THE 25 YEARS TRAJECTORY OF THE WORLD HEALTH ORGANIZATION COLLABORATING CENTRE FOR NURSING IN BRAZIL: A HISTORICAL-SOCIAL RESEARCH

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Abstract

Background: a Collaborating Center is an institution designated by the Director-General of the World Health Organization to participate in an international collaborative network to accomplish activities in support of the Organization’s programs at all levels, strengthening technical cooperation among countries. The aim of this study was to analyze the trajectory of the World Health Organization Collaborating Centre for Nursing in Brazil in view of the evolution in its Terms of Reference.

Methods: this qualitative study was developed in the framework of Systems theory. The timeframe considered ranged from 1986 to 2013. A work plan was elaborated that included the identification, location and analysis of primary sources, with a view to interpreting the facts based on the designation proposal, the approved Terms of Reference (ToR) and the annual reports elaborated by that Centre.

Results: the 25-year trajectory of the World Health Organization for Nursing in Brazil demonstrates its evolution as an open system that attempts to adapt to external requirements while considering its internal characteristics and peculiarities. The Collaborating Centre’s actions were focused on distinction and on increasing integration processes, based on information feedback and internal and external control flows. In the environmental context, its relations as a Collaborating Centre gradually expanded, with WHO guidelines providing the core direction.

Conclusions: the World Health Organization Collaborating Centre for Nursing in Brazil has complied with its mission of contributing to nursing research development through processes and products that are related to knowledge production and dissemination, human resource formation for research and the transfer of research results to health services.

Keywords: nursing, World Health Organization, organization and administration, research, leadership, policy
Introduction

From the recent past until today, the global calls to mobilize leaderships in search of solutions to problems in the health sector have been increasing, ranging from strategies capable of guaranteeing the reform and sustainability of systems; creating programs to implement the health policies established by international entities in articulation with local governments; valuing and promoting the development of human resources as true assets fit for coping with critical challenges; effectively participating in the dynamics of power in health, among other competencies, to their connection with leaderships of the power structures, providing them with inputs for health policy making to be based on scientific evidence. Resting on this information, strategies can be outlined to enhance the safety and quality of the systems and the population’s health (Mendes, 2004; WHO, 2005; Rigoli et al, 2006; Mendes & Marziale, 2006; WHO, 2008; Trevizan et al., 2010; El Jardali et al, 2014).

Efforts have been made to strengthen and tie up initiatives that can provide information, evidences and actions proposals that can guarantee the systems’ problem-solving ability, consequently improving health care with equity and social justice (WHO, 2005; Rigoli et al, 2006; WHO, 2008; El Jardali et al, 2014). In this context, success has been achieved, but various problems continue, such as inequity in the access to health services, negligence of collective health and health authorities’ difficulty to manage the sector. Most of the problems on this still open agenda are associated with human resources (Buchan et al, 2013).

In the sphere of the United Nations system, the World Health Organization (WHO) has been granted the authority to conduct the health policies in a manner articulated with the member countries. This international entity is responsible for leading the global health agenda, setting policies, inducing and grounding strategic actions, proposing research
priorities, recommending standards, offering technical support, identifying problems, proposing solutions and promoting the monitoring of global health trends.

To comply with such as wide-ranging and complex mission, WHO builds upon different types of consulting services in each of the specialties in the health area, seeking technical cooperation at the regional, inter-regional and global levels. The devices WHO uses include the institutions called “Collaborating Centers”, which are responsible for acting in partnership, cooperating towards the implementation of specific programs: the centers are identified by their profile and potential performance to implement programs established in the light of the policies the World Health Assembly adopts each year. In 2014, WHO counts on the partnership of 941 Collaborating Centers (WHO Collaborating Centres Global Database), covering different specialties in the context of the health careers. Among these, 41 are active in Nursing and Midwifery and are members of the Global Network of WHO Collaborating Centers for Nursing and Midwifery Development.

This global entity works towards the implementation of the Health for All policy and towards the expansion of its priority actions to research and innovation, with the greatest potential to improve global health safety, to accelerate health-related development, to correct health-related inequalities and to achieve the Millennium Development Goals (WHO, 2013). On a rotating basis, the Network members elect a center to host the network secretary, lead integration processes and take charge of the monitoring and coordination of the activities agreed upon with WHO (OPAS, 2010).

Thus, each Collaborating Center is an institution designated by the Director-General of the WHO to participate in an international collaborative network to accomplish activities in support of the Organization’s programs at all levels. The Collaborating Centers also strengthen technical cooperation among countries by developing activities recommended by WHO in accordance with their internal potential (Mendes et al, 1993). Each Center has a
specific mission that responds to the interests of WHO, at the same time as it complies with its goal as an organization and as an open system, capable of being influenced by and of influencing its external environment. Thus, a system possesses a range of interrelated components and internal attributes, constituting a unique whole in a constant search for feasibility.

Among the attributes of an organization as a system, any administrator should be open and flexible to gain a comprehensive perspective on current, past and future scenarios and situations in the organization(s) he is active in. This gives rise to the awareness that observations based on different viewpoints lead to diversified readings that can produce and enhance new behaviors.

In that sense, a World Health Organization Collaborating Centre’s (WHOCC) trajectory needs to be analyzed within its life timeframe. Hosted at a higher education institution – the University of São Paulo at Ribeirao Preto College of Nursing (EERP-USP), the actions it has undertaken and the results achieved deserve a closer look in the course of its 25 years of existence.

Hence, the aim in this paper is to analyze the trajectory of the WHO Collaborating Centre for Nursing in Brazil in the light of the evolution in its Terms of Reference (ToR).

**Method**

A historical-social documentary and longitudinal research was undertaken, based on the understanding of an organization as a system, with its own culture and as flow and transformation. Thus, this qualitative study was developed in the framework of Systems theory, considering the timeframe from 1986 to 2013.

Historical research offers a significant contribution to organizations and groups, and refers to a critical view on the sociopolitical and cultural elements that interspersed its
constitution. This perception reveals and permits a further understanding of the advances and
difficulties experienced in this construction (Padilha & Borenstein, 2005).

By way of access to the files of EERP-USP, the following primary sources were used:
letters, processes and reports produced by the institution under analysis, or which it received,
specifically from the WHO, the Pan American Health Organization (PAHO), the office of the
Pan American Health Organization in Brazil (PAHO-Brazil), the University of São Paulo,
from other Collaborating Centers and partner institutions, whose contents were aligned with
the research objectives. In addition, electronic sources from the organizations/institutions
under analysis were consulted. The secondary sources were: literature on the collaborating
center strategy used by WHO, besides documents available in journals and/or electronic
collections and virtual libraries on the following themes: WHO Collaborating Centers, World
Health Reports, health policies, World Health Assembly, strategic orientations for nursing
and midwifery, nursing leadership. A work plan was elaborated, which included the
identification and location of the sources and an analysis script of the primary sources,
aiming to interpret the facts based on the designation proposal, the approved Terms of
Reference (ToR) and the annual reports the Centre elaborated. The data were collected in
December 2012.

The treatment of the collected data included quantitative and qualitative analyses. The
findings were classified based on the relevant structures identified in the organization of the
information, as well as on certain aspects of reality that were emphasized.

The authors strictly complied with ethical guidelines in the search, analysis and
discussion of the results.
Results

In 1953, EERP-USP gained an outstanding position among other nursing schools in the country because it started its activities with a novel curriculum that included human science subjects, demonstrating its pioneering role in this respect. Its Dean was the first nurse in Brazil and Latin America to defend her doctoral thesis in 1963. The college developed within a culture that valued research as part of faculty members’ routine activities. Its role in the Brazilian context is highlighted, as follows: 1) in terms of its teaching quality, measured by the profile of its graduates, their successful performance in qualification exams and their consequent participation in the job market, mainly in renowned institutions (USP Archives); 2) in terms of the outstanding qualitative and quantitative performance of its faculty members in the Brazilian Nursing Association congresses held in the 1960’s, 1970’s and 1980’s (Mendes, 1991; Mendes & Trevizan, 1996).

On May 29th 1986, the former Dean of EERP-USP created the Advisory Committee for International Issues (CAAI) to develop a culture of internationalization and expand the international activities of EERP-USP faculty and students. The four faculty members who comprised the CAAI mobilized the teaching staff by encouraging their participation in different kinds of international events and exchanges, promoted scientific meetings, disseminated events, coordinated and supported training activities and technical visits and advised local and Brazilian faculty members and students, as well as foreign students interested in an exchange program at EERP (Angerami, 1989). On August 10th 1987, the same Dean forwarded a proposal to WHO with her institution’s application to serve as a WHO Collaborating Center for Nursing. During 1988, EERP-USP worked as a center “in course of designation” and, in May of the same year, presented in annual plan of work (Mendes, 1999). After WHO had repeatedly consulted with the Brazilian government, on
December 9th 1988, the College was officially designated for the period from 1989 till 1993 (USP Archives).

After the designation of EERP-USP as a Collaborating Center, its Congregation charged the CAAI with the responsibility to coordinate the Center’s activities, changing its name to Advisory Committee for National and International Exchange. Between 1990 and 2006, the Dean also served as the director of the Center. In June 2006, upon the decision and designation of subsequent Deans, this responsibility was transferred to other faculty members, who started to serve as the Director and Deputy Director of the Center (USP Archives).

The first version of the reference terms demonstrates the initial link between the Collaborating Centre’s actions and the priorities WHO set in 1978, in Alma Ata, to value primary health care (Figure 1).

Figure 1. Terms of Reference (ToR) of EERP-USP as a WHO Collaborating Centre for Nursing Research Development, 1988.

| TR1 | Promotion and stimulation of nursing research toward the primary health care approach in all areas of nursing practice such as mental health, school health, occupational health, women’s health and other programs directed at the community. |
| TR2 | Facilitation of developing a critical mass of nurse researchers involved in health services research, specially those that are decision-linked, and those that will contribute to more effective and improved nursing practice. |
| TR3 | Support of the development of continuing education programs for nursing research, geared to bring changes in which hospitals serve as effective referral points and support for primary health care. |
| TR4 | Stimulation and promotion of the exchange of researchers in education and services and between institutions. |
| TR5 | Development of mechanisms for dissemination of research findings as appropriate, nationally, regionally and interregionally. |
| TR6 | Establishment of a center of bibliographic resources through the integration of a network for the sharing and distribution of teaching/learning materials for nursing research. |
| TR7 | Development of activities in nursing research supportive of the program of work of units pertinent to WHO. |
| TR8 | Organization of preparation meetings between graduates and graduating students, in important measures within the context of the Terms of Reference. |

Source: University of São Paulo Archives
On October 30th 1992, EERP-USP was redesignated, also to encourage a cell culture for the development of nursing research (Figure 2).

Figure 2. Terms of Reference (ToR) of EERP-USP as a WHO Collaborating Centre for Nursing Research Development, 1992.

- Promotion and incentive of nursing research oriented to the criteria of primary health care at different levels of care and areas of nursing practice: mental health, school health, occupational health, women’s health, children’s health, and the elderly’s health, and other programs which benefit the community.
- Facilitation of developing a critical mass of nurse researchers involved in health services research, especially those that are decision-linked, and those that will contribute to more effective and improved nursing practice.
- Support the development of continuing education programs for nursing research, geared to bring changes in which hospitals serve as effective referral points and support for primary health care.
- Stimulation and promotion of the exchange of researchers in education and services and between institutions.
- Development of mechanisms for dissemination of research findings as appropriate, nationally, regionally and interregionally.
- Establishment of a center of bibliographic resources through the integration of a network for the sharing and distribution of teaching/learning materials for nursing research.
- Development of activities in nursing research supportive of the program of work of units pertinent to WHO.
- Organization of preparation meetings between graduates and graduating students, in important measures within the context of the Terms of Reference.

Source: University of Sao Paulo Archives

Concerning the terms two, three and four, a reversal in the above mentioned situation is noted, with a significant change in the composition of graduate students at EERP-USP. Among the 82 Master’s students enrolled in 1992, 42.7% were active in teaching, while 57.3% worked in health services. Among the students affiliated with Nursing colleges, only 8.6% came from EERP-USP and 91.4% represented teaching institutions from the Brazilian Southeast (60%), Northeast (11.4%), Central-west (11.4%) and South (8.6%) (Vinha, 1991; Mendes, 1992).

The fifth term refers to the development of mechanisms to disclose research results and motivated EERP-USP to launch the Latin American Journal of Nursing (RLAE) in December 1992 with funding from the Kellogg Foundation/Brazil. In compliance with the mission of the Collaborating Center, this journal is oriented towards regional nursing and, at
its launch, the journal already published papers in Portuguese or Spanish, with abstracts in Portuguese, Spanish and English (Mendes, 1993). Besides this journal, the Center created the Informativo Latino-Americano de Enfermagem (ILAEnf), published in Portuguese and Spanish, with a view to the dissemination of scientific and cultural events and the encouragement of scientific exchange in nursing. This information bulletin was distributed to 471 Brazilian and 470 international institutions, in the following countries: Angola, Argentina, Bolivia, Colombia, Costa Rica, Cuba, Chile, Ecuador, Spain, El Salvador, Guatemala, Haiti, Honduras, México, Nicaragua, Panama, Paraguay, Peru, Porto Rico, Portugal, Dominican Republic, Uruguay and Venezuela.

The sixth term included the maintenance of a bibliographic resource center through the establishment of a network that involved alumni from different Brazilian regions. As EERP-USP served as a research training agent for the whole country and stimulated the continuity of its faculty members’ bonds with the graduates, the institution served as a catalyst of nursing leaderships. In that sense, networking takes place through social processes with a view to the achievement of common goals, aiming to maintain the collaborative production of its members (Mendes et al, 2013).

On June 23rd 1997, EERP was again redesignated (Mendes & Ventura, 1996). The second redesignation reaffirms the Center’s commitment to its mission, reinforcing the relevance of practice-related research development and working to broaden the possible activity areas of nursing through these results (Figure 3).

Figure 3. Terms of Reference (ToR) of EERP-USP as a WHO Collaborating Centre for Nursing Research Development, 1997.
On June 27th 2002, the third redesignation of the Center was made official (Figure 4).

Figure 4. Terms of Reference (ToR) of EERP-USP as a WHO Collaborating Centre for Nursing Research Development, 2002.

<table>
<thead>
<tr>
<th>TR1</th>
<th>Promote, carry out and disseminate nursing research oriented to demonstrate the nursing and midwifery contribution to family and community health.</th>
</tr>
</thead>
<tbody>
<tr>
<td>TR2</td>
<td>Training for nurse leaders of health and teaching institutions as well as community organizations, who are able to contribute in decisions on health and nursing policies, to improve health care.</td>
</tr>
<tr>
<td>TR3</td>
<td>Serve as a research and training Center for Latin America in priority areas.</td>
</tr>
</tbody>
</table>

Source: University of Sao Paulo Archives

In 2001 and 2002, an internal movement took place at EERP-USP in the attempt to reconsider its experience as a Collaborating Center and to redirect its priorities in accordance with the strategic orientations WHO had set for Nursing, as well as with the work guidelines of PAHO-Washington.

Thus, the first two terms of reference concentrate the eight previous ones, accompanied by a third term that again expresses WHO’s initial expectation, which also
inspired the name of the Journal, that the Center would serve as a reference for research in Latin America (Mendes, 1993).

Hence, during this redesignation, in cooperation with the Interamerican Drug Abuse Control Commission (CICAD) of the Organization of American States (OAS), the Center set up a Specialization Program in Research on Alcohol and Drugs.

As from July 5th 2006, the Center was redesignated for the fourth time (Figure 5).

Figure 5. Terms of Reference (ToR) of EERP-USP as a WHO Collaborating Centre for Nursing Research Development, 2006.

| TR1 | Promote and Develop Nursing research and disseminate the produced knowledge to contribute to the advancement of Nursing and Midwifery practice in priority areas and in nursing human resources. |
| TR2 | Strengthen and expand the dissemination of nursing and health information and knowledge to improve access to these resources and foster nursing practice and education. |
| TR3 | Contribute to the formation and updating of nursing and health information and knowledge in nursing. |
| TR4 | Cooperate with different agents in the formation and development of nursing human resources in priority levels and areas in the Americas and Africa. |

Source: University of Sao Paulo Archives

Among the actions put in practice and also reflecting the strengthening of this area at EERP-USP after the CICAD program, the creation of the Journal Mental Health, Alcohol and Drugs – SMAD is underlined (Luis et al, 2004; Mendes & Luis, 2005). Another result of actions in the context of these terms is the responsibility the Center assumed to create, organize and manage the Ibero-American Network of Scientific Editing in Nursing (RedEdit), ongoing since 2006. The Center also took charge of the coordination of the Platform of Electronic Nursing Journals in the context of the Virtual Health Library.

Also aiming to disseminate the knowledge produced, the Collaborating Center is also responsible for the periodical organization of events, such as the Meeting of Mental Health Researchers and Psychiatric Nursing Specialists, the Congress of Technology and Humanization in Health Communication (ConTIC-Health) and the Latin American Forum of
Scientific Editing in Nursing, besides contributing to the organization of the Pan American Nursing Research Colloquia and the Ibero-American Nursing Education Conferences, the latter developed by the Association of Nursing Schools and Colleges (ALADEFE).

In line with this proposal between 2003 and 2005, the Collaborating Center coordinated the Pan American Network of WHO Collaborating Centers for Nursing and Midwifery (PANMCC Network). In 2007, was elected to serve as the Secretary-General of the Global Network of WHO Collaborating Centers for Nursing and Midwifery Development, with 42 Centers at that time, distributed across WHO’s six regions.

During its mandate as the host of the Global Network, the Center was redesignated on July 6th 2010 (Figure 6).

Figure 6. Terms of Reference (ToR) of EERP-USP as a WHO Collaborating Centre for Nursing Research Development, 2010.

<table>
<thead>
<tr>
<th>TR1</th>
<th>Collaborate with WHO in strengthening nursing research for the development of nursing human resources and nursing practice in priority areas.</th>
</tr>
</thead>
<tbody>
<tr>
<td>TR2</td>
<td>Collaborate with WHO in strengthening and expanding dissemination of health information and knowledge with emphasis on nursing and midwifery.</td>
</tr>
<tr>
<td>TR3</td>
<td>Contribute with WHO to strengthen nursing faculty development through research training and updating to improve scientific quality and improve nursing curriculum.</td>
</tr>
</tbody>
</table>

Source: University of Sao Paulo Archives

**Discussion**

Next, the antecedents and consequences of the designation are contextualized from a systemic perspective. Therefore, the evolution in the Collaborating Centre’s TR is analyzed as an open system, influenced by different internal and external variables.

Based on the understanding about the nature of the wholes, as well as about the interdependence between parts and wholes, we can focus on the organization as a system of certain flows that cause transformations (Senge et al, 2004), especially considering its relationship with the environment.
In his discussion of the strategic apex, Mintzberg (1992) reports on sets of obligations under his direct responsibility. Among these sets, the administration of borderline conditions of the organization – the environment - is highlighted. In other words, the administrators of the strategic apex spend a considerable amount of time communicating and sharing organizational activities with their environment, generating a two-way information flow, enabling them to negotiate important agreements with external entities.

Based on the concept of open systems, the importance of the environment in organizations considered as organisms can be acknowledged. In this concept, the organizational process is accomplished based on the understanding of how organizations function and what factors contribute to their harmonization. Hence, organizational theoreticians perceived and analyzed different organizational needs, their adaptation process to the environments, their dynamics, their distinct types of identity, mission, beliefs and values and the relations among all of these variables. In summary, this concept directs the focus, dynamics and functioning of the relations between the organization and the environment and organizational efficacy.

Another set of obligations that should be highlighted relates to the development of the organizational strategy. The strategy is understood as the engine of the interface between the organization and its environment. One strategy used by WHO in the designation of Collaborating Centers is to set their TR according to the Organization’s priorities and plan of work.

From a systemic focus, the organization is characterized by interdependent actions and functions that reflect the principles of differentiation and integration. The utility of these principles is linked to the determination of distinct types of tasks and actions in a same organization. Those characterized as complex reach a high level of involvement with the differentiation and specialization and, consequently, require skillful interaction dynamics,
with a view to the integration of the whole. The progress of a complex organization is related to its ability to find direction and use the principles of differentiation and integration in a more sustainable manner, in order to cope with the challenges of the environment and turn them into opportunities. The evolution in the reference terms of EERP-USP as a Collaborating Centre demonstrates its adaptation to the environment and the development of activities based on the principles of differentiation and integration.

In that sense, WHO’s interest in designating EERP-USP as a Collaborating Center in 1988 rested on its leadership skills in nursing research and research training. Therefore, this has been its mission and identity since the start.

At bottom, the World Health Report 2013 (WHR) is focused on the fundamental role of research as an engine to improve health, emphasizing the need to organize this enterprise based on a systemic approach. In the report, three central messages are identified that fundamentally depend on research: 1) the universal health coverage will only be achieved with full access to high-quality services if research investments are undertaken; 2) all nations need to concentrate on the conduction of research and the use of its results; 3) Systems need to be adopted to develop national research agendas as well as to gain funding that permit strengthening the research capacity, besides enhancing the effective use of its results (WHO, 2013). This implies the involvement of all health specialties in joint efforts, in the light of a clear target, to answer the questions and apply the solutions locally, which presupposes a public policy in each country, inducing, conducting and supporting knowledge production processes and initiatives and the application of their results.

In emphasizing the recommendation regarding efforts all countries need to make in the adoption of a systemic approach to the development of health research, the reports illustrates the utility of the checklist by Viergever et al. (2010) to set research priorities. Despite evidences for how to gain funding for universal access, strategies used to improve
healthcare, most of the publications originate in high-income western countries (Hanney & Gonzales-Block, 2013) and only 19% of the documents in the Health Systems Evidence are focused on low-and middle-income countries (Wilson et al, 2013). Partnerships among policymakers, stakeholders and researchers, called knowledge translation platforms, are being closed to improve evidence informed policymaking in low-and middle-income countries (El Jardali et al, 2014).

In view of the central importance of research for WHO, and as this analysis is focused on a center designated to achieve a mission that fundamentally centers on nursing research, it is paramount to make efforts to comply with that mission with growing efficacy over time, which requires a retrospective analysis to identify strengths and weaknesses the policies and members’ actions should focus on with a view to their future.

When considering the first version of the reference terms, the first term is focused on the development of primary care research, especially in mental health, school health, occupational health and women’s health. These areas are mentioned to reflect the projects EERP-USP faculty members were developing at the time of its designation and that were part of the baseline proposal to have the institution designated as a Collaborating Centre. Despite this specification, the term clearly indicates the expected involvement and development in all fields of nursing practice. Although this target was quite bold in view of EERP-USP’s physical-functional conditions to serve as a Center, this signal by WHO served as a stimulus for emerging groups of faculty/researchers to invest in projects with different themes.

Terms of reference two, three and four emphasize the development of a critical mass of nursing staff originating in health services, with a view to supporting evidence-based practice. This posed a challenge to the college, particularly to its graduate programs, which were influenced by Brazilian graduate education policies, mobilizing the faculty members in
search of Master’s degrees; this created a demand by students who were already involved in teaching, much more than by nurses affiliated with health services.

The same phenomenon applies to permanent education and exchange programs. Through these terms of reference, this Center envisaged the need to diversify the composition of its graduate students’ institutional and functional representation (*stricto* and *lato sensu*), with a view to the preparation of leaders who would modify the decision process in teaching, health services and other policy-making entities (Mendes, 1991; Mendes, 1993).

Terms of reference five and six establish guidelines to seek means in order to enhance the dissemination and distribution of research results; similarly, the seventh and eighth term express the expectation that this Center will support WHO’s programs and reinforce the importance of investing in its graduates through different kinds of mobilizations.

The first redesignation of EERP-USP confirms its mission to value the development of nursing research. In that sense, although the formulation changes, the terms of reference preserved their essence. As observed, the areas child, adult and elderly health were included under term of reference 1.

The data demonstrate the leadership of EERP-USP to prepare human resources for teaching and health services and reflects its clear role as a hub of nursing leaders, reinforcing the key concept of its mission to cultivate cells for other Brazilian and regional institutions (Mendes & Trevizan, 2000).

The preparation of human resources is also linked to the dissemination of knowledge. The sixth term included the maintenance of a bibliographic resource center through the establishment of a network that involved alumni from different Brazilian regions. As EERP-USP served as a research training agent for the whole country and stimulated the continuity of its faculty members’ bonds with the graduates, the institution served as a catalyst of nursing leaderships. In that sense, networking takes place through social processes with a
view to the achievement of common goals, aiming to maintain the collaborative production of its members (Mendes at al, 2013).

Also regarding human resource training in health, Campbell et al. (2013) highlight the need to face the challenges that affect all countries, transforming the available evidences into accessible policies and practices. The transformations demand nations’ political efforts and leadership to maximize the impact of the available financial and human resources and improve the life expectancy, acknowledging that advances in health care can only be achieved through a global workforce that responds to the challenges of the 21st century.

Terms of reference seven and eight were maintained, indicating the start of the College as a mature Collaborating Center and a noteworthy increase in its exchange with PAHO-Brazil and PAHO. In addition, the Center made considerable effort to organize and accomplish scientific events on different themes.

The second redesignation reaffirms the Center’s commitment to its mission, reinforcing the relevance of practice-related research development and working to broaden the possible activity areas of nursing through these results.

Term of Reference 2 was reformulated, fundamentally maintaining the preparation of leaders to effectively act in decision processes and in the establishment of nursing and health policies, with the ability to influence the quality of healthcare offered to the population.

Terms of reference 3 to 7 were reformulated, with slight modifications in their form. The latter also enhanced the possibilities of integrative actions and specified the target public (Carvalho et al, 2001).

In this context, the Program developed by EERP-USP with the OAS and the Inter-American Commission for the Control of Drug Abuse of the Organization of American States (OAS) is considered a model for the internationalization of EERP-USP and its Collaborating Centre, which started to receive and periodical and systematically furthered its integration
with researchers in nursing and other areas, coming from Brazil and Latin American, Caribbean and African countries. This Center’s cooperation in this program has continuously strengthened its relations with other international organizations and with important Brazilian governmental entities, particularly the Ministry of Health, the Ministry of Defense and the Presidency of the Republic, besides enhancing its integration with other Brazilian and foreign universities (Mendes et al, 2005).

The further exposure of EERP-USP to external influences, incited by the policy of cooperation, multiprofessional and interdisciplinary work, which represent the core of the Collaborating Center’s mission, can be reflected in internal and pioneering transformations, illustrated for example by the composition of its teaching staff, including nurses and other professionals from human, exact and biological sciences. This vision resulted in departmental compositions that mainly integrated nurses, but the three departments were enriched with professionals from human, exact and biological sciences, who were in charge of the autonomous preparation of human resources at the undergraduate level (Bachelor’s degree and Teaching Diploma), hence, without the need to further depend on other colleges for some subjects, a traditional practice in nursing education.

This autonomy conquered in undergraduate education was preceded by another frontline action at the graduate level: the launch of courses for other professionals in health or related areas, who were interested in gaining an M.Sc. or Ph.D. degree in nursing sciences. This indicates the culture and mission in line with WHO guidelines, regarding the importance of the interface among health professionals with a view to targets shared among the services.

For the fourth redesignation, the research activities included in the first term of reference were broadened with a view to an even more effective insertion beyond the national borders, encouraging inter-institutional cooperation and the development of multicenter research.
Terms 2 and 3 highlight the continuity of the proposal to disseminate the knowledge produced, including the perspective of its expansion, with influences in clinical practice and teaching, as well as in scientific quality.

For the first time, the final and fourth term includes the verb to cooperate, encouraging a positive change in the Center’s mission and activities. Earlier terms presented the expectation of the Center taking on a unilateral posture. After 18 years, the institution had clearly consolidated mission in its internal and external environments. The maturing and creativity needed to develop joint actions indicated great potential for expansion, absorbing the true meaning of the cooperation concept. Therefore, this term represents a landmark for the Collaborating Centre, due to the incorporation of the cooperation concept as well as to the plurality demonstrated by the inclusion of different agents in the education and development of human resources, and also by the official inclusion of another continent in the context of South-South horizontal cooperation (Mendes et al, 2013).

The combination of this experience with the maturity the Center had conquered played a decisive role in its election to serve as the Secretary-General of the Global Network of WHO Collaborating Centers for Nursing and Midwifery Development.

While the initial process was to encourage Brazilian, regional and South-South horizontal cooperation, this evolution demonstrates the advance in this Center’s leadership into the global scenario (Mendes, 1997; Robazzi & Mendes, 1998; Mendes, 1998).

For the final redesignation, its current terms of reference strengthen the Center’s work focused on WHO actions and reflect the organization’s assessment of its 22 years of work as a Collaborating Center.

It is also highlighted that the reorientation of the Center’s activities emerges from global changes, which took place especially as from 2008, leading to an organizational
restructuring movement at WHO, including the search for more efficient work processes, comprising its interaction with the Collaborating Centers in general.

In the context of South-South horizontal cooperation, the third term of reference directs the Center’s efforts towards the development of nursing faculty, particularly in Africa and Latin America.

As a result of the Center’s activities as the manager and host of the Global Network, its terms of reference for the first time include midwifery as a nursing partner, in accordance with WHO’s health human resources policy. In addition, the absorption of the Global Network Secretary’s Plan of Action into the Collaborating Center’s activities is highlighted; these comprise the creation of a two-weekly Newsletter, of the series of international lectures called “Distinguished Lecture Series” and of the organization of an International Directory of Nursing Education Institutions, besides the print and electronic publication of the journal Nursing and Midwifery Links.

As an open system, keeping in mind that the evolution in the Collaborating Center’s terms of reference is directly related with the influences of the external environment and with its internal evolution, its distinctive character already appears at the origins of the institution. The organizational culture of EERP-USP has incorporated its strong efforts in favor of research development, its sharing with Brazilian and international institutions, the creation of its graduate programs at Master’s level in the 1970’s, 1980’s and 1990’s and the subsequent progression of the three programs to the Doctoral level, all of them accompanied by progressive targets to achieve further academic qualification in the context of their research lines. In the same period, the first Doctoral program in nursing was created in Brazil and Latin America, whose leadership and responsibility was shared between the two Nursing Colleges affiliated with the University of São Paulo. This fact furthered the preparation of
human resources for nursing research in Brazil and strengthened the initial designation proposal of EERP-USP as a Collaborating Centre.

Interdisciplinarity, as a value added to the academic project, was another important and distinctive landmark. This innovative fact in Brazilian nursing was increasingly cultivated. The understanding was increasingly incorporated that we can be more productive in terms of teaching and research when we acknowledge differences as value, resulting in further expansion.

Through interdisciplinary cooperation, political participation and partnerships with society, nurses have gained a strategic position to play the leading role in the promotion of actions to achieve equity in health. This adds up to the historical legacy of nursing and its practical experience at the bedside, protecting, delivering care and educating patients and communities (Lathrop, 2013).

Despite the strengths demonstrated along the trajectory documented and analyzed here and the responses provided to WHO, there are weaknesses this organization (EERP/USP) needs to face, discuss and cope with, gaining increasing complexity as it develops and expands its services and commitments, with a view to furthering its skills in the use of distinction and integration principles, both internally and with the organs and institutions in charge of deliberating on health policies. Thus, it can enhance its presence as a protagonist in the cooperation to define and apply research policies, turning challenges into opportunities that benefit the development of Nursing and its professionals.

The organization studied here needs to commit to more comprehensive measures, shared with other Collaborating Centers, universities and health services. To establish these targets, among other aspects, it is fundamental for its members to heed the following aspects, setting the context for their professional actions and commitments, that is: regular communication between the researchers and structures in the Ministry of Health responsible
for health research; research management body; health research capacity strengthening; logistic support allocated to the development of strategic health research projects; encouragement of projects with the potential to offer the answers the Ministry of Health expects; availability of documents for strategic orientation and health policies; mobilization of health research leaderships and support entities; mechanisms to encourage networking among researchers and between them and policymakers; structure for the coordination and assessment of health research results (Sombié et al, 2013). Thus, the governments can be better structure to analyze issues and to make informed decisions in order to address the health problems.

It is also highlighted that the continuous strengthening of the profession should be based on the understanding of and respect for Nursing as a practice with a historical background (Nelson & Gordon, 2005).

In view of the ever-accelerating pace of history and the continuous renewal of institutional staff and generations, it is fundamental to recover the memories, even of the recent past, so as to make the future generations familiar with the experiences of groups that constructed a history. In that sense, recovering important facts for a given organization or profession is a duty of who is closing off a cycle, aiming to provide the upcoming generations with foundations to develop a critical awareness of the past in order to experience the present and project the future.

Unveiling reality through a study of the past is liberating and permits a new look at nursing as a profession. Historical studies are of interest to nursing as the construction of a collective memory makes it possible to gain further awareness of what one really is, as a historical product, besides enhancing the development of collective self-esteem and the (re)construction of one’s professional and organizational identity (Barreira, 1999).
It is fundamental for other institutions to develop studies on their condition as WHO Collaborating Centers, as the absence of references does not permit any comparative analyses.

**Final Considerations**

The 25-year trajectory of the WHO Collaborating Centre demonstrates its evolution as an open system that attempts to adapt to the external requirements while considering its internal characteristics and peculiarities. Thus, the Collaborating Centre actions were focused on distinction and on increasing integration processes, based on information feedback and internal and external control flows. In the environmental sphere, its relations as a Collaborating Centre gradually expanded, with WHO guidelines providing the core direction.

The analysis of the evolution in its terms of reference leads to the conclusion that this Collaborating Centre has complied with its mission of contributing to nursing research development through processes and products related to the following actions: knowledge production, preparation of human resources for research, leadership on knowledge dissemination strategies, and the transfer of research results to health services with a view to their transformation. The former is the most timid result of this enterprise, and reveals that the Centre should double its attention in that sense, clearly establishing internal policies and targets, accompanied by measuring instruments.

Anyway, this historical record reveals not only a well-intended and enterprising partner institution of WHO in its search to grow and achieve its objectives, but also shows its pioneering role across this trajectory, encouraging other Centers to undertake the same movement, so that the international scientific community can get to know their activities, offering yet another source of information and analysis for academics, policy makers and health professionals.
List of abbreviations

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