



NPHI CASE STUDY

NPHI Creation and Growth

THE PUBLIC HEALTH INSTITUTE OF MALAWI: A STORY OF NPHI CREATION

IMPETUS FOR CREATING THE NPHI

In the early 21st century, public health challenges in Malawi and engagement with the international community led to the recognition that establishing a dedicated national public health institute was paramount. The country, for example, lacked sufficient technical capacity and coordination to adhere to International Health Regulations (2005) requirements and struggled to manage emerging and re-emerging diseases, natural disasters, food and water insecurity, waste management, and sanitation. Further, engagement with the global public health community, such as the International Association of National Public Health Institutes (IANPHI), its member national public health institutes (NPHIs), and development partners, helped Ministry of Health (MOH) leaders understand the benefits of having an NPHI and provided opportunities for partnerships and resources.

DEVELOPMENT AND EVOLUTION OF THE INSTITUTE

Precursor organizations In 1985, the Malawi Government established the Community Health Sciences Unit (CHSU) under the Ministry of Health (MOH). Among CHSU's responsibilities were the national disease control programs. In 2012, the Epidemiology Unit and National Public Health Reference Laboratory were reorganized from CHSU and combined with the Research Unit from MOH headquarters to create the initial structure of the Public Health Institute of Malawi (PHIM).

Evolution In 2007, the Minister of Health attended the IANPHI Directors' Annual Meeting in Beijing, China. On returning, the minister instructed the MOH to explore the possibility of establishing a public health institute in Malawi. In 2008, experts from IANPHI and the U.S. Centers for Disease Control (CDC) worked with a task force from Malawi's MOH to facilitate multi-stakeholder workshops and meetings with foreign missions, development partners, and government departments. The purpose was to lay the foundation for Malawi's NPHI. With support from IANPHI, senior MOH officials attended conferences abroad and conducted several learning visits to the Norwegian Institute of Public Health (NIPH). Because the structure, mission, and objectives at NIPH were similar to Malawi's ambitions, a twinning relationship was developed and formalized in 2014, with a second memorandum of understanding signed in 2022.

In 2012, then-President Joyce Banda's 'State of the Nation' address called to "establish a Public Health Institute to strengthen governance and stewardship of the health sector." The support from the state president led to Parliament approving MOH funds for PHIM. Subsequently, PHIM received support from a range of donors, which included refurbishing offices, vehicles, and technical consultations. In addition, the U.S. CDC supported a consultant to help with strategic planning, with the latest plan covering 2023-2030. In June 2020, MOH upgraded PHIM to be a directorate. In 2022, MOH approved PHIM to have its own accounts office and a bank account. By April 2024, 67 out of 101 established positions (66% of the positions) were filled. These developments have the potential to increase the technical and financial flexibility of PHIM to directly manage its activities and reduce over-dependence on other institutions during outbreak investigations.

IMPACT OF PHIM

PHIM's efforts have had notable impact in several different areas. Examples include:

- **Public health surveillance and outbreak response.** Through PHIM's mandate to coordinate the implementation of IHR, PHIM led the national COVID-19 surveillance and response from 2020-21, with support from World Bank, Africa CDC; East, Central and Southern Africa Health Community (ECSA-HC); World Health Organization (WHO) and Fleming Fund UK. PHIM's efforts included the establishment of a Platform for Safe Travel, a public health emergency operation center, cross-border disease surveillance zones, and the national Antimicrobial Drug Resistance Monitoring and Surveillance (AMR) program. PHIM also received resources from the World Bank and other donors to respond to the concurrent public health emergencies of the COVID-19 pandemic, a very large cholera outbreak in 2022-23, polio, drought, cyclones, and other natural disasters. In sum, PHIM's dedication to disease surveillance and outbreak response has contributed to preventing and controlling the spread of infectious diseases throughout the country and beyond.
- **Workforce.** The Malawian Frontline Field Epidemiology Training Program (FETP) was developed with support from the U.S. CDC and wide consultations with stakeholders. In April 2016, Frontline FETP was launched and by 2024, over 20 cohorts had been trained. The Intermediate FETP was introduced in June 2022. By March 2024, a total of 2 cohorts in Intermediate FETP have been conducted, and the third started in April 2024. By April 2024, four graduates have participated in Advanced FETP in Zambia and South Africa. In addition, PHIM is leading national trainings on public health management, Research Methodology, Integrated Disease Surveillance and Response (IDSR), and Event-Based Surveillance. PHIM has also assumed a central role in setting up a new medical specialty in Public Health to further enhance capacity building for PHIM's workforce.
- **Health inequities research and policy.** PHIM collaborated with the Thanzi La Onse Project, a global health economics program with a core objective to improve population health and reduce health inequities in Malawi, Uganda, and Southern and East Africa.
- **Monitoring and Evaluation.** Malawi conducted its first ever Joint External Evaluation (JEE), which was completed in February 2019. This was the first major multidisciplinary and multi-sectoral endeavor to be conducted by MOH through PHIM. The second JEE is being developed for 2024.

WHAT CONTRIBUTED TO SUCCESS IN CREATING PHIM?

Several factors have been instrumental in PHIM's ongoing development.

- **High-level leadership support.** An initial strong start in developing PHIM benefited from high-level champions at the MOH headquarters and a strong political will. The MOH has continued to support PHIM's development, and the early champions are also providing support, although there are some challenges in letting go of the institute by the mother body.
- **Mentorship and donor support.** PHIM received training and technical assistance through workshops, meetings, and technical consultations. Partnerships supported and fostered by IANPHI, support from the U.S. CDC, and the long-term twinning and mentoring partnership with the NIPH have been particularly valuable.
- **Financial support.** PHIM received support from many different organizations, development partners, and donors which has enabled PHIM to contribute to public health through programs such as the FETP, its response to COVID-19, and other critical problems. It has also bolstered PHIM's visibility among the general public and Malawi's country leadership.

- **Engagement with numerous stakeholders.** From the beginning, PHIM has engaged stakeholders within and outside of Malawi’s government in its creation process. Although obtaining input takes time, it is important for obtaining buy-in and developing optimal approaches to address public health problems.

CHALLENGES FOR THE INSTITUTE

PHIM has encountered several challenges throughout the process of becoming an independent institution, and the process is not yet complete.

- **Moving to a public health model.** Prior to investment in PHIM, the approach to health in Malawi was based on a medical model. Building investment in public health, however, requires continued communication and education on the understanding of the importance of a public health approach and system for protecting health.
- **Creating an independent NPHI.** PHIM staff and assets technically belong to the MOH and the wider civil service sector. Although PHIM has made some progress, for example, having its own bank account, PHIM continues to have a weak institutional infrastructure and little flexibility in managing human and financial resources, which has curtailed PHIM’s development.
- **Lack of a legal framework.** Efforts to revise the Public Health Act of 1948 with legal language clarifying PHIM’s mandate will provide a legal footing for PHIM. This process, however, has encountered delays and is ongoing. Although the revision has been finalized and the report has been printed, work remains so that the report reaches the Cabinet and Parliament in a timely way. To help speed the process, PHIM and the Law Commission are disseminating the report, with support from the U.S. CDC, through Malawi Sciences for Health to ensure the process does not delay any further.

RECOMMENDATIONS FOR OTHERS CREATING NPHIS

The story of PHIM’s creation illustrates several points.

- Having a high-level champion is essential during the initial stages of NPHI development and throughout its establishment.
- It is important to articulate a clear vision, mission, and mandate for the NPHI and to explain how this is different from what already exists and also consider the Africa CDC’s call to eliminate the duplications in the health care systems.
- Demonstrating success is essential. For PHIM, this included developing the FETP, garnering resources from multiple donors, and playing a major role in the national response to COVID-19, cholera, polio, and other emerging public health situations.
- Obtaining a legal basis for the NPHI as soon as possible is desirable but not always possible and can be a lengthy process. It is important, however, to proceed even while the legal framework processes are underway. Many of the issues currently facing PHIM could potentially be addressed if a legal framework was in place.

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