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**Report of Bellagio Meeting:  
Role of Essential Public  
Health Functions,  
National Public Health  
Institutes, and IANPHI  
in 21st Century**

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**BACKGROUND** This report is a summary of the meeting's findings and recommendations to IANPHI on the value of NPHIs and the relevancy of IANPHI Framework and Essential Public Health Functions (EPHF) in a changing global health arena.

The NPHI's are the foundation of public health practice in most countries and therefore, by their nature, provide the core functions of public health, assessment, policy development and assurance as described by the 1988 IOM report on the Future of Public Health. In 2007, IANPHI created the IANPHI Framework for the Creation and Development of National Public Health Institutes. The framework was developed by a task force of IANPHI members and was approved by the IANPHI General Assembly in April, 2007. The framework outlines the EPHFs for NPHI's and builds on the work of PAHO, WHO and CDC.

The purpose of the meeting was to convene leading global public health experts to address three important questions for IANPHI: 1) review the IANPHI Framework for EPHFs and determine their relevancy in today's public health environment and to revise or change specific EPHFs; 2) make recommendations on the value of NPHIs in national public health systems, their interaction with other government, and private-sector initiatives and their role in national efforts including public health emergencies; 3) provide recommendations on the future role of IANPHI at national and global level.

The expected outcomes of the meeting were:

1. Revisions to the IANPHI Framework for essential public health functions for National Public Health Institutes.
2. Recommendations on the value of NPHIs in national public health systems, their interaction with other government and private-sector initiatives and their role in national efforts including emergencies.
3. Recommendations on the future role of IANPHI in national and international arenas.

The Bellagio meeting had 16 participants representing NPHIs from around the world, public health experts who have experience in working with NPHIs and staff from the IANPHI Secretariat. Attachment 1 is a list of the participants. Each participant was asked to contribute to the discussion by sharing their perspectives on challenges facing NPHIs, value of NPHIs, the importance of the IANPHI Framework, and the future role of IANPHI. It was an open and honest discussion that resulted in recommendations and next steps for IANPHI.

## HIGHLIGHTS FROM THE DISCUSSIONS

### **NPHIs' contributions to public health**

The first session was a discussion on the opportunities and challenges NPHIs are experiencing. Participants discussed their respective institutes' challenges. An increasing NCD burden, lack of resources, and awareness of the functions of NPHIs, research support and training of staff were all mentioned as major challenges for NPHIs. The opportunities for NPHIs to be recognized at country and global level were also discussed. Many participants talked about the challenges they had in getting resources and support for their NPHI from the Minister of Health and other departments in country. Awareness and advocacy for the role of NPHIs was a theme throughout the meeting.

The group also discussed opportunities for NPHIs and IANPHI. The current attention on NCD's at the upcoming UN High Level Meeting in September 2011, was seen as an opportunity to promote NPHIs role of generating evidence and public health knowledge for the NCD community. NPHIs have a unique opportunity to be seen as the source of evidence and information on NCDs within countries and therefore a value to the MOH and advocates. Examples of data and information needed were obesity trends, cancer registries, tobacco surveys, behavioral risk factor surveillance, and others.

Another trend that could benefit NPHIs is the increasing interest in financing of health care thorough development of universal health insurance programs, as was presented by South Africa. Universal health plans can improve prevention services and increase visibility of the importance of NPHIs evidence based policy making. Many LMIC have or are planning for Universal Coverage and the potential to increase resources for preventative services and care and treatment for those most vulnerable is an opportunity for NPHIs.

Lastly, the importance of NPHIs working across sectors and leveraging personal health services as a tool to building public health capacity in NPHIs was an opportunity. Mexico's work in obesity at national and sub national level was an example of the important role the MOH and NPHI played in creating national movement and working across different sectors of the government.

### **Are the current IANPHI EPHFs relevant today?**

The second session was a discussion of Essential Public Health Functions—their origin, use in other countries, and IANPHI EPHFs. The background of the EPHFs and NPHIs was presented and discussed. The participants all agreed that NPHIs provide evidence based leadership and services to National Governments to protect and improve health status of all citizens. The NPHI's are the foundation of public health practice in most countries and therefore, by their nature provide the core functions of public health, assessment, policy development, and assurance as described by the 1988 IOM report *Future of Public Health*. IANPHI was created to begin to build capacity and improve NPHIs in all countries. IANPHI created the *IANPHI Framework for the Creation and Development of National Public Health Institutes* to provide a framework for NPHIs.

All agreed that the IANPHI Framework and EPHFs developed by IANPHI in 2008 were still relevant and as important now as they were originally. The suggestions were targeted toward what was missing and clarification of some terms, e.g., research should include translational research. All agreed that each NPHI may not perform all of the EPHFs, given the organizational structure and public health mandate of each NPHI. But all agreed that the institutes were responsible for some of the specific functions

if not all and they were all responsible for working with other sectors in the Ministry of Health to ensure the functions are delivered. It was noted that one of the roles of the NPHI, was to work across sectors to ensure linkages to other departments or ministries in and outside of National government to ensure all the EPHF were delivered in order to achieve public health goals.

**Are the current IANPHI EPHFs relevant today?**

The group also discussed the question—what is the value of NPHIs and their role during national public health emergencies. The presentations sparked a discussion among participants on the diversity of NPHI's structures, missions, and roles during an emergency. It is clear from the diversity of role and responsibilities of NPHIs in countries that there are different levels of capacity. It was suggested that maybe IANPHI should define NPHIs by different levels (Level A and Level B, etc) of capacities. Using the EPHF as a framework, NPHI's could be categorized for purposes of building capacity and better defining the needs of NPHI in LMICs. It was also suggested that NPHIs have a strategic plan that is part of the countries national health plan. The NPHI plan would assist NPHI directors in advocating for resources and bring awareness to the importance of NPHIs during public health emergencies. The CDC's preparedness plan for States and local public health units was suggested as an example of a tool that IANPHI could support in training and preparing NPHIs to develop and practice national preparedness plans.

The discussion pointed out the variation of functions of each NPHI and the structures and organizational placement of NPHIs in different countries. This variety of functions and structures often make it difficult for policy makers and Ministers of Health to understand the need for NPHIs or the role they play in public health in their countries. IANPHI's Framework for EPHF is an important advocacy tool in defining what NPHIs do for policy makers in country and globally.

On the last day of the meeting, the participants discussed the key recommendations and their ideas and perspectives on the future of IANPHI and the role IANPHI could play in support of NPHIs. These included training, advocacy and support for NPHI development.

**SUMMARY OF  
RECOMMENDATIONS  
FROM THE MEETING**

Based on the discussion and outcomes set out for the meeting, the following recommendations were developed by the Bellagio group. They represent general consensus on the major points and suggestions and potential next steps for the IANPHI Secretariat.

**1. Review, discuss and revise as needed the IANPHI Framework for essential public health functions for National Public Health Institutes.**

There was general consensus that the IANPHI Framework and specifically the EPHF were in alignment with today's NPHIs roles and responsibilities. There were suggestions for clarification and some additions to the EPHF and framework.

The comments included:

- Include social determinants to EPHF especially #1.
- Emphasize the intersectoral role of NPHIs to have to work with other Ministries and external stakeholders
- Include the terms translational and operational research to framework and #6 EPHF
- Add health inequities to the IANPHI Framework's attributes
- The primary NPHI functions should remain, 1, 2, and 10.
- Regulatory functions are probably not as relevant to most NPHIs; the fact that, NPHIs have a regulatory function creates a potential conflict of interest with the most fundamental function that is to bring scientific evidence for public health action. This is noted in the text of the IANPHI Framework.

**2. Consider and make recommendations on the value of NPHIs in national public health systems, their interaction with other government and private-sector initiatives and their role in national efforts including emergencies.**

- All participants agreed there is value to NPHIs however; all are not equally developed so policymakers could consider having a tier or phases of development, Level A being smaller less developed or new institutes and Level B for more established, full service institutes.
- The NPHIs increasingly must work with other Ministries and across government as well as with private sector including NGO's. The intersectoral nature of public health demands that NPHIs be at forefront in collaborating with multiple stakeholders in order to achieve public health goals.
- Participants agreed that all NPHIs need improved core functions of surveillance, training and preparedness plans to support response. Response is one of the core functions of all NPHIs.
- NPHIs can advocate for more resources and support using public health emergencies as an example of the role and functions of NPHI to national governments emergency response system.
- NPHIs need to have more skills in social sciences to understand better the social, cultural, economical, and political realities of public health today.

**3. Discuss and provide recommendations on the future role of IANPHI in national and international arenas. IANPHI should provide training and research coordination among institutes. There should be opportunities for more south to south coordination on research and shared training.**

- IANPHI could provide support for public health law development and planning of NPHIs.
- There is no voice in the global community for public health capacity; IANPHI could be an advocate for public health working with partners like the Global Fund.
- The European Union's work lead by THL of Finland, to promote EPHFs in NPHIs in EU is a model for other regions to consider in bringing awareness and advocacy for NPHIs.
- WHO and IANPHI should work together to get regional offices involved in promoting NPHIs, particularly the African regional office
- Research projects and long term projects should be continued by IANPHI.
- IANPHI should continue the annual meeting but due to resource constraints, a meeting every other year is also feasible.

**SUMMARY AND NEXT STEPS** Participants all agreed that IANPHI as an organization is important and should be continued. NPHIs need to continue to be supported in developing countries and sharing information and technical support across the membership is a critical function for IANPHI. The IANPHI EPHFs are important framework for countries and the current iteration of the framework is still very relevant. The participants all agreed that continuing to work with WHO to advocate for public health core functions was important. It was also recommended that IANPHI work more closely with the WHO regions especially, Africa region to increase awareness and support for NPHIs in Ministries of Health.

Next steps include:

- Presentation of findings and outcome of Bellagio meeting at next Executive Board meeting IANPHI in Helsinki.
- Exploring with WHO, regional contacts and meetings that IANPHI can participate in to advocate for NPHIs.
- Use the EU experience as an example for other regional entities to promote NPHIs and public health.
- Draft an article for publication describing the outcomes and recommendations of the Bellagio meeting.