Strategy and Activity Plan for International Collaboration

2011 - 2013

Norwegian Institute of Public Health
The global reach of NIPH

The Norwegian Institute of Public Health is a national centre of competence in environmental medicine, epidemiology, forensic toxicology and drug abuse, infectious diseases and mental health. We provide updates on the health status of the population in Norway and contribute to the identification and prevention of threats to the physical and mental health of the inhabitants. Infectious diseases, harmful substances and lifestyle trends ignore national boundaries and continents. Poverty forces people to migrate and many societies today are in constant flux. How do we meet the health challenges that globalization confronts us with?

Health is broad in scope and to an increasing degree we are dependent on close collaboration with research communities in neighbouring countries, the EU and other countries of the world to address the health challenges we face both in Norway and internationally. As a national competence centre, we wish to contribute our knowledge and our experience to improve health worldwide.

The institute’s main goals are to:
- be prepared for acute health threats
- advise and provide services that improve public health
- have an overview of the health of the population and factors influencing public health
- gain knowledge of what causes common diseases and what gives people better health

How we organise and finance international collaboration

Our activities and tasks are organized around the following scientific topics:
- Epidemiology
- Environmental medicine
- Mental health
- Forensic toxicology and Drug abuse
- Infectious disease control

Both national and international projects and activities are based in the departments where they belong thematically. This strengthens the research groups and our ability to solve current national tasks and contribute to international health issues. However, international collaboration is demanding. Projects may involve varying degrees of risk and challenge our ability to work with different partners and different cultures. As a partner we seek to work effectively and efficiently and during the coming three years we will give priority to developing excellent support systems for research projects and activities.

The institute’s international committee (FIU), the international committees at division level and the EU-forum, all play important roles in information sharing and learning processes. During the period 2011-2013, we will focus on developing the institute’s structural units so that the committees become effective fora for policy issues, learning and problem-solving.

Our international collaborations are funded through allocations from the Ministry of Health and Care Services, through external grants and through support from the Norwegian Agency for Development Cooperation - Norad.
1 Be prepared for acute health threats

The NIPH has a continual responsibility for emergency preparedness in order to prevent health threats caused by infectious diseases, pollution and toxins. Contingency planning is of national and international concern. In order to meet acute crises and events, we work closely with the World Health Organisation, with health authorities and research communities in other countries, particularly with the Nordic countries and Russia. At the European level, the ECDC (European Centre for Disease Prevention and Control), EFSA (European Food Safety Authority) and ECHA (European Chemicals Agency) are important collaborating partners.

Prioritised activities:

- Further develop operational collaboration in health surveillance and disease control with our neighbouring countries. High priority given to cooperation with Russia. Responsibility: Division of Infectious Disease Control

- Employ our laboratory preparedness in international collaboration against threatening epidemics and pandemics from known and unknown new viruses and bacteria. We will maintain WHO accreditation as a national reference laboratory for influenza, polio, measles and rubella. The function as WHO Collaborating Centre for Meningococci will also continue. Responsibility: Division of Infectious Disease Control

- Participate in EU collaboration on pandemic preparedness and explore joint procurement procedures for pandemic influenza vaccines. Responsibility: Division of Infectious Disease Control

- Intensify, streamline and coordinate our efforts with the ECDC and the WHO. We will contribute to develop joint advice and guidelines and work to improve reporting and alert systems. Responsibility: Division of Infectious Disease Control

- Contribute experts to international preparedness duties in the wake of chemical spills and in relation to harmful pollution in air, water and food products. Responsibility: Division of Environmental Medicine

2 Advise and provide services that improve public health

Norway seeks to pursue knowledge-based policies to achieve the MDGs related to health. The country has been engaged in efforts to combat infectious diseases (Millennium Development Goal 6) for many years. As a national centre of competence, the NIPH’s task is to assist the government in accessing current knowledge and scientific expertise. The NIPH has national responsibilities related to vaccines and infectious diseases and provides advice to the government on national and international matters in this area.

Maternal and child health is another area where Norway has a strong global commitment (MDGs 4 and 5). The NIPH has many ongoing research projects on maternal and child health. Most of these projects have international partners. Through the Norwegian Mother and Child Cohort Study we have gained valuable experience in collecting large amounts of data.

Environment and health is a third area with major global challenges. Toxins, pollution, and tobacco cause major health problems. International collaboration and knowledge-sharing is required to develop systems to prevent adverse health effects from waste and chemicals, water pollution, waste leakage and industrial activities with high emissions, etc. In this connection the NIPH provides facts and shares experiences and competence with the Norwegian authorities, international fora and with countries facing specific problems.

Good health is not just a matter of finding the best treatment, it is also about society’s ability to prevent and limit the risk of disease and injury. Access to clean water, safe and healthy food, physical activity and education are examples of such areas. Many countries have chosen to incorporate the efforts of public health into centres of competence or public health institutes. In 2006, national public health institutes from several countries established an international networking organisation, the International Association of National Public Health Institutes (IANPHI). In 2010, IANPHI counted approximately 70 members with the NIPH among the Board Members. IANPHI’s goal is to strengthen public health structures in each country and to contribute to the establishment of new public health institutes. The NIPH has an active involvement in IANPHI which we will pursue. An important activity for us during this strategy period is to share our own experiences and provide advice to countries that are in the process of establishing or strengthening their own expertise in public health.
Prioritised activities:

- Provide scientific advice to Norwegian authorities on issues brought up in WHO’s agenda. Responsibility: Director’s Office

- Increase the scope of the institute’s professional advice to the Norwegian Agency for Development Cooperation (Norad) and the Ministry of Foreign Affairs on issues concerning global health challenges. Responsibility: Director’s Office

- Expand communication with sister institutions in Brazil, Ethiopia and India, and contribute as a facilitator to establish or strengthen public health structures in Malawi and Palestine. Responsibility for Brazil, Ethiopia and Malawi: Division of Infectious Disease Control. Responsibility for India and Palestine: Director’s Office

- Contribute to the development of regulatory mechanisms to prevent adverse health effects from chemicals and pollution in air, food, water and products. We will also make an effort to establish better international regulations of products (classification, labelling and packaging). This can ensure safer transportation of potentially hazardous chemicals. Responsibility: Division of Environmental Medicine

- Participate in international risk assessments of chemicals, also in relation to food safety and nutrition. Responsibility: Division of Environmental Medicine

- Organize annual international courses in the classification of pharmaceuticals and pharmaceutical consumption. Responsibility: Division of Epidemiology

- Act as an adviser to countries wishing to establish health registries. Provide professional support to the development of quality indicators and epidemiological data evaluations to target and monitor the measures aimed at MDGs 4 and 5. We will also assist in establishing procedures and systems for the presentation of health data. Responsibility: Division of Epidemiology

- Organize courses and seminars on health surveillance together with research groups in Russia and Russian-speaking countries. Responsibility: Division of Infectious Disease Control

- Give advice, disseminate knowledge and build capacity in diagnostics, laboratory-based prevention and vaccination efforts. During 2011-2013 we will place specific emphasis on infectious diseases that cause high morbidity and mortality in low- and middle-income countries. Responsibility: Division of Infectious Disease Control

- Provide advice and analyses to international organisations (e.g. ECDC, ECHA, EFSA, FAO, GAVI, WHO). Responsibility: Division Directors

- Contribute with advice in relation to developing, implementing and evaluating health programmes under the EEA Agreement. Responsibility: Director’s Office

3 Have an overview of the health of the population and factors influencing public health

Most diseases and disorders are becoming increasingly global in extent. Challenges such as cardiovascular disease, diabetes and obesity are not just problems for the rich countries. Mental disorders, traffic accidents and environmental pollution are challenges faced by countries across the globe.

To meet the challenges, we need effective global health surveillance. For such a system to work, countries must have a joint set of rules and use proven methodologies for collecting health data. This applies to registering births, health challenges, disorders and death and also while conducting microbiological analyses that outline infectious agents and resistance patterns. Health surveillance is about preparedness, to have an overview so that action can be taken when events occur. However, health surveillance also implies having current and reliable health data as a basis for prioritising preventive measures. In this connection health surveys and health registries play an important role.

Over the next few years, it is expected that the international scientific community will focus on burden of disease studies and studies that show the social determinants of health. Such studies consider health in a societal context and might serve as tools when national authorities and the international community decide on the best way to respond to different needs.

Prioritised activities:

- Contribute to the development of dependable international systems for health surveillance and contribute to making the international health regulations an effective global mechanism. Responsibility: Division of Infectious Disease Control

- Expand our international network for consultation, implementation and standardisation of methods for microbiological surveillance and participate in the European collaboration on surveillance of adverse effects of vaccination. Responsibility: Division of Infectious Disease Control

- Contribute to the development of international networks for monitoring hazardous substances in food, air, drinking water and consumer products. Responsibility: Division of Environmental Medicine

- Participate in international projects that map exposure to environmental contaminants in food. Responsibility: Division of Environmental Medicine
Gain knowledge of what causes common diseases and what gives people better health

The NIPH aims to provide evidence-based advice. In most cases, evidence is generated through international studies published in renowned journals. International research cooperation gives us access to relevant expertise and opens an arena where we can contribute to innovations in health.

Data access, expertise, quality and scientific production determine the extent to which we are regarded as an attractive partner by research communities around the world. The NIPH has some clear advantages in international research collaboration. The institute’s expertise is broad in scope. We also have access to extensive datasets from large national surveys, longitudinal studies and national population-based health registries. In addition, data can be combined with human biological research material from our biobank, and we have experience from large studies and experimental studies.

Opportunities to combine different sources of data that contain information collected over many years make the institute an attractive partner for epidemiological and longitudinal studies.

The NIPH has drawn up a separate research strategy for the period 2011-2013. Prioritised activities in the current international strategy specify the suggestions outlined in the research strategy.

Prioritised activities:

- Establish and conduct international research on causes of common diseases, particularly within selected public health problems such as diabetes, cardiovascular disease, Alzheimer’s disease, pain disorder and developmental disorders. We will also consider the consequences of disease and impaired health from a societal perspective. To achieve this, we want to establish international collaboration on so-called burden of disease studies. Responsibility: Division of Epidemiology

- Establish networks with health registries in other countries, in accordance with the “National Strategy for the modernisation and co-ordination of the central health registries and medical quality registries, 2010-2020”, priority area 14. Responsibility: Director’s Office

- Contribute to better knowledge and analyses of how substance abuse affects traffic safety in rich and poor countries. Responsibility: Division of Forensic Toxicology and Drug Abuse

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- Establish and carry out international research that takes advantage of and develops our expertise in infectious diseases, microbiology and vaccines. The projects will include collaboration with experts from countries where infections are still among the main causes of death. Prioritised diseases: diarrhoeal diseases with special emphasis on rotavirus infections, respiratory infections including tuberculosis, meningococcal infections in addition to vaccine-related research and development. Responsibility: Division of Infectious Disease Control

- Establish and carry out international research that uses and develops our expertise in risk-, protective- and causal-factors related to mental health. We will give priority to studies that combine data from multiple sources, such as registry data combined with data from health surveys and major longitudinal studies. Our focus will be on strengthening collaboration with research groups in the EU and in countries covered by the EEA Financial Mechanism. Responsibility: Division of Mental Health

- Establish and conduct international research that adopts and develops our expertise in environmental factors and disease development. Our focus will be on strengthening collaboration with experts in the Nordic countries, EU and USA, but we will also seek to expand or establish cooperation with competent research communities in countries with severe environmental problems, such as India, China and Russia. Responsibility: Division of Environmental Medicine

- Establish international collaboration on the development and use of models that can show the relationship between substance abuse and the likelihood of road traffic injuries and deaths. Collaboration with experts in India and certain European countries will be prioritised. Responsibility: Division of Forensic Toxicology and Drug Abuse

- Establish and conduct international research that adopts and develops our expertise in environmental factors and disease development. Our focus will be on strengthening collaboration with experts in the Nordic countries, EU and USA, but we will also seek to expand or establish cooperation with competent research communities in countries with severe environmental problems, such as India, China and Russia. Responsibility: Division of Environmental Medicine

- Establish international partnerships for joint use of data and research-biobanks. Standardisation and harmonisation of European research biobanks and Nordic cooperation will be given special focus. Responsibility: Division of Epidemiology

- Contribute to monitoring maternal and child health in low-income countries by providing technical support and conducting research linked to surveillance and measures related to the Millennium Development Goals 4 and 5. Responsibility: Division of Epidemiology

- Establish networks with health registries in other countries, in accordance with the “National Strategy for the modernisation and co-ordination of the central health registries and medical quality registries, 2010-2020”, priority area 14. Responsibility: Director’s Office

- Contribute to better knowledge and analyses of how substance abuse affects traffic safety in rich and poor countries. Responsibility: Division of Forensic Toxicology and Drug Abuse
New patterns of collaboration

Research collaboration is increasingly organised through international programmes in search for effective ways to co-ordinate research and optimise the use of resources. The EU has launched Europe as a common European Research Area (ERA). It is to be expected that the ERA will develop new models for collaboration and financing mechanisms in which national and multilateral resources can be combined with financial support from private foundations and commercial enterprises. An example of this is the so-called ‘Joint Programming Initiatives’, in which activities are jointly financed.

The vision of a common European research area will affect national priorities and a greater share of research funding may be channelled through international programmes. Thus, we need to adapt to an internationally oriented research agenda. In order to be considered as a partner, we must comply with international procedures and adjust to new working methods.

As of 2010, the NIPH participates in more than 30 research activities and networks funded by the EU and EEA Financial Mechanism. The EEA, the EU Research Framework Programme and the EU Health Programme will continue to be prioritised sources of funding.

During the period pertaining to this International strategy our collaboration with research institutions in Europe and the USA will continue to receive high priority. However, other countries are developing strong scientific groups. Norway has bilateral research agreements with among others Brazil, India, Japan, China, Russia and South Africa. Our aim is to increase our contact and forge new networks with relevant research communities in these countries.

Norway has both a responsibility to and an indirect self-interest in contributing to improve the global health situation. In 2009, the Norwegian Institute of Public Health signed a framework agreement with the Norwegian Agency for Development Cooperation. This agreement provides for collaboration and capacity building in low- and middle- income countries.

Prioritised activities:

- Increase our participation in relevant EU programmes and follow closely the developments within the European Research Area (ERA) and the Nordic Research and Innovation Area (NORA). Responsibility: Director’s Office
- Implement an EU strategy for the NIPH and improve the research support service at the institute. Priority will be given to strengthening skills in writing proposals and encouraging employees to participate in EU evaluation processes. Responsibility: Director’s Office

Value-driven effort

Our efforts shall reflect our values:

- Professionally sound
- Reliable
- Innovative
- Open
- Respectful

Millennium Development Goals

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria and other diseases
7. Ensure environmental sustainability
8. Develop a Global Partnership for Development