What Are National Public Health Institutes (NPHIs)?

- National-level agencies or networks that provide leadership and coordination for public health
- Usually part of the Ministry of Health, or closely attached to it
- Promote evidence-based decisions, policies, and programs
- Serve as credible authorities on public health issues

[Images of U.S. CDC, Netherlands RIVM, China CDC]
IANPHI: Linking & Supporting the World’s NPHIs

• Jeff Koplan (US) & Pekka Puska (Finland) envisioned a community of the world’s NPHIs. IANPHI would:
  ▪ Link organizations like US CDC, Public Health Agency of Canada, China CDC, etc. (termed ‘NPHIs’)
  ▪ Provide peer support, information sharing, assistance to low-resource countries
• Launched with 39 members in 2006; now 97 from 85 countries
• Secretariat at INSP (Mexico) and InVS (France) with U.S. Office in Atlanta, Georgia.
• 12-member EB of NPHI directors.
IANPHI: Linking & Supporting the World’s NPHIs

• **Distinctive**: Unique scientific community of NPHI directors; NPHI-to-NPHI partnerships

• **International**: Board includes NPHI directors from Tanzania, Ethiopia, China, Mozambique, Canada, Finland, & more; joint Secretariat (Mexico/France) with Foundation in Finland

• **Transformative**: Since 2006, measurably improved capacity in 5 countries; 9 new NPHIs created
IANPHI: Examples of Peer-to-Peer Support

• Study tours: Kenya to Canada, Kenya to England, Malawi to Sweden, Somalia to Norway, Zambia and Malawi to Mozambique, Togo to France, Bolivia to Peru

• Training and workshops: Togo/Côte d’Ivoire and France (scientific writing), several African countries and Nigeria (laboratory)

• Strategic Planning: Brazil and Mozambique, Norway and Malawi

• Laboratory assessment and support: Togo and Morocco
IANPHI Annual Meeting

• October 13-15, Paris
IANPHI’s Framework for NPHIs

- Developed by an IANPHI core group that included WHO
- Ratified by IANPHI in 2007
- Defines an NPHI
  - Core Attributes
  - Core Functions
- Describes a process for creating or enhancing an NPHI
Core Attributes of an NPHI Include:

- National scope of influence
- Focus on major health problems
- Scientific basis for decisions
- Linkages inside and outside of government, and to local, national, and international organizations
Core Functions of an NPHI Include:

• Surveillance and response
• Public health research (evidence base for policies & programs)
• Public health workforce development
• Reduction of the impact of emergencies & disasters
New and Stronger NPHIs Are Developing Worldwide

• In both high-resource countries (e.g., Canada in response to SARS) and lower-resource countries (e.g., Malawi, Guinea-Bissau, Togo, Nigeria, Mozambique, Kenya, Zambia, Somalia...)

• Their need becomes obvious in a crisis (SARS, Ebola), or when resources increase dramatically (e.g., GHSA)
Why NPHIs?

*Substantive improvements to public health systems require a national focal point*

- Build country ownership/home for public health
- Coordinate public health functions/response
- Create a “go-to place” for workforce development, cross-cutting informatics, linkages among public health organizations, etc.
- Develop strategic & action plans for targeted public health response
- Facilitate use of evidence to guide policies and programs
Keys to Success

• High-level champion
• Strong NPHI leadership/driver
• Inspiring & shared vision for the preferred future
• “Win-win” attitude: build the NPHI and strengthen existing entities
• Strategic roadmap for implementing the vision and leveraging donor funds
Examples of NPHI Creation

- Canada
- Malawi
- Zambia
Public Health Agency of Canada

• Formed in 2004 in response to SARS
• In recognition of the need for leadership and coordination
• Uncoordinated public health response created panic
  ▪ 44 deaths, many less than from flu
  ▪ Issues included prioritization of lab samples, public health messaging, sharing of surveillance data between provinces and the national government, etc.
  ▪ 25,000 residents of Toronto were quarantined, the worried well flooded ERs and the truly sick couldn’t get care, international travel stopped
Malawi

• Interest in an NPHI from 2005, but political issues intervened

• In 2012, IANPHI and CDC worked with Malawi to hold a strategic planning/stakeholders meeting

• Decision was to create PHIM – the Public Health Institute of Malawi

• PHIM starting small, but goal is to be a comprehensive parastatal

• In 2015, PHIM signed a “twinning” MOU with the Norwegian NPHI and IANPHI, focused on IHR-related capacities
Zambia

• Impetus to create an NPHI
  - Public health indicators lagging
  - PEPFAR funding decreasing – “vertical” program unsustainable
  - PEPFAR offered to support an NPHI, to be the future “home” for HIV/AIDS

• Stakeholder meeting February 25-26, 2015
  - Broad support for the NPHI
  - Developed vision and goals, first-year priorities, and a description of how the NPHI would work
How ZNPHI Will Work

• Identify gaps in data and information related to important policies and programs
• Identify groups such as laboratories, universities, and other partners that have capacity to fill these information gaps
• Fill the information gaps through surveillance, research, or other activities, which could be led by the NPHI or be conducted by partners in coordination with NPHI
• Serve as a repository for public health data and information
• Ensure translation of data or other information into better public health policies and programs
NPHI Planning and Assessment

- Strategic planning
  - Guatemala, Malawi, Nigeria, etc.
- Peer-to-peer evaluation
  - China CDC, THL Finland
  - Belgium WIV-ISP in April 2015
    - In preparation for a 3-year management contract with the MOH
    - Team consisted of representatives from Brazil, France, Germany, US
  - [http://www.ianphi.org/resources/toolkit/evaluation.html](http://www.ianphi.org/resources/toolkit/evaluation.html)
- Staged Development Approach
  - Organizational capacity
  - Public health functions, operations, and services
Thank You

Public Health Institutes of the World

www.ianphi.org