

IANPHI WORLD

The Public Health Institutes of the World

Planning underway for new projects in Ethiopia and Tanzania

Broadened mandates provide opportunities for NPHIs

The Ethiopian Health and Nutrition Research Institute (EHNRI), an active IANPHI member, is a flourishing institution whose role in ensuring Ethiopia's population health is expanding rapidly. The Minister of Health has announced his intention to develop EHNRI into a comprehensive NPHI, including responsibility for coordinating the government's response to emergencies. This change will result in additional staff positions for EHNRI, both newly created and derived from existing units in other parts of the government. It represents a significant opportunity and challenge for EHNRI.

In November 2008, a team from IANPHI visited EHNRI with the intention of developing plans for a long-term transformative project. Funding of the project is likely to occur in early 2009. The project will help EHNRI in its development as a comprehensive NPHI by:

- Supporting development of plans and advocacy for EHNRI's future direction,
- Enhancing critical capacities needed to identify and respond to public health emergencies, and
- Building capacity to assess population health status, including for non-communicable conditions.

“We hope to share what we have learned with other countries in Africa.”

Dr. Andrew Kitua
Director General, Tanzania NIMR

EHNRI's involvement with IANPHI also continues to grow. The Institute became a member of IANPHI in early 2008, Dr. Tsehaynesh Messele, Director General of EHNRI, was elected to the IANPHI Executive Board. The next Executive Board meeting will be held in Addis Ababa, and a prominent part of the meeting will be a visit to EHNRI's facilities there.

Strategic transformations in response to change are also occurring in Tanzania, where non-communicable conditions are emerging as a major public health issue. In 2008, IANPHI awarded Tanzania's National Institute for Medical Research (NIMR) a three-year grant to aid in building national capacity to address the growing chronic disease threat.

Since the initiation of this project, enthusiasm for non-communicable disease surveillance and response in Tanzania has continued to grow. In January 2009, IANPHI sent a team to discuss the possibility of funding a long-term development project to build on the initial activities.

“We have a strong foundation from which to attack non-communicable diseases,” says Dr. Andrew Kitua, Director General of NIMR. “NIMR, the Ministry of Health, and the Muhimbili University of Health and Allied Sciences form a tripartite base, with strength in research, policy and control, and academics. Once we have established our efforts in Tanzania,



NIMR and IANPHI staff collaborated to develop a long-term proposal to address Tanzania's growing chronic disease threat. Small teams—such as (from right), Dr. Sayoki G. Mfinanga, Center Director, NIMR Muhimbili; Dr. Sue Binder, Senior Advisor for Public Health Practice, IANPHI; and John Mdvda, System Analyst, NIMR—worked on each objective.

we hope to be able to share what we have learned with other countries in Africa.”

The results of Tanzania's efforts were on display at IANPHI's third annual meeting, where Dr. Godfrey Mfinanga presented on Tanzania's collaboration with government, academic, and private sector partners to establish a national surveillance system for non-communicable conditions. The project has enormous implications not only for the country but for all of Africa as it will be one of the first such systems implemented on the continent. ■

Note: Prof Pekka Puska has been appointed Director General of Finland's new National Institute for Health and Welfare (THL). The new institute began operations on January 1, 2009, following the merger of the National Public Health Institute (KTL) and the National Research and Development Centre for Welfare and Health (STAKES). Prof Puska has been Director General of KTL since 2003. The IANPHI Secretariat will continue its work as part of THL.

Transforming global public health

Message from the Vice President



The theme of this issue of *IANPHI World* is “transformation,” a fitting topic for the start of a new year. We enter 2009 in a very different situation from years of the recent past—in the midst of an economic crisis that is transform-

ing the political and societal landscape worldwide and shifting national budgets toward priorities other than population health. In this environment of adjustment and adaptation, it is more important than ever to focus on infrastructure investment to transform public health systems and provide the basis for sustainable improvements and outcomes.

A national public health institute is an essential part of basic public health infrastructure in any country. This is why so many national governments are strengthening their institutional foundations for

public health through the development and bolstering of NPHIs. In a landscape of disease-specific funding initiatives, NPHIs emerge as a much-needed governmental focal point for lasting and sustainable science-based public health leadership, policies, and resource allocation.

We have had our own transformation in the merging of our former institute KTL with the National Research and Development Centre for Welfare and Health (STAKES), as described on page 4.

IANPHI is also undergoing a transformative process, growing rapidly in scope and membership since our establishment three years ago. In this issue of *IANPHI World*, you will learn about some of our NPHI development projects in low-resource countries, which are transforming national public health systems through capacity building in disease surveillance, outbreak response, applied research, and emergency preparedness.

As we begin the year in a situation of uncertainty, we must continue to keep

public health and NPHIs at the forefront of national and international attention. The health challenges of today and the future are increasingly complex. To address these challenges, human resource development, surveillance systems, research and evaluation capabilities, and laboratory improvements must be treated as capital investments to drive transformational change. By expanding and enhancing our NPHI infrastructure and capacity, we position ourselves as major contributors to the integrated delivery of public health functions and to the improved performance of health systems operations.

I hope that in 2009 we see future growth in terms of support for NPHIs and the work of IANPHI as a catalyst for NPHI development and linkages. This growth will undoubtedly contribute to development in global health, not only during the current era of fiscal challenges but also for the longer term.

PEKKA PUSKA
VICE PRESIDENT, IANPHI

IANPHI members aid in discovery of two new viruses

NPHIs in Uganda and South Africa team with partners for virus identification

As new infectious disease agents continue to emerge globally, IANPHI member NPHIs are on the front lines in their discovery and control. In just the last several months, scientists at two member institutes, South Africa's National Institute for Communicable Diseases (NICD) and the Uganda Virus Research Institute (UVRI), have played major roles in new virus identification and containment.

At NICD, Drs. Lucille Blumberg and Janusz Paweska led teams of epidemiologists and laboratory scientists in swiftly identifying and containing the spread of a new strain of a Lassa-like Old World arenavirus associated with an outbreak of a severe and often fatal infection in humans.

The outbreak was limited to only five cases, thanks to the vigilance, expertise, and collaborative efforts of NICD's epidemiology team, the provincial outbreak response teams, and NICD's Special Pathogens Unit, which is a WHO Collaborating Centre for the research and diagnosis of viral hemorrhagic fevers.

In Uganda, the newly discovered agent was an Ebola virus species associated with a large hemorrhagic fever outbreak in the western part of the country. The outbreak response was a true collaborative effort among investigators from government, academic, and NPHI partners, including the U.S. CDC. To support the national response, a laboratory was set up

at UVRI to provide a safe environment for specimen processing. Newly developed diagnostic assays were transferred to UVRI to facilitate rapid identification and isolation of Ebola cases in the affected area for efficient containment of the outbreak.

See: South African doctors move quickly to contain new virus. *Bulletin of the World Health Organization* 2008;86(12):912–3.

Towner JS, Sealy TK, Khristova ML, Albariño CG, Conlan S, Reeder SA, Quan P-L, Lipkin WI, Downing R, Tappero JW, Okware S, Lutwama J, Bakamutumaho B, Kayiwa J, Comer JA, Rollin PE, Ksiazek TG, Nichol ST. Newly discovered Ebola virus associated with hemorrhagic fever in Uganda. *PLoS Pathogens* 2008;4(11):e1000212. ■

SAVE THE DATE

IANPHI Annual Meeting
November 1–4, 2009
NICD/Johannesburg, South Africa
 Learn more at www.ianphi.org

IANPHI grant positions NIMR to combat MDR-TB

**Nigerian NPHI introduces new assay
 to detect drug resistance**

In 2007, the Nigerian Institute of Medical Research (NIMR) sought funding from IANPHI to develop molecular biology capacity for TB drug sensitivity testing in Nigeria. In just a year and with only a small infusion of funds, NIMR has established a national reference laboratory for MDR-TB diagnosis and introduced a new rapid molecular assay that detects isoniazid- and rifampin-resistant strains of *M. tuberculosis* in sputum.

NIMR not only succeeded in developing institutional capacity for use of the rapid GenoType® MTBDRplus test (developed by Hain Lifescience with support from the Foundation for Innovative New Diagnostics–FIND), but also has started using it as an important epidemiologic tool for detection and control of MDR-TB in the country. Since establishing testing capacity, NIMR has been receiving samples from zonal TB laboratories in the country as well as from clinics in and around Lagos. Results represent the main source of data on MDR-TB in Nigeria for reporting to WHO/AFRO and WHO/Geneva. Of the total number of tests conducted in project year 1, a total of 5.0% were resistant to isoniazid and rifampin (MDR-TB); 16.7% were resistant to rifampin and 2.6% were resistant to isoniazid alone.

Routine MDR-TB testing will provide clinicians with information to guide clinical management options for each patient and contribute significantly toward the control of MDR-TB in the country. The new Hain assay will also be the foundation of an upcoming, first-ever national TB prevalence survey in Nigeria in 2009. See more at www.ianphi.org ■

IANPHI launches mentorship program

First “mentor-mentee” pair selected

Former Director-General and current Director of Research Dr. Emmanuel Oni Idigbe of the Nigerian Institute of Medical Research and Dr. Amabelia Rodrigues, Research Director of the Bandim Health Project in Guinea-Bissau, embarked on an exciting new venture in December. Drs. Idigbe and Rodrigues will participate in a newly created initiative, the IANPHI Mentorship Program, serving as the first “mentor-mentee” pair.

These two public health professionals make an exemplary team, having received their doctoral degrees from highly regarded European academic institutions, worked with global public health partners including WHO, and demonstrated a commitment to collaboratively addressing the public health challenges facing West Africa.

Dr. Idigbe’s research emphasis includes national studies on antiretroviral drug resistance among HIV patients and multi-drug-resistant tuberculosis. Dr. Rodrigues’ research interests focus on the impact of public health interventions on health indicators and the epidemiology and control of communicable diseases such as malaria, rotavirus infection, and cholera.

The IANPHI Mentorship Program seeks to establish and facilitate active partnerships between experienced public health leaders and less experienced current or potential NPHI leaders to foster professional growth and career development. Mentors are accomplished, volunteer public health specialists whose knowledge and insights represent an invaluable resource for the personal and professional development of these less-experienced leaders. Mentees, or “fellows,” are scientists and policy makers from IANPHI’s member institutes who show promise to become future public health leaders.

Drs. Idigbe and Rodrigues have welcomed with great enthusiasm the opportunity to participate in the program. They plan to communicate regularly via email and monthly conference calls, work in partnership to develop the program plan that will form the basis for implementation and evaluation of their joint venture, and




Drs. Emmanuel Oni Idigbe of Nigeria and Amabelia Rodrigues, Guinea-Bissau, are the first participants in IANPHI’s recently launched mentorship program.

participate in an overall assessment of the program.

“I am delighted that the mentorship program has been launched,” says Dr. Idigbe. “I am happy to serve as Amabelia’s mentor and will do my best to ensure that the program succeeds.”

“It’s an honor to be considered for this exciting program,” adds Dr. Rodrigues. “I look forward to the implementation of the program and anticipate its success.”

The IANPHI Mentorship Program is funded by a generous gift from Dr. David Heymann, derived from a Heinz Family Foundation award and through the Better World Fund. ■



WHAT DO YOU THINK?

Help IANPHI make its website more useful by taking a few minutes to complete a brief survey at surveymonkey.com/IANPHI_website

KTL Finland is now THL

The National Public Health Institute of Finland (KTL), home of IANPHI's Secretariat, has merged with the National Research and Development Centre for Welfare and Health (STAKES) to form the new National Institute for Health and Welfare (THL). The new institute started operations on January 1, 2009.

International cooperation has had a significant role in both organizations and will continue to be an essential part of THL's activities. The new Institute will maintain and promote close contacts with European Union bodies, WHO, and other scientific and public health institutions and agencies. THL will continue the activities of KTL within IANPHI as well as with other NPHIs around the world.

The new Institute arising from the merger will be a strong actor both in Finland and internationally. THL's main tasks include promoting the health and well-being of the population, preventing disease and social harm, and developing health and social services. THL carries out its objectives by means of research, development, guidance, and service. With a strong knowledge base within the field, the new Institute aims to steer policy-making through evidence-based information.

The Institute also acts as the statutory statistical authority in the field of health and welfare and continues to monitor infectious disease and environmental health issues. Combining these statutory tasks with research allows the Institute to monitor the prevalence of various diseases, assess the efficacy of interventions, and identify trends in lifestyle affecting health even better than before. ■

HPA and IANPHI issue toolkit for hosts of international sporting events

Preparation for London 2012 Olympics include lessons on public health readiness

The UK Health Protection Agency (HPA) has launched a web portal for countries that are hosting, or bidding to host, international sporting events, and for the NPHIs that are supporting these efforts. As London prepares to host the 2012 Olympic Games, HPA recognizes the importance of optimal public health readiness in providing direct benefits in health security to the host city and its visitors as well as indirect contributions to sustainable public health systems.

In collaboration with IANPHI, HPA organized a workshop in late 2007 to address the public health challenges and opportunities associated with hosting an international sports event, an idea first proposed at IANPHI's Annual Meeting in Beijing. Building on the experience of countries that have been involved in these events, the goal was to distill and share lessons learned by identifying the public health issues associated with a mass gathering and the public health benefits that might be derived from preparing for and conducting such an event.

The resulting web portal includes downloadable background materials on the public health aspects of mass sports gatherings as well as checklists, protocols, guidance documents, and reviews to guide those charged with public health planning, operations, and evaluation. The toolkit collates materials generated from repetitive public health efforts for multiple Olympic Games and other events and captures these as a collective memory for future planners and hosts.

Although the focus is on sporting events such as the Olympic Games and World Cup tournaments, most of the materials and guidance are also relevant to any complex mass gathering or mega-event that brings large numbers of international visitors to a host city.

www.hpa.org.uk ■

SPORTING EVENT TIPS FROM THE UK HEALTH PROTECTION AGENCY AND IANPHI

Public health officials must be involved at the highest levels of a major sporting event—from initial proposal development through planning, operations, evaluation, and sustainability. At www.hpa.org.uk, find tools and guidelines that include:

- Putting and keeping health at the top table
- Strategic oversight / assessment / coordination
- Population health
- Individual health services
- Disaster planning and response
- Communication
- Legacy and sustainability

IANPHI World is published by the International Association of National Public Health Institutes for its members, colleagues, and partners. Visit *IANPHI World* at www.ianphi.org.

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About IANPHI

Funded by The Bill and Melinda Gates Foundation, IANPHI is a catalyst for the development and growth of the world's national public health institutes (NPHIs). In collaboration with countries and partners, IANPHI works to develop stronger and more coordinated public health systems through the establishment of NPHIs. IANPHI is also a professional association for NPHI directors, providing a platform for advocacy and collective action in addressing public health challenges and opportunities. www.ianphi.org.