



Code of Practice for National Public Health Institutes

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SECTION 1

This section introduces the process, and the key concepts.

CODE OF PRACTICE

The Code of Practice for National Public Health Institutions (NPHIs) was developed by the members of the International Association of National Public Health Institutes (IANPHI). It serves as a set of standards and best practices to guide the establishment and maintenance of high-quality operational standards for NPHIs.

Definition

A Code of Practice is a written guideline that is agreed upon by a professional association. It outlines the legal framework, ethical standards, best practices, and recommended behaviours within a specific field or profession.

The conceptual approach to developing a NPHI Code of Practice is based on methods commonly used in governments, non-profit organisations and in the private sector. It considers current research and evidence for developing a Code of Practice and is aware of relevant national and regional guidelines.

Purpose

The *Code of Practice for NPHIs* is the cornerstone of the quality framework for NPHIs. It aims to serve as a reference for countries in establishing and improving the institutional framework of NPHIs, the technical work and generation of knowledge, the implementation of health and public health services and interaction with society. Furthermore, it aims at communicating the core values of NPHIs to the scientific community, government, and the public.

The *Code of Practice for NPHIs* is based on seven principles, and a set of 27 attributes of best practices and standards for each of the principles providing guidance and reference for reviewing the implementation of the Code of Practice.

Background

A Framework for the Creation and Development of National Public Health Institutes was first developed by IANPHI in 2007, including a list of 11 core functions and 9 attributes. It was further discussed at a meeting in Bellagio in 2012. At the IANPHI Annual Meeting in Rome, Italy, in 2017, a session discussed establishing a Code of Practice for NPHIs, initiating the work. In 2019, Africa CDC published its *Framework for Development of National Public Health Institutes in Africa and Providing a Legal Framework for a National Public Health Institute (NPHI)*, which included further development of core attributes and values. During the COVID-19 pandemic, the need to establish a Code of Practice became even more evident, particularly regarding scientific independence.

IANPHI

IANPHI was formed in 2006 and has grown into a global network of 123 member institutions in 103 countries by 2024. IANPHI's official legal status as an International Non-profit Association was established in January 2019 when it was registered as a legal entity in Belgium. The latest strategy for the period 2021-2025 was approved in 2021 and one of its actions is to: *"Develop a NPHI Code of Practice, in relation to the review of the Framework for the Creation and Development of NPHIs, that includes core values such as scientific independence to support members in their national remits."* IANPHI is financed through membership dues, in-kind contributions from member institutes, and external funding.

Mission: Collectively build public health capacity and capabilities by connecting, developing and strengthening national public health institutes worldwide.

Vision: A global community of inter-dependent and trusted national public health institutes as scientific advisors working together to protect and improve the public's health and build a more equitable world.

Values: An inclusive and independent professional association which promotes an evidence-informed approach to public health and scientific excellence

NATIONAL PUBLIC HEALTH INSTITUTES

Note: This chapter will be updated and aligned with the results of the subgroup for the Framework of core functions for NPHIs.

A national public health institute (NPHI) is a public institution, or closely networked group of public institutions that operate as part of the government or with its agreement, and that provides science-based leadership, knowledge-based evidence, expertise, and coordination for a country's public health activities.

The World Health Organization (WHO) has developed a list of twelve [Essential Public Health Functions \(EPHFs\)](#). The EPHFs are a set of fundamental, interconnected, and interdependent activities, both within and beyond the health sector, that are required to ensure effective public health action to prevent disease and promote and protect health. IANPHI and WHO have co-published the document entitled [Application of the essential public health functions: an integrated and comprehensive approach to public health](#). While the roles and responsibilities may vary across NPHIs, they invariably play an important role in operationalising the EPHFs in their countries.

Regardless of public health topics for activities, NPHIs' functions can be categorised as follows:

- **Knowledge provision:** To provide reliable data and scientific analyses on the most important national health issues through collecting, collating, and analysing health data; producing and publishing scientifically informed knowledge in health and providing scientifically informed advice in public health to government, other stakeholders, and the general public.
- **Emergency preparedness and response:** To develop and maintain core capacities for preparedness, response, and resilience against health threats.
- **Health promotion:** To promote health and well-being for the population; including preventive health measures and services, community involvement and participation and health communications.
- **Public health services:** To provide and develop core public health infrastructure and services, including laboratory services, surveillance, health data generation, knowledge mobilisation, vaccine programmes, etc.
- **Data and IT infrastructure:** Ensure, in accordance with national regulations, the development of an IT and digital infrastructure, including AI capabilities to effectively and safely access essential health and health related data in the country for the activities of NPHIs.
- **Communication and dissemination:** Provide advice and decision support, dissemination of research, data and other knowledge production, and health promotion to government, professionals, and the general public.
- **Capacity building:** To build and promote capacity and workforce development through teaching, training, and mentorship.

SECTION 2: INSTITUTIONAL FRAMEWORK OF NPHIS

This section describes the principles for the organisation, structure, legal framework, etc.

1. PRINCIPLE: CLEARLY DEFINED STRUCTURE AND MANDATE

A clearly defined organisation with specific missions, a legal framework, organisational structure, professional leadership, and ethical values enabling scientific excellence and independence.

Attributes

1.1. Legal framework

Having a legal framework, clearly describing roles, tasks, responsibilities, and authorities with public health functions, ensuring a predictable mandate and financial conditions, and enabling scientific excellence and independence.

1.2. Organisational structure and functions

- NPHIs are public institutions that operate as part of the government or with its agreement. The relationship with the ministries should be clearly described.
- NPHIs are organised with a clear and distinct missions and mandate to enrich the technical capabilities in the country's public health system and build collaboration with other actors and entities, nationally and internationally.
- The work of NPHIs is evidence- and science-based and should not be subjected to commercial or undue political influence.

1.3. Dynamic adaptability

NPHIs shall maintain a commitment to dynamic adaptability in recognition of the constantly evolving landscape of public health threats and challenges. This entails horizon scanning and a proactive approach to reviewing programs and activities, adjusting resource allocation, and enhancing organisational flexibility to effectively respond to new and emerging threats, technological advancements, and shifting societal needs. Embracing agility and innovation, these institutions shall continuously assess and refine their strategies, policies, and practices to ensure relevance, efficacy, and resilience in safeguarding public health.

1.4. Professional ethical values

NPHIs incorporate and adhere to professional ethical values of public health research and provision of scientific advice, scientific integrity, equity, gender, and human rights.¹

¹ Examples include:

- Health related research (humans) [Standards and operational guidance for ethics review of health-related research with human participants \(who.int\)](#)
- Code of conduct for responsible research [Code of Conduct for responsible research \(who.int\)](#)
- Code of ethics for WHO personnel [Code of Ethics \(who.int\)](#)
- Health equity [Health equity \(who.int\)](#)

1.5. Legitimacy and trust

Through timely and reliable science-based and actionable deliverables, professional and organisational behaviour, ethical values and staying within the mandate of the NPHI, legitimacy and trust of NPHIs are earned.

2. PRINCIPLE: ADEQUACY OF RESOURCES

The resources available to NPHIs are sufficient to meet the requirements of the mandate for the NPHIs and the professional quality required. When resources are insufficient to fulfil the mandate, the NPHIs should prioritize activities according to the available resources in agreement with their government.

Attributes

2.1. Human resources, including staff recruitment

Human resources, adequate both in magnitude and competence are available to meet the current and emerging needs. The recruitment process should be open and transparent. A skilled, multidisciplinary workforce is maintained. Systems are in place to evaluate the performance of staff and provides staff with training and continuing education, and career pathways.

2.2. Sustainable financial resources and financial security

Financial resources are available and largely predictable over time to meet the needs of the NPHIs. They need to be sufficient to uphold the knowledge base and to identify and implement innovative insights and techniques.

2.3. Technical resources, including access to data

Access to necessary and secure digital and technical equipment, infrastructure, and capacity, such as computers and software, phones, e-mail, Internet and communication equipment, scientific literature, databases and health registries, and laboratories where relevant.

3. PRINCIPLE: SCIENTIFIC INDEPENDENCE

Scientific independence from policy, regulatory or administrative departments and bodies, as well as from private sector operators and civil interest groups, ensures the best public health impact of NPHIs deliveries and their public and social credibility. Maintaining positive collaborative relationships with all relevant stakeholders, including the Ministry of Health, should enhance and uphold scientific independence.²

- Human rights: [Human rights \(who.int\)](https://www.who.int/)
- Research: [Responsible life sciences research for global health security \(who.int\)](https://www.who.int/)
- American Public Health Association (APHA) Code of Ethics: https://www.apha.org/-/media/files/pdf/membergroups/ethics/code_of_ethics.ashx

² The IANPHI website contains examples of best practices: <https://ianphi.org/tools-resources/index.html>

Attributes

3.1. NPHIs' scientific independence should be protected from political influence

- The scientific independence of NPHIs from political and other external interference in developing, producing, and disseminating scientific knowledge should be promoted through appropriate legislation, regulations, best practices, and professional guidelines.
- NPHIs have the responsibility for ensuring that scientific knowledge is developed, produced, and disseminated independently.
- NPHIs should have full autonomy in deciding on scientific methods, standards, and procedures for its scientific work.
- Rules and procedures should be pre-established and agreed upon with competent authorities regarding the timing of scientific releases, including for topics relating to emergencies.
- Scientific publications from NPHIs should be issued separately from political statements to ensure their recognition as independent evidence.
- NPHIs should be able to comment publicly on all public health issues without fear or favour.
- The procedures for the recruitment and appointment of the heads of NPHIs should be transparent and merit based. Criteria for both employment and termination of contracts should be specified in the NPHI legal framework and designed to protect the independent professional and scientific voice of the NPHI leader.³
- NPHIs should have adequate autonomy to make decisions on administrative and internal financial management of the Institute in alignment with accepted rules and regulation of the country.

3.2. NPHIs should be protected from commercial or lobbying influence

- NPHIs should be protected from commercial or undue civil society lobbying influence through appropriate guidelines.
- NPHIs should have a clear Conflict of Interest policy to ensure transparency over funding sources for the institutions and demonstrate measures taken to remove any risk to the institutions' scientific independence.
- NPHIs should have a Code of ethical conduct for their interaction or collaboration with private companies and commercial activities or entities. This Code should clearly outline the limitations on acceptable funding sources and the measures in place to ensure that funding sources are independent from the planning and execution of scientific and public health work.
- NPHIs should have clear strategies for partnerships and engagements. These strategies should define the guidelines for collaborating with civil society organisations and lobbying groups, including citizen and patient groups, minority communities, religious organisations, and advocacy groups to minimise the risk of undue influence. It is crucial to safeguard the impartiality of NPHIs and maintain the perception of their integrity across all public health domains.

³ https://www.ianphi.org/_includes/documents/sections/tools-resources/case-studies/director-bp-guidance-.pdf

3.3. NPHIs are science-based organisations that generate evidence to inform policy and programmes

- While NPHIs have the responsibility to generate evidence to inform priorities identified by political entities, NPHIs should maintain sufficient independence to prioritise research and evidence generation based on the needs of the population and on identified gaps in evidence.
- While NPHIs have the responsibility to gather data that can inform priorities set by political entities, they should maintain adequate independence to prioritise short-, mid- and long-term research and evidence generation based on the needs of the population and identified gaps in evidence.

4. PRINCIPLE: WORKING ENVIRONMENT

The working environment is safe, inclusive, and supportive of all employees.

Attributes

4.1. Health safety and security

Protocols and standards to ensure workers' basic needs and safety are in place, implemented and maintained, including when working with hazardous materials.

4.2. Human and labour rights

Adhering to all national and international human rights and labour rights.

4.3. Supporting people

Providing an environment in which people can work productively. This includes ensuring a safe and inclusive environment, implementing systems for reporting misconduct, maintaining zero tolerance for discrimination, racism, harassment, and intimidation, striving for gender equality, diversity, and equal opportunities, combating fraud, corruption, and nepotism, and developing a resilience strategy to support the workforce during intense workloads, especially during emergencies.

SECTION 3: TECHNICAL WORK AND GENERATION OF KNOWLEDGE

This section describes the principles for the technical and scientific production, and encompasses what NPHIs do, including knowledge production and scientific advice for decision making, emergency preparedness, and public health infrastructure and services.

5. PRINCIPLE: PRIORITISATION OF WORK

NPHIs prioritise their work based on a systematic and thorough assessment of factors like major health challenges, burden of disease, preventability of disease, likelihood for the preventive measures being implemented, emergency threats, inequalities of health, and public interest.

Attributes

5.1. Focus on major health challenges

NPHIs, within the mandate of the institute or through linkages with other organisations, ensure that all current and expected critical public health challenges in the country are being addressed, including infectious and non-communicable diseases, injuries and violence, mental, environmental, and occupational health, wellbeing, and the health effects of climate change. This encompasses health prevention of disease and injuries, health promotion, emergency preparedness and response, and inequalities. Focus should also be on health challenges where the best health and social gains can be obtained from the resources invested, including focusing on social, economic, ethnic, geographical and gender groups experiencing the most critical health challenges.

5.2. Equity

- NPHIs advocate for, and work for the empowerment of, disenfranchised community members, ensuring that resources and conditions necessary for health are accessible to all people in the community.
- NPHIs have an ethical obligation to use their knowledge, skills, experience, and influence to promote equitable distribution of benefits and opportunities for health. Health justice and equity also extend to ensuring that public health activities address and reduce health inequities. Health justice does not pertain only to the distribution of scarce resources in transactions among individuals; it also involves remediation of structural and institutional forms of domination that arise from inequalities related to voice, power, and wealth. It is difficult for public health to promote health justice at the transactional level if it does not take steps to promote it at the structural and institutional levels as well.

5.3. Public interest and need

NPHIs are dedicated to serving the interests of the general public, as public health is recognised as a common good. To ensure effective prioritisation of their work, it is crucial for NPHIs, to involve and work with the community and civil society organisations, in addition to academia, the non-profit sector, and public and private partners.

6. PRINCIPLE: COMMITMENT TO QUALITY

The NPHIs are committed to quality. They systematically and regularly identify their strengths and weaknesses to continuously improve the working process and output quality. Scientific collaboration with academia and other scientific organisations, including other NPHIs is essential.

Attributes

6.1. Well-qualified staff

A skilled, multidisciplinary workforce is maintained. Planning of career pathways, training and continuing education of staff are encouraged.

6.2. Quality system

Quality assurance systems are in place, maintained and improved to make sure that systems, work, and deliverables are of the highest standards, including for digital security and privacy protection.

6.3. Sound methodology and procedures

The research and other knowledge and scientific advice production, preparedness, public health infrastructure and services, all follow recognised, evidence-based, and scientific methodologies, procedures and other international standards, guidelines, and good practices, while constantly striving for innovation. NPHIs maintain and develop cooperation with the scientific community and with society to improve methodology, the effectiveness of the methods implemented and to promote better tools when feasible.

6.4. Openness and transparency, open science, and scientific integrity

NPHIs develop, produce, and disseminate results and deliverables respecting scientific independence and, in an objective, professional, open, and transparent manner, treating all users equitably, and respecting diverse values, beliefs, and cultures in the community. Personal privacy is protected.

6.5. Accountability

NPHIs are accountable to the public and to the populations it serves, in addition to those who commission its work.

6.6. Cost-effectiveness

Resources are used effectively, and NPHIs strive to improve and simplify work without compromising quality.

SECTION 4: INTERACTION WITH SOCIETY

7. PRINCIPLE: OPEN AND TRANSPARENT COMMUNICATION

Interactions with society should be guided by principles of openness, inclusivity, accessibility, and transparency. Moreover, these interactions should be meaningful to the communities involved.

Any communication should prioritise the privacy of individuals, particularly those who are vulnerable. During public health events and emergencies, it is important to recognise the presence of uncertainty and the evolving nature of information. To counteract misinformation and disinformation, and maintain public trust, transparent communication that is timely, credible, addresses uncertainty, and is continuously updated as knowledge progresses is essential.

Attributes

7.1. Transparency and sharing of knowledge

Knowledge and other deliverables, as well as the information about the processes developing them that are not of a sensitive nature or regarding national security, should be made openly available to anyone interested, regardless of whether it is research, public information, news items or other. Open-access publications should be the norm for publishing research. When possible, knowledge should be shared in formats and languages used by the communities.

7.2. Two-way communication

NPHIs should, where relevant, encourage a diverse range of stakeholders and society as a whole to actively participate in the process of prioritisation and the implementation of deliverables by NPHIs. This ensures that the outcomes are practical and relevant. Establishing communication platforms that foster open exchange should be standard practice. Communities, represented through their organisations and networks, should have the

autonomy to determine the level of their involvement and representation in different stages of the processes, ensuring equal voice and power as other stakeholders.

7.3. Inclusivity and engagement

To effectively prevent adverse health outcomes and promote well-being, informed decision-making processes that actively engage affected individuals and communities are essential.

NPHIs should take proactive measures to involve a diverse range of the public, communities, and stakeholders in their decision-making processes. To ensure the meaningful involvement of relevant communities, it is crucial to provide comprehensive information about upcoming decisions in a timely manner. This information should be accessible, presented in formats and languages that are easily understood. Additionally, clear terms of reference should be provided to all individuals and organisations involved in the decision-making process.

7.4. Coordination and networks

NPHIs collaborate with and coordinate activities with other sectors and national public health actors and collaborate with other local, regional, national, and international organisations and global networks.