

Public Health Institutes of the World



# **Framework for the Creation and Development of National Public Health Institutes**

Approved by the IANPHI General Assembly  
April 8, 2026





# Table of Contents

<b>4</b>	<b>Acknowledgement</b>
<b>5</b>	<b>Abbreviations</b>
<b>6</b>	<b>Preface</b>
<b>8</b>	<b>Part A</b> <b>Framework for the Creation and Development of NPHIs</b>
<b>9</b>	I. What are National Public Health Institutes?
<b>9</b>	II. What are Essential Public Health Functions?
<b>11</b>	III. NPHI Attributes and NPHI Functions
<b>11</b>	IV. From Essential Public Health Functions to NPHI Functions
<b>14</b>	V. Method
<b>16</b>	VI. Approach
<b>26</b>	References
<b>28</b>	<b>Part B</b> <b>Process guide NPHI Creation and Development</b>
<b>30</b>	<b>Part C</b> <b>Annexes</b>



# Acknowledgement

This document is based on the 2007 IANPHI Framework for the Creation and Development of National Public Health Institutes. [1] It was developed between 2024 and 2025 by the 'Sub-Committee Framework' of the IANPHI Committee on Essential Public Health Functions. The Sub-Committee comprised participants representing IANPHI member institutions from all Regional Networks (Africa, Asia, Europe, Latin America/Caribbean) as well as regional institutions and international organizations (World Health Organization, Africa Centres for Disease Prevention and Control): Sue Binder, IANPHI Senior Advisor; Shelly Bratton, US CDC, Lead, NPHI Program; Katharina Habimana Austrian National Public Health Institute (Gesundheit Österreich GmbH, GÖG), Health Policy Consultant; Claudia Hahl, Austrian National Public Health Institute (Gesundheit Österreich GmbH, GÖG), Head International Dept.; Carol Malko, Public Health Agency of Canada, Lead, IANPHI file, Office of International Affairs; Hervé Hien, Burkina Faso National Public Health Institute, Director-General; Zheng Jie Marc Ho, Singapore Communicable Diseases Agency Group Director (Policy and Systems); Vernon Lee, Communicable Diseases Agency, Chief Executive Officer, Singapore; Alex Riolerus Ario, Uganda National Institute of Public Health, Director; Felix Julio Rosenberg, Forum Itaborai, Oswaldo Cruz Foundation, Ministry of Health, Brazil Director; Sohel Saikat, WHO HQ, Primary Health Care (Health Systems Resilience and EPHFs), Senior Advisor; Neil Squires, IANPHI Secretary General; Haftom Taame Desta, Africa Centers for Disease Control, Public Health Institutes and Research Division, Principal Technical Officer; Raji Tajudeen, Africa Centers for Disease Control, Public Health Institutes and Research Division, Head; Theresa Tam, Public Health Agency of Canada, Chief Public Health Officer; Anders Tegnell, Public Health Agency Sweden, Senior expert; Anne-Catherine Viso, Santé Publique France, Scientific and International affairs Division, Director; Ellen Whitney, IANPHI US Office, Director; Wen Qing YEO, Communicable Diseases Agency, Director (Global Partnerships and Engagement), Singapore; Yu Zhang, WHO HQ, Health system resilience & Essential public health functions, Consultant.

Preparatory work was done by a Drafting Group: Angela Fehr, Robert Koch Institute, Deputy Head, Information Centre for International Health Protection, IANPHI Focal Point; Aamer Ikram, former CEO, National Public Health Institute Pakistan, Vice President IANPHI; Bjørn Iversen; Norwegian Institute of Public Health, Department of Infection Prevention and Preparedness, Specialty Director; Ching Ying Kong, Communicable Diseases Agency, Deputy Director (Global Partnerships and Engagement), Singapore; Sadaf Lynes, IANPHI Director of Collaborative Surveillance, Workforce and Health Emergencies.

The new IANPHI Framework was furthermore developed with contributions from the global IANPHI community. IANPHI extends its sincere appreciation to the many public health experts who contributed insights and experience throughout a membership consultation process. Their collective expertise refined the document and ensured that the recommendations in this Framework reflect shared priorities and aspirations of National Public Health Institutes worldwide.



# Abbreviations

<b>Africa CDC</b>	Africa Centres for Disease Control and Prevention
<b>ECDC</b>	European Center for Disease Control
<b>EPHF</b>	Essential Public Health Functions
<b>IANPHI</b>	International Association of National Public Health Institutes
<b>NPHI</b>	National Public Health Institute
<b>WHO</b>	World Health Organization



# Preface

IANPHI, the International Association of National Public Health Institutes, was formally launched in 2006 by 39 founding countries. [2] In 2007, a first **Framework for the Creation and Development of National Public Health Institutes** was developed by IANPHI for the global public health community. This document is a renewed version of the first original document.

At the time of the publication of this revised Framework, IANPHI has 129 members in 107 countries. IANPHI's mission is to "improve health by strengthening national capacity to deliver the Essential Public Health Functions, through the coordinated efforts of public health institutes worldwide".[3] The **IANPHI Framework** supports this mission by serving as a guidance document for public health experts, decision makers and other stakeholders who are involved in the creation and development of national public health institutes (NPHIs).

The new Framework builds on the "Application of the essential public health functions: an integrated and comprehensive approach to public health", a document which was co-developed and co-authored by the World Health Organization (WHO) and IANPHI. [4] The Framework translates the WHO Essential Public Health Functions (EPHFs), published in 2024, into core, desirable and optional functions for NPHIs. The labels "core, desirable, optional" do not categorize EPHFs by relevance, but only describe the recommended role which NPHIs shall play in an EPHF's implementation, i.e. being in the lead, being an active collaborator or contributing to it. The Framework also gives practical guidance for the different stages of NPHI establishment and recommends instruments from the IANPHI toolbox which facilitate this process. These include:

- the [Code of Practice](#) which serves as a set of standards and best practices to guide the establishment and maintenance of high-quality operational standards for NPHIs;
- the [Staged Development Tool](#), a maturity model, which helps NPHIs assess their current capacities and plan for how to move to a higher level of functioning, prioritize activities and develop roadmaps to strengthen public health functions;
- [A guide to establishing national public health institutes through mergers](#) which provides information for merger initiatives and offers a step-by-step action plan to prepare and implement the reorganization or merger of NPHIs;



- Africa CDC's [Framework for Development of National Public Health Institutes in Africa](#) and [Providing a Legal Framework for a National Public Health Institute \(NPHI\)](#) which describe NPHIs in the African context, including core aspects of their operations and public health functions;
- the [NPHI Linkages Framework](#) which will improve coordination of EPHFs and institutional actors;
- the [Stakeholder Engagement Planning Guide](#) which provides an overview of some approaches and tools for categorizing stakeholders and ideas on engaging the different categories;
- the compilations of Best Practices and Case Studies, Communication Resources or topic-specific roadmaps, lessons learned and project reports. [5]

The Framework further considers and cross-references developments of the WHO Framework for health emergency preparedness and response capabilities for national public health agencies. [6]

### **The new IANPHI Framework is divided into 3 parts:**

[Part A – Framework for the Creation and Development of NPHIs](#) introduces NPHIs and the Essential Public Health Functions; it contains an annotated list of core, desirable and optional NPHI functions, as recommended by IANPHI, and describes the method used for their development.

[Part B – Process Guide NPHI Creation and Development](#) includes different scenarios, offering guiding questions and cross-referencing IANPHI tools to facilitate this process.

[Part C – Annexes](#) is a living document which will continuously be developed and will comprise case studies, best practices, training tools or useful templates to support the implementation of the Framework.

### **Implementation**

Peer-to-peer support is an essential resource which IANPHI promotes and offers to its membership. From steps towards planning the establishment of an NPHI to inviting a voluntary peer-review of its current operations, IANPHI facilitates the matching of needs and requests with available expertise, thereby supporting knowledge flow and institutional capacity building among its members and partners. The revised IANPHI Framework shall be a resource for public health experts and stakeholders for all these processes. IANPHI encourages its members, partners, and interested institutions to employ this document and the IANPHI toolbox at large, and to liaise with the IANPHI Secretariat and among member institutes for collaboration in the creation and further development of NPHIs.



# Part A

# Framework for the Creation and Development of NPHIs



## I. What are National Public Health Institutes?

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.<sup>1</sup> [7]

NPHIs operate within national public health systems which the World Health Organization (WHO) describes as “the constellation of all public, private and voluntary entities that contribute to the delivery of public health services within a jurisdiction.” [4] Within this constellation, NPHIs are responsible for safeguarding and promoting a nation's public health.

## II. What are Essential Public Health Functions?

To support Member States to improve public health practice and building resilient health systems capable of meeting Universal Health Coverage (UHC), WHO developed a list of **12 Essential Public Health Functions (EPHFs)**. These are “fundamental, interdependent activities, both within and beyond the health sector, that are required to ensure comprehensive delivery of public health. [4] The number of EPHFs and their definitions have varied over the years and by regions, and are now updated and unified. The 12 EPHFs (Box 1) guide Member States on the provision of health security, development of health workforce, strengthening of primary health care and building resilient health systems. [4, 8, 9]

---

<sup>1</sup> Being part of government means being funded by government and therefore financially accountable to government - it does not imply being under Ministerial control. A core principle for NPHIs is that they are sufficiently independent to ensure that science and evidence can be presented to government and the public without fear of political influence.



**Box 1:** Unified list of essential public health functions

- **Public health surveillance and monitoring:** Monitoring and surveillance of population health status, risk, protective and promotive factors, threats to health, and health system performance and service utilization
- **Public health emergency management:** Managing public health emergencies for international and national health security
- **Public health stewardship:** Establishing effective public health institutional structures, leadership, coordination, accountability, regulations and laws
- **Multisectoral planning, financing and management for public health:** Supporting effective and efficient health systems and multisectoral planning, financing and management for public health
- **Health protection:** Protecting populations against health threats, for example environmental and occupational hazards and communicable and noncommunicable diseases, including mental health conditions, food insecurity, and chemical and radiation hazards
- **Disease prevention and early detection:** Prevention and early detection of communicable and noncommunicable diseases, including mental health conditions and injuries
- **Health promotion:** Promoting health and well-being as well as actions to address the wider determinants of health and inequity
- **Community engagement and social participation:** Strengthening community engagement, participation and social mobilization for health and well-being
- **Public health workforce development:** Developing and maintaining an adequate and competent public health workforce
- **Health service quality and equity:** Improving appropriateness, quality and equity in provision of and access to health services
- **Public health research, evaluation and knowledge:** Advancing public health research and knowledge development
- **Access to and utilization of health products, supplies, equipment and technologies:** Promoting equitable access to and rational use of safe, effective and quality-assured health products, supplies, equipment and technologies

**Note:** Following expert consultation, the expression of the 12 EPHFs is slightly updated to provide more clarity in the operational scope of each function, based on the unified list published by WHO in 2021. There is no significance to the ordering of the list presented here, as each EPHF is fundamental to the effective delivery of public health, with prioritization depending on country context.

Source: <https://www.who.int/publications/i/item/9789240088306>; p. 9; accessed 06.08.2025



WHO supports Member States to build relevant institutional, administrative and scientific capacity for EPHF implementation. [10] Accordingly, the list of outcome indicators for the General Programme of Work 14 (GWP 2025–2028) includes, under its Strategic objective 3, “Advance the primary health care approach and essential health system capacities for universal health coverage” a new indicator on “Institutional capacity for essential public health functions (meeting criteria).” [11] NPHIs are flagship organizational structures to advance, coordinate and implement EPHFs at national level. [12]

### III. NPHI Attributes and NPHI Functions

**NPHI attributes** are a set of standards and best practices to guide the establishment and maintenance of high-quality operational standards for NPHIs. The attributes have been developed and described by IANPHI in a *Code of Practice (CoP) for NPHIs*. [7] The *CoP* 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 *CoP*. The *CoP* aims to serve as a reference for countries in establishing and improving the institutional framework of NPHIs, the technical work and generation of knowledge and 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.

NPHI functions, which are the focus of this Framework, are based on the 12 Essential Public Health Functions and describe the potential scope of NPHIs activities. The Framework and the *CoP* are complementary and together form comprehensive IANPHI guidance.

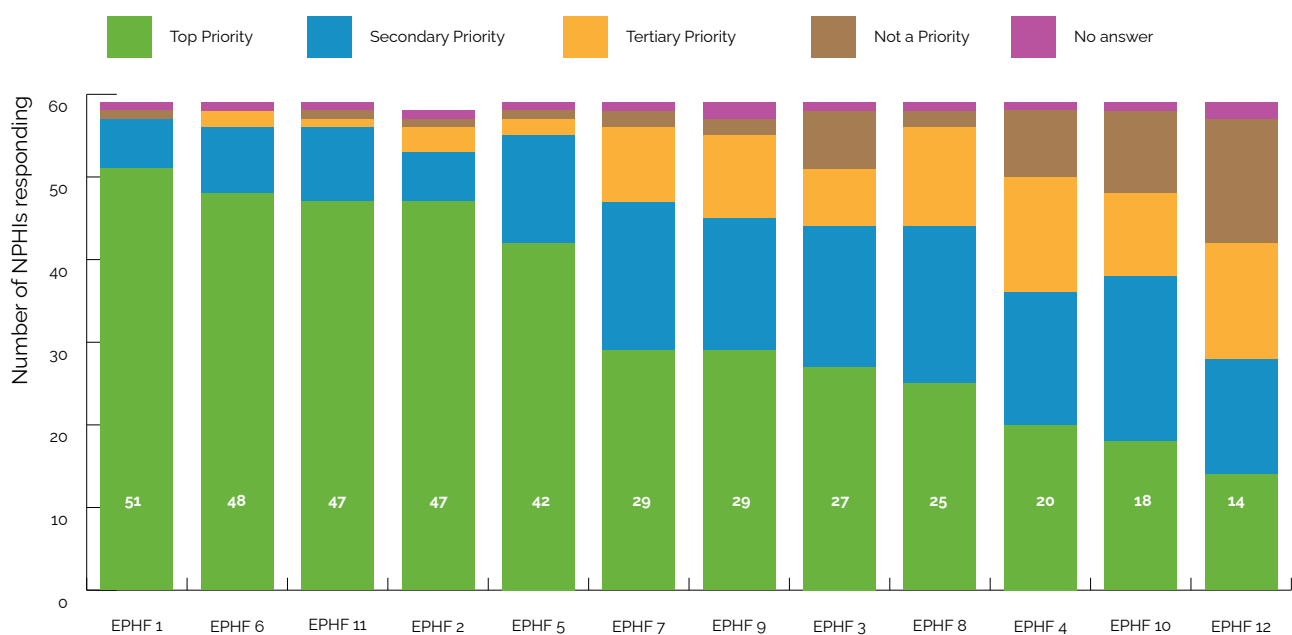
### IV. From Essential Public Health Functions to NPHI Functions

Essential Public Health Functions and their sub-functions are intended to advance public health at national level. For NPHIs, which are key actors in national public health systems, they define their institutional scope and operations, in line with their mandates and within the context of their national public health systems and activities carried out by other national entities.



The Framework acknowledges that not all NPHIs will cover all EPHFs. Which EPHFs fall into the mandate of an NPHI depends on the organizational structure of a national public health system. To illustrate, laboratory capacity and a connected laboratory network are considered ‘key system enablers for implementing public health services’ by WHO. [4] It will depend on an individual NPHIs mandate, if it includes such capacity or functions as coordinator for a laboratory network. To illustrate, in 2024 the IANPHI Focal Point Network organized a survey in which members ranked the priority given to the 12 EPHFs at their institutes. From this survey, Figure 1 below shows the priorities on different EPHFs in participating NPHIs. [13]

**Figure 1:** Priorities along different EPHFs in participating NPHIs, sorted by top priority



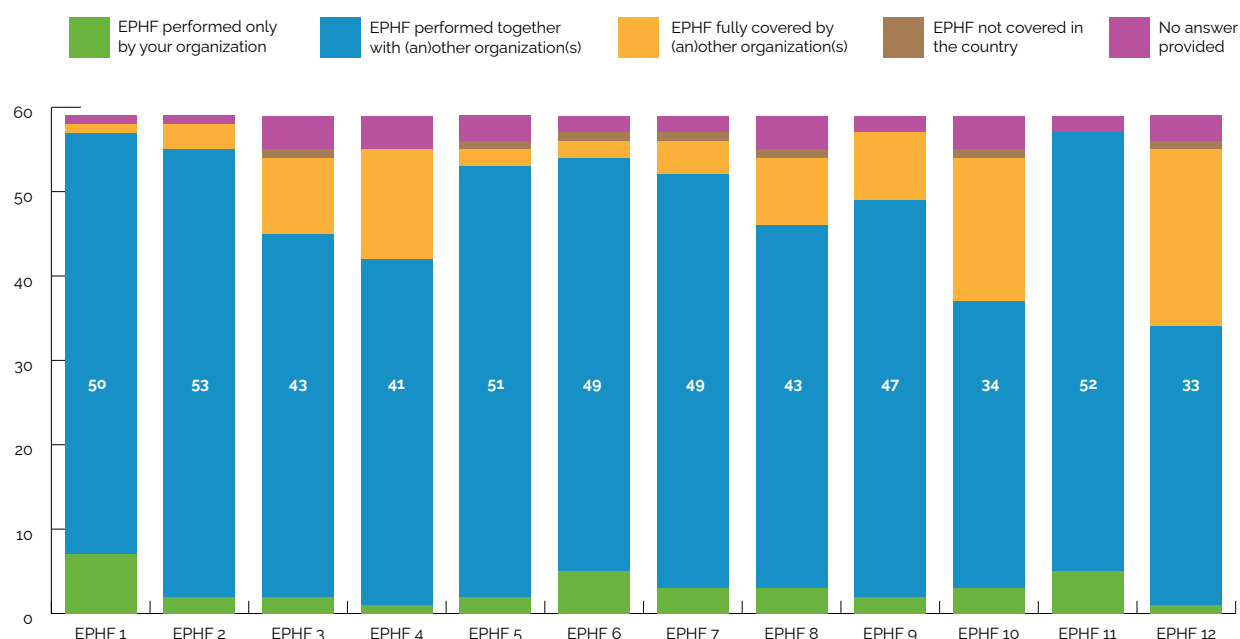
- |   |   |
|---|---|
| EPHF 1: Public health surveillance and monitoring         | EPHF 3: Public health stewardship   |
| EPHF 6: Disease prevention and early detection            | EPHF 8: Community engagement and social participation                                       |
| EPHF 11: Public health research, evaluation and knowledge | EPHF 4: Multisectoral planning, financing and management for public health                  |
| EPHF 2: Public health emergency management                | EPHF 10: Health service quality and equity  |
| EPHF 5: Health protection                                 | EPHF 12: Access to and utilization of health products, supplies, equipment and technologies |
| EPHF 7: Health promotion                                  |   |
| EPHF 9: Public health workforce development               |   |

Source: IANPHI Survey among member institutions 2024, 59 answers considered for analysis.

In a country with a decentralized system, several public health institutions may exist, each covering a limited number of EPHFs. In this case, particular attention must be paid to their collaboration in a joint national effort to safeguard and promote public health. Fig. 2. illustrates that the majority of NPHIs having answered the IANPHI survey share the responsibility for the implementation of EPHFs with other institutions within their countries.



**Figure 2.** Overview of responsibility for the implementation of EPHFs, including by NPHIs alone or together with other public health actors



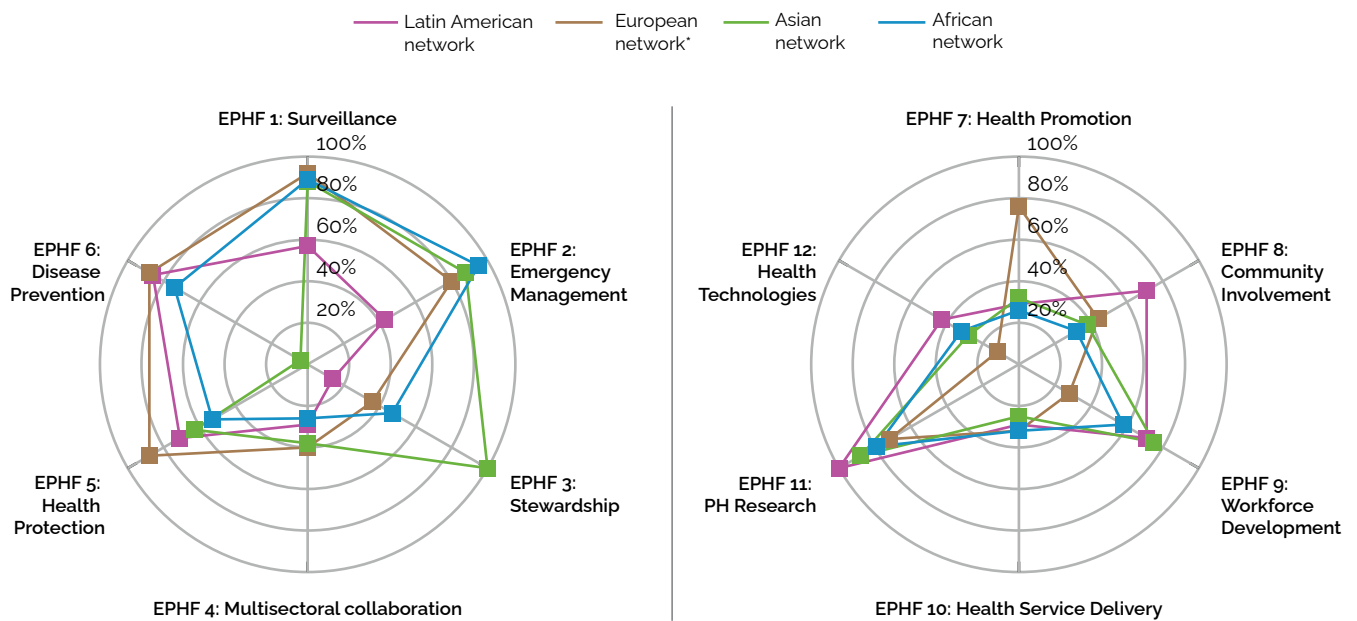
- |   |   |
|---|---|
| EPHF 1: Public health surveillance and monitoring         | EPHF 3: Public health stewardship   |
| EPHF 6: Disease prevention and early detection            | EPHF 8: Community engagement and social participation                                       |
| EPHF 11: Public health research, evaluation and knowledge | EPHF 4: Multisectoral planning, financing and management for public health                  |
| EPHF 2: Public health emergency management                | EPHF 10: Health service quality and equity  |
| EPHF 5: Health protection                                 | EPHF 12: Access to and utilization of health products, supplies, equipment and technologies |
| EPHF 7: Health promotion                                  |   |
| EPHF 9: Public health workforce development               |   |

Source: IANPHI Survey among member institutions 2024, 59 answers considered for analysis.

In countries with a centralized system, more often the EPHFs will be covered by a single NPHI. In countries with a developing public health system, the implementation of some EPHFs may still be lacking altogether. Also, geopolitical regions may differ in their focus on specific EPHFs. The IANPHI survey found that there are variations as to which EPHFs are given top priority. As illustrated in Figure 3 below, all participating NPHIs from the Asian region mentioned public health stewardship (EPHF 3) as a top priority; in the African region, public health emergency management (EPHF 2) is very often a top priority. Health promotion (EPHF 7) was mentioned more often as top priority by participating European NPHIs, while community engagement was more often a top priority in the American region. Public health research (EPHF 11) was selected as top priority by many NPHIs from all regions.



**Figure 3.** Percentage of NPHIs in IANPHI regional networks stating the work on a specific EPHF is a top priority



\*Includes the U.S. and Canada

**Note:** Spider radar represents 100% in steps of 20%. Percentages presented as per region (i.e., if all NPHIs from a region said a specific EPHF is of top priority, the respective data will reach the outer grid (as for Asian NPHIs regarding EPHF 3 reaching 100%).

Source: IANPHI Survey among member institutions 2024

## V. Method

The WHO EPHFs were developed as guidance for national public health systems at large, of which NPHIs are an essential building block. NPHIs are best suited to carry out these functions due to their dual scientific and operational expertise. Furthermore, the execution of the ensemble of core functions allows the NPHI to cover the continuum of public health spanning surveillance, protection, prevention and health promotion.

The IANPHI Framework operationalizes the EPHFs for the institutional mandates of NPHIs. It applies a flexible definition of an NPHI to allow each jurisdiction to support their creation and development in an approach suited to varying national public health systems.



At the same time, based on its experience of two decades as a global association of NPHIs, IANPHI recommends that, in all public health systems and structures, certain functions shall be considered core to an NPHI, both for its creation and its enhancement, while other functions may be desirable or optional. In doing so, the new Framework slightly differs from the 2007 IANPHI Framework which developed a list of 11 core functions, based on the PAHO EPHFs, and explained that “Among the Core Functions, three stand out as those for which the NPHI will often be in the lead for the country and will be the major national repository of infrastructure and expertise.” [1] The new Framework now defines functions for which NPHIs will lead as **core functions**, and adds definitions for **desirable** and **optional functions** which may be led by other organizations.

The new Framework was developed between 2024 and 2025 and involved a drafting group, the Sub-Committee Framework of the IANPHI Essential Public Health Functions Committee as well as a written membership consultation. (Box 2)

#### **Box 2:** Development of the new IANPHI Framework

The definition of function levels, the subsequent operationalization of the EPHFs as NPHI functions and the development of the workbook was performed by a Sub-Committee of the IANPHI Essential Public Health Functions Committee. The Sub-Committee was launched at the IANPHI Annual Meeting in Kigali in April 2024 where it agreed a workplan and selected a drafting group. Between 2024 and 2025, the drafting group held ten virtual meetings and organized three written consultations with the full membership of the Sub-Committee. The drafting group and the Sub-Committee, firstly, agreed on a definition of core, desirable and optional NPHI functions. The drafting group then reviewed the EPHFs in two groups, i.e. EPHF 1-6, EPHF 7-12, and in iterative rounds. Each EPHF and its sub-functions were allocated to one category. When considered necessary, the original wording of an EPHF or its sub-functions was modified, e.g. when the wording of the EPHF went beyond the function of an NPHI. To illustrate, EPHF 3 “Public health stewardship” covers “Establishing effective public health institutional structures, leadership, coordination, accountability, regulations and laws”. For NPHIs, the wording was adapted to as follows: “Set-up and organize the public health network required for its works, provide an adequate coordination and leadership.” Thus, the broad approach of the EPHF which addresses the community of public health entities, was broken down to a function relevant and feasible for NPHIs. The drafting group submitted its outcomes to the Sub-Committee for review and organized three consensus meetings. In April 2025, a pre-final draft of the Framework was presented to the Executive Board and approval was obtained to organize a written membership consultation. A Sub-Committee side meeting at the Annual Meeting in Maputo agreed the modalities for the consultation. Between May and June 2025, members were invited to review and comment on the pre-final draft. Incoming feedback was integrated into the draft between July and August 2025. A final draft was submitted to the Executive Board in September 2025, followed by presentation to the IANPHI General Assembly on December 16, 2025. The Framework will be supplemented with a Process guide for NPHI creation and development (Part B) and a living Annex with tools and training resources (Part C).



## VI. Approach

### 1. Definition of NPHI functions

To operationalize the EPHFs for NPHIs, IANPHI recommends the following definitions (Table 1):

**Table 1:** Levels of NPHI functions, as recommended by IANPHI

Level of NPHI Functions – IANPHI Recommendation	
<b>Level 1</b>	<b>Core functions</b> of NPHIs are those Essential Public Health Functions, or related sub-functions, in which NPHIs are, or shall be, in the lead. If there are several NPHIs in a country because EPHFs are distributed among different organizations at the national level, at least one of them should be recognized formally/officially as the lead for this function.
<b>Level 2</b>	<b>Desirable functions</b> of NPHIs are those Essential Public Health Functions, or related sub-functions, for which NPHIs are recognized active collaborators. If there are several NPHIs in a country because EPHFs are distributed among different organizations at the national level, at least one of them should be recognized formally/officially as the lead for this function.
<b>Level 3</b>	<b>Optional functions</b> of NPHIs are those Essential Public Health Functions, or related sub-functions, which an NPHI may cover or contribute to. If there are several NPHIs in a country because EPHFs are distributed among different organizations at the national level, at least one of them should be recognized formally/officially as the lead for this function.

**It is important to note here that, in its list of EPHFs, WHO does not prioritize one function over the other, and neither does this Framework. The labels "core, desirable, optional" do not categorize EPHFs by relevance, but only describe the recommended role which NPHIs play in an EPHF's implementation, i.e. being in the lead, being an active collaborator or contributing to it.**

The priority given to the EPHFs by individual NPHIs are determined by their mandate which in turn is shaped by the public health system in a given country. Each NPHI will therefore select to implement functions as core, desirable or optional priority, dependent on their mandate.

**What these functional categories do is to** reflect IANPHI's recommendation for a step-by-step process in NPHI creation and development. When establishing or enhancing an NPHI, IANPHI proposes to initially focus on core functions. Over time, depending on the context of the national public health system, desirable and optional functions may be added to the NPHIs portfolio of activities.



## 2. NPHI Core, Desirable and Optional Functions

Based on the above definition, the following **eight EPHFs contain core functions for NPHIs**, i.e. functions for which NPHIs should be in the lead in a national public health systems, as well as desirable and optional functions:

- Monitoring and surveillance of population health status, risk, protective and promotive factors, threats to health, and health system performance and service utilization  
(⇒ **EPHF 1** Public health surveillance and monitoring)
- Managing public health emergencies for international and national health security; management of health risks and health hazards.  
(⇒ **EPHF 2** Public health emergency management)
- Setting-up and organising the public health network required for its works, provide an adequate coordination and leadership  
(⇒ **EPHF 3** Public health stewardship)
- Protecting populations against health threats from communicable and noncommunicable diseases, including mental health conditions and, additionally, depending on the institutional mandate, environmental and occupational hazards and food insecurity, and chemical and radiation hazards  
(⇒ **EPHF 5** Health protection)
- Prevention and early detection of communicable and noncommunicable diseases, including mental health conditions and injuries  
(⇒ **EPHF 6** Disease prevention and early detection)
- Providing knowledge and expertise for evidence-based promotion of health and well-being as well as for actions to address the wider determinants of health and inequity  
(⇒ **EPHF 7** Health promotion)
- Contributing to the development and maintenance of an adequate and competent core group of public health personnel  
(⇒ **EPHF 9** Public health workforce development)
- Advancing public health research and knowledge development  
(⇒ **EPHF 11** Public health research, evaluation and knowledge)

**Four EPHFs include desirable or optional functions for NPHIs,**

i.e. functions for which NPHIs shall be active contributors (desirable) or which they may cover or contribute to (optional):



- Providing evidence which supports the effective and efficient health systems and multisectoral planning, financing and management for public health  
(⇒ **EPHF 4** Multi-sectoral planning, financing and management for public health)
- Strengthening community engagement, participation and social mobilization for health and well-being  
(⇒ **EPHF 8** Community engagement and social participation)
- Providing knowledge and evidence aimed at improving appropriateness, quality and equity in provision of and access to health services  
(⇒ **EPHF 10** Health service quality and equity)
- Within the scope of their responsibilities, cover or contribute to promoting equitable access to and rational use of safe, effective and quality-assured health products, supplies, equipment and technologies  
(⇒ **EPHF 12** Access to and utilization of health products, supplies, equipment and technologies)

Some NPHIs may have additional functions. Within the scope of their responsibilities, NPHIs may also contribute to the development, production and / or provision of health products such as vaccines, pharmaceuticals and, particularly, diagnostic kits.

Furthermore, providing knowledge and evidence to contribute to the reduction of social, economic and environmental inequalities as determinants of health inequities represents an important cross-cutting priority for NPHIs to consider within their mandates. To this end, and depending on their individual mandates, NPHIs may actively participate in the generation of policies or regulatory frameworks that seek to reduce inequities or inequalities in health. Equally, NPHIs shall recognize the importance of collaborative working to take a One Health approach.

Which EPHFs and their sub-functions are considered to be NPHI core, desirable and optional functions is illustrated in Table 2 below.

Table 2

With reference to

### EPHF 1 'Public health surveillance and monitoring'

NPHIs shall take the lead in monitoring and surveillance of population health status, risk, protective and promotive factors, threats to health, and health system performance and service utilization

#### CORE FUNCTIONS for which NPHIs shall be in the lead

- Planning for public health monitoring and surveillance
- Routine and systematic collection of public health data
- Analyzing and interpreting available public health data
- Timely dissemination of public health data, information and evidence to key stakeholders, including communities, in line with the specific mandate given to the NPHI which may require coordination of communication

With reference to

### EPHF 2 'Public health emergency management'

NPHIs shall take the lead in managing public health emergencies for international and national health security

#### CORE FUNCTIONS for which NPHIs shall be in the lead

- Monitoring and analyzing available public health information to identify and anticipate potential and priority public health risks, including public health emergency scenarios
- Planning and developing capacity for public health emergency preparedness and response as part of routine health system functioning in collaboration with other sectors, including contributing to the development of a national health emergency response operations plan
- Carrying out and coordinating effective and timely public health emergency response activities while supporting the continuity of essential functions and services

#### DESIRABLE FUNCTIONS for which NPHIs are recognized active collaborators

- Planning and supporting recovery from public health emergencies with an integrated health system strengthening approach
- Engaging with affected communities and stakeholders in the public and private sectors and health and allied sectors as part of whole-of-government and whole-of-society approaches to public health emergency management. Develop and maintain multilevel and multisectoral linkages for effective governance and coordination

With reference to

### EPHF 3 'Public health stewardship'

NPHIs shall take the lead in setting-up and organising the public health network required for its works, provide an adequate coordination and leadership

#### CORE FUNCTIONS for which NPHIs shall be in the lead

- Act as trusted advisor and advocate for public health-oriented planning, policies and strategies, on the basis of best available scientific evidence, public health ethics considerations and operational knowledge
- Maintaining and applying public health ethics and values in NPHI governance

#### DESIRABLE FUNCTIONS for which NPHIs are recognized active collaborators

- Strengthening institutional public health structures for the coordination, integration and delivery of public health functions and services in the health and other sectors
- On the basis of best available scientific evidence or knowledge, contribute to the development, monitoring and evaluation of public health regulations and laws that act as formal, regulatory, institutional frameworks for public health governance, functions and services



## Framework

With reference to

### **EPHF 4 'Multisectoral planning, financing and management for public health',**

NPHIs shall actively collaborate in providing evidence which supports the effective and efficient health systems and multisectoral planning, financing and management for public health

#### **DESIRABLE FUNCTIONS for which NPHIs are recognized active collaborators**

- Contributes to public health-relevant evidenced-based health system planning and prioritization for managing population health needs, including alignment of national strategies, policies and plans for public health
- Contributes to the promotion of integrated cross-sectoral prioritization and planning for public health with intersectoral accountability mechanisms and a Health in All Policies approach to manage population health needs
- Promoting sustainable and integrated financing for public health by improving the generation, allocation and utilization of public and pooled funds to strengthen public health system foundational capacities in all contexts
- Provide knowledge for monitoring and assessment of policies and plans, financing of health systems, and multisectoral efforts for health that improve public health, promote equity and inclusion, and strengthen resilience

#### **OPTIONAL FUNCTIONS which an NPHI may cover or contribute to**

- Provide knowledge for planning and developing appropriate infrastructure for meeting population health needs, including key services in health facilities (water, sanitation, waste, energy)

With reference to

### **EPHF 5 'Health protection',**

NPHIs shall take the lead in protecting populations against health threats from communicable and noncommunicable diseases, including mental health conditions and, additionally, depending on the institutional mandate, environmental and occupational hazards and food insecurity, and chemical and radiation hazards

#### **CORE FUNCTIONS for which NPHIs shall be in the lead**

- Conducting risk assessments, risk communication and other risk management actions needed for all manner of health hazards, in line with the specific mandate given to the NPHI which may require coordination of communication
- Monitoring, preventing, mitigating and controlling confirmed and potential health hazards, in line with its defined mandate and separate from or in close collaboration with other national institutes

#### **DESIRABLE FUNCTIONS for which NPHIs are recognized active collaborators**

- Contribute to monitoring and evaluating regulatory and enforcement frameworks, including compliance with international legislation, and mechanisms for the protection of specified populations (for example, workers, patients, consumers) and the general public from health hazards. Conducting risk assessments, risk communication and other risk management actions needed for all manner of health hazards

With reference to

### **EPHF 6 'Disease prevention and early detection',**

NPHIs shall take the lead in prevention and early detection of communicable and noncommunicable diseases, including mental health conditions and injuries

#### **CORE FUNCTIONS for which NPHIs shall be in the lead**

- Provide knowledge and expertise for evidence-based designing, implementing, monitoring and evaluation of interventions, programs, services and platforms for primary, secondary and tertiary prevention, including consideration of equity
- Provide knowledge and expertise for evidence-based integration of prevention and early detection into service delivery platform design or redesign
- Working with partners to support the development, implementation, and monitoring of legislation, policies and program activities aimed at reducing exposure to risk factors and promoting factors that prevent disease



With reference to

### **EPHF 7 'Health promotion',**

NPHIs shall take the lead in providing knowledge and expertise for evidence-based promotion of health and well-being as well as for actions to address the wider determinants of health and inequity

#### **CORE FUNCTIONS for which NPHIs shall be in the lead**

- Provide knowledge and expertise for evidence-based design, implementation and evaluation of specific interventions or programs to promote health, including changes in behavior, lifestyle, practices, and the environmental and social conditions that promote health and reduce health inequities
- Taking and supporting action, with partners, to address wider determinants of both communicable and noncommunicable diseases thereby contributing to a whole-of-government, whole-of-society approach, including increasing individual and community participation in health-impacting decisions
- Undertaking evidence-based advocacy and health communication to promote healthy behaviors and socioecological environments and build community trust

#### **DESIRABLE FUNCTIONS for which NPHIs are recognized active collaborators**

- Advocating evidence-based legislation and policies aimed at promoting health and healthy behaviors and reducing inequities, as well as contributing knowledge and expertise to their development and monitoring

With reference to

### **EPHF 8 'Community engagement and social participation',**

NPHIs shall actively collaborate in strengthening community engagement, participation and social mobilization for health and well-being

#### **DESIRABLE FUNCTIONS for which NPHIs are recognized active collaborators**

- Applying participatory approaches when carrying out its core functions, and promoting participatory decision-making and planning for health and the promotion of societal change that enhances, promotes and protects health and well-being
- Contribute, with knowledge and evidence, to the building of community capacity for participating in public health planning, interventions, services, and preparedness and response measures
- Contribute to monitoring and evaluation of community engagement in public health planning, interventions, services, and preparedness and response measures to promote equity and inclusion
- Applying participatory approaches when carrying out its core functions, thereby contributing to mobilizing and collaborating with communities and civil society groups in health services, interventions and programs as part of a whole-of-society approach
- Within their scope of responsibilities, engage communities in health preparedness, readiness, response and recovery



## Framework

With reference to

### **With reference to EPHF 9 'Public health workforce development',**

NPHIs shall actively collaborate in contributing to the development and maintenance of an adequate and competent core group of public health personnel

#### **CORE FUNCTIONS for which NPHIs shall be in the lead**

- As employers, promote the sustainability of core public health personnel by developing appropriate career pathways and assessing and creating safe and dignified working conditions, adhering to the IANPHI NPHI Code of Practice

#### **DESIRABLE FUNCTIONS for which NPHIs are recognized active collaborators**

- In close collaboration with national and international institutions and programs, assess and develop the continuing education and training of the core group of public health personnel, encompassing the full spectrum of public health competencies (for example, technical, strategic and leadership skills), including development of essential competencies for intersectoral work for health and for emergency response

#### **OPTIONAL FUNCTIONS which an NPHI may cover or contribute to**

- Contribute to planning and regular monitoring and evaluation of the core group of public health personnel in relation to density, distribution and skills mix required to meet population health needs

---

With reference to

### **EPHF 10 'Health service quality and equity',**

NPHIs shall actively collaborate in providing knowledge and evidence aimed at improving appropriateness, quality and equity in provision of and access to health services

#### **DESIRABLE FUNCTIONS for which NPHIs are recognized active collaborators**

- Provide knowledge and evidence which serves to assess and improve the quality and appropriateness of health services and social care services as delivered to meet population health needs
- Provide knowledge and evidence which serves to assess and promote equity in the provision of and access to health and social care services
- Provide knowledge and evidence which serves to aligning the planning and delivery of health services and social care services with population health needs and priority risks

With reference to

### **EPHF 11 'Public health research, evaluation and knowledge',**

NPHIs shall take the lead in advancing public health research and knowledge development

#### **CORE FUNCTIONS for which NPHIs shall be in the lead**

- Supporting knowledge development and implementation, including the translation of public health research into decision-making based on the best available evidence and practices for addressing population health needs
- Promoting and maintaining ethical standards in public health research that promote a human rights-based approach to health, adhering to the IANPHI NPHI Code of Practice

#### **DESIRABLE FUNCTIONS for which NPHIs are recognized active collaborators**

- Strengthening and broadening the capacity to conduct and promote public health research in order to enhance the knowledge base for Health in all Policies (HiAP) and to inform evidence-based policy, planning, legislation, financing and service delivery at all levels and in all contexts
- Promoting the inclusion and prioritization of public health operational research within broader research agendas

With reference to

### **EPHF 12 'Access to and utilization of health products, supplies, equipment and technologies',**

NPHIs, within the scope of their responsibilities, may cover or contribute to promoting equitable access to and rational use of safe, effective and quality-assured health products, supplies, equipment and technologies

#### **OPTIONAL FUNCTIONS which an NPHI may cover or contribute to**

- Within the scope of its responsibilities, contribute to developing and implementing policies, laws, regulations and interventions that promote the development of and equitable access to essential medicines and other medical products and health technologies in both national and international contexts
- Within the scope of its responsibilities, contribute to developing and implementing evidence-based standards, laws, regulations, policies and interventions that ensure the safety, affordability and efficacy of essential medicines and other medical products and health technologies
- Within the scope of its responsibilities, contribute to managing the inclusion of evidence-based essential medicines and other medical products, health technologies and non-pharmacological interventions into clinical and public health practices
- Within the scope of its responsibilities, supporting supply chains for essential medicines and other medical products and health technologies in support of their rational use and equitable access in both national and international contexts, including stockpiling and prepositioning essential medicines, equipment and supplies
- Within the scope of its responsibilities, contribute to monitoring and assessing the safety, effectiveness, efficacy, and utilization of, and access to, essential medicines and other medical and surgical products, health technologies and non-pharmacological interventions, in clinical and public health settings



## VII. Summary

The IANPHI Framework proceeds from the following key messages:

**Key message I: NPHIs provide trusted advice to decision makers on public health issues in many countries. They should have a leadership role, setting the direction of travel and vision for the nation when it comes to PH matters.** NPHIs should represent the best

scientific knowledge and evidence in public health and be advisors in the generation of public health policies. Based on the EPHFs, these institutes perform a wide range of functions, including surveillance, epidemiologic investigations of health problems, disease prevention, health promotion, public health research, evaluations of the effect of interventions, workforce development and capacity building, and preparedness and response support to public health incidents and emergencies. [14] A core function of NPHIs is to provide accurate, timely information and data analysis, in areas such as the detection, identification and evolving epidemiology of outbreaks, the status of outbreak control, health status of populations and relevant social determinants of health that influence population health outcomes. NPHIs maintain relationships with public health resource training institutions to promote leadership that generates public health impact for health systems and for the institute itself.

**Key message II: NPHIs are different globally, yet they have common attributes.** Priority functions and coverage of EPHFs vary between NPHIs. Not all EPHFs are covered by all institutes, and in some countries, activities and responsibilities related to one EPHF may be shared between institutions or agencies. At the same time, NPHIs are science-based institutions which advise and inform decision-makers, the scientific community and the general public, thereby enabling evidence-based decision making. In this, NPHIs play an advocacy and a public facing role.

**Key message III: Establishing and developing an NPHI creates opportunities and challenges.** Their creation and development, and their effectiveness, require political will, financial and human resources and strong links to the national public health stakeholder community. New challenges require flexibility and adjustments in NPHIs' roles and functions and mandates will therefore evolve over time.



## **The IANPHI Framework for the Creation and Development of NPHIs**

- identifies functions for new and existing NPHIs to prepare for, implement and set priorities for themselves in a given national public health landscape;
- recommends NPHI core, desirable and optional functions for NPHIs, based on the EPHFs, and provides practical guidance for different scenarios, including establishing national institutes, as well as the coordination of partnerships for EPHFs delivery, working within and beyond the public health arenas;
- acknowledges the different set-ups and legal mandates of NPHIs which govern their thematic priorities;
- is part of the larger IANPHI toolbox of instruments to support the establishment and development of NPHIs.

Together with peer-to-peer support and knowledge exchange which is at the core of IANPHI membership collaboration, the Framework aims to help current and future IANPHI members and the wider global public health community and contribute to the realization of IANPHI's mission to "collectively build public health capacity and capabilities by connecting, developing and strengthening national public health institutes worldwide".



## References

- 1 International Association of National Public Health Institutes (IANPHI). Framework for the Creation and Development of National Public Health Institutes. IANPHI Folio. A Series of Technical and Policy Briefs 2007; Available from: <https://ianphi.org/tools-resources/nphi-framework.html>.
- 2 International Association of National Public Health Institutes (IANPHI). About IANPHI: History. 24.04.2026]; Available from: <https://ianphi.org/about/history.html>.
- 3 International Association of National Public Health Institutes (IANPHI). Strategy 2026-2030. 2026; Available from: [https://www.ianphi.org/includes/documents/sections/tools-resources/ianphi\\_strategy-2026-2030.pdf](https://www.ianphi.org/includes/documents/sections/tools-resources/ianphi_strategy-2026-2030.pdf).
- 4 World Health Organization and International Association of National Public Health Institutes, Application of the essential public health functions: an integrated and comprehensive approach to public health. 2024, Geneva: World Health Organization. Available from: <https://iris.who.int/server/api/core/bitstreams/30dd7677-2993-4ad8-8c21-ca1d352d09db/content>
- 5 International Association of National Public Health Institutes (IANPHI). Tool Kit for National Public Health Institutes. 2026 24.04.2026]; Available from: <https://ianphi.org/tools-resources/index.html#anchor-tool-kit-for-national-public-health-institutes>.
- 6 World Health Organization. Framework for health emergency preparedness and response capabilities for national public health agencies. 2026; Available from: <https://iris.who.int/bitstreams/85caa4af-de16-4c8f-a416-f8ffd7bab356/download>.
- 7 International Association of National Public Health Institutes (IANPHI). Code of Practice for National Public Health Institutes. 2024; Available from: <https://ianphi.org/includes/documents/sections/tools-resources/ianphi-code-of-practice.pdf>.
- 8 Zhang, Y., et al., Towards applying the essential public health functions for building health systems resilience: A renewed list and key enablers for operationalization. *Front Public Health*, 2022. 10: p. 1107192. doi: [10.3389/fpubh.2022.1107192](https://doi.org/10.3389/fpubh.2022.1107192) [published Online First: 20230120]
- 9 Squires, N., et al., Essential public health functions: the key to resilient health systems. *BMJ Glob Health*, 2023. 8(7). doi: [10.1136/bmjgh-2023-013136](https://doi.org/10.1136/bmjgh-2023-013136)
- 10 World Health Assembly. Strengthening essential public health functions in support of the achievement of universal health coverage. Agenda item 13.2 2016 27 May 2016 [cited Resolution WHA69.1; Available from: [https://apps.who.int/gb/ebwha/pdf\\_files/WHA69/A69\\_R1-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_R1-en.pdf).
- 11 World Health Organization. A Global Health Strategy for 2025-2028 - advancing equity and resilience in a turbulent world: fourteenth General Programme of Work. 2025; Available from: [https://cdn.who.int/media/docs/default-source/documents/about-us/general-programme-of-work/global-health-strategy-2025-2028.pdf?sfvrsn=237faeeb\\_3](https://cdn.who.int/media/docs/default-source/documents/about-us/general-programme-of-work/global-health-strategy-2025-2028.pdf?sfvrsn=237faeeb_3).
- 12 Zuber, A., et al., Essential public health functions are not enough: fostering linkages between functions through National Public Health Institutes improves public health impact. *BMJ Glob Health*, 2023. 8(6). doi: [10.1136/bmjgh-2023-011728](https://doi.org/10.1136/bmjgh-2023-011728)
- 13 IANPHI Focal Point Network, Mapping the expertise of national public health institutes: a IANPHI survey (work in progress). 2025.
- 14 Binder, S., et al., National Public Health Institutes: contributing to the public good. *J Public Health Policy*, 2008. 29(1): p. 3–21. doi: [10.1057/palgrave.jphp.3200167](https://doi.org/10.1057/palgrave.jphp.3200167)



## Part B

# Process guide NPHI Creation and Development

*under  
development*





# Part C

## Annexes

*under  
development*



Public Health Institutes of the World

**IANPHI**

The logo features the acronym 'IANPHI' in a bold, white, sans-serif font. Below the text is a white, curved line that starts under the 'I', arches over the 'A', 'N', and 'P', and ends under the 'H' and 'I', creating a stylized underline.