



<sup>1</sup> Alliance for Health Policy and Systems Research, World Health Organization, Geneva, Switzerland

<sup>2</sup> Collaborative Intelligence, World Health Organization, Health Emergencies Programme, Berlin, Germany

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

Kumanan Rasanathan,<sup>1</sup> Sara Hersey,<sup>2</sup> Zubin Cyrus Shroff,<sup>1</sup> Geoffrey Namara<sup>2</sup>, 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.<sup>1 2</sup> 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.”<sup>3</sup> 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 pandemic.<sup>4 5</sup> Similar attention to the role and structure of national public health agencies occurred after previous infectious disease pandemics and outbreaks such as the 1918 influenza pandemic, the SARS outbreak of 2003–2004, and the West Africa Ebola epidemic.<sup>6–9</sup>

Taking advantage of the window of opportunity<sup>10</sup> afforded by the high level of political attention to covid-19, many countries are reforming, strengthening, and creating national health and emergency institutions including national public health agencies.<sup>11</sup> For example, Australia, Singapore, and Japan are setting up new agencies. The Australian government is working to establish a federal Australian CDC, with an interim CDC set up within the Australian Government Department of Health and Aged Care as the first step. Similarly, Singapore has set up an interim Communicable Diseases Agency linked to the Ministry of Health. The Japanese government has established a new Japan Institute for Health Security (JIHS) through new legislation merging the National Institute of Infectious Diseases and the National Center for Global Health and Medicine, adding new functions including enhancing infectious disease intelligence, coordinating surge capacity during crises, and supporting clinical development of medical countermeasures.

Not all countries are creating new agencies or have separate national public health agencies. In Sri Lanka, governance of essential public health functions related to emergency preparedness and response is overseen by the Ministry of Health, acting through its relevant departmental units. For example, the Quarantine Unit coordinates health security and implementation of the International Health Regulations (IHR) and the Disaster Preparedness and Response Unit coordinates health sector emergency preparedness and response. In Rwanda, the Rwanda Biomedical Centre continues to act as the national public health agency for the country, managing essential public health functions for emergency preparedness and response.

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.

Second, there is no “one-size-fits-all” governance arrangement for national public health agencies or the delivery of essential public health functions that can be recommended for adoption by all countries. Governance and structure of national public health agencies vary according to the country context, the history of its health system, previous experiences of health emergencies, and the agency’s relationship with the Ministry of Health or other parent government bodies. Broad categories of structural arrangements can be identified—for example, an autonomous institution, semi-autonomous institution, or distributed functions across multiple units within the Ministry of Health—with no one form identified generically with greater success or failure.

Third, regardless of the structure of national public health agencies, clear lines of authority and effective coordination are essential. Enabling governance factors and conditions for success can be identified. Legal authority and mandates to delineate the role of national public health agencies, including the nature of autonomy, and the capacity to navigate their relationship effectively with overseeing authorities are necessary, but not sufficient for effective functioning. The ability of national public health agencies to retain scientific and operational independence (including financial and hiring autonomy) is pivotal to their effectiveness in the generation of evidence and provision of science-based advice. The capacity to partner effectively with other parts of the health system (including international agencies) and with other sectors crucial for preparedness and response are fundamental, but often challenging for national public health agencies. This is an aspect where governance arrangements can contribute more. Each health emergency event provides the opportunity to learn lessons and identify jurisdictions that successfully apply these lessons in the governance of national public health agencies. This learning can enable countries to reap significant rewards during future emergencies—underscoring the importance of acting now on the lessons from covid-19.

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Fourth, challenges faced by national public health agencies, including with respect to their governance, reflect broader challenges within health systems. These include financing flows, the ability to attract and retain human resources, data and research capacity, information flows, and the governance of the health system itself—including how it is able to work across different levels of government.

The current political attention paid to health emergencies runs the risk of a singular focus on large-scale structural reform, without ensuring improvements in function—and that by the time the structural change is completed, the political window for change has passed, and the opportunity for functional improvement, including greater resources, has been exhausted. The focus and pace of reform is therefore key. To respond to the increasing interest in countries and demands for guidance on the governance and organisation of national public health agencies in the wake of the covid-19 pandemic, the WHO Health Emergencies Programme and the Alliance for Health Policy and Systems Research are convening a peer learning network of national public health agencies to support country-specific research and learning to inform ongoing efforts to strengthen and improve the capacities of national public health agencies in the management of health emergencies.

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Health Institute (EPHI), Addis Ababa, Ethiopia; C. Schmachtel, Partnership Officer, Strategic Planning and Partnerships, WHO Health Emergencies Programme, Geneva, Switzerland; Y. Sebeh, Consultant, ATA Health Strategies Ltd, Washington, DC, United States of America; B. Tasneem Shaikh, Health Services Academy, Ministry of National Health Services, Regulations and Coordination, Islamabad, Pakistan; Z. Cyrus Shroff, Unit Head (a.i.), Alliance for Health Policy and Systems Research, World Health Organisation, Geneva, Switzerland; N. Sievers, Technical Officer, Collaborative Intelligence, WHO Hub for Pandemic and Epidemic Intelligence, Berlin, Germany; H. Taame Desta, Principal Program Lead for NPHI and Workforce, Africa Centres for Disease Control and Prevention (Africa-CDC), Addis Ababa, Ethiopia; R. Tajudeen, Head, Division of Public Health Institutes and Research, Africa Centres for Disease Control and Prevention (Africa-CDC), Addis Ababa, Ethiopia; T. Wakita, Director-General, National Institute of Infectious Diseases, Tokyo, Japan; G. Waqa, Head, C-POND Research Centre, Fiji National University, Suva, Fiji; W. Qing Yeo, Head (Global Partnerships and Engagement), Interim Communicable Diseases Agency (ICDA), Singapore; K. Ching Ying, Deputy Head (Global Partnerships and Engagement), Interim Communicable Diseases Agency (ICDA), Singapore; N. Zeynu, Director, Preparedness and Capacity Building Directorate, Ethiopian Public Health Institute (EPHI), Addis Ababa, Ethiopia.

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