

Public Health Institutes of the World

IANPHI



Strategy
2026-2030



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Abbreviations

Africa CDC	Africa Centres for Disease Control and Prevention
ACPHEED	ASEAN Centre for Public Health Emergencies and Emerging Diseases
APHEA	Agency for Public Health Education Accreditation
ASPHA	Association of Schools of Public Health in Africa
ASPHER	Association of Schools of Public Health in the European Region
ASPPH	Association of Schools and Programs of Public Health
COVID-19	Coronavirus Disease 2019
ECDC	European Centre for Disease Prevention and Control
EMPHNET	Eastern Mediterranean Public Health Network
EPHF	Essential Public Health Functions
GNAPH	Global Network for Academic Public Health
Gulf CDC	Gulf Center for Disease Prevention and Control
GHEC	Global Health Emergency Corps
IANPHI	International Association of National Public Health Institutes
NPHI	National Public Health Institute
PHAC	Public Health Agency of Canada
RKI	Robert Koch Institute, Germany
TEPHINET	Training Programs in Epidemiology and Public Health Interventions Network
UKHSA	UK Health Security Agency
UHC	Universal Health Coverage
WFPHA	World Federation of Public Health Associations
WHO	World Health Organization
WMO	World Meteorological Organization

President's Foreword



It is my privilege to present the **IANPHI Strategy 2026–2030**, a collective commitment by our global membership to strengthen national public health capacity in an increasingly complex and interconnected world.

Over two decades, the International Association of National Public Health Institutes has grown into a trusted global network of 128 Government institutions across 107 countries. Through peer-to-peer collaboration, scientific exchange, and strategic partnership, IANPHI has reinforced the role of National Public Health Institutes (NPHIs) as essential pillars of resilient health systems.

The previous IANPHI strategy was developed during the exceptionally challenging period of the pandemic. Despite the uncertainties and pressures of that time, we collectively witnessed that it served the organization well and provided a strong framework to guide our work and collaboration.

The global health landscape is undergoing profound transformation. Climate change, antimicrobial resistance, emerging infections, humanitarian crises, geopolitical instability, and shifting funding environments demand stronger, more sustainable public health institutions. At the same time, international commitments including the revised International Health Regulations, the Pandemic Agreement, and the Sustainable Development Goals, underscore the urgency of reinforcing national capacity to deliver the Essential Public Health Functions.

This Strategy reflects a deliberate evolution in IANPHI’s role. While continuing to foster trusted relationships among members, we will focus increasingly on strengthening institutional capability, advancing technical collaboration, deepening strategic partnerships, and advocating scientifically independent NPHIs as indispensable assets for health security and universal health coverage.

IANPHI remains committed to working closely with WHO, regional partners, academic institutions, and funding bodies to support coordinated, evidence-informed action. Our diversity is a source of strength; our shared commitment to scientific integrity and equity is our foundation.

IANPHI members are the backbone of our capability and their strengthening is the purpose of our mission. Utilizing the strong platform that IANPHI has developed and our collective voice will strengthen global partnerships and reinforce public health systems worldwide. Our shared objective is not only to build stronger systems, but also to ensure they are more connected, equitable, resilient, and capable of responding effectively to future public health challenges.

I would also like to extend my gratitude to the working group of IANPHI members for their dedication and commitment in preparing this Strategy. Developing and advancing these initiatives requires significant effort, and their contribution reflects the strength of collaboration within our network.

As we look at 2030, we reaffirm our belief that strong, independent NPHIs are central to protecting and improving the health of populations worldwide. Through this Strategy, we commit to advancing collaboration, resilience, and sustainable capacity.

Professor Duncan Selbie

President IANPHI



I. Introduction

IANPHI was established as an association in 2006 by 39 founding members. Since then, it has grown into a global network of 128 member institutions in 107 countries. IANPHI is unique in its capacity to build informal, trusted relationships among National Public Health Institute (NPHI) directors and their teams. It uses its peer-to-peer approach to build and strengthen NPHIs, guided by country priorities and equitable partnerships, with a core commitment to protecting scientific independence and maintaining trust in research and evidence-informed policy advice.

NPHIs around the world have different structures and mandates. IANPHI brings them together in a global network by emphasizing their diversity as a source of strength, while also acknowledging commonalities that can be leveraged through collaboration, and differences which facilitate mutual learning.

The Association has a well-established governance structure, with legal status as a non-profit organization. It is managed by a Secretariat, and is organized into Regional Networks, Thematic Committees, and a focal point network. Over the years, strategic plans have guided IANPHI's objectives which have focused on:

1) advocacy for the role of NPHIs; 2) strengthening links between member institutions; 3) fostering regional and international partnerships; and 4) promoting NPHI institutional development, particularly through peer-to-peer collaboration. Over the past 20 years, IANPHI has become a unique and supportive community of public health practice. The connections fostered between NPHIs proved particularly useful during the COVID-19 pandemic, with that experience molding the development of the IANPHI Strategic Vision 2021-2025.

NPHIs have demonstrated their critical importance at the national level, and highlighted the value of international collaboration, with active networking, sharing of data and information. With collective learning from experience and by providing science-based evidence to policy we support progress towards public health goals. Peer-to-peer support and evaluation, based on IANPHI tools and expert exchange, have strengthened member institutions' capabilities in key public health functions. Through the partnerships developed, such as the technical and strategic collaboration with the World Health Organization (WHO), IANPHI has contributed to the definition of the 12 Essential Public Health Functions (EPHFs). These are functions that all countries need to be able to deliver to improve human and planetary health. IANPHI has been a significant partner supporting the WHO Roadmap to develop the public health and emergency workforce, jointly defining the competencies and capabilities needed to deliver these EPHFs. This work now helps to frame IANPHI's mission and vision. IANPHI's work on strengthening institutional capacity to implement EPHFs contributes to WHO's Global Health Strategy for 2025–2028: Fourteenth General Programme of Work. <https://www.who.int/publications/i/item/9789240101012>

The 2026-2030 IANPHI Strategy signals the next phase of IANPHI’s development and growth. It represents a strong evolution from the previous strategy, retaining the key objectives but shifting from network strengthening to supporting system transformation to deliver the EPHFs, and further developing cross-cutting themes such as equity, sustainability, trust, and partnership.

Aligned with contemporary global health reforms, such as the WHO Pandemic Agreement, International Health Regulations (IHR) revision, and Sustainable Development Goals (SDGs) midterm review, and with a strong focus on building capacity to deliver the EPHFs, this strategy aims to ensure that NPHIs are positioned to accelerate progress toward the 2030 SDGs and strengthen preparedness, equity, and resilient health systems. Whilst progress to strengthen local, regional and global public health has been seriously challenged to varying degrees by reductions in funding, and continues to be impacted by conflicts and fragility, the rising concurrent burden of communicable and non-communicable diseases and persistent health inequality make urgent the need and our commitment to build public health capability. In response, the strategic focus of IANPHI will shift to increasing the sustainability, capability and resilience of NPHIs, enabling them to tackle these challenges and effectively support the implementation of the EPHFs.

Our Strategy 2026-2030 will build a more coherent global health system, with NPHIs positioned as a central pillar of support of health and ‘One Health’ systems, championing human and planetary health. We will strengthen collaboration to and within regions, mobilize IANPHI members collective technical capacity through improved synergy of thematic work as well as committee and working group engagement, promoting peer-to-peer collaboration and mentorship, enhancing collaboration with partner organizations and confronting the challenges and opportunities of technological and geopolitical change.

IANPHI’s Mission, Vision and Values

Mission

To improve health by strengthening national capacity to deliver the Essential Public Health Functions, through the coordinated efforts of public health institutes worldwide.

Vision

A global community of trusted national public health institutes, mobilizing evidence, expertise and partnership to protect, promote and improve the public’s health.

Values

IANPHI is an inclusive and independent professional association, which promotes an evidence-based approach to improve public and planetary health and address inequality. We strive for scientific excellence and integrity, and champion health equity.



IANPHI Strategic Priorities

Four strategic priorities will guide our activities and collaboration:

- **Strategic Priority I: Strengthen institutional capability to support and deliver the Essential Public Health Functions**
- **Strategic Priority II: Harness the collective expertise of members to advance public health knowledge, capacity and inter-country collaboration**
- **Strategic Priority III: Foster strategic partnerships to support NPHIs deliver international health commitments**
- **Strategic Priority IV: Advocate for scientifically independent NPHI capacity as a key health system asset for health security and Universal Health Coverage**

Strategic priorities are operationalized through a multiannual action plan whose implementation and monitoring is overseen by the IANPHI Secretariat with regular reporting to IANPHI governing bodies.

IANPHI Core Capability

To deliver the strategic priorities, IANPHI will seek to strengthen its Secretariat capacity and the sustainability of its funding model. Capitalizing on hosting by the Robert Koch Institute (RKI) and the partnership with WHO, working closely with the WHO Pandemic Hub in Berlin, and drawing on in-kind and financial contributions from Members and funding partners, IANPHI will strengthen Regional Networks and partnerships for better reflection of IANPHI's geographical diversity.

The Strategy for 2026-2030 builds on the achievements of the past 5-year strategic plan. These are set out in Appendix 1. The Strategic Period 2021-2025: Important outcomes.

II. The IANPHI Strategy 2026-2030

A worldwide network of connected and capable National Public Health Institutes, providing effective, scientifically robust support to deliver the Essential Public Health Functions. To achieve this, a sustainable and capable Secretariat supported by impactful and trusted partnerships will serve and enable IANPHI Members deliver shared commitments, based on common values.



This Strategy and Action Plan for 2026-2030 was approved by the IANPHI General Assembly in April 2026. Member institutes committed to actively contribute to the strategy's implementation and to sharing their expertise and resources for the benefit of the IANPHI global community of practice.

The IANPHI Strategy 2026-2030 is built on four pillars:

Strategic Priority I: **Strengthen institutional capability to support and deliver the Essential Public Health Functions**

Under the 2026-30 Strategy, IANPHI will strengthen institutional capability to deliver the EPHFs through:

Refine IANPHI Institutional Capacity Building Tools

Review, implement and, where necessary, update IANPHI tools and develop training concepts in collaboration with partners. We will ensure that tools offer optimal support for use by NPHIs as well as facilitate peer-to-peer collaboration. IANPHI acknowledges the core role of primary care and other front-line health infrastructure in the delivery of EPHFs and public health services. It will support its members with development of guidance and identifying current essential public health functional capability and gaps. By harnessing joint work with WHO, IANPHI will support its members to develop stewardship and coordination capability for working across health and allied sectors for effective delivery of the EPHFs encompassing Emergency Planning and Response, in line with current/future burden of diseases and population health risks.

Desired outcome: Harmonized processes for NPHI creation and development which facilitates peer-to-peer support for IANPHI members; increased application of tools such as the Code of Practice, the IANPHI Framework or the NPHI Staged Development Tool; effective advocacy and stakeholder engagement as part of the institutional development process in countries with emerging NPHIs; and improved adaptability of tools and approaches, based on evidence from their use and resulting case-studies, in diverse country contexts

Enhance global and regional collaboration and strengthened IANPHI Regional Networks

Organization of global and regional meetings and strengthening of Regional Networks, facilitating peer-to-peer exchange with countries facing similar challenges, whilst continuing to draw on the whole network for its technical capability and expertise.

The intention is to strengthen regional collaboration, working with Regional Partners, which are part of the IANPHI community – such as Africa CDC, ASEAN Centre for Public Health Emergencies and Emerging Diseases (ACPHEED), Caribbean Public Health Agency (CARPHA), Eastern Mediterranean Public Health Network (EMPHNET), Gulf CDC, as well as with WHO Regional Offices. This will strengthen regional learning, whilst also sharing innovative approaches for the wider IANPHI membership

Desired outcome: Build and consolidate regional relationships of trust between NPHI directors and senior staff that can be leveraged in peace and emergency situations; create opportunities for research and technical peer-to-peer collaboration with a focus on regional priorities; increase outreach of networks within regions to build and expand partnerships; coordinate regional activities and facilitate collaborations, including with WHO regional offices, Africa CDC, CARPHA, EMPHNET and partner organizations in the Asian and Latin American/Caribbean region. Strengthen regional institutional capacities by promoting common frameworks, shared tools and interoperable systems that enable joint surveillance, data exchange and coordinated response. Support the development of regional leadership pipelines, structured mentorship, and south-south learning platforms to ensure continuity, sustainability and long-term resilience of NPHIs.

Creation of a website-embedded dashboard with functions and areas of expertise of NPHI members, facilitating twinning processes and partnerships for peer-to-peer support. The dashboard should include mechanisms for verifying competencies, tracking engagement, and matching requests to available expertise in real time, ensuring high-quality, needs-driven collaboration. It should also integrate a repository of tools, guidance and case studies to support rapid knowledge exchange.

Desired outcome: Increased bilateral and multilateral needs-based collaboration among members to strengthen and grow NPHI capabilities to deliver the EPHFs; facilitation of ad-hoc support and exchange of expertise between members; improved visibility of capacities across the network and more efficient identification of suitable partners for technical collaboration and emergency support.

Strengthen members' exchange and learning

Organization of global annual meetings to promote knowledge exchange and collaboration among NPHI directors, ensuring an equal geographical distribution of hosting countries. Member institutions on all continents are encouraged and enabled by IANPHI to host annual meetings. Building and facilitating other formats for members' exchange and learning, including **ad-hoc exchange fora** to enable informal members' communication about pressing topics.

Desired outcome: Enhance awareness of global and regional activities with opportunities for research and technical peer-to-peer collaboration; and promote systematic exchange of lessons learned and best practices to accelerate institutional strengthening and preparedness across regions.

Strategic Priority II: Harness the collective expertise of members to advance public health knowledge, capacity and inter-country collaboration

Under the 2026-30 Strategy, IANPHI will build, consolidate and harness the technical capacity of its members through technical working groups, learning opportunities and training, and through collaboration and partnership:

Strengthen technical and learning collaboration

Facilitation of Thematic Committees' activities. Thematic committees draw expertise from NPHIs across the network to develop shared approaches to address common challenges. Priorities include universal challenges such as climate change, health security, inequity and public health workforce development – with agenda developed in response to consensus on priorities. Supporting the mandate of Thematic Committees and strengthening opportunities for exchange and collaboration with partners and supporting advocacy for the role of NPHIs in each defined thematic field, helps increase visibility and weight and impact of IANPHI's work. IANPHI will further strengthen thematic work across priority areas, including one health, antimicrobial resistance (AMR), emerging and re-emerging infections, zoonotic diseases, and environmental health risks, integrating these cross-cutting priorities throughout committee outputs, guidance documents, and collaborative projects. In line with IANPHI Committee Terms of Reference, IANPHI will build on, use and complement thematic work done in other international bodies. It will harness and share its members' expertise through structured partnerships and memberships in regional and thematic organizations, with the main objective to strengthen the contribution and visibility of NPHIs. It will **explore the need and feasibility of additional committee work on emerging public health topics**, such as public health financing, non-communicable diseases and mental health, and artificial intelligence in public health research, policy and practice.

Desired outcome: Increased global recognition of the role, capabilities and contributions of NPHIs in defined thematic areas; enhanced representation of IANPHI in international thematic and strategic fora; co-branding of scientific and strategic documents; enriching IANPHI's tools and peer-to-peer collaboration through the integration of thematic expertise and evidence-based practices; and strengthening visibility and influence of IANPHI and its members in shaping global public health policies and strategies.

Organization of (virtual) learning opportunities to facilitate research collaboration and knowledge dissemination among members and with partner organization such as WHO, the Global Network for Academic Public Health (GNAPH), World Federation of Public Health (WFPHA), Association of Schools of Public Health in the European Region (ASPHER), Association of Schools of Public Health in Africa (ASPHA), Association of Schools and Programs of Public Health (ASPPH), Agency for Public Health Education Accreditation (APHEA), and with research and academic organizations. The intention is to develop mechanisms to capture lessons learned and convert shared insights into practical guidance and tools for NPHIs. A joint webinar series will be developed with the WHO Berlin Hub, to address issues of common concern and relevance to NPHIs linked to data and analytics and health intelligence and the governance of NPHIs for health emergencies.

Desired outcome: Implementation of a series of webinars and exchanges on high-priority topics which stimulate debate, broaden the knowledge base of members, expose synergies and create opportunities for collaboration; strengthened documentation and uptake of best practices; and coordinated learning on issues of mutual priority through a single learning platform in partnership with organizations such as the WHO, including the Berlin Hub.

Priority will also be given to learning exchanges on climate adaptation for health systems, AMR prevention and stewardship, pandemic threats, and the One Health and intersectoral interface linking human, animal, biodiversity and environmental surveillance.

Development of training resources and partnerships in support of leadership development. Identification of needs in the membership's public health skills base to develop IANPHI training resources in wide-ranging disciplines that are complementary to existing resources and IANPHI tools and services; development and implementation of a mentorship program; facilitating shadowing, mentoring and secondment opportunities; enabling twinning between member institutes and partners for NPHI capacity building; and developing mechanisms to track progress, assess competency gains, and ensure the long-term sustainability and impact of these capacity-building efforts. We will explore opportunities to develop One Health Leadership Training, working in partnership with regional bodies and with other global agencies and networks to address identified gaps in public health training.

Desired outcome: A growing number of IANPHI member institutions serving as a pipeline for institution-based public health leadership development, providing experiential learning which addresses a broad thematic expertise and develops skills for multisectoral as well as interdisciplinary collaboration to advance global public health.

Identify opportunities for technical and financial assistance for collaboration and research in areas of shared priority.

Foster existing funding partner relations and explore and diversify new project funding opportunities. Advocate for public health topics with international funding bodies to inform funding priorities. IANPHI will strengthen internal capacity for engagement with funding agencies, working with technical expertise from members in support of proposal development and grant management, seeking to ensure sustained and predictable funding.

Desired outcome: Sustain and expand strategic partnerships and collaborations; new funding opportunities for bilateral, multilateral and thematic collaboration; contribute to agenda-setting with major funding partners on priority public health topics, including strengthening the role and capabilities of NPHIs; and secure more stable, well-managed funding streams that align with members' strategic needs.

Respond to recent shifts in global health funding, supporting work to assess the implications for the global health architecture and for national public health delivery. Explore opportunities to develop new and strengthen existing partnerships at global and regional levels, including with the WHO, and Regional Networks of NPHIs, such as Africa CDC, CARPHA, Gulf CDC, ACPHEED, or Global and Regional Networks of Field Epidemiology Training Programs (FETPs) such as Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET) and EMPHNET, to facilitate collaboration through joint programs of work to collectively advance global public health goals.

Desired outcome: A diversified and sustainable funding base which enables implementation of activities prioritized by IANPHI and its partners; consolidated relationships with funding bodies acknowledging the Association to be a reliable, results-producing actor in the ecosystem of global health partners.

Promote public health issues to international organizations, countries, agencies, and funding entities (GOs, NGOs) to inform funding priorities and improve access to technical and financial assistance. IANPHI will strengthen internal capacity for collaboration with funding and technical assistance agencies, leveraging the technical expertise of its members to support ongoing monitoring and timely identification of opportunities, as well as the development of robust proposals and grant management.

Desired outcome: Ensure sustained and predictable funding, alongside the development of self-sustaining capacities within each NPHI.

Exploring opportunities to expand and identify the portfolio of technical and financial cooperation globally, developing new partnerships and strengthening existing ones at the global and regional levels.

Desired outcome: A diversified, up-to-date and sustainable technical assistance and funding base that enables the implementation of activities prioritized by IANPHI and its partners; consolidated relationships with funding agencies that recognize the Association as a reliable, integrating, facilitating and results-generating actor in the global health partner ecosystem.

Strategic Priority III: Foster strategic partnerships to support NPHIs deliver international health commitments

Under the 2026-30 Strategy, IANPHI will further strengthen and build its strategic partnerships, identifying priorities and areas of common interest for joint action in support of international health commitments, such as IHR amendments, Pandemic Accord, SDGs, responding to conflict and humanitarian crises.

Grow and develop partnerships, building workforce capacity and leadership to deliver global commitments

Reviewing progress and updating the MoU with WHO – identifying areas where continued strategic collaboration can help shape global policy development and delivery of existing commitments, such as public health workforce development and strengthening NPHI governance.

Desired outcome: IANPHI/WHO MoU reviewed, progress tracked and commitments updated.

Working with key funding partners to support the delivery of programs aimed to advance pandemic preparedness – for example CARPHA and Africa CDC Pandemic Fund proposal delivery and Gates Foundation funding to strengthen the Global Health Emergency Corps (GHEC), Collaborative Surveillance and Connected Leadership.

Desired outcome: The role of IANPHI in support of partners clearly defined and deliverables agreed and where necessary set out in partnership agreements.

Developing new partnership to support leadership development for NPHIs in support of One Health capacity development – working with the Soulsby Foundation to develop a One Health Leadership program and forging a coalition with the WFPHA and GNAPH to address shared priorities.

Desired outcome: Strengthened and diversified strategic partnerships that enhance IANPHI's ability to support NPHIs globally, mobilize sustainable resources, and advance collective action on shared public health priorities. Through deeper collaboration NPHIs are better positioned to lead on pandemic preparedness,

workforce development, One Health capacity, and collaborative surveillance, while contributing more effectively to global health policy and coordinated public health responses. A pipeline for the development of One Health workforce capacity developed, with a linked executive leadership proposal, and presented to funding partners. Collaboration agreement with WFPHA and GNAPH and other partners, for an ‘alliance’ which will strengthen joint work.

Identify and measure progress on priorities

Horizon scanning activities and organization of NPHI lesson learning exercises to identify and disseminate innovative practice, emerging public health roles and strategic partnerships. Horizon scanning may include systematic review of global threats such as climate-driven health hazards, AMR emergence, vector-borne disease expansion, food and water security risks, and novel pathogen spillover events, ensuring NPHIs remain long-term future-ready.

Desired outcome: New knowledge and examples of good practice disseminated through the IANPHI community of practice, fostering cross-linkages of expertise and growing the collective skills and competency base of NPHIs, increasing resilience to evolving global health challenges.

Support the development of competency around artificial intelligence (AI) for the broad functions of NPHIs

Desired outcome: Increased awareness of opportunities and challenges of AI for NPHIs aligned with ongoing work initiated within IANPHI to promote responsible and effective adoption of digital and data-driven approaches. Support members in integrating AI and advanced analytics to monitor trends in climate-sensitive diseases, AMR patterns, One Health, environmental exposures, and outbreak early-warning systems.

Strengthen timely digital communication of the Association to contribute to the dissemination of evidenced-informed public health knowledge, ensuring that content is accurate, audience-appropriate, and delivered through trusted channels to counter misinformation and enhance credibility.

Desired outcome: Increase acceptance and reach of evidence-informed knowledge for health promotion, prevention and care and for preparedness, response and recovery, including public health and social measures, while improving public trust and countering misinformation.

Support NPHIs to operate and adapt in fragile, conflict-affected and crisis settings, including maintaining continuity of EPHFs, protecting workforce and infrastructure, and rebuilding institutional capacity during recovery.

Desired outcome: NPHIs play a joint role in advocacy with national authorities, humanitarian and development partners and relevant non-state actors to ensure equitable and lifesaving access to EPHFs and public health services. Necessary capabilities for NPHIs to operate and adapt in conflict and crisis are identified and expertise strengthened through peer-to-peer learning and mutual support.

Strategic Priority IV: **Advocate for scientifically independent NPHI capacity as a key health system asset for health security and Universal Health Coverage**

Under the 2026-30 Strategy, IANPHI will strengthen its communication capacity and increase its advocacy for all countries to have the institutional capacity needed to deliver the Essential Public Health Functions, further developing the evidence base on the role, function and costs of National Public Health Institutes.

The diversity of the network gives IANPHI a unique understanding of the capacities and expertise of NPHIs around the world and of the different models employed to deliver the EPHFs. IANPHI, whilst not promoting a single institutional model, will continue to advocate for NPHIs to have scientific autonomy while maintaining close strategic integration with policy-making bodies. This ensures that NPHIs deliver work that is both technically rigorous and policy-relevant maintaining their status as a trusted source for governments and the public alike.

Improved communication channels for learning and exchange

Develop a communication strategy and renew the IANPHI website to provide timely and comprehensive information to members, partners and the global health community.

Desired outcome: Structured and effective communication processes and outputs across different media (website, social media), with different products (webinars, reports, statements) for different purposes (tools, trainings, information, knowledge exchange) and a broad audience (members, partners, global health community, interested public); for the IANPHI membership, clearer signposting to IANPHI tools and guidelines and availability of up-to-date information about member institutions' expertise in an embedded dashboard to ease the pairing of institutional needs and capabilities through peer-to-peer support; and mechanisms to monitor reach, engagement, and the effectiveness of communication products to ensure continuous improvement.

Utilizing the scientifically independent NPHIs to counteract disinformation and misinformation. Strengthening NPHI capacity for infodemic management, including monitoring of misinformation, integration of behavioral insights, and development of trusted risk communication systems.

Desired outcome: NPHIs are increasingly capable of comprehensive, timely and evidence-based risk communication and are recognized and utilized as trusted and authoritative source of health information by government, partners, media and communities.

Promoting the role of NPHIs in health systems strengthening, health security, and Universal Health Coverage (UHC), considering the [Lusaka Agenda](#), through strategic communications, policy briefs, and global advocacy platforms.

Desired outcome: Increased visibility and recognition of the role of NPHIs in strengthening health systems, advancing health security, and supporting progress towards UHC through effective communication and advocacy.

Develop evidence base and advocacy tools to promote NPHIs

Enhancing the evidence base for NPHI. IANPHI has contributed to peer reviewed articles which demonstrate the value of NPHIs and will add to that body of work, including through the establishment of a health financing working group, which will look at the cost and benefit of delivering the EPHFs, as well as considering the actual and potential impact of shifts in funding for NPHIs.

Desired outcome: IANPHI built institutional expertise on the cost and benefit of NPHIs and developed case studies and approaches that can be integrated into IANPHI's core tools.

Collaborating with partners and refining tools for NPHI capacity assessment. IANPHI has worked with Africa CDC to develop an NPHI assessment methodology which draws on the NPHI Staged Development Tool and has supported the piloting of this approach in assessment of the Public Health Institute of Malawi (PHIM) - documenting experience from such case studies will be used to support advocacy for NPHIs.

Desired outcome: Systematic use of self-assessment tools to inform NPHI development, with peer-to-peer discussions to facilitate appropriate inter-country comparisons to inform lesson learning.

Strengthening the evidence base linking NPHIs, EPHFs, and UHC. IANPHI will support the generation and dissemination of evidence demonstrating how strong and scientifically independent NPHIs contribute to resilient health systems, improved population health outcomes, and the achievement of UHC through prevention, surveillance, and evidence-informed policy.

Desired outcome: Enhanced contribution of NPHIs and EPHFs to resilient health systems and progress towards UHC.

Effective representation of IANPHI Member priorities

Representing member perspectives. At international and regional levels, IANPHI represents its membership in high-level fora, summits, conferences, technical meetings and in the development of partnerships. For example, in 2025 Brazil enabled its Presidency of BRICS as a platform for discussing the roles and functions of NPHIs. In these contexts, IANPHI highlights the critical roles of NPHIs both as agencies that strengthen national public health systems and as institutes that support one another around the world and ensures that member priorities and evidence-informed positions are reflected in global health dialogues, policies, and funding agendas.

Desired outcome: IANPHI ensures that member priorities and evidence-informed perspectives are effectively represented and influence global and regional health dialogues, policies, and partnerships, strengthening the role and visibility of NPHIs worldwide.

Amplifying member voices. IANPHI helps amplify the voices and perspectives of members through current collaborations and partnerships with international, regional and specialized organizations, including WHO and its regional offices. Partnerships with public health academia and workforce associations are also integral to IANPHI's work. IANPHI will actively amplify the voices of its members to promote the role of strong and scientifically independent NPHIs. Best practice case studies, position papers on global issues will both strengthen the capacities of NPHIs and demonstrate how NPHIs promote the efficacy and efficiency of national public health systems. In addition, IANPHI will strengthen its strategic communications, foster partnerships with global health agencies and academic institutions, and translate evidence into actionable policy recommendations, ensuring that the collective expertise of NPHIs informs global health governance, preparedness, and response agendas.

Desired outcome: IANPHI contributes to the generation of a body of complementary products and communications that demonstrates the relevance of NPHIs for the implementation of EPHFs at national and global levels.

Mapping member capability. As NPHIs develop and their functions evolve, it will remain essential for IANPHI to maintain deep understanding of its members' areas of expertise. IANPHI will optimize its network mapping activities to ensure that members are best represented at international level. This will enable IANPHI members to better understand the breadth of functions and expertise within the network and increase their access to knowledge and best practices.

Desired outcome: The IANPHI Secretariat will develop and maintain a database, supported through members' contributions and updates, of members' expertise and portfolios.

Advocating for the role of NPHIs in advancing UHC. Through engagement in global and regional health platforms, IANPHI will promote the role of NPHIs in strengthening health systems, improving prevention and public health services, and ensuring that population health evidence informs policies supporting UHC.

Desired outcome: Increased recognition and integration of NPHIs as key institutions supporting health systems strengthening, prevention, and evidence-informed policymaking to advance UHC.



III. IANPHI Core Capability

IANPHI draws strength from its diverse membership. To be effective, IANPHI requires a strong core secretariat. Hosting by the RKI together with the strategic partnership with the WHO, provides an opportunity to strengthen this core capacity.

Whilst core capacity is funded, in part, from IANPHI membership fees, these fees have not increased in line with inflation, even as membership has grown. The funding model for IANPHI will be reviewed in 2026, considering fee levels and scope for increasing membership categories to allow strategic partners to contribute resource to help build IANPHI core capabilities. IANPHI's future depends upon establishing a sustainable funding base, with additional activities enabled through the mobilization of external funding, as well as through the in-kind contributions of its members.

IANPHI will seek to increase its secretariat capacity, and to strengthen its regional networks. Whilst some of the funding for this may come from revision of the fee structure, alternative funding sources will also be explored, including through continued and expanded engagement with external funding partners, where areas of common interest and mutual benefit can be identified.

IV. Implementation and Monitoring

The Strategy 2026-2030 is operationalized through a budgeted multi-year action plan. Monitoring is performed against key performance indicators. IANPHI's governing body and members will be routinely informed of the progress of the strategy's implementation. Annual progress reports are available on IANPHI's website.



V. Summary

For the next five years, IANPHI's work will be guided by the Strategy agreed by its global membership. IANPHI's 2026-2030 Strategy is poised to redefine the role of NPHIs as not just responders to challenges, but **as architects of resilient, equitable, and climate-aware health systems**. In doing so, it will directly contribute to accelerating progress toward the SDGs by 2030, particularly universal health coverage, health security, climate resilience, and reduced inequalities. To succeed, it must pair its bold vision with measurable accountability, digital equity, and sustainable financing mechanisms that empower every region to act with agility and shared purpose.

Underpinning the success of IANPHI's new Strategy will be a structure equipped with more robust governance policies, infrastructure and technology as well as a strengthened Secretariat. This new strategy has been developed at a time of increased turmoil and change to the global health architecture, with significant funding cuts, necessitating accelerated progress to develop greater national capacity, and sustainability. However, increased self-reliance, should not be at the expense of international cooperation, which is essential for global health resilience. The strategy, therefore, aims to build upon the mutual support and learning that has been a hallmark of IANPHI's development and growth.

The importance of collaborating to ensure NPHIs are responding comprehensively to the public's health needs is more important now than ever. IANPHI's Strategy vision will guide our support to NPHIs as they continue to tackle current and new public health challenges. Climate change, AMR, emerging and re-emerging infections, environmental health pressures, and growing instability linked to geopolitical and economic shifts and disruptions consequent on reduced global funding for health and development are rapidly reshaping the global health landscape. IANPHI is committed to supporting its members adapt, build resilience and strengthen the inter-connections essential to confront these multiple hazards to public and planetary health.



VI. Acknowledgement

The IANPHI Strategy 2026–2030 reflects the collective contributions and commitment of the global IANPHI community. IANPHI extends its sincere appreciation to the members of the Executive Board, the Regional Networks, Thematic Committees, the IANPHI Secretariat and U.S. Office, and the many public health experts who contributed their time, insights, and experience throughout the consultation process.

The development of this strategy was guided by the IANPHI Strategic Working Group, ably chaired by Professor Aamer Ikram, Vice President IANPHI. The members, including IANPHI's Strategic Advisors, brought together diverse expertise and perspectives from across the network.

Special gratitude is extended to all IANPHI member institutions whose feedback, ideas, and continued engagement helped shape this Strategy. Their collective contributions ensure that this strategy reflects the shared priorities and aspirations of National Public Health Institutes worldwide.

IANPHI further acknowledges the valuable collaboration of its partners and stakeholders across the global public health community in particular World Health Organization, especially Dr Sohel Saikat, for reviewing; the Robert Koch Institute, for hosting and facilitation, and the Public Health Agency of Canada and the Gates Foundation, whose technical and financial support has been transformational. Their continued partnership and support will remain essential as the Association works to strengthen national public health capacity and advance the Essential Public Health Functions globally.

IANPHI particularly expresses its appreciation to: Dr. Angela Fehr, IANPHI Director of Programmes and Partnerships, for her dedicated drafting, coordination and documentation throughout the development of this strategy; Professor Neil Squires, Secretary General IANPHI, for his review and guidance throughout; and Professor Duncan Selbie, President IANPHI, for his exceptional stewardship.

VII. Visual Summary of the IANPHI Strategy 2026-2030

Strategic Priority I:

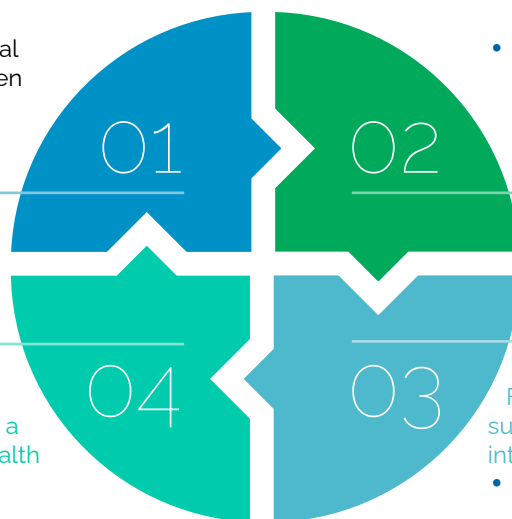
Strengthen institutional capability to support and deliver the Essential Public Health Functions

- Refined IANPHI Institutional Capacity Building Tools
- Enhance global and regional collaboration and strengthen IANPHI Regional Networks
- Strengthened members' exchange and learning

Strategic Priority II:

Harness the collective expertise of members to advance public health knowledge, capacity and inter-country collaboration

- Strengthen technical and learning collaboration
- Identify opportunities for technical and financial assistance for collaboration and research in areas of shared priority



Strategic Priority IV:

Advocate for scientifically independent NPHI capacity as a key health system asset for health security and Universal Health Coverage (UHC)

- Improved communication channels for learning and exchange
- Develop the evidence base and advocacy tools to promote NPHIs
- Effective representation of IANPHI Member priorities

Strategic Priority III:

Foster strategic partnerships to support NPHIs deliver international health commitments

- Grow and develop partnership, building workforce capacity and leadership to deliver global commitments
- Identify and measure progress on priorities

IANPHI's Mission, Vision and Values

Mission

To improve health by strengthening national capacity to deliver the Essential Public Health Functions, through the coordinated efforts of public health institutes worldwide.

Vision

A global community of trusted national public health institutes, mobilizing evidence, expertise and partnership to protect, promote and improve the public's health.

Values

IANPHI is an inclusive and independent professional association, which promotes an evidence-based approach to improve public and planetary health and address inequality. We strive for scientific excellence and integrity, and champion health equity.



APPENDIX 1: The Strategic Period 2021-2025: Important outcomes¹

Under the Strategy 2021-2025, IANPHI expanded its infrastructure for collaboration and established Thematic Committees and a network of IANPHI focal points, representing every member. The **Thematic Committees** strengthen collaboration between member institutions drawing on experts in partner organizations and beyond; they enable input and visibility of NPHIs in addressing key public health concerns and add value to the global public health ecosystem. Committees have been constituted to cover five areas: **Climate Change and Public Health (CCPH, constituted in 2022); Social and Public Health Inequalities (SPHI, constituted in 2023); Pandemic Preparedness, Response and Recovery (PPRR, constituted in 2024); Public Health Professional Development (PHPD, constituted in 2024); and Essential Public Health Functions (EPHF, to be constituted in 2026).**

Important contributions of the CCPH Committee included the development and launch of the [2021 IANPHI Roadmap for Action on Health and Climate Change](#), the establishment of close collaboration with partner organizations including the [World Meteorological Organization](#) (WMO), the [Global Heat Health Information Network](#) (GHHIN) and the European Environment Agency, and the launching of a report on '[Climate Change and Public Health: The Essential Role of National Public Health Institutes in Transformative Adaptation to Extreme Weather Events.](#)'

Two Sub-Committees of the EPHF Committee created a [Code of Practice for NPHIs](#) and revised the Framework for the Creation and Development of NPHIs, based on the 2024 WHO unified EPHF². The main EPHF Committee, constituted in 2026, will lead on the implementation of these foundational IANPHI documents.

The PPRR Committee focused its activities on tools to assess NPHIs' preparedness, as well as on ethical considerations for pandemic preparedness and response, and on the integration of behavioral science.

¹ For more details on the activities outlined here, please consult the Annual Progress Reports and further documentation to be found on the IANPHI website under <https://ianphi.org/tools-resources/index.html>.

² World Health Organization, International Association of National Public Health Institutes. Application of the essential public health functions: an integrated and comprehensive approach to public health. Geneva: World Health Organization 2024: xxii, 150 p.

The PHPD Committee supports the development, coordination, and advancement of national public health workforce capacities, in alignment with the [WHO Roadmap for Public Health and Emergency Workforce](#). The Committee chairmanship was present at the 2024 [G20 Conference of National Public Health Institutes](#), to advocate for public health workforce development and attended the [Global Universal Health Coverage Partnership Meeting](#) in Lyon in the same year.

Social and public health inequalities are a cross-cutting thematic area for NPHIs and IANPHI. The SPHI Committee prioritized supporting NPHIs in integrating equity-focused approaches, particularly in socio-economic indicators, data collection for marginalized populations, and community engagement, in line with the 2021 [Rio de Janeiro Statement on the Role of National Public Health Institutes in Facing Health Inequalities](#). The Committee was involved in the '[Multicentric Project on Territorial Diagnostic of Social Inequalities and Health Inequities Applying Social Technology](#)' which aims to address structural inequalities that contribute to health inequities by implementing social technologies at the local level. In June 2025, a workshop was organized to discuss "How can National Public Health Institutes advance equity approaches to well-being to influence population health outcomes?".

Numerous webinars have been organized by the Thematic Committees to share and discuss their activities and outcomes with the wider IANPHI community and with interested global partners. Additional committees may be set up in the future for relevant topics, as deemed necessary by the General Assembly.

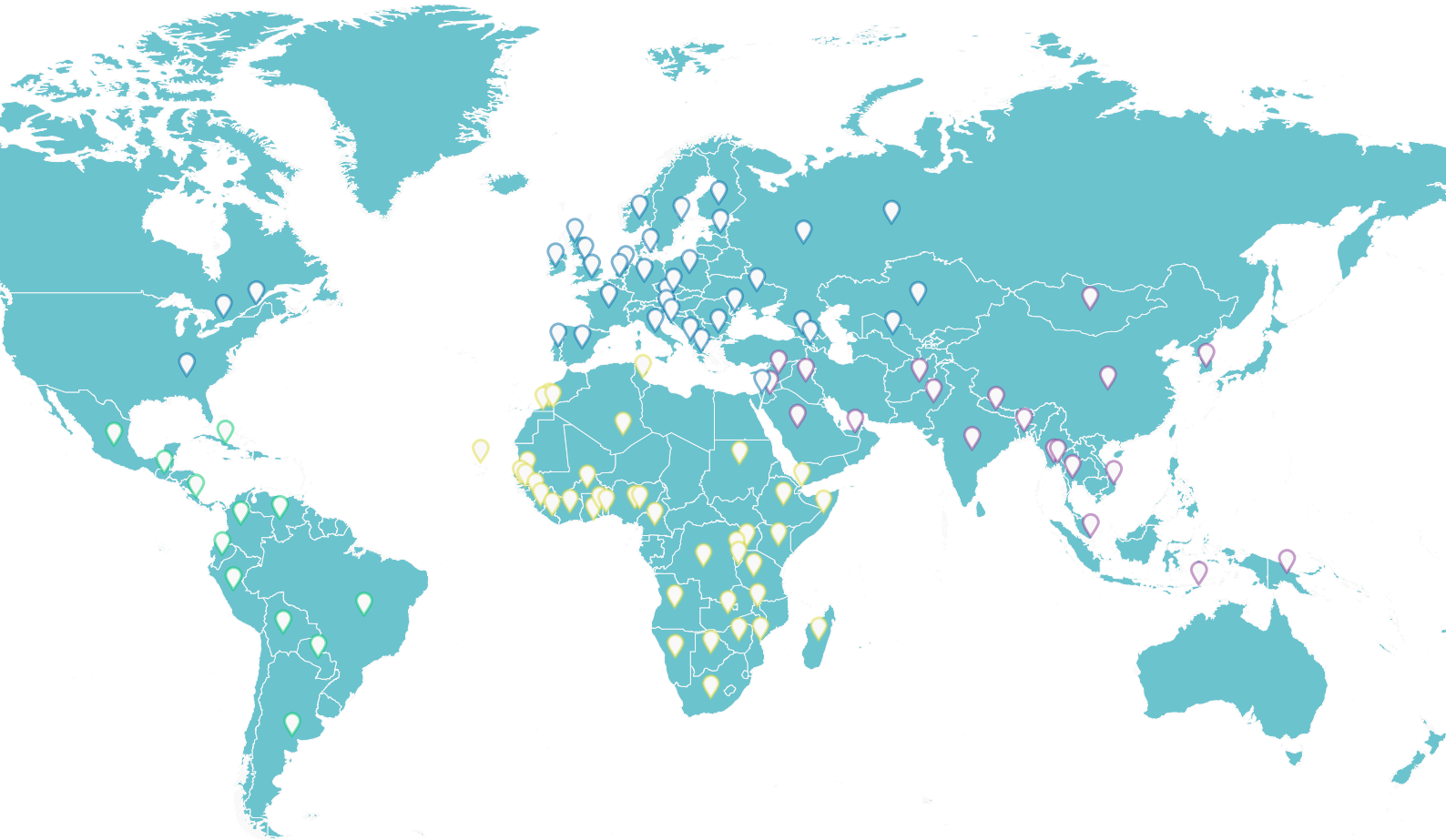
The **Focal Point Network (FPN)** was created to facilitate communication between IANPHI members and with the IANPHI Secretariat and to support the implementation of IANPHI's strategic action plans. The FPN has developed and implemented a survey on members' portfolios, based on the 12 WHO EPHFs, whose results will form the basis for NPHI fact sheets and a dashboard of member organizations' expertise, facilitating peer-to-peer support. The FPN has further developed a concept for a mentorship program which will be implemented under the Strategy 2026-2030.

Over recent years, IANPHI has mobilized substantial **third-party funding** to implement projects related to health promotion and health emergencies. This includes The Gates Foundation funding on Integrated Disease Surveillance (IDS). This produced a report on the status and progress of IDS across NPHI's, a resource intended to support planning by NPHIs to improve or establish IDS. Further funding from the Gates Foundation has enabled the co-design of the WHO framework of the GHEC. This will enable the adoption and adaptation of core domains for rapid deployment capability as part of public health system preparedness and response for health emergencies. Key products of this work include guidance on improving NPHIs and public health workforce rapid response and surge mechanisms and on strengthening NPHIs through a connected leaders' networks in health emergency systems. Funding was also received from the Public Health Agency of Canada (PHAC), which supported the strengthening of activities in the IANPHI Regional Networks and Thematic Committees (PHAC I, 2023-24) and the implementation of a project on applying health promotion to emergency preparedness and response (Jan 2024 - Jan 2026). PHAC funding has also helped explore how NPHIs can advance equity approaches to well-being to influence population health outcomes (PHAC III, 2025-2026).

IANPHI has become a valued actor in the global public health ecosystem forging impactful partnerships. At the 2025 World Health Summit, IANPHI partnered with ASPHER, GNAPH, EMPHNET and WFPHA. The Global Field Epidemiology Partnership (GFEP) and NPHIs, to make the case for greater alignment of activities and assets in support of public health workforce development. Over the past 5 years, **partnership agreements** have been established or formalized with the Task Force for Global Health and EMPHNET (MoUs signed in 2021), with the WHO (MoU signed in 2022), with the ECDC (MoU signed in 2025) as well as with the ASPHER and with the WMO and the Global Heat Health Emergency Network (MoUs signed in 2024). IANPHI consolidated its **existing partnerships** with international and regional organizations, including WHO Headquarters and Regional Offices, the European Commission, regional CDCs and agencies the European partnership for health, equity and well-being (EuroHealthNet); with academia, such as the ASPHER, the APHEA, the ASPPH, the European Public Health Master (EuroPubHealth) and the École des hautes études en santé publique (EHESP); with professional associations such as the WFPHA, the International Union for Health Promotion and Education (IHPE/UIPES); and with funding bodies and donors, such as the Norad-funded “Building Stronger Public Health Institutions and Systems” (BIS) program (FHI – Norad), has worked with Africa CDC to support its successful application for Pandemic Funding, and will partner with the European Union’s Team Europe Initiative, which aims to strengthen NPHI capacity in Africa, in partnership with Africa CDC.

A key organizational development for IANPHI under its strategy 2021-2025 was the transition of the IANPHI Secretariat to a new host. Over the past 20 years, the Secretariat has been hosted by different member institutions, most recently by **Santé Publique France (2016-2025)**. In 2024, the Executive Board opened a call for expressions of interest for a new member institute as Secretariat host. Germany’s Robert Koch Institute (**RKI**), one of IANPHI’s founding members, was selected. The transition was implemented successfully in 2025, with close collaboration between the outgoing and the incoming host institutions. The Secretariat’s location in Berlin has helped strengthen links between IANPHI and WHO, with a particularly strong collaboration established with the Berlin-based Hub for Pandemic and Epidemic Intelligence. IANPHI has appointed a full-time Secretary General, and both staff and material resources of the Secretariat have been augmented to meet the growing demands of the association.

Between 2021 and 2025, IANPHI expanded its membership from 110 members in 95 countries to 128 institutions in 107 countries.



Source: IANPHI Members, <https://ianphi.org/about/member-countries.html>, accessed Oct. 28, 2025

IANPHI currently has four Regional Networks: **Africa**, **Asia**, **Europe** and **Latin America/Caribbean**; institutes on the North American continent are part of the European Regional Network.

APPENDIX 2:

Development process of the IANPHI Strategy





Public Health Institutes of the World

IANPHI