

IANPHI

INSIDER

INSIGHTS FOR NATIONAL PUBLIC HEALTH INSTITUTES



ADVOCATING THE VALUE OF PUBLIC HEALTH

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Dear IANPHI Insider Reader,

In this issue of the IANPHI Insider, we wanted to bring attention to the value of public health and highlight its importance to our health and the health of future generations.

To illustrate the theme of this month's issue, *Advocating the Value of Public Health*, we partnered with the Emory Global Health Institute for the cover image, "Water Pumping" by Bethany Caruso. As we know, water is essential to our everyday lives. We drink it, we use it to cleanse ourselves and the world around us, and we use it to give life to other valuable resources we need to live. Just like water, global health is essential to our everyday lives. We need it to ensure the foods we eat, the water we drink, and the world around us is a healthier and sustainable place for us to live active and vibrant lives.

We hope you enjoy this month's issue and will help us inform, educate and inspire others to invest in the work that we do by sharing your institutes' stories that highlight the value of public health. If your institute has a story or story idea, you would like featured in an upcoming issue of IANPHI Insider email us at communications@ianphi.org.

We look forward to hearing from you soon.

Sincerely,

The *IANPHI Insider* Team

Let's get Social!



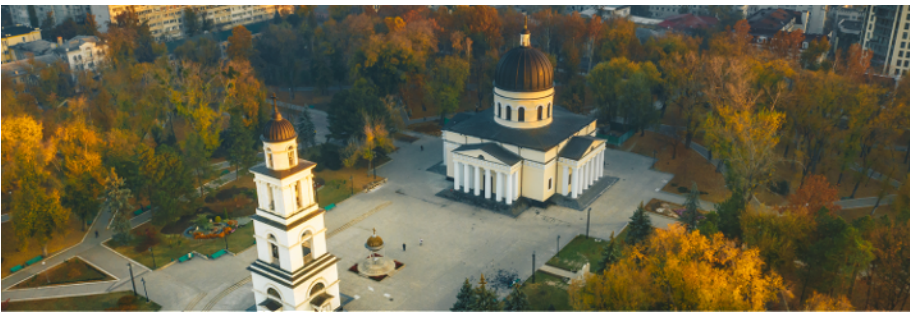
EVENTS

IANPHI events and meetings provide opportunities for national public health institute directors to share experiences and expertise, discuss common issues, and plan for future collaborations. In addition to robust scientific benchmarking and technical sessions, these meetings are rich settings for developing professional and institutional linkages.



SAVE THE DATE

The 2019 IANPHI Annual meeting will be hosted by the Ethiopian Public Health Institute in Addis Ababa, Ethiopia, December 3-6, 2019.



REGISTER NOW

The National Agency for Public Health of the Republic of Moldova is honored to host the 2019 IANPHI Europe meeting on April 8-9, 2019.

MEMBER NEWS

Statement from the Chief Public Health Officer of Canada, Dr. Theresa Tam, on the current measles outbreak and vaccine hesitancy



Celebrated the last week in April, World Immunization Week seeks to promote the use of vaccines as a way to protect the public against disease. With the rising concern of vaccine hesitancy and Canada's recent measles outbreak, the Public Health Agency of Canada (PHAC) released a statement to stress the importance of vaccines. Read the full article on the PHAC website.

Learn more about World Immunization Week 2019.

Advocating the Value of Public Health

IANPHI's Vice President, Dr. Meerjady Sabrina Flora, speaks to the importance of National Public Health Institutes promoting the work that we do to improve the public's health.



As members of the public health community we have a responsibility to ensure the world understands the value in the work that we do to improve the health of the public. That is why it is important for National Public Health Institutes (NPHIs) to document and increase the visibility of their efforts and activities, especially in their own country settings. With increasing

ties between IANPHI and NPHIs, increasing number of members and partners, and with extended IANPHI initiatives and expanded activities from NPHIs, now is the time to increase policy makers and public awareness of this important network.

NPHIs are in excellent position to increase understanding and awareness because they are close to the policy makers and

general population. In addition, NPHIs often coordinate among different organizations and institutes, both private and public. We should undertake initiatives to involve policy makers and other stakeholders more frequently in the discussion of collaborative works with IANPHI.

Importantly, there should be systematic dissemination plans

both to policy makers and to the people affected by the plans, especially with respect to the findings of collaborative projects.

It is often difficult to convince policy makers to give priority to emergency threats, especially where there is resource scarcity or when this threat is not evident at a particular moment among other visible priorities to them. It is also the responsibility of NPHIs to communicate the scientific evidence and findings as policy guidance for the policy makers. IANPHI and NPHIs can work together to determine the best approach, which can vary according to a country's situation.

Increasing the visibility and use of scientific evidence and findings is why we need to plan for more regional cooperation and collaborative activities. Discussion is needed to ensure the best use of our unique network.

While I understand health priorities and issues vary among countries and regions, some public health actions are common for all countries. Surveillance and health emergency-related activities, along with public health capacity building are common activities for all NPHIs and our contributions in these areas should be known and made known to policy makers.

The dissemination of surveillance data-to-policy makers provides an opportunity to translate those data into public health recommendations and actions. Dissemination of that same data, as well as disease outbreak data to media and general population, is useful

in preparing countries and communities to prevent and contain outbreaks. The media plays a key role in notifying and updating communities about public health recommendations and actions. They can also help us inform communities and the broader world about NPHIs' activities and for sharing the insights generated from surveillance and research activities.

"As members of the public health community we have a responsibility to ensure the world understands the value in the work that we do to improve the health of the public."

-Dr. Meerjady Sabrina Flora

As director of the [Institute of Epidemiology, Disease Control and Research \(IEDCR\)](#), I have seen this first hand. IEDCR is a government institute mandated by the Ministry of Health for public health activities including surveillance, research, field epidemiology training program and outbreak response.

IEDCR has always worked very closely with policy makers. With support from IANPHI, the [Child Health and Mortality Prevention Surveillance Network \(CHAMPS\)](#), the U.S. [Centers for Disease Control and Prevention](#) (U.S. CDC), and [Bloomberg Data for Health](#), IEDCR started a public health policy forum to give us the ability to work with policy makers and other stakeholders. Moving forward, IEDCR will be using data from programs like

CHAMPS to inform our strategies and policies for reducing child mortality. IEDCR maintains good working relationships with the media to combat public health emergencies and to leverage the media's ability to share important messages to a wide audience. The institute also hosts the One Health Secretariat in Bangladesh, which provides us an excellent opportunity to coordinate and lead the public health activities from a multi-stakeholders' perspective. IEDCR also utilizes its website to inform visitors of the activities going on at the Institute and to inform the general population about current imminent health threats.

Recently IEDCR, with the technical support of [U.S. Centers for Disease Control and Prevention](#), [Bloomberg Data for Health](#), and the [CDC Foundation](#), introduced the '[National Bulletin of Public Health \(NBPH\)](#),' which is an open-access, national, peer-reviewed public health bulletin from the Government of Bangladesh. This is being published both in English and Bangla (the official language in Bangladesh), which gives us an excellent opportunity to disseminate information to both peers and the community.

I look forward to working with you all and serving as Vice President of IANPHI.

Thank you for all that you do to make the world a healthier place.

Sincerely,

Dr. Flora



Pictured: Molecular biologist, Lila Shundi (first from right) and her team, at national laboratory for HPV testing. Institute of Public Health, Tirana.

NPHIS IN ACTIONS

New Cervical Cancer Screening Programme in Albania Focuses on Women 40-50 Years' Old

By: Alban Ylli, Head of the Epidemiology and Health Systems Department & Albana Fico, Director of the Public Health Institute of Albania

At the end of January 2019, the Albanian government made the important decision to establish the first coordinated national screening program for cervical cancer in the country, which targets women 40-50 years old. The goal is to provide all women in this age group cervical cancer screening tests as part of the routine physical examinations

done at primary health care centers. The screening program hopes to improve identification of women who are at higher risk for cervical cancer, detect and diagnose cervical cancer early and earlier among all women who are screened, and for women who are diagnosed with cervical cancer, enable treatment to begin early.

Women who have a positive test result involving high-risk human papillomavirus (HPV) will undergo a diagnostic colposcopy at their regional hospitals and be followed up every three years by trained gynaecologists even if the colposcopy does not detect cervical cancer.

Under the new program, all primary screening tests and further examinations will be provided for free at the point of care, regardless of the patients' health insurance status.

Cervical cancer in Albania is a public health problem. It is the second most frequent cancer among women of reproductive age, although of much lower incidence than breast cancer, mainly due to its characteristic increase of risk at middle age. The sexual lifestyle trends among Albanians point to a potential increase of this cancer in the absence of preventative strategies. There is a great deal of potential for prevention, with prevention efforts expected to result in a number of healthy years of life. The average mortality rate of cervical cancer for the period 2013-2017 in Albania is 2.9/100,000 and the incidence rate for the year 2015 (the first year national registry data was available) is 9.2/100,000.

The Public Health Institute of Albania has estimated 2,000-3,000 healthy, productive years lost from the disease and death yearly. In a conservative estimate, Albanian society loses at least six million US dollars a year because of productivity loss and health system related costs. The program, with a price of around \$300,000, is undoubtedly a public health 'best buy'. The data provided by the Institute, coupled with increasing public awareness of cervical cancer



Cancer epidemiologist, Kozeta Filipi (first from right) after an in-job-training about the program. Lunder Health Center in rural Tirana. NEEDS

prevention, helped convince the Ministry of Health and Social Protection to provide the necessary leadership for the program, design the policy framework and involve the whole government in the cause.

The lessons learned from limited-scale pilot projects have also proved valuable to efficiently tailoring the new services to the health-seeking behaviors of the target population, with consideration for national health system capacities. For example, the programme is focusing first on larger urban areas where it is deemed more difficult to attain adequate cervical cancer screening coverage. Also, screening allows for the vaginal samples taken by women themselves, which is very practical for women in rural

areas, where health centers are more poorly equipped with gynaecological beds and trained personnel. Or the women's movement five years ago, which resulted in the ceremonial signing of the declaration of wisdom against cervical cancer by a large number of prominent healthcare professionals and politicians.

While the year in which Albania's cervical cancer screening and prevention efforts began remains debatable, without a doubt, the systematic research carried out and scientific evidence provided by the Institute of Public Health and its partners, along with their advocacy of the value of these prevention programs to public health, have been keys to the successful initiation of the aforementioned programme.

Albania's Public Health Institute was founded in 1935. Its mission is to prevent and control disease, injury, disability, and health damaging environmental factors in Albania. The institute is responsible for the development of health promotion and education programs as shown in this article. Click the link to learn more about the Public Health Institute of Albania.

From Endemic to Epidemic: Nigeria Centre for Disease Control's Response to its Historical Lassa Fever Outbreak



Elsie Llori is a Deputy Director at the Nigeria Centre for Disease Control (NCDC). She is the team lead for the Lassa fever Technical Working Group at NCDC and has coordinated various response activities and production of various guidelines and the standard operating procedures for Lassa fever control in Nigeria.



Soon after the start of 2018, the Lassa fever Technical Working Group at the [Nigeria Centre for Disease Control](#) (NCDC) noticed the reports of Lassa fever trickling in. That trickle quickly turned into a flood that would become another large Lassa fever outbreak in the history of Nigeria after the 2018 outbreak. 495 confirmed cases have been reported since January 2019 and 114 [recorded deaths](#) as of March 17th 2019.

The existence of Lassa fever cases is not surprising as the virus is endemic in many West African countries. Nigeria, Guinea, Liberia and Sierra Leone are known as the “[Lassa belt](#),” and frequently experience outbreaks. Together, the Lassa fever and Ebola outbreaks have highlighted the need to strengthen public health capacity and capabilities in the region.

Similar to Ebola, there are no licensed vaccines to prevent Lassa fever infections. It is important to diagnosis Lassa fever infections early so that treatment can begin as soon as possible.

Lassa hemorrhagic fever (LHF), more commonly known as Lassa fever, is a rodent-transmitted disease that affects humans. Rodents who carry the virus can spread the disease by wandering inside homes while in search of food. Humans become infected through contact with rodent urine or feces. Detection and diagnosis of Lassa fever infection is often difficult because many infected individuals do not develop noticeable symptoms. Some individuals will experience fever, weakness, headache, vomiting, and muscle pains. In the most cases, the virus causes bleeding, shortness of breath, facial swelling, and pain in the chest, back and abdomen. The U.S. Centers for Disease Control and Prevention (CDC) reports that while only 1% of infections result in death, nearly 15-20% of Lassa fever patients who are hospitalized die from the illness.

Since its establishment in 2011, NCDC has been actively involved in responding to Lassa fever outbreaks, including the most recent. IANPHI Insider spoke with Elsie Llori, the NCDC Lassa fever Response Team lead. During non-outbreak periods, Elsie serves as Team Lead of the Lassa Fever Technical Working Group (LFTWG) at NCDC. In the past year, she managed and coordinated all activities related to the Lassa fever outbreak. We asked how her team is responding to this public health crisis and how they are carrying out NCDC’s mission to protect the health of Nigerians.

Here’s what she had to say...

Cover image: Taken during the week the NCDC team worked with the West African Health Organisation to implement the biggest outbreak simulation exercise in West Africa. (Photo Credit: Chikwe Ihekweazu, NCDC director, Twitter page)

IANPHI: Describe the impact the Lassa fever outbreak has had on Nigeria?

Elsie Ilori: This outbreak was really unprecedented. In terms of the number of cases, compared to other years, we have not had as many confirmed cases as we had recorded in previous years.

The outbreak highlighted some gaps in our surveillance, case management and diagnostic capacity, especially at the state level in Nigeria. On the positive side, it increased political commitment to health security infrastructure as state governments dedicated more resources to curb the outbreak.

However, our response activities improved tremendously this year. We were better prepared, with the Technical working group meeting every week even before the surge in cases. This group had developed/reviewed case management guidelines, Infection Prevention and Control (IPC) guidelines, standard operating procedures, established close contact with the treatment centres and diagnostic facilities and developed key messages for risk communications.

IANPHI: When was the first outbreak confirmed and how did you identify it?

Elsie: I wouldn't say the first outbreak because in 2017 we recorded cases of Lassa fever every week throughout the year. When did we notice a surge? We were actually expecting a surge in 2019, with all the activities carried out during the 2018 outbreak, people are more aware of the Lassa fever, the symptoms and high index of suspicion by the health workers. By the first week of January 2019, we noticed there was a tremendous increase in cases reported. We went from Twenty five (25) confirmed cases a week to thirty five (35) to seventy nine (79) cases. It was at this point the Emergency Operations Centre (EOC) was activated.

IANPHI: What is the role Africa CDC in this outbreak?

Elsie: The Africa CDC provided support mainly by deploying experts in epidemiology and surveillance. They supported data management, surveillance activities and also provided training to members of staff at NCDC.



Photo: The Institute of Lassa fever Research & Control is dedicated to monitoring the control of Lassa fever, is the first of its kind in Nigeria and indeed the West Africa sub region.

While we continue to review and understand the epidemiology of the virus, the increase in reported cases may be attributed to the increased diagnostic and surveillance capacity, as well as risk communications in the country.



Photo: Elsie leading meeting with Lassa fever Working Group.

IANPHI: Were you able to draw from your experiences responding to the 2014 Ebola outbreak in your response to this Lassa fever outbreak?

Elsie: The 2014 Ebola outbreak helped us a lot because we had trained health workers on infection prevention control (IPC) in most of the health facilities and recommended having the IPC committees in all the health facilities. After the Ebola outbreak, we actually carried out training for clinicians in all the states. That actually helped us build a foundation for response to Lassa fever.

IANPHI: Can you talk about how NCDC has been able to manage the response to this outbreak? What have been your standard operating procedures during the outbreak?

Elsie: Nigeria is a large country, with a Federal structure and 36 states + the Federal Capital Territory (FCT). While the disease is endemic in the country, there are more cases in some states than others. One key strategy used for 2019 outbreak response is the use of one health approach with the animal and environmental sectors fully involved in the response at the community level and the increasing state level ownership of response activities.

At the federal level, NCDC has strengthened surveillance activities, especially with the introduction of digital surveillance tools and an aggressive event based surveillance system. In addition, the National Reference Laboratory which was operationalized in May 2017 coordinates three other public health laboratories with the capacity to test for Lassa fever in Nigeria. Prior to the surge in cases in January 2019, our Technical Working Group had been monitoring the situation. It was therefore not difficult to transition to an EOC.

We had Rapid Response Teams on alert mode that were quickly deployed to affected states. We had developed guidelines that helped coordinate response activities, and we sent letters of alert to all states in the country along with a public health advisory.

The EOC was multi-disciplinary, especially including our colleagues from the Agriculture (animal health) and Environment Ministries. This was to ensure we were guided by a One Health approach. In addition, we had tremendous support from our partners, led by the World Health Organization. In previous years, NCDC prepositioned case management supplies in states across the country. However, we recognized it was not the best approach. This year, we have encouraged states to procure their own supplies for management, while NCDC provided support. In emergency situations, we have ensured supplies are provided within 24 hours of request. There no treatment or diagnostic centres have run out of supplies in responding to cases of Lassa fever.

// Nigeria, Guinea, Liberia and Sierra Leone are known as the “Lassa belt,” and frequently experience outbreaks. Together, the Lassa fever and Ebola outbreaks have highlighted the need to strengthen public health capacity // and capabilities in the region.

-Elsie Llori

IANPHI: You all are very active on Twitter. What channels and media are you using to communicate this outbreak to the community

Elsie: While we have very visible presence on social media, we also focus on traditional media, including intensive community engagement. During the outbreak, risk communications officers were deployed as part of Rapid Response Teams to states with cases. They engaged community leaders and members of the community, using well-defined key messages. In addition, we are in the process of developing an all-hazard risk communications plan that defines our strategy for community engagement and the use of traditional and social media platforms. During outbreaks, we publish weekly situation reports on the NCDC website. This is also shared with the WHO team that coordinates inter-country outbreak communication. The situation report ensures that we provide publicly available and accessible information.

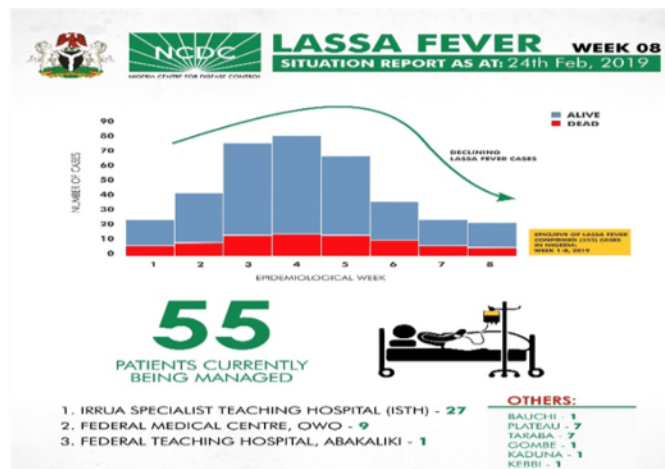


Photo: An infographic NCDC created to inform health workers on how to keep safe during this outbreak.

Continued on page 12

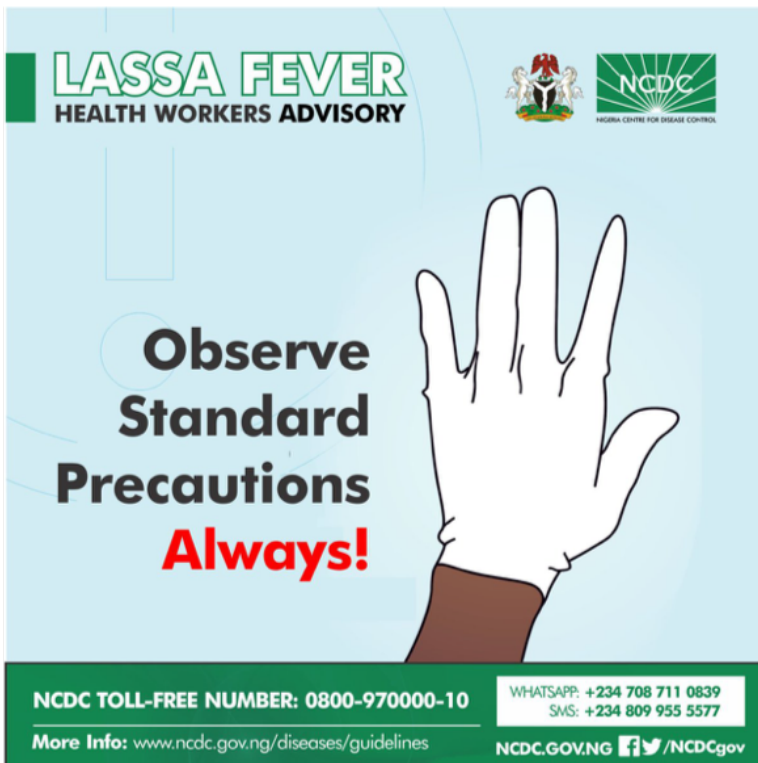


Photo caption: Infographic NCDC created to inform health workers on how to keep safe during this outbreak.

IANPHI: What emergency response systems did NCDC already have in place?

Elsie: We have a preparedness plan and we have trained rapid response teams. They are always on standby. We have a couple of field epidemiologists that have been trained. Most of them are [Nigerian Field Epidemiology and Laboratory Training Programme Residents and Graduates](#). In terms of emergency preparedness, we were ready because we also had the logistics for supplies and medicines in place. We already prepared these and were on standby for the outbreak. We have four testing laboratories in the countries —one in Abuja, our National reference Laboratory (NRL), one in the south where the epi center is- the Irrua Specialist Teaching Hospital, Edo State, the third in Lagos, the southwest and the fourth in the South east, Ebonyi state. We are preparing for a fifth in one of the hot spot state in the South west , FMC Owo, Ondo state The testing laboratories are also strategic in the sense that you can have those in the north send their samples to the one in Abuja, the ones in the south and southeast can send to the one in the south-south, Edo State, and those in the southwest can send to the one in the southwest in Lagos University Teaching Hospital. The laboratories have reagents available for them to test.

IANPHI: How is your team protected from infections during this time?

Elsie: The NCDC Rapid Response Teams (RRT) are well trained to protect themselves, while supporting response activities. Recently, we have begun a process for an organizational health plan that will also include vaccination for vaccine preventable diseases. However, for diseases like Lassa fever, where there is no vaccine, the teams are well informed on specific actions, especially around infection prevention and control. Every RRT has an emergency kit with supplies for first aid treatment.

“ There is no magic bullet. Preparedness is an essential component as we have learnt during our response. ”

-Elsie Llori

IANPHI: Were you able to draw on recent Public Health Emergency Management training?

Elsie: Over the last year, we have rapidly increased our emergency operations centre operations, both at NCDC and the state level. Our [Emergency Preparedness and Response Department](#) led by Dr. John Oladejo, who was participated in the US CDC [public health emergency management \(PHEM\) fellowship training program](#), has effectively established an Incident Coordination Centre (ICC) at NCDC. We have also activated EOCs for Lassa fever, Monkeypox and yellow fever. The opportunity presented to him helped us think through several processes and develop operating procedures. We have also begun a state EOC project, rolling out centres that are networked to the national ICC for outbreak preparedness and coordination. We have replicated the PHEM training at NCDC and selected states. This way, we are building a stronger cohort of colleagues who are well grounded in the use of incident management structures.



Elsie alongside Chikwe Ihekweazu, CEO NCDC and Professor Sylvester Okogbenin, CMD Irrua Specialist Teaching Hospital, during a press briefing, in collaboration with Irrua Specialist

IANPHI: Have you heard anything from the community as far as their response to your handling the outbreak?

Elsie: Our Risk Communications team carried out an assessment in some communities to understand the level of awareness of Lassa fever and our support. In several areas, communities were receptive of the response as we ensured cultural contexts were respected without affecting response activities. Our entry point at every community was engaging community leaders, who in turn supported our interaction with the community. While it was difficult in some cases, especially in ensuring safe burial practices, we were largely successful in ensuring we were well aligned with people’s traditions and culture.

IANPHI: What advice would you share with other NPHIs to help them prepare for an outbreak of an infectious disease like Lassa fever?

Elsie: There is no magic bullet. Preparedness is an essential component as we have learnt during our response. It was less difficult for us to transition to an EOC, as we had a working group that had been working all year round with strong coordination. The preparedness activities also include ensuring key prevention messages are developed and widely disseminated, emergency supplies are

available, and surveillance structures are active. Most importantly, we must build strong systems within national public health institutes. At NCDC, we have taken a more prominent role in coordinating disease prevention, detection and response activities. We have ensured there is a coordination mechanism across government levels and with partner agencies. This has helped to improved our approach to outbreak response.

IANPHI: Looking back, what has kept you motivated during this long outbreak?

Elsie: The opportunity to protect the health of Nigerians and contribute to our country is one we do not take lightly at the Nigeria CDC. We are motivated by the trust millions of Nigerians have in the existence of our agency and the fulfillment of our mandate. It is never an easy period for any country during an outbreak, no matter the quantity of its resources. We continue to push to ensure a stronger Nigeria, safe from the threats and occurrence of infectious diseases. Our leadership also serves as a motivating factor as through this we have developed stronger partnerships within and outside the country.

Learn more about the Nigeria Centre for Disease Control and Prevention and their Lassa fever outbreak response at [www..ncdc.gov.ng](http://www.ncdc.gov.ng).

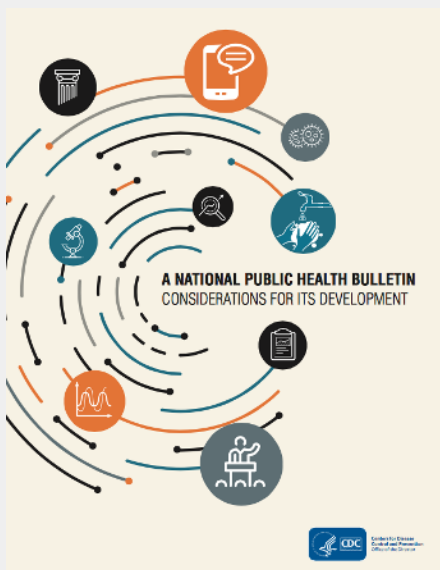
PUBLICATIONS

IANPHI improves the world's health by leveraging the experience and expertise of its member institutes to build robust national public health systems.



How Africa can quell the next disease outbreaks

Dr. John Nkengasong, the head of the Africa Centres for Disease Control and Prevention (Africa CDC) says empowering local leaders to act fast during outbreaks protects Africa and the world against public threats. Read the full *Nature: International Journal of Science* article to learn more.



A National Public Health Bulletin: Considerations for its Development

The U.S. Centers for Disease Control and Prevention public health bulletin (PHB) is used as a primary communications channel for the government to provide timely reliable, accurate, authoritative, objective and useful public health information that includes recommendations to the public and health professionals. Read the PHB *A National Public Health Bulletin: Considerations for its Development*, which provides information and suggestions for actions to minimize public health threats.



This Nigerian doctor might just prevent the next deadly pandemic

IANPHI member institute director, Chikwe Ihekweazu and leader of the Nigeria Centre for Disease Control, shares his vision to protect Nigeria and the world from future public health threats. Read the full *Nature: International Journal of Science* article to learn more.

NEW DIRECTORS

Currently, IANPHI consists of 109 members from 95 countries (and growing), benefiting more than 5 billion people on 6 continents.



Mexico

Dr. Juan Rivera Dommarco, Director
National Institute of Public Health, Mexico



Sudan

Dr. Abdelgadir Ali Bashir, Director
Public Health Institute at Sudan (PHI)

STAFF UPDATE



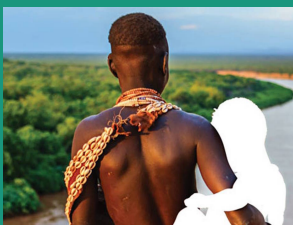
Welcome N. Charles Hamilton

IANPHI welcomes N. Charles Hamilton. He will be working with the IANPHI Secretariat at Santé Publique France as an intern.

See his bio to learn more about IANPHI's newest team member.

CHAMPS NEWS

The Child Health and Mortality Prevention Surveillance (CHAMPS) Network provides more accurate and complete data on the likely causes of deaths of individual children under five in sub-Saharan Africa and South Asia. Visit champshealth.org for more information and to request access to the data.



CHAMPS Tools Provide
Greater Clarity on
Causes of Child Deaths



VIDEO: MITS Pioneer
Talks About its
Incredible Potential to
Prevent Childhood
Mortality



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