

INTERNATIONAL ASSOCIATION OF NATIONAL PUBLIC HEALTH INSTITUTES

Public Health Institutes of the World



TRANSFORMING PUBLIC HEALTH

PROGRESS REPORT 2010-2012

A photograph of a woman in a blue sari holding a baby in a red hat. The woman is looking directly at the camera with a slight smile. The baby is wearing a red and black patterned hat and a pink sweater. The background is a blurred outdoor setting with other people.

Catalyze
Innovate
Collaborate



WHO WE ARE

The International Association of National Public Health Institutes links and strengthens the government agencies responsible for public health. IANPHI improves the world's health by leveraging the experience and expertise of its member institutes to build robust public health systems.

OUR MEMBERS

79 institute directors from 72 countries (and growing), benefitting more than 5 billion people on four continents.

WHAT NPHIS DO

NPHIs focus on the major public health problems affecting the country. They use scientific evidence as the basis for policy implementation and resource allocation and are accountable to national governments and the public. Their key functions—including disease surveillance, detection, and monitoring; outbreak investigation and control; health information analysis for policy development; research; training; health promotion and health education; and laboratory science—are particularly critical in low-resource nations.

WHAT IANPHI DOES

IANPHI is the only organization that strengthens NPHIs using an evidence-based international framework for NPHI development. Its unique peer-to-peer model, supported by targeted investments, leads to long-term national self-sufficiency. Since 2006 our investments have measurably improved capacity in 35 countries.



ANSLEY HOWE

WHY IANPHI IS IMPORTANT

IANPHI's work helps countries build the national capacity needed to respond decisively to public health threats including influenza, TB, HIV-AIDS and non-communicable diseases.

HOW YOU CAN HELP

IANPHI's peer-to-peer model has led to impressive returns on investment for its donors. Join the Bill and Melinda Gates Foundation, Rockefeller Foundation, World Health Organization, HDR Architects, Perkins + Will Architects, and others who have provided generous financial support to IANPHI and shared their expertise and experience.



LOOKING BACK, LOOKING FORWARD

SIX YEARS AGO, a virtual united nations of public health institute directors from 39 countries assembled in Rio de Janeiro to do something no one else had ever done. It was increasingly clear that our world was getting smaller, that travel was easier than ever, and that disease respected no boundaries. We wanted to **learn from each other** about how to deal with emerging health threats, to **share solutions** that worked and those that didn't. We needed to **think strategically** about how to use limited resources to solve massive health challenges, and to advocate for a coordinated, system-wide approach to saving lives both in our communities and as global neighbors.

THE RESULT of that meeting was the creation of the International Association of National Public Health Institutes. Today our **79 members** (and growing) from **72 countries** represent more than 5 billion people. Our members do much more than meet once a year to network and attend informative technical sessions. By forging partnerships between our high- and low-resource member institutes we have created and strengthened other NPHIs. Our grant assistance model promotes peer assistance, sustainability, and leveraging from other donors.

OUR MEMBERS HAVE BEEN GENEROUS with their **time, expertise, and resources**. Brazil's FIOCRUZ provided technical assistance to Mozambique and Guinea-Bissau, and Nigeria set up a financial management system for the Uganda Virus Research Institute. The Pasteur Institute of Morocco and France's INVS are helping Togo strengthen its fragile infrastructure. Thailand has worked closely with Cambodia, Bhutan, Laos, and Myanmar to ensure lab quality. Finland partnered with Tanzania to strengthen NCD surveillance. Our Emory Secretariat and US CDC are creating a model for NPHI development in four low-resource countries. There are many other examples, and I thank you all.

WE ARE ESPECIALLY GRATEFUL to the **Bill and Melinda Gates Foundation**—our major funder and partner in this endeavor in international cooperation. As a forward-thinking advocate for our mission, the Gates Foundation has been consistently collegial and engaged. **Its legacy will prove immeasurable.**

IN 2011, IANPHI members took a major step toward making IANPHI self-sufficient, by approving a dues structure based on ability to pay. We also have **implemented a comprehensive fundraising strategy** to support IANPHI's projects.

IN THIS REPORT, you'll learn more about IANPHI's work, our members, and their aspirations for the **health of their countries and the world**. We welcome your comments and suggestions.

—Dr. Jeffrey Koplan,
President, IANPHI

TRANSFORM



ALLISON GREENSPAN

GUINEA-BISSAU: REBUILDING PUBLIC HEALTH SAFETY NET

GUINEA-BISSAU celebrated the official opening of its new national public health institute, INASA, in February 2011, marking the rebuilding of this country's public health system which had been decimated by civil war.

DURING THE BITTER CONFLICT, the national reference laboratory was bombed. Supplies of water and electricity were severely limited, housing conditions were precarious and desperate, and roads were destroyed. Basic public health measures such as vaccinations plummeted, and malaria, tuberculosis, and

HIV/AIDS went unchecked. The damage to Guinea-Bissau's health safety net drew international attention when a cholera epidemic swept the nation, sickening thousands and killing hundreds.

UNDER THE LEADERSHIP of Dr. Amabelia Rodrigues, the impact of IANPHI's three-year NPHI development grant has been substantially more than expected. Following a visioning and strategic planning process, a public health system has emerged and is already promoting evidence-based decision making that is improving lives. Today INASA's new headquarters

“We want to show the world that it is possible, even in very poor countries, even in the most adverse situations, to develop a good quality public health system.”

—Dr. Amabelia Rodrigues
Former Director, INASA

building houses the institute’s administrative staff as well as state-of-the-art meeting and training space available nowhere else in the bomb-damaged capital city of Bissau.

IANPHI’S MINIMAL “seed” funding provided a sound platform onto which other contributions have been layered toward creation of a fully functional NPHI. With its own and leveraged funds from IANPHI and other partners, and guidance from colleagues in Brazil’s FIOCRUZ and Portugal’s Institute of Hygiene and Tropical Medicine, Guinea-Bissau has rebuilt its lab, restored electricity and water, and galvanized disease monitoring and reporting. The national school of public health is training public health staff to replace those who fled during the civil war. A nationwide surveillance program equipped with laptops and cell phones has reduced outbreak response time from weeks to days.

AS THE FIRST DONOR, IANPHI provided strategic funding to leverage millions of dollars from other partners around the world, including \$10 million from China, pro bono work from architects and engineers at HDR, and equipment from other countries to help INASA quickly detect and diagnose infectious diseases. Against all odds, this war-torn country—which has not traditionally been



the focus of donors—is attracting resources and transforming its ability to respond to health threats. Even in the face of ongoing civil unrest, INASA remains resilient—a testament to the resolve of its leaders to improve the lives and health of the people in Guinea-Bissau.

From bomb-damaged ruins (above, right), Guinea-Bissau has created a hub of activity for improving public health science and practice in the war-torn country.



FOSTERING PROFESSIONAL GROWTH

IANPHI founding member, Dr. Oni Idigbe, research director at the Nigerian Institute of Medical Research, proved an invaluable

resource to Dr. Amabelia Rodrigues, former president, National Public Health Institute (INASA), during the NPHI creation project in Guinea-Bissau. The main focus of the partnership was to restore the national reference laboratory destroyed during the civil war of the late 1990s. With Dr. Idigbe’s counsel, INASA planned and received external backing to outfit a new molecular laboratory core facility that will provide much-needed support for the control of HIV, TB, and other infectious diseases.

Drs. Idigbe and Rodrigues were among six mentor pairs created through the IANPHI Mentorship Program (IMP). Conceived and funded with a \$250,000 gift from Dr. David Heymann, IMP matches established public health experts with current and future NPHI leaders—scientists and policy makers—to provide the tools, training, and support they need to develop their full potential.



INNOVATE

NIGERIA: CONTROLLING TB AND OTHER INFECTIOUS DISEASES

THE DEVASTATION of tuberculosis is well recognized in Nigeria where some 210,000 people each year are diagnosed with TB—the fifth largest TB burden in the world. But TB’s impact has become even more serious in Africa’s most populous country where the disease is compounded by a high prevalence of HIV co-infection. While TB is usually preventable and treatable, more TB strains have developed resistance to multiple TB drugs and control efforts have been hampered. Treatment options are becoming increasingly limited.

IANPHI FUNDS helped Nigeria document through a national survey that 6.1% of patients had organisms resistant to multiple drugs. That finding prompted WHO to send reduced-cost drugs to treat multidrug-resistant TB. Newly outfitted labs at the Nigerian Institute of Medical Research (NIMR) now use molecular techniques to identify MDR TB.

THOSE SAME TECHNIQUES were lifesavers when the most deadly cholera epidemic in 20 years hit 17 states, sickening tens of thousands and killing more than 1,700. NIMR used molecular techniques to identify the strains, source, and mode of transmission by comparing the genotypic resemblance and, most important, drug resistance



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patterns to assist in effective management of the infection.

NIGERIA IS ALSO making sure that its labs have quality management systems and meet accepted quality standards through the acclaimed Strengthening Laboratory Management toward Accreditation (SLMTA) process developed by US CDC and WHO. Of the 5,349 diagnostic laboratories operating in Nigeria, only 48% are registered with the Medical Laboratory Science Council of Nigeria, and only two are accredited by the International Organization for Standardization (ISO). An IANPHI-funded SLMTA Training of Trainers (TOT) program will yield a cadre of two dozen new master trainers primed to support a national roll out of lab accreditation programs in the country.

BEFORE THE IANPHI SUPPORT, NIMR had to rely on outside trainers. The new master trainers will be a major source of technical expertise for Nigeria and the region as a whole.

International regulations require surveillance, outbreak investigation, laboratory capacity, and infrastructure to reduce health threats both within and across borders.

BANGLADESH: SOLVING MYSTERIOUS OUTBREAKS

THE FEVER, PAIN, and breathing problems started every December for more than a decade in clusters of northern Bangladesh villages. Then the mysterious outbreaks disappeared each May, leaving in their wake the deaths of some 70% of those stricken. Many of the survivors suffered lasting brain damage.

NO ONE KNEW what caused the outbreaks until the Bangladesh Institute of Epidemiology, Disease Control and Research (IEDCR), with help from US CDC, tracked the cause to Nipah virus carried by infected bats, which were

licking date palm juice in open collection buckets. Once the culprit was discovered, IEDCR devised a low-tech solution: They taught villagers to cover collection buckets with bamboo strips to keep the bats away, and to take precautions against human-to-human transmission.

TO PROVIDE ACCURATE data on potential outbreaks and emerging threats that typically show up first in far-flung locations, IEDCR is leading efforts to develop an innovative and transformative disease surveillance system. Strategic investments by IANPHI are enhancing the existing web-based reporting platform—funded by US CDC—to extend its use to the local level and also integrate and coordinate the many siloed surveillance systems operating in the country.

THE PROJECT also facilitated development and expansion of surveillance beyond infectious diseases. In February 2012, IEDCR piloted a modified Behavioral Risk Factor Surveillance System to collect information on risk behaviors contributing to NCDs and injuries. This mobile phone-based system, supported by IANPHI and US CDC, will pave the way for a nationwide computerized survey with results that will help inform public health policy and practice.



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BILLY HOWARD ©GARE 2012

CATALYZE

UGANDA: MODEST INVESTMENTS, HUGE MULTIPLIER EFFECT



CDC / FREDERICK MURPHY

“EBOLA IS WITH US again and has already claimed the lives of at least 16 Ugandans, including some front-line health workers

working under challenging circumstances upcountry,” wrote Dr. George Miiro to IANPHI during the summer of 2012. He is the research capacity building coordinator for the Uganda Virus Research Institute (UVRI), which laboratory-confirmed 16 cases of Ebola hemorrhagic fever, Sudan strain, in western Uganda’s Kibaale district.

AFRICA HAS FACED five outbreaks of Ebola Sudan since 1976 with a 50% death rate; there’s no specific treatment or vaccine, and efforts are underway to identify the strain that is circulating in eastern Zaire.

UVRI IS A KEY SOURCE of expertise for many of Uganda’s infectious disease detection and prevention efforts, including outbreak investigation, clinical trials, scientific research, and laboratory diagnosis. IANPHI has worked with UVRI since 2007, helping its leadership create a five-year vision that set strategy for investment in human resources, infrastructure



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“Our experience shows that modest investments, when effectively and efficiently utilized, can have a huge multiplier effect with enormous dividends.” — **Dr. Edward Mbidde**, *UVRI Director*



and development. With technical assistance from the Nigerian Institute of Medical Research, UVRI has developed a certified independent financial manage-

ment system and a research support office to increase its self-sufficiency and its capacity to attract, coordinate, and execute large projects.

IANPHI’s VISIONING process and support have catalyzed UVRI’s drive toward becoming a world-class center of excellence in health research. Using its strategic plan as the framework, UVRI has successfully leveraged IANPHI capacity-building grants to attract about \$16 million through collaborations from external partners—to bolster the public health workforce, build national and regional partnerships for training and research, and upgrade facilities and infrastructure to take UVRI to a new level in laboratory, epidemiology, and research capacity.



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RETURN ON INVESTMENT

IANPHI capacity-strengthening grants help attract support from other partners.

UGANDA:

Leveraged \$16 million

GUINEA-BISSAU:

Leveraged \$15 million

MOZAMBIQUE:

Leveraged \$14 million

TRANSFORM

TANZANIA: COUNTERING LIFESTYLES THAT KILL



LIKE MANY OTHER countries, Tanzania is seeing the downside of increasing industrialization. Obesity has become a cultural norm. More people drive. Fewer walk or do manual labor. A 2003 smoking ban is not enforced, and the incidence of non-communicable diseases (NCD) such as hypertension, diabetes, and cancer is rising in both cities and rural areas.

IANPHI HAS BEEN working with Tanzania's National Institute for Medical Research (NIMR), which since 2007 has led efforts to develop tools, train staff, and

build the capacity to support facility-based surveillance for NCDs.

A RECENT NIMR STUDY of a rural area showed that more than three-fourths of those surveyed had at least one risk factor for chronic diseases such as diabetes. Less than half of those surveyed knew that NCDs were a significant health problem.

NIMR NEEDS MORE such data to back up its contention that chronic conditions should become a priority in a health system that in the past has focused on infectious diseases.

RECOMMENDATIONS from a 2011 workshop supported by IANPHI addressed issues ranging from the need for health insurance coverage for NCDs, to the need for new case definitions, to ways to improve surveillance data at dispensaries and facilities.

NIMR'S LONG-RANGE GOAL is to integrate NCDs into Tanzania's infectious disease surveillance system. NCDs are currently not a priority in terms of resource allocation in Tanzania, and other NCD issues—such as injuries, violence, mental health and hemoglobin disorder—are not being addressed. Documenting risk factors will change that, says NIMR Director General Mwele Malecela.



MICHAEL BARRIENTOS

“Evidence is piling up—there’s growing recognition of the problems posed by NCDs in Tanzania.”

—Dr. Mwele Malecela

Director General

Tanzania National Institute for Medical Research

MALAWI: MOVING TOWARD A NATIONAL PUBLIC HEALTH SYSTEM

“HEALTH SURVEILLANCE ASSISTANTS,” most with a 12th-grade education, train for six weeks to monitor 15 priority diseases in their communities on the Malawi-Mozambique border. But in early 2009 they were stumped. Hundreds of villagers in the Neno district were complaining of fever, headache, confusion, and difficulty walking or speaking. It took months, help from US CDC, and the loss of almost a dozen lives before Malawi located the source of multidrug-resistant *salmonella enterica serovar Typhi* (atypical typhoid with neurologic symptoms).

TODAY THIS SUB-SAHARAN country is poised to create a coordinated public health system that can more quickly and independently anticipate, identify, and respond to outbreaks. During an IANPHI-facilitated workshop in Lilongwe in 2012, Malawi’s public health officials began planning for a new Public Health Institute of Malawi.

PHIM will provide leadership in disease surveillance, prevention and outbreak response, as well as research and development to inform policy and practice in public health. Among its goals are to build a robust and sustainable public health reference laboratory and shore up the public health workforce.



RITA JEN

“WE HAVE COME a long way and are looking to create an institute that can do much more than at present and can help the communities and districts manage all outbreaks and respond more efficiently to threats such as H1N1 and SARS,” says Dr. Benson Chilima, who co-chaired a task force named by the Ministry of Health to help lead the transformation to an NPHI. “We are ready now to make this a reality.”

MALAWI’S NEW PRESIDENT agrees. In her first State of the Nation address, President Joyce Banda said creating a national public health institute is a priority to strengthen governance and stewardship of the health sector.

CATALYZE



DESIGN 4 OTHERS, AN INITIATIVE OF HDR, INC.

MOZAMBIQUE: PARTNERING TO STEM DISEASE THREATS

MOZAMBIQUE, like other low-resource countries, needs help at many levels to improve public health—from defining its mission to determining what facilities and trained people are critical to address key health threats such as HIV-AIDS, TB, malaria, and other infectious diseases.

ONE OF THE MOST pressing challenges of Mozambique's National Institute of Health (NIH) is limited laboratory capacity and dangerous working conditions. IANPHI linked NIH with Design4Others (D4O), the philanthropic arm of architectural

giant HDR and a leader in the planning and design of advanced research and laboratory facilities. Working with local architects, D4O volunteers developed a conceptual plan for a new facility that will provide safe, functional, and productive work environments for research, surveillance, outbreak investigation control, and training. That design, coupled with a strategy to strengthen human resources, attracted more than \$9 million in PEPFAR funding for the new administrative space. Groundbreaking is expected in December 2012.

COLLABORATE

THAILAND, CAMBODIA, LAOS, BHUTAN, AND MYANMAR: COOPERATING ACROSS BORDERS

SOUTHEAST ASIA is among the world's hotspots for emerging infectious diseases, as evidenced by outbreaks such as severe acute respiratory syndrome (SARS) and avian influenza.

THE NEED FOR SCIENTIFIC COOPERATION across borders to stem outbreaks with pandemic potential is clear. International regulations require surveillance, outbreak investigation, and laboratory capacity and infrastructure to reduce health threats both within and across borders.

WITH IANPHI SUPPORT, the National Institute of Health of Thailand (Thai NIH) has fostered laboratory collaboration in Cambodia, Laos PDR, Myanmar, and Bhutan in the areas of laboratory techniques, management, and safety. Thai NIH experts assessed needs and trained staff and helped develop outcome-oriented external quality assurance programs in their laboratories.

THE COLLABORATION HAS borne fruits on many occasions and was tested in 2012 by outbreaks of hand foot and mouth disease (HFMD) in Thailand, Cambodia, and Vietnam. HFMD causes painful skin rashes and mouth lesions, caused by enteroviruses and coxsackie viruses. This disease can have serious

complications like meningitis, encephalitis, paralysis, and even death.

DURING THIS outbreak as in others, the Thai NIH, which serves as the country's public health reference laboratory, played a key role in preventing and controlling the disease.

It coordinated data sharing with its neighboring countries and assisted in laboratory preparedness and response to the disease in the region.

DESPITE STRAINED POLITICAL CONDITIONS, this unique NPHI-to-NPHI linkage has strengthened regional capacity for laboratory-based disease detection.



ELAINE YU

COLLABORATE



“China CDC’s role and responsibilities serve as an excellent example for other countries looking to increase or expand capacity.”

— Dr. Jeffrey Koplan,
IANPHI Director

CHINA: BUILDING A PUBLIC HEALTH PRESENCE

NOWHERE IN THE WORLD has the growth of a national public health institute been as swift and remarkable as the China Center for Disease Control (CCDC)—a founding member of IANPHI. CCDC is crucial to ensuring the health of China’s 1.3 billion citizens. It monitors outbreaks, responds to the aftermath of natural disasters, identifies pathogens in its labs, promotes healthy behaviors, and informs evidence-based policy.

CCDC’S RAPID DEVELOPMENT and contributions to public health over the past decade were chronicled in 2011 by an IANPHI team, which at the request of CCDC Director General Yu Wang, evaluated the organization’s accomplishments and recommended areas for future development.

LED BY JEFFREY KOPLAN, IANPHI president and former director of US CDC, the team included public health experts from Morocco, Norway, China, and the US. It found that China CDC has had an increasingly visible role in major health issues of regional and global impact—such as HIV/AIDS, tobacco, influenza, multidrug-resistant TB, and polio.

CHINA EXPECTS its aging population and the continued shift of rural populations to urban centers—plus likely increases



in non-communicable and emerging pathogens—to have a profound impact on public health in the future. IANPHI’s recommendations included continuing investments in more top-quality scientists—experts ranging from epidemiologists to lab scientists to veterinarians. CCDC will continue improving disease surveillance linkages and developing robust degree-granting training activities including a Field Epidemiology Training Program.



IANPHI’s unique NPHI-to-NPHI evaluation service is available to member institutes, ministries of health, and other government entities interested in an outside assessment of their operations. The focus and terms of the evaluation are developed at the behest of the NPHI director.

PROGRESS AT A GLANCE

COMMUNITY

- With the Bill and Melinda Gates Foundation's support, IANPHI membership has more than doubled since 2006, today numbering 79 member institutes in 72 countries, benefitting more than 5 billion people.
- To promote sustainability and strengthen the finances of IANPHI, members approved the introduction of fees for membership and created the IANPHI Foundation to manage those fees and funds from other sources. Several countries have stepped forward with donations to help guarantee IANPHI's future.
- IANPHI held annual meetings in 2010 in Atlanta, USA, hosted by US CDC, and in Helsinki, Finland, in 2011, hosted by the National Institute for Health and Welfare (THL). In 2012, Mexico's INSP hosted the seventh annual meeting in Mexico City.

PROGRAMS

- Since its founding in 2006, IANPHI has funded more than 50 projects in 35 countries, leveraging more than \$50 million in technical assistance, financial support, equipment, and in-kind services.
- IANPHI 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.
- IANPHI sponsored grant writing and mentorship workshops in Bangladesh and Uganda, providing attendees opportunities and information to improve their skills, contribute to the scientific literature, and advance the sustainability of their institutes.

IANPHI members from three continents were recognized in 2010 and 2011 with Exceptional Service Awards. These strong supporters of IANPHI's mission were among its founding members, have hosted annual meetings, and play active roles in IANPHI projects and outreach.

Clockwise from left: Pathom Sawanpanyalert, former director of the Thai NIH; Paulo Buss, former president of Brazil's FIOCRUZ; Mohammed Hassar, former director, Pasteur Institute of Morocco





WILMA HURSKAINEN

INAPHI members from around the world shared experiences and expertise at the 2011 Annual Meeting in Helsinki, Finland.

- IANPHI added two mentorship pairs to its Mentorship Program, bringing the total to six public health experts and their mentees.
- Major funding for IANPHI is through the generous support of the Bill and Melinda Gates Foundation, which in 2006 granted almost \$20 million to create the IANPHI network and fund projects. In 2011, the Gates Foundation awarded a \$6 million grant to IANPHI to partner with US CDC in creating a model for NPHI creation in four low-resource countries.

POLICY

- The importance of institutional capacity building was emphasized by the Institute of Medicine, which highlighted how IANPHI strengthens health systems by moving NPHIs forward along a continuum toward more technical depth and comprehensive capacity.
- To help member countries and partners create or enhance their NPHIs, IANPHI has continued to develop its web-based “toolkit” for NPHI development based on our growing body of experience. The toolkit now includes the *Framework for the Creation and Development of National Public Health Institutes* (a road map for those interested in creating or strengthening NPHIs) as well as case studies with snapshots of how some established NPHIs were created, assessment tools, and samples of legislation, mission statements, strategic plans, and organigrams.
- IANPHI’s NPHI-to-NPHI evaluation service, created in 2011, taps the unparalleled global expertise of IANPHI members. In addition to the China CDC, institutes in Liberia and Sierra Leone have called on the resources of the IANPHI network. The service is available to member institutes, ministries of health, and other government entities interested in an outside assessment of their structure and operations.
- With the Rockefeller Foundation’s support, IANPHI and WHO convened leading global public health experts in August 2011 in Bellagio, Italy, to develop a monograph outlining the essential or “core” public health functions that NPHIs need to ensure public health.

PROJECTS



JD SCOTT

IANPHI grants are laying the foundation for research growth, and support the developing culture of leadership and mentorship in health research in developing countries.

AFGHAN PUBLIC HEALTH INSTITUTE

Boost diagnostic capacity for diarrheal disease to reduce infant mortality

ARGENTINA NATIONAL LABORATORIES AND HEALTH INSTITUTES ADMINISTRATION

Consolidate seven labs for financial efficiencies and higher quality lab services

BANGLADESH INSTITUTE OF EPIDEMIOLOGY, DISEASE CONTROL & RESEARCH (IEDCR) & NATIONAL INFLUENZA CENTRE (NIC)

Improve capacity to respond to floods and other emergencies

Strengthen disease surveillance and outbreak response*

Conduct hospital-based surveillance for typhoid fever to inform decision making and resource allocation for typhoid vaccine

CHINA CDC

Evaluate accomplishments over past decade and recommend areas of future development.

COLOMBIA NATIONAL INSTITUTE OF HEALTH

Expand scope to include monitoring and prevention of NCDs

COSTA RICA NATIONAL INSTITUTE FOR RESEARCH ON NUTRITION AND HEALTH (INCIENSA)

Planning for new institute with focus on improving quality control of medications, food safety, water quality monitoring, and non-communicable disease surveillance

COTE D'IVOIRE NATIONAL INSTITUTE OF PUBLIC HEALTH

Training on the research principles for HIV and other sexually transmitted diseases

EL SALVADOR MINISTRY OF PUBLIC HEALTH AND SOCIAL ASSISTANCE

2010-2014 strategic plan to create an NPHI*

IANPHI projects leverage technical assistance, financial support, equipment, and in-kind services.

ETHIOPIAN HEALTH & NUTRITION RESEARCH INSTITUTE (EHNRI)

Develop core functions to expand from research institute to NPHI, including development of emergency response system and laboratory capacity*

GHANA HEALTH SERVICE

Establish Ghana National Public Health Institute*

GHANA NOGUCHI MEMORIAL INSTITUTE FOR MEDICAL RESEARCH

Early detection and treatment of Buruli ulcer in Ghana

GUINEA-BISSAU NATIONAL INSTITUTE OF PUBLIC HEALTH (INASA)

Build financial management capacity at INASA

Gather data to inform malaria control policies

Intensive course on monitoring malaria control

Transform the national public health system by creating a new NPHI*

I.R. IRAN'S NATIONAL INSTITUTE OF HEALTH RESEARCH

Minimize impact of natural disasters through preparedness and training

MALAWI MINISTRY OF HEALTH

Create Malawi NPHI*

MEXICO NATIONAL INSTITUTE OF PUBLIC HEALTH (INSP)

Assess regional public health capacity and improve linkages

Identify the polymorphic genetic markers of *Trypanosoma cruzi*

Study postnatal depression and its impact on child development

MOROCCO NATIONAL INSTITUTE OF HYGIENE

Visioning and strategic planning for NPHI development*

MOZAMBIQUE NATIONAL INSTITUTE OF HEALTH

Establish a comprehensive NPHI to strengthen public health delivery*

Improve diagnosis to fight meningitis

NIGERIA INSTITUTE OF MEDICAL RESEARCH (NIMR)

Boost molecular epidemiology laboratory capacity to detect drug-resistant TB*

Community attitudes toward perinatal care

Establish external quality assurance program for HIV, TB, and malaria diagnosis

Noncommunicable disease research and prevention in Lagos slums

PERU NATIONAL INSTITUTE OF HEALTH (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

Public health emergency planning



BRYAN MERTZEMORY

As the lead statistician for NIMR, Adelosa Musa helped design a study in three Nigerian slums, looking closely at lifestyles and the prevalence of non-communicable diseases. Results will inform health policy aimed at reducing chronic disease by promoting healthy lifestyles.

* comprehensive NPHI development project

PROJECTS

TANZANIA NATIONAL INSTITUTE FOR MEDICAL RESEARCH (NIMR)

Expand expertise and capacity to monitor and prevent NCDs*

THAILAND NATIONAL INSTITUTE OF HEALTH

Cholera research in Thailand and Laos PDR

Link national public health resources to improve disease detection and response
Quality assurance training
Spark regional collaboration and capacity for laboratory-based disease detection

TOGO NATIONAL INSTITUTE OF HYGIENE

Create Togo NPHI*

TURKEY REFIK SAYDAM HYGIENE CENTER

Laboratory training for BSL₃ staff

UGANDA VIRUS RESEARCH INSTITUTE (UVRI)

Capacity strengthening initiative*

Improve rotavirus diagnostics to guide decisions on vaccine introduction

Lay the foundation for future research growth

Strategic plan for evidence-based national health policy

The ecology, behavior and genetic variability of *Aedes africanus arbovirus* vector

Transform capacity for public health response and partnerships

VIETNAM NATIONAL INSTITUTE OF HYGIENE & EPIDEMIOLOGY (NIHE)

Study and identify the cagA gene in *H. pylori*-infected gastric cancer patients



With IANPHI support, Morocco's Pasteur Institute helped Togo secure new laboratory equipment, which will enhance testing for pathogens and aid in outbreak identification and surveillance.



Dr. Abdulsalami Nasidi, director of the Nigeria Centre for Disease Control, is working with IANPHI on a strategic plan that charts the future direction of NCDC.

LEADERSHIP

IANPHI EXECUTIVE BOARD

The IANPHI Executive Board provides policy oversight from respected leaders of national public health institutes from around the world.

JEFFREY KOPLAN

President

Director, Emory University
Global Health Institute
Past Director, US CDC
UNITED STATES

PEKKA PUSKA

Vice President

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

RAJAE EL AOUAD

Former Director,
National Institute
of Hygiene
MOROCCO

REINHARD BURGER

President, Robert Koch
Institute
GERMANY

DAVID BUTLER-JONES

Director, Public Health
Agency
CANADA

MWELE MALECELA

Director General,
National Institute
for Medical Research
TANZANIA

JUSTIN McCracken

Chief Executive, Health
Protection Agency
UNITED KINGDOM



MAHMUDUR RAHMAN

Director, Institute
of Epidemiology,
Disease Control
and Research
BANGLADESH

AMABELIA RODRIGUES

Former President, National
Institute of Public Health
GUINEA-BISSAU

MARIO RODRIGUEZ

General Director, National
Institute of Public Health
MEXICO

YU WANG

Director General,
China CDC
CHINA

MEMBERS AS OF SEPTEMBER 2012

AFGHANISTAN | Afghan Public Health Institute

ALBANIA | Institute of Public Health

ANGOLA | National Institute of Health

ARGENTINA | National Laboratories and Health Institutes Administration (ANLIS)

BANGLADESH | Institute of Epidemiology, Disease Control & Research (IEDCR) & National Influenza Centre (NIC)

BELGIUM | Scientific Institute of Public Health

BRAZIL | Oswaldo Cruz Foundation (FIOCRUZ)

CAMBODIA | National Institute of Health

CANADA | Public Health Agency of Canada (PHAC)

CHILE | Public Health Institute of Chile

CHINA | China CDC | Centre for Health Protection (CHP), Dept. of Health, Hong Kong China

COLOMBIA | National Institute of Health

COSTA RICA | National Institute for Research on Nutrition and Health (INCIENSA)

COTE D'IVOIRE | National Institute of Public Health

CROATIA | National Institute of Public Health

CUBA | Institute of Tropical Medicine 'Pedro Kouri'

CZECH REPUBLIC | National Institute of Public Health

DENMARK | National Institute of Public Health

ECUADOR | National Institute of Public Health Research (INSPI)

EL SALVADOR | Ministry of Public Health and Social Assistance

ESTONIA | National Institute for Health Development

ETHIOPIA | Ethiopian Health & Nutrition Research Institute (EHNRI)

FINLAND | National Institute for Health and Welfare (THL)

FRANCE | French Institute for Public Health Surveillance (INVS) | National Institute of Health and Medical Research (INSERM)

GERMANY | Robert Koch Institute

GHANA | Ghana Health Service | Noguchi Memorial Institute for Medical Research

GUINEA | National Institute of Public Health Guinea

GUINEA-BISSAU | National Institute of Public Health (INASA)

HUNGARY | National Center for Epidemiology

ICELAND | The Directorate of Health

INDIA | National Centre for Disease Control

IRAN | I.R. Iran's National Institute of Health Research

IRELAND | Institute of Public Health in Ireland

ISRAEL | Israel Center for Disease Control

ITALY | National Institute of Health

JAPAN | National Institute of Public Health

JORDAN | Ministry of Health

KENYA | Kenya Medical Research Institute

MACEDONIA | Institute of Public Health

MALAWI | Ministry of Health

MEXICO | National Institute of Public Health (INSP)

MOLDOVA | National Center of Public Health

MONGOLIA | Public Health Institute of Ministry of Health

MOROCCO | National Institute of Hygiene | Institute Pasteur of Morocco

MOZAMBIQUE | National Institute of Health

MYANMAR | National Health Laboratory

NEPAL | School of Public Health and Community Medicine B.P. Koirala Institute of Health Sciences

NETHERLANDS | National Institute for Public Health & the Environment (RIVM)

NIGERIA | Nigeria National Primary Health Care Development Agency | Nigerian Institute of Medical Research (NIMR) | The Nigeria Centre for Disease Control

NORWAY | Norwegian Institute of Public Health

PAKISTAN | College of Physicians and Surgeons

PANAMA | Gorgas Memorial Institute for Health Studies

PAPUA NEW GUINEA | National Department of Health

PERU | National Institute of Health (INS)

POLAND | National Institute of Public Health

PORTUGAL | Institute of Hygiene and Tropical Medicine (IHMT) | National Health Institute (INSA)

RUSSIAN FEDERATION | National Research Center for Preventive Medicine

SAUDI ARABIA | Ministry of Health

SERBIA | Institute of Public Health

SLOVENIA | National Public Health Institute

SOUTH AFRICA | National Institute for Communicable Diseases (NICD)

SPAIN | Carlos III Health Institute

SUDAN | Public Health Institute

SWEDEN | National Institute of Public Health

TANZANIA | National Institute for Medical Research (NIMR)

THAILAND | National Institute of Health

TOGO | National Institute of Hygiene

TURKEY | Refik Saydam Hygiene Center

UGANDA | Uganda Virus Research Institute (UVRI)

UNITED KINGDOM | Health Protection Agency (HPA)

UNITED STATES | Centers for Disease Control and Prevention (CDC)

VIETNAM | National Institute of Hygiene & Epidemiology



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