



A World Council for Health Report

Overview of UNITED STATES WHO Collaborating Centres

26 January 2026

Overview of US WHO Collaborating Centres

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1. Executive Summary

- 1.1. This overview describes a large network of collaborations between the World Health Organization (WHO) and partners in the United States (US). These collaborations are two-way: the US institutions not only work with WHO, they influence and shape WHO's health security agenda, while the WHO's agenda also affects US policies and practices.
- 1.2. The overview summarizes currently active WHO Collaboration Centres (CCs). There are also 332 discontinued US WHO CCs that are not included in this overview.
- 1.3. US institutions currently hold 70 contracts with WHO as CCs. US WHO CCs represent 8.4% of listed WHO CCs globally.
- 1.4. 47 of the currently active CCs are long-standing collaborations designated from 1956 to 2019. 23 are newly designated WHO CCs contracted since 2020.
- 1.5. There are 55 different subjects across the 70 WHO CCs. The scope is broad, including global health policy, climate change, nursing, malaria, cancer, tobacco, mental health, violence prevention, ageing, and human rights.
- 1.6. Some of the CCs have more than one subject listed. The most frequent subjects are health systems research and development (12 mentions), emergency and humanitarian action (11 mentions), health information statistics, and nursing (9 mentions each).
- 1.7. The oldest of the CCs still operating, the WHO CC for Surveillance, Epidemiology and Control of Influenza (USA-118), which began in 1956. The responsible institution is the Influenza Division of the Centres for Disease Control and Prevention (CDC). This WHO CC played a significant role in COVID-19 surveillance, tests and vaccines¹.
- 1.8. The US CDC has contracts for 16 (23%) of the CCs. Other US government institutions are involved in another 3 contracts (4%), with universities responsible for 49 contracts (70%). Of the 28 universities with contracts, 19 are members of the Global Research Intensive University Network (GRIUN) through their membership of the Association of American Universities².
- 1.9. There are 3 influential US institutions that are also members of the Global Outbreak and Response Network (GOARN)³: the CDC (16 CCs), Johns Hopkins University (8 CCs) and the University of Texas Medical Branch (1 CC).
- 1.10. Each CC has a "General Scope" which defines the deliverables. In 76% of cases, the scope is "Support WHO" or "WHO Request", suggesting that the WHO is driving the outcome.
- 1.11. Each CC has defined "Types of Activity". The most frequent are Training and Education (21%), Product Development: guidelines, etc. (18%), Providing Technical Advice to WHO (14%), and Supporting WHO in Activities at Country Level (10%). When comparing the CCs designated after 2020, it is noticeable that the importance of supporting WHO activities at the country level has increased from 8% to 15%.

¹ https://wwwnc.cdc.gov/eid/article/28/13/21-2248_article

² <https://www.aau.edu/who-we-are/our-members/aau-member-universities-year-entry>

³ <https://goarn.who.int/about/partners>

- 1.12. The US contributed 8.8% of the WHO budget in 2024-25⁴. WHO policy and outputs originating in US WHO CCs appear to have had significant influence on the health security agenda promulgated through the WHO abroad, on the American continent through the Pan American Health Organization (PAHO), and the US itself. This raises questions about the US and other nations' sovereignty.
- 1.13. The US government announced a withdrawal of funding and participation in the WHO, effective from 22 January 2026⁵ after the one-year notice period. The official notice of withdrawal states that hundreds of US engagements with WHO have been suspended or discontinued. Given that the contracts are between the WHO and the institutions designated as CCs, whether this extensive and reciprocally influential relationship will be impacted has yet to be elucidated. Of the four CCs designated in 2025, three were designated after the US issued its notice of withdrawal.

⁴ <https://open.who.int/2024-25/contributors/contributor>

⁵ <https://www.hhs.gov/press-room/fact-sheet-us-withdrawal-from-the-world-health-organization.html>

2. Background

Context

- 2.1. The World Health Organization (WHO) has designated Collaborating Centres (CCs) around the world. To best describe the purpose of the CCs, the following extract is taken from the WHO's own Guide for Collaborating Centres⁶:

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

The collaboration brings benefits to both parties. WHO gains access to top institutions worldwide and the institutional capacity to support its work. Similarly, institutions designated as WHO CC gain increased visibility and recognition by national authorities, and greater attention from the public for the health issues on which they work. The centres also gain opportunities to work together (e.g. sharing objectives, exchanging information, pooling resources and developing technical cooperation), particularly at the international level; and opportunities to mobilize additional and sometimes important resources from funding partners.

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

- 2.2. The types of organizations designated as WHO CCs include universities, health ministries, regulatory agencies, national institutions, and laboratories.
- 2.3. There have been concerns raised about significant private, corporate, financial and ideological interests influencing WHO policy and practice recommendations.^{7,8,9}

Scope

- 2.4. The scope of this report is to provide a factual overview of the current active US CCs based on reports which have been extracted from WHO publicly available information. The intention is that WCH representatives in other countries will do similar exercises on the CCs in their countries as a basis to investigate the influence that individual states have on WHO policy and recommendations, and the influence that the WHO has on country and global governance.

⁶ https://cdn.who.int/media/docs/default-source/searo/research-policy/guide-for-collaborating-centres.pdf?sfvrsn=edf9faa9_2

⁷ <https://worldcouncilforhealth.substack.com/p/the-who-powered-by-bill-gates-how?>

⁸ Infertility: A Diabolical Agenda. <https://infertilitymovie.org/>

⁹ <https://open.substack.com/pub/worldcouncilforhealth/p/collaborating-centres-pathogen-labs?>

Source

- 2.5. The WHO has a database of all CCs from which reports can be extracted using various search criteria. The first download of all active US CCs on which this report is based was extracted on 4 October 2025. The website address¹⁰ used at that time no longer links to the CC database and instead is linked to the WHO's home page.
- 2.6. The CC database is now accessed from another website "who.my.site.com" (address¹¹), though the available information and the format of the reports have changed slightly. These changes are detailed further in this report where applicable.
- 2.7. Each US CC has a reference number in the format USA-xxx, e.g. University of Miami as the WHO CC for Nursing Human Resources Development and Patient Safety is USA-498.

Next Steps

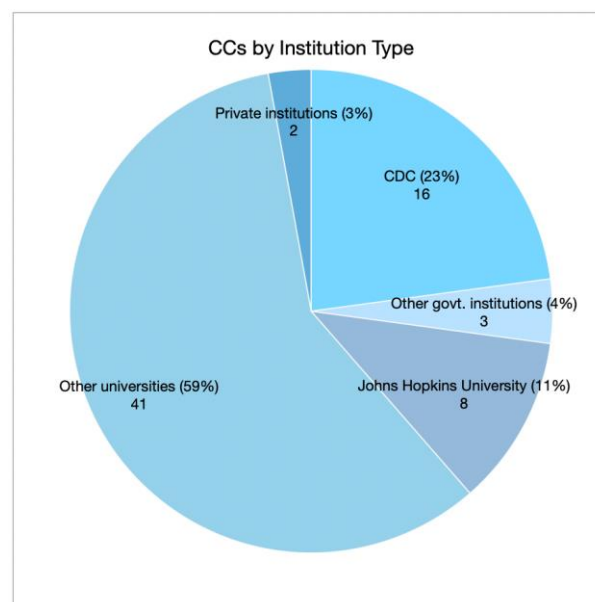
- 2.8. The next steps in this project have still to be agreed but could include the following:
 - Detailed research into individual CCs
 - Detailed research into the workplans of individual CCs
 - Research into the funders of the CCs, particularly given the reference in the WHO Guide for CCs to the opportunity of mobilizing resources from funding partners
 - Detailed research into WHO-commissioned subject areas

¹⁰ <https://apps.who.int/whocc/List.aspx?SFB60Mh8I/pyxJk3FI/EAw==>

¹¹ <https://who.my.site.com/ecc/s/database-search>

3. Overview of the Collaborating Centres

- 3.1. As of 8 January 2026, there are 70 ‘live’ CCs in the US. CCs are designated, usually for four years at a time. CCs that are categorized as expired are not included in this report. There are 13 CCs that are categorized as active but have expiry dates in the past. These are included in the scope of this report. The assumption here is that since they are still shown as active, the redesignation process is ongoing and that the database will be updated in due course. There are 332 discontinued US WHO CCs not included in this analysis.
- 3.2. The oldest of the CCs still operating is the WHO CC for Surveillance, Epidemiology and Control of Influenza (USA-118), which began in 1956. The responsible institution is the Influenza Division of the Centres for Disease Control and Prevention (CDC). Situated in Atlanta, it has played a significant role in virus surveillance, antigenic analysis, candidate vaccine virus production, and epidemiology in relation to influenza as well as COVID-19¹².
- 3.3. A full list of the CCs is set out in **Appendix 1**. The chart below highlights the concentration of CCs between the CDC and Johns Hopkins University, and otherwise shows the distribution of CCs by type of institution.



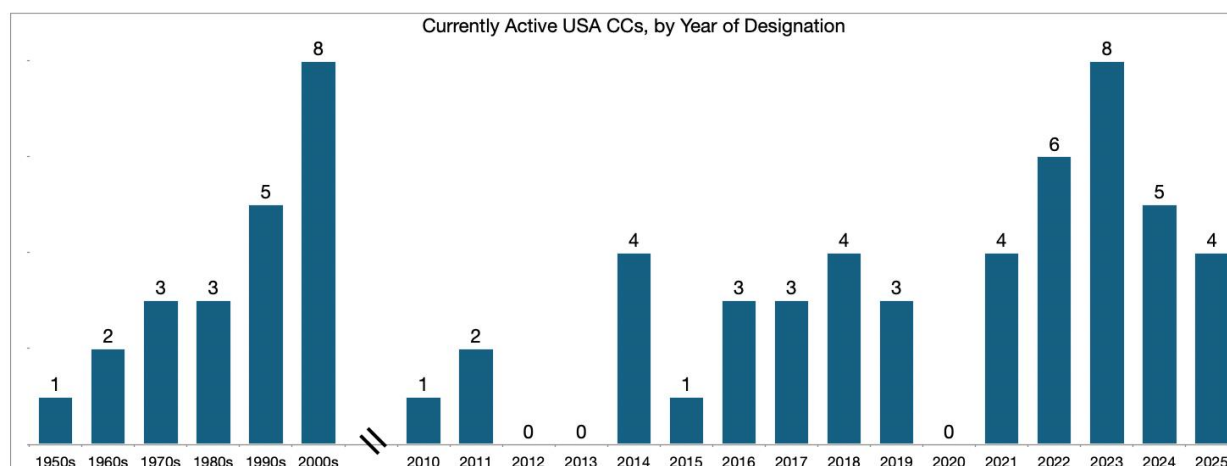
- 3.4. There are 3 US CC institutions that are also members of the Global Outbreak and Response Network (GOARN)¹³: the CDC (16 CCs), Johns Hopkins University (8 CCs) and the University of Texas Medical Branch (1 CC).
- 3.5. Of the 28 universities with CC contracts, 19 are members of the Global Research Intensive University Network (GRIUN) through their membership of the Association of American Universities¹⁴.

¹² https://wwwnc.cdc.gov/eid/article/28/13/21-2248_article

¹³ <https://goarn.who.int/about/partners>

¹⁴ <https://www.aau.edu/who-we-are/our-members/aau-member-universities-year-entry>

3.6. The chart below shows the evolution of newly designated CCs that remain active. Note that the left of the chart is grouped by decades (e.g. 1950 to 1959). To the right of the axis break, the bars represent individual years.



3.7. Of the 19 CCs designated since 2023, 6 of the CC's have **Ciro Ugarte** as their named Technical Counterpart. **Ciro Ugarte** is the Director of Department of Emergency Preparedness and Disaster Relief of the Pan American Health Organization (PAHO)¹⁵, currently renamed as Department of Health Emergencies. PAHO serves as WHO's Regional Office for the Americas. The focus of the CCs is emergencies and preparedness. Details of the CCs are as follows:

Contract ID.	Facility	Title	Designation	Subject 1
479	University of New Mexico	Digital Learning in Health Emergencies	23 Aug 2023	Emergency & humanitarian action
482	Johns Hopkins University	Research and Policy Guidance in Humanitarian Health Assistance	27 Oct 2023	Emergency & humanitarian action
489	Oak Ridge Institute for Science & Education	Radiation Emergency Preparedness and Response	19 Dec 2024	Emergency & humanitarian action
491	National Institute of Health	Emerging Infectious Disease Response Research and Preparedness	17 Jan 2025	Communicable diseases other than those specifically mentioned
492	Stanford University	Learning During Health Emergencies	19 Dec 2024	Health promotion & education
495	Harvard Medical School	Emergency, Critical, and Operative Care	27 Jun 2025	Emergency & humanitarian action

¹⁵ <https://www2.cavehill.uwi.edu/biosecurity/resources/symposium/ugarte-ciro-short-bio-summary.aspx>

- 3.8. The US government announced a withdrawal of funding and participation in the WHO, effective from 22 January 2026¹⁶ after the one-year notice period. The official notice of withdrawal states that hundreds of US engagements with WHO have been suspended or discontinued. Given that the contracts are between the WHO and the institutions, whether this extensive and reciprocally influential relationship will be impacted has yet to be elucidated.
- 3.9. Of the four CCs designated in 2025, three were designated after the US issued its notice of withdrawal: John Hopkins University (USA-467), Harvard Medical School (USA-495) and the University of Miami (USA-498).

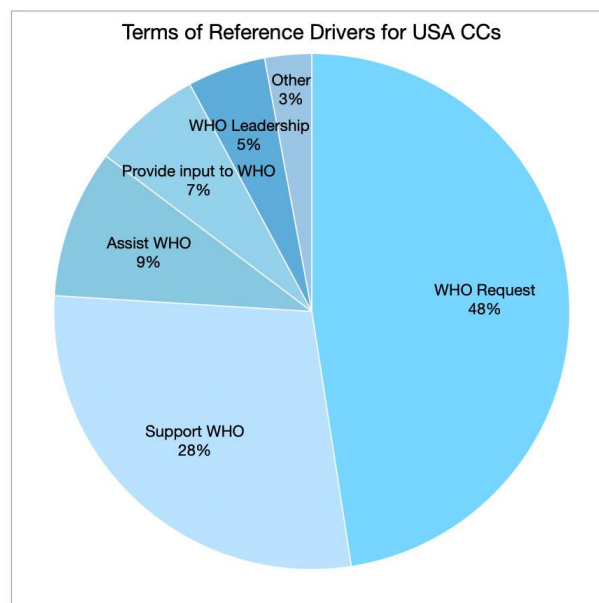
¹⁶ <https://www.hhs.gov/press-room/fact-sheet-us-withdrawal-from-the-world-health-organization.html>

4. WHO CC Database Analysis

- 4.1. This section of the report provides a brief overview of the information extracted from the WHO database for each CC.

Scope

- 4.2. In the first database report extracted in October 2025 (“the October report”), each CC had a list of its terms of reference (TOR), usually ranging from one to four items. In the case of USA-118, referred to above in section 3.2, there are 8 items. In the second database report extracted in December 2025 (“the December report”), the TOR are renamed as General Scope. The terms are used interchangeably here.
- 4.3. The ordering of TORs has changed for some of the CCs from the October report to now. It is not clear if the items are listed in order of priority or importance, or why the ordering has changed.
- 4.4. As the TOR are specific to the subject matter of each CC, we do not go into much detail here, other than the examples on the next page. Instead, we have focused on the drivers of the TOR, looking at the nature of the work being done, e.g. by the WHO requesting outputs from the CC, or the CC providing input to the WHO.
- 4.5. Below is a chart showing the relative frequency of the TOR drivers. It shows that activities supporting WHO and activities performed upon WHO’s request, together represent 76% of the total. This suggests that WHO is the main driver of work in the vast majority of cases.

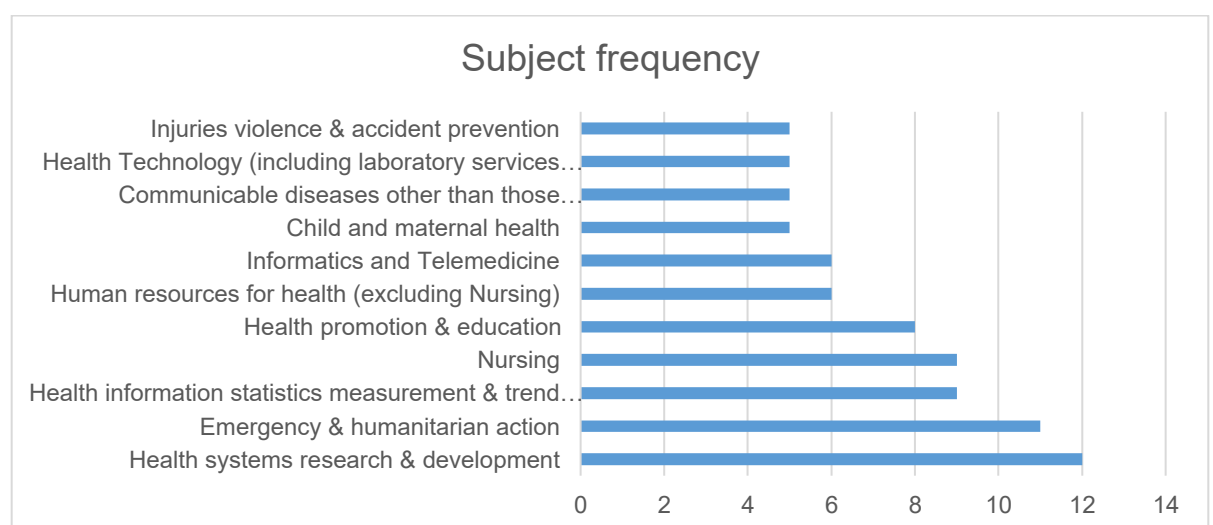


- 4.6. In 53% of cases of WHO requests, the request can also be made by PAHO. Overall, 24 of the 70 CCs (34%) refer to PAHO in their terms of reference.
- 4.7. For the 27 CCs designated since 2020, the combined importance of support and request remains consistent at 76%. The proportion of requests involving PAHO shows a steep fall from 53% to 32%.

- 4.8. Influenza is the subject of two CCs. This includes the oldest of the CCs still operating, the WHO CC for Surveillance, Epidemiology and Control of Influenza (USA-118), which began in 1956. The responsible institution is the Influenza Division of the CDC. This WHO CC played a significant role in COVID-19 surveillance, tests and vaccines¹⁷. The other is the WHO CC for Studies on the Ecology of Influenza in Animals (USA-147). The accountable body is the Department of Virology and Microbiology at St. Jude Children’s Research Hospital, University of Tennessee. The scope includes “[conducting] risk assessment of influenza viruses using animal models including ferrets and avian hosts”.
- 4.9. Vaccines are included in the scope of 6 CCs. Two of these are related to influenza vaccines. Both are referenced in the above paragraph. The scope of USA-118 includes “[developing] new types of vaccines”. USA-147 covers “collecting data on influenza viruses” and “[informing] WHO on the production and distribution of candidate vaccine viruses”. Yellow fever vaccination adverse events are included in the scope of USA-354. The other three (USA-293, USA-473 and USA-491) cover vaccination activities in general, such as “[providing] technical support ... activities related to vaccination, testing, treatment and palliation approaches”.
- 4.10. Diagnostic testing features in the scope of 11 CCs. Some are related to specific diseases, namely orthopox virus (USA-126), rabies (USA-130), and meningitis (USA-358). The CDC is responsible for these three CCs. The others are general and relate to matters such as building diagnostic capacity. Only three of the 11 CCs (27%) reference diagnostics, out of 41 of 70 (59%) CCs that have been designated since 2015. This suggests that diagnostics are becoming less important.
- 4.11. Dangerous pathogens feature in the scope of the CDC’s USA-155 contract relating to viral hemorrhagic fevers. The CC is to support WHO in the function of alert and response and early diagnosis, rapid identification and characterization of high-risk pathogen specimens, and offer expert opinion guidance on laboratory diagnostics.

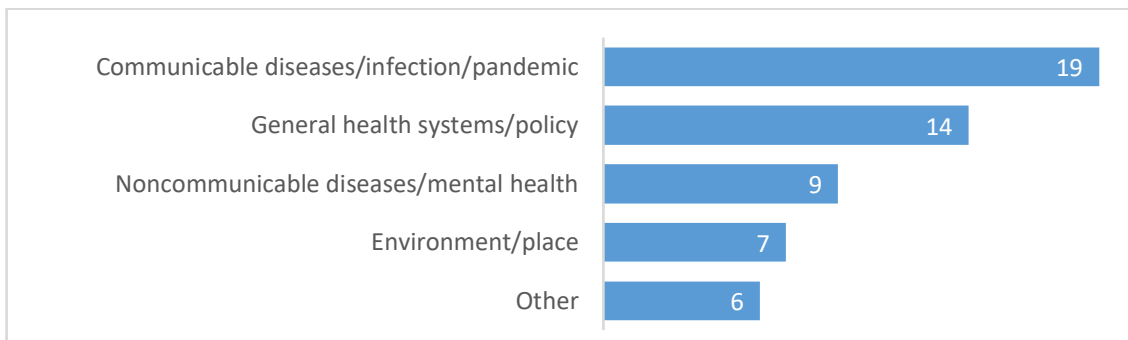
Subjects

- 4.12. The subjects are the main categories of health covered by the work of the CCs. A full list of the subjects covered by active US CCs is in **Appendix 2**.

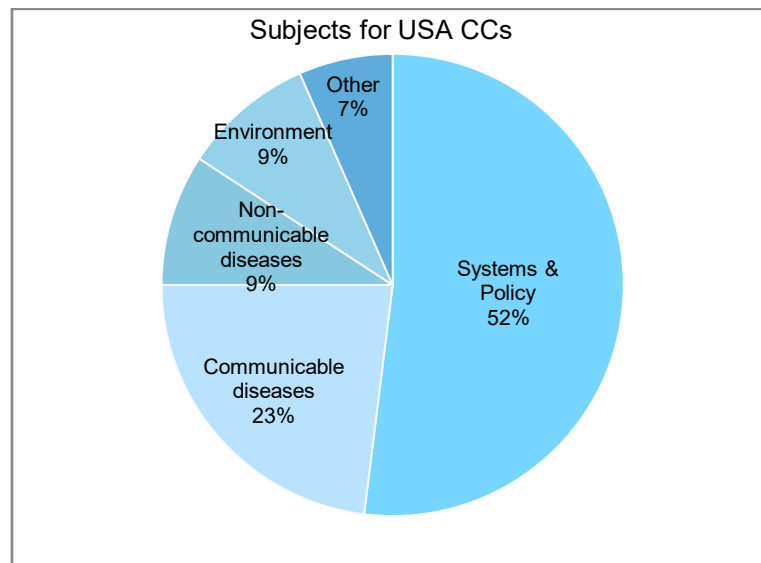


¹⁷ https://wwwnc.cdc.gov/eid/article/28/13/21-2248_article

- 4.13. There are 55 different subjects across the 70 CCs. Some of the CCs have more than one subject listed. The most frequent subjects with five or more mentions are shown above.
- 4.14. Most (62%) of the subjects appear only once or twice. This may be because the CCs are designated because of specific areas of expertise.
- 4.15. Appendix 2 lists the subjects color-coded into categories. The bar chart below shows the number of subjects within each category.

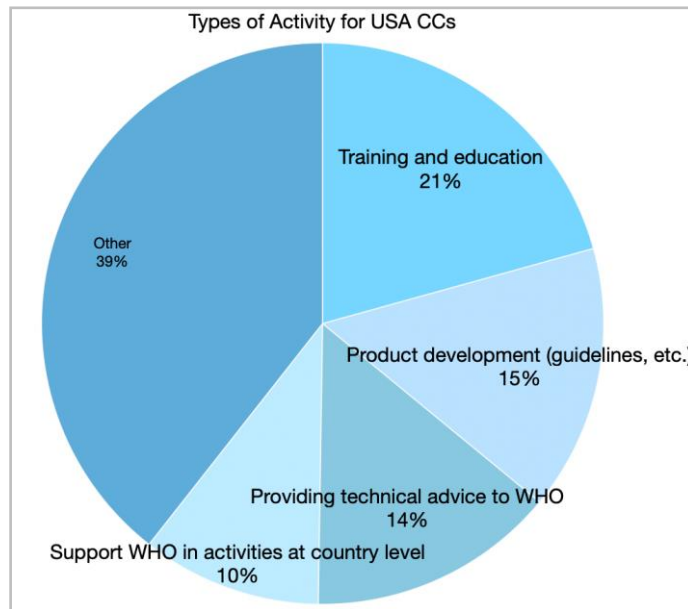


- 4.16. The chart below shows the relative importance of these categories in terms of actual frequency of the subjects within the CCs. Noticeably, more than half of the subjects are system and policy related. The pattern is similar for those CCs designated since 2020.



Types of Activity

- 4.17. The Types of Activity are general activities rather than health area specific. Similarly to the TOR, some of the CCs' types of activity changed between the October report and now.
- 4.18. A list of the types of activity is in **Appendix 3**, along with their frequency. There are 14 different types of activity. The chart below shows the relative importance of the 4 most frequent.



- 4.19. When comparing the CCs designated before and after 2020, the importance of supporting WHO activities at the country level has increased from 8% to 15%.
- 4.20. The quote from the WHO Guide for CCs on page 5 of this report gives examples of Types of Activity as “collecting data for a report, organizing a meeting or developing a guideline”. This seems to understate major types of activity such as Training and Education, Product Development (which includes diagnostic tests and biological products, not only “guidelines, etc.”) (see paragraphs 4.9 to 4.10), and Providing Technical Advice to WHO.

Outputs

- 4.21. The WHO Outputs appear in the October report but are no longer shown as of the December report. Each output has a reference number and a description. The nature of the WHO Outputs is along the lines of enabling countries to achieve a particular outcome from the work of the CC.
- 4.22. A list of the outputs and their frequency is in **Appendix 4**.

5. Examples of WHO CCs in the US

- 5.1. **Appendix 5** gives a more detailed overview of the CCs highlighted here. There follows a brief overview of a small sample of CCs to give a flavor of the CCs' activities, and involvement with other organizations and activities.
- 5.2. USA-289: WHO CC for Biological Evaluation, at the Centre for Biologics Evaluation and Research (CBER), FDA

This CC began as a CC in 1998 and is one of eight CCs globally that provide advice and conduct activities to support the WHO's biological standardization programme. Biological standardization is the process of establishing and implementing technical standards to ensure the consistency, safety, and quality of biological products across manufacturing batches and different manufacturers worldwide. These activities include the preparation and distribution of candidate biological reference materials. CBER played a central role in the biological standardization and regulatory evaluation of COVID-19 vaccines and therapeutics, responsible for reviewing and approving mRNA vaccines (including Pfizer-BioNTech and Moderna), and other biologics developed to prevent or treat COVID-19.¹⁸

- 5.3. USA-297: WHO CC for Nursing Information, Knowledge Management and Sharing Centre for Global Nursing, at the School of Nursing Johns Hopkins University (JHSON)

This CC was first designated in July 2001, and it was the first PAHO/WHO Collaborating Centre concentrating specifically on nursing information and communication technologies. It hosts the Global Alliance for Nursing and Midwifery (GANM). The TOR specifically mentions addressing the Sustainable Development Goals and to support the implementation of the WHO Global Strategic Directions for Nursing and Midwifery (SDNM) 2021-2025 at regional and global level.

- 5.4. USA-401: WHO CC for Medical Education and Primary Health Care National Centre for Rural Health Professions, at the College of Medicine University of Illinois at Rockford

This CC was designated in August 2014 and was last designated in August 2022, with an expiry date of August 2026 for the current designation. The CC focuses on medical education and primary health care. One of the three core areas is to reorient medical education toward social accountability principles and interprofessional training.

One of the TOR is to support PAHO/WHO in the development of the strategic plan of the Consortium for the Advancement of Social Accountability and Interprofessional Education among the health workforce of the Region of the Americas. Searches on Google for the phrase "Consortium for the Advancement of Social Accountability and Interprofessional Education" does not produce any results with this exact wording. Therefore, it is not clear if this is an organization/network which still exists.

¹⁸ <https://www.fda.gov/vaccines-blood-biologics/industry-biologics/coronavirus-covid-19-cber-regulated-biologics>

- 5.5. USA-453: WHO CC for Global Health Security Centre for Health Security at the Bloomberg School of Public Health John Hopkins University

This CC was officially designated in October 2019. The first TOR is “To provide research and analysis for WHO on detection, preparedness, and response to natural and deliberate threats to global health security.”

One of the team at John Hopkins who was named in the press release announcement in helping to have the CC redesignated in October 2023 is Lucia Mullen. In November 2023, the WHO Generic All-Hazards Risk Assessment Tool for Mass Gathering Events (All-Hazards MG RA Tool) was launched, a project led by Lucia Mullen. This tool is designed for use across diverse mass gathering contexts, including sports events, religious gatherings, and large public demonstrations, to proactively manage health and safety risks.

- 5.6. USA-465 WHO CC for Occupational Health, at the National Institute for Occupational Safety and Health (NIOSH), CDC

From the organization’s website, NIOSH “has the mandate to assure ‘every man and woman in [USA] safe and healthful working conditions and to preserve our human resources’”. There is a section entitled “Global Collaborations”, although no reference is made to being a WHO CC. The website has a “Notable Milestones” page, again with no mention of being a WHO CC. Searching the website for “collaboration centre” yields only 3 WHO CC-related results, all referencing one meeting in 2016. It is curious that the important role of being a WHO CC is overlooked on its website.

6. Conclusions

- 6.1. US institutions currently hold 70 contracts with WHO as WHO CCs.
- 6.2. WHO CC activities extend far beyond the examples given in the WHO CC guide, which are “collecting data for a report, organizing a meeting or developing a guideline”. The most frequently commissioned activities among US WHO CCs currently are product development, training and education, and providing technical advice to the WHO.
- 6.3. US WHO CCs represent 8.4% of global CCs¹⁹.
- 6.4. The scope of US WHO CCs subjects is broad, including global health policy, climate change, nursing, malaria, cancer, tobacco, mental health, violence prevention, ageing, and human rights.
- 6.5. The most frequent subjects are health systems research and development, emergency and humanitarian action, health information statistics, and nursing.
- 6.6. The US appears to have a significant influence on the health security agenda of the WHO, and vice versa. This extensive network between the US and the WHO raises questions of national sovereignty for the USA and all other nations following WHO policy and guidance. How this will be affected by the US withdrawal from the WHO, effective 22 January 2026, has yet to be seen.
- 6.7. WCH volunteer groups in other countries are encouraged to prepare similar overview reports to facilitate a greater public understanding of the respective influences on the WHO’s global health security agenda by countries and institutions.
- 6.8. Further WCH investigations into workplans, subject areas and more will require significant expertise and funding to facilitate due to the huge scope of work. Depending on interest and capacity, WCH Core team will consider setting up a mechanism for country team applications and briefings. WCH considers a deep dive into key subject areas, such as influenza, COVID and nursing, very desirable.

Acknowledgements

This World Council for Health report was prepared by volunteers David Abbott and Fiona Wood CA, based on extensive groundwork by Lucinda van Buuren (WCH Nursing and Midwifery Coordinator), with input from Dr Tess Lawrie (Director, EbMC² CIC).

¹⁹ USA contributed 8.8%¹⁹ of the WHO budget in 2024-25. <https://open.who.int/2024-25/contributors/contributor>

Overview of US WHO Collaborating Centres: Appendix 1

The table below shows the USA WHO CCs that are active as of January 2026.

Facility	Ref	Department	Title
Government Institutions			
Centers for Disease Control and Prevention (CDC) (16)	118	Influenza Division, National Center for Immunization and Other Respiratory Diseases	Surveillance, Epidemiology & Control of Influenza
	126	Poxvirus Team, Poxvirus and Rabies Branch, Division of High-Consequence Pathogens and Pathology, National Center for Emerging and Zoonotic Infectious Diseases (NCEZID)	Smallpox and Other Poxvirus Infections
	130	Rabies Team, Poxvirus and Rabies Branch, Division of High Consequence Pathogens and Pathology (DHCPP), NCEZID	Reference and Research on Rabies
	148	Division of Vital Statistics, National Center for Health Statistics (NCHS)	WHO Family of International Classifications
	155	Viral Special Pathogens Branch (VSPB), DHCPP, NCEZID	Viral Hemorrhagic Fevers
	210	National Center for Injury Prevention & Control (NCIPC)	Injury Control
	354	NCEZID, Division of Vector-Borne Diseases, Arboviral Diseases Branch	Arthropod-Borne Viruses Reference and Research
	358	Meningitis and Vaccine Preventable Diseases Branch, Division of Bacterial Diseases, at the National Center for Immunization and Respiratory Diseases	Meningitis
	359	Office of the Lead for Global Health Security Agenda and IHR, Division of Global Health Protection, Center for Global Health	Implementation of IHR Core Capacities
	438	Division of Sexually Transmitted Disease Prevention, National Center for HIV, Viral Hepatitis, STD and TB Prevention	Sexually Transmitted Infections Prevention
	443	Integrated Serosurveillance Team, Parasitic Diseases Branch, Division of Parasitic Diseases and Malaria at the Center for Global Health	Trachoma
	458	Division of Healthcare Quality Promotion at the NCEZID	International Monitoring of Bacterial Resistance to Antimicrobial Agents
	464	Division of Viral Hepatitis (DVH), National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention	WHO Collaborating Center for Reference and Research on Viral Hepatitis
	465	National Institute for Occupational Safety and Health (NIOSH)	Occupational Health
470	Malaria Branch, Division of Parasitic Diseases and Malaria at the Center for Global Health	Prevention and Control of Malaria	
474	Global Tobacco Control Branch, Office on Smoking and Health (OSH)	Tobacco Surveillance	

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Facility	Ref	Department	Title
Food and Drug Administration (FDA)	289	Center for Biologics Evaluation and Research (CBER)	Biological Standardization
National Institute of Health (NIH) (2)	424	Center for Global Health, National Cancer Institute	Global Cancer Control
	491	Office of the Director, National Institute of Allergy and Infectious Diseases (NIAID)	Emerging Infectious Disease Response Research and Preparedness
Members of Global Research Intensive Universities (GRIUN)			
Boston University School of Public Health	304	Department of Global Health	Pharmaceutical Policy
Columbia University (2)	272	School of Nursing	Advanced Practice Nursing
	486	Department of Psychiatry	Capacity Building and Training in Global Mental Health
Cornell University	457	Division of Nutritional Sciences	Nutrition Research for Health
Emory University	478	Department of Rehabilitation Medicine, School of Medicine	Rehabilitation
Harvard Medical School	495	Program in Global Surgery and Social Change, Department of Global Health and Social Medicine	Emergency, Critical, and Operative Care
Johns Hopkins University (8)	297	Center for Global Nursing, at the School of Nursing	Nursing Information, Knowledge Management and Sharing
	307	Institute for Global Tobacco Control (IGTC), Department of Health, Behavior and Society at the Bloomberg School of Public Health	Tobacco Control Surveillance and Evaluation
	355	International Injury Research Unit, International Health Department, Bloomberg School of Public Health	Injuries, Violence and Accident Prevention
	453	Center for Health Security, at the Bloomberg School of Public Health	Global Health Security
	460	Dana Center for Preventive Ophthalmology, Wilmer Eye Institute	Integrated people-centered eye care
	467	Biomedical Informatics and Data Science (BIDS), Division of General Internal Medicine, Johns Hopkins School of Medicine	Classifications, Terminologies and Standards
	482	Johns Hopkins Center for Humanitarian Health (CHH), Department of International Health, Bloomberg School of Public Health	Research and Policy Guidance in Humanitarian Health Assistance
	485	Department of Emergency Medicine, Johns Hopkins Medicine	Emergency, critical and operative care

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Facility	Ref	Department	Title
New York University	429	Department of Epidemiology and Health Promotion, New York University College of Dentistry (NYUCD)	Quality-Improvement, Evidence-Based Dentistry
Stanford University (3)	388	Stanford Center for Biomedical Informatics	Classifications, Terminologies and Standards
	451	Stanford Antimicrobial Safety & Sustainability Program, Division of Infectious Diseases and Geographic Medicine	Antimicrobial Resistance and Stewardship
	492	Stanford Center for Health Education	Learning During Health Emergencies
University of California (2)	302	Center for Tobacco Control Research and Education, UCSF Cardiovascular Research Institute, School of Medicine	Tobacco Control Policy Development
	439	Department of Emergency Medicine	Emergency, Critical and Operative Care
University of Colorado	488	Department of Emergency Medicine, School of Medicine	Acute Care
University of Illinois (5)	193	College of Nursing	International Nursing Development in Primary Health Care
	260	Great Lakes Center for Occupational & Environmental Safety & Health, School of Public Health	Occupational and Environmental Health
	401	National Center for Rural Health Professions, College of Medicine	Medical Education and Primary Health Care
	407	College of Pharmacy	Herbal Medicines
	450	Center for Health Informatics, School of Information Sciences	Information Systems for Health
University of Kansas	463	Center for Community Health and Development	Community Health and Development
University of Miami (3)	330	Institute for Bioethics and Health Policy, Miller School of Medicine	Ethics and Global Health Policy
	473	Sylvester Comprehensive Cancer Center	Cervical Cancer Elimination
	498	School of Nursing and Health Studies	Nursing Human Resources Development and Patient Safety
University of Michigan	283	School of Nursing, Office of Global Affairs	Research and Clinical Training in Health Promotion Nursing
University of North Carolina (2)	351	Department of Maternal and Child Health, School of Public Health	Research Evidence for Sexual and Reproductive Health
	461	School of Nursing	Quality and Safety Education in Nursing and Midwifery

Overview of US WHO Collaborating Centres: Appendix 1

Facility	Ref	Department	Title
University of Pennsylvania	206	School of Nursing	Nursing and Midwifery Leadership
University of South Florida	472	College of Public Health	Social Marketing and Social Change to Address Non-Communicable Diseases
University of Texas Medical Branch (UTMB)	405	Sealy Center on Aging	Aging and Health
University of Washington	480	UW Consortium for Global Mental Health	Mental Health Care Innovation and Implementation
Other Universities			
Brigham and Women's Hospital (2)	471	Center for Integration Science in Global Health Equity	Integration Science and Service Delivery
	484	Division of Infectious Diseases, Department of Medicine	Surveillance of Antimicrobial Resistance
Georgetown University	414	O Neill Institute for National and Global Health Law at Georgetown University Law Center	National and Global Health Law
Loma Linda University	418	Department of Psychiatry, School of Medicine	Training and Community Mental Health
Oak Ridge Institute for Science & Education (ORISE)	489	Radiation Emergency Assistance Center / Training Site (REAC/TS)	Radiation Emergency Preparedness and Response
St. Jude Children's Research Hospital, University of Tennessee (2)	147	Department of Virology & Molecular Biology	Studies on the Ecology of Influenza in Animals
	445	Department of Global Pediatric Medicine	Childhood Cancer
State University of New York at Albany	350	Institute for Health & the Environment	Environmental Health
University of Alabama at Birmingham (UAB)	241	School of Nursing	International Nursing
University of New Mexico (2)	336	Office of International Health	Innovative Health Workers Education, Service and Research Models
	479	ECHO Institute, Health Sciences Center	Digital Learning in Health Emergencies
University of Vermont	423	Technical Services Partnership	Health Technology Management
Other			
Mayo Clinic	440	Center for Tuberculosis	Digital health and precision medicine for tuberculosis
NSF International	403	Standards Unit	Water and Food Safety

Overview of US WHO Collaborating Centres: Appendix 2

WHO Subjects

The table below shows the Subjects and their frequency.

WHO Subjects	Frequency
Ageing	1
Antimicrobial Resistance (AMR)	4
Bacterial diseases other than those specifically mentioned	1
Biological	2
Blood transfusion safety and blood products	1
Cancer	3
Cardiovascular diseases	1
Chemical safety	1
Child and maternal health	5
Classification of diseases	3
Communicable diseases other than those specifically mentioned	5
Disabilities and rehabilitation (excluding accident prevention)	2
Emergency & humanitarian action	11
Environmental health and hazards other than spec mentioned	2
Ethics	1
Food safety	1
Gender Women & health	1
Health equity	4
Health information statistics measurement & trend assessment	9
Health legislation and human rights	1
Health promotion & education	8
Health systems research & development	12
Health Technology (including laboratory services but excluding blood safety)	5
Healthy Cities	2
Hepatitis	1
Human resources for health (excluding Nursing)	6
Infection control	1
Influenza	2
Informatics and Telemedicine	6
Injuries violence & accident prevention	5
Malaria	1
Mental health and neurosciences	3
Neglected Tropical Diseases other than those specifically mentioned	2
Noncommunicable diseases other than those specifically mentioned	3
Nursing	9
Nutrition	2
Occupational health	2
Oral health	1
Patient safety	2
Pharmaceuticals (including essential drugs and medicine)	1
Prevention of blindness	1

Overview of US WHO Collaborating Centres: Appendix 2

WHO Subjects	Frequency
Radiation	1
Reproductive health (excluding HIV/AIDS)	2
Research policy & development	3
Safety measures in microbiology	1
Sexually transmitted diseases (excluding HIV/AIDS)	1
Smallpox	1
Tobacco	3
Traditional medicine	1
Tuberculosis	1
Vaccines	2
Viral diseases other than those specifically mentioned	3
Viral hemorrhagic fevers	3
Water & sanitation	1
Zoonoses	2

Category key	Number
Communicable diseases/infection/pandemic	19
General health systems/policy	14
Noncommunicable diseases/mental health	9
Environment/place	7
Other	6

Overview of US WHO Collaborating Centres: Appendix 3

WHO Types of Activity

The table below lists the Types of Activity and their frequency.

WHO Types of Activity	Frequency
Collection and collation of information	16
Coordination of activities carried out by several institutions (e.g. other WHO CCs)	6
Development and application of appropriate technology	7
Evaluation	1
Information dissemination	16
Organization of events (e.g. conferences, summits)	1
Outbreaks and emergencies	6
Product development (guidelines, manual, methodologies, etc.)	31
Providing technical advice to WHO	29
Provision of reference substances and other services	6
Research	16
Standardisation of terminology and nomenclature	5
Support WHO in the implementation of WHO programmes and activities at country level	21
Training and education	42

Overview of US WHO Collaborating Centres: Appendix 4

WHO Outputs

The table below lists the Outputs and their frequency.

Ref	WHO Output	Frequency
1.1.1	Countries enabled to provide high-quality, people-centered health services, based on primary health care strategies and comprehensive essential service packages	18
1.1.2	Countries enabled to strengthen their health systems to deliver disease specific service coverage results	13
1.1.3	Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course	7
1.1.5	Countries enabled to strengthen their health and care workforce	11
1.3.1	Provision of authoritative guidance and standards on quality, safety and efficacy of health products, including through prequalification services, essential medicines and diagnostics lists	2
1.3.2	Improved and more equitable access to health products through global market shaping and supporting countries to monitor and ensure efficient and transparent procurement and supply systems	2
1.3.3	Country and regional regulatory capacity strengthened, supply of quality-assured and safe health products improved	2
1.3.4	Research and development agenda defined and research coordinated in line with public health priorities	2
1.3.5	Countries enabled to address antimicrobial resistance through strengthened surveillance systems, laboratory capacity, infection prevention and control, awareness-raising and evidence-based policies and practices	4
2.1.1	All-hazards emergency preparedness capacities in countries assessed and reported	1
2.1.2	Capacities for emergency preparedness strengthened in all countries	4
2.2.1	Research agendas, predictive models, innovative tools, products and interventions for high-threat health hazards	7
2.2.2	Proven prevention strategies for priority pandemic/epidemic prone diseases implemented at scale	5
2.2.3	Mitigate the risk of the emergence and re-emergence of high-threat pathogens	4
2.3.2	Acute health emergencies rapidly responded to, leveraging relevant national and international capacities	1
2.3.3	Essential health services and systems maintained and strengthened in fragile, conflict and vulnerable settings	2
3.1.1	Countries enabled to address social determinants of health across the life course	5
3.1.2	Countries enabled to address environmental determinants of health, including climate change	2
3.2.1	Countries enabled to develop and implement technical packages to address risk factors through multisectoral action	9
3.3.1	Countries enabled to address environmental determinants, including climate change	3
3.3.1	Countries enabled to adopt, review and revise laws, regulations and policies to create an enabling environment for healthy cities and villages, housing, schools and workplaces	3
4.1.1	Countries enabled to strengthen data, analytics and health information systems to inform policy and deliver impacts	3
4.1.2	GPW 13 impacts and outcomes, global and regional health trends, Sustainable Development Goals indicators, health inequalities and disaggregated data monitored	1
4.1.3	Countries enabled to strengthen research capacity and systems, conduct and use research on public health priorities and scale effective innovations sustainably	3
4.2.6	"Leave no one behind" approach focused on equity, gender, human rights progressively incorporated and monitored	1
14.2.1	HRP - Strengthened evidence base, prioritization and uptake of WHO generated norms and standards, improved research capacity and ability to effectively and sustainably scale up innovations, incl. digital technology, in countries	1
50.1.2	Strengthen systems for regularly capturing and sharing lessons and evidence on new, innovative and successful means of implementing tobacco control measures	1
50.1.6	Support and encourage Parties in their efforts to remove barriers to country-level tobacco control efforts	1

Overview of US WHO Collaborating Centres: Appendix 5

Examples of WHO CCs in the US

This section provides an overview of a small sample of selected WHO CCs in the USA.

USA-289 WHO Collaborating Centre for Biological Standardization, Center for Biologics Evaluation and Research (CBER), FDA

This CC began as a CC in 1998 and is one of eight CCs globally that “provide scientific advice and conduct investigational activities needed to support the WHO's biological standardization programme. These activities include the preparation of candidate biological reference materials ... Some of the Collaborating Centers also serve as custodians of WHO biological reference materials and they are responsible for their distribution around the world to qualified applicants.”²⁰

According to its 2021-25 Strategic Plan²¹, the CBER “is an Essential Regulatory Laboratory (ERL) in WHO’s Global Influenza Surveillance and Response System (GISRS) and plays a critical role in the twice-annual seasonal influenza vaccine strain selection for the Northern and Southern hemispheres. ... CBER experts contribute to the following activities each year for manufacture of influenza vaccines:

- Analyze influenza virus surveillance data and issue recommendations on the strain composition of the influenza vaccines;
- Perform serological studies to determine how well current vaccines protect against the most recent circulating strains of influenza virus;
- Analyze influenza virus isolates and prepare virus stocks of candidate strains for use by manufacturers for influenza vaccine production;” etc.

The joint heads of the CC are listed as Peter Marks and Gopa Raychaudhuri.

In March 2025, Peter Marks resigned from the CBER, stating that “it has become clear that truth and transparency are not desired by [Robert F. Kennedy Jr., the Health and Human Services] Secretary, but rather he wishes subservient confirmation of his misinformation and lies”. An HHS spokesman countered that if Marks “does not want to get behind restoring science to its golden standard and promoting radical transparency, then he has no place at FDA under the strong leadership of Secretary Kennedy”²². In October 2025, he joined Eli Lilly to oversee molecule discovery and infectious diseases²³.

Gopa Raychaudhuri is regarded as an expert in gene therapies. In October 2024, he gave a presentation entitled “Facilitating Development of Gene Therapies for Rare Diseases”, summarizing all 19 then-approved gene therapies²⁴. He jointly filed a patent in 1999 for “simian-human hepatitis A having a chimeric 2C protein”²⁵.

²⁰ <https://www.who.int/teams/health-product-policy-and-standards/standards-and-specifications/norms-and-standards/who-collaborating-centres-for-biological-standardization>

²¹ <https://www.fda.gov/media/81152/download?attachment=>

²² <https://www.bbc.com/news/articles/cn8r87z8v10o>

²³ <https://www.reuters.com/sustainability/boards-policy-regulation/former-fda-vaccine-chief-peter-marks-joins-eli-lilly-stat-reports-2025-10-07/>

²⁴ <https://onbiostatistics.blogspot.com/2024/10/us-approved-gene-therapies-and-summary.html>

²⁵ <https://patents.justia.com/inventor/gopa-raychaudhuri>

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USA-297 WHO Collaborating Centre for Nursing Information, Knowledge Management and Sharing Centre for Global Nursing, at the School of Nursing Johns Hopkins University (JHSON)

This CC was first designated in July 2001, and is described on the organisation's website²⁶ as follows:

"The JHSON is the first PAHO/WHO Collaborating Center concentrating specifically on nursing information and communication technologies, engaging in national and international activities that respond to nursing information, communication and knowledge management needs.

Our Collaborating Center hosts the Global Alliance for Nursing and Midwifery (GANM)²⁷, which supports the professional development of nurses and midwives through collaborative networking and education. The GANM is an online community of practice that consists of more than 3700 professionals from all over the world coming together to build the capacity of nurses and midwives, and improve the health of communities globally through online discussions, online library resources, and professional connections in all latitudes of the world. Our platform allows for equitable access to the discussions regardless of internet bandwidth, giving nurses and midwives a global voice. In addition to this, the PAHO/WHO Collaborating Center hosts webinars by global experts on critical topics such as maternal/newborn health, midwifery, technology and global clinical issues. Webinars are recorded and shared on our GANM online engagement platform with our written blogs and library resources."

The website sets out the three TOR for 2021 to 2025 which are the same as listed on the WHO database. The expiry date for the CC was 20 August 2025, but it still appears listed as active. The TOR specifically mention addressing the Sustainable Development Goals and to support the implementation of the WHO Global Strategic Directions for Nursing and Midwifery (SDNM) 2021-2025 at regional and global level.

The Executive Summary of the SDNM²⁸ states "The intended impact of the SDNM is that countries fully enable the contributions of midwives and nurses towards the following common goals: primary health care for UHC [Universal Health Coverage] and managing the coronavirus disease (COVID-19) pandemic; mitigating the health effects of climate change; managing international migration; and ensuring access in rural and remote areas and small island developing states."

It appears that part of the work of the CC reflects common themes of the ongoing global agenda – Covid 19, climate change, and international migration.

Dr Sarah Szanton is the Dean of the JHSON and listed as one of the two heads of the CC. She was questioned by Rand Paul in February 2023²⁹ during the Senate Health, Education, Labor and Pensions Committee's hearing on "Examining Health Care Workforce Shortages", about the Covid-19 vaccination mandate for all students at John Hopkins University but skirted around the issue.

²⁶ <https://nursing.jhu.edu/faculty-research/research/areas-of-expertise/community-global-health/global-centre/paho-who/>

²⁷ <https://nursing.jhu.edu/faculty-research/research/areas-of-expertise/community-global-health/ganm/>

²⁸ <https://iris.who.int/server/api/core/bitstreams/11723bae-3fd4-46f0-a4ea-9dc8fd153667/content>

²⁹ <https://www.westernjournal.com/rand-paul-torches-johns-hopkins-dean-nursing-crisis-leaves-absolutely-speechless/>

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USA-401 WHO Collaborating Centre for Medical Education and Primary Health Care National Center for Rural Health Professions, College of Medicine University of Illinois at Rockford

This CC was designated in August 2014 and was last designated in August 2022, with an expiry date of August 2026 for the current designation. The CC focuses on medical education and primary health care. One of the three core areas stated on the website³⁰ is to reorient medical education toward social accountability principles and interprofessional training. The first TOR is to support PAHO/WHO in the development of the strategic plan of the Consortium for the Advancement of Social Accountability and Interprofessional Education among the health workforce of the Region of the Americas.

The Social Accountability mandate of medical schools was defined in a 1995 WHO report as “the obligation to direct their education, research and service activities towards addressing the priority health concerns of the community, region, and/or nation they have a mandate to serve.”³¹

Searches on Google for the phrase “Consortium for the Advancement of Social Accountability and Interprofessional Education” does not produce any results with this exact wording. Therefore, it is not clear if this is an organisation/network which still exists. Adding “WHO” to the start of the phrase also does not return any exact matches.

Other organisations which come up in the Google results are

- Centre for the Advancement of Interprofessional Education (CAIPE)³² which is a membership organisation and UK-based charity, to improve the health and social care of the public by advancing interprofessional education.
- Interprofessional Education Collaborative (IPEC)³³ which has defined core competencies to guide interprofessional education and team-based care for improved outcomes across health professions

Under the heading of Social Accountability, another organisation is Towards Unity for Health (TUFH) which is linked to the WHO. Its strategy for 2020 to 2024 can be found at the link below³⁴. The strategy document describes the background of the organisation as:

“An official non-state actor of WHO, had its origins 40 years ago beginning with two WHO initiatives: The Network and Towards Unity for Health. The initial aims were headlined as “Community Oriented Medical Schools Encompassing Academic-Community Partnerships” and “Collaboration Between Different Health and Community Stakeholders.” In 2012 TUFH adopted a very explicit strategy to become a “network of networks.”

³⁰ <https://ncrhp.uic.edu/international-collaborations/paho-collaborating-centre-student-experiences/>

³¹ <https://pmc.ncbi.nlm.nih.gov/articles/PMC6445313/>

³² <https://www.caipe.org>

³³ <https://www.ipecollaborative.org/ipec-core-competencies>

³⁴ <https://thenetworktufh.org/wp-content/uploads/TUFH-STRATEGIC-ACTION-PLAN-2021-2024-FINAL-DRAFT.pdf>

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USA-453 WHO Collaborating Centre for Global Health Security at the Bloomberg School of Public Health John Hopkins University

This CC was officially designated in October 2019. The first TOR is as follows:

“To provide research and analysis for WHO on detection, preparedness, and response to natural and deliberate threats to global health security.”

This is rather interesting given the timing of the designation and the subsequent Covid-19 Pandemic declaration.

One of the team at John Hopkins who was named in the press release announcement in helping to have the CC redesignated in October 2023 is Lucia Mullen. Her profile on the John Hopkins website³⁵ states:

“Her primary interests include health security policy, outbreak preparedness and response, bioterrorism, and public health planning for mass gatherings. Ms. Mullen is a member of the World Health Organization (WHO) Novel Coronavirus-19 Mass Gatherings Expert Group and the WHO Simulation Exercise Technical Advisory Group. Ms. Mullen is also a member of the Independent Expert Panel for the International Olympic Committee and a focal point to the Global Outbreak Alert and Response Network for Johns Hopkins University.

Throughout the COVID-19 pandemic, Ms. Mullen has developed a variety of risk-based tools and guidance, including self-assessments and decision trees, for international organizations, policy leaders, and other stakeholders to help their decision-making processes. As part of the WHO Novel Coronavirus-19 Mass Gatherings Expert Group, Ms. Mullen produced generic, sport, and religious mass gathering risk assessments and mitigation checklists for event organizers, which are available on the WHO website. Ms. Mullen has provided technical expertise to the United Nations to help them make risk-informed decisions on which critical events need to be held, modified, postponed, or cancelled during the pandemic.”

Lucia Mullen is currently completing a PhD with the Public Health and Policy Department of the London School of Hygiene & Tropical Medicine in mass gathering preparedness during health emergencies.

In November 2023, the WHO Generic All-Hazards Risk Assessment Tool for Mass Gathering Events (All-Hazards MG RA Tool) was launched, a project led by Lucia Mullen. The tool is described thus:

“This user-friendly and innovative digital tool aims to support WHO Member States and mass gathering event organizers in identifying, assessing, and mitigating risks associated with large-scale gatherings, ultimately enhancing event safety.”

The WHO website³⁶ publication for the All-Hazards MG RA Tool is dated May 2023.

³⁵ <https://centreforhealthsecurity.org/who-we-are/our-people/lucia-mullen-mph>

³⁶ <https://www.who.int/publications/i/item/WHO-2023-Generic-Mass-gatherings-All-Hazards-RAtool-2023-1>

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USA-465 WHO Collaborating Centre for Occupational Health, National Institute for Occupational Safety and Health (NIOSH), CDC

From the organization's website³⁷, NIOSH "has the mandate to assure 'every man and woman in [the United States] safe and healthful working conditions and to preserve our human resources' ". There is a section entitled "Global Collaborations", although no reference is made to being a WHO CC. The CC was designated in January 2024. NIOSH was previously a WHO CC from 1976 to 2020 (USA-150 WHO CC for Occupational Health)³⁸.

The "Notable Milestones" page does not mention anything about being a WHO CC, either for 1976 or 2024.

A Global Network of WHO CCs for Occupational Health (GNWOH) was inaugurated in 1990. According to its website³⁹, its current objectives are:

- "collect and disseminate good practices and scientific evidence about occupational health and safety in the context of COVID-19 through WHO community of practice facility
- to translate and raise awareness about WHO's recommendations, policy and scientific briefs, frequently asked questions and answers and communication messages the occupational health aspects of about COVID-19
- assist countries in implementing WHO's recommendations for occupational health in COVID-19"

When searching the NIOSH website for "Collaborating Center", the first 3 search results each refer to a meeting to celebrate the 25th anniversary of the GNWOH in 2016. It jointly published the resulting document, "Improving Workers' Health Across the Globe"⁴⁰ with the Finnish Institute of Occupational Health. There is no search result referring to its current status as WHO CC.

It is curious that the important role of being a WHO CC is overlooked on its website.

³⁷ <https://www.cdc.gov/niosh/about/index.html>

³⁸ <https://who.my.site.com/ecc/s/view-designation-details?recordId=a79NN0000005FWcYAM>

³⁹ <https://www.who.int/groups/global-network-of-who-collaborating-centres-for-occupational-health>

⁴⁰ https://www.cdc.gov/niosh/docs/2016-118/pdfs/success-stories_v01_nr04_n-compressed.pdf