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Alliance for Health Policy and Systems Research

World Health Organization

Governance of National Public Health Agencies: cross-country findings

EPI-WIN Webinar

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National Public Health Agencies Governance Programme

Why and how

COVID-19 showed that preparedness and response depend on whole health systems and whole-of-society action, with National Public Health Agencies (NPHAs) playing a central role in connecting evidence, coordination and action.

Post COVID-19, many countries began establishing or restructuring their NPHAs – but realizing have little knowledge on structure and governance to inform reforms.

Convened NPHA, ministry and university researchers to discuss governance research themes and co-design research studies grounded in real policy contexts.

Co-produced with NPHA and ministry leadership, capturing the experience of those who led emergency responses.

The cross-country study

What we examined and how the study was conducted

The study

Objective: Examine the governance of ten NPHAs, particularly their structural relationship with the Ministry of Health, and how such governance shapes their authorities and capacities to prepare for and respond to health emergencies

Mixed-methods: Structured document review of legal and policy documents, online survey (40 respondents) and 19 in-depth interviews with senior NPHA and ministry officials

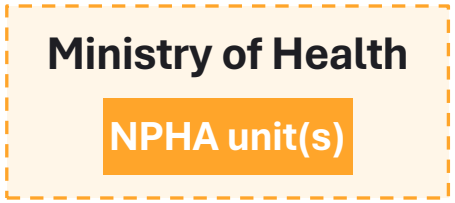
Countries and NPHAs

10 countries: Algeria (INSP), Brazil (FIOCRUZ), Ethiopia (EPHI), Fiji (CDC), Germany (RKI), Japan (JIHS: NCGM+NIID), Pakistan (NIH), Republic of Korea (KDCA), Rwanda (RBC) and Sri Lanka (MOH)

Governance *is generally defined as the formal and informal rules, processes and structures that shape decision-making, accountability and the allocation of resources within and across institutions.*

Governance models

Three forms of NPHAs-Ministry of Health relationship



Model 1

Embedded in a Ministry of Health

No separate legal identity. Emergency functions sit within unit(s) inside the ministry, relying on senior leadership. Limited autonomy.

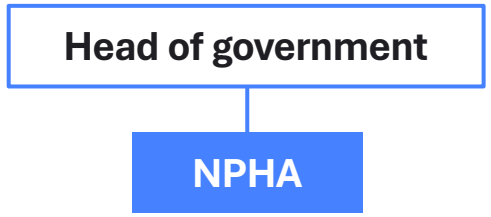
Fiji, Sri Lanka

Model 2

Structurally separate but overseen by the Ministry of Health

A separate institution with its own legal identity, governance, supervised by and accountable to the ministry, with varying degrees of autonomy.

Algeria, Brazil, Ethiopia, Germany, Japan, Pakistan, Rwanda



Model 3

Independent, reporting to the executive level

An independent institution reporting directly to the head of government, with high operational autonomy.

Republic of Korea

Within each category, substantial variation exists in scientific and operational autonomy.
No single model works best; several factors including political context and government structures influence what is feasible

Cross-country findings

Governance factors affecting NPHA EPR

Legal mandates necessary but not sufficient; when mandates were unclear, outdated, weakly enforced or non-binding, NPHA relied on negotiation, relationships and credibility.

Coordination authority to convene across sectors and engage subnational levels determined whether national decisions translated into local action.

Operational autonomy over staff and funds determined how fast an agency could recruit, reallocate resources and act.

Financing that was predictable, with rapid-release mechanisms, determined whether responses could be initiated and sustained.

Data access and sharing authority to obtain and share surveillance data, affected the completeness and timeliness of reporting.

Scientific communication over publishing and communicating evidence affected speed and credibility of guidance; some agencies published freely, others required consultation.

What the evidence suggests for NPHA strengthening and reform

Support legal mandates with coordination mechanisms
A clear legal mandate enables action when paired with (1) procedures for how national guidance is used at subnational levels and (2) defined pathways for data sharing.

Enable operational autonomy over staffing and funds
Ensure NPHAs can recruit and deploy staff and reallocate funds during emergencies through clear, pre-agreed decision-making arrangements.

Safeguard scientific independence (and public trust)
Specify who can publish scientific outputs and issue guidance, and which outputs need consultation rather than clearance.

Ensure predictable financing
Combine reliable domestic funding with mechanisms that release resources rapidly in emergencies. Even small, fast funds enable early action.

Formal rules need to be supported by institutional culture and trusted relationships.

Publications and journal collection on NPHA governance

RESEARCH ARTICLE https://doi.org/10.1371/journal.pgph.0005427

Building systems for preparedness: Global scoping studies on institutional governance and National Public Health Agencies

Sileshi Demelash Sasie[1*], Fantu Mamo Aragaw[2], Tigist Ali Gebeyehu[1], Sintayehu Abdella Shikur[1], Lensa Fekadu[1], Neima Zeynu Ali[1], Zenebech Mamo Argaw[3]

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Sciences, Wollo University, Dessie, Ethio

RESEARCH ARTICLE https://doi.org/10.1371/journal.pgph.0006231

Governance reforms for Pakistan's National Institute of Health: Addressing challenges in disease surveillance and emergency management: A qualitative study

Babar Tasneem Shaikh[1*], Zurva Ashraf[2], Mariam Ashraf[1], Zeeshan Iqbal Baig[1], Mumtaz Ali Khan[2], Muhammad Salman[2]

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PLOS Global Public Health

RESEARCH ARTICLE

Challenges in strengthening multi-sectoral action for optimum preparedness and response for public health emergencies in Sri Lanka

Suriyakumar Mahendra Arnold*, Pasyodun Koralage Buddhika Mahesh, Dakshila Indikadahena Galappatti, Asela Gunawardena

Department of Health, Ministry of Health, Colombo, Sri Lanka

https://doi.org/10.1371/journal.pgph.0005964

OPINION

Check for updates

Governance of national public health agencies: a crucial yet neglected aspect of health emergency preparedness and response

Kumanan Rasanathan,[1] Sara Hersey,[2] Zubin Cyrus Shroff,[1] Geoffrey Namara[2], on behalf of the National Public Health Agencies Governance Learning network

Despite innovations and some impressive national responses, the covid-19 pandemic revealed limitations and gaps in efforts at national and global levels to prepare for and respond to health emergencies.[1 2] National public health agencies are "government agencies or closely networked group of agencies that provide science-based leadership, expertise, and coordination for a country's public health activities."[3] The impact of the governance of these agencies on the provision of essential public health functions has drawn greater attention in the wake of the covid-19

In considering current country experiences with the governance of national public health agencies, several key conclusions can be drawn. First, governance of national public health agencies is a crucial yet neglected aspect of health emergency preparedness and response. For countries involved in the formation of new national public health agencies, there is a paucity of available knowledge on governance that presents an obstacle during their establishment.

https://www.bmj.com/content/388/bmj.q2823.long

Commentary

BMJ Global Health

Governance and structure of national public health agencies: a critical foundation for strengthening public health security

Lorena Guerrero-Torres ,[1] Zubin Cyrus Shroff ,[1] Johanna Hanefeld,[2] Vernon J Lee,[3] Sadaf Lynes,[4] Claude Muvunyi,[5] Geoffrey Namara,[6] Tajudeen Raji,[7] Alexandra Zuber ,[8] Sara Hersey,[6] Kumanan Rasanathan ,[1] Members of the National Public Health Agencies Governance Learning Network

https://gh.bmj.com/content/10/5/e017724

PLOS Global Public Health

ESSAY

Science, policy and trust: Lessons and future strategies for health crisis management in Norway

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https://doi.org/10.1371/journal.pgph.0006787

And more to come....

Conclusions

- This study draws on data from 10 countries to show the importance of systematically documenting NPHA governance factors and how they interact in practice.

- No single governance model works best. NPHAs were able to act quickly and credibly when governance arrangements provided authority that worked in practice, autonomy to mobilize staff and funds, scientific independence, and financing that could be accessed and used in time.

- **Policy implication:** Countries reforming or establishing an NPHA can focus on these features rather than on replicating a particular organizational model.

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Thank you!

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