LESSONS LEARNED FROM THE WIV-ISP PEER-TO-PEER REVIEW

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Mission and organisation of WIV-ISP has changed in function of crises and new developments

- 1897: creation of a “Health Service” at World’s Fair in Brussels, successively transformed in “Central Laboratory for Hygiene” in 1904) and in an “Institute of Hygiene and Epidemiology (IHE)” in 1951.
- 1968: public health needs scientific approach > transformation as a federal scientific institute.
- 1997: financial problems Pasteur Institute > merger with IHE and new name: WIV-ISP.
- 2005: organisation business process re-engineering (BPR) and implementation new organisation chart.
- 2016: introduction of management contracts for federal scientific institutes, merger of public health and veterinary institute by 2017 and transfer to a common campus by 2020.

IANPHI Peer-to-Peer evaluation initiative very useful for this next step !!
OBJECTIVES

- 10 years after BPR: need to evaluate the current situation and to identify future goals and priorities, e.g.:
  - Organisation by discipline or rather thematic approach.
  - Common specialised platforms (molecular biology, bioinformatics, mass spectrometry, …) and shared services with veterinary institute (CODA-CERVA).

- Preparation of a 3-year management contract with Ministry of Health

- Further state reform: position WIV-ISP as an interfederal institute: strengthen collaboration with federal and federalised key stakeholders.

- Strengthen participation in European or international research projects.
MAIN QUESTIONS TO THE EVALUATION TEAM

- Appropriate implementation of essential public health functions (priority 1, 2, 7 and 10).
- Pertinence and relevance of the current output for federal (national level) and federalized (communities & regions) public health authorities.
- Assessing collaboration with key stakeholders (MoH, Health Insurance Body, Medicinal Agency, Food Safety Agency, …)
- Assessing collaboration with federal sister institutes (HGR, KCE, CODA).
- Sufficient convergence between technical (infectious diseases, chemical hazards, expertise) and public health directorates.
- Priorities for further development: health data gathering and analysis to advise policy makers, bioinformatics for orientation lab, human genomics, biomonitoring, …
EVALUATION TEAM


- **Felix Rosenberger** – Fiocruz, Brazil – health data gathering and use, inequalities, social determinants, further development.

- **Agnes Lefranc** – head department Environment, Institut de Veille Sanitaire, France – biomonitoring hazards & Environment.

- **Courtenay Dusenbury** – Global Health, Emory University, USA

- **Anne-Cathérine Viso** – Institut de Veille Sanitaire, France

- **Muin Khoury (visit postponed)** – CDC, Atlanta - Bioinformatics, human genomics, proteomics, & Public Health.
LESSONS LEARNED I - STAKEHOLDER COLLABORATION

- Feed-back stakeholders
  - WIV-ISP is seen as uniting public health in Belgium.
  - Tremendous progress over the past 10 years including a successful merger of 2 disparate entities into a more comprehensive, coordinated institute.
  - Its strategic planning anticipates potential crises and defines a long-term vision to engage stakeholders.
  - Valued for strong added value and strengths (technical, research, PhD students, investments in key areas such as health data collection & analysis, health indicators, bioinformatics, …).
  - Lack of clear national policy of MoH for health institutes has an impact on stakeholder relationships and impairs an integrated holistic working plan for WIV-ISP.
  - Need of a MoH effort to coordinate public health functions through a network in Belgium.

- Recommendations
  - If no initiative taken by MoH, WIV-ISP should define its own role during its strategic planning.
  - Fully engage stakeholders in defining vision, priorities and strategic plan.
  - Consider creating an advisory board as a forum to key stakeholders and public health leaders.
  - Regularly evaluate responsiveness for lab testing & 24/7 call centre.
LESSONS LEARNED II – ESSENTIAL FUNCTIONS & ORGANIZATIONAL STRUCTURE

F1 – evaluation of health status:
- Excellent technical capacity.
- Data collection should be integrated more in a comprehensive public health surveillance network and be used to guide government policies and programs.
- Increase emphasis on evaluating impact of public health policies and actions.
- Become more proactive and disseminate public health information & guidelines to the public.

F2 – surveillance and outbreak control: hampered by complex Belgian governance structure. Recommendations:
- Develop strategy for stronger connections between health workers, labs & decision makers.
- Develop stronger links with regions in the event of an outbreak.
- Develop recognized role to support local & federal outbreak investigation capacity.
LESSONS LEARNED II – ESSENTIAL FUNCTIONS & ORGANIZATIONAL STRUCTURE

- F7 – evaluation of equitable access to health services:
  - Growing activity still oriented towards cause-effect relationships.
  - Consider new potential focus including health in all policies, social health determinants and needs of vulnerable population groups.
  - Consider new areas of expertise, particularly in the field of social sciences.

- F10 – public health research: institute is strongly biologically and academic oriented. Research topics are influenced by historical perspectives or competitive funding.
  - Consider establishing a stakeholder group to discuss and refine research agenda and realign, if necessary, on current/future public health priorities of the country.
  - Ensure research is linked to the major causes of death/disability in Belgium.
  - Expand focus on non-communicable diseases and social determinants.
CONCLUSIONS

- Multidisciplinary and very competent team able to evaluate the different aspects.
- Excellent quality of the evaluation report containing recommendations for both internal use as for stakeholders.
- Recommendations extremely helpful to increase the institute’s capacity to move further as a key player in public health and to strengthen the health policy of the country.
- Report also identifies important factors outside the institute’s control with an impact on stakeholders’ relationships and delivers recommendations how to handle these.
- Guidelines are immediately applicable for the integration process with the veterinary institute, the creation of a new NPHI and the development of a new strategic plan.