

Public Health Institutes of the World



# SAVING LIVES THROUGH NATIONAL PUBLIC HEALTH INSTITUTES

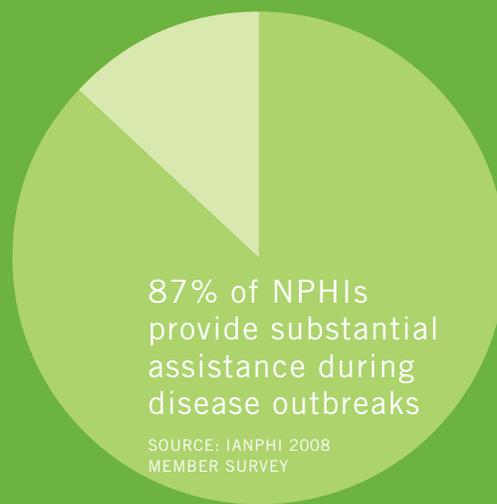
A PROGRESS REPORT  
2008–2010



## WHAT WE DO

**The International Association of National Public Health Institutes (IANPHI)** links and strengthens the world's national public health institutes, boosting countries' capacity to identify and prevent health risks and ultimately save lives.

- IANPHI works with national governments, especially ministries of health, to create NPHIs or strengthen existing ones.
- We work with our members to improve critical public health functions, including disease surveillance, outbreak investigation and response, research to help inform policies and programs, and education and health promotion to achieve better health outcomes.
- We believe in developing a critical mass of capabilities to create stronger public health systems that can respond quickly to health threats.



**MESSAGE FROM  
JEFFREY KOPLAN  
IANPHI PRESIDENT**



**Today IANPHI is a unique and robust link for international leaders who are addressing major public health concerns that cross all borders—including H1N1, malaria, HIV-AIDS, and other infectious diseases as well as chronic diseases, tobacco use, food and waterborne illnesses, and the aftermath of disasters.**

When I was director of the U.S. CDC, public health leaders from other countries often would come to us and say, “Tell me more about CDC. We want to set up something similar.” They wanted to know how we were structured, what was our budget, what our labs did, and how we tracked and responded to diseases. But there were many differences from country to country—disparities in resources, cultural differences, disease and health issue differences—and the U.S. model was either unattainable or inappropriate for many other countries. After discussion with my colleague Pekka Puska, who directs Finland’s National Institute for Health and Welfare and has had a similar experience, we decided to form a consortium of people who were interested in setting up CDC-like institutes in their countries or strengthening their existing national public health institutes. Through this network, they could meet with colleagues, share different ways of doing business, compare organization structures and funding, talk about how to find and keep qualified people, and help devise strategies that best fit their countries and resources.

The rest is history. Four years ago, the Bill and Melinda Gates Foundation provided generous funding—\$20 million—to create the International Association of National Public Health Institutes—an unprecedented global network of directors of public health institutes who work together to improve health outcomes worldwide.

I am happy to report that almost 70 institutes have joined this advocacy, networking, and capacity-strengthening effort. Our member institutes vary in size and spectrum of activities. They span the globe, from Brazil’s FIOCRUZ to the UK’s Health Protection Agency, South Africa’s National Institute for Communicable Diseases, and the China CDC. These science-based institutes provide core public health functions that address health challenges and improve health security both within and beyond their borders.

Our institute directors generously share a wealth of public health insight and practical solutions that hold promise for a healthier world. Individually, they lead their countries’ efforts to protect and improve health. Collectively, they comprise a unique global resource for strengthening national public health capacity and diminishing vulnerabilities around the world.

In future years, IANPHI will continue to forge partnerships between countries, build our mentorship program, and help strengthen and sustain the capacity of low-resource countries to handle health threats by using a strategic, system-wide approach. Whether the goal is to reduce the toll of HIV, TB, malaria or noncommunicable diseases, or tobacco control, or better water and sanitation, NPHIs can play a crucial role in these programs’ success. However, it has become clear that truly transforming public health systems through NPHIs in low-resource countries—and improving access to public health services as well as health outcomes—requires a sustained, long-term commitment from IANPHI. To that end, IANPHI will continue to create alliances with other organizations and donors who believe in what we do and want to leverage the generosity of the Gates Foundation.

In this report, we present a summary of our activities over the past few years. But the stories of our projects bear greatest witness to the power of IANPHI’s mission to transform the lives and health of people.

A handwritten signature in black ink that reads "Jeffrey P. Koplan".

Jeffrey P. Koplan  
President, IANPHI  
Director, Emory Global Health Institute

IANPHI's members believe that their collective history, knowledge, and scientific and policy expertise are a powerful force for transforming public health systems in low-resource countries. IANPHI projects involve four steps:

- **Strategic planning linked to national goals.** Government stakeholders develop an organizational structure and essential functions for an NPHI based on key health threats in the country. Typically plans include a five-year strategic plan, a human resources plan, and an infrastructure/equipment plan. IANPHI provides technical assistance for the process with benchmarking and policy expertise from its member institutes around the world.
- **Policy change.** In most countries, government leaders develop legislation or a decree outlining the mission of the new NPHI and its organizational structure and functions.
- **Funding plan.** Based on priorities in its strategic plan, the country seeks support from potential donor-stakeholders for training, equipment, infrastructure, and other needs.
- **Project execution.** Strategic plans are implemented using funds and technical assistance from national governments, IANPHI, and other partners.

## HOW IANPHI HELPS COUNTRIES CREATE OR STRENGTHEN NPHIS

This young Thai girl lives on the streets with her younger siblings and mother. She is among the countless children who may lead healthier lives, thanks to an IANPHI-funded project to strengthen regional capacity to detect and respond to emerging diseases in Bhutan, Cambodia, Laos, Myanmar, and Thailand.

PHOTO: ELIZABETH SWEDO



## PARTNERSHIPS IN MOZAMBIQUE



IANPHI, FIOCRUZ, and D4O recommended that this insectory, where malaria research is conducted, be moved to a safer location in a new planned facility for the Mozambique NIH.

In his travels with IANPHI to Mozambique—which has some of the world’s poorest health outcomes and highest rates of HIV-AIDS, TB, malaria and infectious diseases—Scott Butler has witnessed the lack of capacity to meet other enormous public health needs in low-resource countries. “Many institutes need help at so many levels: from defining their mission to determining what facilities they need to support that mission and address key health threats,” says the senior vice president of architectural giant HDR-CUH2A, a leader in the planning and design of advanced research and laboratory facilities, and the head of the company’s philanthropic outreach, Design 4 Others (D4O).

IANPHI recruited Butler and D4O to consult with Mozambique’s National Institute of Health (NIH), which has limited laboratory capacity and dangerous working conditions due to lack of biosafety standards. Without a central public health reference lab or adequate human resources, NIH cannot quickly identify major disease threats or outbreaks nor contain them.

Butler says D4O volunteers often must be creative and look for ways to reconfigure projects to deal with on-the-ground realities NPHI directors face—including lack of reliable power and water supplies as well as budgets that don’t cover basic labs, medical equipment, and supplies. They need appropriate technology, infrastructure, and training to maintain and operate sustainable facilities. D4O helps upfront by planning and designing for free, then transitions to local architects who can integrate local standards and carry out the project.

While D4O provides pro bono services, access to funding to build capacity remains a struggle for many countries. D4O proved instrumental in that arena as well after more than 40 volunteers, in collaboration with partners from U.S. CDC, Brazil’s FIOCRUZ, and IANPHI, helped Mozambique develop a conceptual design for an 8,000-square-meter facility outside of Maputo. “Having a facility plan, along with a human resources plan, that people can see and be energized about is the best way to engage funding,” Butler believes. “We can talk about the mission all we want, but people sit up in their seats when they can see a facility.”

PEPFAR did take notice and in 2009, in collaboration with U.S. CDC, awarded \$9 million to the Mozambique INS for much-needed new administrative space and labs that will provide safer, more functional and productive work environments for research, surveillance, outbreak investigation and control, and training. The new building is one component of a comprehensive, five-year strategic plan that IANPHI has helped NIH draft. When implemented, it will result in the development of a fully functioning NPHI, including the necessary infrastructure, equipment, and human resources to tackle the public health challenges in Mozambique.

## OVERCOMING GREAT ODDS IN GUINEA-BISSAU



Before and after views of the headquarters for Guinea-Bissau's newly created institute.

In 2008, civil war-torn Guinea-Bissau suffered the ravages of a cholera outbreak that killed more than 200 people and sickened 14,000. Experts knew little about what caused the outbreak, how it spread, or how to put in place measures to prevent future outbreaks. International agencies were swift to commit resources and expertise to contain the epidemic, but Guinea-Bissau personnel lacked the training and skills to coordinate a response.

This tragedy underscored the gravity of loss in Guinea-Bissau, where the average life span is 40.5 years. Supplies of electricity, water, and food there are severely limited, housing conditions are precarious, roads are generally unpaved, and open sewage canals are common. Even in the face of those daunting constraints, the Ministry of Health is committed to improving the national public health system under the leadership of Drs. Augusto Paulo Silva and Amabelia Rodrigues, who now heads the Guinea-Bissau National Institute of Public Health (INASA). IANPHI, with technical assistance from Brazil's FIOCRUZ, led efforts to bring together the country's disjointed public health system into a new NPHI that links its National Laboratory of Public Health, the Bandim Health Project (field epidemiology), the Ministry of Health's epidemiology unit, and the National School of Public Health. With IANPHI support, the ministry has renovated the partially destroyed headquarters and is equipping the national lab. The new institute in Guinea-Bissau will strengthen core public health functions including laboratory science, data collection and analysis, disease outbreak monitoring, and training.

As the first donor to the new institute, IANPHI has leveraged funds from the World Bank, WHO, and the governments of Brazil, China, and Portugal, which have provided lab equipment, phones, computers, generator fuel, library materials, and human resource consultation. This first step in centralizing Guinea-Bissau's public health administration and developing infrastructure allows the country to be better prepared for and provide more timely responses to health threats.

## COMBATting MDR-TB IN NIGERIA

**“Now we can boldly say that MDR-TB is being treated in Nigeria. We say a big thank you to IANPHI which gave us the grant to develop the capacity to carry out research that permitted development of a science-based national program.”**

**DR. ONI IDIGBE  
NIMR DIRECTOR  
OF RESEARCH**

Africa's most populous country has a high prevalence of HIV, TB, and HIV-TB co-infection but, until recently, no national capacity to identify or treat drug-resistant TB strains. An IANPHI grant, leveraging funds from other donors, has put Nigeria on the fast track to identifying MDR-TB cases—and reducing deaths—in the country. The Nigerian Institute for Medical Research (NIMR) equipped and trained staff to use the new WHO-approved Hain assay for rapid detection of INH- and rifampin-resistant MDR-TB and found that 6.1% of patients had organisms that were resistant to both.

NIMR is using additional IANPHI funds and other partner contributions (such as an instrument to perform liquid cultures, a power generator, and a vehicle to transfer samples) for lab expansion and more training. Other partners include the U.S. CDC, South Africa's National Institute for Communicable Diseases, Hain Lifescience, and the Harvard School of Public Health. As one of the first institutes to conduct national surveys using the Hain assay, Nigeria's approach holds promise for other developing countries and has attracted the attention of WHO efforts to eliminate TB around the world.

## LEARNING BY EXAMPLE: THE IANPHI MENTORSHIP PROGRAM



Dr. Mushtuq Husain of Bangladesh is already reaping the benefits of the mentorship program.

**“It is tremendously satisfying to see IANPHI’s progress in moving this program forward to link such accomplished public health professionals and promising leaders. Their work together—IANPHI, mentors, and mentees—will affect the health of thousands.”**

**DR. DAVID HEYMANN**  
CHAIRMAN OF THE BOARD,  
UK HEALTH PROTECTION  
AGENCY, FORMER WHO  
ASSISTANT DIRECTOR  
GENERAL

**M**edical epidemiologist Amabelia Rodrigues is molding a new public health institute in Guinea-Bissau despite huge obstacles in a country that is trying to pull itself out of the chaos of civil war. In Mozambique, Fátima Omar Mecupa is developing new human resource and strategic plans for her institute and hopes to implement a quality management system. Dr. Busarawan Sriwanthana is a microbiologist in Thailand’s National Institute of Health who is taking on new responsibilities as a deputy director for technical affairs. Dr. Mary Mayige wants to enhance her ability to serve as coordinator for a newly established NIMR project in noncommunicable disease surveillance and control in Tanzania. Dr. Mushtuq Husain of Bangladesh’s Institute of Epidemiology, Disease Control and Research wants more training in scientific writing and opportunities to publish and present.

These five promising public health professionals are the first in IANPHI’s Mentorship Program, which pairs experienced public health professionals and promising current or potential national public health institute (NPHI) leaders. NPHIs are particularly important in low- and middle-resource countries because they can provide an antidote to brain drain and a career home for public health professionals.

The Mentorship Program is part of an ongoing IANPHI effort to build human capacity and provide a career path for public health professionals through training in strategic leadership and management. Part of this commitment involves providing current and future NPHI leaders with the public health tools, training, and support they need to develop their full potential. The IANPHI Mentorship Program is funded by a generous gift from Dr. David Heymann, derived from a Heinz Family Foundation award and through the Better World Fund.

The program is already seeing results. Husain, with guidance from mentor Omar Khan, director of global health at the University of Vermont, crafted a successful proposal to present the results of his research, “Cross-sectional survey on obesity in a megacity (Dhaka, Bangladesh),” at the 9th International Conference on Human Health.

## TRANSFORMING CAPACITY TO PREVENT CHRONIC DISEASES IN TANZANIA



Chronic diseases, including those associated with tobacco use, account for 60% of all deaths worldwide.

PHOTO: MICHAEL BARRIENTOS

**T**he burden of noncommunicable diseases (NCDs) is increasing, but limited data collection exists for NCDs and risk factors such as tobacco use. IANPHI is working with the National Institute for Medical Research (NIMR) in Tanzania to develop strategies that will allow NIMR to take on major new responsibilities in NCD surveillance and control and possibly layer NCD surveillance onto existing infrastructure for infectious diseases.

A pioneer in Africa in establishing the national Integrated Disease Surveillance and Response system for infectious diseases, NIMR now plans to be a forerunner on the continent in the field of chronic disease surveillance. Work is in progress to begin facility- and community-based surveillance in pilot projects, complemented by development of prevention efforts. NIMR leaders expect to gain valuable experience through this project that can be applied to other NPHIs hoping to add NCD functions. Partners in this project are Finland’s THL and architects HDR CUH2A’s Design 4 Others.

## LEARNING HOW TO FISH: GRANT WRITING IN UGANDA



At the African regional grant writing workshop, researchers such as Josephine Birungi of Uganda learned how to make ideas concrete and turn them into successful proposals for funding.

PHOTO: J.D. SCOTT

In her role as research manager for South Africa's National Health Laboratory Service, Lea Steenberg advises new researchers who are doing their first applications to local funders. Most of her suggestions draw from strategies shared at IANPHI's first regional grant writing and grant management workshop. In Kenya, Lucas Otieno incorporated the lessons learned into the budgeting process for two clinical research studies, which have received more than \$1 million (USD) each in funding from public/private partnerships.

Steenberg and Otieno were among some 70 researchers and financial management staff who learned the art and science of creating compelling cases for funding during the workshop in Kampala, Uganda. It was designed to guide participants through the entire project development and grant writing process by helping them prepare a grant proposal, identify sources of funding, develop strategies for approaching funders, ensure successful management of the funded work, and have a framework for proposing work on their own in the future. Working in teams, they generated 23 proposals that covered topics ranging from screening medicinal plants in vitro to treat TB, to studying the effects of reminder strategies on adherence to antiretroviral therapy in children, to evaluating concomitant infections of malaria and arboviruses.

The hands-on event, hosted by the Uganda Virus Research Institute (UVRI), IANPHI's member institute in Uganda, drew representatives from each of IANPHI's member institutes in the region as well as researchers and program managers from UVRI's partner agencies. The meeting was co-sponsored by IANPHI, UVRI, the European and Developing Countries Clinical Trials Partnership, and the pharmaceutical industry's Global Health Progress initiative.

## PLANNING FOR EMERGENCIES IN ETHIOPIA



Enhanced lab capacity to better respond to outbreaks is a top priority of EHNRI.

When scores of Ethiopians recently became sick and died from contaminated cooking oil, the Ethiopian Health and Nutrition Research Institute (EHNRI) was unable to test the oil directly for toxins, relying instead on feeding it to animals. Ethiopia lacked an emergency preparedness plan for its 75 million citizens, and lack of critical laboratory equipment constrained its ability to respond to public health threats from water and food-related toxins.

Today, Ethiopia's Minister of Health has made it a top priority to develop EHNRI into a comprehensive NPHI with enhanced laboratory capacity to handle outbreaks. IANPHI's support includes the creation of an emergency operations center and laboratory. Project partners and collaborators include WHO, which is providing expertise on emergency response preparedness planning; the U.S. CDC, which has based its FELTP at EHNRI and is providing technical assistance on emergency preparedness; and the Association of Public Health Laboratories, which is actively involved in strengthening laboratory components. IANPHI members from Norway and the Netherlands provide technical assistance and training. Perkins+Will, a U.S.-based architectural firm, is designing the new emergency operations center.

**“Because of IANPHI, we are not alone and isolated in our institutes. The risks are global and so must be the answers.”**

**MUHAMMED HASSAR, *DIRECTOR*  
PASTEUR INSTITUTE OF MOROCCO**

## OUR PROGRESS AT A GLANCE

In Togo, infant mortality is high, life expectancy is low, and many children have been orphaned by HIV/AIDS. Despite an underfunded public health sector, Togo’s leaders believe that only a comprehensive approach can meet the country’s many public health challenges. IANPHI long-term projects in Togo and other low-resource countries strengthen core public health functions and help attract international donors and other partners.



## OUR PROGRESS AT A GLANCE



IANPHI works to advocate for better health outcomes and strengthen capacity to ensure healthy futures.

PHOTO: REBECCA HARTZ

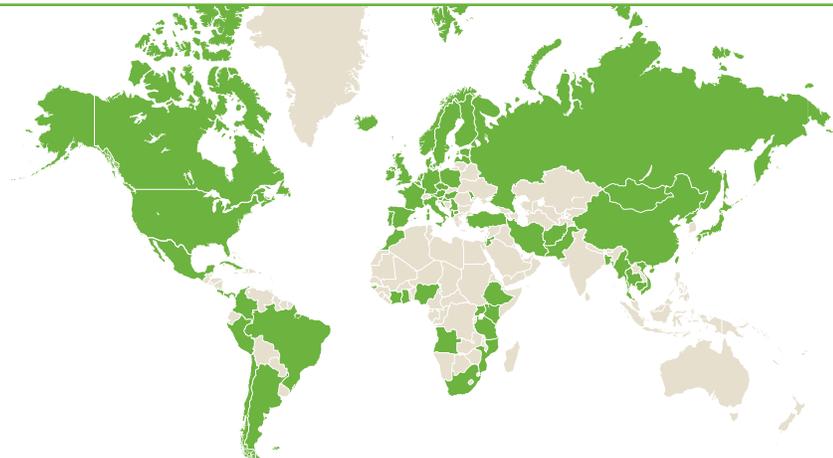
- IANPHI membership has nearly doubled since 2006 to almost 70 member institutes, many from low-resource countries.
- Member institutes now represent more than 60% of the world's population.
- IANPHI has awarded more than 35 grants in 25 countries. Our projects span the world's geography and public health issues, from post-flood disease surveillance in Bangladesh to molecular epidemiology to combat MDR-TB in Nigeria to chronic disease prevention in Tanzania.
- Our grant assistance model promotes peer assistance, sustainability, and leveraging from other donors. We have launched an advocacy program for building a systems approach to the health threats of the world, created partnerships between high and low-resource countries (north-south collaboration), between low-resource countries (south-south collaborations), and partnered with WHO, PEPFAR, the World Bank, and others.
- IANPHI's initial investments in planning and organizational design have leveraged \$311,5400 in in-kind donations from member institutes and private sector donors and leveraged more than \$13.5 million in funds from other donors for project sites in Guinea-Bissau, Mozambique, and Morocco.
- One new institute—Guinea-Bissau's INASA—was created due to efforts initiated by IANPHI. Nine others are on the drawing board or will be expanded as a result of our health system strengthening projects.
- IANPHI has established ongoing south-south collaborations between institutes in developed and developing countries—for example Brazil and Mozambique—to support their technical and organization development.
- We have built a strong alliance with WHO which now adds its voice to the growing chorus for public health system strengthening to deal with health threats.
- IANPHI initiated its Mentorship Program in 2008. Today, five veteran public health professionals help guide five rising stars in developing countries.
- We encouraged networking through annual meetings in Bilthoven, Netherlands, in 2008; Johannesburg, South Africa, in 2009; and Atlanta, USA, in 2010. Topics ranged from H1N1 influenza to risk communications, International Health Regulations, conflict management, strategic planning, and disaster preparedness.

**“Information sharing and collaboration among NPHIs lead to faster responses and more informed decisions in times of crisis.”**

**DR. PAULO BUSS,  
FORMER PRESIDENT  
OF BRAZIL'S FIOCRUZ**

- In April 2008, IANPHI held the first regional meeting in Africa, targeting NPHI directors from English-speaking African countries. Hosted by South Africa’s National Institute for Communicable Diseases in Johannesburg, the workshop offered instruction and coaching in strategic leadership. In 2009 and 2010, every region represented in IANPHI—Africa, Asia, Europe, and the Americas—met during IANPHI annual meetings to discuss shared concerns and future directions.
- In addition to our research and contributions to the scientific literature, IANPHI continued to provide practical tools for NPHI directors and other public health officials to assess and measure public health systems in their countries.
- The IANPHI Framework for the Creation and Development of National Public Health Institutes, developed through a task force of IANPHI members, provides a road map for those interested in creating or strengthening NPHIs. This outlines the core functions of public health institutes and has created a common understanding of a 21st century NPHI.
- IANPHI case studies illustrate the varied historical and political beginnings of key NPHIs and provide new perspectives on the various ways in which public health institutes developed in nations around the world. These perspectives and the personal insights of the institute directors are helpful when considering expanding or improving NPHIs and are a unique source of benchmarking information.
- IANPHI sponsored a grant-writing workshop in Uganda, which provided more than 70 attendees opportunities and information to improve their skills and contribute to the sustainability of their institutes. Participants have leveraged that information into grants worth millions.
- The importance of institutional capacity building is emphasized in a recent publication from the Institute of Medicine which highlights how IANPHI strengthens health systems by moving NPHIs forward along a continuum toward more technical depth and comprehensive capacity.

## OUR GLOBAL REACH



## IANPHI GRANTS AND LONG-TERM PROJECTS

IANPHI spearheads improvements in national public health systems through a peer-assistance model of grant support and efforts focused on NPHI advocacy, collaboration, and sustainability.



IANPHI and its partners work with many low-resource countries to develop strategies to recruit, develop, train, and retain qualified leaders and staff.

PHOTO: JD SCOTT

### Afghan Public Health Institute

- Boost diagnostic capacity for diarrheal disease to reduce infant mortality

### Bangladesh Institute of Epidemiology, Disease Control & Research (IEDCR)

- Collect data to inform decisions on typhoid vaccine
- Improve capacity to respond to floods and other emergencies
- Strengthen disease surveillance and outbreak response (*LONG-TERM PROJECT*)

### Colombia Instituto Nacional de Salud

- Expand scope to include monitoring and prevention of NCDs

### Cuba Institute of Tropical Medicine ‘Pedro Kouri’

- Improve detection of influenza and other respiratory viruses

### Ethiopian Health & Nutrition Research Institute (EHNRI)

- Develop core functions to expand from research institute to NPHI (*LONG-TERM PROJECT*)

### Ghana Health Service

- Create new Ghana CDC (*PROPOSED LONG-TERM PROJECT*)

### Ghana Noguchi Memorial Institute for Medical Research

- Detect and treat Buruli ulcer

### Guinea-Bissau National Institute of Public Health (INASA)

- Build financial management capacity at INASA
- Gather data to inform malaria control policies
- Transform the national public health system by creating a new NPHI (*LONG-TERM PROJECT*)

### Iran Institute of Public Health Research

- Minimize impact of natural disasters through preparedness and training

### Malawi

- Proposal to develop a comprehensive NPHI (*PROPOSED LONG-TERM PROJECT*)

### Mexico Instituto Nacional de Salud Publica (INSP)

- Assess regional public health capacity and improve linkages
- Study postnatal depression and its impact on child development

**SINCE ITS CREATION IN 2006, IANPHI HAS FUNDED MORE THAN 35 PROJECTS IN 25 COUNTRIES.**



IANPHI projects will reduce childhood disease and save lives.

PHOTO: BRIAN CHU

Morocco Pasteur Institute (IPM)

Morocco National Institute of Hygiene

- Plan for NPHI development (*LONG-TERM PROJECT*)

Mozambique National Institute of Health (NIH)

- Establish a comprehensive NPHI to strengthen public health delivery (*LONG-TERM PROJECT*)
- Improve diagnosis to fight meningitis

Nigerian Institute of Medical Research (NIMR)

- Boost molecular epidemiology laboratory capacity to detect drug-resistant TB (*LONG-TERM PROJECT*)
- Establish external quality assurance program for HIV, TB, and malaria diagnosis
- Conduct noncommunicable disease research and prevention in Lagos slums

Peru Instituto Nacional de Salud (INS)

- Gather data for improved control of XDR-TB
- Provide training in rabies vaccine production to ensure adequate supplies

Serbia Institute of Public Health

- Build public health capacity in alcoholism prevention

Tanzania National Institute for Medical Research (NIMR)

- Expand expertise and capacity to monitor and prevent NCDs (*LONG-TERM PROJECT*)

Thailand National Institute of Health

- Conduct cholera research in Thailand and Laos PDR
- Link national public health resources to improve disease detection and response
- Provide quality assurance training
- Spark regional collaboration and capacity for laboratory-based disease detection

Togo National Institute of Hygiene (INH)

- Establish a comprehensive NPHI (*PROPOSED LONG-TERM PROJECT*)

Uganda Virus Research Institute (UVRI)

- Launch a capacity strengthening initiative
- Improve rotavirus diagnostics to guide decisions on vaccine introduction
- Transform capacity for public health response and partnerships

## LEADERSHIP

### IANPHI EXECUTIVE BOARD

The IANPHI Executive Board provides policy oversight from respected leaders of NPHIs from around the world.

**JEFFREY P. KOPLAN**

*President*

Director, Emory University Global Health Institute  
USA

**PEKKA PUSKA**

*Vice President*

Director General, National Institute for Health and Welfare (THL)  
Finland

**PAULO BUSS**

President, Oswaldo Cruz Foundation/FIOCRUZ  
Brazil

**MOHAMMED HASSAR**

Director, Pasteur Institute  
Morocco

**TSEHAYNESH MESSELE**

Director General, Ethiopian Health and Nutrition Research Institute  
Ethiopia

**PATHOM SAWANPANYALERT**

Director General, National Institute of Health  
Thailand

**BARRY SCHOUB**

Executive Director, National Institute for Communicable Diseases  
South Africa

**GEIR STENE-LARSEN**

Director General, Norwegian Institute of Public Health  
Norway

**WANG YU**

Director General, China CDC

### EMERITUS MEMBERS OF THE IANPHI EXECUTIVE BOARD

**ONI IDIGBE**

Former Director General, Nigerian Institute of Medical Research  
NIMR Director of Research  
Nigeria

**MARC SPRENGER**

Director  
European Centre for Disease Prevention and Control  
Former Director, RIVM  
Netherlands

**JAROSLAV VOLF**

Former Director, National Institute of Public Health  
Czech Republic

### IANPHI SECRETARIAT

The IANPHI Secretariat—co-located in Atlanta, USA, and Helsinki, Finland—is responsible for day-to-day operations of IANPHI.

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**Angola** Instituto Nacional de Salude Publica  
**Argentina** Administración Nacional de Laboratorios e Institutos de Salud (ANLIS)  
**Bangladesh** Institute of Epidemiology, Disease Control & Research (IEDCR)  
**Belgium** Scientific Institute of Public Health  
**Brazil** FIOCRUZ  
**Cambodia** National Institute of Health  
**Canada** Public Health Agency of Canada  
**Chile** Instituto de Salud Pública de Chile  
**China** China CDC  
**Colombia** Instituto Nacional de Salud  
**Costa Rica** National Institute for Research on Nutrition and Health  
**Cote d'Ivoire** Institut National de Santé Publique  
**Croatia** National Institute of Public Health  
**Cuba** Institute of Tropical Medicine Pedro Kouri  
**Czech Republic** National Institute of Public Health (SZU)  
**Denmark** Staten Institut for Folkesundhed  
**Estonia** National Institute for Health Development  
**Ethiopia** Ethiopian Health & Nutrition Research Institute (EHNRI)  
**Finland** National Institute for Health and Welfare (THL)  
**France** Institut National de la Santé et de la Recherche Médicale (INSERM); Institut de Veille Sanitaire (InVS)  
**Germany** Robert Koch Institut  
**Ghana** Noguchi Memorial Institute for Medical Research  
**Hong Kong** Centre for Health Protection  
**Hungary** National Center for Epidemiology  
**Iceland** Public Health Institute of Iceland  
**Iran** Institute of Public Health Research  
**Ireland** Institute of Public Health in Ireland  
**Italy** Istituto Superiore di Sanità  
**Japan** National Institute of Public Health  
**Kenya** Kenya Medical Research Institute  
**Latvia** Public Health Agency  
**Macedonia** Republic Institute for Health Protection  
**Mexico** National Institute of Public Health  
**Moldova** National Scientific & Practical Center of Preventive Medicine  
**Mongolia** Public Health Institute of Ministry of Health  
**Morocco** Institut Pasteur du Maroc; National Institute of Hygiene  
**Mozambique** National Institute of Health  
**Myanmar** National Health Laboratory  
**Netherlands** National Institute for Public Health & the Environment (RIVM)  
**Nigeria** Nigerian Institute of Medical Research (NIMR)  
**Norway** Norwegian Institute of Public Health  
**Pakistan** Faculty of Community Medicine, College of Physicians & Surgeons  
**Panama** Instituto Conmemorativo Gorgas de Estudios de la Salud  
**Peru** National Institute of Health  
**Poland** National Institute of Public Health  
**Portugal** Instituto de Higiene e Medicina Tropical; Instituto Nacional du Saúde (INSA)  
**Russian Federation** National Research Center for Preventive Medicine  
**Serbia** Institute of Public Health of Serbia  
**Slovenia** Institute of Public Health of the Republic of Slovenia  
**South Africa** National Institute for Communicable Diseases (NICD)  
**Spain** Instituto de Salud Carlos III  
**Sweden** National Institute of Public Health  
**Tanzania** National Institute for Medical Research (NIMR)  
**Thailand** National Institute of Health  
**Turkey** Refik Saydam Hygiene Center  
**Uganda** Uganda Virus Research Institute (UVRI)  
**United Kingdom** Health Protection Agency (HPA)  
**United States** Centers for Disease Control & Prevention (CDC)  
**Vietnam** National Institute of Hygiene & Epidemiology (NIHE)

**ASSOCIATE MEMBERS**  
**Guinea-Bissau** National Institute of Public Health (INASA)  
**Jordan** Ministry of Health

## MEMBER COUNTRIES 2010

### BACK COVER

Access to clean water is a challenge that many countries in Africa face. Tanzania is no exception. This school has realized the importance of clean water in preventing the spread of disease. Tanzania is also exploring a model approach to preventing noncommunicable diseases.

PHOTO: JONATHAN SHERRILL

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