

BEST PRACTICES SERIES: LEGAL MANDATES AND GOVERNANCE FOR NPHIS

CREATING THE NATIONAL PUBLIC HEALTH INSTITUTE OF LIBERIA (NPHIL)

THE PROBLEM

In 2014-2015, more than 4,000 persons died from Ebola in Liberia. The duration and impact of the Ebola epidemic in Liberia was fueled by the country's inability to mount a well-organized clinical and public health response. The health, social, and economic devastation associated with the epidemic convinced leadership of the need for better coordination and strengthening of public health functions and services and improved preparedness and resilience for the next public health threat.

THE SOLUTION

In December 2016, Liberia's legislature passed a bill to establish the National Public Health Institute of Liberia (NPHIL), which President Ellen Johnson Sirleaf signed into law in January 2017.

HOW IT HAPPENED

The process began with a meeting convened by WHO in Geneva in April 2015 to help the Ministry of Health. The purpose of this meeting was to determine how to build a resilient health system that could restore gains that had been lost to the Ebola crisis and provide longer term health security. The resulting report, ***National Investment Plan for Building a Resilient Health System, Liberia, 2015-2021***, included a call for the establishment of an NPHI.

Over the next months, the Ministry of Health convened several meetings, including some involving partners and stakeholders, to define the functions of the NPHI and ways to align Ministry and stakeholder resources to support highest priorities. Because it had not already been established, the leadership of the nascent NPHI chose to take advantage of experiences regarding what worked and what didn't from existing NPHIs. Study tours for Liberia public health leadership were conducted to NPHIs in Thailand in October 2015 and Norway in December 2015.

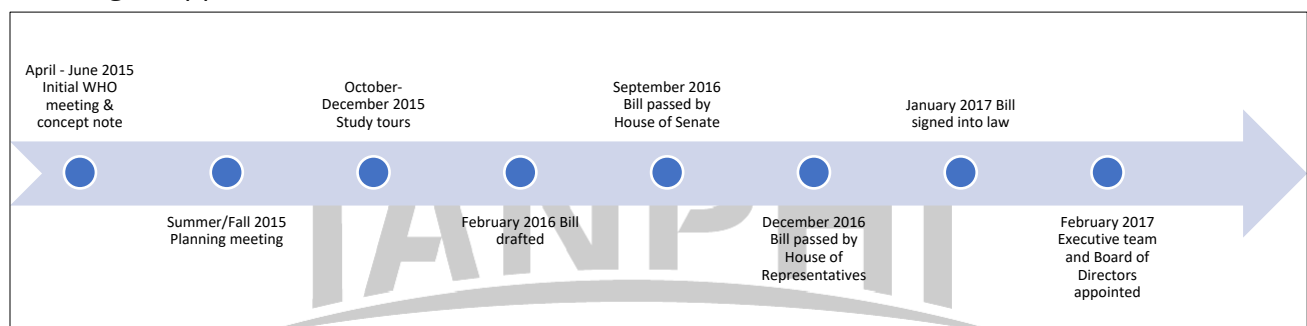
A strategic plan issued in March 2016 articulated the NPHIL vision, mission, values, governance, organizational components, and goals, as well as objectives and activities for each goal, required resources, milestones, and potential partners. The mission of NPHIL is to prevent and control public health threats. Its vision is to be a "center of excellence for better health outcomes through a strong health system."



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As plans for the NPHI progressed, many issues arose, including which existing entities should become part of the NPHI and whether the institute should be autonomous or semi-autonomous. In the end, experiences during the Ebola crisis – specifically the bureaucratic bottlenecks that hindered a coordinated response – led to the decision to create an autonomous agency. The hope was that this would optimize rapid, flexible, and efficient decision making in support of NPHIL goals.

With substantive input from stakeholders, a one-year operational plan was finalized in February 2016 and used as the basis for development of legislation to create the institute. The NPHIL Act of 2016, which creates the legal framework to operationalize NPHIL, was drafted in February 2016 and passed by the House of Senate in September 2016 and the House of Representatives in December 2016. It was signed into law by the President in January 2017. The President appointed the NPHIL executive team and Board of Directors in early February 2017. The NPHIL had been established – with just 22 months from first meeting to appointment of the executive team!



The NPHIL Act establishes NPHIL as an autonomous government agency that is accountable to the Minister of Health, with oversight by a Board of Directors. It amends a 1972 law to transfer the public health research function of the Ministry of Health to NPHIL and moves some Ministry components to the new institute, including the emergency operations centers and three divisions from the MOH Division of Preventive Services (National Reference Laboratory, Division of Disease Prevention and Control, and Division of Environmental and Occupational Health). The law also identifies potential funding sources for NPHIL, including national budgetary allocation, fees for sale of research products, grants and donations, indirect costs on all grants, consulting and services fees, cooperative agreements, intellectual property, and establishment of an NPHIL Foundation.

NEXT STEPS

Plans for the immediate future include transitioning units previously housed in the MOH – scheduled for completion by December 2017 – and development of governance and policy

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arrangements to reflect the new structures and functions. An NPHIL Foundation will also be created.

SUCCESS FACTORS

- High-level support – Liberia’s notable 22-month achievement was facilitated by the support, endorsement, and political will of the President and Minister of Health, as well as the actions and advocacy of a politically savvy and legally experienced Deputy Minister. Their leadership was essential for the rapid passage of the NPHIL Act. It has also been important in the formation of NPHIL, which will initially draw largely from existing entities in the Ministry of Health. The movement of people and units into NPHIL is supported at the highest levels, which has been important when there has been resistance to change.
- Partner support – Many national and international stakeholders and partners were involved in the Ebola response. Their experience of the devastation from the Ebola epidemic, combined with Liberia’s commitment to overhaul its public health system, has resulted in extensive international support for NPHIL.
- Learning from others’ experiences – Liberia has taken advantage of starting with a relatively clean slate and having the opportunity to create an NPHI de novo. NPHIL leadership has participated in study tours and stakeholder meetings, and has reached out to other NPHIs and IANPHI for their experiences. The experiences of other NPHIs are helping to shape plans for the NPHIL Foundation and procedures for transitioning staff from the Ministry to NPHIL.
- Quality staff – NPHIL can draw from a large population of educated and motivated professionals.
- Team spirit – The shared experience of dealing with the Ebola epidemic – the tragedy of the human and social toll, and the relief from the successful control – has created intense bonds among staff. They know how to work together and how to accept input even when it is critical. They also share a collective awareness of the enormity of the consequences of not working together.

HOW WE GOT THE STORY

This case study was developed through an in-depth interview with NPHIL Director General Tolbert Nyenswah, supplemented with information from the Internet and meeting reports.