



The International Association of
National Public Health Institutes

Global IANPHI Survey Results with a focus on European NPHIs.

KATHARINA HABIMANA

FOR THE SURVEY TASK& FINISH GROUP

IANPHI EUROPE MEETING - SESSION V

9 OCTOBER 2025, OSLO



Agenda

About the survey

NPHI characteristics

Expertise of NPHIs

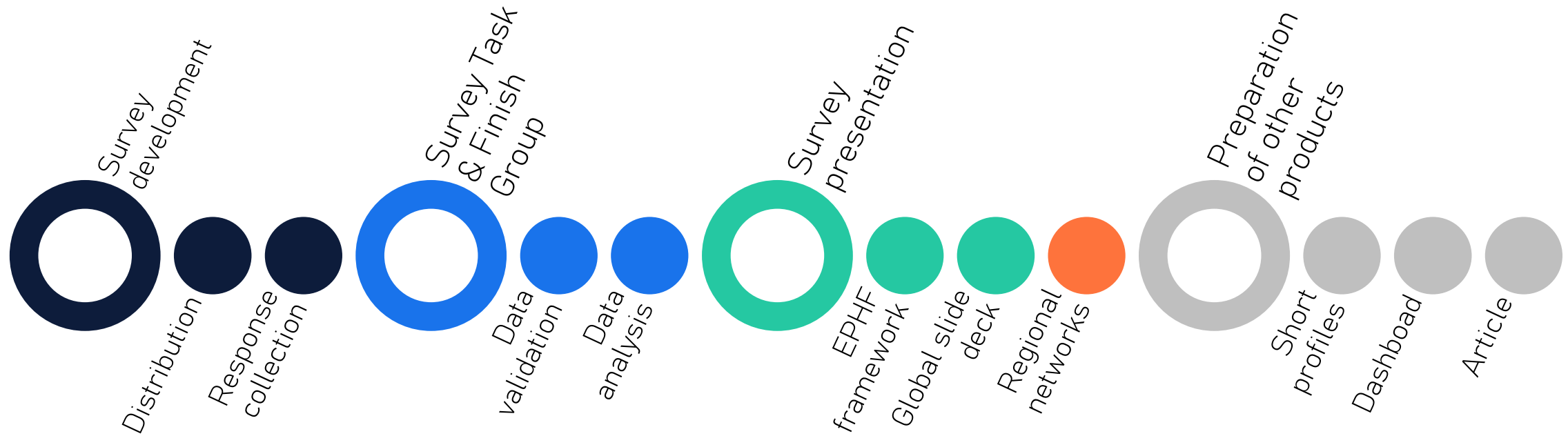
Priorities of NPHIs

Task distribution

What's next?

About the survey

Survey process



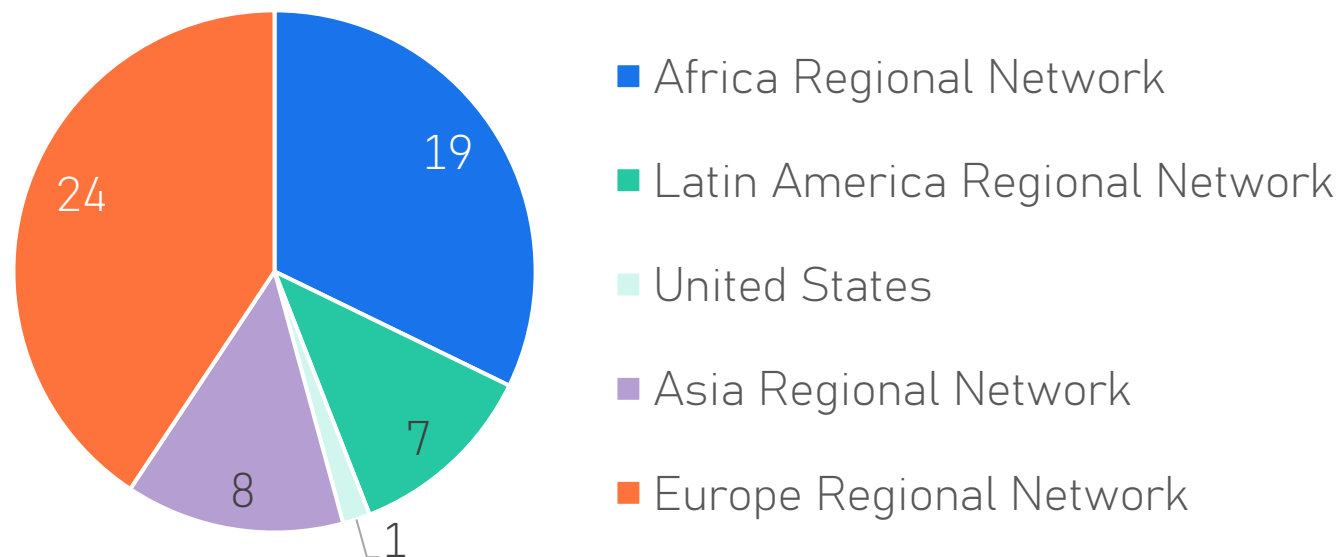


The survey

- The survey [combined several parts](#).
- The survey was performed in [2024](#).
- The survey was sent to 122 IANPHI members, 64 responses were collected.
- [Data validation](#) steps were performed.
- Finally [59 responses were considered](#) for the analysis.
- The dataset is available as [Excel File](#) and analysed in a [comprehensive PowerPoint](#).

Response rate

Contacted: 122*
Responded: 59 (validated)
Countries: 50



Response
rate overall:

48%

	Contacted	Number of responses (validated)	Response rate	Number of countries responding
Africa Regional Network	43	19	44%	15
Latin America Regional Network	11	7	64%	7
United States	1	1	100%	1
Asia Regional Network	27	8	30%	8
Europe Regional Network	40	24	60%	19
All	122	59	48%	50

* In 2024, there were 124 IANPHI members, including two NPHIs from Russia. Russia was suspended but remains an IANPHI member.

NPHIs from the European Regional Network participating in the survey

24
responses

Canada:

- Institut national de santé publique du Québec (INSPQ)
- Public Health Agency of Canada

UK:

- UK Health Security Agency
- Public Health Scotland (PHS)
- Public Health Wales (PHW)

THL

NIPH

- NIHD Estonia
- Health Board

PHAS

- NIPH Denmark
- Statens Serum Institut

RIVM

RKI

Sciensano

Czech
NPHI

PHC
Ukraine

Santé
Public
France

GOeG

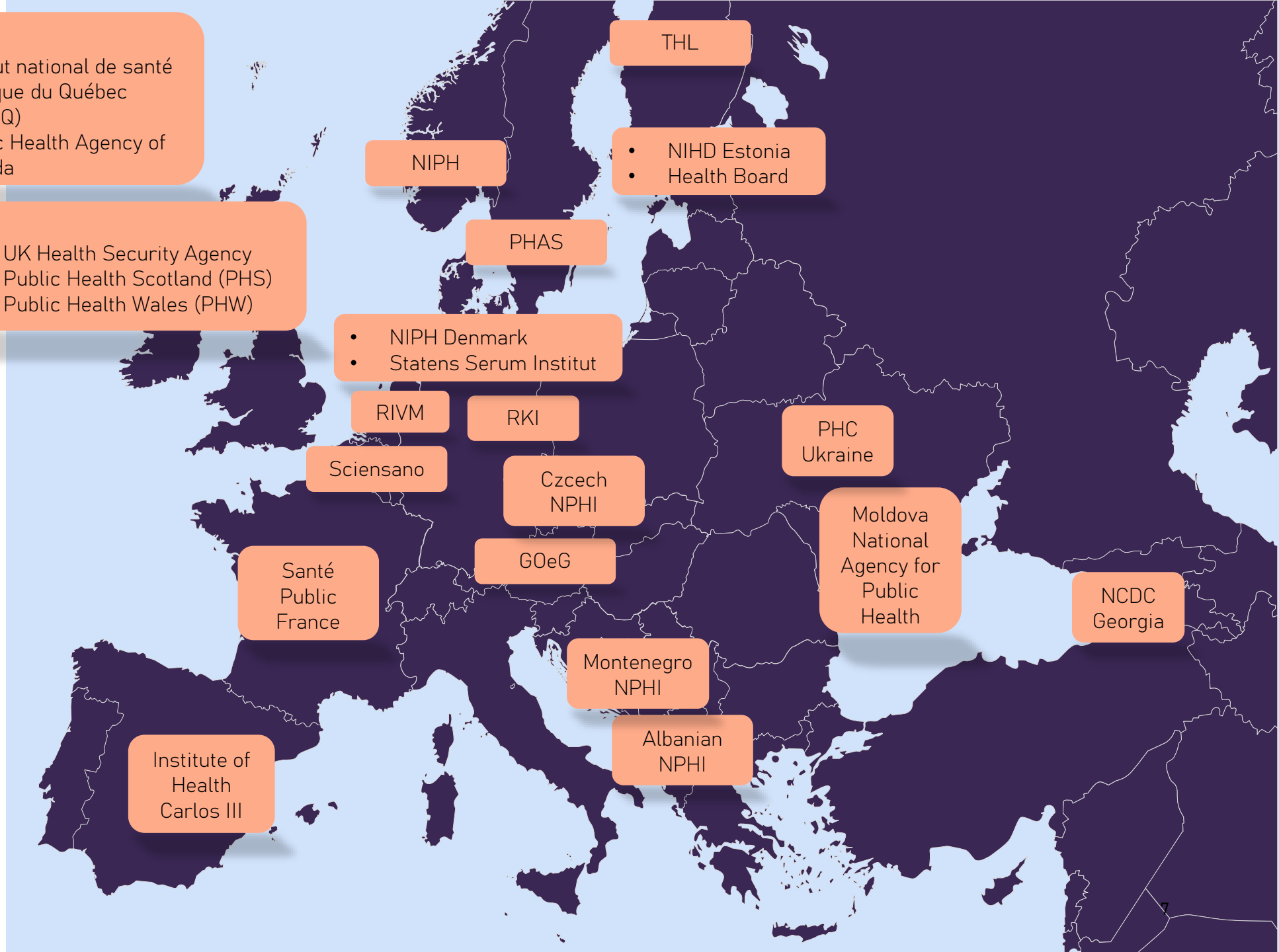
Moldova
National
Agency for
Public
Health

NCDC
Georgia

Montenegro
NPHI

Albanian
NPHI

Institute of
Health
Carlos III



Survey structure



NPHI
CHARACTERISTICS



EXPERTISE OF NPHIS
(SELF-ASSESSED)



PRIORITIES OF NPHIS
(ALONG EPHF)



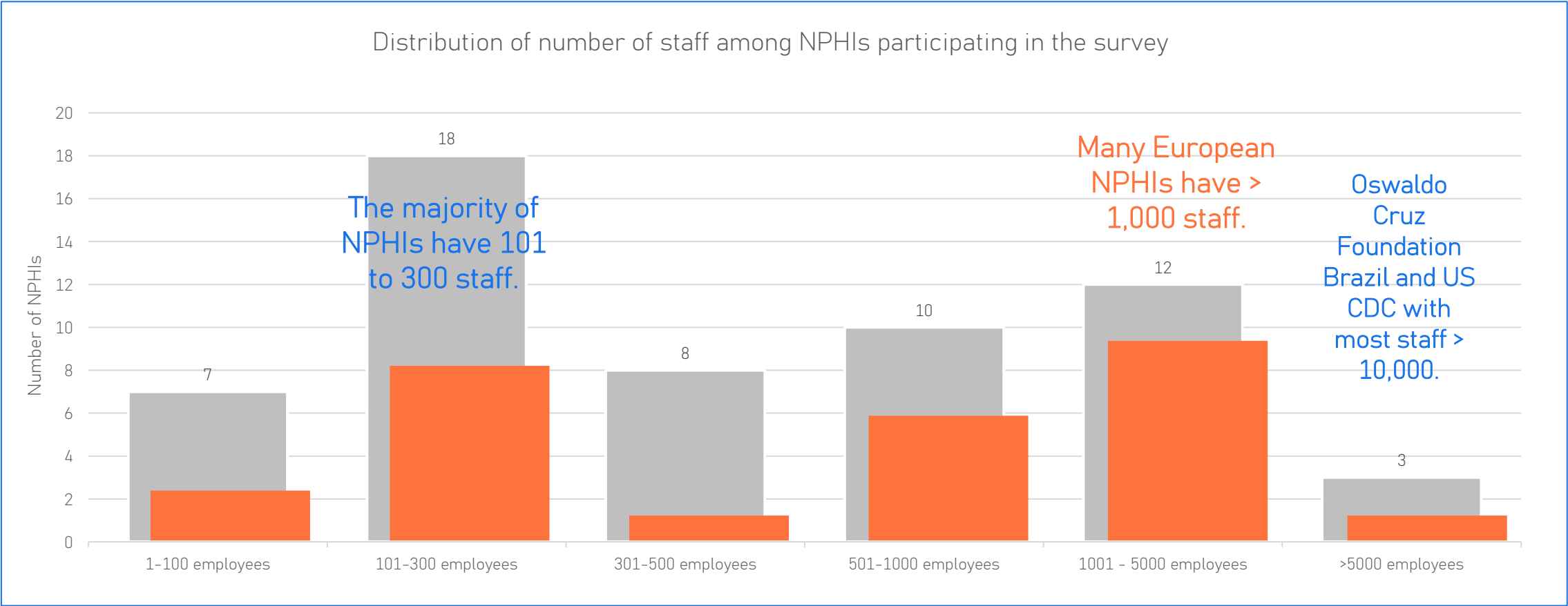
EPHF TASK
DISTRIBUTION

NPHI characteristics

Staff

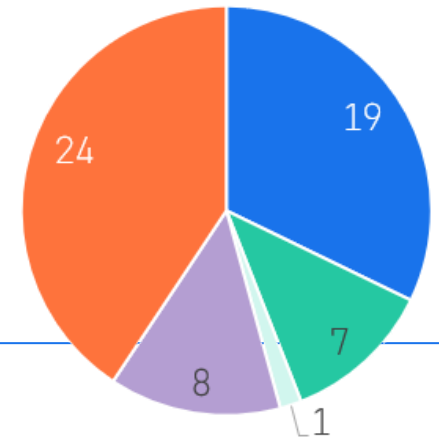
Half of the NPHIs responding have less than 439 staff. The other half have more.

min	20
median	439
average	1,195
max	13,553

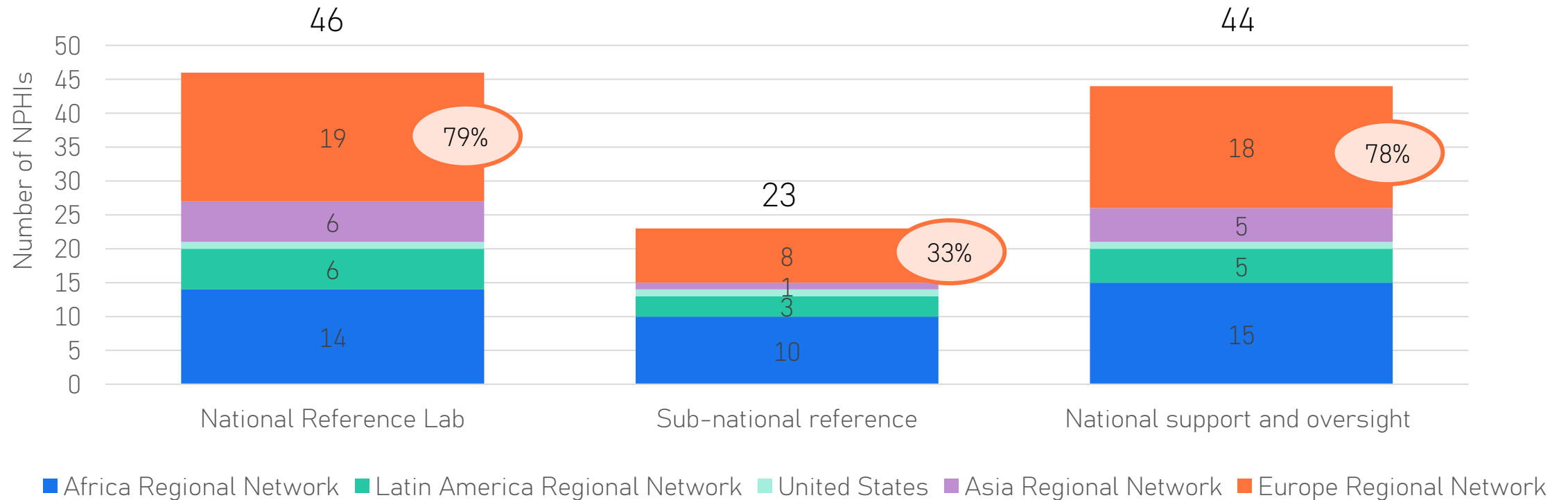


Note: Answers from 58 respondents on this question.

Specific capabilities: Laboratories

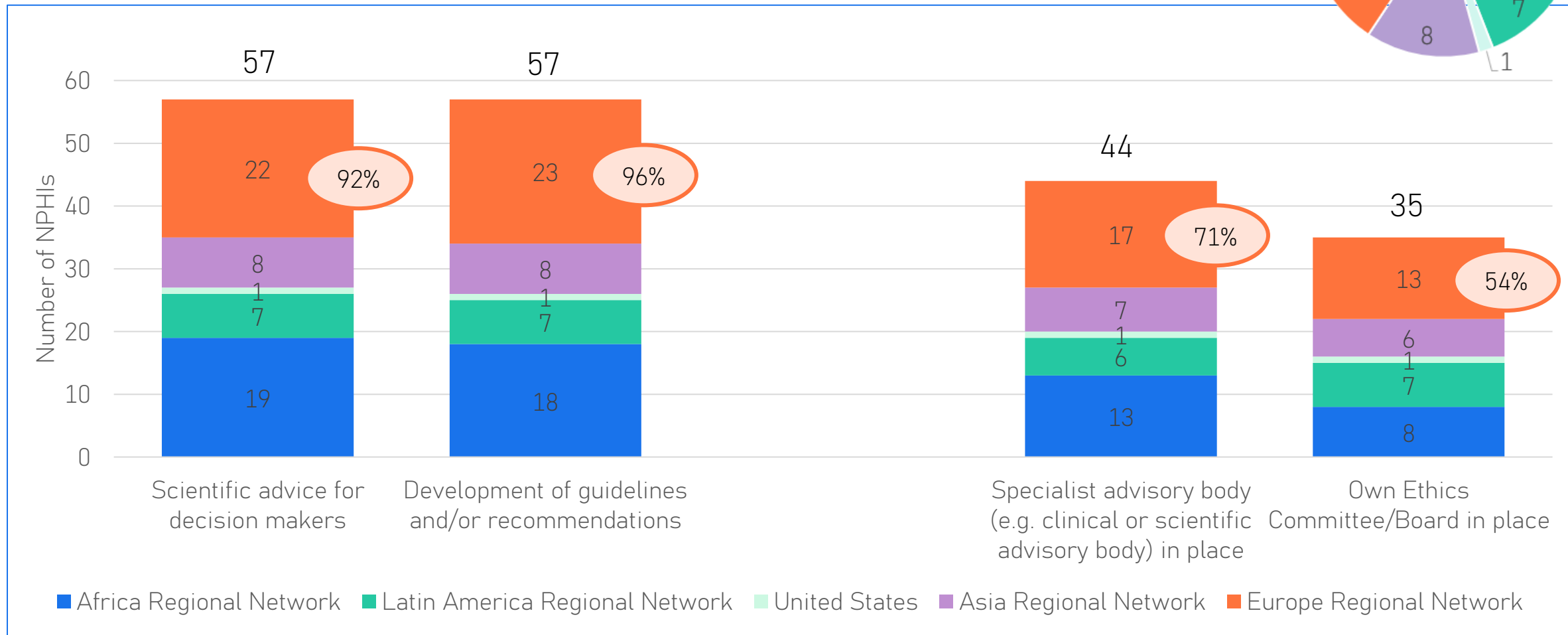


Number of NPHIs having laboratories and laboratory oversight functions



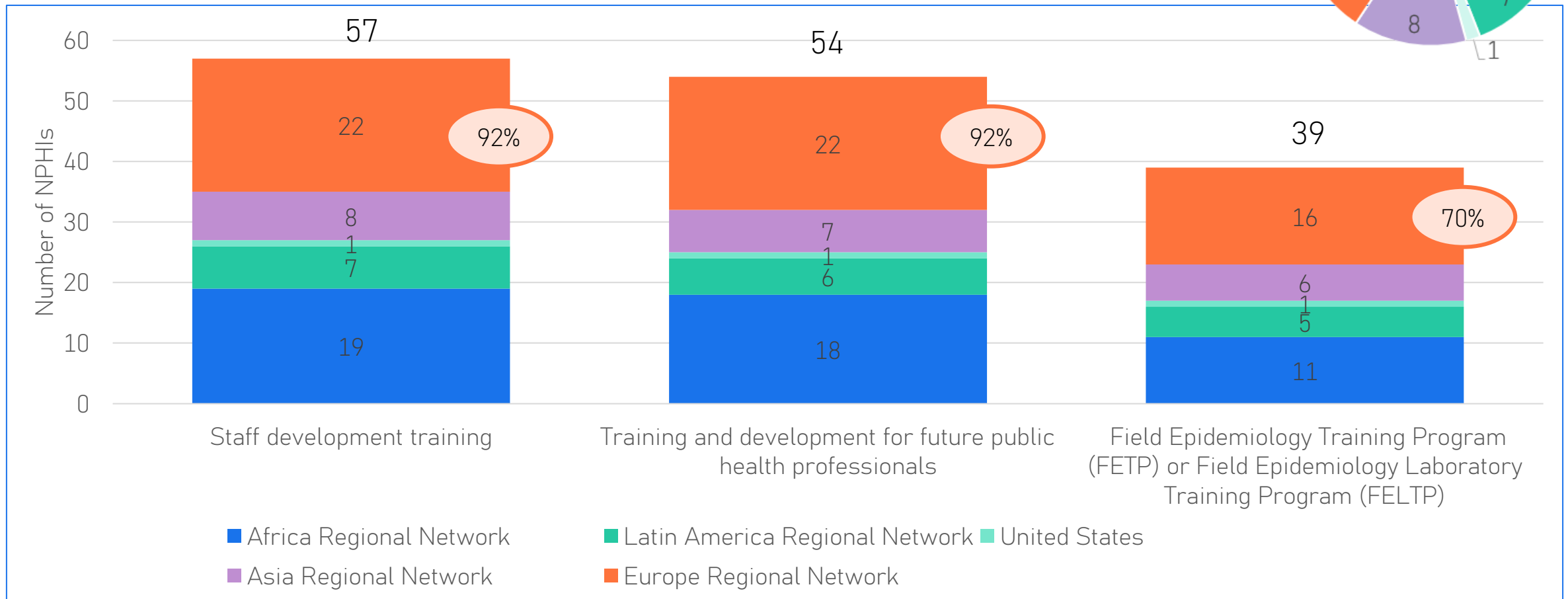
Note: Answers from 58 respondents on first two questions (24 from Europe Network), for last question from 57 respondents (23 from European Network).

Specific capabilities: Science



Note: Answers from all 59 respondents (24 from the European Network) on these questions.

Specific capabilities: Training



Note: Answers from all 59 respondents (24 from European Network) on first two questions, from 58 respondents for last question (23 from European Network).

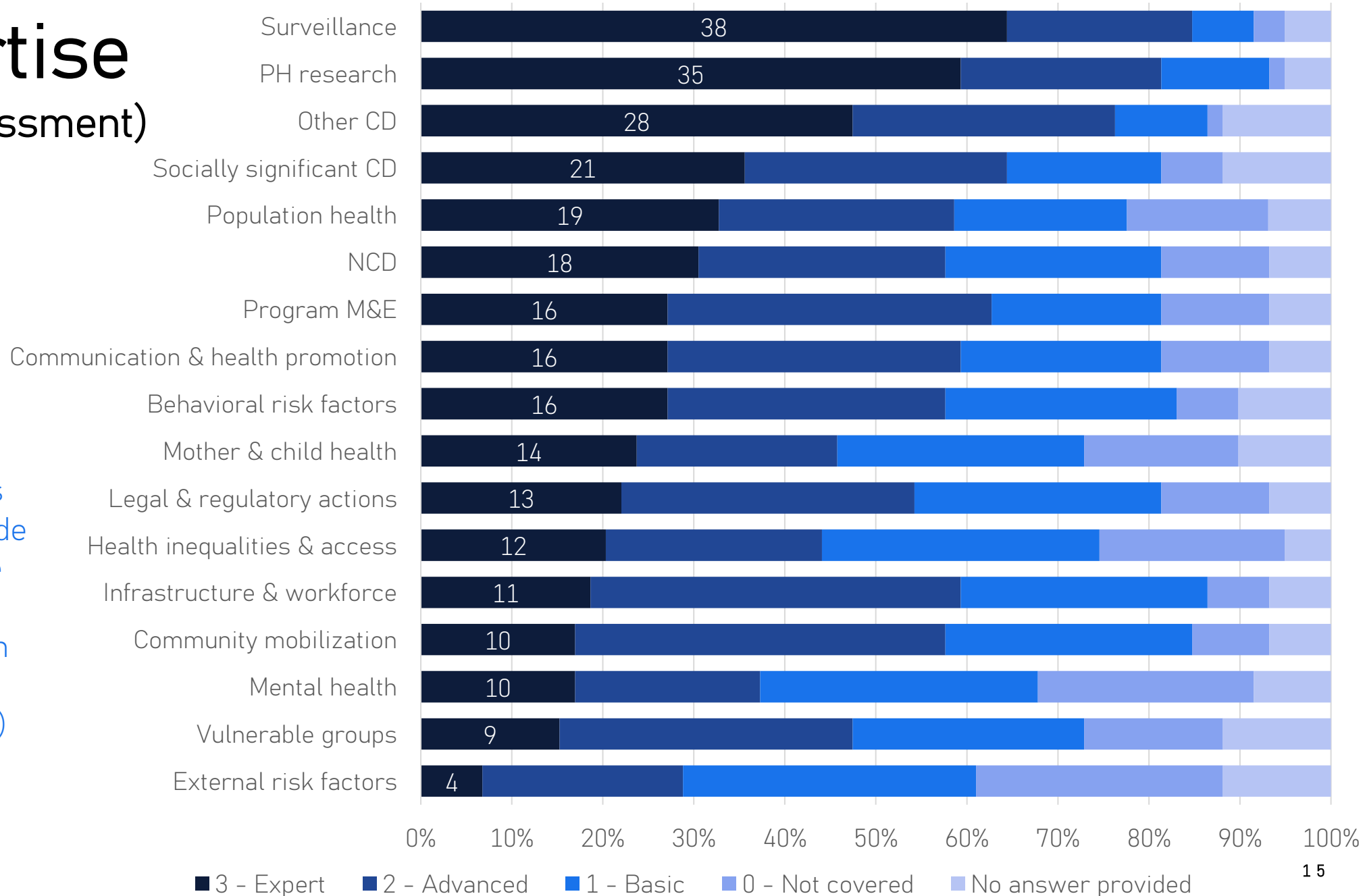
Expertise of NPHIs

Expertise

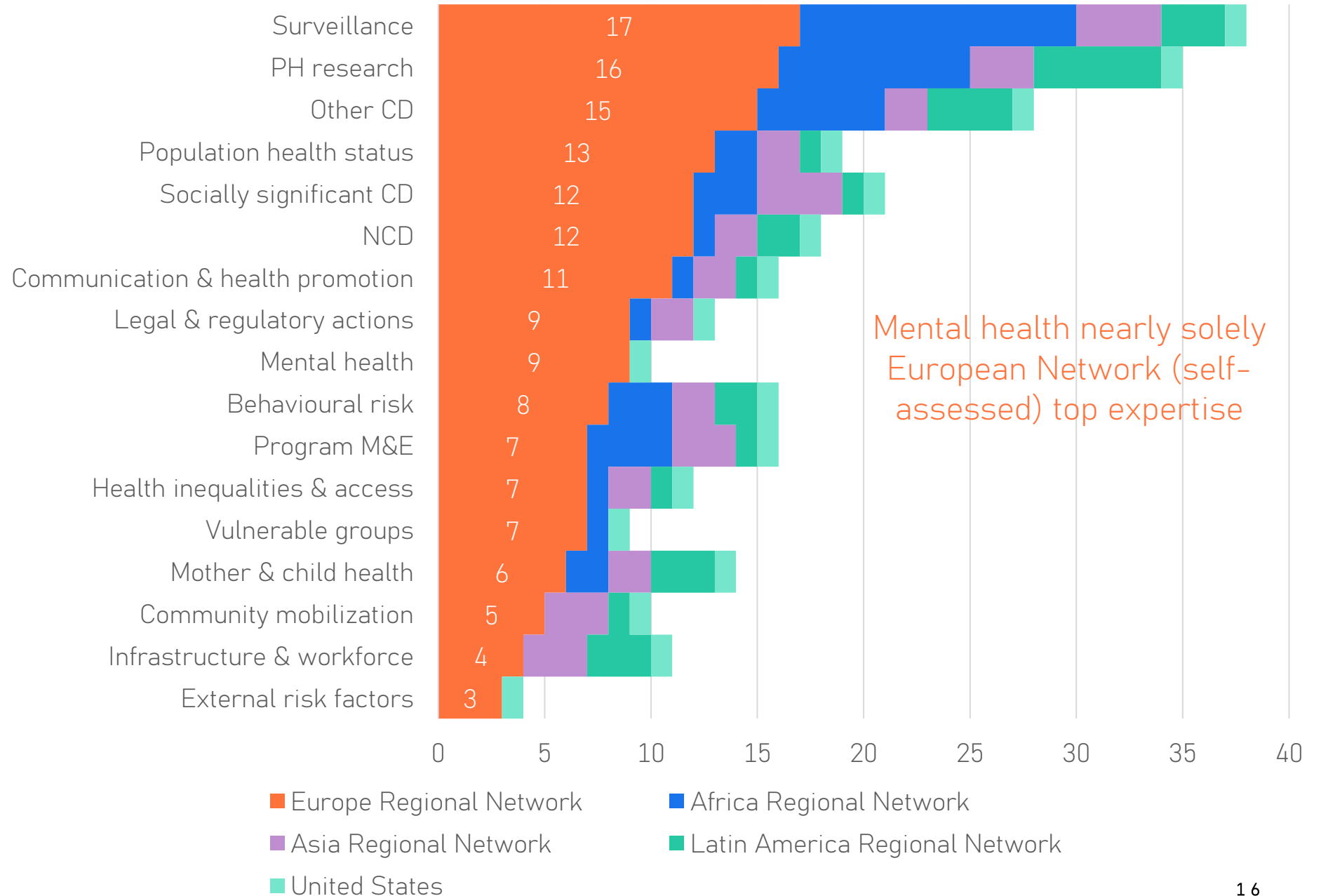
(self-assessment)
sorted



Categories
would provide
even more
detailed
information
(sub-
categories)



Experts per regional network and topic, sorted by European regional network expertise



Expertise

percentage per regional network, sorted by overall average

Percentage of NPHIs in the region stating, they are expert in a topic



Experts in	Africa Regional Network	Asia Regional Network	Europe Regional Network	Latin America Regional Network	United States
PH research and innovation	47%	38%	67%	86%	100%
Surveillance	68%	50%	71%	43%	100%
Other CD	32%	25%	63%	57%	100%
Socially significant CD	16%	50%	50%	14%	100%
NCD	5%	25%	50%	29%	100%
Population health status	11%	25%	57%	14%	100%
Mother and child health	11%	25%	25%	43%	100%
Behavioural risk	16%	25%	33%	29%	100%
Program M&E	21%	38%	29%	14%	100%
Infrastructure & workforce	0%	38%	17%	43%	100%
Communication & health promotion	5%	25%	46%	14%	100%
Health inequalities and access	5%	25%	29%	14%	100%
Community mobilization	0%	38%	21%	14%	100%
Legal and regulatory actions	5%	25%	38%	0%	100%
Mental health	0%	0%	38%	0%	100%
Vulnerable groups	5%	0%	29%	0%	100%
External risk factors	0%	0%	13%	0%	100%

Expertise percentage *sorted*

Percentage of NPHIs in the region stating, they are expert in a topic



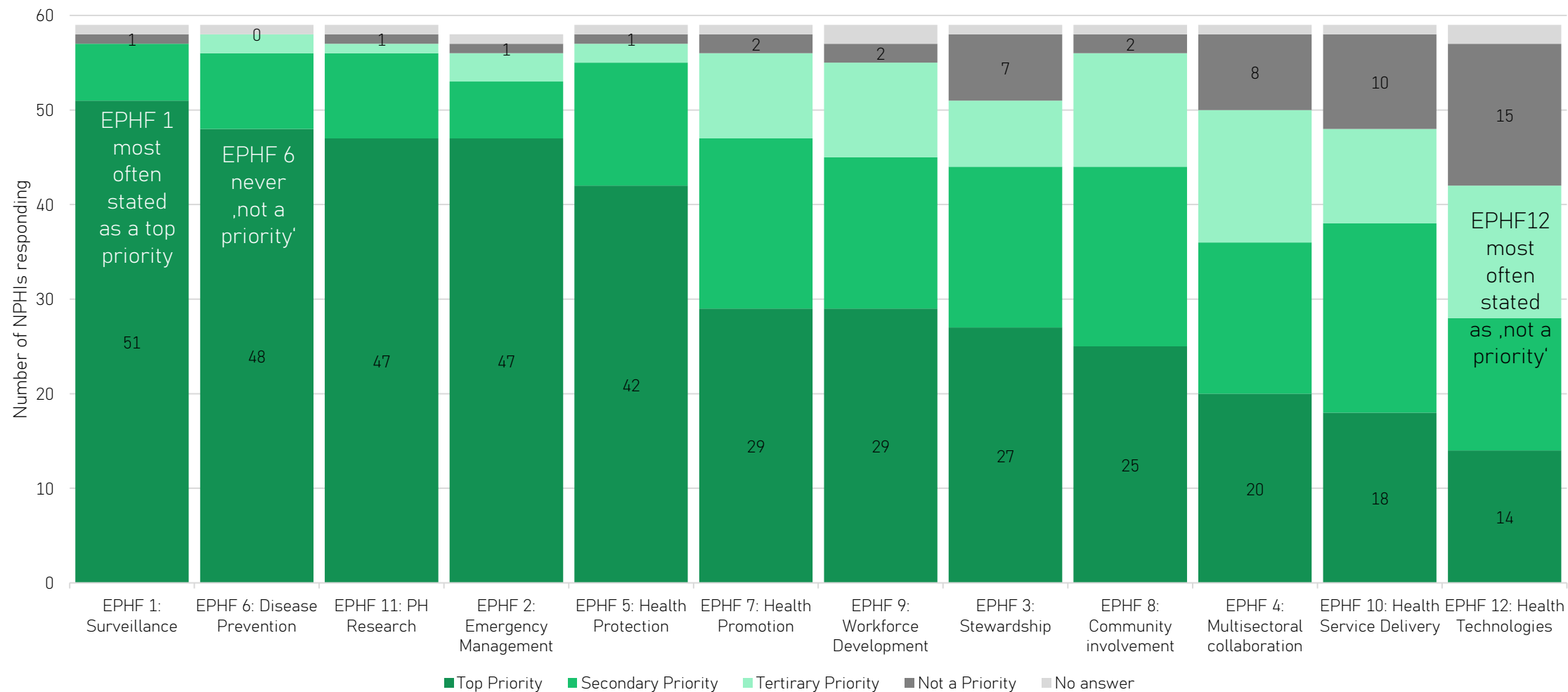
Experts	Low income	Lower-middle income	Upper-middle income	High income
<i>Number of countries</i>	8	12	15	24
Surveillance	63%	58%	60%	71%
PH research	63%	33%	60%	71%
Other CD	38%	25%	40%	67%
Socially significant CD	25%	0%	33%	58%
Program M&E	50%	8%	20%	33%
Population health	13%	17%	13%	58%
NCD	0%	8%	40%	46%
Behavioural risk factors	13%	17%	27%	38%
Communication & health promotion	25%	0%	13%	50%
Mother and child health	25%	0%	33%	29%
Legal and regulatory actions	25%	0%	7%	42%
Health inequalities and access	25%	0%	13%	33%
Infrastructure & workforce	13%	8%	27%	21%
Community mobilization	13%	0%	20%	25%
Vulnerable groups	13%	0%	7%	29%
Mental health	0%	0%	0%	42%
External risk factors	0%	0%	0%	17%

5 responses from
Europe network

19 responses from
Europe network

Priorities of NPHIs

Number of NPHIs responding to the survey stating that a specific EPHF is a priority



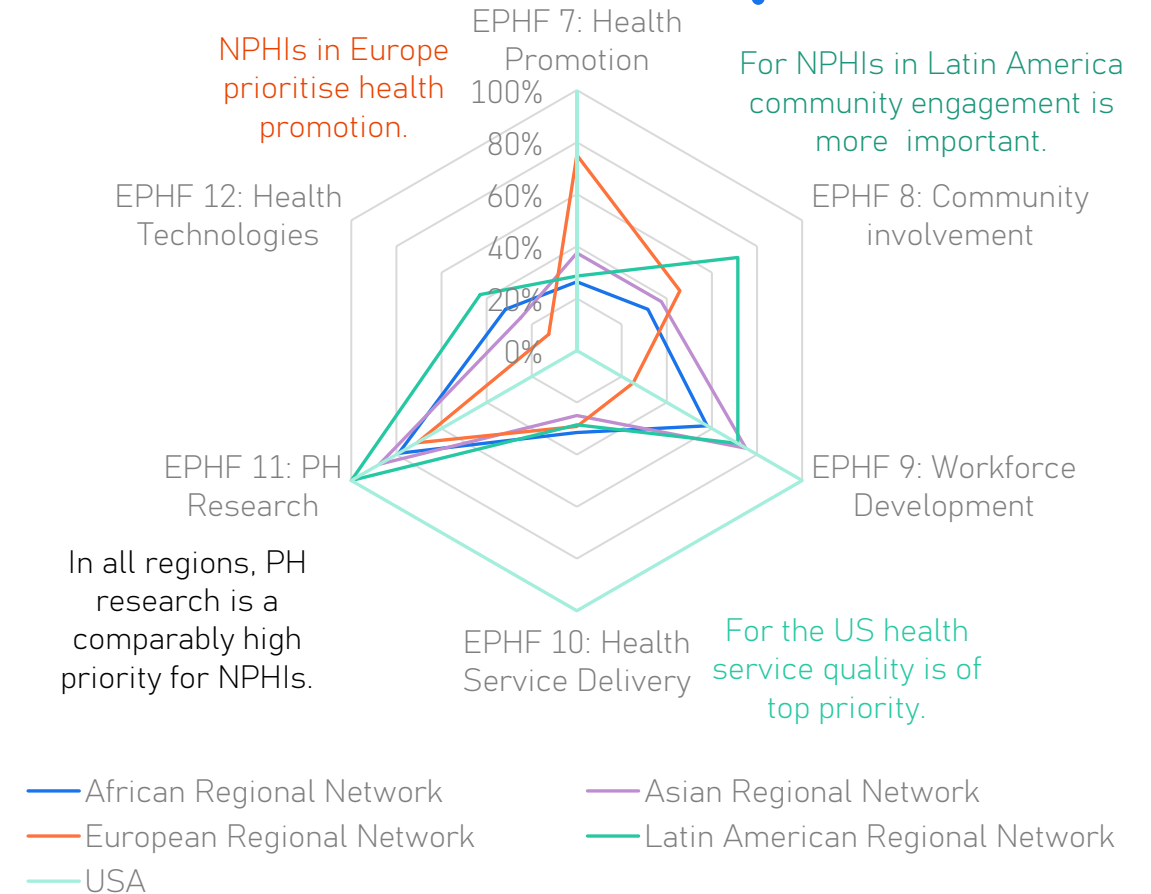
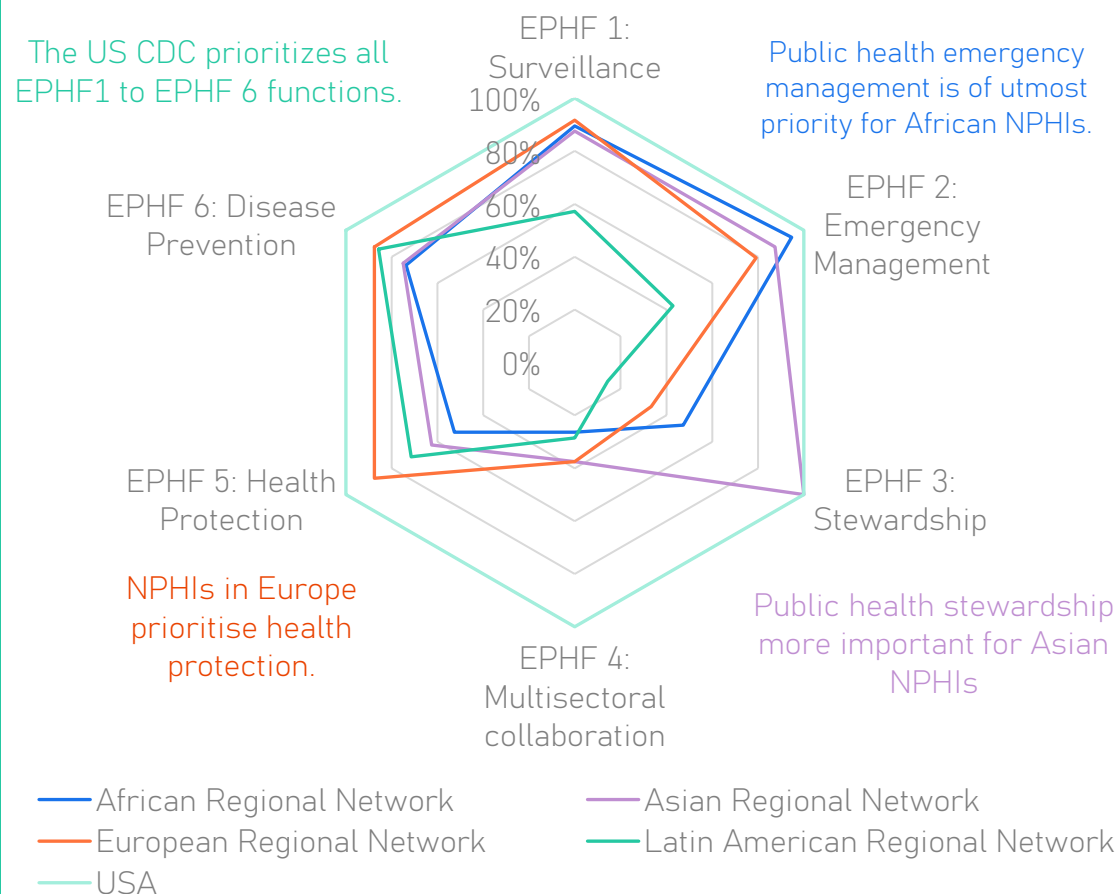
Priority setting (self-assessment)



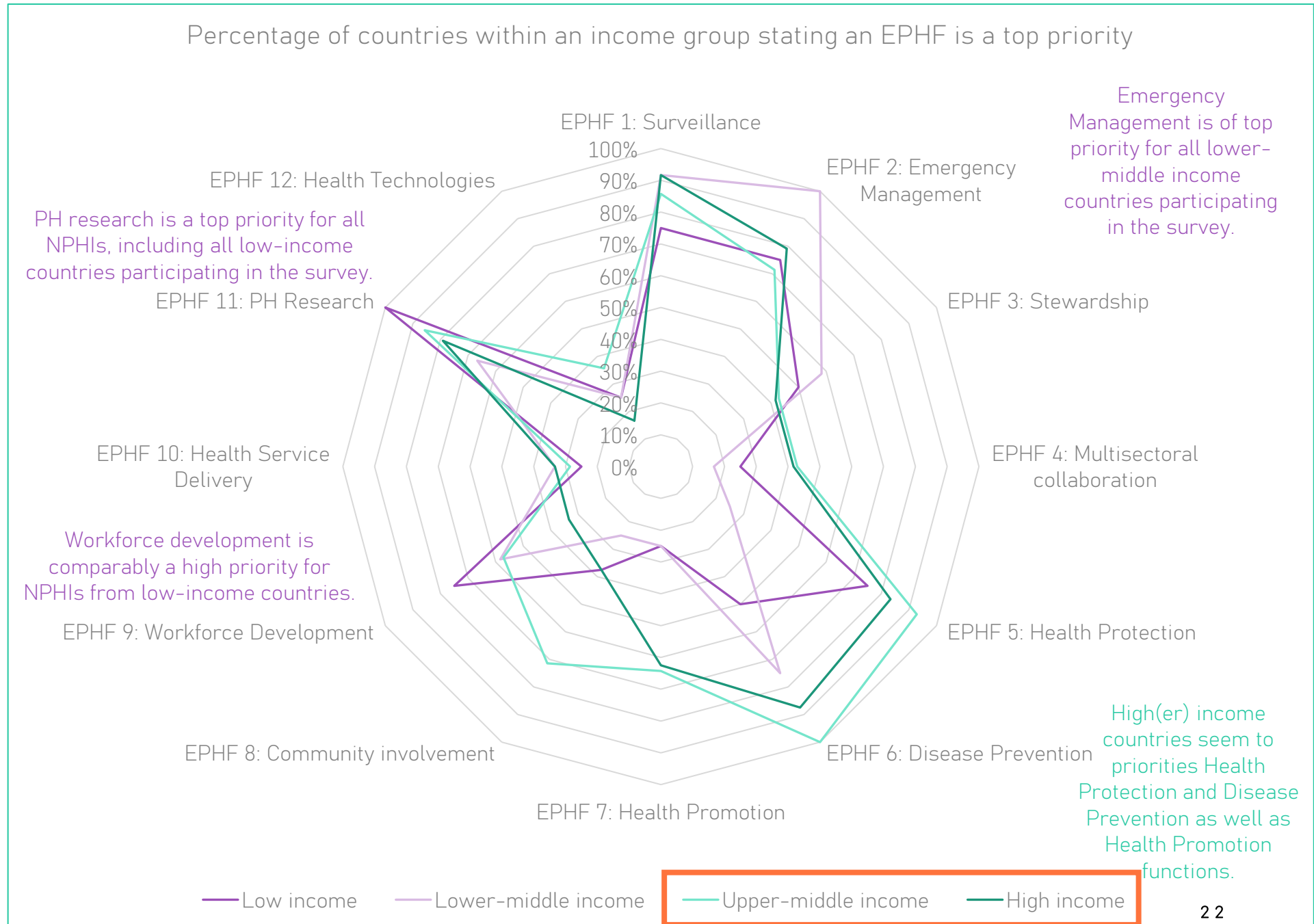
Regional networks top priorities

Percentage of NPHIs in the regional network stating the work on a specific EPHF is a top priority.

Are these priorities based on any regional strategic documents?



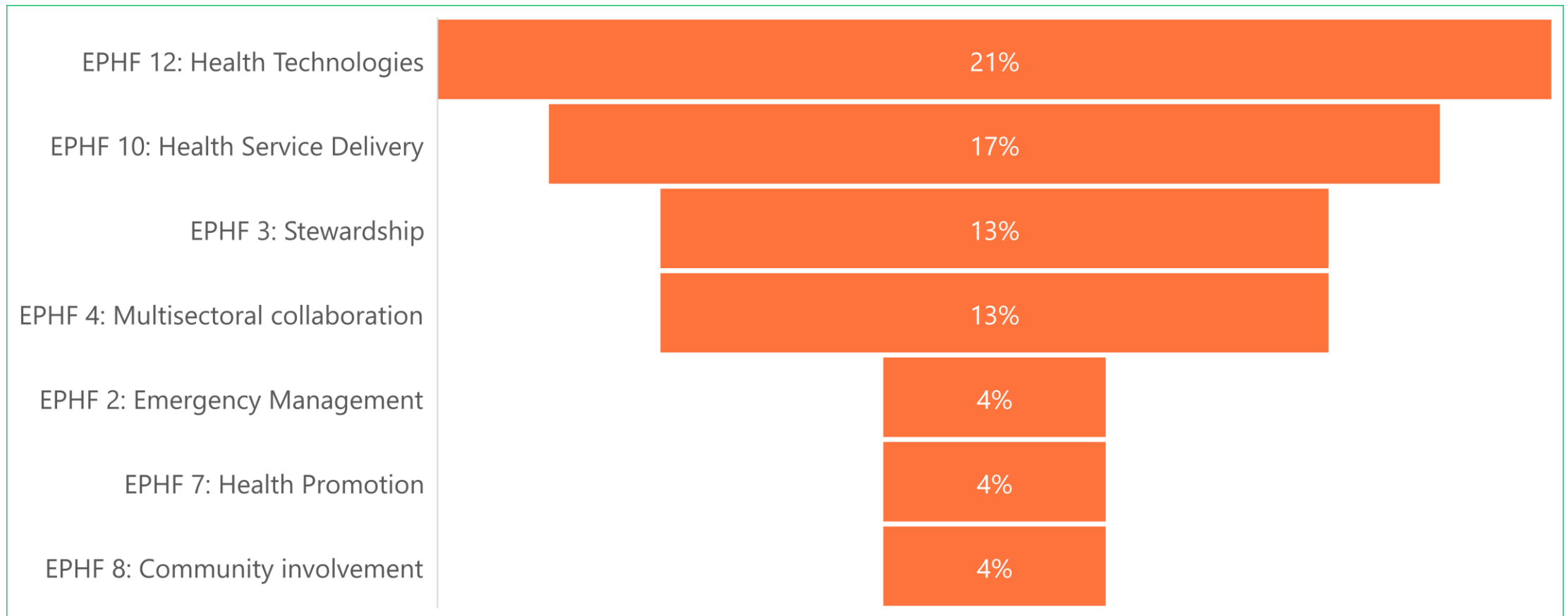
Top priorities by income group



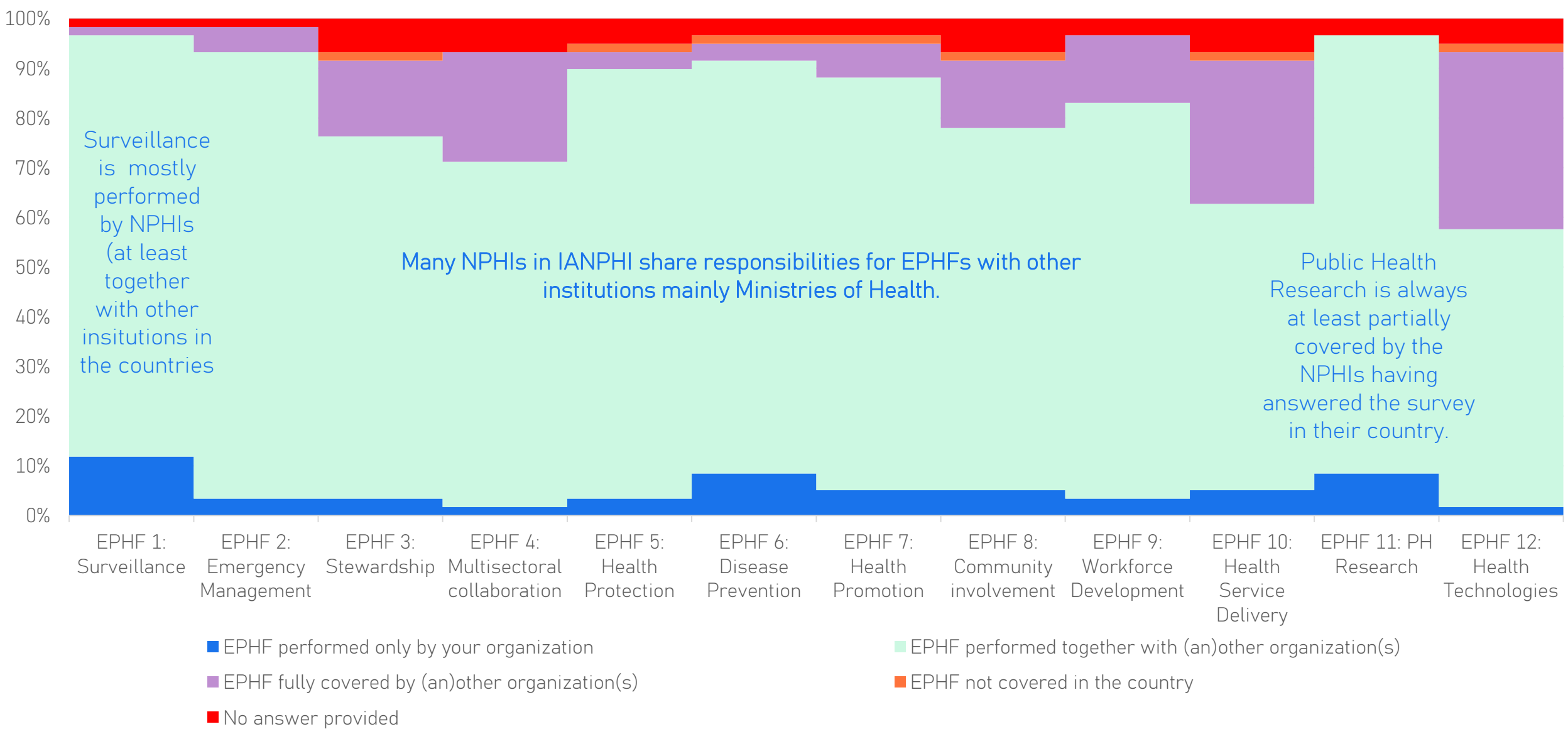


Europe Regional Network: ‚No priority‘ EPHFs

Percentage of European Network NPHIs stating the work on a specific EPHF is NOT a priority.



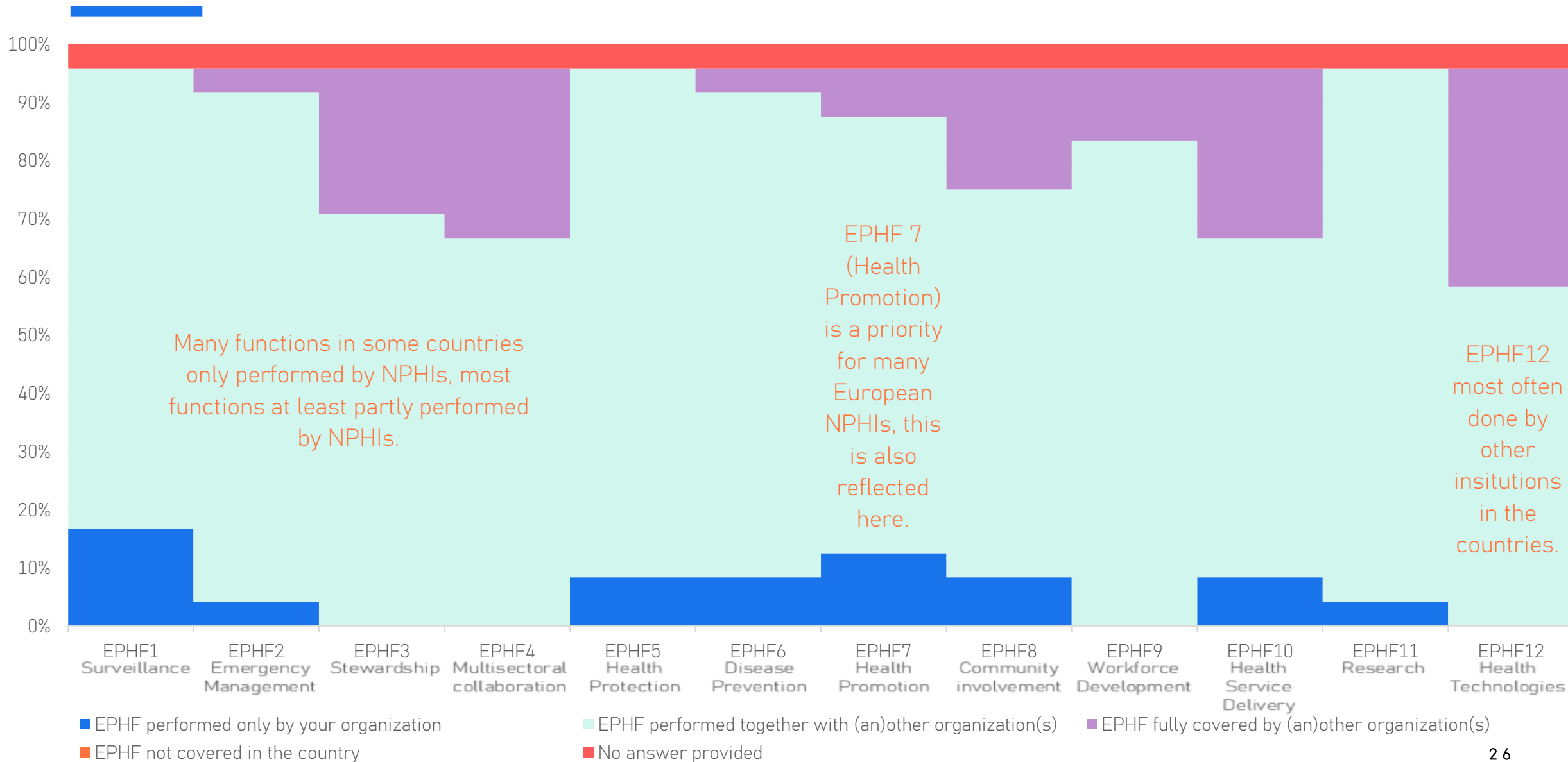
Task distribution



Task distribution (self-assessment)



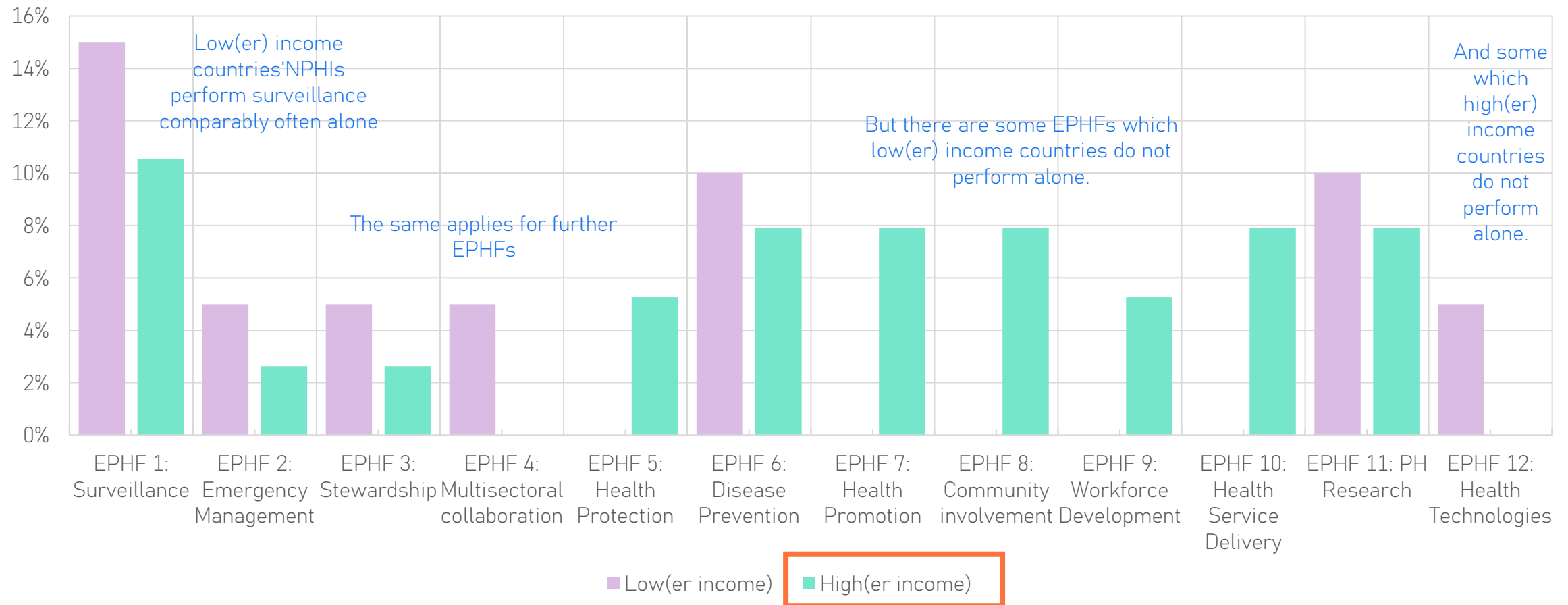
Task distribution in the IANPHI Europe Regional Network





Tasks taken on solely by NPHIs by income group

Percentage of low(er) and high(er) income group countries performing specific EPHFs alone in their country

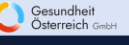


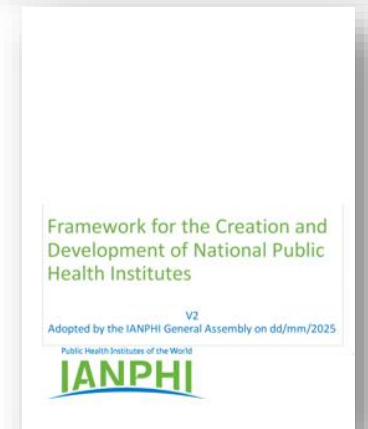
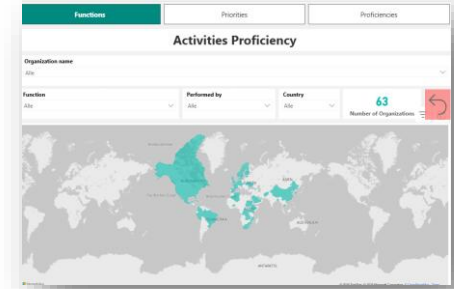
High(er) income group = high income and upper-middle income countries; Low(er) income group = low income and lower-middle income countries

What's next?

What else to expect?

Product	Dissemination	Target group	Aim	Content (Analysis)
NPHI Short Profiles	Website	General public	Present each NPHI in a short but comprehensive and comparable way to the general public.	Short NPHI profiles based on presentation with main information about NPHIs (director, number of staff, main areas of work, etc.).
IANPHI Dashboard	Dashboard	NPHIs in IANPHI	Allow comparison between NPHIs along their competencies and their focus, allowing to find partnerships among IANPHI colleagues more easily	Draft dashboard was prepared.
Descriptive analysis	IANPHI Framework	Interested public (when framework published on website)	Use some of the survey results to support the IANPHI Framework	Figure about priorities included in the framework.
Descriptive and explorative analysis	Scientific article	Interested scientific community	Use some of the survey results to analyse the data more in depth in a comparable way and to discover patterns (e.g., correlations).	Indicators suggested, to be further refined. Suggestions based on cleared datafile.

Gesundheit Österreich GmbH	
Austrian National Public Health Institute	
GOeG	
Corporate information	
https://goeg.at/en	
Legal and financial information	
Established since 2006 by law as GOeG (before operating as OBIG since 1973)	
Annual budget: ~67 Million Euro (2024)	
Structural information	
Head of institution: ao. Univ.-Prof. Dr. Herwig Ostermann Geschäftsführer (CEO)	
Number of employees: ~360 persons (2024)	
Organisation Chart I. Gesundheit Österreich GmbH	
Scientific Advisory Board	Yes
Ethics Committee	No
Specific capabilities	
Laboratories	No
Training activities	Yes, exchange programs and (joint) trainings.
Scientific advice	Yes
Guidelines development	Yes



Any questions?

- I am happy to answer your questions now or via email: katharina.habimana@goeg.at

Thank you!

- Thank you for your attention.
- Thanks to the IANPHI Survey Task & Finish Group for guidance & review.
- Thanks to the **IANPHI secretariat** in Berlin and Paris as well as the **WHO Hub** for their support in the framework of their secretariat support for making my attendance today possible.
- Thanks to **GOeG** for allowing the preparation and performance of the work on the survey possible within working hours.

