IANPHI celebrates first-year achievements

Annual report marks successes and sets future course

On a few sunny days in October 2002, the directors of 30 or so national public health institutes gathered in Bellagio, Italy, to talk about the possibility of creating an unprecedented alliance dedicated to strengthening public health globally by strengthening and linking the world’s NPHIs.

Now celebrating its first year of official operations—with 5-year funding from The Bill and Melinda Gates Foundation through Emory University—IANPHI can count a number of accomplishments toward that ambitious goal.

The launch of nearly 20 projects in low-resource countries and the development of NPHI benchmarks and tools were among the highlights of a year of sustained activity for IANPHI, as detailed in the 2007 Annual Report.

“What began as a mechanism for yearly meetings of NPHI directors has evolved in just a year into a robust alliance of members and partners working collaboratively on several fronts to improve global health,” wrote IANPHI’s President, Dr. Jeffrey Koplan, in his introduction to the report.

We created a vibrant global network for knowledge sharing and information exchange, as well as a series of regional activities. We initiated a grant program to help low-resource countries develop or improve their NPHI capacity and infrastructure, and we generated data and tools to support NPHI assessment and development.

Short- and medium-term projects span the world’s geography and public health issues, from post-flood surveillance in Bangladesh to molecular epidemiology in Nigeria and chronic disease prevention in Colombia. Longer-term projects support the creation of NPHIs where none exist.

“Individually, each of these projects brings new energy and resources to our members in low-resource countries,” says Dr. Koplan. “Collectively, they work to strengthen public health infrastructure and capacity at the regional and global levels.”

IANPHI is also a catalyst for dialogue and collaboration among NPHIs—giving each member, no matter its level of resources or stage of development, the collective power of all to advocate for public health and act on issues of concern. During our first year, IANPHI’s contributions to the scientific literature, creation of new resources for NPHI assessment and growth, and fostering of new linkages and partnerships provided rich and unprecedented opportunities for NPHI advocacy, development, and knowledge sharing.

“One of our greatest strengths has been the dedication of our Executive Board and members,” says Dr. Koplan. “Each of us shares a belief in the importance of a new focus on building broader and deeper public health capacity and infrastructure globally through strong and connected national public health institutes.”

As we reflect with a collective sense of achievement on our inaugural year and the notable progress already made, we look forward to the challenges and opportunities of the coming years and continuing our efforts to strengthen public health infrastructure and link the public health institutes of the world.
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The outbreak, which started in mid-September 2007, has resulted in more than 135 suspected cases and 37 deaths in the remote Bundibugyo district of western Uganda. UVRI participated in the investigation from the start, with a team from the Ministry of Health, Makerere University, the military, and WHO. Early specimens from suspected cases were sent to the U.S. CDC.

At the invitation of the Uganda Ministry of Health, CDC experts helped establish a diagnostic laboratory in Entebbe—speeding the time between specimen collection and availability of test results from 5–8 days to 1–2 days. The laboratory has been operational since the first week of December 2007. The assistance from CDC improved UVRI’s capacity in terms of both equipment and training, with further development anticipated.

CDC, WHO, Médecins Sans Frontières, and collaborators also dispatched teams to the stricken area to bolster case management, specimen collection and shipment to UVRI, contact tracing, and public education.

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Partnerships and advocacy form another theme for the coming years. Whereas our initial activities focused on introducing IANPHI and its programs to the global public health community, we will focus next on promoting investments in NPHIs and ensuring consideration of NPHIs in major global public health initiatives.

Through our growing and strengthened membership and new partnerships with in-country stakeholders, international funders, and global health organizations, we will continue to advance our mission to strengthen and link the public health institutes of the world and to increase their resources and reach through capacity building, leadership development, and advocacy.

**Pekka Puska**

**Uganda institute supports Ebola control effort**

The promise of our new organization was evident from our first formal gathering in 2006, with 39 national public health institutes represented as founding members. Currently, our membership totals 49, with many other institutes seeking IANPHI affiliation. Our focus now is on identifying the appropriate institutes for membership and welcoming them into our community of public health leadership. We can soon anticipate some 60–70 national public health institutes worldwide as members.

As we learn more about our member NPHIs, and strive to identify the most appropriate new institutes for affiliation with IANPHI, we have come to recognize and value the diverse attributes and needs of these institutes. Our planning for the coming year will account for this diversity and strive to make our projects, programs, and supporting materials as relevant as possible to each of our constituencies.

**About IANPHI**

Funded by The Bill and Melinda Gates Foundation, IANPHI is a peer-assistance organization dedicated to strengthening global public health capacity by strengthening and linking national public health institutes (NPHIs). IANPHI assists NPHIs, particularly those in low-resource countries, through grant programs targeted at critical NPHI needs. IANPHI is also a professional association for NPHI directors, providing a platform for advocacy and collective action in addressing public health challenges. www.ianphi.org.

Message from the Vice President

With this issue of our newsletter, IANPHI marks the first year of program operations and the successful launch of our initial projects and membership activities. Fittingly, we are also introducing a new organizational logo that conveys a message of global accomplishment and promise.

As the logo suggests, we have emerged over the past year as a catalyst for enhancement of public health capacity and infrastructure globally. As an organization, we are fortunate in the dedication of our members, the clarity of our mission, and the contributions of our colleagues and partners.

**Uganda Virus Research Institute (UVRI)**

UVRI is an IANPHI project site with a focus on planning and capacity building. With IANPHI funding, UVRI will develop and execute a 5-year strategic plan and increase sustainability by establishing a computer-based resource center, forming new partnerships with other government departments responsible for public health functions, and developing a formal scientific advisory council to set priorities and identify opportunities. UVRI’s partners in these activities are the U.S. CDC and the UK’s Health Protection Agency.
Tanzania partnering in malaria vaccine trials

IANPHI director hopeful about vaccine benefits

Tanzania is one of several African countries participating in expanded clinical trials of the promising new malaria vaccine RTS,S. A study conducted in Mozambique and published in The Lancet in October 2007 showed that the vaccine is safe and can reduce malaria infections in infants and young children by 65%. The success of this early study paves the way for broader trials to confirm the results in other countries.

A recent report on the vaccine aired on The NewsHour with Jim Lehrer, a program of the U.S. Public Broadcasting Service. The segment featured Dr. Andrew Kitua, director of Tanzania’s IANPHI member institute, the National Institute of Medical Research (NIMR). Dr. Kitua expressed hope about the promise of the vaccine in reducing the burden of disease and death caused by malaria in Africa.

“Malaria in Tanzania is the number-one priority health problem,” said Dr. Kitua. “It affects practically the spectrum of all populations and all the age groups, although the most severely affected are children under the age of 5 and pregnant women.”

The vaccine is being developed for African infants and young children under a partnership among GlaxoSmithKline (GSK) Biologicals, the PATH Malaria Vaccine Initiative (MVI), and African investigators. The expanded clinical trial will test the vaccine among 16,000 children in seven African countries, with earliest results expected by late 2010.

“A malaria vaccine like this one will effectively complement current malaria control strategies and bring us closer towards eliminating malaria,” notes Dr. Kitua. Parents in Tanzania are welcoming the opportunity to enroll their children. “They would like the malaria vaccine to be there yesterday.”

Tanzania’s National Institute of Medical Research (NIMR)

NIMR is the site of an IANPHI medium-term project with a focus on strengthening disease surveillance and response in Tanzania by incorporating priority non-communicable diseases. Information generated through the enhanced surveillance system will enable NIMR to increase public health awareness about chronic conditions and plan and implement targeted prevention programs.

IANPHI on agenda at ICEID

IANPHI will be featured in a panel discussion at the 6th International Conference on Emerging Infectious Diseases, which will be held on March 16–19, 2008, in Atlanta, Georgia, USA (www.iceid.org). Sponsored by the U.S. CDC, the conference encourages the exchange of scientific and public health information on global emerging infectious disease issues. Dr. Oni Idibge, Director General of the Nigerian Institute of Medical Research and member of IANPHI’s Executive Board, will be giving a presentation on IANPHI in a panel on “International Networks That Work.” For more information, visit www.iceid.org.

Meetings and events

A selection of events of interest to IANPHI members and colleagues

January 23–25, 2008
International Symposium on Avian Influenza: Integration from Knowledge to Control
Bangkok, Thailand
www.biotec.or.th/AICconf2008

February 3–6
15th Conference on Retroviruses and Opportunistic Infections
Boston, MA, USA
www.retroconference.org

February 20
MEASURE Evaluation Symposium
Alexandria, VA, USA
www.cpc.unc.edu/measure/symposium2008

March 15–18
9th World Conference on Injury Prevention and Safety Promotion
Merida, Mexico
www.safety2008mx.info

March 16–19
International Conference on Emerging Infectious Diseases
Atlanta, GA, USA
www.iceid.org

May 15–20
Keystone Symposium: Translating New Technologies to Improve Public Health in Africa
Kampala, Uganda
www.keystonesymposia.org/meetings/ViewMeetings.cfm?MeetingID=930

May 27–31
Global Health Council 2008 Conference
Washington, DC, USA
www.globalhealth.org/conference

June 19–22
13th International Congress on Infectious Diseases
Kuala Lumpur, Malaysia
www.isid.org

July 9–11
17th International Council on Women’s Health Issues
Gaborone, Botswana
www.ub.bw/icowhi2008/

November 17–19
2008 Global Ministerial Forum on Research for Health
Bamako, Mali
www.bamako2008.org
New on IANPHI website: NPHI case studies

Be sure to visit the IANPHI website (www.ianphi.org) regularly to read about the latest activities and download new resources. The newest resource is a series of case studies profiling selected member institutes.

Each national public health institute is different and develops in a unique way. To understand the factors that support the successful creation and growth of an NPHI, IANPHI talked to the leaders of several member institutes. The case studies reveal the stories of the NPHIs and provide insights into the process of NPHI development that we hope will be useful to others.

Four NPHIs are currently featured on the website:

Public Health Agency of Canada (PHAC)
In 2003, outbreaks of severe acute respiratory syndrome (SARS) resulted in a public health crisis in Canada and led to the creation of a new NPHI. Dr. David Butler-Jones provides his perspectives about issues and lessons learned in creating an NPHI.

Institut Pasteur du Maroc (IPM)
In Morocco, NPHI functions are divided among three agencies. Professor Mohammed Hassar describes his vision for consolidating into a single institute and the potential benefits and difficulties associated with such a consolidation.

In 2008, IANPHI will launch two regional leadership meetings in Africa. The first, targeted to NPHIs in English-speaking African countries, will be held on April 2–4 at the National Institute for Communicable Diseases in Johannesburg, South Africa. The workshop will be designed to encourage sharing of knowledge among participants through presentations, facilitated discussions, and interactive exercises. To promote mentoring and development of new leaders, NPHI directors will be invited to bring along another member of their leadership team to participate in the proceedings.

A second leadership meeting, targeted to directors from French-speaking African countries, will be planned for later in the year.

Needed: images of IANPHI

A picture is worth a thousand words! We need photographs of your institutes, activities, and projects to share on our website and in our publications. Please send any high-quality (300 dpi) photos that show what IANPHI members are doing around the world. We will consider all submissions for publication and give you credit for your contributions, with our thanks.

Please send photos to Ms. Allison Greenspan, IANPHI Sub-Secretariat at Emory University, agree2@sph.emory.edu.