



JOINT WHO REGIONAL OFFICE FOR EUROPE AND  
INTERNATIONAL ASSOCIATION OF NATIONAL PUBLIC  
HEALTH INSTITUTES TECHNICAL SEMINAR:

# ESTABLISHING NATIONAL PUBLIC HEALTH INSTITUTES THROUGH MERGERS – WHAT DOES IT TAKE?

WARSAW, 24-25 APRIL 2018







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– WHAT DOES IT TAKE?**

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**Abstract**

WHO Regional Office for Europe and IANPHI together held a meeting with focus on the development of national public health institutes through a merger process. The aim of the workshop was to bring about clarity, based on lived experiences, on the necessary practical steps, processes and strategies involved in successful mergers towards national public health institutes. This joint WHO-IANPHI expert meeting aimed to support key individuals tasked with leading the development of their institutional reforms in their countries by providing a platform to engage in a peer-to-peer format with countries who have recent experience in merging processes.

**Keywords**

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## Introduction

The Public Health Services Programme of the WHO Regional Office for Europe supports its Member States in strengthening and reforming their public health services. One main goal of the International Association of National Public Health Institutes is to exchange best practices among their members in order to strengthen core activities of national public health institutes and to better position the national public health institute within the health system. Sharing a common goal, the WHO Regional Office for Europe and the International Association of National Public Health Institutes therefore joined forces and organized a technical seminar, which took place following the annual meeting of the European Directors of the International Association of National Public Health Institutes in Warsaw, Poland.

The aim of the seminar was to bring about clarity, based on lived experiences, on the necessary practical steps, processes and strategies involved in successful mergers towards establishing national public health institutes.

The objectives of the seminar were:

- to share and discuss the success factors and strategies involved in the process of establishing national public health institutes through mergers;
- to discuss change management and personnel issues during the merging process;
- for participating countries to develop a draft plan of the practical next steps in their institutional reforms; and
- to identify modes for the International Association of National Public Health Institutes and the WHO Regional Office for Europe to engage with these institutional reforms at the country level.

The following countries participated in the seminar: Azerbaijan, Belgium, France, Kazakhstan, Kyrgyzstan, Republic of Moldova, Sweden and Ukraine. The representatives from WHO country offices in Kazakhstan, the Republic of Moldova and Ukraine also actively participated in the seminar. Annex 1 shows the programme of the seminar.





## Success factors and strategies for mergers

The first part of the seminar discussed success factors and strategies involved in the process of establishing national public health institutes through mergers. As an introduction, Johan Peeters, former General Director of Belgium's Scientific Institute of Public Health, presented several general merger principles that should be considered to assure successful mergers.

Successful mergers centre around commitment – without the strong commitment of all parties, stakeholders and collaborators, the exercise becomes especially difficult. It is important to stimulate enthusiasm to work together in a new context and empower the collaborators of the merging organizations. This requires one reliable leader or transition manager, nominated by the relevant authority, who is responsible for the whole process, shows commitment to the challenges of the collaborators, provides clear answers to their questions and assures strong support services such as human resources, finance and information and communication technology. These support services come first into focus during the process and play a main role in maintaining the commitment of the collaborators by creating a positive environment. They should therefore be reorganized as a matter of priority, and one person should be made responsible for this task of reorganizing these support services.

Any merger creates anxiety. The main questions of collaborators centre around “why are we merging?” and “what’s in for me?”. Answers to these questions need to be prepared carefully before announcing the merger process, and each new step of the process should be communicated to the whole organization by different means (appropriate to the relevant audience) such as information meetings, briefing notes and an FAQ (answers to frequently asked questions) section on the intranet. Moreover, the key stakeholders should be informed in advance of the merger process and the various issues and kept involved in the further progress of the merger.

A good starting-point for a merger is a clear mission letter from the responsible authority (the minister, the health ministry or others) with the general context of the national public health institute to be established through the merger: the institutes involved, rationale, scope, public health functions, location, resources and reasonable deadline for the official creation and operations.

Developing the strategic framework (vision, mission and strategic goals in accordance with the mission letter) is the role of the leading coalition in charge of preparing the merger (top-down approach). The leading coalition is a team designated by the transition manager or future leader of the new organization and comprising representative experts or directors of the merging organizations. Strategic goals can be translated into operational goals key members of each division of the future national public health institute and further elaborated and implemented in project groups (bottom-up approach). A steering committee could be charged with the follow up and preparation of decisions by the leader or the board of directors of the national public health institute .

At the meeting four countries who are establishing national public health institutes through merging (Kazakhstan, Kyrgyzstan, Republic of Moldova, and Ukraine) worked with peers from Belgium, France and Sweden (who have all undergone the process recently) to develop draft action plan on further steps to reform the national public health institute.



## Case studies from Belgium, France and Sweden

Institutes that have already gone through a merger process presented briefly their experience, practical approach, lessons learned and main obstacles encountered during the merger process.

### Sweden

Johan Carlson, Director-General of the Public Health Agency of Sweden, introduced the vision of his Agency: “promoting good health on equal terms”. The target groups for the services of the national public health institute are well identified: the parliament, government and local authorities, other government agencies and civil society interest groups.

The general public, however, is not a direct recipient of its services (this differs from other countries, such as France and the United Kingdom). He emphasized the need for a rapid process to establish a new agency through mergers (14 months between the announcement and an operational new agency in Sweden) to keep collaborators motivated and create a positive vibe for the necessary reforms. This was achieved by rapidly appointing the Director-General and Board of Directors, charged with top-down elaboration of a strategy and recruiting staff. Four years after the three institutes merged, the feedback from staff and stakeholders remains positive.

Major lessons learned: learn from each other, promote flexibility in the organization, promote stakeholder involvement and make necessary organizational adjustments when needed.

### France

Mili Spahic, Chief of Staff of Santé Publique France, the national public health agency, identified the vision of his agency as “to better know, explain, protect and promote the health of populations and intervene in case of a health crisis”. He stressed the importance of a public engagement letter from the Minister of Health (in this case, four bodies to merge, one location, defined goals and responsible actors). A Director was nominated with a clear mission to make a strategic proposal to the Minister of Health.

This strategic proposal was elaborated based on a bottom-up approach, and 15 working groups were engaged in the process. The strategic proposal included a target organizational chart in relation to the strategic goals of the new organization. After approval by the Minister, the proposal was transformed into operational goals. An initial transition work plan with the different entities was set up to allow the four organizations to be merged to start working together while waiting for the official creation of the agency and showing at a very early stage the changes that the new agency would bring to public health in France: building a continuum from surveillance to public health intervention.

This operation was supported by a change management process across the four entities to be merged: to communicate changes and empower employees for broad-based action. The legislative process took 26 months. This time was needed to look for information on existing regulatory texts of the merging organizations, to prepare a new decree establishing the agency and other regulatory texts, to get advice and modifications from the Supreme Court, to participate in parliamentary hearings, to negotiate with regional delegations and to negotiate prerogatives for accessing and collecting data and information.

Major lessons learned: have a founding document with the new strategy approved by the responsible authority; build a common vision for the merging organizations, considering the different backgrounds and cultures; build a transitional work plan that offers a positive perspective about the merger to the stakeholders and the staff; have a target organizational chart; define working practices with stakeholders in a given institutional environment; get an understanding of the obstacles to the merger; set the key values and founding principles for the reorganization; do not underestimate the time for the legal and regulatory texts related to governance and mission; do not underestimate the time needed to unify the activities and processes related to the administration, finance and information technology infrastructure; and, for Santé Publique France, to plan for a single location for the headquarters.

## Belgium

Belgium's Scientific Institute of Public Health originates in a "one health/global health" approach and its vision "healthy all life long" by a merger of a public health and an animal health institute. The merger was a proposal of both managements to the Ministers of Health and Agriculture and approved by the federal Council of Ministers. A leading coalition of members of both institutes developed the long-term vision, mission and strategic goals top down by after consulting the main stakeholders, and key experts of the main divisions translated these bottom-up into operational goals. A steering committee at the level of the ministers, a joint management committee and a merger programme team coordinating 19 working groups governed the merger process.

Major lessons learned: get political support and involve relevant stakeholders; foster commitment and joint thinking; introduce change and integration management from the beginning; and communicate frequently.

## Countries planning a merger or in the process

Kazakhstan, Kyrgyzstan, Republic of Moldova and Ukraine are in various stages of reforming and merging various institutions into overarching national public health institutes. At this seminar, they explained what they are planning, where they are now and the specific challenges they face. These challenges were further discussed in group discussion.

These countries are in different stages of creating a new national public health institute through a merger process: from planning a political decision to actively implementing the mergers. The reasons to merge various organizations into overarching national public health institutes, as expressed in the presentations, are often based on the lack of a coordinated public health policy and implementation process and the duplication of functions and responsibilities over too many institutions, often because of historical legacy. The anticipation is that a merger can lead to a better execution and coordination of the essential public health operations as described in the European action plan for strengthening public health capacities and services<sup>1</sup> and the core public health functions of a national public health institute (as identified by the International Association of National Public Health Institutes<sup>2</sup>).

The presentations made clear that, for most of these countries, creating a national public health institute through mergers is part of a broader institutional reform of the public health services that is not finalized yet and requires modifying or amending their laws on public health. It is therefore not always clear which services or functions will be part of the national public health institute, the health ministry and the regional authorities. Further, the relationship between central and regional services is not always clear: will they work indirectly for or depend on the national public health institute? Some countries mentioned that public health services are fragmented among organizations. This means that analysing the current situation and gap between the current and future situations could be considered before creating a merged national public health institute, followed by a decision on the future organization of public health services. Some of the countries plan or are already involved in reviewing the public health law.

Stimulating the commitment of collaborators and stakeholders is very important in a merger process. This requires very carefully preparing communication on why a merger is needed. The current messages of the four countries on why they are planning a merger appear to be general and include statements on optimizing the organization of public health, improving the coordination of public health activities into one network, strengthening health outcomes and establishing a unified risk management system and unified laboratory base. To ensure a successful merger process, it would be helpful if these messages could be transformed into clear unambiguous communication that is easy to understand at all levels.

Good preparation of merger processes requires good relations of trust between top management, middle management and collaborators and also with the ministerial level. This implies that top-down decisions can be challenged and bottom-up proposals are taken into account. This creates a positive vibe of commitment to take initiative and responsibility. It is therefore preferable to start developing

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- 1 European Action Plan for Strengthening Public Health Capacities and Services. <http://www.euro.who.int/en/health-topics/Health-systems/public-health-services/publications/2012/european-action-plan-for-strengthening-public-health-capacities-and-services>
  - 2 National Public Health Institutes Core Functions & Attributes. IANPHI. Last retrieved on May 11, 2018 from [http://ianphi.org/\\_includes/documents/core-functions.pdf](http://ianphi.org/_includes/documents/core-functions.pdf)

leadership and change management skills (moving towards transformational leadership and away from transactional leadership) and support during any merger initiative or, even better, before starting. As in many countries, individuals tasked with leading the development of institutional reforms and their collaborators emphasize the “lack of funding”. It is key to secure a budget to support the transition process, although in practice this requires strong justification to be accepted. Discussing the economic and financial aspects of merger plans and reforms is therefore important before implementing any initiatives.

The core budget of the national public health institute should cover the cost of the obligations specified in the management agreement. If not, a discussion should take place about the functions and specific activities that are feasible within the available budget, and others need to be rejected. Another option is negotiating the possibility to use savings (underspending on some activities) for new initiatives: ensuring that financing and budgeting rules enable this flexibility.

Shortages of well-trained human resources and qualifications and ineffective and outdated management are major challenges. Imperfect labour legislation (rehiring, transfer and dismissal) and inadequate curricula for university education and postgraduate training hamper the implementation of a well-functioning national public health institute. Some countries therefore consider developing a public health school to prepare public health specialists. However, this takes time, so intermediate solutions could be considered such as identifying and distributing best practices within the merging organizations, in-house training programmes by experts, twinning projects with other national public health institutes and traineeships for new activities.

## Building leadership and change management

Mili Spahic further elaborated the programming process of the five-year work programme of Santé Publique France. This contains 28 programmes organized into five domains: population; determinants of health; diseases; interventions and local governments; and infrastructure. These topics contribute to the following main functions: disease prevention and health promotion; health security; preparedness and response; and surveillance. The achievements are reviewed periodically through a bottom-up approach, followed by an annual update of the work for the remaining period (rolling plan).

Marcus Jönsson, Human Resources Manager of the Public Health Agency of Sweden, explained how they staffed the new agency and built up leadership competencies. A merger is a new start and therefore a good time to review the current posts and performance of staff members and reassess the necessity of their posts. This may lead to redundancy of staff members.

In Sweden, the Director-General directly appointed the five directors. Heads of units were selected after internal recruitment based on agreed criteria for leadership. Further staffing occurred after simplifying job titles to promote flexibility and mobility. CVs from existing staff members were matched to the job descriptions. Existing staff members were matched to new positions or made redundant. This was followed by an intensive leadership and change management development programme for all managers: including transformational leadership, coaching groups and individuals, employer responsibility and labour law.





## Developing an action plan at the country level

The representatives of Kazakhstan, Kyrgyzstan, the Republic of Moldova and Ukraine and representatives of WHO and the International Association of National Public Health Institutes were divided into four groups to write a draft action plan for each country for the next 12–18 months, considering the input of the presentations and the group discussion.

After intensive discussion, all four countries took home a draft action plan with several activities in focus for the next 12–18 months, including details of the expected dates for completion, outcomes of the actions, the lead person responsible for the actions and the anticipated resources required. They also identified the expected support needed from WHO and/or the International Association of National Public Health Institutes throughout the process, such as:

- providing international experts for the following tasks:
  - participating in functional analysis of the current situation of public health services and economic analysis on establishing a national public health institute;
  - helping national working groups to develop a vision, mission, strategy, structure, functions etc. for the new national public health institute; and
  - advising on appointing a transition manager and establishing expert groups;
- providing educational training in:
  - leadership and change management;
  - human resources management; and
  - communication; and
- providing effective tools to develop a roadmap on establishing a national public health institute.



## Key outcomes of the meeting

The interaction between peers planning mergers or in the process of merging and establishing their national public health institutes with peers who already went through this process enabled:

- exchange of practical peer-to-peer experience on the merger process: the required steps and activities (and how to achieve them) and the potential obstacles and how to overcome them in a real-life situation;
- relationships to be built between peers from various countries and an informal network to be established that can be called on for further peer-to-peer support;
- the important role of participatory leadership and change management in the merger process to be understood, including how to develop and stimulate this capacity;
- draft action plans for four countries consisting of practical steps for the next 12–18 months to be developed; and
- the needs for technical support from WHO and/or the International Association of National Public Health Institutes in implementing these action plans at the country level to be highlighted.



## Emerging learning

Based on the group discussions and presentations from the national public health institutes that have gone through merger processes, countries could consider some general suggestions during their merging process.

- Establish a transition team, which should have a decision-making power and will provide answers to all staff members.
- Create a clear communication strategy with the main stakeholders and collaborators, including the staff members.
- The new organization (national public health institute) needs to be flexible enough to allow for adjustment caused by a changing environment (in the future, both short and longer term).
- Offer training in leadership development and change management to key staff members.



## Conclusion

The seminar offered a good forum for discussing common challenges and potential solutions for countries planning to reform their public health services and establishing a national public health institute by merging existing institutes.

The exchange of views and experience of countries that have already gone through this process was especially fruitful, which was made clear during the group work.

The interaction with peers enabled several main steps to be taken by Kazakhstan, Kyrgyzstan, the Republic of Moldova and Ukraine in the following 12–18 months to be identified and helped to build an informal network with peers that will enable ongoing discussion.





## Annex 1. Programme of the seminar

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### Joint WHO Regional Office for Europe and International Association of National Public Health Institutes technical seminar:

establishing national public health institutes through mergers –

what does it take?

**Warsaw, Poland, 24–25 April 2018**

### Programme

**Tuesday, 24 April 2018**

**Session 1** – Exchange information between countries planning a national public health institute merger and countries that went already through the process.

14:00–14:10	<p>General welcome and introduction</p> <p><i>WHO Regional Office for Europe and International Association of National Public Health Institutes</i></p>
	<p>Introduction of directors and experts and their role</p> <p><i>Johan Peeters</i></p>
14:10–14:30	<p>Approach to creating a national public health institute by merger: general considerations</p> <p><i>Johan Peeters</i></p>
<p><b>Countries' presentations:</b> slides will be communicated to the peers before the meeting. Presenters will comment briefly on the slides and concentrate mainly on where they are and the specific challenges they face.</p>	
14:30–14:40	<p>Country presentation: Kazakhstan</p> <p><i>Zhamilya Battakova</i></p>
14:40–14:50	<p>Country presentation: Kyrgyzstan</p> <p><i>Sabyrjan Abdikerimov</i></p>
14:50–15:00	<p>Country presentation: Republic of Moldova</p> <p><i>Elena Palanciuc</i></p>
15:00–15:10	<p>Country presentation: Ukraine</p> <p><i>Volodymyr Kurpita</i></p>
<p><b>Case studies by directors and experts:</b> practical approach, steps and time frame. The slides will be communicated to the merger countries before the meeting. Presenters will comment briefly on the slides and concentrate mainly on the steps, the time frame of the merger, lessons learned, the main obstacles encountered and specific challenges they face.</p>	
15:10–15:20	<p>Creating the new Public Health Agency of Sweden</p> <p><i>Johan Carlson</i></p>

15:20–15:30	Santé Publique France, the French public health agency <i>Mili Spahic</i>
15:30–15:40	Scientific Institute of Public Health (Sciensano), a merger of from Belgium’s “human” and “animal” national public health institutes <i>Myriam Sneyers</i>
15:40–16:00	Break
<b>Questions collected</b> from participants to prepare a topic menu for the group discussion – identifying the main topics.	
<b>Session 2</b> – Group discussion	
16:00–17:50	Group discussion between countries and experts
17:50–18:00	Closing remarks
<b>Wednesday, 25 April 2018</b>	
<b>Session 3</b> – Development of a strategic plan, building leadership and change management: important key factors to turn a merger into a success	
9:00–9:05	Introduction to Session 3.
9:05–9:25	Top-down and bottom-up design of a strategic plan and reorganization <i>Mili Spahic</i>
9:25–9:45	Staffing a new agency and building leadership <i>Marcus Jönsson</i>
9:45–10:00	Questions and answers

10:00–10:20	Break
<b>Session 4</b> – Group work: developing an action plan	
10:20–13:00	Group work. With the help of the directors and experts, countries define (write down) the next physical steps they are planning to make in the next 12–18 months, based on a template with possible steps. Countries identify possible obstacles to reaching the final goal and the need for support.
13:00–13:45	Concluding remarks: round table
13:45–14:00	Closing







## **The WHO Regional Office for Europe**

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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### **World Health Organization Regional Office for Europe**

UN City, Marmorvej 51, DK-2100 Copenhagen Ø, Denmark  
Tel: +45 45 33 70 00 Fax: +45 45 33 70 01  
Email: [eurocontact@who.int](mailto:eurocontact@who.int)  
Website: [www.euro.who.int](http://www.euro.who.int)