

Joint WHO Regional Office for Europe and  
International Association of National Public Health  
Institutes technical seminar:  
establishing national public health institutes  
through mergers – where are we now?



*Chisinau, Republic of Moldova,  
9–10 April 2019*

## Abstract

The WHO Regional Office for Europe and the International Association of National Public Health Institutes held a joint meeting focusing on further developing national public health institutes through a merger process. The aims of the workshop were to follow up on the current status of establishing the national public health institutes in Kazakhstan, the Republic of Moldova and Ukraine and to provide case-based strategies in strengthening the capacity of merged national public health institutes. This interactive meeting also focused around developing the public health workforce in the national public health institutes and discussing proposed tools national public health institutes can use.

## Keywords

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# Abbreviations

RIVM            National Institute for Public Health and the Environment

IANPHI        International Association of National Public Health Institutes



# Contents

Abbreviations.....	3
Acknowledgements .....	5
Introduction.....	6
Country updates.....	8
Tools and past experience.....	13
Small group discussion 1 .....	16
Small group discussion 2 .....	18
Key outcomes of the meeting .....	19
Conclusion.....	20
Annex 1. List of participants .....	21
Annex 2. Programme of the meeting.....	23

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The report is edited by David Bruer.



# Introduction

The first joint WHO-IANPHI meeting, in the context of the Coalition of Partners<sup>1</sup>, took place in Kyiv, Ukraine in May 2017, in support of the development of the then newly established Ukrainian Public Health Centre, focusing on building strong senior management teams. The second WHO-IANPHI technical seminar took place in Warsaw, Poland in April 2018, focusing on establishing the national public health institutes through a merger process. Kazakhstan, Kyrgyzstan, the Republic of Moldova and Ukraine participated in this seminar, at which Belgium, France, Norway and Sweden shared their experiences of their recent mergers to establish their national institutes.

Against this background, WHO, in collaboration with IANPHI, convened a follow-up technical seminar at which Kazakhstan, the Republic of Moldova and Ukraine reflected together on the past year of strengthening their national institutes and shared their learning with other countries joining in, including Albania. Expert discussions were held on the way forward in each country based on specific questions that emerged in the process. Experts from countries that have gone through the process, such as Belgium, France, Norway and the United Kingdom, were on hand to lend support by sharing their experiences. Annex 1 lists the participants.

The aims of the workshop were to follow up on the current status of establishing the national public health institutes in Kazakhstan, the Republic of Moldova and Ukraine, including the lessons and the outstanding challenges, and to develop further case-based strategies in strengthening the capacity of these national public health institutes.

<sup>1</sup> Coalition of Partners – WHO lead initiative on strengthening Public Health Services and Capacities in the European Region.



The objectives of the workshop were:

- to provide an interactive space for participants to share and discuss the success factors and change management strategies involved in the process of establishing national public health institutes through mergers, based on experiences in their countries;
- to discuss new tools that may benefit newly created national public health institutes: including the step-by-step tool outlining the process of establishing a national public health institute through merger processes and the WHO-ASPHER Competency Framework for the Public Health Workforce in the European Region; and
- to identify how the WHO Regional Office for Europe and IANPHI can support these institutional reforms at the country level.

This one-day interactive workshop was opened by Anna Cichowska Myrup, Programme Manager, Division of Health Systems and Public Health, WHO Regional Office for Europe, followed by André van der Zande, President of IANPHI, and Igor Pokanevych, Head, WHO Country Office in the Republic of Moldova. Annex 2 outlines the programme of the meeting.

This report summarizes the proceedings, presentations and interactive discussion. The report condenses each session, including interventions from the participants, according to the theme addressed rather than attempting to provide a chronological summary.



# Country updates

At the beginning of the meeting, the following countries presented their updates in developing their national public health institutes – Kazakhstan, the Republic of Moldova and Ukraine. Their presentations focused on the challenges they faced in the past year, how these challenges were overcome and what challenges remain that need to be still addressed.

## Republic of Moldova

The National Agency of Public Health in the Republic of Moldova reported achievements in the following areas:

- participating in the joint external evaluation of national capabilities according to the International Health Regulations;
- performing the point prevalence survey for health care-associated infections;
- with the support of National Medical Insurance Company, implementing the Campaign for Prevention of Tobacco and Alcohol Use for the first time;
- reaccrediting laboratories according to the requirements of SM/ISO 17025:2006 in the national accreditation system MOLDAC as well as internationally by WHO (three laboratories);
- developing a national functional system for epidemiological surveillance of communicable diseases updated to the requirements of WHO and the United States Centers for Disease Control and Prevention; and
- collaborating with national stakeholders to reduce the burden of non-communicable diseases.





However, the National Agency of Public Health faces several challenges, such as:

- a new structure – official activity less than one year;
- the excessively centralized system has concentrated all the skills of the former local centres for public health, including centralized management;
- transfers and recruitment have resulted in a shortage of staff to carry out the core tasks assigned to the Agency;
- the structure and staff do not cover the Agency’s mandated functions;
- the Agency is given inappropriate tasks;
- insufficient funding for Agency activities, which has generated some deficiencies, and funds for the current reform in general have not been foreseen; and
- ongoing daily operational challenges, including epidemiological surveillance of the diseases.

The National Agency of Public Health has identified priority tasks for 2019:

- taking measures to strengthen the functional capabilities of the State Health Control Division (Inspectorate);
- continuing to implement normative acts in state health control, including the checklists for the areas of competence of the Agency;
- implementing the automated Information System for Management and Issuance of Permissive Acts (SIA GEAP) in the activity of the Agency’s structural subdivisions;
- developing the checklists applied in the state control over the entrepreneurial activity in transplantation and consumer protection and organizing and conducting the public consultations on the drafts of the checklists with the economic agents and the associations



- working in the respective fields;
- continuing the professional-level upgrading activities for authorized Agency staff, including organizing and carrying out training workshops; and
- implementing the state control plan of the Agency for 2019.

## Kazakhstan

The deputy director of the National Center for Public Health reported that, within a year of establishing the new national institution, a strategy for the Center was adopted, various sources of funding for the Center were identified and an emergency public health centre was established within the Center.

The National Center for Public Health faces challenges, including lack of qualified human resources, insufficient funding, weak interest in intersectoral collaboration in the regions, absence of regional representatives of the Center and uncertainty in roles and responsibilities between key public health stakeholders; the Public Health Committee, National Center for Public Health, National Center for Independent Examination and local executive bodies.

Based on these challenges, the Center presented some of the strategies that would help to tackle them. These strategies vary from digitizing public health data, involving nongovernmental organizations in the regions, building capacity in controlling non-communicable diseases and infectious diseases and using scientific evidence for allocating resources.

It was emphasized that a planned flagship course on public health for senior public health staff in the country will add value in the national capacity-building of public health specialists.



## Ukraine

The first Deputy Director General of the Center highlighted the current challenges:

- employees do not trust reforms; for example, the Sanitary & Epidemiological Service has been undergoing reform since 2010;
- 99% of employees have conservative education;
- the low salary level in public health and the health-care system impedes the engagement of specialists from other fields of expertise: economists, lawyers, analysts, communication experts, etc.;
- the unstable political situation in Ukraine and the lack of guarantee for sustainable changes; and
- a wide range of priority issues that need to be addressed without delay and no time to wait for a full-scale start of the Center's activities and personnel training (measles outbreak; low vaccination coverage; and outbreaks of intestinal infections).

Nevertheless, several challenges have been overcome during the past year.

- Because of the merger, the number of institutions was reduced, which created a basis for further development of the national primary health care.
- A political decision was made to decentralize public health services and transfer some of the resources (financial and technical ones) to the regional level.
- A new training programme (specialization) for a public health specialist was established and approved, and a new education standard required to obtain a master of public health degree was adopted for further implementation by the higher educational institutions of the country.
- The Government of Ukraine adopted several resolutions that increase the level of confidence in the ongoing changes in the public health system.



- A mechanism that enables local authority bodies to create regional public health centres was legally approved.
- Experts from the WHO Regional Office for Europe carried out workshops on capacity-building of national and regional public health centres, immensely contributing to increasing the confidence of personnel in ongoing changes.
- The Government of Ukraine supported the national primary health care idea to conduct Public Health Week (6–14 April 2019).

However, several issues still need to be addressed.

- The legislative act to regulate the legal aspects of the functioning of public health system in Ukraine has not yet been adopted.
- Universities have neither changed their curriculum nor started to train public health specialists in compliance with the newly approved standards of education.
- Not all administrative areas of Ukraine have created their own regional public health centres.
- The public health system is getting ready for a transition to new funding mechanisms, which is expected to raise another wave of doubts.

The presentations from the countries highlighted that national public health institutes face a variety of challenges: some similar (funding and public health workforce), some unique to their context, and further strategies to overcome them are required. It was also identified that external support is strongly welcomed, and WHO and IANPHI could play a leading role in providing such support.



# Tools and past experience

During the meeting, the following two tools were presented and discussed with participants: the step-by-step tool outlining the process of establishing national public health institutes through merger processes and the WHO-ASPHER Competency Framework for the Public Health Workforce in the European Region.

The tool outlining the merger process focuses on action points at the level of political decision-makers, health ministries and other key institutes and on identifying present and future needs, mission and vision, strategic and operational goals, professional development and leadership, project portfolios, validation processes, communication, legal aspects and others.

The tool is based on the best practices of national public health institutes that have already gone through the merger process with additional feedback from peers. It consists of several major action points that need to be considered before or during the merger process. The tool could be used:

- to raise awareness among decision-makers and key individuals of the complexity of a merger;
- for monitoring the follow-up of the merger process by decision-makers, transition and change managers;
- to shape the specific identity of the future national public health institute, including:
  - developing change programmes;
  - preparing programmes for professional development;
  - preparing the staff for successful integration;
  - sustaining the transition manager to start up the process and compose programme and project teams;



- to prepare a signed management agreement based on:
  - a top-down approach for mission, vision and strategic goals;
  - a bottom-up approach to develop operational goals;
- to prevent frequent mistakes:
  - insufficient preparation, resulting in last-minute adjustments;
  - transition manager with too little decision power;
  - neglecting how a merger affects the personnel; and
  - overestimating the leadership and change capabilities of the involved staff.

The WHO-ASPHER Competency Framework for the Public Health Workforces in the European Region describes public health competencies that might be expected of the public health professionals to support the delivery of public health services in their organization or country.

The Competency Framework could be used in the following ways:

- to ensure that a country delivers all public health services, whether these are provided by a narrow or wide range of organizations;
- to ensure that an organization has the right skill mix to deliver the functions for which it has responsibility;
- to help recruit staff by guiding the writing of job descriptions and role analysis;
- a leader could monitor the skill mix across the team using a similar matrix to ensure that there is capacity for current needs as well as for success planning, covering absence, to assist team reorganization etc.; and
- once adopted, the Competency Framework could be used to guide the post-holder's professional development and for developing a personal development plan as part of their performance review: for example, targets could be set to develop competencies at a higher level in the year ahead with a view for promotion.



The former Director-General of the Netherlands National Institute for Public Health and the Environment (RIVM), André van der Zande presented first-hand experience on establishing the RIVM Academy for its staff. The RIVM Academy curriculum is based on the T-shaped professional model, which includes broad areas for staff development (both technical and generic):

- communication and negotiations skills
- empathy, ability to see from other perspectives
- creativity and innovation
- understand substantive areas outside own expertise
- functional knowledge and expertise.

Based on this model, the RIVM Academy has developed learning pathways for its staff in the following areas: general knowledge and skills, laboratory employee of the future, leadership development, management essentials and being a trusted advisor.

The impact from the establishment of the RIVM Academy was positive:

- Awareness at all levels about the relationship between the strategic objectives of the organization and individual tasks has been raised.
- Employees perceive the sharing of knowledge and experience outside their regular role as being instructive and enriching.
- Employees particularly like the broadening of their internal network.

It was emphasized that establishing this Academy did not require additional funding, since more experienced and senior staff of the RIVM delivered the training. The Academy simply provided a useful virtual framework for learning the needs to be identified and the learning to be administered.



# Small group discussion 1

On the first day of the meeting, participants from Kazakhstan, the Republic of Moldova and Ukraine were asked whether they had a specific issue related to the development of their public health system that they would like to discuss. Participants raised the following issues:

- how to maximize population health through primary health care and public health services (host Ukraine);
- best practices in merging public health organizations with social care institutes (host Albania);
- how to increase the effectiveness of the national public health institute (host Republic of Moldova); and
- how to effectively decrease non-communicable diseases (host Kazakhstan).

Representatives of Ukraine initiated the discussion about effectively integrating public health services with primary health care. It was based on the role of public health centres in collaboration with the National Health Service in terms of integrating public health interventions at the primary health care level to optimize population health by delivering basic individual-based services, such as vaccination, screening programmes and regular check-ups.

The following steps were identified to reach the goal.

- Implement a mechanism for monetary incentives for primary health care providers based on delivering services and achieving indicators.
- Train public health teams at the local level to be able to deliver high-quality individual-based





services and to detect, identify and analyse health risks and capability to address the response to the risks.

- Implement a quality control system based on peer-to-peer audit rather than on the command-and-control mode.
- Implement a standard operating procedure for data flow, information exchange and responding to emergencies.
- Strengthen the role of nurses in public health professional teams and to identify roles among public health professionals followed by updated job descriptions.

Representatives of Albania initiated the discussion about merging public health organizations with social care organizations. In 2017, the former Ministry of Health merged with the former Ministry of Social Protection to improve efficiency. As a result of this merger, the other subordinated institutions plan to merge. The group discussed the use of the step-by-step tool on mergers and agreed that an important first step is to issue a mission letter with a rationale for the merger and defined tasks and deliverables for the inception manager.

Representatives of the Republic of Moldova initiated the discussion about increasing the effectiveness of the national public health institute. The main challenge was that the central office of the current National Agency of Public Health needs to solve all operational issues, which slows down the processes. It was recommended to review the operational processes internally and, if necessary, to adapt new standard operating procedures.



Representatives of Kazakhstan initiated the discussion about effectively reducing the burden of non-communicable diseases. During the discussion, the following steps were identified:

- political support is crucial
- analyse the international experience
- analyse the current situation in Kazakhstan
- develop the strategy
- develop and implement the necessary legal documents
- provide connection with the population and industry.

It was agreed that emphasis should be given to reducing salt and sugar consumption, increasing physical activity and reducing alcohol consumption and smoking as well as injuries.

## Small group discussion 2

On the second day of the meeting, the participants were asked to raise the issues that concerned them and to discuss them within small groups. The following topics were raised:

- developing the competencies of public health specialists in Kazakhstan;
- implementing the WHO-ASPHER Competency Framework for the Public Health Workforce in the European Region in Ukraine; and
- transforming the public health service in Kyrgyzstan

Participants from Kazakhstan raised the issue that there is no formal list of competencies for public health specialists. This issue is therefore important, since Kazakhstan does not have such a list of competencies. Participants showed their interest in piloting the proposed framework in their



institution. It was agreed that, as the first priority, the National Center for Public Health needs to carry out organizational self-assessment with support from IANPHI and WHO experts.

Participants from Ukraine also showed interest in piloting the proposed framework as soon as possible in their context. Given the reforms of public health services taking place in Ukraine, the proposed framework would be an additional supporting tool.

The third group was discussing the progress made in transforming the public health service in Kyrgyzstan. The group discussed the opportunities and challenges that appear during the process of transforming the public health service.

## Key outcomes of the meeting

This interactive workshop with various participants helped to achieve the following outcomes:

- exchange of practical peer-to-peer experience on a variety of issues, including effective integration of the public health service and primary health care services, approaches for tackling non-communicable disease at the national level, effective merger of public health and social care organizations and many others;
- practical discussion about the use of the tools presented at the workshop and the next steps needed for this;
- further relations were built among peers from different national public health institutes; and
- the needs for technical support from WHO and/or IANPHI were identified.



# Conclusion

The meeting showed that different national public health institutes have similar challenges in many cases, such as limited funds, shortages of qualified personnel, lack of trust from the population and challenges in fully engaging other sectors in creating opportunities to address the national public health priorities. The workshop provided an opportunity to discuss these challenges in more detail and to learn from the experiences of peers.

The participants further valued the opportunity to exchange experiences with peers regarding establishing new national public health institutes through merger processes, in addition to the presented WHO-IANPHI guide on successfully merging national public health institutes.

One objective of the workshop was to discuss newly developed tools that may benefit newly created national public health institutes: (1) the step-by-step guide for successfully merging national public health institutes and (2) the WHO-ASPHER Competency Framework for the Public Health Workforce in the European Region. The workshop was a good opportunity to explore their relevance and potential application. Representatives from Kazakhstan, the Republic of Moldova and Ukraine expressed their interest in these tools. Both tools were acknowledged to be relevant and helpful to their work. Ukraine, for example, offered to pilot the Competency Framework.

The participants emphasized the important role of WHO and IANPHI in providing continued support to: (1) coordinate the piloting of the above-mentioned tools; (2) organize peer-to-peer reviews of national public health institutes on specific topics (at the request of countries); and (3) engage in reviewing and developing programmes to reform the public health services in various countries (upon request).



# Annex 1. List of participants

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# Annex 2. Programme of the meeting

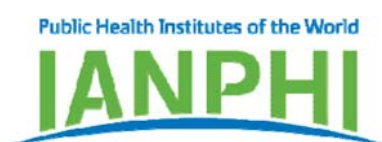
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**Joint WHO-IANPHI technical seminar:**  
Establishing national public health institutes through mergers –  
where are we now?

(Chisinau, Republic of Moldova, 9–10 April 2019)

Tuesday, 9 April 2019	
14:00–14:20	General welcome and introduction
<b>Session 1. Country updates</b>	
14:20–14:35	Country presentation by the Republic of Moldova by Nicolae Furtuna
14:35–14:50	Country presentation by Kazakhstan by Ruslan Satyvaldyev
14:50–15:05	Country presentation by Ukraine by Viktor Liashko
15:05–15:35	Break
<b>Session 2. Challenges on merging to a national public health institute</b>	
15:35–16:00	Proposed draft outline of a step-by-step tool on merging national public health institutes by Johan Peeters
16:00–17:30	Group discussion
17:30–18:00	Closing remarks

<b>Wednesday, 10 April 2019</b>	
9:00–9:10	Introduction to day 2
<b><i>Session 3. Workforce development</i></b>	
9:10–9:30	Presentation of Core Competencies Framework for Public Health Workforce in the European Region by Katarzyna Czabanowska
9:30–9:50	Presentation of the RIVM experience on workforce development by André van der Zande
9:50–10:30	Discussion
10:30–11:00	Break
11:00–12:30	Group discussion
12:30–13:00	Closing the meeting
13:00–14:00	Lunch



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