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ABBREVIATIONS

Africa CDC: Africa Centres for Disease Control and Prevention
ASML: African Society for Laboratory Medicine
APHEA: Agency for Public Health Education Accreditation
ASPHER: Association of Schools of Public Health in the European Region
ASPPH: Association of Schools and Programs of Public Health
BMGF: Bill & Melinda Gates Foundation
COVID-19: Coronavirus Disease 2019
EB: Executive Board
EMPHNET: Eastern Mediterranean Public Health Network
HIC: High-Income Country
IANPHI: International Association of National Public Health Institutes
KPI: Key Performance Indicator
LMIC: Lower-Middle-Income Country
MoU: Memorandum of Understanding
NPHI: National Public Health Institute
SDT: Staged Development Tool
SME: Subject Matter Expert
SRO: Senior Responsible Owner
WHO: World Health Organization
IANPHI published its **strategic vision 2021-2025** following approval at the Annual General Assembly in December 2020. Subsequently, it was decided that a parallel track would be adopted to:

1. continue progress on the priorities and initiatives underway;
2. engage with and strategically support aligned initiatives, whilst an action plan would be developed to ensure that IANPHI has the right resources;
3. develop the platforms and infrastructure necessary to be successful in achieving an outcome-based approach to implementation.

Core to IANPHI’s mission is supporting NPHIs to develop and strengthen their institutes using tools including a maturity model that reflects the WHO framework for **Essential Public Health Functions**. This continues to be the driving force to support countries, through our diverse membership, to ensure they are best positioned to lead on achieving the best health outcomes for the populations they serve as well as having a global impact. A system approach remains at the center of leading a contemporary public health institute and IANPHI continues to ensure all its work is reflective of this need.

During 2021, IANPHI has made progress on advancing the strategy with key outputs which will continue into 2022 and beyond and will lead to further collaborative programs of work. IANPHI has made significant progress in positioning itself, as an association, through the networks between member organizations and by strengthening relationships with key external partners.

The focus of the action plan is to expand activity associated with developing and strengthening NPHIs. The approach will be on generating and disseminating evidence and knowledge and building the collective intelligence of members and external partners, whilst growing outcome-based activity through strengthened partnership.

IANPHI is connecting WHO priorities on Essential Public Health Functions, health intelligence, pandemic preparedness, response and recovery and the WHO Academy within the approach to develop and strengthen NPHIs through its core activities. IANPHI sees itself as the voice of action in supporting a needs-based solution-driven approach through the development of NPHIs. WHO is actively considering granting formal recognition to IANPHI under its observer category as an interstate actor, with rights to attend its high-level governance meetings, including the Executive Board and the World Health Assembly.

For the strategy to achieve an outcome-driven approach, an added investment of time and resources will be required. This should not be allowed to create limitations in the ability of the association to achieve greater success for, and with, its members. IANPHI will seek commitment from its diverse members as well as strengthen the secretariat to deliver on the ambitious, yet achievable, goals agreed in the strategy.
From this action plan, by 2025, IANPHI will:

- have secured its position as a global player by leveraging its collective power as a leader in public health;

- be a provider of needs-based support to its members in developing and strengthening the mandates of public health institutes;

- as a voice of action, be increasingly influential in shaping the global agenda through collective leadership and bridging the gap between commitments and their sustainable implementation;

- have secured the future of IANPHI as an association for future public health professionals and leaders.

This document provides a strategic action plan for 2022-2023 that will allow us to realize the priorities and vision set out in the strategy. The determination of activity in subsequent years will be based on the progress and success of this plan and requires an agile approach. This will ensure that the IANPHI is best positioned to adapt and scale up its activities based on the changes and needs of the association throughout 2022-2023 and beyond.
INTRODUCTION

IANPHI published an updated strategic vision in 2020, setting out organizational priorities for the 2021-2025 period. During 2021, IANPHI has been progressing the strategy into implementation and been actively engaged in taking external partnerships into the next stage of development through converting MoUs into action through collaboration on common objectives leading to NPHI strengthening.

This has included:

- a renewal of the commitment from Santé publique France to host the IANPHI Secretariat for another four years;
- hosting a far-ranging open access webinar series on COVID-19;
- establishing access to a range of resources from member national public health institutes (NPHIs) related to COVID-19;
- developing a code of practice for NPHIs;
- developing a communications plan to support the delivery of the strategic plan;
- publishing a position paper on the role of NPHIs in climate change;
- progressing partnership discussions with the WHO on strengthening the position of national public health institutes in their mandates of public health protection, health promotion and disease prevention;
- developing collaborations with the WHO Hub for Pandemic and Epidemic Intelligence on integrated surveillance systems for timely better data, better analytics, and better decisions;
- establishing a collaborative working group with APHEA on continuous professional development for public health professionals;
- signing Memorandums of Understanding with the Task Force for Global Health and with the Eastern Mediterranean Public Health Network (EMPHNET);
- contributing, as a board member to ASPHER and joint collaborative work between IANPHI and APHEA;
- being a key contributor to the WHO report on Fostering Resilience through Integrated Health System Strengthening: a Perspective on Liberia and Bangladesh.
Santé publique France continues to generously support IANPHI for the management and administration of the secretariat. Similarly, the IANPHI U.S. Office, Atlanta, with continued support from the U.S. Centers for Disease Control and Prevention, provides the development of partnerships, programs and targeted activities and investments related to NPHI strengthening, as well as produces tools, case studies, best practices, and manages communications that promote IANPHI’s mission externally and internally.

Core to the mission is strengthening national public health institutes through a maturity model reflecting the World Health Organization’s framework on Essential Public Health Functions. This has been essential in supporting NPHIs to strengthen their position in the complex system they operate in. The regional networks continue to develop and have made a key contribution to the success IANPHI sees today. A key factor, moving forward, will be to ensure the networks are optimized through member engagement as well as advancing the opportunity to engage in existing networks and partners that our member institutes have already established. A mapping and integration of those partners would enable IANPHI to build on existing bilateral partners and networks to consolidate IANPHI’s strengths to provide mutual benefit.

This document is organized into five sections. The first section, Strategy to Implementation, sets out the context for the action plan. The second section, Action Plan, narrates the plan and is supported by Appendix 3 and Appendix 5 with listed actions, resources, key performance indicators and expected outcomes. The third section describes the operating model to deliver the action plan. The fourth section describes the critical success factors needed to achieve the strategic plan and the fifth section outlines key risks and mitigations.

Central to the development of the action plan has been the consultation with executive board members and external partners (Appendix 1). The driving force of the plan has been the dedicated working group and the IANPHI Secretariat (Paris) and U.S. Office (Atlanta).
SECTION 1

STRATEGY TO IMPLEMENTATION
IANPHI’s strategic vision set out five strategic priorities to support the achievement of the ambition for the Association between 2021-2025. Across these five priorities are 25 strategic objectives that the IANPHI Executive Board endorsed as key areas for action. To make significant progress, there is a need to develop a plan of action that takes these objectives and develops a matrix approach to implementation. This approach is essential as there are cross-cutting activities with interlinked and mutually supportive outputs and outcomes and we need to optimize the effective use of the resources available to IANPHI.

It is recognized that IANPHI needs to:

1. be a catalyst for developing and strengthening public health systems through enhanced and sustainable collective input and action;
2. act as an accelerator for NPHI development and strengthening to address health disparities with multi-agency global, regional and national partnerships;
3. develop a fully optimized operating model and platforms.

A set of 12 principles is reflected in the design and development of the action plan:

1. Need to respond to the impacts of COVID-19: the pandemic has exposed gaps within global, regional and national systems that has impacted negatively on health through widening inequities and inequalities;
2. Public health goes beyond pandemic preparedness: response and recovery and wider impact on all the determinants of health has created a strong case for the role and mandates of NPHIs on the global, regional and national level;
3. Advocacy for public health institutions and systems: IANPHI is positioned to support members as advocates of stronger public health institutions and through collective intelligence and systems strengthening knowledge;
4. Strengthening performance: IANPHI is well placed to support major partners in guiding and providing global, regional and country implementation advice to strengthen public health systems and the role of national public health institutes;
5. Collective ownership by IANPHI members: the strategic vision was approved by the Executive Board who has the overarching responsibility to ensure ownership and success of implementation;
6. Supporting members: to optimize the support for members, an enhanced IANPHI Secretariat will draw on membership capacity and expertise and seek external funding to facilitate greater peer to peer support;
7. Strengthening IANPHI organizational capability: IANPHI’s secretariat needs to be well positioned and resourced to enable the implementation of the planned strategic actions and capable of being responsive to new requests, this requires investment;

8. Expanding membership: IANPHI is actively seeking new members to enhance the diversity and global reach; this will strengthen the ability to engage globally and need active membership participation to ensure responsiveness to the diverse needs of new and rapidly developing members through peer-to-peer and multi-lateral support;

9. Increasing the efficient use of resources: IANPHI will need to choose its priorities wisely and align its activities with the purpose of attracting other streams of income and distribution of resources.

10. Mobilizing additional resources: to achieve the ambition of the strategy there will be a requirement to increase external funding streams from better resourced members and from donors;

11. Promoting equity and inclusion for membership engagement in delivery of the plan: increased and equitable member commitment and contribution will be needed to achieve the aspirations of the strategic plan;

12. Promoting innovation and drawing on organizational diversity: IANPHI will need to demonstrate value through a targeted proof of concept initiative that will rely heavily on in-kind support from its members; this must be a seminal, highly visible, and externally relevant piece of work with a strong communication plan.
In line with the IANPHI president’s priorities for 2021, this project aims to articulate the actions and approach IANPHI will take to achieve the strategic vision. The action plan document will position IANPHI both as a network of NPHIs and as a key player and influencer in global public health.

The strategy has five strategic priorities:

- **Strengthen the Professional Relationships Within IANPHI’s Unique Global Forum**
- **Harness the Collective Expertise of Members to Develop Public Health Capacity Globally**
- **Engage, Support and Grow IANPHI’s Diverse and Unified Membership Base**
- **Advocate Globally and at Country Level for NPHIs as Key Public Health Actors**
- **Build an Agile Association That Supports Members Through Change**

For each of the strategic priorities, there is an input, action, output, and overarching outcome as described below. Specific measures will need to be determined based on the up scaling of resources over the next four years.
STRATEGIC PRIORITY 1 | STRENGTHEN THE PROFESSIONAL RELATIONSHIPS WITHIN IANPHI’S UNIQUE GLOBAL FORUM

Collaboration and collective action across members → Peer support and guidance, integrated outcome based workplans and initiatives → NPHI strengthening and capability building → Strengthen NPHIs as key actors in public health

STRATEGIC PRIORITY 2 | HARNESS THE COLLECTIVE EXPERTISE OF MEMBERS TO DEVELOP PUBLIC HEALTH CAPACITY GLOBALLY

Prioritized and targeted approach based on collective needs → Multilateral and peer collaboration for NPHI development → Build contemporary public health workforce and NPHIs → Increase in the capabilities and capacity within NPHIs to operate on national, cross-sectoral, international and global level

STRATEGIC PRIORITY 3 | ENGAGE, SUPPORT, AND GROW IANPHI’S DIVERSE AND UNIFIED MEMBERSHIP BASE

Bringing regional networks closer to the center through assessment of membership needs → Adapting and responding to regional needs and priorities through collective support and sharing of expertise → Adoption of IANPHI tools and support to develop NPHIs → Wider impact through increase in members benefiting from IANPHI and external partner tools and support
Each strategic priority has identified areas of impact and 25 strategic objectives in the IANPHI strategy as set out in section 2. The approach to the action plan does not take each action individually but creates a cross cutting initiatives that contribute to the achievement of these priorities through high impact programs of work. This document identifies and articulates prioritized, realistic, and achievable activities that need to be undertaken over the next four years. The document also sets out to identify the resources and funding necessary to support the implementation phase of the strategy. Appendix 1 outlines the approach and key outcomes from the consultation process.
SECTION 2

ACTION PLAN
The action plan reflects the strategic vision and approved objectives that was consulted on externally as well as internally and ratified at the Annual General Assembly on December 2, 2020. The final version was approved and published by the Executive Board in May 2021. The working group for the action plan has taken into consideration that there are critical dependencies on which the success of implementation rests. They are:

1. means adjusted commitment from members to support and deliver programs and activities through resources and in-kind participation (Appendix 2);
2. diversity of participation in the regional networks to achieve output and outcomes based on commonly agreed themes;
3. dedicated contribution of a wider body of members to champion and raise the profile of IANPHI attracting collaborations and partnerships;
4. proof-of-concept program from which IANPHI can build a case of investment for external sponsorship;
5. responsive participation to key partners requests to achieve mutually beneficial outcomes;
6. increase in collaborative activities supported by external funding such as research and training;
7. strengthening our regional networks to bring the center closer to the members;
8. clear individual actions plan’s to be developed with output and outcomes for regional networks and working groups. Each action to be prioritized according to impact and resources. Having an agile approach to implementation is key to ensure that initiatives are responsive to identified needs;
9. bringing the next generation of IANPHI and public health leaders into core activities thus strengthening and securing the associations legacy and future.

The key activities required to implement the strategy were agreed with the caveat that an approach to scale up activity in parallel to actively seeking and identifying resources will be required. This will enable a planned approach to prioritizing activities within initiatives based on impact and outcomes. The greatest gains will need to be prioritized that either achieves:

- development of NPHIs on regional or country level through organizational and system level strengthening;
- joint collaborative and partnership work that establishes IANPHI as a preferred partner for global and regional expertise in areas harnessing collective technical intelligence and knowledge.

To enable the successful implementation of the strategy, there needs to be a step-by-step approach to implementation. The activities are dependent on resources from multiple sources. So as resources are identified and allocated the activities can increase and be scaled up.
The diagram below (Fig. 1) provides a timescale and activities with their impact to achieve a fully optimized association, as well as demonstrating the timelines for the key initiatives and the enablers that will be required over a timescale of 12 months.

This section of the action plan describes actions, resources and expected outcomes. Appendix 3 in this document sets out the activities, milestones, key performance indicators and expected outcomes in a table form. An accompanying project plan in Appendix 5 provides a breakdown of key activities, inputs, outputs and timescales in order of priority. This will be held centrally by the secretariat as a living document.

Resources will be allocated from multiple sources including broad participation and commitment from NPHI members, which will need to be agreed over and above current budget availability. NPHIs will need to identify key resources and upfront commitment to support ongoing initiatives including regional networks, thematic working groups, core activities for NPHI development and strengthening.

Ad hoc support will be related to Executive Board approved activities. The action plan comprises of focused objectives that are aligned to the five strategic priorities and the 25 associated actions laid out below. The approach for the action plan is not to take each of the actions on an individual level but to address them across the programs and initiatives that are embedded within the strategic vision. The key activities prioritized in 2022-2023 to achieve the actions linked to the strategic plan objectives are outlined below with KPIs identified in Appendix 5.
Fig 1: Step-by-step approach for the implementation of the action plan in 2022-2023

**Activities**
- Regional networks-member engagement initiative
- Scoping and agreement on collaboration with external partners
- Thematic committees scope of work and workplan
- Tools and guidelines for strengthening NPHIs
- Webinars
- Build an investment case for external funding
- Proof-of-concept initiative

**Enablers**
- IANPHI Secretariat and U.S. Office
- NPHI contributions
- Communication and fundraising plan
- Membership fees
- Quarterly monitoring and evaluation

**Nov 2021-Feb 2022**
- IANPHI Secretariat and U.S. Office, NPHI-agreed commitments, proposal submission for external funding
- Communication and fundraising/sponsorship plan implementation
- Quarterly monitoring and evaluation

**March-May 2022**
- Expansion of IANPHI Secretariat, IANPHI U.S. Office, NPHI-agreed commitments, sustainable funding and income generation streams
- Communication outputs
- Quarterly Monitoring and evaluation

**June-Dec 2022**
- Fully functional IANPHI Secretariat, in-kind commitment, programme and project funding, income generation streams
- Communication plan outcomes

**January 2023-**
- Regional networks outputs and outcomes responsive to member and regional partner needs
- IANPHI as a key partner of choice for strategic global health initiatives
- Onboarding and expansion of thematic committees
- Promoting and advocating the role of a contemporary NPHI
- Peer-to-peer and multilateral outputs and outcomes
- Provision of a suite of services and training programmes
### STRATEGIC PRIORITY 1 | STRENGTHEN THE PROFESSIONAL RELATIONSHIPS WITHIN IANPHI’S UNIQUE GLOBAL FORUM

1.1 Ensure IANPHI Annual Meetings offer innovative networking opportunities to develop professional connections and identify actions to take forward between meetings.

1.2 Facilitate thematic working groups for strategic development identifying innovations and best practices, including on the public health impacts of inequities and environmental change.

1.3 Invite thought leaders, from a broad range of disciplines, to targeted discussions with members to enable NPHIs to access organizational capacity building information and share best practices.

1.4 Promote participation opportunities in IANPHI meetings to support the diversity of NPHIs and the involvement of women leaders in public health.

1.5 Develop an annual program of webinars and workshops, at global and regional levels, to build on members’ experiences, including NPHI responses to the COVID-19 pandemic.

### STRATEGIC PRIORITY 2 | HARNESS THE COLLECTIVE EXPERTISE OF MEMBERS TO DEVELOP PUBLIC HEALTH CAPACITY GLOBALLY

2.1 From 2021, undertake a review of the Framework for the Creation and Development of national public health institutes and particularly the NPHI Core Functions and Attributes to understand NPHI capacity building needs and the lessons learned from the COVID-19 pandemic.

2.2 Develop new and strengthen existing partnerships at global and regional levels, including with WHO, to facilitate collaboration through joint programs of work to collectively advance public health science to prepare for new public health challenges.

2.3 Raise awareness of, further develop and assess the impact of tools, best practice resources, and guidance produced by IANPHI on a broad range of areas related to public health; and identify options for mutual learning to foster and share knowledge and skills with WHO and partners in the areas of public health systems and services strengthening, preparedness and response.

2.4 Develop IANPHI training resources in wide-ranging disciplines that are complementary to existing resources and IANPHI tools and services based on a mapping of needs for professional development, in collaboration with partners to enhance national public health leadership capacities.

2.5 Facilitate shadowing, mentoring and secondment opportunities, to enable twinning between member institutes and partners for NPHI capacity building.
3.1 Map NPHIs at all stages of development across the world to engage with prospective members and grow the membership base.

3.2 Increase the visibility of IANPHI services for new and existing members to enable NPHIs to receive tailored advice and assistance to strengthen their public health functions and their capacities to develop collaboration and coordination with national and subnational stakeholders to have a greater positive impact on population health.

3.3 Develop comprehensive work programs at the regional level to coordinate collaboration within and between networks.

3.4 Adapt the peer-to-peer evaluation tool to reflect the varied regional contexts and scopes of remits in IANPHI to ensure that members can participate on an equal footing.

3.5 Ensure interpretation in IANPHI meetings and translation services and tools into the network’s most widely spoken languages.

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4.1 Position IANPHI within key international fora to advocate for the strengthened roles of NPHIs in supporting healthier populations worldwide.

4.2 Facilitate discussions between members and international, regional and specialized organizations, particularly WHO and its regional offices, to develop joint collaboration and messaging.

4.3 Revise the communications strategy to improve internal and external communications and to identify opportunities to promote the importance of NPHIs at national and international levels.

4.4 Develop a NPHI Code of Practice, in relation to the review of the Framework for the Creation and Development of NPHIs, that includes core values such as scientific independence to support members in their national remit.

4.5 Produce evidence and positions on roles and impacts of NPHIs in national contexts, for example the COVID-19 lessons learned initiative, to support broadening and strengthening capacities and NPHIs’ scientific independence and excellence.

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STRATEGIC PRIORITY 3 | ENGAGE, SUPPORT AND GROW IANPHI’S DIVERSE AND UNIFIED MEMBERSHIP BASE

STRATEGIC PRIORITY 4 | ADVOCATE GLOBALLY AND AT COUNTRY LEVEL FOR NPHIS AS KEY PUBLIC HEALTH ACTORS
5.1 Develop a fundraising plan, including NPHIs and partners, to ensure the support of IANPHI’s strategic priorities and membership is sustainable.

5.2 Regularly lead horizon scanning activities to identify innovative competencies, emerging public health roles and partners to support the skills base within NPHIs for policy advice and public health practice.

5.3 Organize NPHI lessons learned exercises from major international public health events to integrate good practices shared within the network.

5.4 Develop an online knowledge platform to set out the functions and areas of expertise of NPHI members and to facilitate twinning processes and partnerships for capacity building projects.

5.5 Continue strengthening the digital tools of the association to communicate with and collect information from NPHIs to optimize IANPHI’s membership support.

Fig 2: The strategic vision sets out five strategic priorities with a set of 25 strategic objectives to guide the action plan. The 25 strategic objectives are aligned with the initiatives in the action plan below.
This section of the action plan describes actions, resources and expected outcomes. Appendix 3 in this document sets out the activities, milestones, key performance indicators and expected outcomes in a table form. A separate project plan provides a detailed breakdown of key activities, inputs, outputs, and relative timescales. This will be held centrally by the secretariat as a living document. Measurable metrics will need to be identified and established as part of the working action plan. Resources will be allocated from multiple sources including broad participation and commitment from NPHI members, which will need to be agreed over and above current budget availability. The types of support and the contribution from IANPHI members is set out in Appendix 2.

An agile and timely approach to monitoring the budget and achievement of milestones, outputs and outcomes will be important for on-going decision making and required adjustments on activities, budget and available resources. Robust governance will need to be in place to inform the Executive Board in managing the prioritization of activities according to progress, need and impact over the duration of the strategy implementation.

The action plan comprises of two parts outlined below: Initiatives, which are the actions IANPHI will prioritize, and the Fundamental Platforms and Enablers that will be essential to ensure successful implementation.

**INITIATIVES**

I. National Public Health Institute Development and Strengthening

II. Thematic Committees
   ◊ Climate Change and Public Health
   ◊ Public Health Professional Development
   ◊ Pandemic Preparedness, Response and Recovery

III. Regional Networks
   ◊ Africa
   ◊ Asia
   ◊ Europe
   ◊ Latin America

IV. External Partnership programs
FUNDAMENTAL PLATFORMS AND ENABLERS

V. Sponsorship and Fundraising
VI. Communications
VII. Knowledge Portal
VIII. Fully functional IANPHI Secretariat
IX. Focal Points Group
X. Annual Meeting

Measurable metrics (KPIs, outcome measures and timelines) have been established as part of the working action plan (in appendix 5). This will be part of a living document managed within the secretariat.
INITIATIVES

1. National Public Health Institute Development and Strengthening

Developing new public health institutes and strengthening established public health institutes through a maturity model and other related programs of work is core IANPHI business. The essential public health functions are central to IANPHI’s key approach to support the development and strengthen how national public health institutes operate within the wide system they work in.

A peer support approach develops a series of evidence-based reports, analysis, guidelines, frameworks, and tools designed to strengthen the IANPHI member, whilst building trusted partnerships with peers from NPHIs internationally. The intention is to continue to support and grow these activities to enable NPHIs and associated organizations to have the tools they need to focus on relevant research, build systems, capacity, and capabilities to deliver a contemporary public health institute. This initiative may take the form of a committee or working group to consolidate effort and resources.

**Strategic Objectives: 1.3, 1.4, 2.1, 2.2, 2.3, 2.5, 3.1, 3.2, 3.4, 3.5, 4.1, 4.2, 4.4, 4.5, 5.2, 5.3**

**ACTIONS**

1. Build on the publication of a lessons learned from COVID-19 in African NPHIs with recommendations and wide dissemination; convert recommendations into actions through adoption into the thematic committees;

2. Development of the code of practice with wide dissemination to NPHI members and beyond;

3. Advancing targeted initiatives encompassing essential public health functions and integrated surveillance systems through partnerships with the WHO Hub for Pandemic and Epidemic Intelligence, Bill & Melinda Gates Foundation Grand Challenge, ASPHER, APHEA and Task Force for Global Health;

4. Review and revise the Staged Development Tool as needed;

5. Expand and review the best practice series aligned with contemporary NPHIs;

6. Translation of guidelines and key frameworks into targeted languages;

7. Establish and facilitate a portal for fostering knowledge exchange for peer to peer, multilateral interaction, twinning, collaboration, and knowledge access and sharing;

8. Develop a suite of services that can be provided, at cost, to NPHI members;
9. Produce publications and position papers on system-wide topics related to the mandate of NPHIs;

10. Identify and develop frameworks and tools that strengthen the mandates of public health and associated institutes in the context of the systems they operate in;

11. Grow membership and ensure diversity with spread of international representation.

RESOURCES

Subject matter expertise through multi-lateral NPHI contribution. Resources for translation, electronic platforms and forum facilitators, diverse communication platforms to increase visibility and value, content development and advocacy tools.

EXPECTED OUTCOMES

1. Adoption of IANPHI frameworks and guidelines within professional bodies and NPHIs;

2. Member strategies to acknowledge and reflect alignment with IANPHI’s mission and vision;

3. Impact on the development of capacity and capabilities within NPHIs;

4. Empowering and strengthening NPHIs. Producing open access case studies;

5. Continuous agile learning, innovation, and improvement to support members to develop contemporary NPHIs;

6. Peer to peer interaction, collaboration, research, generation of scientific knowledge and evidence leading to reduction of health inequities and inequalities.
II. Thematic Committees

Three key thematic committees have been initially prioritized. Additional committees may come onboard following the process outlined in Appendix 7: Terms of Reference and Rules of Procedure. Focus and investment of time and resources will be required to fulfil the aims and ensure impact is made through outputs and outcomes. Any new thematic committees will be decided on by the Executive Board.

The initial thematic committees are:

- Climate Change and Public Health
- Public Health Professional Development and NPHI Capacity Building
- Pandemic Preparedness, Response and Recovery

**Strategic Objectives:** 1.2, 1.3, 2.2, 2.3, 2.5, 3.1, 3.2, 3.3, 4.1, 4.2, 5.3

**ACTIONS**

1. To establish the committees with diverse membership and clear commitment;
2. Mindful inclusion of under-represented groups e.g., women leaders;
3. To develop clear multi-year action plans with resources;
4. Position paper on the role of IANPHI and NPHIs in supporting change through impact;
5. Engage external partners in dialogue, collaboration, and partnership initiatives;
6. Align external partner Memorandum of Understanding (MoUs) to the thematic working groups;
7. Scope and identify up to two key opportunities for collaborative work aligned with external priorities;
8. If required, submit a proposal for external funding.

**RESOURCES**

In-kind contributions from NPHI members, subject matter expert participation from NPHIs to deliver outputs. Diverse communication platforms to increase visibility and value, content development and advocacy tools.
EXPECTED OUTCOMES

1. NPHI-centered system level implementation of solutions to tackle climate crisis and planetary health issues;

2. NPHI’s contemporary public health workforce approach to training and skills development and competency frameworks;

3. Inter-professional teams impacting inequalities and inequities;

4. System level strengthening of public health related skills;

5. Evidence into practice to develop and strengthen pandemic and epidemic preparedness, response and recovery systems.
III. Regional Networks

The regional networks are at different stages of maturity and have been instrumental in engaging members through sharing of good practices and intelligence. Regional networks are responsible for sharing good practice and building linkages between institutions within geographical regions – achieved through the development of four regional networks; Africa, Asia, Europe, and Latin America.

A key factor will be to engage with existing networks and partners that our member institutes have already established within their regions. Integration of partners into the regional networks would enable IANPHI to build on existing bilateral partnerships and networks through consolidating IANPHI’s strengths to provide mutual benefit in areas of common interest and priority.

Aligned with the strategic plan there will be a need to bring more structure and targeted outputs and outcomes with a broader reach to optimize the benefit of these networks to members and regional partners.

Strategic Objectives: 1.3, 1.4, 1.5, 2.5, 3.1, 3.3, 4.1, 4.2, 4.5, 5.3

ACTIONS

1. Scope and ascertain member needs;
2. Re-engage members in the regional networks;
3. Develop a clear annual plan aligning to the strategic plan;
4. Chairs and vice chairs to identify dedicated resource to deliver with outputs through a shared model across members including contribution from the focal points group;
5. Mindful inclusion of under-represented groups e.g., women leaders;
6. Champion and promote the role of IANPHI on a regional level;
7. Build on regional NPHI existing networks and developing bi-lateral and network partnerships;
8. Align MoU’s with external partners to the regional networks action plans;
9. Engage external regional partners in dialogue, collaboration and partnership initiatives;
10. Identify collaborative partnerships and tangible programs of work and funding opportunities;
11. Share and collaborate on regional action plans; identify synergies and host joint events.
RESOURCES

In-kind contributions from NPHI members, subject matter expert (SME) participation from NPHIs to deliver outputs. Diverse communication platforms to increase visibility and value, content development and advocacy tools.

EXPECTED OUTCOMES

1. Increase member engagement and commitment by 20% in regional network and activities;
2. Measurable contribution to IANPHI’s strategic objectives though aligned actions;
3. Knowledge exchange into practice;
4. Collaborate with major and key regional partners;
5. Increase the number and diversity of regional network-produced/organized outputs.
IV. External Partnership Programs

IANPHI has established Memorandums of Understanding (MoUs) with key strategic partners (World Health Organization, WHO Hub for Pandemic and Epidemic Intelligence, Global Strategic Preparedness Network (GSPN), Task Force for Global Health, Africa Centre for Disease Control, African Society for Laboratory Medicine (ASML), Association of Schools of Public Health in the European Region (ASPHER), Association for Public Health Education Accreditation (APHEA), Association of Schools and Programs for Public Health (ASPPH), European Partnership for Health Equity and Wellbeing (EuroHealthNet).

Collaboration through targeted initiatives on common objectives leading to NPHI strengthening, e.g., essential public health functions, capacity and capability building, and integrated surveillance systems is being established through partnerships with the WHO, Task Force for Global Health, ASPHER and APHEA.

These need to be developed into clear actionable initiatives which should be aligned with current initiatives and structures such as committees and networks with clear, measurable outcomes. Time, resources, and investment gaps will need to be addressed through mutual agreement, joint or individual investment case for funding.

Strategic Objectives: 1.3, 2.2, 2.3, 2.4, 2.5, 4.1, 4.2, 4.5, 5.2

ACTIONS

1. Convert MoUs into agreed action plans;
2. Align with thematic working groups, regional networks or establish time limited initiatives through a working group or committee;
3. Secure resources and funding through joint contribution and proposals;
4. Identify in-kind contribution from IANPHI members and partners;
5. Identify key outputs and outcomes.

RESOURCES

Dedicated relationship development, in-kind contributions from NPHI members, subject matter expert (SME) participation from NPHIs to deliver outputs and outcomes. Proposal development to secure funding when required.
EXPECTED OUTCOMES

1. Strengthen country and regional level health security and protection systems;
2. Strengthen country and regional level public health systems;
3. Build a contemporary public health workforce including skills and inter professional team development;
4. Provision of collective intelligence and evidence with international exposure leading to wider promotion, acknowledgement;
5. Joint outputs leading to outcomes in reducing health disparities.
FUNDAMENTAL PLATFORMS AND ENABLERS

V. Sponsorship and Fundraising

To ensure that the objectives, outlined in the strategic plan and reflected in the action plan, are achieved there is a requirement for external grants and funding to be secured. This is over and above the time and support our members provide. Without this, the association will not be able to optimize and realize the future ambitions of IANPHI.

Strategic Objectives: 4.2, 5.1, 5.2

ACTIONS

1. Scope funding landscape on a global and regional level;
2. Understand priorities and alignment with IANPHI’s mission and vision;
3. Short list major funders and donors;
4. Build on the success of the IANPHI U.S. Office to attract external funding;
5. Build an investment case, engage, and secure multi-year funding;
6. Executive Board to engage and negotiate external streams of funding;
7. IANPHI members to identify alternative streams of external funding and broker introductions to the Executive Board;
8. Build capacity to manage programs of work through dissemination and management of funds, establish governance, legal, auditing, and financial management structures;
9. Elements of self-funding is planned and built within an investment case.

RESOURCES

IANPHI Secretariat (Paris), IANPHI U.S. Office (Emory) grant proposal expertise and capabilities including experience with funders.

EXPECTED OUTCOMES

1. Sustainable funding is identified and secured for the duration of the strategy;
2. Self-funding and planning for a sustainable model beyond 2025.
VI. Communications

Underpinning the success of IANPHI is a robust communications plan. This need to be structured and targeted with clear outcomes and measures. A draft communications plan was developed in 2021 in alignment with the IANPHI Strategy in appendix 6. It is recommended that this is now approved and actioned in alignment with the action plan.

Strategic Objectives: 1.3, 1.5, 2.2, 2.3, 2.5, 3.1, 3.2, 3.5, 4.1, 4.2, 5.4, 5.5

ACTIONS

1. Implementation of the Vision and Strategy for IANPHI Communications 2019-2021 (see Appendix 6) based on the three strategic priorities:
   ◊ Communications Best Practices: Bringing up-to-date digital communication practices to our work;
   ◊ Building Community and Demonstrating our Effectiveness through Communications: Strengthen NPHIs by fostering cooperation, collaboration and peer-to-peer capacity building efforts between members and partners;
   ◊ Advocate for NPHIs as Key Public Health Actors: demonstrating the value and life-saving importance of NPHIs by communicating information about their work with key audiences, to elevate IANPHI’s position in the global public health community;

2. Prioritize and optimize platforms for effective internal and external communication;

3. Implement an agile approach to communication and content creation.

RESOURCES

Social media content creation, web-based platforms, knowledge exchange platform, partnership development, project management.

EXPECTED OUTCOMES

1. Increase in diverse membership and diverse participation in activities;
2. Secure new opportunities and collaborations;
3. Increase the exposure of IANPHI on global, regional, and international platforms;
4. Increase research and scientific collaborations and partnerships.
VII. Knowledge Portal

As a key enabling platform the knowledge portal will be based virtually creating a conduit for interactions and dialogue between IANPHI members. It is intended to serve as a base for access to all reports, enable collaboration and access to expertise.

Strategic Objectives: 1.3, 2.3, 2.4, 2.5, 3.1, 3.2, 3.4, 3.5, 4.2, 4.3, 4.4, 4.5, 5.3, 5.4, 5.5

ACTIONS

1. Create platforms for e-exchange and discussions;
2. Share active profiles of NPHIs’ priority programs, activities, and outcomes;
3. Provide access to online training programs provided by NPHIs;
4. Access to lessons learned and outcomes-based practice;
5. Discussion groups e.g., for research collaborations with opportunities for joint funding;
6. Create platforms for professional development through NPHI contribution;
7. Facilitate opportunities for emerging public health leaders through mentoring and shadowing;
8. Facilitate opportunities for lower-middle-income countries through mentoring, shadowing, SME exchange, and joint projects.

RESOURCES

Technology multi-level open and closed platforms, analytics, facilitators, moderators, communication capabilities.

EXPECTED OUTCOMES

1. Application of knowledge and evidence leading to a reduction of health inequities and disparities;
2. Increase in research collaborations;
3. Increase in participation and strengthening of women leaders and under-represented professionals.
VIII. Fully Functional IANPHI Secretariat

Section 3 ("IANPHI’s Targeted Operating Model") provides details about the targeted operating model that is essential to support the delivery of the action plan. Ensuring the secretariat has the resources and infrastructure to deliver the action plan is essential. The components that will be critical to the success of implementation are:

- Functional and dedicated resources to fulfil a professional operational model fit for purpose of delivering the strategic plan
- Contributions and participation from a wider group of members. This needs to be planned and agreed to ensure an outcomes-based approach and to avoid the same members spreading themselves too thin over multiple initiatives. In addition, there will be opportunities to contribute through time-limited initiatives as they arise.
- Investment in supporting twinning and peer-to-peer activities. This includes commitment from a wider group of members to support a range of activities that include peer discussions, sharing of documents, advice, and technical support.
- Bringing the next generation of IANPHI and public health leaders into core activities strengthening and securing the associations legacy and future.

Strategic Objectives: All

ACTIONS

1. Agree resource requirement and map sources;
2. Agree current available resources to support key priority activities;
3. Executive Board to engage and secure agreements with resourced NPHIs;
4. Secure funding and increased resources for an optimized secretariat;
5. Recruitment of staff to essential functions;
6. Establish systems and processes to operate, monitor and audit progress;
7. Availability of adequate set of policies and procedures regulating board governance, regional networks, working groups and secretariat functionality.

RESOURCES

NPHI member contributions and commitments to the activities within the action plan, human capital and budgets for core functions and activities.
EXPECTED OUTCOMES

1. Essential board structures are in place and function according to established policies and procedures;

2. Monitoring, compliance, and evaluation of IANPHI’s action plan ensuring outcomes are achieved;

3. The Executive Board and the IANPHI Secretariat deliver on strategic plan priorities within agreed timescales;

4. A solid foundation to build and achieve goals for 2023-25.

Central to the successful implementation of activities and supporting platforms is the targeted operating model and the ability to scale up the expertise and functions of the secretariat to deliver an organizational model for the association, outlined in section 3.
IX. Focal Point Group

The IANPHI Focal Point Group is a newly established group that will work at the interface between the activities that IANPHI supports and NPHIs. The aim is to widen the inclusion of senior level public health professionals from member organizations to participate and collaborate in IANPHI’s activities. Inclusion of under-represented groups, e.g., women leaders need particular attention. This will also enable the next generation of public health leaders to be involved on a strategic level.

Strategic Objectives: 1.2, 1.3, 1.4, 2.3, 2.5, 3.2, 3.3, 4.1, 5.2

ACTIONS

1. Inclusion of a group of senior leaders from member NPHIs;
2. Register of experts including subject matter experts (SMEs);
3. Mindful inclusion of under-represented groups e.g., women leaders;
4. Access to key contacts to facilitate partnerships between NPHIs;
5. Create a register of experts that can be engaged through the focal points;
6. Peer to peer discussion and identification of key NPHI issues; collate and share with Secretariat and the Executive Board;
7. Representation of the focal point group on key programs of work.

RESOURCES

Administrative support.

EXPECTED OUTCOMES

1. Allocation of experts from NPHIs to support activities and initiatives/programs;
2. Knowledge creation of key issues and needs;
3. Timely response and participation in initiative and programs.
X. Annual Meeting

The IANPHI Annual Meeting, which includes the general assembly, is held once a year and is the main event bringing all members and key partners together, physically or virtually. It is the main opportunity for demonstrating progress and achievements. More importantly, it provides an opportunity for sharing of knowledge and discussions.

Strategic Objectives: 1.1, 1.3, 3.2, 3.5, 4.1, 4.2

ACTIONS

1. Develop opportunities for peer interaction;
2. Platforms to acknowledge success and discussion on areas of focus moving forward;
3. Open workshops with partners and stakeholders to identify mutual areas of benefit and potential partnership;
4. Side events including brainstorming sessions;
5. Prioritize and pursue those which are realistic and can be realized with supporting resource, infrastructure, and platforms;
6. Present and approval of the next year’s action plan;
7. Update the action plan for the following year based on discussion and decisions made at the general assembly and facilitated sessions.

RESOURCES

Host NPHI member, management and facilitation of discussions, SME from NPHIs, interpreters.

EXPECTED OUTCOMES

1. IANPHI Annual Meeting to lead to collaborations with concrete conversion into action;
2. Prioritize and deliver action plan for the subsequent year.
SECTION 3
TARGETED OPERATING MODEL
IANPHI has an Executive Board with overarching responsibility and accountability for the governance, decision making and implementation of the strategic plan. The main groups within the reporting structure are outlined below.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Role and responsibility</th>
<th>Resources</th>
<th>SRO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Board</td>
<td>Elected members. Overarching responsibility for the success of IANPHI as an association. Enabling and oversight of the implementation of the IANPHI strategy. Representing and meeting the collective needs of IANPHI members.</td>
<td>IANPHI secretariat and U.S. office</td>
<td>President/Vice President/Executive Board</td>
</tr>
<tr>
<td>Regional Networks</td>
<td>Elected members serving the regional networks. Overarching responsibility for the success of IANPHI as an association. Aligning activities with the implementation of the IANPHI strategy. Representing and meeting the collective needs of IANPHI members in the Region.</td>
<td>Team provided by the Chair’s and Vice Chair’s NPHIs. This includes administrative support, identification of resource, relationship and partnership strengthening and identification of funding and sponsorship for activities.</td>
<td>Chair and Vice Chair</td>
</tr>
<tr>
<td>Working Groups</td>
<td>Thematic working groups endorsed by the IANPHI executive Board. Outcomes-focused activities aligning with the IANPHI strategy. Clear resource allocation and if needed, identification of funding. Voluntary membership.</td>
<td>This includes administrative support, identification of resource, relationship and partnership strengthening and identification of funding and sponsorship for activities.</td>
<td>Chair and Vice Chair, Members</td>
</tr>
<tr>
<td>Focal Points Group</td>
<td>Identify and create a network of experts from NPHI members that can be the portal for identifying support to various activities.</td>
<td>TBD</td>
<td>Chair and Vice Chair</td>
</tr>
</tbody>
</table>
A robust reporting and accountability systems is required to support the governance of IANPHI as outlined above. A monitoring and evaluation process will support the management of activities linked to the action plan.
There are key enablers in the formation of a supporting infrastructure within IANPHI to support the realization of the strategy. This includes the following components:

<table>
<thead>
<tr>
<th>Component</th>
<th>Function</th>
<th>Delivery Model/Enablers</th>
<th>SRO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governance</td>
<td>Delivery of the strategic plan</td>
<td>Reporting and accountability structures</td>
<td>President, Vice President, EB Chair, Regional Networks Chair, Working Groups</td>
</tr>
<tr>
<td></td>
<td>Accountability</td>
<td>Monitoring and evaluation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Responsibility</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Alignment of mission</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management</td>
<td>Delivery</td>
<td>Operational management</td>
<td>IANPHI Secretariat</td>
</tr>
<tr>
<td></td>
<td>Accountability</td>
<td>Financial Management</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Responsibility</td>
<td>Legal assurance</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Program management and Delivery (Peer to Peer, working groups, regional networks)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reporting</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Member Liaison</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Stakeholder and partnership development</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Internal and External Communications</td>
<td></td>
</tr>
<tr>
<td>Infrastructure</td>
<td>Knowledge portal</td>
<td>IT systems</td>
<td>IANPHI Secretariat and U.S. Office</td>
</tr>
<tr>
<td></td>
<td>Administrative</td>
<td>Internal operability</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Project management</td>
<td>Web based operability</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Online activities</td>
<td>Content creation and social media</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Communication activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial budgets, Fundraising and Marketing</td>
<td>Collection of membership fees</td>
<td>Grant and Donor funds</td>
<td>IANPHI Secretariat</td>
</tr>
<tr>
<td></td>
<td>Sustainable funding – core initiatives related allocation and resource</td>
<td>Membership fees</td>
<td></td>
</tr>
<tr>
<td>NPHI member interaction and commitments</td>
<td>IANPHI member support for initiatives in working groups, regional networks, and partnership programs</td>
<td>Combination of: NPHIs dedicated in-kind support</td>
<td>Executive Board, NPHI Members</td>
</tr>
<tr>
<td></td>
<td>Dedicated SME time on public health areas</td>
<td>Secondments from NPHIs of subject matter experts (SME’s) into the IANPHI secretariat. Roster of experts. Register of experts for peer-to-peer support</td>
<td></td>
</tr>
<tr>
<td></td>
<td>In-kind support on external partner initiatives</td>
<td>NPHIs commitment to in-kind support</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Publications (position papers, editorials, frameworks)</td>
<td>Drafting and editorial input</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Joint publications and research collaborations</td>
<td>Peer-to-peer interactions and access</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Access to training and webinars for LMIC</td>
<td>Gateway for accessible training programs</td>
<td></td>
</tr>
</tbody>
</table>
A two-stage approach will need to be adopted. An initial expansion of the secretariat will build an
initial additional capacity to progress the action plan. Securing investment will enable an expansion
to ensure there is a range of experienced staff responsible for key functions to support an optimized
operational model.
The association will have an established program of work through this action plan that has been agreed. Additional programs such as external requests and internal agreements to expand thematic committees will need to be considered. For thematic committees, there is an agreed approach through the SOP ‘Establishment of Committees: Terms of Reference and Rules of Procedure’ (Appendix 7). To facilitate decision-making, it is proposed that an action and prioritization approach is established. A suggested outline below could be considered.

**ACTION AND PRIORITIZATION FRAMEWORK**

- Alignment with the IANPHI Strategic Plan
- Consideration and justification against key areas including:
  - Clear objectives
  - Inputs
  - Outputs
  - Outcomes
- Global alignment and priority
- Resources and commitment
- Diversity of representation (LMIC, HIC, women)
- External partners involvement or initiative
- Additional funding or need for funding
- Likelihood of success (outcomes and impact, risk, and mitigation)

The components above will be weighted according to the request and need. This will ensure the Association is fit for purpose to execute its responsibilities and achieves the objectives of the Strategic Plan.
SECTION 4
CRITICAL SUCCESS FACTORS
The next year is a critical year for IANPHI, which is why the success of the action plan for 2022-2023 will be the foundation upon which the association can establish the future model to influence and impact the public’s health. This is the vehicle through which collective experience and action will create an ecosystem of contemporary NPHIs and provide direction on change needed for global public health.

It is essential to maintain a central system of cross-cutting communication and management to avoid duplication of effort and sharing of knowledge and resources. Maintaining and sustaining resources will be key to success and will avoid outputs and outcomes not being achieved.

Member support will be integral to the progress that the action plan can achieve within the agreed timescales. The Executive Board plays a central role in ensuring governance and resources are in place and being managed according to institutional standards as an international non-profit association.

The success of securing the above will determine not only the delivery of the action plan for 2022-2023 but also the expansion of activities in 2023-2024 and 2024-2025.

With the assumption that the critical success factors are successfully achieved during 2022, then additional activities can be supported during 2022-2023 or in the subsequent years. An agile and timely approach to monitoring expenses and milestones will be important for ongoing decision making and required adjustments.
SECTION 5

RISKS AND MITIGATION
Identifying and accounting for risks that might arise and prevent the successful implementation of the action plan will need to be monitored by the Executive Board and the secretariat through a monitoring, evaluation and reporting system. This will be supported by a tracking, timely identification, and early mitigation process.

<table>
<thead>
<tr>
<th>Risk</th>
<th>Explanation</th>
<th>Likelihood</th>
<th>Impact</th>
<th>Mitigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of funding</td>
<td>To achieve the strategic objectives, there is a requirement to secure funding for the next 4 years.</td>
<td>4</td>
<td>5</td>
<td>Scale back action plan and move actions into 2023 until funding is allocated</td>
</tr>
<tr>
<td>Lack of committed resources from NPHIs</td>
<td>Commitment from a wider group of NPHI members (time and resources) is required to enable the success of the strategy</td>
<td>4</td>
<td>5</td>
<td>Review and EB to discuss mitigation measures. Identify reasons and solutions</td>
</tr>
<tr>
<td>Central capacity in the secretariat and diversity of management across initiatives</td>
<td>NPHI members can provide placements within the secretariat for those who are interested in having international experience and wish to benefit from being involved in IANPHI’s role within the international public health community.</td>
<td>3</td>
<td>5</td>
<td>Enable staff to be contracted or employed internationally.</td>
</tr>
<tr>
<td>NPHI member participation</td>
<td>Lack of participation from some members in the regional networks and unequitable partnerships in working groups exists</td>
<td>4</td>
<td>4</td>
<td>Scope and identify solutions to re-engage</td>
</tr>
<tr>
<td>Lack of external funding</td>
<td>Although there is funding and investment available for public health related matters on global and regional level there is a need for IANPHI to strongly position, create value and market itself to external partners and funders.</td>
<td>3</td>
<td>5</td>
<td>Proof of concept. Wider commitment from members to advocate, position and identify funding and donations.</td>
</tr>
<tr>
<td>Inequitable commitment and participation from HIC IANPHI member support to activities that can benefit LMIC’s</td>
<td>High income country (HIC) members have unilateral relationships with some Lower middle-income countries (LMIC) funded by international development funding. There is an opportunity for HIC members to provide multi-lateral support and advice to LMIC through secondments, shadowing, mentoring, joint guidelines, solution-based tools etc. The support for LMIC’s is a crowded space but often, focused on vertical programs. There may be a disassociation from LMIC to IANPHI and thus a missed opportunity to reduce disparities in these countries.</td>
<td>3</td>
<td>5</td>
<td>To ascertain needs of LMIC, HIC members to allocate dedicated activities to support LMIC.</td>
</tr>
</tbody>
</table>
Over the next five years, IANPHI’s work will be guided by its strategic vision as established by its
global membership. Our priorities reflect IANPHI’s core support to its members; a unique global forum
to develop lasting relationships, a network of experts to develop NPHI capacity, a wealth of public
health experience from across the globe, a unified voice promoting NPHIs and an agile network that
can accompany its members through change.

Achieving the five strategic priorities outlined in IANHI’s strategic plan will be the main measure of
success for the action plan. The key action points will guide IANPHI’s work, and this action plan will
ensure those goals are delivered.

The demonstration of measurable outcomes will be required to ensure that there is a return on the
investment, effort, and inputs supporting the delivery of the action plan. Success factors will include
IANPHI as an association to:

• have a diversity of membership that represents NPHIs around the world;
• impact global issues related to the mandates of public health institutes;
• build and strengthen NPHIs’ position and capabilities as key organizations on national, regional,
  and international platforms across public health issues;
• support NPHIs with tools to address health inequalities and inequities with a whole system
  approach;
• create a thriving community where peer interaction, research and collaboration develop shared
  knowledge and evidence into practice;
• build a new generation of public health leaders to take forward the mission and vision of the
  association.

The key to supporting the activities outlined in this document rests on the ability to scale up resources
and support within 2022-2023. The actions for 2023-2025 will include the core business of NPHI
strengthening and will build on the workplan for the thematic committees and regional networks.

To be successful in achieving the objectives agreed through the IANPHI strategy, will take a
collaborative approach from the Executive Board and IANPHI members that can only be delivered
with a strengthened IANPHI Secretariat. External partners will play a key role in enabling IANPHI to
demonstrate the impact on a global level it has through collective knowledge, evidence, and action.
This will build on the legacy the association has already established through numerous examples of
initiatives, tools and programs that have supported the strengthening of national public health institutes.
ACKNOWLEDGEMENT

The action plan could not have been developed without the generous time and support of the following:

- IANPHI Executive Board – which provided valuable insights and perspectives on developing the strategic vision into implementation and the priorities.

- IANPHI Strategy Working Group – which provided their valuable time and expertise generously on the many occasions of discussion and review to drive the development of the action plan:
  ◊ Chairs and Vice Chairs, IANPHI Regional Networks (Africa, Asia, Europe, and Latin America)
  ◊ Senior Advisor, IANPHI
  ◊ UK Health Security Agency
  ◊ Norwegian Institute of Public Health
  ◊ Fundação Oswaldo Cruz, Brazil
  ◊ IANPHI Secretariat (Santé Publique France, Paris)
  ◊ Santé Publique France
  ◊ IANPHI U.S. Office (Emory Global Health Institute, Emory University, Atlanta)

- External Partners – which were engaged in open discussion and consultation to ensure partnerships with IANPHI would advance through a targeted approach:
  ◊ Africa CDC
  ◊ Agency for Public Health Education Agency (APHEA)
  ◊ Association of Schools and Programmes of Public Health (ASPHH)
  ◊ Association of Schools of Public Health in the European Region (ASPHER)
  ◊ Bill & Melinda Gates Foundation
  ◊ Caribbean Public Health Agency (CARPHA)
  ◊ European Partnership for Health Equity (EuroHealthNet)
  ◊ World Health Organization, Europe

Finally, IANPHI would like to acknowledge the support of Ms. Sadaf Lynes, public health and health systems consultant, in developing and drafting this action plan with the above contributors.
LIST OF APPENDICES

Appendix 1 - Approach and Outcomes from Consultation
Appendix 2 - Types of Support and Contribution from NPHI Members
Appendix 3 - Action Plan overview
Appendix 4 - IANPHI’s Core Activities
Appendix 5 - Detailed Action Plan
Appendix 6 - Draft Communications Plan
Appendix 7 - Terms of Reference and Rules of Procedure for the Thematic Committees
Appendix 1 - Approach and Outcomes from Consultation

A working group was established to discuss and draft the action plan between mid-August to December 2022. The secretariat identified the composition of the working group, which includes representation from the regional networks and the Executive Board, as follows.

i. IANPHI Executive Board (1)
ii. IANPHI Regional Network Chairs or Vice Chairs (4)
iii. IANPHI Main Secretariat (2)
iv. IANPHI U.S. Office (2)
v. Senior Strategic Advisor to IANPHI

In addition, individual discussions were conducted with members and some partners identified by the secretariat to obtain a wide range of perspectives and views.

From these discussions there was consensus on the following points;

A. From Executive Board members and representatives

a) It is imperative that the ambition of the strategic plan is realized through a combination of strategically agreed activities that will deliver high impact.
b) The action plan is mission critical during 2022-23 and needs to recognize that an agile and proactive approach is essential to enable scaling of activities aligned with successful increase of resources.
c) IANPHI needs to identify 2-3 key themes for development initially and demonstrate outputs and outcomes through action plans with prioritized activities linked to impact.
d) The importance of translating ownership of the strategic plan into commitments and pooling of resources and expertise.
e) All members have a vested interest in making the implementation of the strategic plan a success. As a key enabler, more equitable contribution from members to supporting the mission and vision will be a critical success factor,
f) The association needs to optimize member engagement in regional networks and working groups.
g) Facilitated Peer-to-peer network, knowledge exchange and creating conduits supporting collaboration in research, capacity and capabilities building through unilateral or multi-lateral consortiums is essential to build a thriving learning environment.
h) Systems to support the Executive Board in their decision making for prioritization and endorsement of initiatives need to be implemented.
i) IANPHI needs to have a broad and innovative approach to secure funding and funding streams. This includes recognizing and building a case for investment with different major donors using broader public health areas as a springboard to distinguish the unique value that NPHIs bring to the wider development of systems and the determinants of health.

B. External Partners

There is wide recognition of the IANPHI’s value and contribution to global health and national public health systems. With the recognition of the crossroad that NPI’s find themselves due to the COVID-19 pandemic, there are opportunities to translate the value into action in areas that are linked to developing and strengthening public health systems. This can be made possible by actively exploring and agreeing programs of work. IANPHI needs to be more visible and demonstrate the ability to deliver in partnership programs as an association.

As a next step for IANPHI as an organization on a global platform there needs a consistent, clear message demonstrating the intrinsic value and distinguishing features of IANPHI. This needs to go beyond the unilateral and multi-lateral contributions that NPHI members already make to global and international programs.

There are key areas of critical need from external partners that align to the established and emerging workplans for IANPHI. Central to these are the areas related to pandemic preparedness, response and recovery system development and strengthening. The wider impact on society and health means that there are related opportunities to enable a contemporary public health workforce to engage in vertical, horizontal and matrixed programs. This requires careful consideration and perspectives to the skills required for public health professionals to navigate a multi-sectoral system.
# Appendix 2 - Types of Support and Contribution from NPHI Members

<table>
<thead>
<tr>
<th>Contribution</th>
<th>Type of activity</th>
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<tbody>
<tr>
<td>Time-limited in-kind support (dedicated time or resources)</td>
<td>Expertise on the peer review team for NPHI members</td>
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<td></td>
<td>Expertise to the development of guidelines and tools (lead, contribute, advise)</td>
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<tr>
<td></td>
<td>Expertise on projects with partners (lead, contribute, advise)</td>
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<tr>
<td></td>
<td>Sharing of guidelines, tools, best practice, policies</td>
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<tr>
<td></td>
<td>Hosting webinars, workshops and seminars</td>
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<tr>
<td></td>
<td>Hosting the annual general assembly</td>
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<tr>
<td></td>
<td>Secondment/placement of experts to the IANPHI secretariat</td>
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<tr>
<td></td>
<td>Secondment/placement to support the IANPHI secretariat</td>
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<tr>
<td></td>
<td>Representation of IANPHI at partner meetings and initiatives</td>
</tr>
<tr>
<td><strong>Medium to long term support</strong></td>
<td>Twinning support to an NPHI member</td>
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<tr>
<td></td>
<td>Mentoring and coaching young leaders</td>
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<tr>
<td></td>
<td>Shadowing, secondment and fellowship opportunities with sponsorship to public health professionals from lower-middle income member NPHIs</td>
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<tr>
<td></td>
<td>Chair or vice chair of the regional networks with administrative support</td>
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<tr>
<td></td>
<td>Chair or vice chair of the thematic committees with administrative support</td>
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<tr>
<td></td>
<td>Expertise on the thematic committees</td>
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<tr>
<td></td>
<td>Organizational representation on the focal points group</td>
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<td></td>
<td>Contribution to events organized by IANPHI (webinars, annual meetings as speakers, coordinators of session) or partners (technical meetings of WHO)</td>
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</table>
## Appendix 3 - Action Plan Overview (for details on the measurable KPIs, see Appendix 5)

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Activities</th>
<th>Milestones</th>
<th>Key Performance Indicator/s</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>NPHI Strengthening</td>
<td>Developing a framework for the creation and development of NPHIs</td>
<td>Consultation with NPHIs</td>
<td>Publication and dissemination</td>
<td>Adoption within professional bodies and NPHIs</td>
</tr>
<tr>
<td></td>
<td>Developing a Code of Practice</td>
<td>Disseminating widely the framework and code of practice to NPHI’ and stakeholders e.g., WHO, ASPHER</td>
<td>Publication in high impact factor journal/s</td>
<td>Capacity and capability building within NPHIs</td>
</tr>
<tr>
<td></td>
<td>Raise visibility and promotion of IANPHI</td>
<td>Wide dissemination on social media platforms, newsletter, email, website</td>
<td>Recognition and adoption by NPHIs</td>
<td>Empowering NPHIs in their mandate</td>
</tr>
<tr>
<td></td>
<td>Launch through regional networks</td>
<td></td>
<td>Recognition via downloads, queries and adoption</td>
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<tr>
<td></td>
<td>Case studies</td>
<td></td>
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</tr>
<tr>
<td>Staged Development Tool for NPHI Strengthening</td>
<td>Review, update and translation of the Staged Development Tool with an e-toolkit</td>
<td>Open access to NPHIs</td>
<td>Number of NPHIs using the tools</td>
<td>Strengthen capacity and capabilities of NPHIs</td>
</tr>
<tr>
<td></td>
<td>Staged Development tool application access and adoption</td>
<td>Sessions with NPHIs demonstrating the tool</td>
<td>Number of NPHIs integrating the toolkit into their operational/business plans</td>
<td>Empowering NPHIs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provision and training of the maturity matrix for NPHIs to use on a needs /annual basis</td>
<td>In-house SDT trainers in NPHIs or public health training departments/academies</td>
<td>Continuous agile learning, innovation, and improvement to deliver a contemporary NPHI</td>
</tr>
</tbody>
</table>
| Peer to peer evaluation | Increase the value of the peer-to-peer evaluation for NPHIs | Promotion and marketing of the peer-to-peer evaluation | Number of Peer-to-peer evaluations with written reports  
NPHI level action plans | Validation at governmental/ministerial level  
Strengthening of NPHIs  
Empowering NPHIs |
|-------------------------|----------------------------------------------------------|----------------------------------------------------|---------------------------------------------------|-------------------------------------------------|
| Collective intelligence, collaboration, and Learning | Establish a knowledge platform | Peer to peer network  
Lessons learnt  
Registry of contacts  
Registry of NPHI business plans  
Online discussion forums  
Research collaborations  
Increase involvement of women leaders | Number of users  
Number of active discussion forums  
Number of contacts being made  
Number of activities (collaborations, partnerships) from using the KP  
Increase in the number of documents being shared. | Peer to peer interaction, collaboration, scientific knowledge and evidence leading to reduction of health inequities and disparities  
Peer to peer interaction, collaboration, scientific knowledge and evidence leading to reduction of health inequities and disparities  
Peer to peer interaction, collaboration, scientific knowledge and evidence leading to reduction of health inequities and disparities  
Peer to peer interaction, collaboration, scientific knowledge and evidence leading to reduction of health inequities and disparities |
| Annual Meeting | To host the Annual Meeting and General Assembly | | 1. Convene planning group of IANPHI members, secretariat and US office. 2. Accredit with CPD points from APHEA. 3. Host pre-planned session that facilitates identification of areas of collaboration. | Collate and integrate within annual plan |
| Thematic Committees | Climate Change Committee  
Advocacy activities (leading and participation)  
Position papers on NPHIs’ role across areas related to the climate crisis | Committee established with terms of reference  
Action Plan developed  
Champions identified  
Webinars, talks and scientific exchange  
Approach key partners | Number of position papers outlining the role measures NPHIs towards climate change  
Advocacy to enable NPHI to deliver system-based solutions | NPHI centered system level implementation of solutions to tackle climate crisis and planetary health issues |
<table>
<thead>
<tr>
<th>Planetary health issues and impact tools and guidelines (food security and nutrition)</th>
<th>Integration of climate and planetary health goals in NPHI strategies and plan; Number of NPHIs implementing changes within their own organizations Adoption of working group guidelines and other papers (frameworks) by NPHIs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thematic Committees</td>
<td>Public Health Professional Development Committees</td>
</tr>
<tr>
<td>Thematic Committees</td>
<td>Pandemic Preparedness, Response and recovery Committee</td>
</tr>
<tr>
<td>Regional Networks</td>
<td>IANPHI Regional Networks</td>
</tr>
</tbody>
</table>
| Operating Model | Delivery of the strategy and core functions of IANPHI | Accountability: Clear reporting and accountability structures are established  
Process for approval and prioritization of initiatives through a prioritization framework is established.  
Frameworks for the regional offices and working groups are reviewed and updated.  
Targeted operational model for the association is developed and agreed  
**Financial:**  
Size /amount of IANPHI’s financial reserves is determined with a target for in-year income and funding  
Diversity of funding sources is identified and secured | Position papers | Delivery of the action plan |
| Governance Structures | Achieve the mission and vision of IANPHI  
To enable the delivery and implementation of the strategy | Ensuring resources and funding is available for the secretariat and IANPHI to execute their responsibilities  
Ensure resources and funding is available for the secretariat to fulfil their responsibilities | Essential board structures and processes are in place and function according to established policies and procedures | The board and the secretariat effectively deliver on strategic plan priorities |
<table>
<thead>
<tr>
<th>Organization</th>
<th>Strategy and Objectives</th>
<th>Support and Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>GSPN</td>
<td>Identify, enable and approve resources for the working groups, regional networks and other approved initiatives</td>
<td>Availability of adequate set of policies and procedures regulating board governance, regional networks, working groups and secretariat functionality. Monitoring, compliance, and evaluation of IANPHI’s structures.</td>
</tr>
<tr>
<td>WHO Hub for Pandemic and Epidemic Intelligence</td>
<td>Advocacy for strengthening the position of NPHI on global, regional and national level</td>
<td>Strengthen country and regional level health security systems.</td>
</tr>
<tr>
<td>WHO</td>
<td>Pandemic preparedness solutions</td>
<td>Strengthen country and regional level health security systems.</td>
</tr>
<tr>
<td>ASPHER</td>
<td>Public health professional development</td>
<td>Build a contemporary public health workforce.</td>
</tr>
<tr>
<td>CARPHA</td>
<td>NPHI strengthening, peer support. Capacity and sustainability development.</td>
<td>Strengthen country and regional level NPHIs.</td>
</tr>
<tr>
<td>ASPHH</td>
<td>PHD fellowships Joint training (skills development)</td>
<td>Build a contemporary public health workforce.</td>
</tr>
<tr>
<td>Africa CDC</td>
<td>Capacity and capability building Public health system strengthening Integrated decision making</td>
<td>Strengthen country and regional level NPHIs.</td>
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<tr>
<td>EuroHealthNet</td>
<td>Joint collaborative initiatives</td>
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<tr>
<td>Task Force for Global Health</td>
<td>Pandemic preparedness, response and recovery</td>
<td>Support in the strategic vision of the Task Force for Global Health. Raise the visibility and impact of IANPHI. Strengthen country and regional level NPHI’</td>
</tr>
<tr>
<td>Association of Schools and Programmes of Public Health</td>
<td>Fellowships Joint program to build capacity and capabilities</td>
<td>Raise the visibility and impact of IANPHI on developing capacity and capabilities of the public health workforce. Strengthen country and regional level NPHIs</td>
</tr>
</tbody>
</table>
Appendix 4 - IANPHI’s Core Activities

IANPHI Secretariat, U.S. Office and member NPHIs

- Advocacy
  - Essential Public Health functions (framework/guidelines and toolkits) for NPHI strengthening
- Knowledge Exchange, multi-lateral and peer support
- Collective intelligence (position papers/white papers, roadmaps, guidelines)
- Training, webinars, events
- Research Collaborations
- Partner Collaborations
# Appendix 5 - Detailed Action Plan

<table>
<thead>
<tr>
<th>Action Plan</th>
<th>Objective</th>
<th>Strategic Plan Details</th>
<th>Activities</th>
<th>KPIs</th>
<th>Outcomes</th>
<th>Composition</th>
<th>Senior Responsible Lead</th>
<th>2022</th>
<th>2023</th>
<th>2023-24</th>
<th>2024-25</th>
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<tbody>
<tr>
<td>14. Framework for Creation and Development of NPHIs</td>
<td>To understand NPHI capacity building needs</td>
<td></td>
<td>1. Review of the framework for the creation and development of NPHIs; 2. Alignment with IANPHI Essential Public Health Functions</td>
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<td></td>
<td>Robert Koch Institute, Norwegian Institute of Public Health, IANPHI Secretariat, US CDC, Robert Koch Institute, Norwegian Institute of Public Health, IANPHI Secretariat</td>
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<td></td>
<td>3. Staged development tool and audit for a clear audience</td>
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<td>Robert Koch Institute, Norwegian Institute of Public Health, IANPHI Secretariat</td>
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<td></td>
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<td>4. Inclusion of categories for associate members such as promotion of the evaluation tool, framework for the climate change Executive Board 2024-25</td>
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<td></td>
<td>IANPHI Secretariat, US CDC, Robert Koch Institute, Norwegian Institute of Public Health, IANPHI Secretariat, US CDC</td>
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<td>IANPHI Secretariat, US CDC, Robert Koch Institute, Norwegian Institute of Public Health, IANPHI Secretariat, US CDC</td>
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## Scoping Committees

<table>
<thead>
<tr>
<th>Committee</th>
<th>Chair and Vice Chair</th>
<th>Members</th>
</tr>
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<tbody>
<tr>
<td>IANPHI Secretariat, NPHI members, IANPHI</td>
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<td>IANPHI Secretariat, NPHI members, IANPHI</td>
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<td>IANPHI Secretariat, NPHI members, IANPHI</td>
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</table>
### Caribbean Public Health

**Schools of Public Health Association of (APHEA) Accreditation**

**Epidemic Pandemic and Recovery Response and Preparedness, Regional Networks**

**WHO Hub goals**

- Capacity building
- Increase regional presence and promotion
- Accredited WHO

**IANPHI’s role in Pandemic**

- Demonstrate IANPHI’s impact
- Proof of concept program to progress

**Raise the profile of IANPHI**

- Enable collaborative research and health professional workforce

**Strategic Plan**

- Professionalization of Public Health Workforce (to be developed and strengthened)
- Systems approach to strengthening of public health functions

**IANPHI joint collaborations**

- Joint collaboration on pandemic preparedness, response and recovery committee

**IANPHI grants**

- Global Affairs (IAKNPH) + BMGF

**IANPHI regional external partners through introduction to**

- Middle income NPHIs

### 2023-25

- **Q1 2023**
  - Support in the capacity, capability and reporting of NPHIs
  - Raise the visibility and impact of IANPHI

- **Q2 2023**
  - Support in the strategic vision of ASPHER
  - Strengthen country and regional level engagement for leaders etc.

- **Q3 2023**
  - Support in the strategic vision of the Task on developing capacity and capabilities of the NPHIs
  - Strengthen country and regional level

- **Q4 2023**
  - Support in the capacity, capability and KPIs
  - Raise the visibility and impact of IANPHI

- **2024-25**
  - Support in the capacity, capability and outcomes
  - Raise the visibility and impact of IANPHI

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**IAINPHI**

- **US Office**
- **IANPHI Secretariat**
- **IANPHI US Office**
- **IANPHI Committee members, IANPHI Secretariat, IANPHI**
- **IANPHI Chair and Vice Chair**
- **IANPHI Executive Board**
- **IANPHI Chair and Vice Chair**
Appendix 6 - Vision and Strategy for IANPHI Communications

Updated in June 2021

Vision for IANPHI Communications

IANPHI is recognized by members and global public health practitioners and policymakers as a leader and trusted partner for improving global public health. The global public health community understands membership in and partnership with IANPHI as a pillar of the global health system. The global public health community understands the role and impact of NPHIs at national and international levels.

IANPHI’s Communications Strategic Pillars

I. Communications Best Practices: Bringing up-to-date digital communication practices to our work

Support IANPHI’s strategic objectives by developing a comprehensive communications strategy, upgrading our communications infrastructure, and incorporating best practices in everything we do.

II. Building Community and Demonstrating our Effectiveness through Communications: IANPHI communications succeeds when it facilitates member communications objectives and demonstrates to key audiences how investing in NPHIs improves global public health. We will help strengthen NPHIs by fostering cooperation, collaboration and peer-to-peer capacity building efforts between members and partners.

Through our communications work, we will serve overall IANPHI strategic priorities, including strengthening the professional relationships within IANPHI’s unique global forum; harnessing and communicating the collective expertise of members to develop public health capacity globally; engaging, supporting and growing IANPHI’s diverse and unified membership base; supporting an agile association to support its members through change.

III. Advocate for NPHIs as Key Public Health Actors

By demonstrating the value and life-saving importance of NPHIs by communicating information about their work with key audiences, we can help elevate IANPHI’s position in the global public health community.

IANPHI’s Communications Strategy

I. Best Practices

1. Redesign IANPHI web site to create more awareness of IANPHI services, better understanding of membership benefits, and better understanding of our organizational intentions
a. Incorporate user feedback, site analytics, best practices to improve functionality the web site. Modify site navigation and architecture to make home page content more dynamic.
b. Elevate member contributions (Insider articles, helpful content from across NPHIs) to featured presence on site.
c. Renovate content and navigation or site “resources” page to keep it up-to-date and accurate.
d. Update and improve tools and resources, digital training materials.
e. Create site governance process to ensure content is correct and up-to-date.

2. Revise IANPHI Insider to make it the primary written source for NPHIs to learn about the activities of other NPHIs as well as IANPHI services
   a. Shifting to platform-agnostic publishing calendar to maximize ways and formats that people can read about the work of IANPHI and its members. Retain an offline-friendly Insider in digest-form, shift it in the production calendar so it’s a digest. Re-orient Insider content production to a digital calendar. Use social accounts to feed readers IANPHI Insider on the web.
   b. “Every email we send to our list is the Insider” Regardless of how we label them, any emails that come from us are judged by recipients for their relevance and quality. By emailing strategically and judiciously, and with a focus on maximizing the relevance of each email for recipients, we will increase engagement will all content we send.
   c. Audit and iterate –Insider content is sent to our audience in a way that we can measure, iterate and improve upon.

3. Digital Communications strategy that places IANPHI in the center of conversations by and about national public health institutes.
   a. Demonstrate IANPHI’s vital role in the public health community by regularly sharing its achievements with members, partners, donors and other important stakeholders.
   b. IANPHI will be a top resource for global public health leaders who want to learn about the work of national public health institutes. IANPHI will amplify the content of NPHIs and partners (“What Devex is for NGOs, IANPHI will be for NPHIs”) through our email, website and social media.
   c. Use digital and web-listening tools to monitor the social media activities of members and key partners. Amplify their key messages and communicate with them regularly to ensure they know we are doing so.

4. Keep growing IANPHI’s audience and increase its engagement by reaching out to stakeholders with paid social media campaigns to complement organic engagement.

5. Create and publish improved communications collaterals, including an introductory brochure and a report on the new IANPHI strategy. Develop a digital annual report (formatted for “print on demand”) highlighting our year accomplishments.

6. Create brand guidelines and update IANPHI branding materials for mobile web and social media use (ex. creating square version of the logo for use on social media)
II. Strength Through Community

1. Scale up member support services. Through a “members-only” communications network of national public health institute leaders to foster peer-to-peer engagement knowledge-sharing. Working group of NPHI leaders, rising NPHI leaders and subject matter experts will foster knowledge-sharing, networking, peer-to-peer support and collaboration in service of IANPHI’s overall mission.
   a. Build a digital communication working group that has regular participation from at least 15 NPHIs by August 2021.

2. Continue to develop a content strategy that positions IANPHI as a key resource for up-to-date public health information and a vehicle for peer-to-peer collaboration.
   a. Work more closely with members to solicit and share relevant stories and achievements across the network via IANPHI Insider
   b. Develop and host webinars on urgent topics (COVID-19) and foundational topics (ex. financial management best practices)
   c. Use communication platforms for objectives outside communication: Use the communication working group platform to build collaborative working groups for other NPHI functions (ex. financial management). Collaborate with partners such as Africa CDC, ASPHER, ASPPH and TEPHINET to complement their efforts and inter-organizational cooperation.

3. Support members on an as-needed basis to improve their communications skills, tools and strategies

III. Advocacy

1. Promote NPHIs successes highlighting their role and impact by sharing selected NPHI social media content on IANPHI’s social media channels and by sharing NPHI success stories in the IANPHI Insider and the IANPHI website

2. Create multi-channel communications campaigns to support promote and advance specific goals and issues that are crucial to NPHIs (ex. public health and climate change)

Addendum: Progress To Communications Goals

- IANPHI web site has been fully redesigned. Popular content (ex. member list) is more easily found. The News and Resources section highlights member work and publications.
- Digital publication strategy has more than doubled readership of IANPHI content across all digital channels. (see separate communications metrics report)
- Our communications working group launched in 2020 and includes 35 member institutes.

2021 Work Plan

January
Letter from the President

February
IANPHI Insider
Letter from the President
Communications Discussion Group Meeting (Measuring Campaign Effectiveness)

March
Letter from the President

April
2020 IANPHI Progress Report (production, publication and distribution)
IANPHI Insider
COVID-19 Webinar on Vaccination
Letter from the President
Start of the communications project with INSP Côte d’Ivoire (website)

May
COVID-10 Webinar on Heat Waves
IANPHI Strategy 2021-2025
IANPHI Insider
Start of the communications project with INSP Burkina Faso (COVID-19 campaign)

June
COVID-19 Webinar on Genomic Surveillance
IANPHI Insider
Letter from the President
Communications Discussion Group Meeting (COVID-19 Vaccine Hesitancy)

July
IANPHI Insider

September
Africa Network Webinar
Letter from the President
IANPHI Insider

November
COP26 / NPHIs and Climate Change communications campaign roll out
Webinar / launch session of the IANPHI Climate Roadmap at COP26
IANPHI Insider

December
IANPHI Annual Meeting
Special coverage of the Annual Meeting on social media
IANPHI Insider Special Edition reporting on the Annual Meeting
Letter from the President
Appendix 7 - Establishment of Committees: Terms of Reference and Rules of Procedure

I. Terms of Reference

1. The membership of the International Association of National Public Health Institutes (IANPHI) currently encompasses 110 institutions in 95 countries. The Association is governed by the General Assembly, the Executive Board and the Secretary General (Art. 8, IANPHI Statutes). Its activities are supported by a Secretariat and a US Office (IANPHI Internal Rule, Sect. VI). IANPHI’s organizational structure further includes four Regional Networks, each chaired by a national member (Art. 13, IANPHI Statutes).

2. Since its founding in 2006, the Association has continuously gained visibility and weight in the community of global public health organizations. IANPHI links national, on-the-ground capacity of NPHIs with the voice of a global network. Through this unique portfolio, the Association is increasingly consulted on scientific as well as strategic issues on the full spectrum of national and global public health. The Association has frequently been invited to participate in WHO, G7, G20, and partners’ strategic events, and it is considered to be an effective mechanism to organize peer-to-peer support and to facilitate the development of projects. Options are currently reviewed to formalize IANPHI’s relationship with the World Health Organization (WHO).

3. IANPHI responds to its expanding role with the establishment of Committees, in line with Art. 12.1 of the Association’s Statutes, which stipulates that Committees shall structure the work across the Association. Committees shall have an advisory role or be entrusted with defined decision-making power. They shall not have the right to legally engage the Association unless otherwise decided by the Executive Board.

4. The following Committees shall be established:
   - Essential Public Health Functions
   - Public Health Professional Development
   - Climate Change and Public Health
   - Pandemic Preparedness, Response and Recovery
   - Health Equity

Additional Committees may be created in the future depending on emerging needs.

5. IANPHI Committees shall facilitate the sharing of a growing workload and promote focused work on public health issues of global concern. Working through Committees with a global membership shall strengthen cooperation across IANPHI regions. Furthermore, by recruiting thematic experts from among its member institutions into Committees, the commitment of member NPHIs towards IANPHI’s activities shall be strengthened and broadened. A structured flow of knowledge and information between IANPHI and its members shall be fostered, and the expertise of NPHI staff thus be harnessed for the Association. Equally, thematic Committees shall be a resource for the IANPHI membership;

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6. IANPHI will make every effort not to duplicate thematic work done in other international associations and organizations. Instead, IANPHI Committees shall facilitate the establishment of permanent working relationships between IANPHI and relevant divisions of international and regional organizations. Committees shall closely cooperate with international and regional partners whenever possible and feasible, first and foremost with WHO. Specifically, Committees shall promote and engage in regular exchanges with WHO organizational units relevant to the Committees’ field of competence.

7. Without prejudice to the provisions of Rule 7 of the Committee Rules of Procedure, Committees shall establish their own work plans and set their agendas. Committee workplans and agenda shall be approved by the EB. Information contained in minutes of Committee meetings and in Committee reports to the Executive Board shall be included in the annual report of the Association.

8. Committees shall debate, prepare and publish, on behalf of the Association and through its governing bodies, statements and explanatory memoranda on public health issues of global concern. They shall debate and prepare statements on subject items in their field of expertise for the agenda of the Executive Board and of the General Assembly. Statements, conclusions, papers shall be approved by the EB prior to publication.

9. Committees may, in consultation with the Secretary-General and the Executive Board, commission research, organize field missions and peer-to-peer cooperation and hold hearings on subjects related to their field of competence. Committees shall review the implementation of and follow-up on those parts of the action plan for the IANPHI Strategy 2021-2025 which are related to the Committees’ thematic area.
II. Rules of Procedure

RULE 1 – CONSTITUTION

IANPHI Committees are established by the Executive Board in accordance with Article 12.1 of the Statutes.

RULE 2 – COMPOSITION

1. Every full and associate member institution of IANPHI may nominate a member for a Committee. Committees shall have a minimum of five titular members; the maximum membership shall be N titular members.
   1.1. Each Committee member shall name one substitute. The substitute shall have the same speaking rights as the titular member, but shall only vote in the latter's absence.
   1.2. The Members of IANPHI may designate former members of the Executive Board to follow the work of the Committees as honorary members. Honorary members shall not figure in the count towards the minimum or maximum number of titular members for a Committee.
2. Representatives of international organizations or individual experts may be invited by the Executive Board and the Chair to follow the work of a Committee as observers.

RULE 3 – ELECTIONS

1. Each Committee shall elect a Chair and a Vice-Chair from among the members of the Committee. Chairs and Vice-Chairs should have expertise and specialization as far as possible in the area of work of the given Committee.
   1.1. Chairs and Vice-Chairs shall be elected for a term of two years and may be re-elected for a further period of two years.
   1.2. When a Chair or Vice-Chair has served for four consecutive years, two years must elapse before that person may again be elected to the same Committee Chair.
   1.3. In order to ensure as far as possible a fair distribution of posts among the members of the Association, representatives of a member institution shall not simultaneously hold more than one post as Chair or Vice-Chair of Committees.
   1.4. Members of the Executive Board shall not simultaneously hold office as Chairs or Vice-Chairs of Committees.
   1.5. The posts of Chair and Vice-Chair shall normally be filled at a single election. Chairs and Vice-Chairs shall be elected or re-elected by an absolute majority of the votes cast. A separate vote shall be held by secret ballot whenever there is more than one candidate for the same post. In calculating the absolute majority, partially completed ballot papers shall be counted.
   1.6. The IANPHI Regional Networks shall coordinate among themselves so as to ensure, to the extent possible, an equitable distribution of the posts of Chairs and Vice-Chairs of Committees.
   1.7. Every effort shall be made to consider the principle of gender-balance and to encourage candidatures from most recent members of IANPHI as well as from members that do not hold other offices in the Association.
1.8. In case of resignation of the Chair of a Committee, or if the IANPHI membership of the institution to which the Chair belongs is suspended or terminated during the Chair’s term of office, the Chair’s duties shall be exercised by the Vice-Chair until such time as the Committee holds its next elections. A similar procedure shall be followed when the Chair of a Committee is elected to the Executive Board or to the Presidency or Vice-Presidency of IANPHI.

1.9. Chairs or Vice-Chairs who are absent for two consecutive meetings without a valid reason may lose their function by a decision of the corresponding Committee. In such cases, a new election will be held at the next meeting of the Committee to fill the respective vacancy.

RULE 4 – MEETINGS AND VOTES

1. The convocations of the Committees shall be drawn up by the Chairs. Committees shall hold a minimum of two meetings per annum.

1.1. The agenda of the Committees shall be communicated to all Committee members and to the IANPHI Secretary General at least 15 days prior to the meeting date.

1.2. Committee meetings can be held as virtual or physical meetings. Back-to-back-meetings with annual sessions of the General Assembly may be organized.

2. The Chair shall open, suspend and close meetings, direct the work of the Committee, see that the Rules are observed, call upon the speakers, put questions to the vote, make known the results of voting and declare the meetings closed.

3. The Vice-Chair shall act for the Chair of a Committee in the latter’s absence.

4. No proposal for an adjournment sine die shall be allowed on questions which the Committee has been instructed to consider and report on to the Executive Board or to the General Assembly.

5. A Committee may meet and deliberate irrespective of the number of members present. However, a vote may take place only if at least half of the Members of the Committee are present at the time of its opening.

6. Decisions of Committees shall be taken by a majority of the votes cast. In calculating the number of votes cast, only affirmative and negative votes shall be considered. In case of a tie, the proposal under consideration shall be considered as rejected.

6.1. The right to vote shall be exercised by the titular members or, in their absence, by their substitutes.

6.2. The Chair shall not be entitled to an additional or casting vote.

6.3. Decisions of Committees, with the exception of elections which are held in conformity with the provisions of Rule 3, shall be taken either by show of hands or by roll-call vote. The Chair shall in each case decide on the method of voting to be followed.

6.4. Results of votes by secret ballot shall be ascertained by two Tellers appointed by the Committee.

7. The Executive Board, in its first meeting of each year, may decide to dissolve Committees which have not conducted any meeting in the previous year.

RULE 5 – COMMITTEE BUREAU AND SECRETARIAT

1. The Chair and Vice-Chair of a Committee, together with the IANPHI Secretariat and the IANPHI Focal point, or support staff, shall form the Committee Bureau. Committee Bureaus shall meet at least
biannually to review the Committee’s work plans against the IANPHI Action Plan for the implementation of the IANPHI Strategic Vision 2021-2025.

2. Chairs and Vice-Chairs of a Committee shall be primarily supported by their institutions’ IANPHI Focal Points, or at least one other designated individual each at the Chairs’ or Vice-Chairs’ institution, and by the IANPHI Secretariat. Focal points and the IANPHI Secretariat shall form a Committee’s Secretariat.

3. Chairs and Vice-Chairs shall communicate to the IANPHI Secretariat, within four weeks after their election, the contact information of their IANPHI Focal Points or the designated Committee support staff at their institution.

4. The IANPHI Focal Point, or the designated support staff at the Chair’s institution, shall receive the documents, reports and draft statements and distribute them to the Committee members and to the IANPHI Secretariat. They shall prepare the provisional summary record of the meetings, which shall be circulated to all Members of the Committee before the following meeting of the Committee, when it will be submitted for approval at the opening sitting.

**RULE 6 – SELECTION OF SUBJECT ITEMS**

1. Any Member of IANPHI may submit a written proposal for a subject item to be discussed by a Committee. In addition to the written submission, the authors of proposals shall be invited to present them at the respective Bureau meeting.

2. A Committee shall decide on the subject item to be proposed for discussion at the next Committee meeting after hearing the recommendation of the Bureau.

3. Committees may be instructed by the Executive Board to study items included in the latter’s agenda, and prepare a report or statement.

**RULE 7 - REPORTING AND STATEMENTS ON BEHALF OF THE ASSOCIATION**

1. The Chair shall act as Rapporteur before the Executive Board. Chairs shall report on Committee meetings at the Executive Board meeting which follows the Committee meeting.

2. Committees shall appoint rapporteurs for each subject item. The appointment of rapporteurs shall consider equitable regional distribution and the principles of gender equality. Every effort shall be made to include young scientists among the rapporteurs.

3. Rapporteurs will prepare succinct, action-oriented draft statements, if applicable accompanied by an explanatory memorandum.

4. Following approval of the draft by the Committee’s Bureau, the IANPHI Secretariat shall send the draft statement and the explanatory memorandum to the Members of the Association for consultation. Members may propose written amendments to the draft statement no later than 15 days after receipt of the draft.

5. The Committee will finalize the draft statement and submit it to the Executive Board for adoption.

**RULE 8 - ADOPTION AND AMENDMENT OF THE TERMS OF REFERENCE AND THE RULES OF PROCEDURE**

6. Proposals for amending the Committees’ Terms of Reference and Rules of Procedure shall be formulated in writing and sent to the IANPHI Secretariat at least three months before the next meeting of the Executive Board.
7. The Executive Board shall adopt and amend the Committees' Terms of Reference and Rules of Procedure.

8. The IANPHI Secretariat shall communicate such amendments immediately to all Members of the Association.