

Annex 2 Workplan of the Global Network of WHO Collaborating Centres for Occupational Health for the period 2009-2012

This workplan represents the contribution of the Global Network of WHO Collaborating Centres for Occupational Health to the implementation of the WHO Global Plan of Action on Workers' Health, 2008-2017: http://apps.who.int/gb/ebwha/pdf_files/WHA60/A60_R26-en.pdf. The Network includes government, research, professional and academic institutions from 37 countries, and three international professional associations http://www.who.int/occupational_health/network/cc_address_list_2822008.pdf. The 2009-2012 workplan is organized into 5 objectives, reflecting those of the Global Plan of Action, and 14 priorities. Projects associated with each priority can be found at http://www.who.int/occupational_health/en/. For more information contact ochmail@who.int.

GPA Objective 1: to devise and implement policy instruments on workers' health <i>Manager: Claudina Nogueira, NIOH, South Africa</i>			
<p>Priority 1.1: Develop/update national profiles on workers' health and provide evidence base for development, implementation and evaluation of national action plans on workers' health</p> <p>Outputs: Comparative analysis of national strategies and action plans, national profiles, and reports on lessons learned</p> <p>Support: CC: Jovanka Bislimovska, Institute of OH, FYR of Macedonia WHO/HQ: Ivan Ivanov</p>	<p>Priority1.2: Develop and disseminate evidence-based prevention tools and raise awareness for the prevention of silica- and other dust-related diseases.</p> <p>Outputs: Evaluation of national programmes, packages of essential interventions and good practices, for dust control, exposure and diagnostic criteria for pneumoconiosis</p> <p>Support: CC: Maria Lioce-Mata, Faye Rice, and Catherine Beaucham, NIOSH US Partner: Igor Fedotov, ILO WHO/HQ: Ivan Ivanov</p>	<p>Priority1.3: Develop and disseminate evidence-based tools and raise awareness for the elimination of asbestos-related diseases.</p> <p>Outputs: Estimates of the burden of asbestos-related diseases, review of good practices for substitution of asbestos and prevention of exposure to asbestos, health surveillance of exposed workers</p> <p>Support: CC: Ken Takahashi Institute of Industrial Ecological Sciences, Japan Partner: Igor Fedotov, ILO WHO/HQ: Ivan Ivanov</p>	<p>Priority 1.4: Conduct studies and develop evidence-based tools and information materials for the comprehensive protection and promotion of health for health care workers, emphasizing HBV immunization.</p> <p>Outputs: Tools, guidance documents, assistance to countries for implementing and evaluating programs, training on national programs</p> <p>Support: CC: Ahmed Gomaa and Margaret Kitt, NIOSH, US WHO/HQ: Susan Wilburn</p>
GPA Objective 2 : to protect and promote health at the workplace <i>Managers: Stavroula Leka and Aditya Jain, University of Nottingham, UK</i>			
<p>Priority 2.1: Develop practical toolkits for the assessment and management of OH risks (focus: chemical, physical, biological, psychosocial risks)</p> <p>Outputs: Tools, inventory, framework document, mapping of use and types of tools, evaluation, definition of common criteria of toolkits</p> <p>Support: CC: Leslie Nickels Great Lakes Centers University of Illinois at Chicago School of Public Health, USA WHO/HQ: Evelyn Kortum</p>	<p>Priority 2.2: Develop a global framework and guidance on healthy workplaces</p> <p>Outputs: Review of effectiveness of existing programmes for healthy workplaces, tools for creating healthy workplaces including a health-promoting culture and OH&S principles</p> <p>Support: CC: Abeytunga, CCOHS, Canada Fernando Coelho, SESI, Brazil Partner: Valentina Forastieri, ILO WHO/HQ: Evelyn Kortum WHO/PAHO: Marie-Claude Lavoie</p>	<p>Priority 2.3: Develop toolkits for the assessment and management of global health threats including HIV, tuberculosis, malaria, influenza, emphasizing vulnerable groups, in particular migrant workers</p> <p>Outputs: Tools, inventory, framework, mapping of use and types of tools, evaluation, and definition of toolkits</p> <p>Support: CC: Jadranka Mustajbegovic, Medical School University of Zagreb, Croatia WHO/HQ: Susan Wilburn</p>	

<p>GPA Objective 3 : to improve the performance of and access to occupational health services Managers: Timo Leino, FIOH and Leslie Nickels, UIC</p>		
<p>Priority 3.1: Develop working methods, provide technical assistance to countries for organization, delivery and evaluation of basic OH services in the context of primary health care, with particular focus on underserved populations and settings with constrained resources</p> <p>Output: Good practices and demonstration projects for organization and delivery of OH services, evaluation of service delivery, international knowledge networks of service providers, website clearinghouse of information materials for OH practice</p> <p>Support: <i>CC: Timo Leino, FIOH, Finland</i> Partner: Igor Fedotov, ILO <i>WHO/HQ: Ivan Ivanov</i></p>	<p>Priority 3.2: Adapt and disseminate curricula, training materials and training for international capacity building in OH</p> <p>Output: Model materials and courses for BOHS, inventory, technical support for delivery of international courses and on-line training, national training programmes in low- and medium-income countries, introduction of OH into professional education</p> <p>Support: <i>CC: Norbert Wagner, University of Illinois at Chicago, Jonny Myers, University of Cape Town, Linda Grainger, ICOH</i> <i>WHO/RO: Rokho Kim</i></p>	
<p>GPA Objective 4 : to provide and communicate evidence for action and practice Managers: Jo Harris-Roberts and Ed Robinson, HSL, UK</p>		
<p>Priority 4.1: Encourage practical research on emerging issues, including nano-materials and climate change</p> <p>Output: Research reports and communication strategies with low- and medium income countries on interventions to ensure workers' health</p> <p>Support: <i>CC: Jo Harris-Roberts, Ed Robinson, HSL, UK</i> <i>WHO/HQ: Ivan Ivanov</i></p>	<p>Priority4.2: Further develop the global research agenda for workers' health</p> <p>Output: Research report matrix to identify relevant gaps in research</p> <p>Support: <i>CC: Jo Harris-Roberts, Ed Robinson, HSL, UK</i> <i>WHO/HQ: Ivan Ivanov</i></p>	
<p>GPA Objective 5 : to incorporate workers' health into non-health policies and projects Manager: Wendy Macdonald, La Trobe University, Australia</p>		
<p>Priority 5.1: Collate and conduct cost-benefit studies to clarify the economic benefits of workers' health</p> <p>Output: Published articles and information posted to WHO website</p> <p>Support: <i>CC: Jos Verbeek, FIOH, Finland</i></p>	<p>Priority 5.2: Develop specific and relevant recommendations to manage risks associated with the impacts of globalization on workers' health</p> <p>Output: Guidance for development banks, non-health sector entities to improve workers' health</p> <p>Support: <i>CC; David Rees, NIOH, South Africa</i></p>	<p>Priority 5.3: Implement toolkits for the assessment and management of OSH hazards in high risk industry sectors and for vulnerable worker groups</p> <p>Output: Tools, inventory, framework document, mapping of use and types of tools, evaluation</p> <p>Support: <i>CC Hazardous sectors: Catherine Beaucham, NIOSH, USA</i> <i>Agriculture: Claudio Colosio, University of Milan, Italy</i> <i>Construction</i> <i>Transport: Lygia Budnik, CIOM, Hamburg and Jane Hingston, NIOSH, USA</i> <i>CC Vulnerable workers: Owen Evans, La Trobe Univ. Australia</i> Partner: <i>Young workers: Susan Gunn, IPEC ILO, Annie Rice SafeWork, ILO</i></p>

Annex 3 Planning Committee

Terms of Reference for the Planning Committee of the WHO Global Network of Collaborating Centres in Occupational Health

Purpose

The Planning Committee is the administrative leadership body of the WHO Global Network of CCs in Occupational Health. The Planning Committee provides practical input and assistance to ensure the coordinated work of the Network and progress in the commitments of the Global Network Workplan, in order to achieve the objectives of the World Health Assembly Resolutions ‘*Occupational Health for All*’ (1996) and the ‘*Global Plan of Action on Workers’ Health*’ (2007).

Structure and Membership

The Planning Committee consists of the members of the Advisory Committee, the Workplan Managers, Regional Advisers in Occupational Health (6), Presidents of the non-governmental organizations in official relations with WHO (ICOH, IOHA, IEA), a representative of the ILO, the Co-Coordiators of the Network, and the WHO Secretariat. The Network Chair also serves as Chair to the Planning Committee and the Advisory Committee. The Director, NIOSH, serves as the current Chair.

Authority The Planning Committee was created by the Network of CC Directors in various stages over the years, most recently expanded at the 2006 Stresa, Italy Meeting.

Terms of Reference

- Provide leadership for the Global Network regarding current and planned activities and future directions of the Network with respect to the WHO Global Plan of Action for Workers’ Health.
- Provide leadership, particularly through the Workplan Managers, in developing the priorities of each Network Workplan.
- Stay in close contact with, and provide practical assistance to project leaders, particularly through the Workplan Managers, in carrying out projects in the Workplan
- Carry out practical advice from the Advisory Committee.
- Support the launch of new initiatives
- Serve as a forum for consultation on selected issues raised by the obligations of the Global Plan of Action (e.g., indicators of achievement, targets and baselines).
- Participate in meetings during Global Network Meetings and when invited to participate in developing proposals for Network Workplans

Terms

There are no term limitations. Participation is on a voluntary basis, encouraged by the WHO Secretariat.

Communication

The communication vehicle for the Global Network is the quarterly *Collaborating Centre Connection*²⁴ electronic newsletter published by NIOSH. Members of the Planning Committee are encouraged to contribute articles to the newsletter to keep the CC Directors and Project Leaders informed about ongoing Network activities.

²⁴ Collaborating Centre Connection Newsletter <http://www.cdc.gov/niosh/cc/>

Meetings

Face-to-face meetings of the Planning Committee ~~take~~ are organized before every Global CC meeting. The Planning Committee also meets at every Network Meeting. Additional meetings may be organized by the WHO Secretariat as needed to develop the proposals for new multi-year Workplan. Planning Committee Meetings were held in Iguassu, Brazil in 2003 to discuss needs of the 2001-2005 Workplan, in Johannesburg, in South Africa in 2005 to develop the 2006-2012 Workplan and in Munich, Germany in September 2008 to plan the transition to the current 2009-2012 Workplan.

Annex 4 **Advisory Committee**

Terms of Reference for the Advisory Committee of the WHO Global Network of Collaborating Centres in Occupational Health

Purpose

The Advisory Committee of the WHO Global Network of Collaborating Centres provides advice on an ongoing basis about planning, monitoring, and evaluating of the work of the CCs and their contribution to achieving the objectives of the World Health Assembly Resolutions '*Occupational Health for All*' (1996) and the '*Global Plan of Action on Workers' Health*' (2007).

Structure

The Advisory Committee is part of a larger administrative body of the CC Global Network in Occupational Health, the Planning Committee. The Planning Committee relies on the advice of the Advisory Committee.

The Chair of the Global CC Network serves as Chair Planning and Advisory Committees. This position has no term limit and is decided or renewed by the Advisory Committee prior to each Network Meeting. The Director, NIOSH, serves as the current Chair.

Authority

The Advisory Committee was created and broadened by the CC Directors at the 2001, 2003 and 2006 Network Meetings. The guidance of the Advisory Committee that relates to membership and to major obligations of the CCs in Occupational Health is brought to the next Network Meeting of CCs for approval by the majority of attending Directors.

Terms of Reference

- Provide guidance to the Global Network via the WHO Secretariat regarding current and planned activities and future directions of the Network.
- Provide advice on setting scientific priorities for the Global Workplan of the CCs
- Support the launch of new initiatives
- Assist in communications with the Regional Committees and communicate Global Network priorities with the purpose of harmonization and creating synergies
- Advise on mechanisms to review the CC activities and workplans
- Advise on the process of implementing the CC activities to achieve the obligations outlined in the Global Plan of Action.
- Serve as a forum for consultation on selected issues raised by the obligations of the Global plan of Action (e.g., indicators of achievement, targets and baselines).
- Participate in periodic virtual meetings (tele/videoconferences) and physical meetings, when appropriate.
- Assist in the planning and implementation process of the 3-yearly Global Network meetings
- Suggest and approve alternative governance models for the Network to ensure dynamic and energetic ways of working and the involvement and empowerment of all Network members.

Membership

CCs with dedicated service to the WHO Occupational Health Programme are eligible for membership. The Director represents the CC. Changes in membership are recommended by the Advisory Committee to the

Directors at the next Network Meeting, for approval by the majority of those present. Current members include CCs with longstanding service and geographical representation.

- Finnish Institute of Occupational Health (FIOH)
- National Institute for Occupational Safety and Health (NIOSH) USA
- National Institute of Occupational Health, Johannesburg (NIOH)
- National University of Singapore
- FUNDACENTRO, Brazil
- National Institute of Occupational Safety and Prevention (ISPESL) Italy

Terms

To ensure historic continuity, NIOSH and FIOH have permanent membership. One of the other members will be replaced on the Advisory Committee at each Network Meeting. This will ensure continuity, growth in experience, and new inputs.

Meetings

Meetings (virtual or face-to-face) of the Advisory Committee shall take place twice each year, with additional meetings arranged as recommended by the members or the WHO Secretariat.

Annex 5 Managers of Workplan Projects

Terms of Reference for the *Managers of Workplan Projects* for the WHO Global Network of Collaborating Centres in Occupational Health

Purpose

The Managers are experts from WHO CCs who provide the coordination and administration of projects within the Workplan of the Global Network. Working closely with the WHO Secretariat and with the CC Project Leaders, the Managers encourage intensive action and collaboration among all parties to ensure substantial achievements by the end of the timeframe of the Workplan.

Structure and Membership

The current projects of the 2009-2012 Workplan are organized into five groups, each contributing to one of the five Objectives of the Global Plan of Action for Workers' Health²⁵. The Managers are *called Global Plan of Action Objective Managers (GPA Objective Managers)*.

The GPA Objective Managers are:

GPA Objective 1: To devise and implement policy instruments on workers' health

Claudina Nogueira, NIOH, South Africa

GPA Objective 2: To protect and promote health at the workplace

Stavroula Leka and Aditya Jain, University of Nottingham, UK

GPA Objective 3: To improve the performance of and access to occupational health services

Timo Leino, FIOH, Finland and Leslie Nickels, University of Illinois, Chicago, USA

GPA Objective 4: To provide and communicate evidence for action and practice

Jo Harris-Roberts and Ed Robinson, HSL, UK

GPA Objective 5: To incorporate workers' health in to other policies

Wendy Macdonald, University of LaTrobe, Australia

The Managers are members of the CC Global Network Planning Committee, which provides overall leadership to ensure the coordinated work of the Network and progress in the Workplan.

Authority

Workplan Managers were recognized as key to success of the Global Network Workplan at the 2003 Network Meeting in Iguassu Falls, Brazil, and they were included in the Global Network Planning Committee at that time. Their respective CC Directors agree to allow dedication of 25% of their time of their time to this critically important service to WHO and workers' health globally.

Terms of Reference

The GPA Objective Manager

- Coordinates the set of CC projects addressing one GPA Objective
- Maintains contact with the WHO Secretariat and WHO Regional staff associated with the CC projects

²⁵ WHO, 2007 World Health Assembly Resolution WHA60.26 Agenda Item 12.13

- Works with CC experts called CC Initiative Leaders who coordinate subsets of projects (priorities) within the GPA Objective
- Coordinates activities to identify deliverables/products of the CC projects and gaps for which new or modified projects may be needed
- Maintains personal email contact with the CC Project Leaders to encourage the individual project managers to complete the projects in a timely fashion.
- Facilitates communication among project leaders working on similar projects.
- Stays in close contact with the other GPA Objective Managers in order to recognize synergies between projects and establish links
- Prepares administrative updates and summary reports on a six-monthly basis.

Terms

The Managers serve for the length of the Global Network Workplan. They can be renewed. Additional volunteers are always welcome.

Meetings

The Managers participate in monthly virtual GPA Manager conferences. They also participate in meetings of the Global Network Planning Committee and are instrumental in Global CC Network Meetings.

Annex 6 CC Initiative Leaders

Terms of Reference for CC Initiative Leaders of Projects in GPA Priority Areas

Purpose

The CC Initiative Leaders are volunteer experts from WHO CCs who are responsible for advancing intensive action by projects contributing to one particular GPA priority area. Their role is to assist the GPA Objective Managers and WHO, in order to ensure substantial achievements from the CCs by 2012. Whereas the GPA Objective Manager deals with projects contributing to several Priority areas, the CC Initiative Leader concentrates on the subset of projects in one Priority only.

Structure and Membership

Within the 2009-2012 Workplan, the CC projects are organized into five GPA Objective Areas, and further into subgroups that contribute directly to each of fourteen GPA Priorities²⁶ and are coordinated by the *CC Initiative Leaders*. Each *CC Initiative Leader* assists a *GPA Objective Manager* by coordinating the subset of projects and ensuring timely delivery of outcomes.

The *CC Initiative Leaders* also work with WHO Staff Members with special responsibility for a particular GPA Priority.

The fourteen GPA Priorities, the CC Initiative Leaders and WHO/HQ and Regional staff are listed in the *Summary of Priorities of the Global Plan of Action* document provided as Appendix 1 of this Guidebook.

Authority

CC Initiative Leaders were identified as critical to driving intensive action of CCs on the Priorities of the 2007 Global Plan of Action, particularly during the September 2008 Munich Meeting of the Global Network Planning Committee. Volunteer experts in the Priority areas were invited by the WHO Secretariat and the GPA Objective Managers to serve as CC Initiative Leaders and to work in a team to keep the workplan on track.

Terms of Reference

The CC Initiative Leader

- Serves as a 'Deputy' to the GPA Objective Manager, with responsibility to coordinate the CC projects contributing to a GPA Priority.
- Regularly contacts each of the CC Project Leaders for updates of their projects and recommends to the GPA Objective Manager the critical gaps that might be filled by new or modified projects.
- Develops an administrative 'Facilitating Project' that describes and tracks progress of the CC projects and outcomes/deliverables advancing the GPA Priority.
- Maintains contact with the WHO Secretariat and WHO Regional staff associated with the CC projects addressing the GPA Priority

²⁶ Summary of Priorities of the Global Plan of Action for Workers' Health
http://www.who.int/occupational_health/network/priorities.pdf

- Maintains personal email contact with the CC Project Leaders to encourage the individual Project Leaders to complete the projects in a timely fashion.
- Facilitates communication among project leaders working on similar projects.
- Stays in close contact with the other GPA Objective Managers in order to recognize synergies between projects and establish links

Terms

The CC Initiative Leaders serve for the length of the Global Network Workplan, with the opportunity to be renewed. Additional volunteers are always welcome.

Meetings

The CC Initiative Leaders participate in informal telephone meetings as needed with the GPA Managers and WHO/HQ and Regional Initiative Leaders. They also participate and are instrumental in Global CC Network Meetings.

Annex 7 Co-Coordination of the Global Network

Terms of Reference for the Co-Coordination of the WHO Global Network of Collaborating Centres in Occupational Health

Purpose

The Co-Coordination provides administrative coordination for the WHO Global Network of CCs in Occupational Health and for its various leadership groups, the Global Network Planning Committee, the Advisory Committee, the GPA Managers, and the CC Initiative Leaders, to assist the Network in achieving the objectives of the World Health Assembly Resolutions '*Occupational Health for All*' (1996) and the '*Global Plan of Action on Workers' Health*' (2007).

Structure and Membership

WHO designates the responsible officer for CCs of the WHO Secretariat as a Co-Coordinator. The CC Network, following a recommendation of the Advisory Committee, appoints the CC expert as a Co-Coordinator. The current Co-Coordination are Evelyn Kortum, WHO, and Marilyn Fingerhut, NIOSH, USA.

Authority

The position of Coordinator of the Network originated with the first Global Workplan, the 2001-2005 and was broadened in 2003 to Co-Coordination.

Terms of Reference

- Provide administrative service for the WHO Global Network of Collaborating Centres in Occupational Health and for its leadership groups, the Network Planning Committee and the Advisory Committee, regarding current and planned activities and future directions
- Organise the various meetings and arrange for Minutes or Reports: Global Network Meetings, Planning Committee Meetings, Advisory Committee Meetings, GPA Manager Meetings, and others as needed.
- Arrange the consultations and planning to develop and maintain progress of the CC Network Workplan
- Stay in close contact with, and provide practical assistance to GPA Objective Managers, CC Initiative Leaders and CC Project Leaders in carrying out projects in the Workplan
- Ensure the regular posting and updating of the Network Workplan on the WHO website
- Ensure the regular posting and updating of key CC Network Documents on the WHO website
- The WHO Coordinator frequently communicates with CC Directors

Terms

There are no term limitations.

Meetings

The Co-Coordination are in regular contact via email. In-person meetings take place in Geneva several times each year.