

CASE STUDY

Case Series on Providing a Legal Framework for a National Public Health Institute: The Guinea Bissau Experience

National Public Health Institute of Guinea Bissau (INASA)

Guinea Bissau's National Public Health Institute (INASA) was formally established on August 26, 2010. The creation of INASA was the culmination of over a decade of effort that had been interrupted by war and political shifts.

Critical Aspects of the INASA Decree-Law and Statutes

INASA is defined as having its own juridical personality – it is financially, technically, legally, and administratively autonomous. It is governed by a General Council, a collective body that has authority to approve INASA's annual plans, accounts, budget, and activity reports. It “works under the tutelage of the Ministry of Health.”

INASA has “patrimonial autonomy,” which means it controls its property. For example, it can create regional centers. The President of INASA is named by the Council of Ministers, in response to a proposal by the Minister of Health. The only stated requirement is that the President have a doctorate in medicine or a related field.

Financial resources come from three major sources: appropriations from the state budget, revenues from services, and donations and grants from other institutions. Among INASA's responsibilities are developing a national research agenda and conducting research, providing recommendations for prevention measures to the Ministry of Health, providing laboratory reference services, and workforce training.

Legal Mechanism Used

INASA was established by Decree-Law No.12/2010, passed by the Cabinet Council and signed into law by the

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President. The statutes of INASA describe key aspects of the organization, such as its functions and governance. These went into effect with passage of the Decree-Law and publication in the Official Bulletin of Guinea Bissau.

Lessons Learned in Creating the Decree-Law

- High-level political support was critical for INASA's formation. The frequent turnover of Ministers delayed INASA's creation for many years.
- INASA was created by merging several pre-existing and fragmented groups and functions, not all of which had been in the Ministry of Health. Developing a plan that would achieve the desired outcomes and addressed the resistance to INASA among some parties required extensive negotiation and hard work. For example, the National School of Public Health, which trained public health workers, midwives, laboratory technicians, and other public health workers, had been under the Ministry of Education. Although it became part of INASA, many of its existing ways of operating were left intact.
- The support of other NPHIs in developing INASA was critical. Having a Lusophone NPHI – Fiocruz – involved was particularly helpful. Fiocruz and Mozambique's INS helped develop the first strategic plan and the statutes of INASA, respectively.
- While the President of INASA is appointed by the Council of Ministers for a term of five years, the basis under which the President can be removed is not stated, which means that decisions can be made to change leaders on political or other grounds.

We thank Drs. Augusto Paulo Silva and Amabelia Rodrigues for their assistance in developing this case study. Dr. Silva had been Secretary of State/Deputy Minister of Health in Guinea Bissau and a long-time champion of creating an NPHI, and Dr. Rodrigues was the first President of INASA.

NATIONAL INSTITUTE OF PUBLIC HEALTH (INASA)

CHAPTER I NATURE, TASKS AND COMPETENCIES

ARTICLE 1 (Definition)

1. The National Institute of Public Health hereinafter referred to as INASA, is a scientific institution of planning and implementation of the National Health Policy and the National Policy for Education in the health sector.
2. INASA is an institution with its own juridical personality, endowed with technical, administrative, financial and patrimonial autonomy, with headquarters in Bissau, being able to create regional centres under its dependence.
3. INASA works under the tutelage of the Ministry of Health
4. The following constitute financial resources of the National Institute of public health:
 - a) Budget appropriations from the State Budget, pursuant to article 41 of the decree establishing it;
 - b) Revenues generated by its own services;
 - c) Donations and grants from personalities or foreign, national or international institutions;

ARTICLE 2 (Attributions)

INASA general attributions are:

- a) Coordinate and oversee the definition of National Research Agenda for health and implementation throughout the national territory;
- b) Carry out scientific research on the health issues that contribute to the reduction of morbidity and mortality of the population and disseminate their results;
- c) Recommend to the MoH prevention measures for disease control relevant to public health, measures to be met by the public, private and community sector;
- d) Provide laboratory reference services to the National Health Service programs in the prevention and control of communicable and non-communicable diseases;
- e) provide scientific and technical training in the areas under its competence;
- f) contribute to the development and evaluation of programs and appropriate technologies relevant to public health;

- g) based on agreements of collaboration with the Directorates-General of the MoH, particularly with the Directorate-General for Prevention and Health promotion, carry out studies concerning the evaluation of health programs, proposing eventual revisions and improvements for decision-making;
- h) Encourage multidisciplinary and multi-sectoral research activities and promote the strengthening of the national research capacity in health sciences.
- i) Provide qualified advice and consultancy to the programs of prevention and control of diseases, to normative and technical bodies of INASA management;
- j) Develop epidemiological research, clinical, health services and in biological and social sciences applied to the health of the mother and child;
- k) Promote research, teaching activities and technical cooperation and technological development aimed at the preservation of the environment;
- l) participate in the formulation and implementation of National Health Policy and the National Policy for education in the area of health
- m) Propose communication strategies for health in collaboration with other health-promoting institutions

Article 3 (Goals)

The objectives of INASA are namely:

- a) Generate, absorb and disseminate scientific and technological knowledge in health to provide strategic support to the national system of health and contribute to the improvement of the quality of life of the population and for the full exercise of citizenship;
- b) Promote and carry out health research under the basis of the priorities set by the National Research Agenda;
- c) Encourage research in health system as an instrument for the definition of health policy
- d) Form and train human resources for health, science and technology;
- e) Ensure the multisectoral and multidisciplinary scientific research, through related research institutions and other bodies of recognized technical competence

Article 4 (Competence)

For the fulfillment of its tasks, it is up to INASA to:

- a) Investment of interest to carry out the prevention and control of diseases relevant to public health, including communicable and non-communicable diseases;
- b) Develop, standardize or assess technologies applied to prevention and disease control;

- c) Serve as a reference laboratory to programs for disease control and prevention, including the obligatory notification in public and private institutions;
- d) Implement studies in partnership with other national and international institutions, about problems of common interest in public health and develop reference laboratory functions;
- e) Carry out Intra-and extra-mural activities of scientific and technical training, postgraduate, to levels of higher and average technical and professional education and participate in undergraduate training of mid-level and higher levels of education in training institutions;
- f) Promote e coordinate national development activities of research in health science, particularly through institutional strengthening and scientific upgrading of national technicians;
- g) Coordinate with national and international scientific institutions, as well as international agencies for development support in order to promote technological transfer of knowledge, training and the upgrading of national researchers and technicians;
- h) Edit the magazine and the Guinean health collection and organize health visits and other actions aimed at the production and dissemination of scientific information.
- i) Facilitate access by health professionals and the public in general to scientific and technical information across the Organization and development of specialized services.

CHAPTER II
Organic System
Section I
Structures

Article 5
(Bodies)

INASA has the following structure:

- a) General Council
- b) Board of Trustees
- c) President of INASA
- d) Scientific Council
- e) Supervisory Board

Section II
COMPETENCE AND FUNCTION OF INASA's STRUCTURES

Subsection I
Article 6
(General Council)

1. The General Council of INASA is a collective body with deliberating powers on INASA general policy;
2. The General Council is composed of the:
 - a) President of the General Council
 - b) President of INASA;
 - c) President of the Scientific Council;
 - d) Director of the Centre for Management and Institutional Development;
 - e) Director of the Centre for Epidemiology and Community Health (Bandim Health Project);
 - f) Director of the National Laboratory of Public Health;
 - g) Director of the Centre for Tropical Medicine;
 - h) Director of the Centre for Information and Communication for health;
 - i) Director for the National Health School;
 - j) Representative of Universities in the country;
 - k) Representative of the National Studies and Research Institute
 - l) Representative of the National Institute for Education Development;
 - m) Representative of the National Institute of Statistics;
 - n) Representative of the National Biodiversity Institute;
 - o) Representative of the National Institute of Agricultural Research;
 - p) Representative of the National of Applied Technological Research;
 - q) Representative of the Centre of Applied Fishing Research;
 - r) Representative of the Youth Institute;
 - s) Representative of the Institute of Women and Child;
 - t) Coordinator of Communicable Diseases Program;
 - u) Coordinator of Mother and Child Health Program;
 - v) Coordinator of the Environmental Health and Non Communicable Diseases;
 - w) Coordinator of Health System Development Program
3. The coordinators listed in subparagraphs t, u, v, and w are the INASA.
4. The president of General Council will be a Ministry of Health Staff preferably technician in the health area, appointed by decree of the Minister of Health, for a period of 3 years.
5. The general council meets in regular session twice a year and extraordinarily walk by its chairman, or the chairman of INASA, with at least half of its members.

6. The deliberations of the General Council are taken by consensus or, where that is not possible, by an absolute majority of the members present.
7. Members of the Executive Board participate in discussion and voting, except when it comes to voting on proposals submitted by the governing council to the General Council.

Article 7 (General Council Functions)

Are the functions of General Council:

- a)** Consider and approve annual plans and program of INASA;
- b)** Approve annual accounts and activities reports;
- c)** Consider and approve annual budget of INASA;
- d)** Require external evaluation of the institution and pin down its goals;
- e)** Decide on changes in organic structure, according to the development and needs of the institution, and consider the proposals for the creation of research units and assigning laboratorial reference functions.
- f)** Consider and approve the regulation of professional careers and the staff establishment of INASA;
- g)** Elect, upon proposal of the President, the Chairman of the Supervisory Board;

Article 8 (President of General Council)

The President of the General Council shall inform, whenever necessary, the Ministry of Health about the general situation of INASA and to this effect, presenting it the program, plan, budget and annual accounts report, approved by the general council, and other information deemed important for better oversight by the ministry.

Subsection II
Article 9
(Governing Board)

1. The Governing Board of INASA is composed of:
 - a. President of INASA;
 - b. President of Scientific Council;
 - c. Director of Central Management and Institutional Development;
 - d. Director of Center of Tropical Medicine;
 - e. Director of Center of Epidemiology and Community Health/PSB (Bandim Health Project);
 - f. Director of National Public Health Laboratory;
 - g. Director of Health Information and Communication for Health;
 - h. Director of National Health School.

2. At the discussion and approval of the Governing Board program, annual plan and budget, it will take part, the National Public Health Laboratory, The Centre for Tropical Medicine, The School of Health and the National Center of Epidemiology and Community Health/PSB.

Article 10
(Competence)

Is the competence of the Governing Board of INASA, under the direction of President:

- a. Preparing the program, the annual plan and budget and the annual accounts and activities reports and present them to the General Council for discussion and approval;
- b. Decide on the signing of agreements and protocols of cooperation with other national and international organizations.

Article 11
(Appointment of Direction)

1. President of INASA is named in the Cabinet Council on a proposal by the Minister of Public Health, among doctorates in medicine or related fields.
2. The remaining board members are appointed by the Minister of Public Health, at the proposal of the President INASA by a hazard of five years.

Subsection III
Article 12
(Competence of President of INASA)

1. The President of INASA is the governing body of the institute, being responsible for the direction and coordination of all activities of institution.
2. Also incumbent upon the President INASA:
 - a. Preparing the proposal of the program, annual plan and budget and present it to the Governing Board;
 - b. Exercise disciplinary authority over all personnel of INASA;
 - c. Propose to the General Council changes to the organizational structure of INASA;
 - d. Perform all other duties not covered in the competencies of other organs, namely the General Board and the Supervisory Board.
3. For the preparation of the program, annual plan and budget, the President of INASA prompts a mini-program plan and budget for each of the following units:
 - a. National Public Health Laboratory;
 - b. Center of Tropical Medicine;
 - c. National Health School;
 - d. Center of Management and Institutional Development;
 - e. Centre of Epidemiology and Community Health;
 - f. Center for Information and Communication for Health.

Subsection IV
Article 13
(Competence of Scientific Council)

1. The President of the Scientific Council, directs and coordinates the scientific activities of the Ethics Committee of the Centers and Research Units and Service Units.
2. The Scientific Council comprises de following services:
 - a. Coordination of Communicable Diseases;
 - b. Coordination of Environmental Health and Non-Communicable Diseases;
 - c. Coordination of Health Systems;
 - d. Centre of Epidemiology and Community Health / PSB;
 - e. Center for Tropical Medicine;
 - f. National School of Health;
 - g. National Laboratory of Public Health;
 - h. Center of Management and Institutional Development.
3. Is the competence of Scientific Council:
 - a. Appreciate, reviewing and monitoring protocols for scientific research;
 - b. Promote opportunities for the discussion of research results and technical-scientific subjects;
 - c. Appreciate technical and scientific development and staff training programs;
 - d. Appreciate technical and scientific cooperation programs with national and foreign institutions;
 - e. Organize Days of Health and other similar events.

4. The INASA exercise even through the Scientific Council, a power of superintendence over the following technical and scientific units, as part of its program and plan
 - a) Center of Epidemiology and Community Health (Bandim Health Project)
 - b) Nacional Laboratory of Public Health (Laboratorio Nacional de Saude Publica)
 - c) Center of Tropical Medicine
 - d) Center of Information and Communication in Health
 - e) Center of Management and Institutional Development

Subsection V
Article 15
Financial Council

The financial department composed of President, Vice-President, Secretary, assistant secretary and two other members.

Article 16
(Competency)

1. Responsibilities of Financial Department
 - a) Appreciate the functionality of financial management
 - b) Check the budget of expenses
 - c) Dispatch the report about expenses and activities to Main Department
2. On any occasion requests, will be given to the supervisory board details about the financial management, access to books or any accounting records.

Chapter III
Advisory and technical bodies

Article 17

INASA consists of adviser organ, the National Ethics Committee for Health

Article 18
(Ethic Committee)

The National Ethics Committee for Health responsibilities:

- a) Encourage researchers for biomedical field and the general public about the principles and values that command research on humans and animals, as well the nature of ethical problems that are attached to them also the solutions that must be considered.
- b) Judge on proposed research protocols for their researchers to ensure the protection of communities, humans and even animals for experimentation when subjected to biomedical research or other.
- c) Cooperate with the National Bioethics Committee for Health in their activities.

Article 19
(Independence and functionality)

The Ethics Commission is independent in its deliberations, and its composition and functioning in own fixed rules proposed by the scientific council and approved by the governing board.

Chapter IV
(Final Provisions)

Article 20

INASA will developed and submitted to the approval of the ministry of health, within six months after the promulgation of this Diploma, rules of their organs.

Article 21
(Subsidiary rules)

The doubts arising in interpretation, and the application of this statute shall be resolved by order of the minister of health.

Article 22
(Transitional provision)

While the National Research Council for Health and the National Council of bioethics are being created, their functions and tasks will be ensured by INASA.