IANPHI is in a unique position to improve worldwide public health. Here, President Pekka Puska highlights how the Association’s evidence-based international framework is utilising the experience and expertise of its member national public health institutes to strengthen health systems across the globe.
In what context was the International Association of National Public Health Institutes (IANPHI) founded?

Around 15 years ago, Dr Jeffrey Koplan, who was the previous Director of the US Centers for Disease Control and Prevention (CDC), and myself – I was at that time Director-General of the Finnish National Public Health Institute – started discussing why there was so little connection between national public health institutes in the world. For example, when I started working for the World Health Organization (WHO) in Geneva in 2001, they did not have any lists of NPHIs.

Consequently, Koplan and I organised planning meetings with other institute directors and, eight years ago, we invited a large group of directors and national public officials to Rio de Janeiro, Brazil, to formally establish IANPHI. A constitution and bylaws were adopted and Koplan was elected as the first President and myself as Vice-President. The initial Secretariat office was set up here in Helsinki, Finland, at the National Institute for Health and Welfare (THL). Since then, we have held annual global meetings and organised many other activities.

How did you come to be President and what do you enjoy most about your role?

Koplan and I have a long friendship. After he served two full three-year terms, I was asked to consider the position of President, and was consequently elected.

I think IANPHI is an interesting organisation that is uniting global health efforts. The world is becoming smaller and it is becoming increasingly important for countries and their institutes to share experiences and work together. It is exciting to see how, even though cultures and political atmospheres are different in disparate parts of the world, the basics of public health – diseases, risk factors and the approach to disease prevention and control – are much the same.

What is IANPHI’s mission and vision?

IANPHI’s mission is to bolster global public health capacity by strengthening and linking the world’s NPHIs. Therefore, IANPHI has two practical missions. One is exchanging information and experience between existing institutes – it is very helpful when institutes that have the same kind of problems share information and experiences, and support each other. The second mission is to help countries, particularly in the developing world, who do not have an institute – or only have a very small one – to establish or develop their own. These are the specific ways we contribute to global health.

Why is connecting the world’s public health organisations so important for supporting and improving global health capacity?

I think the key phrase is institutional capacity. Health is not only becoming more important but also more complex and challenging to governments and ministries of health. Governments in political charge need more and more continuous, comprehensive and balanced expertise. Universities are important for conducting research but their expertise is dependent on professors that come and go. Ministries of health increasingly need continuous professional institutional support for monitoring the health situation, providing expertise where needed and delivering various expert functions; so that is the key. One of the main aims for any country is to strengthen institutional public health capacity.

IANPHI timeline

2006 IANPHI was launched with a US $20 million grant from the Bill & Melinda Gates Foundation

2007 Seventeen projects were developed to improve the scope of NPHIs in low-income countries

The Framework and Toolkit for creating NPHIs was published

2008 Membership grew to more than 60 institutes

2010 Increases in membership led to a total of 76 NPHIs and associate members

2011 Ten long-term institute support projects were funded and developed

Membership grew to 79 NPHIs and associate members in 74 different countries, supplying benefits to 79 per cent of the global population

The Bill & Melinda Gates Foundation donated a $6 million grant to facilitate collaborative efforts with the CDC in capacity building projects in four low-income countries

2012 Membership totalled 86 NPHIs and associate members in 77 countries

The developing world receives an increasing amount of health aid but this generally involves one foundation or agency giving money to a specific, restricted project like a vaccination programme. They hire their own staff and implement the programme while the country’s government just looks on as an outsider. Many of course are helpful, but what is really needed is more balanced and comprehensive local institutional support. That is what we believe in and governments seem to find it important.

How is IANPHI fulfilling that aim?

IANPHI is not an aid organisation. We share experience, information and expertise within our (nearly 90) member institutes via the web, meetings and consultations. In addition to our base money from membership fees, we have also received significant support from the Bill & Melinda Gates Foundation. This money has been used in seed projects to work with a number of countries and their institutes to enable expert missions that stimulate development and growth.
Currently, what are the most significant global health problems? What steps is the Association taking to tackle these prevalent issues?

Chronic noncommunicable diseases (NCDs) are becoming the biggest global public health problem. Therefore, interest is building in countries and institutes all over the world to broaden their scope to include these diseases. This has already happened in developed countries like Finland and the US, so we are helping institutes further afield to expand their capacity to this modern burden. Traditionally, institutes have monitored infectious disease outbreaks, but now they increasingly require support and experience on how to monitor chronic diseases and their risk factors.

Monitoring is a very important part of the work that most institutes are undertaking. Gathering information on the health situation of a particular country is not something you can do with a single university study, it has to be a process, so that one is one of the key roles of any NPHI.

The other transition taking place is that many institutes that started as routine laboratories are now shifting much more from routine work to expertise. This means providing the government and society with continuous capability in public health issues. Something which is now taking place, and that IANPHI has also promoted, is to merge smaller institutes together with the outcome of more balanced work, stronger infrastructures and more effective help to governments. Many larger countries have several institutes dedicated to different areas, such as infectious diseases, health promotion, cancer, etc.

IANPHI helps support research into diseases such as HIV/AIDS, influenza, malaria and tuberculosis in developing countries. How has this aided understanding and treatment of these diseases?

These are big problems and significant areas of focus for most institutes. Our strength is that we cover institutes across the globe and work with tens of thousands of experts internationally, so sharing this experience is a priority, and this is what we have been doing with HIV, avian flu, malaria and so on. IANPHI is sharing information and discussing these topics at meetings with experts, but we have also had small projects and more seed money dedicated to particular development projects for institutes in low-income countries. It is surprising and pleasant – also for our donors and stakeholders – to see how much good you can do with a relatively small quantity of seed money.

Is the organisation contributing to resolving the current global Ebola crisis?

IANPHI has facilitated a very active exchange of information between institutes regarding Ebola, relating to guidelines and how to deal with suspect cases. Our website provides information that we share with our institutes, which is greatly appreciated by our members.

The key question for a country is: how should we prepare ourselves for this crisis? To have the international experience and guidelines is extremely valuable. IANPHI’s last annual meeting in Morocco, which is not so far from the badly affected areas, included many discussions on this topic. We have also been in contact with WHO to supply specific help to the institutes in and around the affected areas, gathering a coalition to help those member institutes in particular.

Looking forward, how do you envisage the Association evolving?

The need for stronger expertise and institutional support will continue to grow so I think our institutes are in a very strong position. Of course, politics vary sometimes, money is tight and budgets are cut, but I am quite optimistic that, as a whole, institutional support is growing in each country. That means there is a growing need for the network we provide. IANPHI has good partnerships, which seem to be flourishing, with WHO, the World Bank, the International Agency for Research on Cancer and the World Federation of Public Health Associations to name but a few. I see that it has potential to be even stronger.