

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

SPECIAL HEALTH AUTHORITY

**Discussion Paper to assist the Institute in deciding how to respond to
the request by the WHO to establish NICE as a WHO collaborating
Centre**

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1 Background

- 1.1 The National Institute for Health and Clinical Excellence (NICE) has achieved an international reputation for methodological rigour in the field of clinical guideline development, technology appraisal and assessment of the safety and efficacy of interventional procedures, and is rapidly gaining one in the field of public health guidance.
- 1.2 To date NICE has liaised with a range of agencies and organisations in other countries in a variety of ways. While initially these have been mainly in the form of invited presentations at conferences, ministerial workshops and seminars more recently the format for these interactions has been more diverse. In the majority of cases these have been undertaken by senior staff members where the emphasis has been on policy issues.
- 1.3 In addition staff of the Institute and its collaborating organisations have participated in technical presentations at a variety of national and international conferences.
- 1.4 Recently there have been more formal and extended interactions. Examples of these are the Centre for Public Health Excellence's role as a methodological hub in the WHO Determinants of Health programme and the Institute's membership of the scientific committee of HTAi 2007 and participation in the CoCanCPG European Union funded cancer guidelines project
- 1.5 The Institute is also a member of a number of international organisations eg Guidelines International Network (GIN).
- 1.6 It is has now been agreed that IQWIG, HAS and NICE should hold regular meetings to discuss methodological issues
- 1.7 The demand on the Institute's time from requests for international liaison is increasing eg Haute Authority Sante wish the Institute to participate in their project to establish HTA education and training in Poland, and the Mexican government wish the Institute to participate in a health promotion education programme
- 1.8 Following its review of the Institute's guideline programme the WHO has invited the Institute to become a full collaborating centre for Technology Appraisal.

Currently the Centre for Public Health Excellence is a WHO collaborating Centre and its status will be reviewed next year.

- 1.9 This paper explores the strengths and weaknesses of being a formal Collaborating Centre for the WHO and also proposes some alternative models of international collaboration eg the Institute could target international collaboration effort around identified themes (eg methodological research and development, inequalities).

2 Rationale for an International Presence

- 2.1 The advantages of the Institute having a prominent international reputation are considerable and include
 - 2.1.1 Increased credibility within the UK
 - 2.1.2 NICE is a unique national agency in the UK and its peers are national agencies in other countries. International engagement, therefore provides NICE with a supportive environment in which possibilities of sharing may result in reduced duplication of activities and increased efficiencies. Thus it might contribute directly to the core functions of NICE
 - 2.1.3 NICE as a leader in the field is an important “export” for the UK and international activities can be seen as part of supporting government policy.
 - 2.1.4 International work can be a legitimate part of professional development
 - 2.1.5 Identifying legislation and policy development in other countries can assist NICE assess their relevance and likely future impact on its work eg. European policy developments on responding to common public health issues.
 - 2.1.6 Provide the Institute access to new funding streams ie EU money
- 2.2 There are also risks attached to establishing international relationships.
 - 2.2.1 With limited resources of time and personnel involvement of staff in international work may detract from the core work of the Institute.
 - 2.2.2 Unless the Institute can apply the right mix of skills and experiences to the international work it may produce inferior work that could jeopardise the Institute’s reputation.

3 Experiences to date

- 3.1 The Chairman Professor Sir Michael Rawlins has undertaken an extensive “tour” of pharmaceutical companies in the United States to describe the role and function of the Institute.
- 3.2 Discussion between senior Institute staff and government health representatives have occurred with United States of America, Mexico, France., Germany, Australia, Greece, Portugal, Spain, South Africa and China.
- 3.3 A methodological forum has been established between NICE and HAS and IQWiG.
- 3.4 The CPHE is a WHO collaborating centre and a “knowledge hub” for the WHO social determinants project.

4 Lessons learn from the Health Development Agency's experience as a WHO Collaborating Centre?

- 4.1 A WHO collaborating centre forms part of an inter-institutional collaborative network set up by WHO in support of its programme at the country, inter-country, regional, interregional and global levels, as appropriate.
- 4.2 In line with the WHO policy and strategy of technical cooperation, a WHO collaborating centre must also participate in strengthening country resources, in terms of information, services, research and training, in support of national health development'.
- 4.3 WHO Collaborating Centres have 2 main functions:
- The first aspect is a traditional, long-established one: it provides to the WHO support for programmes of global interest.
 - The second essential aspect of the service function of the centres is their involvement in technical cooperation for national health development.

Further details of the remit of WHO Collaborating Centre's can be found at:

<http://www.who.int/kms/initiatives/whoccinformation/en/index3.html>

- 4.4 The HDA was actively involved with the WHO in a range of activities to promote population health.

As a collaborating Centre, it had the following objectives:

- 4.4.1 To provide technical support to the WHO Investment for Health and health promotion programmes.
- 4.4.2 To integrate learning from research and programme development in England with the work of WHO.
- 4.4.3 To lead on and develop work which meets the WHO agenda and contributes to the core business of the HDA.
- 4.5 There was much activity relating to these objectives during the period between October 2002 and the close of the HDA in March 2005. The collaborating centre agreement officially runs out next year. This work was led by the International team of the HDA who drew on a range of internal and external staff to achieve the objectives of the agreement.
- 4.6 The positive aspects of being involved included:

- 4.6.1 Provision of direct access to the key international players working in the field of evidence based public health, thus contributing to methodological development of the organisations work programme.
- 4.6.2 Promoting the work of the organisation at an international level.
- 4.6.4 Providing development opportunities for staff.
- 4.6.5 Excellent networking opportunities.
- 4.6.6 Promoting international standards in evidence base public health, potentially sharing some of the workload in gathering and synthesising evidence.
- 4.7. The negative aspects of being involved potentially include:
 - 4.7.1 The exchange of learning is often heavily skewed since national organisations in the UK are often ahead in development terms than many other member states.
 - 4.7.2 Demands on staff can be burdensome if the work is not seen as mainstream activity.
 - 4.7.3 Workflow is often unpredictable.

5 Should NICE become a WHO Collaborating Centre?

- 5.1 There is much value in developing collaborations at the international level for reasons provided above. However the particular benefits of becoming a WHO collaborating need to be assessed against the Institute's:
 - 5.1.1 Need to develop an international profile.
 - 5.1.2 Its own resources (mainly in people terms) – in order to be effective the organisation needs to be willing to put dedicated time to it and to see international collaboration as core business.
 - 5.1.3 Desire to contribute to international development
- 5.2 Consideration should be given to the importance of international work outside the framework of WHO collaborating centres. There is much benefit for developing a systematic approach to engagement with key players working in the evidence based guidance field.
- 5.3 There is also potential for income generation if a consultancy approach to supporting less developed countries is taken. This is outside the scope of this paper.

6 Options

- 6.1 The Institute could explore further becoming a full WHO collaborating centre
- 6.2 The Centre for Public Health Excellence alone could re-negotiate to be a collaborating centre in its own right.
- 6.3 The Institute does not become a formal collaborating centre but develops collaborations (which could be with the WHO) based around themes or subjects that are of direct relevance to the Institute. In this context the Institute would need further discussions with the WHO concerning which particular projects or programmes it would like the Institute's involvement.

The SMT are invited to discuss the issues raised in this paper and consider which is the most appropriate option or propose others.

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Contributions from Anthony Morgan and Mike Kelly