IANPHI and US CDC Partner to Strengthen Global Public Health Network with $6 Million Grant

The Bill & Melinda Gates Foundation continues to play a crucial role in IANPHI’s mission to strengthen public health systems throughout the world and ensure the sustainability of IANPHI’s unparalleled network of public health leaders. The foundation has announced a $6 million grant for IANPHI’s Emory Secretariat to further develop a model for strengthening national public health institutes globally through collaboration with the US Centers for Disease Control and Prevention (CDC) in three-year capacity building projects in four low-resource countries, to be named later this year. In the process, IANPHI technical assistance methods and model for NPHI capacity building will be transferred to the CDC, with the intent that they be sustained over time as part of its future global health capacity building efforts. It is anticipated that other IANPHI members will use the jointly developed model, seeking out funding to undertake capacity building projects in partnership with IANPHI. The foundation also has designated a small sum to support low-income country attendance at the annual meeting.

“We are grateful to the Gates Foundation for its strong commitment to IANPHI’s project work through its international community of public health institutes, which since 2006 has used a peer-assistance model to strengthen national capacity to respond to health threats,” says Dr. Jeffrey Koplan, vice president for global health at Emory, IANPHI president, and principal investigator for the grant. “We live in an increasingly interconnected society, and the public health issues of one country can quickly affect the entire world. It’s important to think globally not only about public health problems, but also about developing and disseminating public health solutions. With this new grant, our goal is to create and sustain a model for partnerships between NPHIs of the world so they can share expertise and build capacity to prevent and counter public health threats.”

The grant will be administered by US IANPHI Secretariat Director Courtenay Dusenbury. Dr. Peter Bloland will lead the project for the U.S. CDC’s Division of Public Health Systems and Workforce Development. For more information about the grant, click here.

Crisis Response: Thailand, Turkey, Germany, Japan

Disasters and outbreaks test the strength of national public health institutes and their ability to prepare for and respond to public health crises. Recently, record rains and flooding swamped Thailand (photo at left), and devastating earthquakes hit Turkey. Earlier this year, a deadly food-borne outbreak upset Germans’ trust in food safety, while earthquakes, a tsunami, and a nuclear crisis rocked northeast Japan. Members reported how their NPHIs responded:
Thailand: Former longtime IANPHI Executive Board member Pathom Sawanpanyalert reports that the flooding in Thailand was the worst in several decades and covered more than 30 provinces including Bangkok. Millions were affected and needed help. While some areas were in the preparedness or prevention phase, other areas were in response or recovery, the director-general of the Thailand National Institute of Health says. There was concern about skin infections, mosquito bites, food- and water-borne diseases, and bites from animals in flooded areas and about diseases like leptospirosis during post-flood phases. A surveillance system helped detect and respond to possible communicable and food-borne diseases in shelters and other locations where people congregated. The institute used repellents to counter mosquitoes and watched for vector-borne diseases through the surveillance program. “In addition, we also worked with hospitals including field hospitals that were affected by floods to ensure that they had minimally required functioning clinical laboratories and could provide some needed health care services,” says Dr. Sawanpanyalert.

Turkey: The Van province in eastern Turkey was hit by two earthquakes in late October and early November, leveling many buildings. By mid-November, 617 people had been reported dead, and hundreds of others were injured, says İsmail Ceyhan, vice president of Refik Saydam National Public Health Agency, which supported laboratory facilities in the affected area with a mobile laboratory and a team. The agency also has received samples for analysis from Van. The Ministry of Health directed and planned the response to the health crisis. The Health Disaster and Emergency Management Centre (SAKOM) quickly provided access to the quake area to health workers, 112 (emergency) teams, and National Medical Rescue Teams (UMKEs) who were on site in the first 20 minutes. By that evening, 145 ambulance and UMKE vehicles, and 500 additional health workers were ready to provide service. Van Local Hospital and tent hospitals were at full capacity, and other local province hospitals and hospitals in Ankara were created to care for the injured. Rescue, transport of injured persons, and other services operated on a 24-hour basis. MoH’s 184 Communication Line is providing information support to relatives of injured persons in the earthquake area, and psychological support services are continuing for victims. All health services have been carried on without interruption. Measures have been taken to counter infectious diseases.

Germany: Typically analysis of foodborne outbreaks focus on what people remember eating, but diners’ memories were short during Germany’s E. coli/HUS outbreak this summer, said Reinhard Burger, president of the Robert Koch Institute, during his presentation at the IANPHI Annual Meeting. A novel strain of *Escherichia coli* 0104:H4 bacteria sickened about 3,000 people, killed 53, and had major economic consequences before its source was confirmed. The outbreak involved 16 German states and called upon the detective skills of some 140 laboratory, epidemiology, and IT staff of the RKI. Billing information was used to identify in a restaurant the ingredients of meals, particularly salads thought to be the source. Together with photos and detailed recipes the culprit was traced to sprouts grown from Fenugreek seeds, originating from Egypt. Germany is looking into shortening the reporting time of
outbreaks to identify future trouble spots rapidly, reinforcing ongoing working relationships with other agencies, and preparing technical systems that can adapt on short notice. The E. coli/HUS strain represents a novel combination of virulence markers and antibiotic resistance (ESBL). The outbreak is over, but the pathogenicity mechanisms are still being analyzed.

**Japan:** In his remarks at the Annual Meeting, Kenji Hayashi from the Japan National Institute of Public Health said that more than six months had passed since the earthquake, tsunami, and nuclear disaster at the Fukushima Power plant, but the effects will be felt for years to come. Over the past 300 years, there have been nine tsunamis in that area, but the 2011 earthquake/tsunami was the worst since 1894. Social memory is short, Dr. Hayashi said. During the 1894 disaster people moved to the highlands but then returned to their ancestral homes, only to be wiped out again during the 2011 disaster.

Today, the Japanese government is footing 90% of the relocation costs for residents of 26 of 37 towns in the affected area. Japan is an aging society, and many of the people who died were over 60. A study on health conditions—both chronic and communicable diseases as well as mental health—revealed a high incidence of insomnia and other sleeping disorders, especially among the elderly. A priority is finding or recruiting parents for children who lost parents. The institute is tracking refugee health status and has assigned staff to MOH headquarters to coordinate rescue teams from various part of Japan. Many survivors are worried about their futures; many lost not only their property but also their jobs. The impact of low-dose radiation and extent of spread of long-term radioactivity is controversial, and radiologists are monitoring the levels of radioactivity in breast milk, produce, and water. Over the past decade, Japan has decentralized many functions so it’s unclear as to where some responsibilities lie and what local governments should bear. The MOH is responsible for health in the affected area; the monitoring of radioactivity is the purview of the Ministry of Education and Science; and the nuclear plant is under the supervision of Economic Development and Industry.

**Tanzania:** Tackling the Emergence of NCDS

“Evidence is piling up—there’s growing recognition of the problems posed by NCDs in Tanzania,” says Dr. Mwele Malecela, director of Tanzania’s National Institute for Medical Research. As the country has become more industrialized, obesity has become a cultural norm. More people are driving. Fewer walk or do manual labor. Younger people are presenting with diseases like colon cancer. A 2003 smoking ban is not enforced, and the incidence of noncommunicable conditions such as hypertension, diabetes, and cancer are rising. A growing problem in both cities and rural areas, chronic diseases account for 20% of all deaths in Tanzania and are expected to increase by 33% over the next decade. There are economic consequences as well: the World Health Organization projects that Tanzania will lose $3 billion in national income by 2015 from premature deaths due to heart disease, stroke, and diabetes.
Still, NCDs are not a priority in terms of resource allocation in Tanzania, and other noncommunicable issues—such as injuries and violence, mental health, and hemoglobin disorders—are not being addressed. Dr. Malecela would like to change that, and documenting risk factors is high on her to-do list as part of the long-term NCD project funded by IANPHI.

Long a pioneer in infectious disease surveillance, NIMR now is at the forefront of gathering facts about the growing burden of NCDs, many of which are preventable through healthy diet, regular physical activity, and avoidance of tobacco products. IANPHI funds have helped leverage and attract other partners to NIMR’s efforts to expand expertise and capacity to monitor and prevent NCDs. Through facility-based assessment and evaluation in two communities, NIMR is documenting risk factors, identifying what chronic diseases are most common, and obtaining other information that can form the basis of evidence-based prevention programs. To help ensure that NIMR has staff who understand surveillance and program development, IANPHI is also funding two NCD-focused fellows in the Tanzania Field Epidemiology and Laboratory Training Program (FELTP), and the U.S. CDC has developed a model curriculum for NCD-focused training. Read more.

Togo Now Providing Surveillance Feedback
It’s not enough to increase capacity to collect and analyze data about disease and emergency response, Togo’s National Institute of Hygiene (INH) has learned. Key officials such as the Minister of Health and partners as well as officials at subnational levels must be aware of the results in order to make evidence-informed decisions and advocate both locally and within the international community. For example, filariasis has been virtually eliminated from Togo, but few are aware of this outstanding and historic achievement.

In response to this need, IANPHI funded INH to develop a format and system of information feedback and to design and print a periodic surveillance and epidemiologic bulletin to report these findings. The bulletin provides information on surveillance activities and epidemiologic investigations, summarizes surveillance data and performance on epidemic-prone diseases and other public health emergencies, and includes recommendations for action. Read more.

North-South Collaboration Helps Ghana Plan Healthier Future
For the first time since gaining independence more than 50 years ago, Ghana is considering a new public health bill, and Ghana’s Parliament wants to make sure the new legislation includes carefully thought-out strategies to decrease deaths, illnesses, and disability through a strong public health system. To that end, IANPHI supported a visit by Ghana’s Parliamentary Committee on Health to the Norwegian Public Health Institute and the Norwegian Parliament to learn about the structure and functions of Norway’s strong national public health institute.

They found out that increased life expectancy in Norway was due not to better medicines or better doctors, but to preventive measures such as vaccines, environmental legislation, good housing with clean water and drainage, and more economic freedom. Norway will provide technical support to help create a Ghana National Public Health Institute, and Norway PHI Director Geir Stene-Larsen recommended that the Ghana delegation coordinate the country’s existing resources, set goals and priorities, and establish systems for health surveillance and advisory functions in infectious disease control, noncommuni-
cable diseases, and environmental medicine and health. The current public health and family divisions in the Ghana Health Service (GHS) could be the starting point for creation of the new NPHI, says Dr. Elias Sory, outgoing GHS director, who participated in the fact-finding trip along with Alhaji Muntaka Mohammed Mubarak, chair of the Parliamentary Select Committee on Health, and Dr. Richard W. Anane, ranking member of the committee.

**IANPHI Approves Four More Institutes for Membership**
IANPHI welcomes the following new member institutes, which were approved by the General Assembly at the 2011 Annual Meeting in Helsinki.

- Ecuador National Institute for Hygiene and Tropical Medicine
- India National Centre for Disease Control
- Nigeria Centre for Disease Control
- Nigeria National Primary Health Care Development Agency (associate member)

**Member Update**
Prof. Kouassi Dinard, director of the Cote d’Ivoire National Public Health Institute (INSP), was among four INSP faculty who participated last summer in the 19th Course on Principles of STIs and HIV/AIDS Research at the University of Washington-Seattle (USA). IANPHI financed participation of the experts to build capacity to improve the quality of interventions related to HIV/AIDS in Cote d’Ivoire where an estimated 3.9% of the population is affected.

Dr. Marcelo Aguilar Velazco is the new director of Ecuador’s National Institute for Hygiene and Tropical Medicine.

Dr. Elias Sory has retired as director of the Ghana Health Service.

Jordan Ministry of Health has named Dr. Bassam Hijawi Quasem as director general.

Nigeria National Primary Health Care Development Agency has named Dr. Emmanuel Abanida as acting executive director. The former director, Dr. Muhammad Pate, is now minister of health.

Dr. Percy Minaya is the new chief of the Peru National Institute of Health.

IANPHI awarded exceptional service awards at the 2011 Annual Meeting to Pathom Sawanpanyalert, director of the Thai NIH, and to Paulo Buss, former president of Brazil’s FIOCRUZ. Both were founding members of IANPHI, served on the Executive Board, and have been strong supporters of IANPHI’s mission.

Five new Executive Board members were elected at the 2011 General Assembly during the Annual Meeting in Helsinki:
- David Butler Jones, Canada (Public Health Agency of Canada)
- Reinhard Burger, Germany (Robert Koch Institute)
- Rajae El Aouad, Morocco (National Institute of Hygiene)
- Mwele Ntuli Malecela, Tanzania (National Institute for Medical Research)
- Justin McCracken, UK (Health Protection Agency)

For a complete list of Executive Board members, click here.
Dues Increase to Help Sustain IANPHI future
For the second year in a row, members have endorsed IANPHI’s ongoing efforts to become more self-sufficient by strengthening the organization’s finances. Recognizing that external funding for core operations will end next October, IANPHI members at the 2011 Annual Meeting approved a dues increase for high middle and high-income members. Low-resource countries’ dues will be unchanged. The fees will help cover the cost of the annual meeting beginning in 2012, including scholarships to members from low-resource countries. Click here to view the new dues structure.

Farewell to Katja Heikkiläinen
IANPHI bids farewell to Program Manager Katja Heikkiläinen who will be leaving the Helsinki Secretariat at THL in December to travel in Asia. She has been a key member of the IANPHI team for the past two years. Her many contributions include overseeing preparations for the Sixth Annual Meeting in Helsinki this past fall, membership coordination, and oversight of short-term projects for the organization. We will miss her organizational skills and enthusiasm for IANPHI’s mission, and we wish her safe travels and success in her future ventures.

Show Your Active Partnership in IANPHI
Members are welcome to copy the IANPHI member logo (at left) to display on your institute’s website homepage and other communications. The logo will tell the world that your institute is a member of IANPHI’s unprecedented global network of public health leaders working together to improve the lives of the world’s population. Members may download the logo from the IANPHI members’ website by clicking here.