



STRENGTHENING

PUBLIC HEALTH INSTITUTES

PROGRESS REPORT 2014 - 2015

IANPHI



WHAT WE DO

The International Association of National Public Health Institutes links and strengthens the government agencies responsible for public health. IANPHI improves the world's health by leveraging the experience and expertise of its member institutes to build robust public health systems.

OUR MEMBERS

90+ members from 82+ countries (and growing), benefiting more than 5 billion people on 4 continents.

WHAT IANPHI DOES

IANPHI is the only organization that strengthens NPHIs using an evidence-based international framework for NPHI development. Its unique peer-to-peer model, supported by targeted investments, leads to long-term national self-sufficiency. Since 2006 our investments have measurably improved capacity in nearly 50 countries.



WHY IANPHI IS IMPORTANT

IANPHI's work helps countries build the national capacity needed to respond decisively to public health threats including Ebola, influenza, TB, HIV/AIDS and non-communicable diseases.

HOW YOU CAN HELP

IANPHI's peer-to-peer model has led to impressive returns on investment for its donors. Join IANPHI members, the Bill and Melinda Gates Foundation, the Rockefeller Foundation, HDR Architects, Design 4 Others, bilateral donors and others who have provided generous financial or technical support to IANPHI.

90⁺
NPHI Members

82
Countries

\$56.4 million
money leveraged to support low-resource member NPHIs



SAVING LIVES WITH PUBLIC HEALTH INSTITUTES

Since the establishment of IANPHI in 2006, our vision has been to strengthen the **collaboration among national public health institutes** (NPHIs) and to contribute to global health, especially by helping low- and middle-income countries to strengthen or establish NPHIs. IANPHI represents a remarkable **global network** of institutions and their public health professionals whose contributions are key both to their member countries and to public health at the global level.

As we establish our plans and goals for 2015 and onward, we recognize the major changes taking place in global public health today. The epidemiological transition shows the great growth of non-communicable diseases (NCDs), which are now responsible for two-thirds of the world's deaths. At the same time, infectious diseases remain problematic and many, like Ebola, present **new challenges**. Likewise, many traditional public health problems related to nutrition, child and maternal health, and health emergencies still need strong attention.

With a commitment to **saving lives** through national public health institutes and a **strong network** of over 90 member institutes, IANPHI reaches all corners of the globe to address public health challenges and improve people's lives worldwide.

— Dr. Pekka Puska,
President, IANPHI

LOOKING FORWARD: DEVELOPMENT GOALS

Our team at the Mexican National Institute of Public Health welcomes the responsibility of hosting the IANPHI Secretariat 2014-2016, together with our counterparts at the Paris and Atlanta IANPHI Offices.

IANPHI's mission to **bolster global public health** capacity is still a much-needed one. We foresee a horizon full of opportunities. Global public health challenges are diverse and complex, and although progress has been made toward achieving the 2015 UN Millennium Development Goals, there is much to be done to fully accomplish this pledge. The average human life expectancy at birth has reached 70 years, but wide inequalities remain. Infectious diseases continue to ravage vast regions. Infant and maternal mortality rates have not substantially decreased.

Wealthier industrialized countries also undergo public health challenges. Overcoming these requires **commitment** and **unity of purpose**. We all need to realize that the robustness of our network and the strength of our collective wisdom rely on the contributions of each and all.

— Dr. Mauricio Hernández-Avila
Secretary General, IANPHI



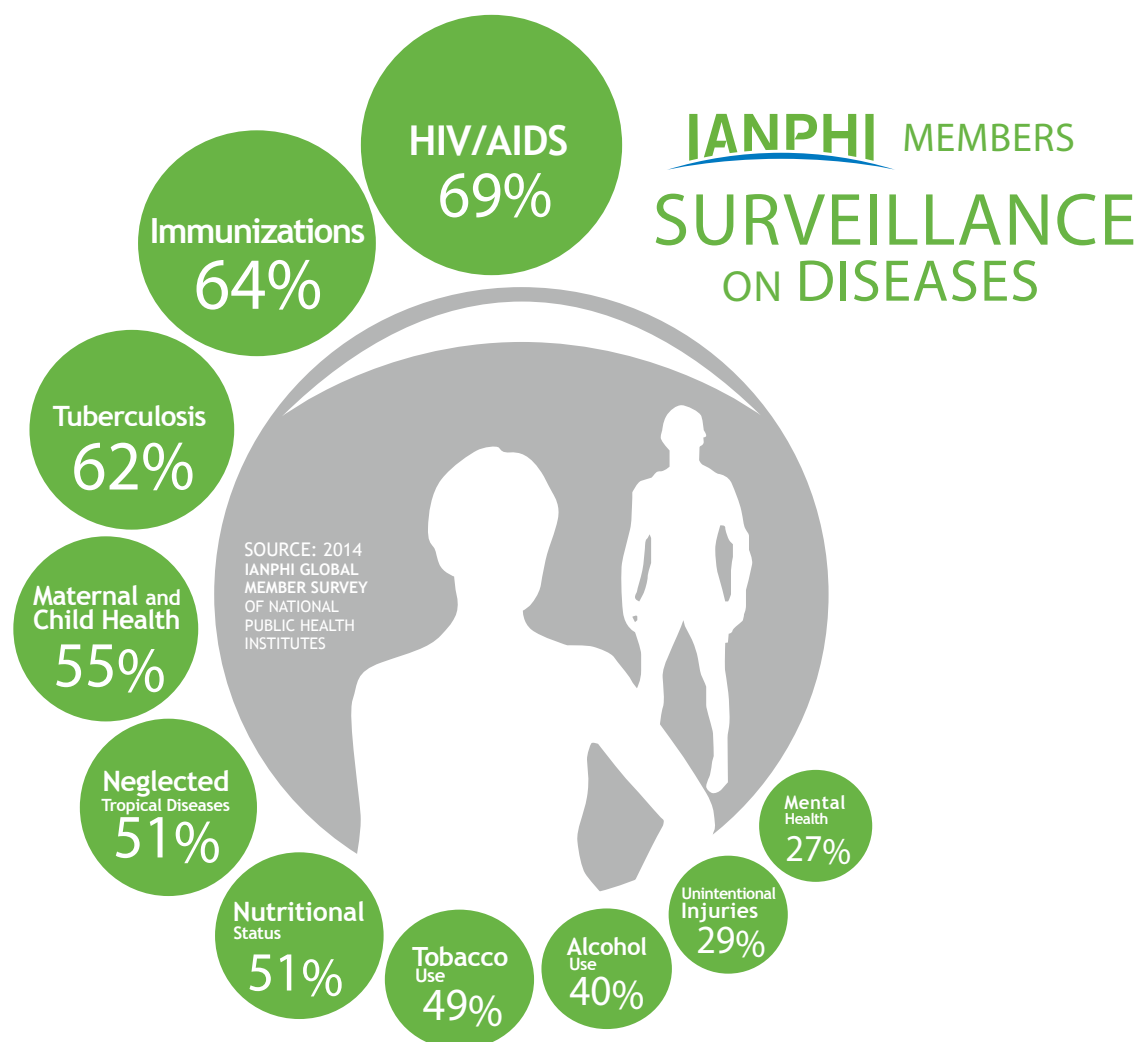
WHAT NPHIs DO

Focus and Value

National Public Health Institutes (NPHIs) focus on the major public health problems affecting a country. They use scientific evidence as the basis for policy implementation and resource allocation and are accountable to national governments and the public. Their key functions—including disease surveillance, detection, and monitoring; outbreak investigation and control; health information analysis for policy development; research; training; health promotion and health education; and laboratory science—are particularly critical in low-resource nations.

82% NPHIs report substantial surveillance on infectious diseases

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NPHIs Give Countries:

- A **focal point** for developing and strengthening their national public health system
- Increased **technical capacity** to better respond to major causes of disease, death and disability
- **Skills** to deliver public health programs for HIV/AIDS, TB, malaria, vaccine-preventable diseases and chronic diseases
- A long-term **strategic plan** for an evidence-based, sustainable system that addresses major public health challenges
- A strategic approach to meeting the requirements of the **International Health Regulations** and national and regional regulations, and increased capacity to respond decisively to public health threats and opportunities including avian influenza, SARS and other emerging infections
- A **career home** for a cadre of locally educated **public health experts**: the workforce needed to prevent and control disease outbreaks
- **Evidence-informed** policy development and public health program execution

200% increase in IANPHI membership since 2006

67%

of NPHIs are committed to empowering their citizens through health promotion & prevention education

13

NPHIs created or in progress since 2006 through IANPHI investments

76%

of member NPHIs provide assistance in outbreak response

RESOURCES

Policy and Networking

IANPHI LEADERSHIP ACADEMY

In a unique new program that links experienced NPHI directors and public health experts with emerging public health leaders, the IANPHI Leadership Academy's inaugural session in 2014-2015 will bring together two- and three-person executive teams from seven lower-resourced NPHIs. Participants, named as "Heymann Fellows" in honor of longtime public health leader David Heymann, will share experiences and learn from senior NPHI experts during two week-long sessions hosted by NIH Mozambique and NIMR Tanzania. In addition to providing personal leadership development tools, workshops will focus on institutional leadership strategies for NPHI executive teams. The initiative is funded by the Swedish Institute of Public Health and the Bill and Melinda Gates Foundation.

HEYMANN MENTORSHIP PROGRAM

A key component of IANPHI's long-term investment projects is the Heymann Mentorship Program, funded through a generous gift from Dr. David Heymann, which brings together established public health leaders with rising public health professionals in low-resource countries. Jointly-determined areas of focus for these long-term relationships include mentoring, problem-solving and professional skills enhancement.



ANNUAL MEETING

The scientific meeting provides opportunities for NPHI directors to share experiences and expertise, discuss common issues, and plan for future collaborations. In addition to robust scientific benchmarking and technical sessions, the meetings are rich settings for developing professional and institutional linkages.

FRAMEWORK FOR THE CREATION AND DEVELOPMENT OF NATIONAL PUBLIC HEALTH INSTITUTES

The IANPHI 'Framework,' developed in partnership with WHO and other organizations and approved by IANPHI's members in 2007, defines NPHIs, describes their core attributes and functions and provides a basis for assessing NPHIs and a roadmap for their development.

ASSESSMENTS

IANPHI's unique "NPHI Evaluation Tool" was created to support high-level, technical assessments for NPHIs. In addition to conducting NPHI assessments through international teams (including an assessment of China CDC), the Evaluation Tool is being used by institutes to measure their own capacity.

TOOLKIT

An online toolkit, with regular contributions by members, provides members with models, documentation and resources including strategic plans, legislation and organizational charts developed by existing NPHI. Many countries have successfully used these resources to develop their own institutes.

523

web pages of resources on the IANPHI website including NPHI organizational charts, strategic plans, legislation, framework, surveys, publications & funding

17

NPHI Strategic Plans

74%

of IANPHI members conduct strategic planning

12

countries represented at the 2014 IANPHI Leadership Academy

LEARNING FROM EACH OTHER

One of IANPHI's distinctive features and strengths is a peer-assistance approach that facilitates the sharing of expertise and experience among member NPHIs.

For the network of IANPHI members the model provides unique opportunities to link with other NPHIs that are geographically or linguistically similar or struggling with comparable technical or programmatic issues.



Norway & Malawi

Acting on a strong conviction that public health doesn't stop at its own borders, the Norwegian Institute of Public Health (NIPH) is partnering with the newly-established Public Health Institute of Malawi (PHIM). During a February workshop near Oslo, PHIM leaders worked with Norwegian colleagues to develop a strategic plan and action items for the formal establishment of PHIM including legislative documents and priorities for funding. The capacity-building initiative will include three main focus areas: developing PHIM's public health surveillance, disease prevention, and response systems; developing the public health reference lab; and exchanging knowledge and best practices on communication, financing, and NPHI administration.

resulted in recommendations for immediate improvements. In addition to short-term solutions, the team developed longer-term recommendations on infrastructure, software, procedures, and training. IPM has generously pledged continuing support and mentoring to colleagues in Togo, as well as help in identifying other partners and donors to support implementation of the information systems plan.

Uganda & England

The Uganda Virus Research Institute (UVRI) has spent the past 80 years protecting and promoting the health of the people of Uganda including extensive support for the HIV-AIDS epidemic and engagement in outbreak investigation and case confirmation during outbreaks of Ebola and other diseases. To increase science-based decision-making in the country, and public awareness of the need for scientifically-backed policies, UVRI is working with Public Health England (PHE) on strategies to boost the visibility of its research findings and to transform research to policy. A PHE communications team visited UVRI to conduct an in-depth needs assessment, and together with UVRI staff developed a dynamic communications

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International NPHI-
to-NPHI Partners

- Bolivia
- Brazil
- Canada
- Cape Verde
- England
- France
- Kenya
- Malawi
- Morocco
- Mozambique
- Norway
- Peru
- Portugal
- Togo
- Uganda
- United States

Togo & Morocco

Strengthening information systems is an important priority for every NPHI. Under the leadership of Professor Mohammed Hassar, director emeritus of Morocco's Institut Pasteur (IPM), a twinning partnership with Togo's National Institute of Health (INH) aims to strengthen capacity and linkages between both institutes. An IPM team's visit to Togo to assess the INH's current information system

strategy. PHE is helping UVRI set its objectives in motion and is laying the foundation for a long-term mentoring relationship between the two IANPHI member institutes.

Canada & Kenya

As a supportive partner of Kenya's new Directorate of Preventive and Promotive Health Sciences (DPPHS), the Public Health Agency of Canada (PHAC) is hosting a delegation from the DPPHS to learn more about the decision-making process that led to PHAC's creation, the political and policy considerations in the establishment of the Agency, and how the Agency works with public health stakeholders at the regional, provincial, and community levels. The study tour is also a way to help DPPHS's leadership learn how other NPHIs are structured and how to optimize integration of core public health functions and use of limited public health resources.

Cape Verde & Portugal

What began as an incipient idea at a meeting in 2011 has become a reality: Cape Verde's

National Institute of Health (INSP) was established in January 2014. With the cooperation and technical assistance of national public health institutes FIOCRUZ Brazil and IHMT Portugal, subsequent strategic planning and organizational support from IANPHI, and collaborative assistance from Brazil, Portugal, and Peru, a plan for Cape Verde's INSP was developed, and the institute is eager to begin implementing the plan to meet the public health needs of the people of Cape Verde.

Bolivia & Peru

Peru's director Cesar Cabezas (an IANPHI executive board member) is committed to sharing experiences and knowledge with Bolivian colleagues. Peru will provide technical assistance as Bolivia assesses its public health system and develops a strategic plan and priorities for improving the functioning and interaction of various areas including laboratory diagnosis, disease surveillance and research. A long-term twinning relationship is envisioned with expert

exchange, training, and other activities funded by IANPHI.

Mozambique & Brazil

With a focus on disease surveillance, outbreak investigation, laboratory science and research for informed public health decision-making, Mozambique's National Institute of Health is in the process of transforming into a comprehensive NPHI. IANPHI enlisted the technical assistance of FIOCRUZ Brazil for the project, and since 2006 the two have worked in close partnership. Through their cooperative efforts, the NIH has completed a strategic plan for the new institute, as well as plans for a new facility for the institute's work, which were further developed by IANPHI and Design 4 Others, a non-profit laboratory team at HDR Architects. The NIH has begun to implement the action items for establishing the new institute, and the new NPHI facility will open in 2016. Brazil continues to support Mozambique's NPHI through training and technical assistance.

OUR GLOBAL REACH



LEADERSHIP

IANPHI's Secretariat is based at the National Institute of Public Health of Mexico (INSP), and the Institute for Public Health Surveillance (InVS) of France, with a U.S. Office at Emory University's Global Health Institute.

The IANPHI Executive Board provides oversight from respected leaders of national public health institutes.

IANPHI EXECUTIVE BOARD 2014

PEKKA PUSKA

President, IANPHI
Former Director, National Institute for Health and Welfare
Finland

MWELE MALECELA

Vice President, IANPHI
Director, National Institute for Medical Research
Tanzania

JEFFREY KOPLAN

Immediate Past President, IANPHI
Vice President for Global Health, Emory University
Former Director, U.S. CDC
United States

IGBAL ABUKARIG

Director, Public Health Institute
Sudan

REINHARD BURGER

President, Robert Koch Institute
Germany

DAVID BUTLER-JONES

Director, Public Health Agency
Canada

CESAR CABEZAS

Director, National Institute of Health
Peru

L.S. CHAUHAN

Director, National Center for Disease Control
India

MAURICIO HERNÁNDEZ-AVILA

Director, National Institute of Public Health
Mexico

ILESH JANI

Director, National Institute of Health
Mozambique

MARIS JESSE

Director, National Institute for Health Development
Estonia

AMHA KEBEDE

Director, Public Health Institute
Ethiopia

MAHMUDUR RAHMAN

Director, Institute of Epidemiology, Disease Control and Research
Bangladesh

REGIONAL NETWORKING

In addition to peer-to-peer partnerships, IANPHI's 90+ members have developed strong regional networks. With support from IANPHI and local leadership, these networks in Africa, Europe, and South America provide resources for NPHIs in each region to learn from each other's experiences, build capacity, and collaborate to respond to regional public health challenges.

South America The Network of National Public Health Institutes of the Union of South American Nations (RINS-UNASUR) aims to “contribute to the development of the capacities and potential of the institutes as a means to render more effective health policies.” RINS-UNASUR, led by NIH Peru and FIOCRUZ Brazil, conducts a bi-annual meeting as well as peer-to-peer partnerships, fostering ongoing collaboration among institutes.

Africa Established in 2013, the IANPHI Africa network is based at NIMR Tanzania and facilitates the coordination, interaction, and cooperation among African national public health institutes.

Europe Since 2006, the directors of European national public health institutes, coordinated by the IANPHI President's office at THL-Finland, have met annually to discuss IANPHI-related, region-specific public health topics; address project collaboration possibilities; and exchange current news from the member institutes.



RINS-UNASUR.org



IANPHIAfrica.org



IANPHI.org/eu



BUILDING NPHIs

ETHIOPIA

From Research Institute to NPHI

The Ethiopian Public Health Institute (EPHI) – established in January 2014 from the former Ethiopian Health and Nutrition Research Institute (EHNRI) – is breaking new ground as the country's legally mandated national focal point for public health. The change reflects the Institute's expanded leadership role in public health research, emergency management, and laboratory science. The move to create EPHI by the Ethiopian Council of Ministers is the culmination of years of development of the Institute and advocacy by EHNRI leadership and partners for improved coordination of public health activities.

With responsibility and authority for aggregating and centralizing public health functions within Ethiopia and promoting health security, EPHI is better positioned to achieve major national health goals and improve health outcomes for the country's population.

As a key partner in the evolution toward NPHI creation, IANPHI leveraged expertise and experience from member institutes to engage stakeholders and guide development of the Ministerial proclamation, assisted in the development of a five-year strategic plan, and supported the first studies conducted by the Institute's fledgling Health Systems Research Department. IANPHI also worked with the Institute on plans for an emergency operations center and enhanced emergency response capacities in order to quickly identify outbreaks and other threats and ensure speedy and effective response. In collaboration with US CDC, IANPHI will be working with EPHI on a strategic planning exercise to define directions and goals for the institute in line with its new and expanded mandate. Once determined, the goals will form the basis for continued collaboration between IANPHI and colleagues at EPHI.

KENYA

New Directorate of Preventive and Promotive Health Services

As a newly configured entity in Kenya's recently restructured Ministry of Health (MoH), the Directorate of Preventive and Promotive Health Services brings together several components, including the national disease control programs and the family health division, which previously functioned independently.

The IANPHI-supported project aims to back the Directorate in its evolution to a highly functioning NPHI. As a first step, the enterprising leadership team is developing a series of monthly Policy Rounds for opinion leaders and policymakers to promote discussions and decisions on public health policy issues. This activity, and other related efforts, will ensure sustainable "science to policy and practice" expertise and mechanisms within the Directorate and the Ministry to influence key public health policy decisions.

An immediate challenge for the evolving NPHI is to ensure the optimal performance of core public health functions in the wake of Kenya's recent devolution of authority and responsibility from the national to the county level. IANPHI is therefore supporting a landmark meeting of officials from all 47 counties to consider and address the challenges associated with devolution, properly 'cascade' the MoH agenda to the county level, and ensure continuing and optimal performance of the core functions of public health.

Additionally, as NCD prevention and control are particular priorities, IANPHI is supporting completion of a national strategic plan and implementation roadmap for addressing NCDs.

To augment IANPHI's support, the Public Health Agency of Canada will host a study tour for a Kenyan leadership team to share experiences, lessons learned, and best practices in NPHI development. Public Health England has offered long-term technical assistance to share its successful evidence-based policy model and provide training in communication and translation of science to policy.



GUINEA-BISSAU

Creating and Strengthening an NPHI in a Challenging Setting

Despite considerable long-term political and economic challenges, Guinea-Bissau's National Institute of Public Health (INASA) continues to serve as a beacon of hope in the conflict-ridden West African country. Before IANPHI's engagement, the country's public health infrastructure consisted of a bombed-out laboratory, a fledgling school of public health, and a privately funded field study site, with almost no national capacity for disease monitoring and surveillance, laboratory diagnosis, or applied research.

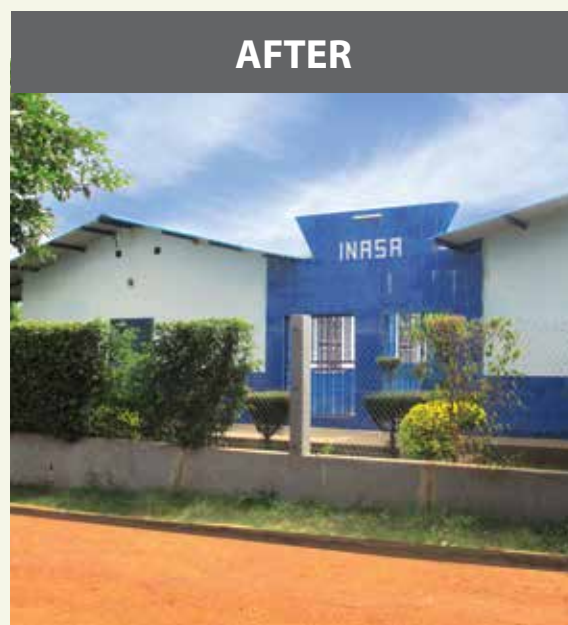
With support from IANPHI, a statute creating the NPHI was approved in 2007, uniting the major public health functions and providing new capacity for surveillance and outbreak investigation in Guinea-Bissau. Subsequently, a new organizational plan and strategic framework were developed and put in place, a headquarters facility was renovated and

Before and After

From bomb-damaged ruins Guinea-Bissau has created a hub of activity for improving public health science and practice in the war-torn country.



INASA: 2007



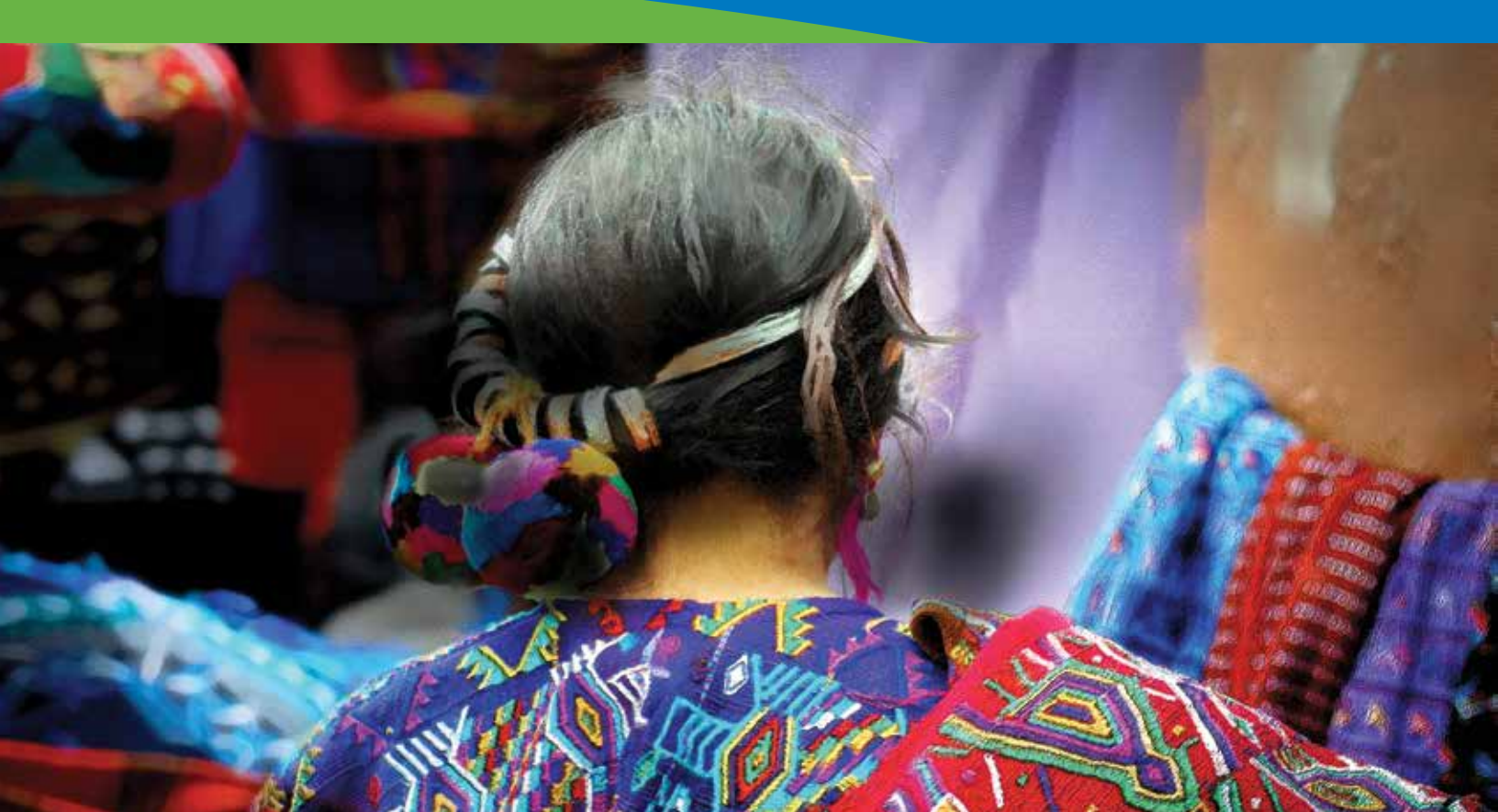
INASA: 2014



staffed, and training was implemented. Technical assistance was provided by NPHIs from Brazil and Portugal.

Measurable outcomes thus far include new capacity in laboratory diagnosis (including HIV tests and CD4 counts); new capacity in disease detection and outbreak response (including cholera); new capacity in medical entomology for malaria control; and substantial improvements in disease monitoring and reporting (according to the World Health Organization). Demonstrated improvements are generating requests from the Global Fund, World Bank, The Minister of Health of Guinea-Bissau and others to conduct surveys and studies on HIV, malaria, and determinants of use of health services.

Funds were leveraged from multiple sources including the governments of China and Portugal (laboratory equipment); WHO (phones, computers, generator fuel, library materials); UNFPA (phones for disease reporting, training materials); World Bank (health information system improvements); and assistance from partners in France (training materials), Brazil (workforce development, laboratory assessment, organizational development); and Spain (solar energy assessment for lab).



GUATEMALA

Partnering to Stem Disease Threats

Guatemala's newly established national public health institute, the National Center of Health Sciences (CNCS), opened its doors in February 2014 and will operate as a new branch of the Guatemala Ministry of Health and Welfare (MoHW). The institute was founded with the vision of generating, regulating, and applying scientific knowledge to address public health challenges in Guatemala. CNCS was conceived and developed by the MoHW with support from the US CDC's Guatemala country office. IANPHI will engage in the project as it progresses. CNCS aims to strengthen the existing health system and promote multisectoral collaboration to increase the country's capacity for addressing important public health issues.

Among the divisions of CNCS are epidemiology, public health research, health education, and management of new and ongoing health programs. By devoting resources to epidemiology and public health research, CNCS will provide much-needed support for national disease surveillance and epidemiologic intelligence and development. This will allow the Ministry of Health and Welfare to more effectively and efficiently prevent, diagnose, and treat disease.

In addition to its research components, CNCS will offer public health education opportunities to Guatemalans at both the undergraduate and post-graduate levels. CNCS's commitment to public health education is a groundbreaking step for the country and will be pivotal to the growth of a robust, well-trained national public health workforce.

TOGO

Joining Forces to Advance NPHI Workforce & Infrastructure

Togo has seen dramatic declines in its economy, living standards, and health outcomes since the early 1990s. Despite many challenges—minimal donor presence, fragile infrastructure, human resource deficits, an underfunded public health sector—the country’s leaders, including its President, believe that a comprehensive national public health institute is needed to meet the nation’s many health challenges.

The dream of Togo’s Director General of Health, Dr. Kokou Dogbe, is to transform the National Institute of Health (INH) into a comprehensive national public health institute that will address the major health problems of the Togolese people. With IANPHI funding plus generous peer assistance from the French Institute for Public Health Surveillance (InVS) and Morocco’s Pasteur Institute (IPM), that dream is moving closer to reality.

Now in its third year, the Togo-IANPHI project is continuing the incremental strengthening of INH as the foundation for the NPHI, in close collaboration with the Ministry’s Division of Epidemiology and potentially other Ministry structures that perform public health functions. The current focus is on disease surveillance, integration of laboratory and epidemiologic functions, and essential training to support and develop the public health workforce. Efforts are also beginning to extend the capacity-strengthening initiative to the peripheral levels of the public health system.

Among the noteworthy organizational achievements is the validation of a 2012-2016 Strategic Plan for Development of a National Institute of Public Health. In addition, a formal decree for creation of the NPHI is imminent. Both of these milestones signal determined movement toward the goal of strong public health leadership and a fully functional NPHI in Togo.



NIGERIA

New Center for Disease Control

Thanks to support from IANPHI, US CDC, and other partners, Nigeria's newly established Center for Disease Control (NCDC), can now mount a more robust effort to protect public health. As the focal point for coordination of public health functions within the Federal Ministry of Health, NCDC is tasked with protecting public health through improved disease prevention and control, more effective emergency preparedness and response (such as the 2014 Ebola outbreak), and strengthened workforce capacity and institutional linkages.

NCDC'S MISSION

FORMULATED DURING THE MARCH 2013 STRATEGIC PLANNING WORKSHOP
FACILITATED BY IANPHI:

To improve health in Nigeria through the provision of comprehensive and integrated disease surveillance, prevention, and control interventions, health emergency response, capacity building and research for sustainable development

“Establishment of NCDC not only is a transformation by itself but also will stimulate transformation in other components of the health care and public health systems.”

—Professor Abdulsalami Nasidi
Director, Nigeria Center for Disease Control



The first initiatives to establish NCDC began in 1984. In 2010, the creation and strengthening of NCDC became a high priority for the President of Nigeria and the Minister of Health. IANPHI provided the Nigerian institute with a jump start in 2013 by facilitating a strategic planning workshop in Abuja, at the request of the Minister of Health. The resulting 5-year plan, to be implemented in phases, forms a roadmap for strengthening multisectoral coordination and planning for public health services and outbreak preparedness and response.

As a new public health agency, functional laboratories are a priority for NCDC. Generous contributions from partners such as US CDC and World Bank are funding new facilities and equipment, but these are not enough to fully operationalize NCDC's lab network and allow the institute to fulfill the leadership role assigned to it.

To address this urgent need, IANPHI provided additional support to help NCDC take a leadership role in laboratory services and emergency preparedness and response. This includes filling critical gaps in central and zonal laboratories so that they can provide needed services and support to states, and training state epidemiologists to enhance disease detection and reporting.

In Nigeria, these efforts are already paying off. In January 2014, NCDC had the lead in the emergency response to a cholera outbreak in Kano state – coordinating and directing efforts to combat and control the spread of disease.

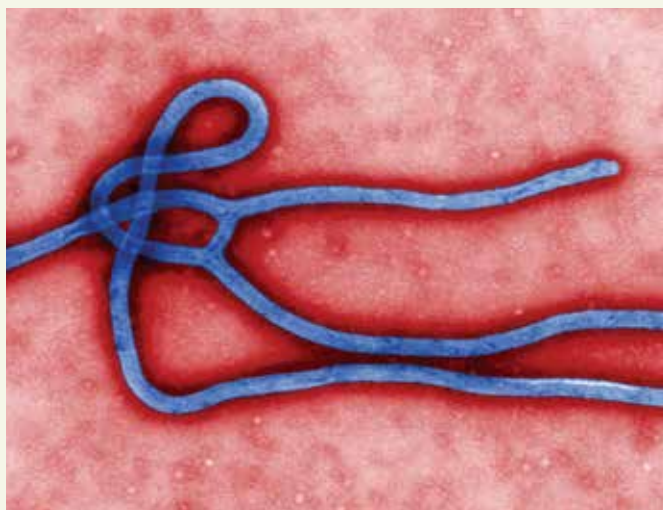




LIBERIA

Systems to Recognize and Stop the Spread of Ebola

Faced with a challenging Ebola outbreak and numerous other public health threats, Liberia's Minister for Health & Social Welfare, Dr. Walter Gwenigale, is taking steps to improve his country's capacity to quickly detect and resolve disease threats. Minister Gwenigale invited IANPHI to conduct an assessment of public health capacity that resulted in a joint plan for system-strengthening priorities. IANPHI's investments will include improving laboratory capacity and training to ensure accurate and timely disease diagnosis and outbreak detection and response.



November 2014

A total of 10,000 cases and 5,000 deaths have been reported from the Ebola outbreak in West Africa since December 2013. Ebola is one of the world's deadliest viruses. It spreads in the blood and shuts down the immune system, causing high fever, headache and muscle pain, often accompanied by bleeding.

COTE D'IVOIRE

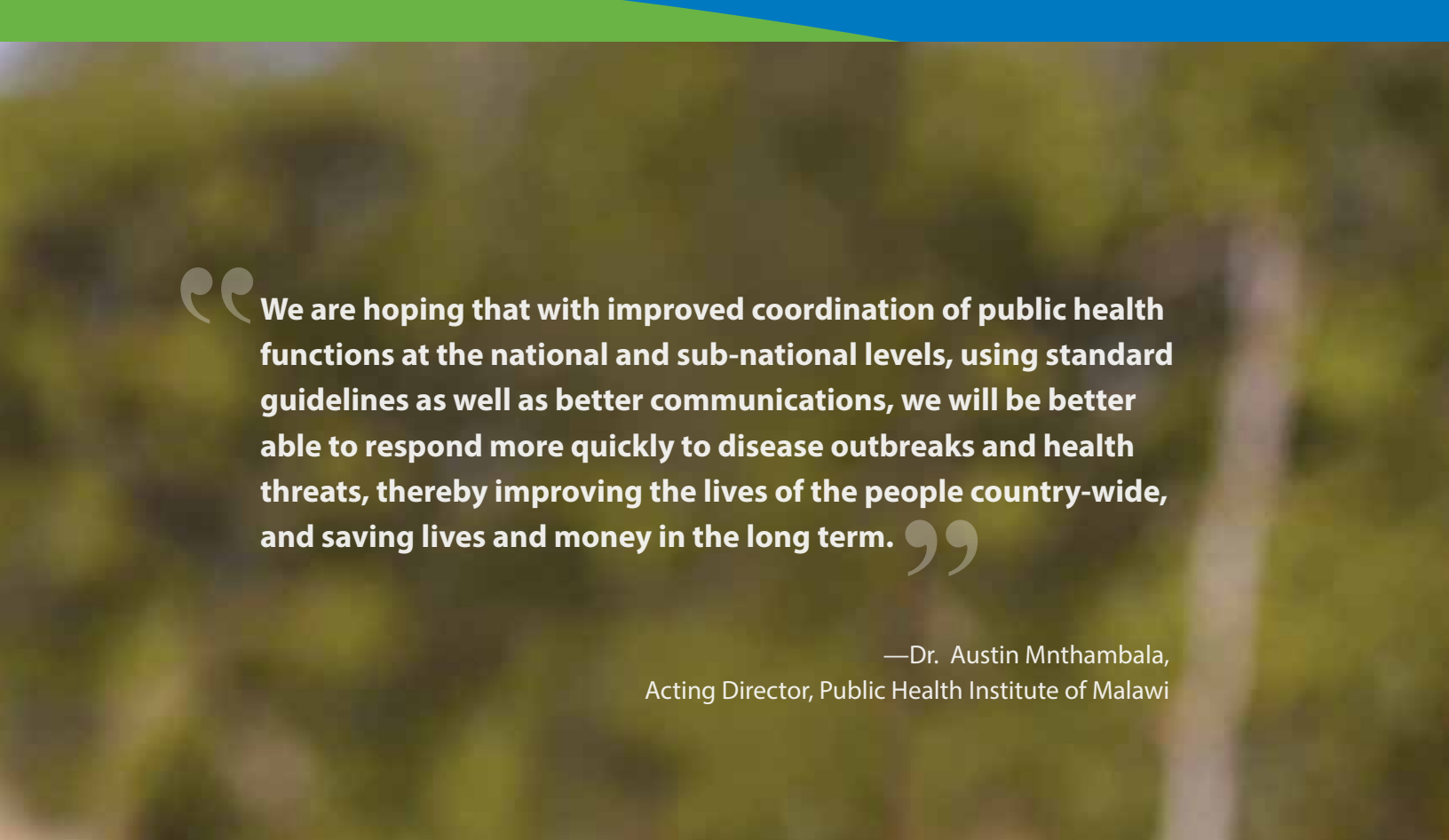
Creating a Coordinating Body for National Collaboration & Action

Cote d'Ivoire's 2010-2011 post-election crisis dealt a severe blow to the public health system, reversing important gains of the previous decade and causing catastrophic damage to the infrastructure and delivery of public health services. With IANPHI support and facilitation, the directors of all seven of the government institutes and structures responsible for public health functions in Cote d'Ivoire met in 2013 to discuss options for optimal coordination of activities and use of scarce resources.

The outcome was a consensus plan to link the agencies in a pioneering "platform" for national integration and action. Envisioned as a precursor to development of an NPHI, the new Comité National de Coordination des Interventions en Santé Publique (CNCISP) – operationalized through an IANPHI-supported Secretariat – serves to coordinate and facilitate exchange among the public health structures, identify and address barriers to improved public health, prioritize interventions for efficacy and efficiency in public health response, and identify sources of support to strengthen the capacity of the component institutions.

The establishment of CNCISP is already reaping rewards. Participants from the seven component structures met in mid-2014 for an inaugural CNCISP-sponsored epidemiology training workshop, which provided an opportunity not only to offer essential training in public health practice, but also to forge important new alliances among those working in previously disconnected organizations.





“We are hoping that with improved coordination of public health functions at the national and sub-national levels, using standard guidelines as well as better communications, we will be better able to respond more quickly to disease outbreaks and health threats, thereby improving the lives of the people country-wide, and saving lives and money in the long term.”

—Dr. Austin Mnthambala,
Acting Director, Public Health Institute of Malawi

MALAWI

A New Coordinated National Public Health Institute

Peer-to-peer collaboration is the keystone of a twinning partnership between the Public Health Institute of Malawi (PHIM) and the Norwegian Institute of Public Health (NIPH). The U.S. CDC's Malawi country office is also a major partner in the NPHI creation effort.

PHIM, officially named by the Ministry of Health in 2013 and currently being considered by the Malawian Parliament, will develop and sustain the local expertise needed to reduce Malawi's high rates of death and disability. PHIM's major focal points, developed through a long-term planning process and numerous stakeholder consultations, will include laboratory science, disease surveillance, operational research, and outbreak response. Norwegian collaborators are helping to address these priorities through activities such as assessments of disease surveillance systems and technical assistance on organizational development; a one-week strategic planning session in Norway in early February yielded a strategic plan for the new NPHI. Both institutes have benefited from the exchange of ideas and experiences, notes Anne Bergh, NIPH International Affairs Director. “Our experts are relating their experiences at reorganizing an institute, which we did several years ago, and we are learning from their experts some creative ideas for disease control in resource-constrained settings,” she says.



Three Ministry of Health components – an epidemiology unit, a research unit and a national public health reference laboratory – have been reorganized into PHIM in the first phase of its development. PHIM's interim secretariat opened in temporary quarters in 2014, with plans for a permanent facility under consideration.





SOUTH AFRICA

Exploring Policy Options for Coordinated Public Health Leadership

Despite being a middle-income country, some of South Africa's health outcomes are worse than those in many lower resource countries due to four large and concurrent public health burdens: HIV/AIDS and TB, poverty-related illnesses, non-communicable diseases, and violence and injury. The many national government structures with public health functions operate with little or no coordination or linkages, constraining efforts to prevent, prioritize, and respond to disease threats and allocate resources appropriately.

Recognizing these challenges, the National Department of Health is exploring options for creation of a unified body to provide coordinated national leadership and expertise to the government to achieve sustainable improvements in the population's health.

IANPHI, US CDC, and CDC-South Africa have partnered to support this initiative through targeted technical and financial assistance. In August 2013, a delegation of South African government officials conducted a study tour of the U.S. CDC to participate in seminars and meetings with high-level CDC experts and to learn about the agency's history, governance, functions, and linkages to the country's other public health organizations. For a different perspective, an official from the Public Health Agency of Canada shared the historical, political and technical perspectives of that agency.

South African colleagues also heard from IANPHI experts on the various models for NPHI development and organization based on the experiences of the organization's 87+ members and the IANPHI Framework for the Creation and Development of NPHIs.

RWANDA

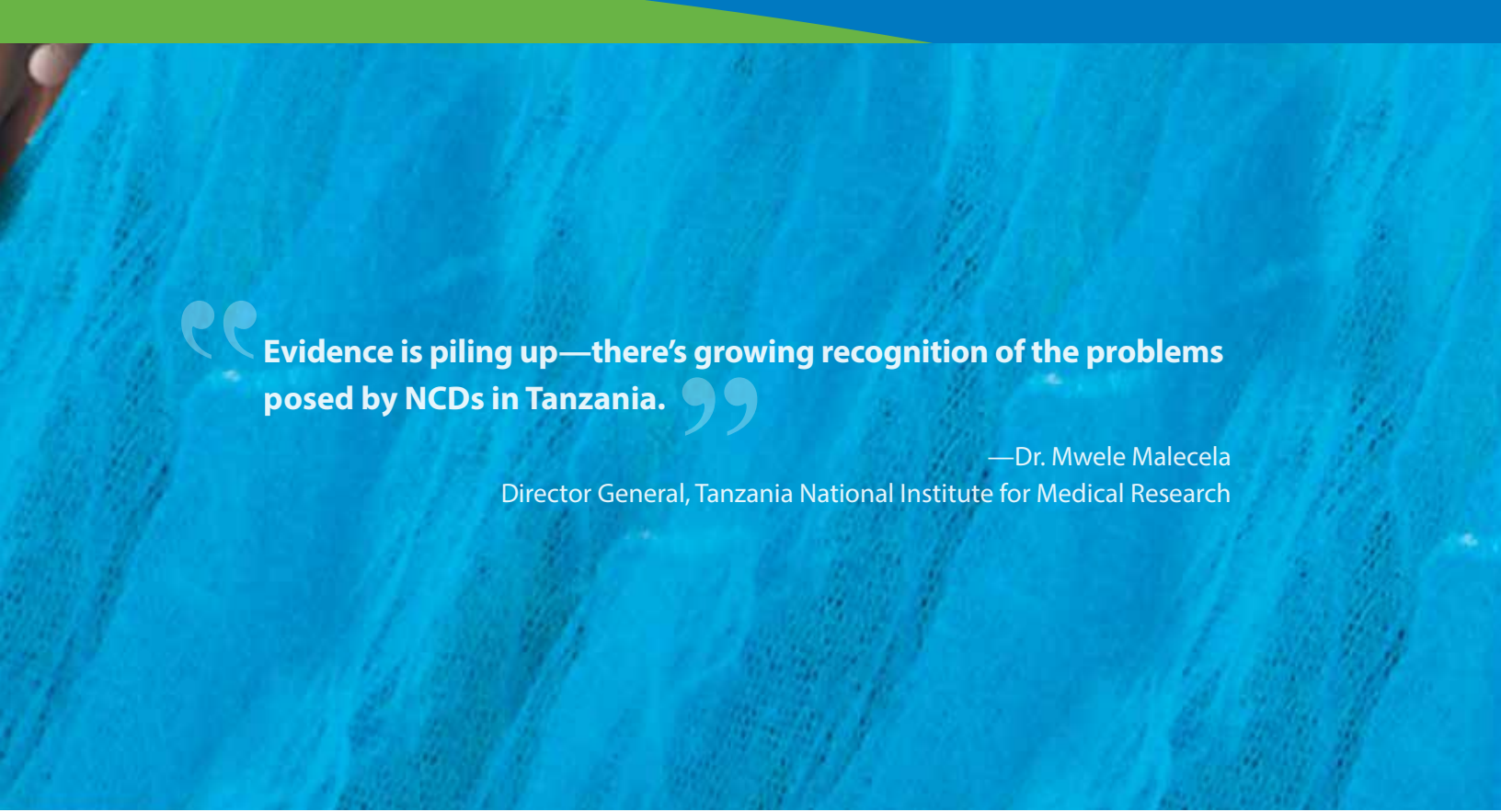
Strengthening Coordination & Initiating an NCD Program

The mission statement for Rwanda's Ministry of Health (MoH) credits an integrated, cross-sectoral approach as a key to the historic recovery of the country's health system in the aftermath of the 1994 genocide. It is no wonder, then, that the Rwandan government has taken on the task of building a strong, integrated, and well-coordinated NPHI to serve as the principal technical agency for science-based public health policies and services.

The Institute for HIV/AIDS Disease Prevention and Control (IHDPC) was created in 2011 by unifying five MoH agencies to more effectively and efficiently address HIV/AIDS and other infectious diseases. In that same year, IHDPC also established a new NCD Division to respond to the country's burden of non-communicable diseases, injuries, and disabilities.

IANPHI is now working in partnership with the US CDC to enhance IHDPC's internal coordination and strengthen the capacity of its newest unit, the NCD Division. The aim is to enable IHDPC to identify synergies and benefit from increased cross-program integration. Through this partnership, IHDPC is positioned to lead national programs aimed at promoting population-level approaches to controlling priority NCDs and decreasing their health burden in Rwanda.





“Evidence is piling up—there’s growing recognition of the problems posed by NCDs in Tanzania.”

—Dr. Mwele Malecela
Director General, Tanzania National Institute for Medical Research

TANZANIA

NPHI Positioned for Evidence-Based NCD Action

Like many other countries, Tanzania is seeing the downside of increasing development. Obesity has become a cultural norm. More people drive. Fewer walk or do manual labor. A 2003 smoking ban is not enforced, and the incidence of NCDs such as hypertension, diabetes and cancer is rising in both cities and rural areas.

Long known as an African pioneer in infectious disease surveillance, Tanzania’s National Institute for Medical Research (NIMR) recognizes this growing burden and is laying the foundation for a sustainable control effort. IANPHI has been working with NIMR since 2007 to kick-start the work on several fronts – developing tools, human resources, and infrastructure to support work on NCDs and generate useful data for policy making.

A first step was to develop and test survey instruments to find out which NCDs are most common and to document risk factors to inform prevention programs. One NIMR study of a rural area showed that more than three-fourths of those surveyed had at least one risk factor for NCDs such as diabetes, but fewer than half knew that NCDs were a significant health problem.

Workforce development is another focus. In collaboration with U.S. CDC, IANPHI supported the creation of an NCD track in Tanzania’s Field Epidemiology and Laboratory Training



Program (FELTP), including support for two trainees who focused on NCDs. IANPHI also supported senior Ministry and NIMR staff to learn from experts at Finland's National Institute for Health and Welfare (THL), which has a well-developed NCD program.

During the project period, Tanzania made significant progress in developing a national NCD plan, with support from IANPHI, for a review of relevant legislation and government policies, such as on tobacco use, that work against high rates of NCDs. Training in advocacy and work with local media outlets helped disseminate health communication and prevention messages.



The success of these initial steps has already yielded new partnership and funding opportunities for NIMR's new NCD program, including partnerships with US CDC, Finland THL, Denmark National Institute of Public Health and the Government of Tanzania. NIMR's long-range goal is to make NCDs a priority in a health system that in the past has focused on infectious diseases and to integrate NCDs into existing infectious disease surveillance systems. The institute also hopes to share valuable experience gained through this project with other NPHIs hoping to add NCD functions.

PROJECTS

IANPHI GRANTS AND LONG-TERM FUNDED PROJECTS

IANPHI is committed to engaging with NPHIs to build and strengthen public health capacity. Through IANPHI's collaborative projects, countries are able to transform scattered and underfunded public health functions into coordinated and comprehensive public health systems.

AFGHAN PUBLIC HEALTH INSTITUTE
Boost diagnostic capacity for diarrheal disease to reduce infant mortality

ARGENTINA NATIONAL LABORATORIES AND HEALTH INSTITUTES ADMINISTRATION
Consolidate seven labs for financial efficiencies and higher quality lab services

BANGLADESH INSTITUTE OF EPIDEMIOLOGY, DISEASE CONTROL & RESEARCH
Strengthen disease surveillance and outbreak response*

Improve capacity to respond to floods and other emergencies

Conduct hospital-based surveillance for typhoid fever to inform decision making and resource allocation for typhoid vaccine

CHINA CENTER FOR DISEASE CONTROL
Evaluate accomplishments over past decade and recommend areas for future development

COLOMBIA NATIONAL INSTITUTE OF HEALTH
Expand scope to include monitoring and prevention of NCDs

COSTA RICA NATIONAL INSTITUTE FOR RESEARCH ON NUTRITION AND HEALTH
Plan for new institute: improve quality control of medications, food safety, water quality monitoring, and NCD surveillance

COTE D'IVOIRE NATIONAL INSTITUTE OF PUBLIC HEALTH
Train on the research principles for HIV and other sexually transmitted diseases

Plan for an NPHI platform for national coordination and action

CUBA INSTITUTE OF TROPICAL MEDICINE 'PEDRO KOURI'
Improve detection of influenza and other respiratory viruses

EL SALVADOR MINISTRY OF PUBLIC HEALTH AND SOCIAL ASSISTANCE
Formulate a strategic plan to create an NPHI*

ETHIOPIAN PUBLIC HEALTH INSTITUTE
Develop core functions to expand from research institute to NPHI, including development of emergency response system and laboratory capacity*

GHANA NOGUCHI MEMORIAL INSTITUTE FOR MEDICAL RESEARCH
Improve early detection and treatment of Buruli ulcer in Ghana

GUINEA-BISSAU NATIONAL INSTITUTE OF PUBLIC HEALTH
Transform the national public health system by creating a new NPHI*

Build financial management capacity at INASA

Gather data to inform malaria control policies

Conduct an intensive course on monitoring malaria control

INDIA NATIONAL CENTER FOR DISEASE CONTROL
Assess and improve integrated disease surveillance system

I.R. IRAN'S NATIONAL INSTITUTE OF HEALTH RESEARCH
Minimize impact of natural disasters through preparedness and training

KENYA DIRECTORATE OF PREVENTIVE
AND PROMOTIVE HEALTH SERVICES
Develop and communicate data for
decision making

MALAWI MINISTRY OF HEALTH
Create Malawi NPHI*

MEXICO NATIONAL INSTITUTE
OF PUBLIC HEALTH
Assess regional public health capacity and
improve linkages

Identify the polymorphic genetic markers
of *Trypanosoma cruzi*

Study postnatal depression and its impact
on child development

MOROCCO NATIONAL INSTITUTE OF
HYGIENE
Conduct visioning and strategic planning
for NPHI development*

MOZAMBIQUE NATIONAL INSTITUTE
OF HEALTH
Establish a comprehensive NPHI
to strengthen public health delivery*

Improve diagnosis to fight meningitis

NIGERIA INSTITUTE OF MEDICAL
RESEARCH
Boost molecular epidemiology laboratory
capacity to detect drug-resistant TB*

Study community attitudes toward
perinatal care

Establish external quality assurance
program for HIV, TB, and malaria diagnosis

Conduct research on NCD prevention in
Lagos slums

PERU NATIONAL INSTITUTE OF HEALTH
Gather data for improved control of XDR-TB

Provide training in rabies vaccine
production to ensure adequate supplies

SERBIA INSTITUTE OF PUBLIC HEALTH
Build public health capacity in alcoholism
prevention

Improve public health emergency
planning

TANZANIA NATIONAL INSTITUTE
FOR MEDICAL RESEARCH
Expand expertise and capacity to monitor
and prevent NCDs*

THAILAND NATIONAL INSTITUTE OF
HEALTH
Conduct cholera research in Thailand and
Laos PDR

Link national public health resources to
improve disease detection and response

Spark regional collaboration and capacity
for laboratory-based disease detection

TOGO NATIONAL INSTITUTE OF HYGIENE
Create Togo NPHI*

TURKEY REFIK SAYDAM HYGIENE CENTER
Conduct laboratory training for BSL3 staff

UGANDA VIRUS RESEARCH INSTITUTE
Plan and implement a capacity-
strengthening initiative*

Improve rotavirus diagnostics to guide
decisions on vaccine introduction

Lay foundation for future research growth

Formulate a strategic plan for evidence-
based national health policy

Research ecology, behavior, and genetic
variability of *Aedes africanus* arbovirus
vector

Transform capacity for public health
response and partnerships

VIETNAM NATIONAL INSTITUTE OF
HYGIENE & EPIDEMIOLOGY
Study and identify the *cagA* gene in *H.*
pylori-infected gastric cancer patients

MEMBERS AS OF SEPTEMBER 2014

AFGHANISTAN | Afghan Public Health Institute (ANPHI)

ALBANIA | Institute of Public Health (ISHP)

ANGOLA | National Institute of Health (INSP)

ARGENTINA | National Laboratories and Health Institutes Administration (ANLIS)

AUSTRALIA | Australian National Preventive Health Agency (ANPHA)

BANGLADESH | Institute of Epidemiology, Disease Control & Research (IEDCR)

BELGIUM | Scientific Institute of Public Health (WIV-ISP)

BOLIVIA | Health Laboratories National Institute (INLASA)

BRAZIL | Oswaldo Cruz Foundation (FIOCRUZ)

CAMBODIA | National Institute of Health (NIPH)

CANADA | Public Health Agency of Canada (PHAC)
| National Institute of Public Health (Quebec)

CHILE | Public Health Institute of Chile (ISP)

CHINA | China Center for Disease Control
| Centre for Health Protection (CHP)

COLOMBIA | National Institute of Health (INS)

COSTA RICA | National Institute for Research on Nutrition and Health (INCIENSA)

COTE D'IVOIRE | National Institute of Public Health (INSP)

CROATIA | National Institute of Public Health (CIPH)

CUBA | Institute of Tropical Medicine 'Pedro Kouri' (IPK)

CZECH REPUBLIC | National Institute of Public Health (SZU)

DENMARK | National Institute of Public Health (NIPH)

ECUADOR | National Institute of Public Health Research (INSPI)

EL SALVADOR | Ministry of Public Health and Social Assistance

ESTONIA | National Institute for Health Development (NIHD)

ETHIOPIA | Ethiopian Public Health Institute (EPHI)

FINLAND | National Institute for Health and Welfare (THL)

FRANCE | French Institute for Public Health
| National Institute of Health and Medical Research (INSERM)

GERMANY | Robert Koch Institute (RKI)

GHANA | Ghana Health Service (GHS)
| Noguchi Memorial Institute for Medical Research

GUINEA | National Institute of Public Health Guinea (NPHI)

GUINEA-BISSAU | National Institute of Public Health (INASA)

HUNGARY | National Center for Epidemiology (NCE)

ICELAND | The Directorate of Health (PHI)

INDIA | National Centre for Disease Control (NCDC)

IRAN | I.R. Iran's National Institute of Health Research

IRELAND | Institute of Public Health in Ireland (IPH)

ISRAEL | Israel Center for Disease Control (ICDC)

ITALY | National Institute of Health (ISS)

JAPAN | National Institute of Public Health (NIPH)



JORDAN | Ministry of Health (MoH)

KENYA | Kenya Medical Research Institute (KEMRI) | Directorate of Preventive and Promotive Health Services

LIBYA | National Centre for Disease Control (NCDC)

MACEDONIA | Institute of Public Health (PHI)

MALAWI | Ministry of Health (MoH)

MEXICO | National Institute of Public Health (INSP)

MOLDOVA | National Center of Public Health (CNSP)

MONGOLIA | Public Health Institute of Ministry of Health (NCPH)

MOROCCO | National Institute of Hygiene | Institute Pasteur of Morocco (IPM)

MOZAMBIQUE | National Institute of Health (INS)

MYANMAR | National Health Laboratory (NHL)

NEPAL | School of Public Health and Community Medicine B.P. Koirala Institute of Health Sciences (BPKIHS)

NETHERLANDS | National Institute for Public Health & the Environment (RIVM)

NIGERIA | Nigeria Center for Disease Control (NCDC) | Nigerian Institute of Medical Research (NIMR) | Nigeria National Primary Health Care Development Agency (NPHCDA)

NORWAY | Norwegian Institute of Public Health (FHI)

PAKISTAN | Institute of Public Health (CPSP)

PANAMA | Gorgas Memorial Institute for Health Studies (GMI)

PAPUA NEW GUINEA | National Department of Health

PERU | National Institute of Health (INS)

POLAND | National Institute of Public Health (NIPH)

PORTUGAL | Institute of Hygiene and Tropical Medicine (IHMT) | National Health Institute (INSA)

REPUBLIC OF KOREA | Korean Centers for Disease Control and Prevention (KCDC)

RUSSIAN FEDERATION | National Research Center for Preventive Medicine (NRCPPM)

SAUDI ARABIA | Ministry of Health (MoH)

SERBIA | Institute of Public Health

SLOVENIA | National Institute of Public Health (NIJZ)

SOUTH AFRICA | National Institute for Communicable Diseases (NICD)

SPAIN | Carlos III Health Institute (ISCIII)

SUDAN | Public Health Institute

SWEDEN | National Institute of Public Health (PHA)

TANZANIA | National Institute for Medical Research (NIMR)

THAILAND | National Institute of Health

TOGO | National Institute of Health (INH)

TURKEY | Refik Saydam Hygiene Center

UGANDA | Uganda Virus Research Institute (UVRI)

UNITED KINGDOM | Public Health England (PHE) | Public Health Wales

UNITED STATES | Centers for Disease Control and Prevention (CDC)

VIETNAM | National Institute of Hygiene & Epidemiology (NIHE)



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