Framework for Development of National Public Health Institutes in Africa

African Union

AFRICA CDC
Centres for Disease Control and Prevention
Safeguarding Africa's Health

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ACRONYMS

Africa CDC	Africa Centres for Disease Control and Prevention
AU	Africa Union
EVD	Ebola Virus Disease
GHSA	Global Health Security Agenda
IANPHI	International Association of National Public Health Institutes
IHR	International Health Regulations
JEE	Joint External Evaluation
MoU	Memorandum of Understanding
MoH	Ministry of Health
NPHI	National Public Health Institute
RISLNET	Regional Integrated Surveillance and Laboratory Network
SARS	Severe Acute Respiratory Syndrome

FOREWORD

National Public Health Institutes (NPHIs) are science-based government institutions or organizations that promote health by coordinating public health functions and programs to prevent, detect, and respond to public health threats, including infectious and non-infectious diseases and other health events. NPHIs contribute to compliance with International Health Regulations (IHR, 2005) and advance the Global Health Security Agenda (GHSA) by consolidating and organizing core functions. They provide leadership and a home for coordinating IHR activities, support national accountability for the GHSA, and strengthen the overall health system.

As a specialized institution of the African Union (AU), the Africa Centres for Disease Control and Prevention (Africa CDC) is in a unique position to support countries to develop and strengthen NPHIs. As part of its work, the Africa CDC is working to establish a new Public Health Order for Africa, one in which Member States are empowered to take control and responsibility for the health and wellness of their populations by building public health workforce capacity, coordinating and enhancing partnership, harnessing public health assets through RISLNETs and NPHIs, supporting public health decisions and policies through quality data, and building private philanthropic partnerships to leverage resources.

This document describes NPHIs — including aspects of their operations, their public health functions, and considerations in creating or strengthening NPHIs. It provides detailed appendices, which can serve as guidance documents for countries that want to create more robust and effective national public health capacities.

The Africa CDC has five strategic pillars that are essential for achieving its vision and mission:

- Surveillance and disease intelligence
- Emergency preparedness and response
- Laboratory systems and networks

FOREWORD

- Information systems
- Public health research

National Public Health Institutes provide the platform to ensure that the pillars are integrated and coordinated. The success of NPHIs requires investments in adequate and experienced workforces as well as necessary financial and material resources.

Africa CDC looks forward to working with African countries and partners to implement these five strategic pillars and to create and strengthen the NPHIs within African Union member states in order to achieve our shared public health goals.

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Director – Africa Centres for Disease Control and Prevention

EXECUTIVE SUMMARY

NPHIs are national-level institutions that lead and coordinate public health functions, including surveillance, emergency preparedness and response, public health research, and public health workforce development. NPHIs are science-based organizations with key attributes that relate to how they function. These key attributes include commitment to transparency and accountability, use of evidence for decision making, development of their workforces, and ensuring financial sustainability. While the Ministry of Health is usually the lead for policy decisions related to health, the NPHI plays a critical role in generating, synthesizing, and interpreting data, and using this information to make recommendations, to support the Ministry to make informed policy and program decisions.

Reasons for establishing NPHIs vary, but often relate to desires to increase efficiency and effectiveness, or in reaction to inadequate public health responses to crises, such as Ebola Virus Disease (EVD) in West Africa.

Establishing an NPHI takes political will and commitment of leadership at the highest level. It requires long-term investment both from high-level leadership and from the individuals and groups that will comprise the NPHI. This document includes details of the core attributes and functions of NPHIs, and suggestions for steps related to NPHI creation. It also includes a discussion of sustainability – ensuring continued funding and investment in human and physical resources.

Success in building a stronger health system in Africa requires all countries to have strong public health systems. Strong NPHIs throughout Africa will support achieving the shared goals of improving and protecting the health status on the continent.

THE AFRICA CDC NPHI FRAMEWORK: PURPOSE

National Public Health Institutes vary widely in breadth and depth. Given that consolidated, well-functioning NPHIs bring efficiency and effectiveness to public health efforts, the Africa CDC strongly encourages African countries to examine the organization of their national-level public health system to determine if they would benefit from creating or strengthening their NPHIs. NPHIs are a critical component of the Africa CDC's strategy to implement its five strategic pillars in service of improving public health in Africa. More detail about the Strategic Pillars is available at http://africacdc.org/resources/strategic-framework.

The purpose of this Framework is to describe NPHIs, including mandates, functions, guiding principles and activities that are vital to create, strengthen and sustain NPHIs. The Framework provides a high-level view; however, every country will need to adapt the suggestions for their national and local context.

I. NATIONAL PUBLIC HEALTH INSTITUTES

Public health systems function best when there is a single focal point that various public and private sector entities recognize as leading or coordinating public health activities. When public health functions are fragmented and spread across multiple government ministries or sectors, the results often include: duplicated efforts; wasted resources; lack of leadership and accountability; slower response times to public health emergencies due to uncoordinated efforts; and reduced impact of programs intended to improve the health of the country's population. Establishing an NPHI helps address these issues by consolidating public health functions at the national level, bringing together data and expertise to coordinate efforts across sectors. An organized, well-functioning NPHI helps countries perform essential public health functions and ensure accountability for public health resources. NPHIs also enable a standardized approach to developing public health expertise consistent with the needs of a nation.

What are National Public Health Institutes?

NPHIs are national-level institutions that lead and coordinate public health functions, including surveillance, emergency preparedness, response, and public health research. There are generally two models of NPHIs existing on the African continent. In the most widespread approach, a single entity is responsible for fundamental public health functions [surveillance, outbreak detection and response (including emergency response), workforce development, public health research, program monitoring, and evidence based policy direction]. A less common model is where several government agencies responsible for various public health functions create a network or platform to improve coordination and the leveraging of scarce resources across various agencies. Success using this model is more likely if there is a dedicated source of funding for the platform and participants perceive the value for the time and work investment in maintaining it.

IANPHI's Definition of an NPHI
The International Association of National Public Health Institutes (IANPHI), the global network of NPHIs, defines an NPHI as "A Science-based organization or network of organizations that provides national leadership and expertise to achieve substantive, long-term improvements in the public's health." [1]

I. NATIONAL PUBLIC HEALTH INSTITUTES

Why Establish NPHIs?

NPHIs are generally established to:

- Increase efficiency to ensure that key components of outbreak detection and emergency response are linked, that data flow is real-time, and that communications are clear and consistent. By bringing together similar functions into one organization and removing redundancy and organizational barriers, efficiency is increased.

- Increase effectiveness by linking key components of public health which results in increased effectiveness of all groups. For example, an NPHI that has brought together surveillance, laboratory capacity, emergency response, communications, and public health research may be more likely to quickly detect and control outbreaks; provide laboratory confirmation; respond appropriately; coordinate the information for leaders, communities, and media; and identify data needs and actions that could help ensure that similar events are prevented in the future.

- Contribute to public health workforce and skills-building, and help define career pathways, including advancing the development of public health system leaders.

- Provide a coordination mechanism for collaborative projects focused on national priorities and to bring together stakeholders wishing to tackle multiple aspects of a public health problem. With an NPHI, collaborators can provide funds to a central organization that can take responsibility for multiple aspects of an issue. Particularly as funding for some vertical programs decreases, having an NPHI that can absorb the program and funds may be a useful alternative to a stand-alone effort. Many NPHIs have been created following the failure of the health system to adequately respond to crises, usually because the response was fragmented and insufficient. This has been true in countries such as Guinea, Sierra Leone and Liberia during the Ebola crises in West Africa in 2014. The ability of countries with NPHIs to mount more effective responses is illustrated by experiences in Guinea-Bissau and Nigeria during the Ebola outbreaks of 2014.

I. NATIONAL PUBLIC HEALTH INSTITUTES

NPHI Key Attributes

Key Attributes refer to "internal-facing" aspects of an NPHI, that is, issues related to management and functioning. These are contrasted with Core Functions, which are considered "external-facing" and are generally focused on impact on individuals, populations, and organizations outside of the NPHI.
Key attributes of NPHIs include:

- Science-based: NPHIs emphasize the use of data and evidence to make recommendations, develop programs, and suggest policies in partnership with Ministries of Health.

- National scope: NPHIs have the responsibility to serve entire national populations rather than selected communities. However, in some countries, public health agencies exist in densely populated cities or provinces. It is important to note that these do not qualify as national public health agencies.

- Transparent and accountable: NPHIs must be able to manage and account for resources using good business practices.

- Strong and continuously improving NPHI workforce: This includes having strategies for individual growth and retention/career paths.

- Adequate infrastructure to perform the core functions efficiently: This includes infrastructure for laboratory services, communications, and resource mobilization. Information technology (IT), to support data collection, analysis, and dissemination, as well as internal communications among staff and leadership, is also necessary for NPHIs to carry out their missions.

- Clearly defined legal authority for its work: This might include legislation, a decree, or other legally binding documents that describes the NPHI, its mandate, its key functions, and its authority. This also often includes the explicit mandate to work across agencies, for example, when taking a One Health or all hazards approach, and sometimes includes special powers during emergencies. More information about establishing legal frameworks for NPHIs can be found in the Africa CDC Publication "Providing a Legal Framework for a National Public Health Institute (NPHI)."

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- Linkages at international, national, and subnational levels: This includes collaborations to ensure effective IHR and GHSA implementation and achieve national public health goals. NPHIs in Africa should have strong links to the Ministry of Health and local public health stakeholders, as well as Africa CDC and the Regional Collaborating Centres.

- Plans for sustainability: NPHIs may use numerous strategies to address sustainability, including working through the government appropriations processes, garnering support from partners, developing capacities to obtain research grant funding, and creating foundations that can accept resources from a range of sources. However, it is critical that governments prioritize and include dedicated financial, infrastructural and human resource support for the NPHI in the national budget. Strong multilateral and bilateral partnerships can also increase availability of resources for sustainability.

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NPHI Core Functions

The following list of Core Functions (CFs) represents a range of efforts that are important for NPHIs. They are described in more detail in Appendix A. The Appendix also includes examples of activities that could be part of each of the core functions.

CF 1. Population Health and Health-Related Indicators

CF 2. Public Health Laboratory and Surveillance Systems, and Emergency Preparedness and Response

CF 3. Disease Prevention and Health Promotion

CF 4. Advocacy, Communication and Social Mobilization

CF 5. Policies and Plans that Support Individual and Community Health Efforts

CF 6. Health Protection and Support for Regulation and Enforcement

CF 7. Evaluation and Promotion of Equitable Access to Services

CF 8. Public Health Workforce Development

CF 9. Evaluation, Prevention, and Control of Public Health Issues in Clinical Settings

CF 10. Research in Public Health

II. DEVELOPING A NATIONAL PUBLIC HEALTH INSTITUTE

Consolidating and organizing public health expertise and systems within an NPHI improves the ability of countries to carry out essential public health functions and improve accountability and efficiency. However, restructuring public health systems can be difficult. Experience has shown that consistent, high-level support from national leadership and strong, day-to-day leadership of the process itself are critical elements for success.

In most cases, at least part of the NPHI is created by bringing together parts of existing organizations, mostly in the Ministry of Health (MoH). Having an organized process of change management can help ease the transition to an NPHI.

All parties involved should recognize that NPHI development and strengthening takes time and is constantly evolving; in some cases it takes many years. The reasons the time to create an NPHI varies include:

- Process required for the legal framework (e.g., whether legislative approval is needed.)
- Changes in political leadership during NPHI creation
- Time available for those responsible for managing the change process helping oversee the development of the vision and organizational charts, etc.
- Resistance to change among some leadership and staff
- Availability of resources (e.g., for renovation or construction of buildings)

Key for successful NPHI creation is having a shared vision and a plan for achieving it. Political will is also an essential key to success. The creation of the Liberian NPHI, including the passage of legislation, took only a year. The rapid speed with which the NPHI was established in Liberia was due to the strong political will and momentum arising from the Ebola Virus Disease outbreak in 2014.

Priority Core Functions

Because they are so critical to achieving overarching public health goals, most NPHIs emphasize capacity in three Core Functions:

- CF 2. Public Health Laboratory and Surveillance Systems, and Emergency Preparedness and Response
- CF 8. Public Health Workforce Development
- CF 10. Research in Public Health
- NPHIs also typically play important public health roles in some aspects of CF 1, for example, by publishing reports on population health issues, and CF 3, for example, encouraging healthy behaviors.

II. DEVELOPING A NATIONAL PUBLIC HEALTH INSTITUTE

Successful NPHI creation also requires a skilled and respected leader who can dedicate most of their time to leading the planning, resource mobilization, change management, and other work required to create the NPHI.

A list of suggested questions for consideration prior to embarking on NPHI creation is in Appendix B. A description of steps that have been used in creating NPHIs is in Appendix C.

III. SUSTAINABILITY

Bringing together public health functions into an NPHI is a lengthy process which requires a deliberate and forward-thinking approach. It is a best practice to integrate considerations for sustainability into each step of the NPHI development process.

Authorization

Having a clear written authorization for the NPHI can be important for ensuring it continues to exist and fulfill its functions, even during times of political change. A legally binding authorization helps ensure continuity when political changes occur.

Sources of Funding

NPHIs are encouraged to have multi-year strategic plans, which describe the current and future activities and needs of the NPHI. This allows for forecasting needed resources and can be the basis of planning for how to secure these resources.

For most NPHIs, government appropriations are a major source of support, and developing approaches to working with the MoH, Ministry of Finance, and other ministries and legislative bodies is critical to the NPHIs long-term sustainability. Partnerships and donor relationships also need to be cultivated.

Many NPHIs have research support from external organizations. Obtaining research funding often requires a track record of success. Collaborations with established research organizations can help build the capacity for the NPHI to obtain additional funding. While grant-writing training is popular, it works best if part of a longer-term capacity building effort and is not a one-time, short-term activity.

Some NPHIs have established nonprofit organizations, often called foundations that have the ability raise and manage funds from the private sector to support the NPHI's mission. These organizations can extend the reach of the NPHI to accomplish work of interest both to the NPHI and to those contributing to the foundation.

III. SUSTAINABILITY

Demonstrating Added Value

When an NPHI is created, it is critical that it quickly demonstrates the added-value to the public health system. Examples include faster and more efficient emergency response, reduction of redundant services, better matching of staff to needs, and implementation of new programs. Identifying the early wins up front (such as faster outbreak detection, response, and control) and communicating about them is important for staff, the MoH, and partners. It is also important for sustainability.

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- Public Health England
- South Africa National Institute for Communicable Diseases (NICD)
- US Centers for Disease Control and Prevention (CDC)
- Zambia National Public Health Institute

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APPENDIX A. AFRICA CDC: NPHI CORE FUNCTIONS

The following describes the NPHI Core Functions (CFs), providing examples for each. Note that these examples are not exhaustive, and that some CFs can overlap in their implementation.

CF 1.

Population health and health-related indicators

This CF is about ensuring that information about the overall health status in the country, and about specific conditions and sub-populations, is easily accessible and understandable. In many countries, health observatories are being established to consolidate and synthesize public health and other data and indicators. These observatories make data available to a range of users, and often publish reports and provide easily understandable graphics, dashboards, and other materials to encourage the use of data for decision-making.

This CF includes:

- Describe and communicate about
  ◦ Rates and trends of health indicators, including mortality
  ◦ Rates and causes of disabilities and chronic conditions
  ◦ Health status of sub-populations of particular concern
- Encourage use of population health and health-related indicators for policy and program development and assessment

CF 2.

Preparedness, detection, and response to emergencies and disasters. This includes surveillance and laboratory services.

This CF is among the largest, and includes a range of activities essential for detection, confirmation, and response to emergencies. Ideally, countries will take an all-hazards approach in CF 2, but at the least, they should be engaged in One Health efforts. They play critical roles in global health security efforts and responses to the International Health Regulations (IHR). In some countries, the National IHR focal point is the NPHI. Surveillance activities are not limited to infectious diseases, but also include non-communicable diseases NCD), injuries, and violence.

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This CF includes:

- Prepare for emergencies, including developing SOPs and preparedness and response plans, training on incident command, table top exercises and simulations
- Detect outbreaks and emergencies quickly and respond as needed
- Ensure appropriate response capacity at all levels (national, regional, district, community)
- Conduct surveillance for priority conditions (data collection, analyses, interpretation, policies/recommendations)
- Ensure laboratory capacity to detect and confirm conditions of concern, with capacity appropriate for each level of the public health system (e.g., national, regional, district). Strong laboratory networks are critical for surveillance and for ensuring access to necessary diagnostic testing
- Establish Emergency Operation Centres (EOCs) to coordinate information and resources for emergency response, as well as manage critical public health functions during non-emergency times.
- Participate in the development and dissemination of key messages to the public in response to public health events
- Develop partnerships with non-health entities (e.g., Ministries related to environmental health, animal health, and trade; academic institutions; NGOs; etc.) to conduct vulnerability and risk assessment, coordinate response to and mitigate various health-threatening issues

CF 3. Disease prevention and health promotion

Almost all NPHIs have some disease prevention and health promotion efforts, for example, related to maternal and child health, immunization, and nutrition. A comprehensive NPHI has both breadth in the types of activities it conducts (e.g., providing multi-faceted programs in collaboration with partners) and the breadth of issues covered (which might range from immunization to non-communicable disease prevention to injury prevention) related to this CF.

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This CF might include:

- Ensure primary prevention, such as through evidence-based support for vaccination programs
- Ensure secondary prevention, such as evidence-based screening programs
- Conduct multifaceted educational and social communication activities aimed at promoting healthy behaviors and environments

CF 4. | **Advocacy, communication and social mobilization**

Communication and social mobilization are approaches to engaging civil society in helping the NPHI achieve its goals.

This includes:

- Develop material and resources specifically for use by community organizations and other civil society groups
- Solicit civil society input into programs and policies
- Develop messages based on target audiences, using a variety of media for the greatest reach
- Build coalitions with civil society and private partners

CF 5. | **Policies and plans that support public health efforts**

This CF involves using data to guide and support development of evidence-based policies and plans, and to recommend evidence-based approaches that policy makers, communities, and partners can use to improve health.

Activities under this CF include:

- Articulate strategic approaches to addressing priority health issues of the country
- Formally synthesize research results, e.g., through systematic reviews or other processes, and tailor findings to be relevant to the country's context
- Ensure widespread dissemination and encourage uptake of evidence-based public health efforts

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CF 6. | **Health protection, and support for regulation and enforcement capacity**
- Ensure technical capacity for risk assessments and actions needed for environmental, occupational and food safety
- Have capacity to generate or contribute to drafts of new laws and regulations aimed at improving public health, as well as promoting healthy environments
- Provide evidence-based recommendations regarding health protection and strengthening of regulations and enforcement related to protecting health

CF 7. | **Evaluation and promotion of equitable health services**
- Identify barriers to health access, including those that impact certain subpopulations disproportionately
- Identify preventive health needs among populations that may encounter barriers to receiving health services

CF 8. | **Public health workforce development**
- Identify public health workforce needs, and develop programs, such as field epidemiology training programs (FETPs), or work with universities and other partners to address them
- Link with schools at various levels to ensure development of a pipeline of future public health professionals
- Articulate core competencies for public health positions at all levels of the public health system

CF 9. | **Evaluation, prevention, and control of public health issues in clinical settings**
- Conduct surveillance for health-care related issues of national importance, such as hospital-acquired infections and antimicrobial resistance, and participate in efforts to address them
- Work with professional organizations and clinical networks to ensure preventive health care is provided

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CF 10.

Research in public health

Often research priorities are determined by donor interests and the availability of funds, leaving many critical questions unanswered. The NPHI should define the research needed to answer questions critical to improving the country's public health and work to ensure these research needs are addressed.

- Work with the Ministry of Health and internal and external partners to identify the highest priority research questions and ensure these are addressed
- Conduct monitoring and evaluation projects and research to identify ways to improve the public health system, including emergency response and surveillance, and to prevent public health problems from occurring (e.g., by conducting research as part of an outbreak investigation)
- Ensure research results are used to inform policy development, program decisions, resource prioritization, and service delivery
- Support operational research on new research methodology and use of innovative technologies for improving public health

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APPENDIX B. QUESTIONS TO GUIDE NPHI DEVELOPMENT

This appendix includes questions that leaders and staff may want to consider early, as they start initial planning to develop an NPHI.

Overview Questions

- What are the reasons an NPHI is being considered?
- What are the perceived benefits to having an NPHI?
- What are the perceived negative aspects of creating an NPHI?
- Is there already a body that brings together relevant public health functions but is not recognized as an NPHI?
- What would change as a result of NPHI creation?
- What is the desired timeline for NPHI creation?
- What is the current organizational structure of the Ministry of Health and how will NPHI relate to the MoH?

Functions of the NPHI

It can be helpful to first identify which Core Functions are to be considered as part of the NPHI, so that the initial discussions can be focused on the highest priority issues.

- What are the priority functions envisioned for the NPHI?

For each priority function:

- What groups currently have national-level responsibility for this function?
- If multiple organizations have responsibility,
    - How are efforts divided?
    - How are efforts coordinated? Is there an existing public health entity that brings together relevant governmental public health operations but is not recognized as a NPHI?

Enabling factors and potential barriers:

- Is there a high-level champion (e.g., Minister, Director General, Secretary General) who can be responsible for championing the NPHI and garner strong political will to sustain the creation process?

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- Is there a strong dedicated leader with experience public health management who has the capacity to lead and execute the formation of an NPHI?
- Are there existing legislative frameworks, decrees, laws, or other documents that grant authority for an NPHI to carry out public health core functions?
  - If not, what legal framework is needed?
  - What are enabling factors and barriers to obtaining a legal framework?
  - What other legislative frameworks, decrees, laws, or other documents exist that grant authority to the MoH or other ministries that address public health functions?
  - Is there a plan to create a parastatal institution?
    - If so, what are enabling factors and barriers to achieving this?
    - Would seeking parastatal status be part of the initial NPHI creation, or would it be pursued once the NPHI is created?
    - What would be the impact on the timeframe for NPHI creation?
    - How would the ability of the NPHI to influence MoH decision-making be assured?
- What are opinions about an NPHI among Ministry of Health and other potentially impacted entities?
  - How much do they understand about NPHIs?
- What external partners are interested in having an NPHI created, and which are concerned?
  - What are their reasons for support for or concern about NPHI creation?
  - How can these barriers be minimized?

Resource needs and availability

- Human resources
  - What people and salaries are available to become part of the NPHI?
  - Are there funds for additional staff?

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- ◦ What human resource gaps are most critical to fill?
- Physical resources
    - ◦ Is there a space identified for the NPHI (building or offices)?
    - ◦ If multiple units will be combined yet they will remain in different locations, what will be done to enhance collaborative work?
        - ▪ Is there a plan for eventual co-location?
    - ◦ Are there immediate needs, e.g., for renovation of other physical changes?
- Funds to support NPHI activities
    - ◦ What funds are available to support NPHI activities? These might come from existing activities that would become part of the NPHI.
    - ◦ Are there funds for new activities?
    - ◦ Which new activities are most important to find funding for?
    - ◦ What are the plans for resource mobilization?
- Donor interests
    - ◦ Are there specific areas likely to be of interest to specific partners that link to national priorities?
    - ◦ What form of support is available (e.g. financial or technical)?

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APPENDIX C. STEPS TO CREATE AN NPHI

Creating an NPHI requires careful planning and a stepwise approach. This Appendix includes ideas about sequences and steps that countries have used to create NPHIs. However, the NPHI development process will be customized to each country's context. The order of steps will vary by country, and often many steps will occur simultaneously.

Step 1: | **Establish a Technical Working Group (TWG)**

Creating a Technical Working Group (TWG) consisting of individuals from multi-sectoral and multidisciplinary organizations can help support and coordinate the discussions around NPHI formation. Senior leadership guidance and support is crucial for ensuring the process stays on track and getting adequate resources.

Step 2: | **Determine the Needs and Gaps to be Addressed by the NPHI and Clarify How an NPHI Will Contribute to the Public's Health**

Suggestions for questions to start the discussion about NPHI creation are in Appendix B. These include clarifying the reasons an NPHI is being considered, and the potential benefits and costs. This stage also includes beginning to clarify what Core Functions will be part of the NPHI, and which will not be considered recognizing that additional functions may be added over time.

Key success factors, which should be addressed up front, include:
- The need for a high-level champion, who will ensure that the process continues to have momentum and
- An effective leader to oversee the day-to-day aspects of the process.

Step 3: | **Create a Plan for NPHI Creation**

If a decision is made to create an NPHI, it is important to describe the process that will be used and the timeline.
Communication is important from the beginning, both with people who could be directly impacted by NPHI creation, and with partners and others who will be working with or supporting the NPHI.

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Step 4: | **Define the Core Functions of the NPHI**

This is a first step towards defining what will be in the NPHI – in what areas it will play a leadership or critical role, and where its impact will be through influencing other groups, e.g., by producing recommendations based on evidence. Defining the Core Functions of a NPHI should involve senior leadership of the Ministry of Health. The Africa CDC NPHI framework can be used as a basis for discussion about which Core Functions to consider.

Step 5: | **Define Which Existing Functions Will Be Part of the NPHI and Where the Major Gaps Are**

Once the Core Functions are determined, it is often useful to assess and map all public health functions, where these are currently based, and define the ways in which the restructuring will be beneficial, but also the downsides and costs. In some cases, consideration may be given to whether a network of organizations may be an appropriate first step to creating an NPHI.

Step 6: | **Conduct Strategic Planning**

Strategic planning helps further clarify the priorities for the NPHI and what resources will be needed, as well as provide a basis for drafting an organizational chart. It is a critical step in developing a business plan. An important aspect of this planning is to assess how the NPHI plans link to the country's other existing or developing health sector plans.

It is also helpful at this stage to identify some key performance indicators and early wins for an NPHI, such as faster detection and response to outbreaks and quicker laboratory confirmation of responsible pathogens.

Note that NPHI creation often proceeds in stages, with functions and groups being added, revised, or excluded over several years as the NPHI demonstrates success and failures.

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Step 7:

Identify Needed Resources

As part of strategic planning, or through a separate process, it will be critical to clearly articulate the resources that will be coming to the NPHI and the critical gaps, as well as ways to address identified gaps. This analysis can also be part of a business plan. Resource plans need to take into account short-term start-up costs, as well as long-term costs, and should include consideration of sustainability. Another important issue is to identify permanent leadership who will actualize the proposed functions of the NPHI, if the person who has led the development process will not remain in the leadership position.

Step 8:

Conduct Stakeholder Meetings and Other Outreach

It is critical that all impacted groups have a chance to participate in the discussion and have their visions and concerns heard and considered. The communication effort should start early. Though communications efforts may initially be focused, the amount and extent of communications should expand in scope and depth as the NPHI begins to take shape. A stakeholder meeting encouraging active discussion, including situation analyses, needs assessment and mapping of a plan for the establishment of an NPHI, is a good way to create a shared vision and sense of momentum among key partners.

Step 9:

Develop Needed Legal Frameworks

Governments have used different approaches to provide legally binding frameworks for NPHIs. The IANPHI Best Practices document on "Legal Mandates and Governance or NPHIs," also includes issues to consider. The Africa CDC publication, "Providing a Legal Framework for an NPHI," provides detailed information and examples to help countires that are establishing a legally binding basis for their NPHIs.

Best Practice Series: Legal Mandates and Governance for NPHIs

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In some cases, a business case document is needed before approval can be given for an NPHI. Another in the Best Practices series describes how to build a business case.

Best Practice Series: Building a Business Case for NPHI Creation

Step 10: | **Use a Change Management Process**

As NPHI creation moves forward, it will be important to acknowledge that individuals move through stages of change acceptance at different rates. Helping managers and staff adapt to the changes and understand the new opportunities is critical.

Step 11: | **Inaugurate the NPHI**

Having a formal start to the NPHI is important. An NPHI is more than just a change in name—it is a change in the way public health operates and should be treated as a significant event.
Once the NPHI has been established, it will need to continuously assess gaps in capacity and quality, and grow and respond to the public health challenges and opportunities facing the country. The Africa CDC NPHI Scorecard and IANPHI/CDC Staged Development Tool (SDT) can help NPHIs assess developmental stage of their organization and create plans for further growth and development.