

Public Health Institutes of the World



**A WORD FROM  
THE PRESIDENT**



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.

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.

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.

*Jeffrey P. Koplan*

### WHY IANPHI?

IANPHI—the International Association of National Public Health Institutes—is a global venture dedicated to strengthening public health capacity by strengthening and connecting NPHIs.

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.

### A BOLD AGENDA

Our projects support the creation of NPHIs where none currently exist and bring new energy and resources to our member institutes in low-resource countries.

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.

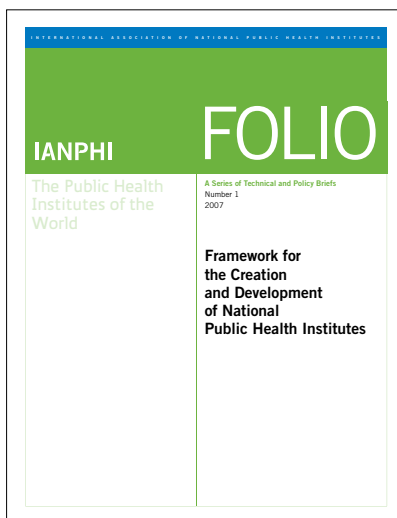
### NPHI BENCHMARKS AND TOOLS

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.

### ***NPPI 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.**



## MEMBERS

**Argentina** Institutos de Salud Dr. Carlos G. Malbran  
**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)

**CORE NPPI ATTRIBUTES  
AND FUNCTIONS**

**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

## IANPHI EXECUTIVE BOARD

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Vice President for Academic Health Affairs, Woodruff Health Sciences Center

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[www.ianphi.org](http://www.ianphi.org)

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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