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The Public Health Institutes of the World

Peer-to-Peer Evaluation Initiative for National Public Health Institutes

Anne-Catherine Viso*
Sarah Wanyoike**
Courtenay Dusenbury**
Sue Mably◊
Monica Sethi♦
Jean-Claude Desenclos*

*InVS French Institute for Public Health Surveillance, **IANPHI-US Office, ◊Public Health Wales, ♦PHE, Public Health England

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Part 1. Introduction

1.1

The International Association of National Public Health Institutes (IANPHI), founded in 2006, is a robust international community of the world's 90+ national public health institutes (NPHIs). Its work focuses on policy (Framework for an NPHI, case studies and an NPHI development toolkit), strengthening the IANPHI community through programs (an annual meeting, website, mentorship, leadership and training initiatives), and investments in creating or strengthening NPHIs (including direct investment, NPHI−to−NPHI staff exchange, technical assistance and "twinning").

1.2

In 2007 a team of directors and senior experts from IANPHI institutes developed the *Framework for the Creation and Development of National Public Health Institutes*, which outlines the major functions of NPHIs based on the Essential Public Health Functions (*The EPHF as a Strategy for Improving Overall Health Systems Performance*, PAHO, 2007). The *Framework* is intended to help countries create or strengthen NPHIs by defining their functions, recognizing that these vary across countries depending upon national contexts. Indeed, there is no "one size fits all" for NPHIs: IANPHI's members vary from those with a specific area of focus (usually infectious disease control or non−communicable disease control) to those with comprehensive responsibility for most essential public health functions. Some countries have more than one NPHI, each with responsibility for different EPHF, linked in a network.

The *Framework* was ratified by the IANPHI membership in 2007. It was revisited by an IANPHI task force in 2011; no changes were recommended. IANPHI intends to revisit it again in 2015, a discussion that will be particularly timely given suggestions from IANPHI members that the *Framework* should reflect new ideas on essential public health functions (including work being done at WHO−Europe and WHO−EMRO) as well as additional areas of responsibility (for example, social determinants of health).

1.3
IANPHI PEER-TO-PEER
EVALUATION PROGRAM

IANPHI's NPHI directors suggested the development of a peer−to−peer evaluation initiative, supported by an evaluation tool/questionnaire. The initiative and evaluation tool described herein were developed 2013−2014 by a team of senior experts from IANPHI institutes, led by the French National Institute for Public Health Surveillance (InVS/Institut de Veille Sanitaire[1]). Its purpose is to provide a practical way to support NPHI Directors in demonstrating their respective organization's accomplishments and in identifying areas for development and improvement.

[1]www.invs.sante.fr

This initiative reflects IANPHIs close to ten years' experience in assisting countries to develop and strengthen NPHIs. It also builds upon the experience of many of IANPHI's members in undergoing or participating in NPHI evaluations. Whilst all NPHIs differ in structure, resources, functions and settings, all institutes share the same ongoing challenge to improve the quality of the services they offer and the functions they deliver (possibly in partnership with other agencies). This can be successfully achieved through sharing knowledge and adapting global best practice to the local context.

**1.4
KEY POINTS**

- In this initial (validation) phase the evaluation and tool is intended for NPHI directors. It could eventually be expanded to be used by others

- A peer–to–peer evaluation with an evaluation panel comprised of fellow NPHI directors or senior staff is envisioned

- The terms of reference (evaluation date, purpose, scope, desired audience, focal areas, etc.) will be determined by the NPHI director seeking the evaluation

- The ultimate use of the evaluation (whether sharing with senior governmental and parliamentary leaders or keeping as a confidential guidance document) will be determined by the NPHI director

Part 2. Evaluation Costs and Contacts

The evaluations will be coordinated by the IANPHI Secretariat's U.S. Office. The evaluation team will not be paid for their time, though an honorarium may be granted for team members from lower–resource countries. For high–resource countries, the travels and daily expenses for the site visit will be covered by the NPHI. High–resources countries are asked to contribute $5,000 to cover the organizing/administrative costs of the evaluation. For low–resource countries, the U.S. Office may incorporate this evaluation framework into its NPHI development/strengthening projects in low–resource countries and will have funds available for an additional number of low–resource countries 2014–2015.

For more information, contact the IANPHI U.S. Office: Courtenay Dusenbury, Director, IANPHI Atlanta Secretariat (cdusenb@emory.edu or +1 (0) 404 727 1433) and Anne–Catherine Viso, InVS ac.viso@invs.sante.fr or +33 (0) 1 41 79 67 81.

Part 3. Process

These steps are suggested to develop the evaluation:

1. Request Evaluation: NPHI Directors should contact IANPHI Secretariat [(Dr Anne−Catherine Viso, InVS) and (Courtenay Dusenbury, Director US Office)] in writing. Please specify the desired output and audience for the evaluation, the proposed timeline and the scope and key areas of focus.

2. Develop terms of reference: The terms of reference (goal of visit, audience for report, scope of evaluation, etc.) will be developed by the NPHI director, with suggestions from IANPHI. These will be based upon the needs of the NPHI director and will vary from evaluation to evaluation. IANPHI and the NPHI director or his/her designee will jointly develop a strategy and timeline for interviews, visits and meetings as well as the other activities outlined below.

3. Select site visit team: The US Office, in close discussion with the host country, will establish a panel of experts (e.g. directors or senior experts who have volunteered from other NPHIs) to conduct the evaluation. IANPHI will seek experts with an understanding of the country's political context and health challenges who, if possible, speak the same language as the host country, to facilitate discussions and exchanges.

4. Plan visit: the NPHI director and IANPHI will use the terms of reference to develop a plan for what information will be needed to inform the site visit team before, during and after their visit as well as important stakeholders to meet during the site visit at national/regional levels. This preparatory work provides an opportunity for the NPHI to lay the groundwork internally for the cross−cutting issues that may be brought forward during the evaluation process.

5. Complete and submit the Evaluation Questionnaire (or select sections, as desired by the NPHI director): It is important to note that this evaluation tool questions, including those in Section H, which focus on the institute's specific public health functions, are intended as a general template for the areas of focus of the evaluation. Questions that are not relevant or outside of the scope of the assessment could be eliminated while others could be added.

6. Host evaluation visit: The length of the site visit should be directly linked to meeting the terms of reference and compatible with the schedules of the evaluation team (3–5 days), recognizing that they are volunteering their time.

7. Report/recommendations: The peer review team will provide the NPHI director with initial oral feedback and recommendations on the specific areas outlined in the terms of reference during the site visit. A formal report outlining the key findings (including recommendations) will be provided within three months of the visit and may be further refined in response to feedback from the individuals requesting the evaluation. In addition, upon request, IANPHI may provide guidance on how to take forward recommendations, and facilitate potential peer–to–peer collaborations between the respective NPHI and another NPHI, to allow the institutes to share knowledge and adapt best practices within a specific area. Each evaluation report, because it will address a unique terms of reference, will be different. Potential elements to include in the evaluation report, in close collaboration with the director of the NPHI, could include: key achievements over the past 5 years; opportunities for the future; main findings from the different sections; value of the NPHI; level and quality of services; value added, evidence–based public health; satisfaction of the users, stakeholders; and, recommendations to the Director of the NPHI. Guidance on how to implement recommendations could also be provided.

Part 4. Using the Evaluation Tool

The preparation phase is an opportunity to foster dialogue within and beyond the NPHI; it is also a way to work across the institute along cross–cutting organisational and public health issues.

The questionnaire has eight sections:

A. Identity of the NPHI: mission, vision, governance, roles and responsibilities, strategic plans, financial processes and human resources, etc.

B. Relationship of the MoH (and/or other relevant ministries) and the NPHI: the NPHI's approach to the delivery of public health functions, and to what degree science is influenced by politics and other factors.

C. Relationships with other organizations: outlines what relationships the NPHI has with other health bodies and stakeholders including community, regional, national and international.

D. Planning, effectiveness and accountability of the NPHI: how priorities are set, implemented and evaluated by the NPHI and the degree to which they are influenced by subnational and international health issues and programs.

E. Stakeholders and partnerships: the strength of relationships, programs and initiatives, the NPHI shares with external stakeholders, such as NGOs, citizens, universities, and health care professionals.

F. Human Resources: the NPHI's ability to maximize the use and productivity of its workforce, with a particular focus on its HR policies and procedures and the degree to which they are successfully implemented and updated.

G. Quality management: how the NPHI organizes and conducts internal and/or external audits.

H. Essential Public Health Functions (EPHF): reviews the NPHI's technical capacity in specific public health functions (for example, surveillance and research). Most NPHIs will not be addressing all of the EPHF comprehensively. However, an NPHI will ideally have links to organizations in the country that address the other functions that are critical to protecting the health of populations.

Part 5. Guidance for the Evaluation Report

Proposed elements to include in the evaluation report, in close collaboration with the director of the NPHI:

1. Key achievements over the past 5 years

2. Opportunities for the future

3. Main findings from the different sections— A SWOT analysis could be provided.

4. Conclusions taking the following perspectives into consideration:
   a. Adaptation (of resources, to population and users' needs, to changes in regulation, law, policies)
   b. Values of the NPHI (at the organization level — independence, public health service, community)
   c. Goal achievements: efficiency, efficacy, relevance
   d. Delivery of services/functions: level and quality of services /EPHF (value added, evidence—based public health), satisfaction of the users, stakeholders

5. Recommendations to the Director of the NPHI. Guidance on how to take forward any recommendations would also be useful; particularly if the tool was being used for organisational development

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Paris Meeting, 12 —13 September 2013 — List of participants: England, Public Health England: Anthony Kessel; France, Institut de Veille Sanitaire, InVS: Anne—Catherine Viso, Bertrand Xerri, Jean—Claude Desenclos Doriane Fuchs; IANPHI Atlanta Office: Courtenay Dusenbury, Sarah Wanyoike; Mexico, Instituto Nacional de Salud Publica: Hugo Gatel—Lopez; Albania, National Inst. of Public Health: Enver Roshi; The Netherlands, National Institute for Public Health and the Environment, RIVM: Loek Stokx; Slovenia, National Institute of Public Health: Marija; Magajne; Institute of Public Health, Ireland: Owen Metcalfe; Finland, THL: Pekka Jousilahti; Wales, Public Health Wales: Sue Mably

Interviews March— September 2013

Public Health Agency of Canada (Gregory Taylor, BSc, MD, CCFP, FRCPC; Deputy Chief Public Health Officer)

Quebec Public Health Institute (Denis Roy, Vice President for Scientific Affairs; François Benoit, National Collaborating Centre for Healthy Public Policy; INSQP)

Public Health England (Professor Anthony Kessel, Director of Public Health Strategy, Director of Research and Development (R&D))

National Institute for Public Health and Social Welfare, Finland (Prof. Pekka Puska, IANPHI President and former Director General)

National Institute for Prevention and Health Education, France (Dr. Than le Luong, Director General)

Robert Koch Institute, Germany (Prof. Dr. Reinhard Burger, President)

The Institute of Public Health in Ireland (IPH) (Dr. Owen Metcalfe, Director)

National Institute of Public Health, Mexico (Dr Mauricio Hernández–Avila, Director)

RIVM, the Netherlands (Joost Ruijtenberg, Chair of the RIVM Scientific Advisory Board Nicoline Smeenk, Eric Smit)

National Institute of Public Health, Slovenia (Marija Magajne MSc, Director)

Swedish National Institute of Public Health (Dr. Sarah Wamala, former Director General)

Part 6. Evaluation Tool

A. Identity of the NPHI

**A.1
BACKGROUND
INFORMATION**

− What was the rationale for establishing the NPHI and when was it created?
− What have been the NPHI's key achievements over the past 5 years?
− Key historical facts
  o Has the remit of the institute been expanded since it was first established (e.g. to include additional functions or areas of work[2]), if so when and which ones?
  o Are the initial functions or areas of work still preeminent?
  o Are there current drivers to adapt/change the functions and areas of work for the NPHI[3]
− Current key figures and information:
  o Is the institute able to provide the following information:
    − Organization chart
    − Total budget and FTE (full time equivalent)
    − % of public funding, main sources of funding (public, private in particular pharmaceutical industry and international foundations, revenues and fees for services[4] and patents)
    − Budget breakdown for infrastructure, staff and operations, staff number (permanent and short term contracts)
    − Staff breakdown by division or department
    − Strategic plan and/or work plan (at least an outline in English)
    − What have been the major challenges of the NPHI over the past 5 years and what challenges are anticipated over the next 5 years (e.g. legal framework, organization, budget, priorities, funding sources, etc.)?

**A.2
MISSION
AND VISION**

− Does the NPHI have mission and vision statements?
  o If yes, what are they and are there still relevant to the institute? How were they elaborated and chosen? Are they visible to the staff?
  o If not, would there be a value for the Director, the staff, and the stakeholders to having them?

**A.3
PUBLIC HEALTH FUNCTIONS
AND RESPONDSIBILITIES AT
THE NATIONAL LEVEL**

Note: capacity in specific functions is addressed in Section H. For this section please briefly outline how the essential public health functions are undertaken in the country. Which ones are handled by the NPHI? Which ones are handled by other institutions? How do they link?

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[2]Areas of work should be understood as communicable diseases, non−communicable diseases, environmental health…while functions refer to the essential public health functions (EPHF).

[3]Drivers can be related to political and policy changes, to economic challenges, to changes in health trends.
[4]Services: Laboratory analyses, training programs, etc.

A.4
GIVEN THE NPHI's
FUNCTIONS

– If it has not already been provided in the organizational chart, provide a chart showing the NPHI's role within national, regional and local government. Describe the interactions of the NPHI with government e.g. (ministries of finance, education, food and agriculture, transport, environment, etc.) or governmental organizations. Are the role and perspectives of the NPHI well understood by these different organizations? Are these relationships effective? Does the NPHI add value and how is this measured?

– Are there any overlaps with the ministry of health or other bodies at the national level? Are there legislation, agreements, protocols or MoUs which set the working arrangement between these organizations?

– Is there appropriate cooperation and coordination between the different organizations to meet the objectives of the NPHI? Examples of such cooperation could be provided for different public health functions.

A.5
CONCLUSION

One of the main outputs of this section is to adapt the tool, in particular section B, to meet the expectations and needs of the Director (content-wise, organization of the site visit, including interviews and visits at local level when relevant, presentation of the main conclusions).

B. Planning, effectiveness, and accountability of the NPHI

B.1
GOVERNANCE OF THE NPHI
AND ACCOUNTABILITY

1. How is the NPHI governed and to whom is it accountable? What are the current legal arrangements?

   – Is the NPHI part of the Ministry of Health (or of another Ministry)
   – If so, to which ministry (or ministries) is the NPHI accountable?
   – Depending on the arrangement with the relevant ministries, in particular Ministry of Health, are there governing bodies such as a Management Board and/or an Advisory Board. If so, what are their roles in terms of strategic planning and administrative and scientific management of the NPHI?

2. What is the process for nomination of the NPHI Director (and of the governing bodies if any):

For the Director:

   – Nomination by the Council of Ministers, Minister of Health, Parliament, election among or by the MB members or another way?
   – Are there limitations of number of terms? Duration of the term?
   – What is the process for evaluating the performance of the NPHI Director?

For the governing board's members:

- Nomination by the Council of Ministers, Minister of Health, Parliament, election of Board chairs by the board members or another way?
- How are the members are selected prior to their nomination[5]?

B.2
STRATEGIC PLANNING AND MULTIANNUAL WORK PLAN

- Please provide a copy of the NPHI's multiannual work plan.
- How was the multiannual plan developed? Were there formal requests and consultations with key stakeholders (e.g. ministries, other agencies, health professionals, academia, others what was their impact on the multiannual plan?)
- To what extent does the international context have an impact on the multiannual plan[6]?
- Are performance indicators set in the multiannual plan (e.g. goal—oriented indicators and publication indicators…)? How often are these measured, reported upon and revised and to whom?
- Is the strategic multiannual program flexible enough to accommodate new priorities based on new scientific—evidence or new political priorities? e.g. actions to be taken by the institute further to new trends in the national health report the institute has delivered?
- Are all the activities/programs consistent with the mission and vision of the NPHI?

For NPHIs without a multiannual strategic plan
- What is currently used to give a multiannual perspective of the work of the NPHI?
- To what extent is the NPHI willing to explore the feasibility and the usefulness of a multiannual plan?

B. 3
ANNUAL WORK PLAN

Prioritization process
- What are the prioritization processes and tools used by the NPHI?
- What are the tools used to rank priorities/ programs/projects?
- Are there formal criteria set and shared within the institute (i.e. public health criteria such mortality—morbidity criteria, feasibility, costs, etc) for the prioritization?

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[5]It is useful to understand who the members of the governing boards are, who they represent and how they are chosen prior to their official nomination, these boards may play a role with regards to the approval of the budget, the multiannual plan and annual work plan, the global health strategy, the scientific advice to improve the quality of the work plans etc.

[6]Context could be understood here as achievements of goals set by international organizations (such as the Millennium Development Goals, implementation of IHR, changes in epidemiological trends, regional issues, cross border health issues.)

Work plan

- Is there a bottom–up or top–down approach to set up the work plan[7], how is program planning organized over the year[8]?

  What is the level of autonomy of each division or department in setting up its own work plan?

  To what extent is the work plan influenced by the external sources of funding (other than the Ministry of health)? What is the ratio of project–based funding vs total budget – either from public or private sources? Does the external funding create some kind of deviation from the strategy and original purpose of the NPHI? Does the external funding create opportunities for the development of new areas of expertise for the NPHI?
- Are the indicators and processes to evaluate the annual key achievements defined and available? (Number and type of indicators used)? How often is the work plan reviewed and revised, and how?
- In the annual work plan of the NPHI, is there room and budget for urgent/unexpected/additional requests, emerging issues (e.g. response to outbreaks, contribution to crisis management) and urgent policy needs (e.g. changes in a national plan for health, or new policy or law proposal related to health)?

B. 4
OUTCOME MEASUREMENTS

- How are outcomes from the work plan and strategic plan measured and how often?
- What measures are used to track and report on progress for key areas including (but not limited to):
    - o Health status of the population?
    - o Outbreak response and control?
    - o Quality control (laboratory)?
    - o Use of data to inform in policy?
    - o Impact of policy on national strategies?
    - o Cost effectiveness or other targets (human resource, etc.)?
    - o Other items as stated in the strategic plan?

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[7]Bottom–up approach: projects are proposed by each departments/divisions; top–down approach: projects and programs are based on request of the Ministries, of external stakeholders. A mixed approach is possible

[8]Provide a basic description of the program planning process and highlight decision–making steps (review by the Directors, by the governing bodies, approval by the relevant governing bodies or ministries) profile

**B. 5
CONCLUSION**

- *Adequacy, relevance of the governance of the NPHI*
- *Key achievements and key messages of to the MOH*
- *Evidence on the relevance and consistency of the programs with:*
  - *the mission and vision of the NPHI*
  - *the strategy, the multiannual plan and the remit of the NPHI*
  - *the policies relevant to the NPHI*
  - *the subnational, national and international priorities or context*
- *By which process the consistency and complementarity with other organizations in the field of public health could be better ensured if deemed needed (in particular with organizations responsible for other EPHF at the country level)*
- *Regular consideration of work plan milestones and revision as needed to align with new priorities or opportunities*
- *Areas of improvements*

C. Relationship of the NPHI with the MoH and other national health bodies/agencies

**C.1
DECISION-MAKING PROCESS WITH REGARDS TO BUDGET AND STRATEGIC PLANNING**

– Who is responsible for deciding what funding is provided to the NPHI in terms of total budget, budget allocated to priority programs (e.g. government, parliament, council of ministers, minister of health or governing board of the institute etc)?

– From the perspective of the NPHI what is the level of understanding of key stakeholders (including the MoH) with regards to the strategic plan and work plan of the NPHI?

– How do the MoH and the NPHI work together to develop and review program, priorities and allocation of resources within the annual work plan of the NPHI?

**C. 2
EXTENT OF MOH AND OTHER MINISTRIES' INVOLVEMENT WITH DEVELOPMENT AND REVIEW OF PROGRAMS OF THE NPHI**

– Are there clear indicators that key stakeholders (e.g. MoH and other ministries) rely on and trust the NPHI? Please provide details.

– How are the government bodies such as MoH or other health agencies using what the NPHI prepares/delivers? (Or provide case studies to demonstrate this?)

**C.'
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- *Efficiency of the decision making process.*
- *Level of control of the NPHI by the MoH or other governmental departments, parliament, on the budget and programs of the NPHI*
- *Common understanding with the MoH about the work program of the NPHI*
- *Adaptation of the NPHI to changes in priorities by the government, the parliament, the MoH or others and for urgent requests*
- *Consequences of such adaptation on the NPHI (stability of the work plan, availability of adequate resources, skills, tools)*

D. Relationships with other organizations

D. 1
NATIONAL AND SUB-NATIONAL AUTHORITIES OR BODIES

– Does the NPHI have subnational offices? If so, please summarize these.
– Describe the relationships/interactions/respective contributions between the NPHI and the relevant authorities or bodies (Health, Agriculture, Environment, etc.) at national and subnational levels.
– Are there limitations of the responsibilities and tasks of the NPHIs at the sub—national level? Are these limitations clear enough for the NPHI and other relevant organizations and stakeholders? In which circumstances were there concerns raised about these limitations, if any?

D. 2
INTERNATIONAL COLLABORATIONS

– What is the importance of international collaboration and cooperation for the NPHI:
   a. Who are the main NPHI's international partners and donors? Is there a special relationship with one or more countries?
   b. Please provide brief details on the number of international projects, number of staff working on international projects, number of staff paid by specific budget for international projects?
   c. Are there projects/programs that would not exist without international collaboration? If so, please provide brief details of these activities. Are the resources for these international projects critical for the NPHI to implement its core business activities?
   d. Beyond extra funding, what is the added value of these collaborations as perceived by the NPHI[9]?
– Are there formal framework agreements (including supranational obligations) or informal institutional relationships between NPHIs at the regional or at global levels?
– To what extent does the institute contribute to international public health networks (geographical, linguistic public health network[10]) and other international activities e.g. regional public health profiles, benchmarking exercises, training activities, and public health agenda setting etc.)?
– To what extent is the NPHI involved in best practices, harmonization and standardization activities?

D. 3
CONCLUSION

- *Suggestions for strengthening regional activities and clarify to role of the NPHI at the regional level (legitimacy of action at the regional level)*
- *Suggestions for strengthening the international strategy of the NPHI (strengths and opportunities for the NPHI, inclusion in regional networks of NPHIs)*

[9]International recognition, new opportunities for collaboration, promotion of new ideas at the international level, comparison of data, development of harmonized methods, access to missing competences, etc.
[10]e.g. Portuguese speaking public health institutes

E. Stakeholders and partnerships and their characterization

E. 1
STAKEHOLDERS' ENGAGEMENT AND PUBLIC HEALTH NETWORKS

− Is a stakeholder mapping and analysis available? Who are the NPHI's key stakeholders[11]?
− What processes are implemented by the NPHI to engage stakeholders:
  o in contributing to the NPHI's strategic plan and decision−making regarding the prioritization of programs
  o to ensure better implementation, delivery and evaluation of the NPHI programs?
  o for a more efficient knowledge transfer and appropriation of the scientific outputs by these stakeholders?
  o for an increased impact of the programs in terms of decision making in the health sectors, communication related to health issues, and eventually in improved health outcomes at population/community level?
  o for any other purposes?

E. 2
COLLABORATIONS WITH NGOs/ ADVOCACY GROUPS AT NATIONAL AND LOCAL LEVELS

− Given the context and the role of the NPHI, is the collaboration with the NGOs and other stakeholders needed to execute the work plan of the NPHIs and achieve its strategic goals?
− What is the level of collaboration with the NGOs for the execution and delivery of the work program?
− New opportunities that could be considered?

E. 3
COLLABORATION WITH SCHOOLS OF PUBLIC HEALTH, RESEARCH INSTITUTES, AND ACADEMIA

− What is the role of the NPHI regarding the schools of public health (e.g. teaching, trainers, academic appointments, etc?)
− Does the NPHI place importance on the collaborations with research institutes and academia to support the different EPHF?
− What is the capacity of the NPHI to supervise research activities (e.g. PhD, postdoc students, national and international projects)
− What is the capacity of the NPHI to coordinate large international research projects
− New opportunities that could be considered?

E. 4
CONCLUSION

- *Level of successful collaboration with stakeholders*
- *Research capacity of the Institute*
- *Areas of improvements*

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[11]Stakeholders: organizations with a significant influence upon the organization : representative organizations of the civil society at national or local levels, trade unions, learned societies, public health and health care professionals associations, health insurance

F. Arrangements of Human Resources (See also EPHF 8)

F. 1
ARRANGEMENTS OF
HUMAN RESOURCES

This section seeks to establish the NPHI's ability to maximize the utilization and productivity of their respective workforce, with a particular focus on their HR policies and procedures and the degree to which they are successfully implemented and updated (e.g. staff training, staff benefits and performance management).

- Basic information on the NPHI workforce (provide only what is easily available)
    - Is a mapping of core skills/competencies needed for the NPHI core functions available and regularly updated?
    - Staff involved in laboratories, in the school of public health if within the NPHI
    - Staff categories (%): researchers, health professionals to deliver health services, trainees and interns, administrative and support staff
    - Contracts: % short (1–12 months), medium (1–3 y) long–term (3–5 y) contracts, permanent staff?
    - Education level
        - by discipline: biomedical, social sciences, epidemiology
        - by educational level (High school, College, Master and Doctorate)
- Recruitment, selection and employment policy
- Is there a policy at the level of the NPHI with appropriate procedures?
- Are all vacancies publicized with an open competition based on a detailed job and required skills, salary and benefits description?
- What is the process to the opening/closing of a position, hiring of new staff, ending contracts of staff, staff mobility within the NPHI?
- Training and promotion of scientific staff
    - Is there a budget dedicated to the training of the staff (% of the budget)? Is continuous (long–life) training of the staff compulsory?
    - Is identification of skills and competences needed at the NPHI in the next 3, 5, and 10 years available?
    - Is a training policy available?
    - Are there mechanisms that foster training of NPHI staff (time credits, fellowships, training and sabbatical leave)?
    - Is there a mentorship program within the NPHI?
    - Are there annual individual evaluation and career development opportunities?
    - Is staff retention/turn–over monitored and evaluated? Is there an exit interview when people leave the NPHI?

– Benefits to the staff offered by the NPHI
- o Early detection of potential professionals at university/medical school to be trained in public health from fellowships or grants?
- o Salary, social benefits, insurance, opportunities to complement salary from grants, comparative salaries and benefits with similar institutions in the country (national benchmarking)?
- o Research opportunities offered by the NPHI such as professorship in universities, schools of public health, to develop research (and international recognition of the concerned staff and of the NPHI)?

– Adaptation of the workforce to changes in the working environment and priorities of the NPHI
- o Are there missed opportunities to undertake new tasks because of gaps in competences?
- o Are there gaps in the staff (skills, competences) and if so for what tasks, functions, area of works. Is it delivered internally or externally?
- o Is the training based on career development of the personnel? Is there a training plan at the level of the NPHI?

F.2
CONCLUSION

- Scientific capacity of the NPHI
- Adequate support services (IT, HR, Communication, etc.)

- Capacity of the Institute to attract well trained work force and high profiles, efficiency of the incentive policy and salaries, avoidance of brain drain, competition with international organizations

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G. Quality Management

G.1
SUPPORT TO
QUALITY MANAGEMENT

– If a quality management plan at the level of the NPH exists, how is it organized and are there enough resources to support it?

G.2
INTERNAL EVALUATION
AND AUDIT

– Is there an evaluation/audit plan? What are the purpose, areas, frequency of these evaluations and audits?
– Were the recommendations deemed relevant according to the NPHI Director and/or the MoH and/or other Ministries?
– Were there barriers to implementing the recommendations?
– Was there any impact on programs (design, implementation, and delivery), allocation of resources, new priorities, reorganization of the institute etc.?

G.3
EXTERNAL EVALUATION
AND AUDIT

– Is there an external evaluation/audit plan? What are the purpose, areas, frequency of these external evaluations and audits?
– What external bodies are responsible for such external evaluation (Science Council of the Country, Board of Health, Court of Auditors, etc.)?

– Were the recommendations deemed relevant according to the NPHI Director and/or the MoH?
– Are there barriers to implementing recommendations?
– Was there any impact on programs (design, implementation, and delivery), allocation of resources, new priorities, reorganization of the institute etc.?

G.4
ACCREDITATION

– Provide the list of the official standards in the institute (ISO 9000, 17025, etc.), accreditation or external assessments based on these standards.
– For what functions: training, laboratories, etc.? How important or critical is accreditation for the NPHI? (E.g. training: Opportunity to deliver scholarships, habilitation for professorship, foreign exchange (mutual recognition of the curriculum)?

G.5
PREVENTION OF CONFLICT OF
INTEREST, PRIVACY, AND
ETHICAL ISSUES

– Is there a policy for the management and prevention of conflict of interest?
– Is there a transparency policy?
– What are the relationships of the NPHI with the private sector (for the different EPHF)?
– Is there a code of conduct for the staff to safeguard independence and impartiality?

– Are there either legal frameworks or guidelines for the NPHI to protect personal data? For what functions: training, labs, etc.?

– How important is accreditation for the NPHI? E.g. training function: Opportunity to deliver scholarships, habilitation for professorship, foreign exchange (mutual recognition of the curriculum)?

G.6
CONCLUSION

- *Lessons (to be) learned from the evaluations and audits (internal and external)*
- *Needs for further evaluations and audits: suggested areas for external evaluations and audits*
- *Value added of accreditation for the NPHI*
- *In which areas the NPHI should get accreditation in priority (e.g. control of food contaminants, training)?*
- *Recommendation with regards to privacy, ethical issues and conflict of interest policy if deemed needed*

H. Capacity Assessment: Areas of responsibility for Essential Public Health Functions (EPHF)

Below are prompts to help the discussion and to assist NPHI's in preparing to meet with the panel of experts. The NPHI is not expected to answer all of these.

– Which of the Essential Public Health Functions are carried out by the NPHI?

– Are there key products delivered for each of these functions (see below)?

EPHF 1:
EVALUATION AND ANALYSIS OF HEALTH TOPICS

– Is the NPHI responsible for the County Health Profile[12] or similar?

– To what extent does the NPHI contribute to the health profile of regions and municipalities?

– Does the NPHI access the relevant data sources easily to produce the different health profiles, in particular the national profile? Does the NPHI encounter any difficulty with the access and availability of data? Is the expertise of the NPHI sufficient to collect, analyze, manage, interpret, and communicate information to public health's decision makers, external actors, suppliers, and citizens, supported by the development of technology and appropriate methods?

– Are there written guidelines to monitor and evaluate health status of the population and sub–groups within it?

EPHF 2:
PUBLIC HEALTH SURVEILLANCE, PROBLEM INVESTIGATION, AND CONTROL OF RISKS AND THREATS TO PUBLIC HEALTH

– Is there a surveillance system that identifies public health threats in a timely manner with relevant expertise so as to implement control measures at the sub– national, national and international levels? Please provide outline of how the system works.

– Are there written procedures or specific tools to collect information from data providers?

– How often are situation awareness reports produced (daily, weekly)?

– Are reports based on the information collected sent back to those who collect it so that they see how it is used?

– In case of an alert, is there a procedure in place to ensure the timely communication of information to the decisions makers and stakeholders?

– In case of a major threat is there a crisis management plan within the NPHI?

– Does the workforce have competency and knowledge of epidemiology? Is there capacity and a mandate to carry out field investigation and epidemiological research?

– Is there an adequate capacity of public health laboratories to identify and control health threats?

[12]Country Health Profile Report: report presenting main indicators related to the health of the population

– Reduction of the impact of emergencies and disasters on health
  o Is there an emergency response plan, detailing responses on an escalating scale that engages with all parts of the health system and other agencies and sectors as necessary?
  o Are arrangements in place to periodically test and review such a plan if there has been no real time situation requiring its use?
  o Are plans in place to network at the sub–national, national and international level (depending upon the scale and potential impact of an emergency or disaster)?

EPHF 3:
PREVENTION PROGRAMS AND
HEALTH PROMOTION

– What is the contribution of the NPHI?
– Can examples of successful health promotion activities, standard or interventions initiated, developed or implemented by the NPHI be provided?
– Can examples of effective partnerships set up by the NPHI for health promotion across sectors be given?
  Are there examples of strategic planning and coordination of health promoting policy and practice implemented by the NPHI?
– Is it possible to show strategic efforts by the NPHI to orient health and social services towards the promotion of public health?

EPHF 4 :
SOCIAL PARTICIPATION
IN HEALTH

– Which are the key partners with whom the NPHI work or would be willing to work? What are the examples of citizen's engagement in order to encourage participation in decision making in respect of their own lifestyles and environments?
  Can examples be given that relate to prevention, diagnosis, treatment, and rehabilitation, as well as lifestyle behaviours and environments?

EPHF 5:
PREVENTION AND HEALTH
PROMOTION PROGRAMS

– Is there a national health policy or plans and/or is there a set of national and sub–national public health objectives, within a framework of values that promote equality?
– Are public health policies monitored and evaluated by the NPHI?
– What policy instrument or mechanism exists to promote/manage inter–sectoral cooperation in the area of health? What is the role assigned to the NPHI? If no, what could be the contribution of the NPHI?
– Does a system exist to manage international cooperation in public health at the NPHI level or at the MoH level?

EPHF 6:
REGULATION AND
ENFORCEMENT

— What structures and resources are in place to develop, review, enhance
and enforce the regulatory framework, new laws and regulations to
improve and protect the population's health? What is the contribution of
the NPHI?

— What is the influence of the NPHI on health—related regulations; what is
the evidence of the impact of the NPHI on regulation?

EPHF 7:
EVALUATION AND PROMOTION OF
EQUITABLE ACCESS TO NECESSARY
HEALTH ERVICES

— Is there an inequalities chapter in the health strategy or evidence that
inequalities are considered in public health and health service policy
development, practice and services? What is the role of the NPHI in
addressing health inequalities and social determinants? To what extent
is the NPHI influencing the health strategy or policy agenda?

— Does the NPHI play a role in the identification of health inequalities,
the evaluation and in supporting equitable access to health services?

EPHF 8 :
HUMAN RESOURCE
DEVELOPMENT AND TRAINING
(SEE ALSO SECTION G)

— Is there a sufficiently trained public health workforce for the different levels
of the health systems in the country and within the NPHI?

— Does the NPHI contribute to the training of this public health workforce
(initial, vocational and long life training)?

— Is there accreditation of training programs? If not, is this desirable or
necessary for the NPHI?

— Are there examples of interdisciplinary and/or multicultural work within the
NPHI and with partners when relevant?

— Is there ethical training for public health personnel, with special attention
to the values of solidarity, equality, and respect for human dignity?

EPHF 9:
QUALITY ASSURANCE IN
PERSONAL AND POPULATION
BASED HEALTH SERVICES

— Are health service user satisfaction surveys undertaken by the NPHI?

— Are there defined standards that are implemented and evaluated by the NPHI
for the quality improvement of individual and collective health services?

EPHF 10:
PUBLIC HEALTH RESEARCH
(SEE ALSO SECTION F)

— Is there a national public health research plan? Is the NPHI owner of the
national health research plan?

— How does the NPHI contribute to the national research plan (priority
setting, financing, and implementation)? Supervising and hosting MSc,
PhD and Postdoc students?

— Is there a sufficient internal capacity to conduct research and publish peer—
reviewed papers?

— Is there a policy to foster scientific publication by the NPHI staff?

— Number of thesis and number of peer—reviewed papers and impact
factor?

— Are there partnerships with research centres and academic institutions, from within and outside of the health sector, to support the decision—making process?

— Does the institute have its own institutional review board (IRB)? How does it function?

— If not, are there other ethical review opportunities?

OTHER FUNCTIONS — Are there other areas of scope/responsibility that are not included in the EPHF? What are these and what is the NPHI's work to address them (for example, social determinants of health).

CONCLUSION - *Effectiveness of the NPHI with regards to the different EPHF*
- *Relevance and added value of the NPHI for each of the EPHF*
- *Strengths and weaknesses of the NPHI*
- *Areas of improvement and opportunities for the NPHI given the country context (e.g. taking up additional functions or areas of work, partnerships, and joint programs with other organizations, etc.)*