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CONTENTS

NPHIs Tackle Important Health Issues

China Assessment: A Decade of Progress

Afghanistan Study Calls CCHF A Regional Public Health Threat

Thailand EQA Training

Member Update

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President’s Message: NPHIs Tackle Important Health Issues



Dr. Jeffrey Koplan

National public health institutes are most relevant when we address serious health issues in our respective countries and across borders. As we chart our future courses, we think about how to align our priorities to combat those health threats. Within our membership, we see many examples of this kind of strategic planning. Such planning is increasingly important to meeting the International Health Regulations and the escalating challenges posed by non-communicable diseases.

Later in this newsletter, you’ll read how [China CDC](#) has developed into a comprehensive institute that is responding to and preventing both infectious problems—including new cases of polio—and modern plagues such as tobacco use.

In the United Kingdom, the [UK Health Protection Agency’s](#) real-time surveillance system identifies potential human and veterinary public health threats, such as influenza and norovirus, a leading cause of foodborne outbreaks. HPA data about healthcare-associated infections has helped drive down rates of MRSA and *C. difficile* by over a third in the past few years. HPA also is planning how to protect the health of more than 8 million visitors and athletes expected this summer at the 2012 Olympic and Paralympic Games in London.



Research from Mexico’s [National Institute of Public Health](#) has fueled policy changes that resulted in a large-scale transformation of its health system, including a move toward universal coverage: at the end of 2011, 105 million Mexicans had health insurance. Mexico has a new national approach to counter obesity, and the institute played a large role in passing landmark anti-tobacco legislation that protects citizens from breathing cigarette smoke in public spaces. Another policy contributed extensively to modernizing cancer early detection programs.



Social determinants of health are the focus in Brazil where understanding demographic shifts and income distribution has informed efforts to counter higher rates of chronic, infectious, and parasitic diseases. [FIOCRUZ](#) is coordinating a national network of government health schools and more than 20 reference laboratories, and preparing for an expected seasonal outbreak of dengue fever.

In Nigeria, which has the world’s fifth largest TB burden, compounded by a high prevalence of TB-HIV co-infection, the [National Institute of Medical Research](#) has created a model approach to targeting and treating multidrug-resistant tuberculosis at a lower cost.

IANPHI funds have leveraged civil-war-torn [Guinea-Bissau's](#) efforts to rebuild its NPHI, which, as the country's science-based focal point for public health, is helping reduce response time to cholera and other serious outbreaks from weeks to days.

In 2011, France expanded vaccine coverage, particularly for influenza and measles, and is taking a national approach to addressing cancer, violence, and addictions, as well as Alzheimer's, HIV/AIDS, and other sexually transmitted diseases. [The French Institute for Public Health Surveillance \(InVS\)](#) has a mandate to monitor the health status of the population and recently launched its first national biomonitoring program and health examination survey.

These examples of efforts and accomplishments of our NPHI members are most impressive. They illustrate the high quality work they perform, that their governments depend on them for crucial topics, and that they address many of the major health challenges of our time in a creative and effective manner. These challenges have both local and global implications. I encourage you to read more about these efforts on the [IANPHI website](#) and in 2012 continue to tap the wealth of expertise in IANPHI's global network.

IANPHI Offers New Evaluation Service

Tapping its unparalleled global expertise, IANPHI has created a unique NPHI-to-NPHI evaluation service now available to member institutes, ministries of health, and other government entities interested in an outside assessment of their operations and individual programs or planning for new programs.

The scope and focus of the evaluation and terms will be developed at the behest of the NPHI director.

Upon request, IANPHI will assemble a team of NPHI directors or senior experts to carry out the evaluation using the [IANPHI Framework](#), an IANPHI-developed roadmap for creating and developing NPHIs. The evaluation could be broad, such as the recently completed [China CDC assessment](#), or more targeted to areas such as lab capacity. [Read more.](#)

China Assessment: A Decade of Progress

China CDC observed its 10th anniversary in February with a celebration that marked its swift and remarkable trajectory forward to become one of the world's most comprehensive national public health institutes (NPHIs). Today, China CDC's broad scope of responsibility includes disease surveillance and outbreak response, laboratory science, research, health education and health promotion, and health policy activities.



The IANPHI evaluation team included, back row from left: Jeffrey Koplan (IANPHI), Geir Stene-Larsen (Norwegian Institute of Public Health); front row: Yu Hai (Zhejiang University School of Medicine, China), Mohammed Hassar (formerly of Institut Pasteur, Morocco), Courtenay Dusenbury (IANPHI), and Denise Koo (U.S. CDC). Not pictured are James Curran, (Rollins School of Public Health, Emory University, USA), and May Chu (U.S. CDC).

China CDC's rapid development and numerous contributions to public health were recently chronicled by an IANPHI team, which at the request of CCDC Director Yu Wang, evaluated the organization's accomplishments and made recommendations for areas of future development. The IANPHI team's report was formally presented at the anniversary celebration to assembled digni-

The scope and value of China CDC's role and responsibilities serve as an excellent example for other countries looking to increase or expand capacity.

taries and political leaders, public health experts, Dr. Wang, and his staff. IANPHI President Jeff Koplan, who led the evaluation team, said, "We applaud the wise and visionary decision of the Chinese government to establish a comprehensive evidence-based public health institution." Dr. Koplan, along with Dr. Geir Stene-Larsen (director, Norwegian Institute of Public Health), Dr. Mohammed Hassar (former director, Institut Pasteur of Morocco) and subject experts from China and the United States, conducted the two-week evaluation in August 2011. The China CDC has developed steadily since its creation in 2002. It has expanded its attention to a breadth of health problems, deepened its capacities, broadened its mission, and become more visible as a major contributor to health in China. It has demonstrated a strong commitment to quality improvement and worldwide impact.

China CDC has had an increasingly visible role in major issues of regional and global impact — such as HIV/AIDS, tobacco, influenza, MDR-TB, and polio. At the same time, it has developed capacity to play a lead role in responding to major disease outbreaks, national disasters and other emergencies while providing expertise in areas including HIV/AIDS, tobacco control, influenza and other viruses, parasitic diseases, and food safety.

[Read more about the evaluation.](#)



CCHF has the most extensive geographic distribution of tick-borne viral diseases. It is endemic in about 30 countries in Africa, Eastern Europe, the Middle East, and Asia.

Afghanistan Study Calls CCHF A Regional Public Health Threat

The first comprehensive study on Crimean-Congo Hemorrhagic Fever (CCHF) in Afghanistan supports implementation of sustained regional efforts to control the ticks that transmit the disease to humans through bites, contact with infected animals or animal products, or via nosocomial infections among health workers and caregivers. Seroprevalence reflects an endemic area in Western Afghanistan, bordering Iran and Baluchistan. Pakistan reported 14 outbreaks between 1976 and 2002, with 71.4% occurring close to the Afghan border in an area highly populated by Afghan refugees. The study, funded by WHO and IANPHI, suggests more collaborations with ministries of health and agriculture, educating livestock owners, and enhanced surveillance and training, as well as enhanced laboratory capacity at the provincial level where it currently takes days or weeks to confirm an outbreak. While more than 5,000 clinical cases were reported during one transmission season in Iran and neighboring countries with mortality rates as high as 50%, the study authors say that most cases go unreported due to lack of effective notification systems and that the incidence is much higher—more than 25,000 infections and up to 2,500 deaths.

Thailand EQA Training

With support from an IANPHI grant, the [Thailand National Institute of Health](#) recently sent three scientists for short-term training on External Quality Assurance (EQA) for molecular testing for human pathogens at the National Reference Laboratory in Melbourne, Australia. The NIH's EQA system assesses the quality of diagnostic laboratories in 13 projects, three of which are molecular testing programs including HIV viral load, HIV drug resistance, and dengue PCR. The Thais had limited experience in molecular qualitative nucleic acid testing, and the training from the Australia lab is helping the Thais manage and continue to improve their EQA system.



Mauricio Hernández-Ávila

Member Update

Mexico: Mauricio Hernández-Ávila is the new general director of the National Institute of Public Health in Mexico. Dr. Hernández-Ávila led the INSP from 2004 to 2006 and was a key leader in the formation of IANPHI.

Africa: *Accurate Laboratory Diagnostics: A Pillar of Quality Health Care* is the theme of the first international conference of the African Society for Laboratory Medicine, December 4–7, 2012, at the Capetown International Center, in Capetown, South Africa. The conference is open to laboratory professionals, clinicians, program managers, epidemiologists, researchers, students, and policy makers with an interest in advancing laboratory diagnostics for quality health care in Africa and elsewhere. [Read more about ASLM.](#)

Israel: The International Master of Public Health (IMPH) Program at the Braun School of Public Health at Hebrew University, Jerusalem, is offering scholarships to candidates from low-income countries. IMPH, an intense 12-month program in English established in 1970, has graduated more than 700 MPH students from 90 countries—nearly all low-income regions in Africa, Asia, and Latin America, as well as transitional countries of Eastern Europe and the former Soviet Union, and others from North America and western Europe. Many of its alumni return home and assume key positions at local, national, and international levels in academia, the government and NGO sectors, clinical settings, and industry. Students accepted into the program receive a scholarship that covers virtually all costs (valued at U.S. \$35,000). The 2012–2013 course begins in October 2012. For more information and applications, [contact Program Secretary Pamela Malka](#). The application deadline is the end of March.

Save the Date

Mark your calendar for IANPHI's 2012 Annual Meeting, set for September 30–October 2, 2012, in Cuernavaca, Mexico. Mexico's National Institute of Public Health will host the meeting.

Share Your News

IANPHI welcomes news about your institute and how it's addressing major issues in your country. Contact us by [clicking here](#).

Visit IANPHI

If you're in Atlanta for a conference such as the [International Conference on Emerging Infectious Diseases](#), March 11–14, please let the [IANPHI Secretariat](#) know. We'd be happy to meet with you and show you around the Atlanta Secretariat. If there is enough interest, we may host a small gathering for IANPHI members.

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