EDITORIAL

Functional National Public Health Institutes are critical for the health security of Africa

HAFTOM TAAME, NICAISE NDEMBI, ALAIN NGASHI NGONGO, TAJUDEEN RAJI and JEAN KASEYA

Africa Centres for Disease Control and Prevention, Addis Ababa, Ethiopia

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National Public Health Institutes (NPHIs) are the vehicles for 1 national health security at country level. Success in building 2 robust health systems in Africa requires countries to have well 3 4 established public health institutions. NPHIs are mandated to 5 ensure population wellbeing and national health security by 6 establishing and maintaining robust public health surveillance 7 and disease intelligence system that detects public health risks 8 and threats early, takes appropriate prevention and mitigation 9 measures, and institute prompt response based on evidence 10 driven data.

There are three types of NPHIs commonly used globally: 11 12 single autonomous institution, network of institutions, and a 13 department in the Ministry of Health. The latter is less prefer-14 able and advised to be used as a start to get in to the first two 15 models of NPHIs. 'A Network of Institutions is an institution 16 or unit that is established with a legal framework to coordinate 17 public health functions falling under or being conducted by other parastatal institutions at the national level. The network 18 19 of institutions differs from autonomous/semi-autonomous 20 institutions in that the public health functions for the network 21 of institutions fall into more than one operationally and techni-22 cally independent institution' (1). Countries with more than one 23 institution conducting public health functions can follow the 24 second type of NPHI, a network of institutions. This includes 25 countries like South Africa, Kenya, Uganda, and countries 26 with Instituts Pasteur. A country that does not have technically 27 and operationally independent institutions conducting one or 28 more of the core public health functions is more feasible to 29 start establishing a single autonomous institute that coordi-30 nates all public health functions under one leadership.

Different NPHIs may be structured in either of the three ways mentioned above. However, all NPHIs should have a role to coordinate and conduct public health research, surveillance and disease intelligence, epidemic preparedness and response,

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Laboratory systems and networks, and health information 35 system. 36

Regardless of the type, structure and level of authority of
the NPHI, all have similar roles and functions. NPHIs need37sexperienced and committed leader, skilled workforce, infra-
structure, funding, continuous assessment, monitoring and
support.40

NPHIs deliver their responsibilities merely based on data 42 and science with full technical and operational independence 43 under the strategic guidance of the Ministry of Health. To 44 promote research and innovation, ensure sustainability, build 45 public trust, establish strong coordination and partnership, 46 NPHIs should be institutionalized with a legal framework 47 by the country's legislative bodies. Member States that are 48 49 planning to establish a new NPHI can use the Africa CDC's framework for the development of NPHIs in Africa (2) and 50 Africa CDC's Legal Framework for the institutionalization of 51 new NPHI (3). 52

There is no competition and overlap of roles between the 53 MOH and NPHIs. The MOH focuses on setting and devel-54 oping health policies, strategies and programmes, building 55 and capacitating the health care delivery system including the 56 57 building of hospitals and primary health care units, availing vaccines and therapeutics and regulating the health care 58 service delivery. The role of NPHI is generating and dissemi-59 60 nating of scientific information to guide health policy and programmes, providing a coordination platform for public 61 health functions at national level, harmonizes public health 62 assets and information for public health emergency manage-63 ment, provides adequate laboratory infrastructure to perform 64 the essential public health functions efficiently, develops 65 a strong and continuously improving health workforce, 66 67 provides linkage at international, national and subnational levels to ensure population wellbeing and national health 68 security. 69

70 NPHIs increase outbreak detection and emergency response efficiency by bringing similar functions together into 71 one organization and removing redundancy and organizational 72 barriers. By linking key components of public health functions 73 such as surveillance, laboratory capacity, emergency response, 74 communications, and public health research, NPHIs shorten 75 76 the response time to public health emergency response. In addition, NPHIs also provide focused and centralized leader-77 ship and coordination mechanisms for public health. 78

Correspondence to: Nicaise Ndembi, Africa Centres for Disease Control and Prevention, Addis Ababa, Ethiopia E-mail: nicaiseN@africacdc.org

In countries where there is no functional NPHI, public health functions are fragmented and spread across multiple governmental ministries or sectors. The result often includes duplicated efforts, wastage of resources, lack of accountability and leadership, slower response time to public health emergencies due to uncoordinated efforts, and reduced impact of programmes intended to improve the health of the country's population.

The Africa CDC has identified a need to provide support to strengthen NPHIs in Member States that currently have one and to assist with establishing an NPHI in Member States that currently don't have one. The ultimate thrust is to have fully functional NPHIs in all Member States as part of capacity building and support to the Member States. In both the first (2017-2021) and the second (2023-2027) (4). Africa CDC strategic plans, establishment and strengthening of National Public Health Institute (NPHI) is one of the critical priority programmes of the Africa CDC.

Data generated from Africa CDC desk review assessment revealed that 22 (40%) of the 55 Member States had estab-lished NPHIs, 18 (33%) are in the establishment phase and the remaining 15 (27%) Member States have not yet started a process to have one. The assessment also showed that only 18 (82%) of the 22 established NPHIs are fully functional. Central Africa region has the highest proportion (67%) of Member States with no NPHIs; the proportion of Member

States with fully established NPHIs in all regions is less than 50%. The data tells that a lot has to be done by Member States, Africa CDC, and partners to make sure that all countries have a fully functional NPHIs in the coming five years. Successful creation of an NPHI requires political buy-in, an experienced and committed national champion that leads the process, a shared vision and plan among critical stakeholders, and sustainable investment. Africa CDC will continue to provide technical support, mobilize resources, and coordinate partners to actualize the NPHI agenda.

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