

Public Health Institutes of the World



## Saving Lives through National Public Health Institutes

**NPHIs use scientific evidence as the basis for policy implementation and resource allocation and are accountable to national governments and the public.**

### What are NPHIs and why are they important?

Concerns about lives lost due to infectious and endemic diseases, the health aftermath of disasters, the increasing toll of tobacco use, injury and obesity, slow progress in reducing maternal and child deaths, and the challenge of providing care to aging populations have brought new attention to the need for strong national public health systems. Without systematic disease detection and control, disease prevention programs, and scientific research to inform government policy, countries cannot ensure, in a sustainable and meaningful manner, the health of their citizens.

More than 70 countries around the world have established national public health institutes (NPHIs) to coordinate and lead public health systems. Some, such as the U.S. CDC, Dutch RIVM, South African NICD, Brazil's FIOCRUZ, and China CDC, have developed over time while others—including the Public Health Agency of Canada—were created in response to recent global public health threats such as SARS.

While NPHIs vary in scope and size—from fledgling institutes focusing only on infectious diseases to those with comprehensive responsibility for research, programs, and policy for almost all public health threats—they share a national scope of influence and recognition and focus on the major public health problems affecting the country. NPHIs use scientific

evidence as the basis for policy implementation and resource allocation and are accountable to national governments and the public. Their key functions—including disease surveillance, detection, and monitoring; outbreak investigation and control; health information analysis for policy development; research; training; health promotion and health education; and laboratory science—are particularly critical in low-resource nations.

Creating NPHIs gives countries:

- A focal point for developing and strengthening their national public health system
- Increased technical capacity to better respond to major causes of disease and death and to integrate and benefit from vertical programs for HIV/AIDS, TB, malaria, vaccine-preventable diseases, and others
- A long-term strategic plan for an evidence-based, sustainable system that addresses major public health challenges
- A more organized and efficient use of existing resources, and a central national strategy to fill in the gaps moving forward, including leveraging and coordinating vertical resources from the donor community
- A strategic approach to meeting the requirements of the International Health Regulations and national and regional regulations, and increased capacity to respond decisively to public health threats and opportunities including Avian influenza



ADVOCATING for better health outcomes



LINKING public health institutes of the world



STRENGTHENING capacity to ensure better futures

## Saving Lives through National Public Health Institutes

IANPHI's 79 member institutes benefit more than 79% of the world's population.

- Public health training and a career home for a cadre of locally educated and technically oriented public health experts with a prestigious career home and a scientific career path forward
- Evidence-informed policy development and public health program execution

### Who is leading this effort?

The International Association of National Public Health Institutes (IANPHI), funded by the Bill and Melinda Gates Foundation and other partners, was chartered in 2006 and is coordinated by secretariats at Emory University's Global Health Institute and Finland's National Institute for Public Health and Welfare (THL). IANPHI's 79 member institutes represent more than 79% of the world's population.

IANPHI's president is Jeffrey Koplan, director of Emory University's Global Health Institute and former director of the U.S. CDC. Its vice-president is Pekka Puska, director general of Finland's National Institute for Health and Welfare (THL). IANPHI's executive board includes institute directors from Bangladesh, Canada, China, Germany, Guinea-Bissau, Mexico, Morocco, Tanzania, and the United Kingdom. IANPHI works closely with WHO, with which it has a formal partnership agreement.

### How is IANPHI helping countries create or strengthen NPHIs?

IANPHI's members believe that their collective history, knowledge, and scientific expertise are a powerful force for transforming public health systems in low-resource countries. In addition to hosting an annual scientific meeting and leadership development session for its members, IANPHI currently is collaborating with ten countries—Bangladesh, Ethiopia, Guinea-Bissau, Malawi, Morocco, Mozambique, Nigeria, Togo, Tanzania, and Uganda—to create a new institute or to substantially increase capacity at an existing NPHI.

These efforts involve four steps:

*1. Strategic planning linked to national goals.* Stakeholders from throughout the government

collaborate in developing an organizational structure and key functions for an NPHI based on key health threats in the country. Typically these plans include a five-year strategic plan, a human resources plan, and an infrastructure/equipment plan. Technical assistance for this process is provided by IANPHI, with benchmarking and policy expertise from its member institutes from around the world.

*2. Policy change.* In most countries, legislation or a decree outlining the mission of the new NPHI and its organizational structure and functions is developed and agreed to by government leaders.

*3. Funding plan.* Based on the NPHI's strategic plan, priorities for IANPHI and other funders are identified by the country. A budget template is prepared and shared by NPHI leaders with other potential donor-stakeholders, whose support is then matched to specific parts of the plan including training, equipment, infrastructure, and other needs.

*4. Project execution.* Strategic plans are implemented using funds and technical assistance from national governments, IANPHI, and other partners (including the French Institute for Public Health Surveillance, FIOCRUZ of Brazil, the U.S. CDC, RIVM of the Netherlands, WHO, architecture firms HDR-CUH2A and Perkins + Will, which provide pro-bono services, and many others). IANPHI's initial investments in planning and organizational design have leveraged more than \$50 million in contributions and in-kind donations from IANPHI member institutes and other donors.

### How can I create an NPHI in my country?

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