When the directors of more than 30 national public health institutes gathered in 2002 in Bellagio, Italy, to talk about common issues and challenges, few could foresee where we would be just a few years later—launching the International Association of National Public Health Institutes (IANPHI), a landmark initiative funded by The Bill and Melinda Gates Foundation through Emory University to improve public health infrastructure and capacity globally.

What began as a mechanism for yearly meetings of NPHI directors has evolved in just a year into a robust alliance of members and partners working collaboratively on several fronts to improve global health by bolstering, linking, and advocating for the public health institutes of the world. In our first year of activity, we created a vibrant global network for knowledge sharing and information exchange, as well as a series of evolving regional activities. We initiated nearly 20 projects in low-resource countries to build and enhance NPHIs, and we published numerous reports and articles about NPHIs and what they do.

We have learned through these efforts about the great differences and similarities among NPHIs and have learned from each other about cutting-edge approaches to organizing, obtaining funding, and planning and conducting programs. We have gained recognition among the public health and donor communities, and we have started to understand and characterize the ways in which our membership collectively comprises a unique global resource for strengthening national public health capacity and diminishing collective vulnerabilities around the world.

Our distinctive peer-to-peer approach facilitates achievement of our two-part mission. First is helping low-resource countries develop or improve their NPHI capacity and infrastructure. Equally important is our focus on fostering an international network that links the assets and solutions of NPHIs around the world for the benefit of all.

As the past year has shown, achieving this mission requires us to work at several levels—defining the components that make up an NPHI, helping to develop the organizational structure and expertise needed for an NPHI to function, and fostering the regional and global public health infrastructure and solidarity that provide the context in which the world’s NPHIs operate and collaborate.

As we reflect, with a collective sense of achievement, on our inaugural year and the notable progress already made, we look forward to the challenges and opportunities of the coming years and the possibility of increased vigor and collaboration among the public health institutes of the world.
Fear of emerging infectious diseases, recognition of the toll of non-communicable conditions, and concerns about health-related losses in security and productivity are pushing countries to boost their capacity to identify, prevent, and ameliorate health risks in the population. This charge includes calls to improve public health functions like disease surveillance, outbreak response, and development of policies that serve as the underpinnings for each country’s health security as well as the health of the world. Much of the responsibility for answering these calls falls to national public health institutes, or NPHIs.

IANPHI—the International Association of National Public Health Institutes—is a global venture dedicated to strengthening public health capacity by strengthening and connecting NPHIs. The initiative was conceived in 2002 and was established formally in 2006 through a 5-year, $20 million grant from The Bill and Melinda Gates Foundation. Today, IANPHI links 50 NPHIs in an ambitious agenda of collaboration, service, and advocacy.

An NPHI is a science-based organization, or network of organizations, that provides national leadership and expertise for a country’s efforts to protect and improve health. Despite their diverse evolutionary paths, organizational structures, and core activities, NPHIs all provide basic public health functions that improve their countries’ efforts to address health challenges both within and beyond their borders. By consolidating their science-based public health functions in national public health institutes, countries achieve better leadership focus, more efficient use of funds, improved delivery of public health services, and increased capacity to respond decisively to public health threats and opportunities.

Despite the strategic importance of NPHIs, never before have the public health institutes of the world come together to share common experiences, consider opportunities for collaboration, and extend their expertise to low-resource countries with limited public health infrastructure. IANPHI meets this critical need—envisioning an integrated global network of strong and capable NPHIs taking action to address public health challenges.

With seed funding from The Rockefeller Foundation and a one-year planning grant from The Bill and Melinda Gates Foundation, we set out in 2006 to create IANPHI. We established an Executive Board and a Secretariat co-located in Finland and the United States, and began to build our team, define our mission, develop an operational plan, and identify targeted countries for membership and assistance. Our first Annual Meeting, convened in Rio de Janeiro in early 2006, brought together 39 NPHI directors representing our founding member institutes. A subsequent 5-year implementation grant from The Bill and Melinda Gates Foundation allowed us to launch our activities for 2007–2011.

IANPHI aims to optimize the delivery of essential public health functions and improve health outcomes worldwide through a global alliance of national public health institutes. We seek to improve the health of populations by:

- Working collaboratively with low-resource countries to develop or enhance NPHIs, and
- Supporting all of the world’s NPHIs by sharing information and approaches and promoting opportunities for collaboration and advocacy.
In 2007, our first full year of activity, we developed 17 projects to improve the capacity of individual NPHIs in low-resource countries. Our grant assistance model promotes peer assistance, sustainability, and leveraging from other donors. Short- and medium-term projects span the world’s geography and public health issues, from post-flood disease surveillance in Bangladesh to molecular epidemiology in Nigeria to chronic disease prevention in Colombia. Longer-term projects support the creation of NPHIs where none currently exist. Individually, each of these projects brings new energy and resources to our member institutes in low-resource countries. Collectively, they work to strengthen public health infrastructure and capacity at the regional and global levels.

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

THE YEAR IN REVIEW

**NPHI GRANT PROGRAM**

Over the past few decades, the investments of international agencies, foundations, and charities have helped disease-focused programs in low-resource countries reduce the burden of many major health problems. However, few donors have been willing to provide funds directly to national governments to strengthen public health infrastructure. Through its funding from The Bill and Melinda Gates Foundation through Emory University, IANPHI is spearheading a program to improve public health infrastructure in low-resource countries through direct grant support to NPHIs.

IANPHI’s grant portfolio has four focus areas: short-term technical assistance projects, medium-term capacity-building projects, long-term NPHI creation projects, and seed grants for NPHI research.

**Technical Assistance Projects**

In 2007, IANPHI funded seven short-term projects to help countries quickly resolve priority gaps in NPHI capacity and infrastructure and to support regional and topic-specific IANPHI initiatives.

**Bangladesh: Institute of Epidemiology, Disease Control & Research (IEDCR)**

Approximately 14 million persons have been displaced or stranded by recent floods in and around Dhaka, Bangladesh, and damage to and destruction of water systems have led to large outbreaks of gastroenteritis. IEDCR is studying the prevalence of gastrointestinal infections and the source and quality of water used for drinking, washing, and bathing. Findings will guide the Government of Bangladesh in devising new systems for monitoring gastrointestinal disease and reducing morbidity and mortality from large and potentially catastrophic floods.

**Thailand: National Institute of Health**

As Thailand’s focal point for laboratory diagnosis and disease surveillance, the National Institute of Health has major responsibility for and concerns about biosafety. The institute used IANPHI funding to send two laboratorians to Emory University for
BSL-3 training. Upon their return to Thailand, the trainees assumed responsibility for the institute’s biosafety activities.

Uganda: Uganda Virus Research Institute (UVRI)
To increase its contributions to public health in Uganda, UVRI will develop and execute a 5-year strategic plan and increase sustainability by establishing a computer-based resource center, forming new partnerships with other government departments responsible for public health functions, and developing a formal scientific advisory council to set priorities and identify opportunities. Project funds will also support development and enhancement of biosafety, financial, and grants management systems. UVRI’s partners in these endeavors are the U.S. CDC and the UK’s Health Protection Agency.

Ethiopia
IANPHI provided funding for a technical assistance site visit to assess public health infrastructure in Ethiopia, with an emphasis on disease surveillance and laboratory activities.

Brazil: FIOCRUZ
With its extensive expertise in institutional development and strategic and operational planning, FIOCRUZ is keen to support the Portuguese-speaking countries of Africa and its Latin American neighbors in increasing national public health capacity. To that end, FIOCRUZ organized two intensive peer-assistance planning sessions for public health leaders from Guinea-Bissau and Mozambique to assist in development of 5-year strategic plans for NPHI creation (Guinea-Bissau) and enhancement (Mozambique).

United Kingdom: Health Protection Agency (HPA)
In collaboration with IANPHI, HPA convened a workshop on the public health impact of international sporting events. Building on the experience of countries that have been involved in these events, the goal was—for the first time—to distill and share lessons learned by identifying the public health issues associated with a high-profile mass gathering and the public health benefits that might be derived from preparing for and conducting such an event. The outcome will be a “toolkit” of resources for countries that are hosting, or bidding to host, an international sporting event and for the NPHIs that are supporting these efforts.

Iran: Institute of Public Health Research (IPHR)
Managing the effects of disasters is a public health priority for Iran, the sixth most disaster-prone country in the world. Shortages of well-trained response teams limit disaster management at all levels—policy, planning, and field operations. IPHR provides some generic training, but recent experience has documented the need to adapt the programs to Iran’s health system and disaster conditions. With the assistance of national and international experts, IPHR is designing a sustainable training program on disaster management and risk reduction targeted to three audiences: policymakers and top managers, middle-level managers and coordinators, and health practitioners and staff.
Capacity-Building Projects

The four medium-term projects initiated in 2007 are designed to help existing NPHIs address high-priority needs over a period of up to three years.

Colombia: Instituto Nacional de Salud

INS is increasing its focus on chronic diseases, a major and growing public health problem in Colombia. However, without national capacity to generate timely and relevant information about determinants, risk factors, and interventions, the country lacks a science base for public health action. To bridge the gap between information and policy development, INS is building on a local initiative for prevention of chronic diseases and promotion of healthy lifestyles in the Andean city of Pasto. INS will establish a pilot study site to generate, collect, and disseminate chronic disease data using multiple mechanisms. The project will not only increase technical capacity at the local level but also develop and evaluate a system that can be replicated country-wide. These activities will ultimately yield a sustainable network of surveillance and research sites to guide national-level decision-making. Partners include the Public Health Agency of Canada and Canada’s International Development Research Centre.

Nigeria: Nigerian Institute of Medical Research (NIMR)

NIMR is on the front lines in controlling infectious diseases in Africa’s most populous country. In the past year, the institute established a specialized laboratory to improve TB case-finding, coordinated schistosomiasis and onchocerciasis control programs, and trained >1,500 personnel in management of HIV/AIDS. NIMR will use IANPHI funds to establish a TB molecular epidemiology laboratory, a priority need for the country’s TB prevention and control efforts.

Central America, Dominican Republic, & Mexico:
Instituto Nacional de Salud Pública (INSP)

INSP recognizes the importance of global public health and of shared learning internationally to solve problems, especially those of the poverty-ridden populations of Mexico’s southern states neighboring Central America. This project aims to build capacity in Mexico, Central America, and the Dominican Republic for South-South collaboration in public health, especially in epidemiologic surveillance and outbreak investigation.

Tanzania: National Institute for Medical Research (NIMR)

Tanzania aims to strengthen the country’s integrated disease surveillance and response system by incorporating priority non-communicable diseases. Data and information generated through the system will enable NIMR to increase public health awareness about chronic conditions and plan and implement targeted prevention programs.

NPHI Creation Projects

Long-term funding of up to 5 years is directed to low-resource countries that have some public health infrastructure but lack an NPHI. The primary goal is to help these countries create NPHIs. Planning for long-term projects is underway with colleagues in Malawi, in partnership with the Norwegian Institute of Public Health, and in Guinea-Bissau, in partnership with FIOCRUZ.
Research Seed Grants
During 2007, IANPHI also dispersed funds for the first group of seed grants for collaborative NPHI research. These include a study by the Uganda Virus Research Institute on strains and prevalence of rotavirus in children under age 5, a project by Cuba’s NPHI to improve influenza surveillance, and a Bandim Health Project in Guinea-Bissau to evaluate changes in malaria epidemiology and consequences for control policies.

NPHI Benchmarks and Tools
As part of our efforts to strengthen global public health infrastructure, IANPHI has embarked on an effort to characterize and establish an organizational identity for NPHIs. This activity has three main components.

Framework and Toolkit for Creating and Developing NPHIs
In 2007, IANPHI published the landmark Framework for the Creation and Development of NPHIs. By describing—for the first time—the Core Attributes, such as facilities and human and financial resources, and the Core Functions that help define NPHIs, this document organizes thinking about NPHIs and provides a shared language and construct for discussing, assessing, and supporting their development.

Complementing the Framework is the NPHI Toolkit, an on-line resource guide for strengthening and creating NPHIs. The Toolkit provides ready access to a variety of web-based information resources for countries, NPHIs, and IANPHI peer-assistance teams. In addition to indicators, protocols, and guidelines related to the core NPHI functions, the Toolkit includes general epidemiologic and statistical materials, tools for enhancing NPHI infrastructure and linkages, and country-specific data and profiles. The Toolkit is an evolving resource that IANPHI will continue to modify and adapt to meet users’ needs.

IANPHI Member Surveys
To address the lack of data about NPHIs and support the efforts of countries in creating and enhancing NPHIs, IANPHI conducts annual surveys of member institutes. The 2007 survey, which focused on NPHI infrastructure and activities, documented the heterogeneity of IANPHI’s members and the many successful models for the organization of national public health systems. This “snapshot” of NPHIs is envisioned as an early step in a long-term strategy to develop a consistent understanding of the organization and functioning of these critical global public health resources.

Contributions to the Literature
Key to drawing attention to and increasing support for the public health institutes of the world is IANPHI’s contribution to the knowledge base about NPHIs and the functions they perform. For example, the October 2007 issues of the British Medical Journal and Emerging Infectious Diseases featured commentaries by IANPHI colleagues arguing for provision of donor funding directly to national governments to strengthen public health infrastructure and highlighting the role of NPHIs in achievement of global health initiatives. An article in the November 2007 issue of the South African Medical Journal describes the challenges and opportunities that NPHIs in Africa face in performing and coordinating public health functions.
NPHI LEADERSHIP AND ADVOCACY COMMUNITY

In today’s world, multi-national, regional, and global linkages and networks are particularly important, given the propensity of public health problems to cross borders and the efficiencies that result when countries share information and solutions. IANPHI provides opportunities for NPHIs to participate in networks that encourage linkages among countries that are geographically or linguistically similar, struggling with similar technical issues, or developing research or programs to address specific problems.

In 2007, we fostered community building and leadership development at our annual meeting in Beijing and annual training program at KTL in Helsinki. Through our website, newsletter, and regular updates, we provide communication channels to capture and share the collective contributions of our members and partners.

In addition to these centralized activities, a series of regional events are providing valued opportunities for interchange. We collaborated with FIOCRUZ in 2006 to sponsor a meeting of NPHIs from Portuguese-speaking countries. This gathering determined NPHI priorities and yielded a dynamic partnership between IANPHI and FIOCRUZ to jointly fund a project in Guinea-Bissau. These collaborative “South-to-South” efforts have provided a unique IANPHI model for alliances in other regions.

Building on this success, we partnered again with FIOCRUZ in 2007 to host a meeting of NPHI directors from South and Central America. The event yielded country assessments and a plan for advancing collaboratively. Based on the findings, FIOCRUZ and IANPHI are identifying countries in the region where NPHIs can be strengthened or new ones created. European Union NPHIs also met in 2007 to share experiences and plan collaborative initiatives.

LOOKING AHEAD

During our first year, IANPHI launched an ambitious agenda of collaboration, assistance, resource development, and advocacy. We linked with member NPHIs and partners around the globe—raising awareness about the public health institutes of the world and the critical functions that they perform and collaborating with colleagues to plan and implement peer-assistance projects and initiatives.

During the coming year we will continue to expand our membership and partnership networks and operationalize our shared vision. We are launching a second round of projects and have a growing list of exploratory opportunities for future NPHI development. We will continue to promote the activities of our members and provide opportunities to recognize their contributions.

As we learn more about our member NPHIs, we have come to recognize and value their diverse attributes. Our planning will account for this heterogeneity and strive to make our programs, materials, and supports specific enough to be useful and flexible enough to be relevant to all. Through partnerships with key global health entities, including WHO, we will continue our work to ensure that NPHIs are considered in major global health initiatives and that public health and the activities of NPHIs are included in efforts to strengthen health systems around the globe.

We thank all of our members and partners for their continued support of IANPHI.
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Bangladesh  Institute of Epidemiology, Disease Control & Research (IEDCR)
Belgium  Scientific Institute of Public Health
Brazil  FIOCRUZ
Canada  Public Health Agency of Canada
Chile  Instituto de Salud Pública
China  Chinese CDC
Colombia  Instituto Nacional de Salud
Croatia  Croatian National Institute of Public Health
Cuba  Institute of Tropical Medicine Pedro Kouri
Czech Republic  National Institute of Public Health (SZU)
Denmark  Staten Institut for Folkesundhed
Estonia  National Institute for Health Development
Finland  National Public Health Institute (KTL)
France  National Institute of Health & Medical Research (INSERM)
Germany  Robert Koch Institut
Guinea-Bissau  Department of Planning & Cooperation, Ministry of Health
Hong Kong  Centre for Health Protection
Hungary  National Center for Epidemiology
Iceland  Public Health Institute of Iceland
Indonesia  Center for Family Welfare
Iran  Institute of Public Health Research
Ireland  Institute of Public Health in Ireland
Italy  Istituto Superiore di Sanità
Japan  National Institute of Public Health
Kenya  Kenya Medical Research Institute
Mexico  Instituto Nacional de Salud Pública (INSP)
Morocco  Institut Pasteur du Maroc
Mozambique  National Institute of Health
Netherlands  National Institute for Public Health & the Environment (RIVM)
Nigeria  Nigerian Institute of Medical Research (NIMR)
Norway  Norwegian Institute of Public Health
Pakistan  Faculty of Community Medicine, College of Physicians & Surgeons
Panama  Instituto Conmemorativo Gorgas de Estudios de la Salud
Portugal  Instituto de Higiene e Medicina Tropical; National Institute of Health
Russia  National Research Center for Preventive Medicine
Serbia  Institute of Public Health of Serbia
Slovenia  Institute of Public Health of the Republic of Slovenia
South Africa  National Institute for Communicable Diseases
Spain  Instituto de Salud Carlos III
Sweden  National Institute of Public Health
Tanzania  National Institute for Medical Research (NIMR)
Thailand  National Institute of Health
Turkey  Refik Saydam Hygiene Center
Uganda  Uganda Virus Research Institute (UVRI)
United Kingdom  Health Protection Agency (HPA)
United States  Centers for Disease Control & Prevention (CDC)
Vietnam  National Institute of Hygiene & Epidemiology (NIHE)
ATTRIBUTES
National scope of influence
National recognition
Limitations on political influence
Scientific basis for programs and policies
Focus on the major public health problems affecting the country
Adequate human and financial resources
Adequate infrastructure support
Linkages with key organizations
Accountability

FUNCTIONS
Evaluation and analysis of health status
Public health surveillance, problem investigation, and control of risks and threats to public health
Prevention programs and health promotion
Social participation in health
Planning and management
Regulation and enforcement
Evaluation and promotion of equitable access to necessary health services
Human resource development and training
Quality assurance in personal and population-based health services
Public health research
Reduction of the impact of emergencies and disasters on health
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Improving global health by bolstering, linking, and advocating for the public health institutes of the world.

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

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