

Annual Meeting of International Association of National
Public Health Institutes
Atlanta, 31 October-3 November 2010

Development of the National Public Health Institute (INASA) in Guinea-Bissau



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Background

- Established – September, 2009 (IANPHI & FIOCRUZ); SP 2008-11
- Integrating 5 public health institutions



Main public health challenges

- Health problems (Communicable diseases, emerging diseases)
- Maternal & child mortality
- Human resources (quantity, quality, distribution & motivation)
- Management, organizational, political instability
- Infrastructure
- Cultural & behavior

Main public health functions & outcomes to date

Monitoring & evaluation (HIS)

Restructuring & decentralization

Epidemiological surveillance

Referral laboratory



Evaluation (IANPHI); mentorship project (UFRJ/Brazil)



Infrastructure; integration; consultancy (IANPHI); attraction & retention HR

Training

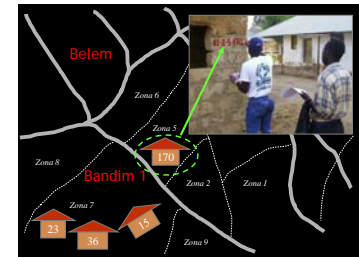
- Nurses, midwives
- CV revision
- Training of tutors



Information & communication

- Support to MoH
- BVS

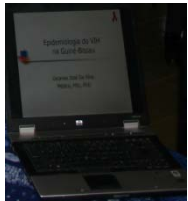
Research



DSS, research & training; Setting priorities

M&E, HIS

HIS: Pilot in 4 regions



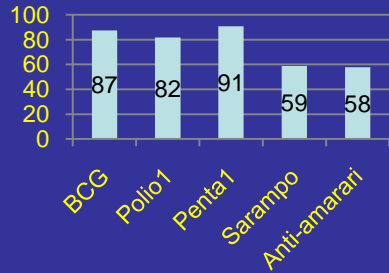
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- Completeness-100% vs 88%
- Timeliness- 100% vs 60%

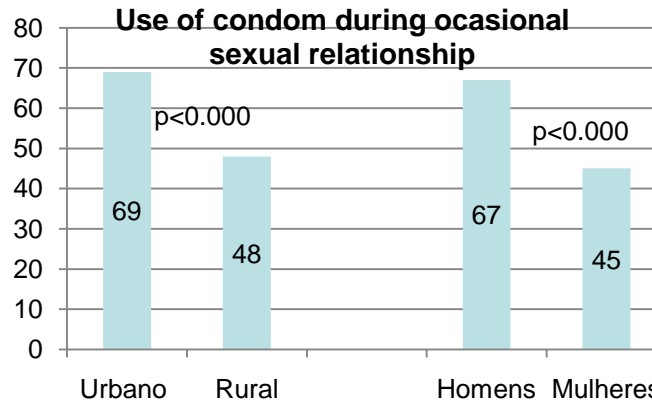
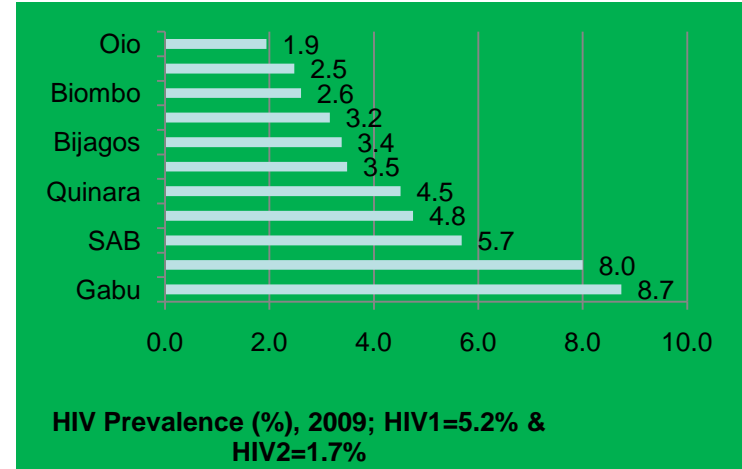


Vaccination coverage, < 1 yr age, Jan-Jun/2010



- Expand to all regions
- Data audit

Operational studies & surveys



- 59% (2010) vs 33% (2006); RR=1.83; IC:1.66-2.02; p<0.000

Sexual workers:
 -39% HIV
 -25% did not have condom

PARTNERSHIP

- **COHRED:** evaluation of the impact of research in GB & priority definition; IEC
- **WHO, IANPHI:** LNSP
- **WB, GFAMT, Spain, UNICEF:** EPID, HIS
- **DK, EU, LSHTM, TDR, INDEPTH, MRC/The Gambia:** Research & post grad. training
- **IHMT/PT:** management & accountability
- **China, BAD (OMS), FIOCRUZ:** NSH

Potential long term outcomes

- Feed the gap in HRH (nurses, midwives)
- Prompt reaction to health problems at different levels of HS (outbreak, other)
- “Referral functions” - qualified public health staff (laboratory, epidemiology, biostatistics, health economics)
- Culture of deciding/making policy based on evidence