



World Health
Organization

REGIONAL OFFICE FOR Europe

Public Health Institutes of the World

IANPHI

A guide to establishing national public health institutes through mergers



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Cataloguing-in-Publication (CIP) data. CIP data are available at <http://apps.who.int/iris>.

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Acknowledgements

The report was developed by Dr Johan Peeters, former General Director (2006-2016) of the Scientific Institute of Public Health, Brussels, Belgium.

This work takes into account the conclusions from three subsequent joint technical seminars on establishing national public health institutes through mergers organized jointly by the WHO Regional Office for Europe and the International Association of National Public Health Institutes (IANPHI) in Kyiv, Ukraine (2017), Warsaw, Poland (2018) and Chisinau, Republic of Moldova (2019) in collaboration with the Public Health Agency of Sweden, Santépublique France and Sciensano, Brussels, Belgium.

We want to acknowledge Johan Carlson and Marcus Jönsson (Public Health Agency of Sweden), Myriam Sneyers (Sciensano) and Mili Spahic (Santé publique France) for good practices, success factors and strategies necessary for a successful merger of national public health institutes.

We want to thank the directors of the national public health institutes of Azerbaijan, Kazakhstan, Kyrgyzstan, the Republic of Moldova and Ukraine for identifying key challenges and solutions during a merger process.

Finally, we are grateful to Nurlan Algashov, Martin Krayner von Kraus and Anna Cichowska Myrup (WHO Regional Office for Europe), Mwinonè Hien (National Public Health Institute, Burkina Faso), Natalie Mayet (National Institute for Communicable Diseases, South Africa), Philippe Daniels and Quentin Sandifer (Public Health Wales) and Anne-Catherine Viso (Santé publique France) for critically reviewing the manuscript and making many improvements and refinements.

Introduction

Many national public health institutes were established in the second half of the 20th century. Since they were established, the public health landscape has changed considerably, with new challenges, priorities, structures, technologies, skills, holistic approaches and funding and budget pressures. Multiple-organizations related to public health have often been created in countries according to local needs, to implement different essential public health functions and operations and host specific disciplines.

As a result of health system reforms, for efficiency reasons (increase critical mass, better use of budgets or economies) or due to better understanding of the population needs, public health authorities have often considered major reforms or mergers of existing public health organizations, with the purpose of strengthening core activities to provide better focus within health systems and to create more comprehensive national public health institutes. Within Europe, several institutes have already gone through this process over the past decade.

This guide aims to take advantage of the good practices, success factors and strategies of these institutes. The purpose is practical; it is intended to offer an initial source of information for merger initiatives and to raise awareness among decision-makers and key individuals of how complex this is. It also offers a step-by-step action plan for decision-makers and workshop facilitators to successfully prepare and implement the reorganization or merger of their national public health institute.

This guide focuses its action points at the level of political decision-makers, health ministries and other key institutes and on their mission and vision: strategic and operational goals; professional development and leadership; project portfolios; validation processes; communication; and legal aspects. Table 1 in the Annex summarizes these actions.

1. Developing a merger proposal by the national public health institute and/or mission letter to merge from the authorities

The rationale for merging or reorganizing national public health institutes may be directed by political decisions; a reduction in funding; a recommendation arising from a review; or a serious incident that has exposed the weaknesses in the existing arrangements, such as following an outbreak. It may also result from a proactive decision taken by the national public health institute following a review or receiving a technical recommendation. Since there are several motivations for reform or merger, it is important that all involved parties clearly understand and agree on the aim and objectives. The locus of control must therefore be identified, and the proposal must reflect this.

1.1 Merger proposal from the national public health institute

If the initiative comes from the institutional management, the goal of the proposal is to convince political decision-makers that the action is desirable and feasible. In this case, the merger proposal is a first step in the process, and the proposal should be further elaborated into a formal mission letter once an agreement in principle is reached with the authorities. A proposal coming from a national public health institute should at least contain the following elements.

- ✧ Case for change
 - Rationale for the proposal: review, incident, technical recommendation, reduction in funding, etc.;
 - Desirability and feasibility of the merger;
 - SWOT analysis (strengths, weaknesses, opportunities and threats);
 - The advantages of a merger: improved visibility and coordination; increased critical mass and efficacy; economies of scale; alignment with the International Health Regulations; alignment with government imperatives, etc.;
 - Future major activities;
 - Risks and proposed solutions: modification of legislation, present contracts with stakeholders, differences in labour regulations, labour contracts, social advantages of personnel, etc.

- ✧ Description of the involved institutes
 - Present mission and activities;
 - Capacity to lead essential public health functions;
 - Other structures already conducting essential public health functions;
 - National, regional and international stakeholders and partners;
 - Current public health needs and existing solutions, such as interventions, services, advices, etc.;
 - Existing expertise and domains in which expertise is insufficient or lacking;
 - Current funding and sources.

- ✧ Preconditions
 - Economic sustainability: current funding and sources, possibilities and how to generate own income;
 - Personnel needs and perspectives;
 - Infrastructure;
 - Future relocation or co-location at one site;
 - Legal steps and minimum time schedule for modifying existing legislation;
 - Next steps.

1.2 Mission letter to merge from the authorities

When the decision to merge or to reorganize national public health institutes results from a political decision, it is essential that a formal and clear mission letter with a high-level roadmap, timelines and clear agreements about future budget be signed or approved by the responsible authority (a minister, the government or parliament). This document should be a structured proposal organized under several headings, comprising a suite of documents.

- ✧ Terms of reference
 - General context of the national public health institute to be established through the merger: the institutes involved, rationale, scope, location and resources;
 - The core attributes, such as the essential public health functions identified by IANPHI or the essential public health operations described in the European Action Plan for Strengthening Public Health Capacities and Services¹;
 - The level of independence of the new national public health institute: part of the ministry or an independent agency;

¹ – European Action Plan for Strengthening Public Health Capacities and Services. Regional Committee for Europe, 62nd session, Malta, 10–13 September 2012.

- Which types of governance organs should be implemented, such as a board of directors, management board, scientific council or advisory committee.

✧ Case for change

Political rationale for reorganizing or merging: in addition to the elements described in the proposal above, the place of the future national public health institute within the public health system, its responsibilities and the relationship with public health policy must be clear. National public health institutes are often merged based on reforming the public health system, modifying public health policy or developing a new public health law. It is therefore important to clearly identify the future partners and stakeholders of the national public health institute and its legal obligations.

✧ High-level transition work plan

- Identifying the sponsor for the change (reform, reorganization or merger);
- The target date for the official creation and operations;
- What should be done and how (vision, mission, strategic and operational goals, programmes, projects etc.);
- Who will be involved (such as transition manager, transition team, programme managers, project leaders, change manager or communication manager);
- Legal workstream: future legal statute, social aspects, what should be done, who will be involved, a time schedule estimating the time needed for each legal step, decision process etc. and the required consultancy and expertise;
- People and organization development and change management initiatives;
- How progress will be monitored and reported and to whom;
- Decision process enabling further change programme steps;
- Developing a 3- to 5-year management agreement for the future national public health institute.

✧ Governance of the transition process

- Creating a steering committee with decision power at the level of the sponsors (minister, ministry or others) and responsible for evaluating and validating proposals from the transition team and for the final decisions;
- Designating a transition manager, a senior person responsible for the change: the person that is held accountable for the change programme and charged with organizing and implementing the merger or reorganization operations and reports to the steering committee.

✧ Communication

- Identifying a single communication lead;
- Creating a communication team for internal and external communication;
- Rolling out a communication strategy at the start of the change process, including branding and marketing;
- Identifying channels of communication.

✧ Risks: preliminary analysis of the risks based on elements of an initial gap analysis between the current and the desired situations and proposed solutions.

✧ Resources: see the preconditions below.

- ✧ Evaluating the merger according to the “plan, do, check, act” principles.²
- ✧ Impact assessment: how the change is expected to affect public or population health.

The mission letter should also specify two important preconditions for the merger: budget and human resources. These preconditions should be clear before starting a merger of national public health institutes. The merger efforts risks failure without formal guarantees from the responsible authority.

Budget is always an important issue. This should be clear from the beginning: does the merger have to take place within a closed envelope (budget limited to the existing budgets and reserves of the merging entities), will additional budget above the existing situation be offered (for new tasks) or will there be budget cuts (economies)?

How will the merger costs be compensated (consultants, relocation costs, professional development of collaborators, merger of information technology systems, enterprise resource planning and accounting software, etc.)? Will there be compensation for new activities? Will it be possible to reinject internal economies through restructuring and/or enhanced efficiency in the new entity? Are there opportunities to create own income?

A guiding principle should be that the cost of all required activities must be covered. If this would be impossible within the given budget, rules should be agreed to compensate for the deficit by phasing out certain activities, spreading activities over time, setting priorities within the available budget according to daily reality or creating own income sources (such as fees or paid expert advice).

Human resources: mergers often require profiles with higher education or certain domains of expertise that are not present yet within the existing entities, often requiring higher salaries. How should this be solved: within the existing envelope through a personnel shift or through extra budgets? Planning should consider the freedom that exists to find solutions.

2. Requirements to make the merger a success

Organizational change creates unrest and anxiety among the collaborators. Constructive participation of the personnel is essential for a successful operation besides bottom-up stakeholder engagement. It is therefore of paramount importance to involve personnel and stakeholders from the first communication of the merger decision and subsequently inform them on an ongoing basis about decisions, consequences and solutions during the merger process. Early identification of a new name and logo for the future organization may help the integration process. Since support services (finance, human resources, information and communication technologies and infrastructure and premises) are affected first by a merger, their integration must start first.

Finally, it is essential to install a strong transition team led by one identifiable senior responsible owner for the change, the transition manager. This person is held to account for the change programme. This could be the future general manager or a senior responsible owner who acts as transition manager and is accountable to the general manager of the national public health institute.

² – Deming, W. Edwards (1986). *Out of the crisis*. Cambridge, MA: Massachusetts Institute of Technology, Center for Advanced Engineering Study. p. 88. ISBN 978-0911379013

2.1 External and internal communication process

A single communication lead should be identified before the decision to merge is taken. Everything to be done and all processes to be adopted should be set out in a communication strategy, which should be produced at the start of the change process. A communication team should be created by merging existing communication teams or by creating a new team comprising members from the merging organizations.

As a first step, the communication team should collect the most common queries from the personnel and prepare answers in collaboration with the change manager to stimulate a positive mindset. A progressively completed list of answers to these frequently asked questions (FAQs) should be accessible to all. Communication should be facilitated by maintaining a web page on the intranet with all reports of working groups, decisions of the management team and answers to the FAQs. When the intranet is not available, staff meetings, newsletters, general emails from the change manager or any other alternative that enables sharing updated information should be used.

Moreover, the transition team should prepare a clear plan, with tentative dates for the most important steps (milestones and deliverables) and follow-up communication to the personnel concerning the progress of the merger process and the decisions made at fixed moments. This may also serve as external communication for stakeholders, partners and the general public.

2.2 Stakeholder engagement

Bottom-up stakeholder engagement is an essential part of the change or merger process. This concerns all partners with interests in the activities of the national public health institute or funding its activities. They should be regularly consulted and informed before and during the change or merger trajectory.

2.3 Appointment of a transition manager – installation of a transition team

The transition to a new organization should be led by one single transition manager with final decision power at the institutional level. To avoid distrust, he or she should be nominated before the announcement of the merger process and selected very carefully. There are different options: in some countries, the authority designates a trustee within the involved organizations; other countries charge an external transition manager or team from a specialized management consultancy company or start a selection procedure for a CEO, who would then designate the transition manager.

As the person with overall responsibility for the transition process, the transition manager should be familiar with change management methods, likely arising from previous experience of change management. An internal candidate may have good understanding of the internal operations and the external needs. An external candidate, although less familiar with the local situation, may have different perspectives on existing situations and may be considered more impartial.

The transition manager will be charged with installing a strong transition team. The transition team should be small and limited to the minimum necessary members to discharge its responsibilities. A basic rule is to keep the team as simple as possible, with a clear line of accountability from bottom to top and

vice versa. The team can comprise representative directors and/or experts of the merging organizations covering the main activities, such as the main public health functions and support services.

In case of a merger, the members of the transition team will preferably be selected from the involved national public health institutes on the clear understanding that their role is to deliver the change (merger) and comes with no promise or assumption of advantage in the subsequent appointment to positions in the new organization. In fact, there needs to be a clear separation of the hiring process for the new organization, the role of the transition team being to undertake the tasks that lead to a new structure (organigram) and to define the process for populating this. Nevertheless, certain organizations prefer to nominate the team after an open selection procedure for internal and external candidates, in order to select the most suitable profile and leadership for the new organisation. The latter solution offers the advantage of including, from the beginning, new competencies that may be lacking.

Since the transition team members also often act as the programme manager, they should preferably have skills, knowledge and experience with change and transition management and the associated human resources tools. If this is not the case, a training programme should be provided.

The transition manager and his or her team act as the intermediate level between the steering committee at the level of the sponsor and the programme and project groups (roles: see the section on elaborating a merger framework). The transition manager and transition team installs the programme and project teams and evaluates and validates their proposals before sending them to the steering committee. Together with the steering committee, they also define the long-term vision, mission, future name, values and core activities of the national public health institute and propose a new organigram.

2.4 Integrate and reorganize support services first

The managers and collaborators of the support services (finance, human resource management, information and communication technology and data warehouse and infrastructure and premises) of the merging organizations will immediately understand that the merger will create an overlap in activities and, as a consequence, that certain collaborators have to be reoriented within the institute or may wish to leave the institute. To avoid tensions, it is therefore essential to take immediate action to create a team that is as stable as possible.

The new situation should be made clear by thorough analysis of the future operational goals and needs of the support services. In a next step, one single support manager should be designated, preferably by a selection procedure open to both external and internal candidates. This enables the most suitable profile and leadership to be selected for the new organization. Subsequently, the managers of finance, human resource management, information and communication technology and infrastructure and premises should be selected by a similar procedure. The new team will draw up a new organigram. This may require a process of optimizing the staff and harmonizing functions that may necessitate reallocating staff to other functions. If this is not possible, other options should be considered to offer the most appropriate solution according to the existing employment rules.

2.5 Define a name and logo for the new organization

A new name and logo for the future organization constitutes a strong signal to the personnel and may help to encourage institutional identification. Involving them in searching for a new name and logo will create ownership.

The search for a new name can be started with a call for suggestions among the personnel of the merging organizations. The search should consider the specific character of the future organization, as made clear by the brandkey (see Section 3). Communicating beforehand the do's and don'ts for a new name in accordance with the supervisory authority is essential (such as reference to existing names, acronyms, letter names and certain words such as institute or agency). Further, the decision process should be communicated beforehand: will it be an internal poll based on a short list selected by a committee comprising members of the merging organizations or a final decision by a committee? If possible, the whole process should be assisted by communication professionals.

A similar path can be followed for identifying a new logo or entrusted to a professional team.

2.6 Legal aspects

Mergers of public organizations, and to a lesser extent reorganization, often constitute a complex exercise. This is especially true if the merger implies a change of supervisory authority; a change of statute; a change in the funding mechanism; or a change in the governance, such as a change from part of a ministry to an independent agency or vice versa. Moreover, mergers can influence social aspects, requiring negotiations with trade unions or staff committees: differences in labour regulations, employment contracts, social advantages, career paths, time compensation for extra hours, teleworking etc.

A legal consultancy or designation of a legal adviser will therefore be necessary to inventory the existing legal context and the consequences of the merger, including the changes needed, the necessary authorizations and deliberations and a realistic estimate of time (a schedule). If legislation needs to be changed, this process should be initiated from the beginning, since it can take a long time.

2.7 Professional development and leadership–change manager

A new organization requires strengthened leadership. At all levels, managers will be charged with adjusting strategic and operational goals as a function of the changing public health environment. They have to translate the changing needs and expectations of stakeholders and partners into action. Moreover, they stimulate constructive collaboration within the organization but also with stakeholders and partners, and they transfer these messages to their collaborators. In project groups or merged services, they will confront differences in working culture and approaches between the involved institutes and collaborators who are not always motivated to follow the desired direction. Managing these situations requires specific skills, such as leadership, change and project management and how to manage difficult situation.

All managers, project leaders and project teams cannot be expected to master the necessary skills from the beginning. Collaborators of public institutes are often recruited as technical experts and have had little

opportunity to develop these skills. It is therefore important to assess the differences in work cultures and environment (see Section 3), to identify necessary education and to install training and coaching sessions for programme and project leaders.

This task should be entrusted to a change manager, in close collaboration with the transition team and the human resources team. The change manager will assess the needs (areas) of professional development and leadership programmes and can also be charged with supervising the timely execution of the merger programmes and projects (see further) and the timely reporting to the management team. Close involvement with the activities of the transition team will allow the change manager to adjust the training strategy rapidly if tensions and problems arise.

2.8 Adapting the workload

Mergers always require considerable additional time for programme and project leaders and team members. This is also one of the first queries from the involved collaborators: “Where do we find the necessary time?” Arrangements should be made to compensate the extra workload either by adjusting the priorities of regular tasks (skip or postpone certain activities) or by providing or employing a temporary work force (Box 1).

Box 1. Good practice: Sciensano, Belgium

Sciensano, Belgium’s national public health institute, arose from a One Health or global health approach through a merger of a national public health institute and an animal health institute. The genesis of the project started with recommendations from a peer review by an IANPHI team of directors from Brazil, France, Germany and the United States of America. The merger was proposed by both directors to the Ministers of Health and Agriculture and approved by the federal Council of Ministers. Long-term vision, mission and strategic goals were developed top down by a leading coalition of members of both institutes, after consulting the main stakeholders and key experts of the main divisions translating bottom-up into operational goals. The merger process was governed by a steering committee at the level of both ministers, a joint management committee from both institutes, acting as transition team, and a merger programme team coordinating 19 working groups.

From the beginning, differences in working cultures and approaches became clear and anxiety from “being taken over” by the smaller entity was quite obvious. Responding to this, a strong change process was immediately put into place: a common website with FAQs, progressive publication of reports from working groups and management, installation of a change manager, leadership training and coaching, stimulation of ownership by early identification of brand key and search for a new name and logo in collaboration with personnel. Analysis of legislation, revising a new law and royal decrees and the approval process by parliament and ministers took 16 months.

3. Step-by-step elaboration of the workplan from the mission letter by the transition team and the programme and project teams at the institutional level

The future framework (mainly as-is, to-be and gap analysis) should already partly be elaborated during the preparation of a merger proposal or during the development of the signed mission letter from the public health authorities.

Based on the legal context, the major public health functions or essential public health operations and further conditions stipulated in the mission letter from the responsible authority, the transition team should further elaborate the complete workplan (top-down approach). The transition team has the tasks of:

- defining the long-term vision, mission, values and core activities of the new institute based on the as-is situation, the to-be situation and gap analysis;
- defining the strategic and operational goals;
- elaborating a portfolio with programmes, projects and timelines;
- selecting programme and project teams charged with the further elaboration of operational plans (bottom-up approach);
- approving a responsible, accountable, consulted, informed (RACI) table for all managers, programme and project teams;
- organizing follow-up meetings to assess progress and preparing decision documents for validation by the steering committee;
- proposing a high-level organigram with the main divisions and deciding how to organize: according to scientific field or discipline or according to health or disease domains; and
- evaluating and validating the team proposals and submitting them for final decision to the steering committee.

Table 1 shows a step-by-step action plan for these activities with a RACI table.

3.1 Responsibilities of managers and teams involved in the transition process– RACI table

A merger or a reorganization of institutes requires considerable project work, distribution of responsibilities and designation of contact people. These responsibilities should be made clear from the beginning to avoid confusion and misunderstanding. It is therefore important to make a RACI table before starting identifying for each step who is responsible for the action, who is accountable, who should be consulted about the action and which individuals or groups should be informed about the action and its results.

The RACI table concerns all actors involved in the transition process: managers such as transition, change and communication managers, programme and project leaders and team members such as transition, programme and project teams besides the operational and support managers of the involved institutes.

The definitions used in a RACI table are as follows:

- responsible: the person charged with practically executing an action and delivering the outcome;
- accountable: the person with the final responsibility for the execution: transition manager,

programmemanager, director etc.;

- consulted: the people and services to be contacted for information or advice, which is sometimes a legal obligation; and
- informed: the people who should be informed about the merger progress and decisions.

3.2 Assessing the as-is situation

A description of the current or as-is situation is a first step. This requires a general inventory of:

- the current mission and core activities of the participating entities;
- human resources, budget, information and communication technology, infrastructure, buildings etc.;
- stakeholders and partners;
- competitive environment;
- available resources: directly available and potentially accessible;
- current public health situation, existing needs and answers, new needs etc.;
- role of the national public health institute within the public health system; and
- trends.

SWOT analysis completes the as-is assessment:

- strengths, such as existing projects, expertise, key achievements by the merging organizations and a high level of trust in scientific advice;
- weaknesses, such as lack of resources, budget, lack of expertise in certain domains, lack of biosafety level 3 facilities, poor visibility and poor image among the public and among health professionals;
- opportunities, such as a government policy statement, support from the health ministry, new services to be developed and new stakeholders to engage; and
- threats, such as lack of availability of skilled collaborators, rapid turnover of collaborators, competition between organizations and the change agenda.

3.3 Assessing what is to-be: brandkey, mission and vision statements

A first step in developing a mission and vision statement is assessing the desired identity and specific character of the future organization: who are we, for whom are we working and how do we differentiate ourselves from our competitors? This will result in a brand key, which summarizes the essence of the organization (Table2).

This exercise can be started with a set of written answers by selected key people to specific questions, followed by one or more brainstorming sessions with the members of the leading coalition or transition team and summarized in a table. A brand key is an important instrument for the change manager and his or her training and coaching programmes for the collaborators. It is also essential in searching for a new name and logo, since these should radiate the identity of the organization.

A brand key includes:

- the main target groups of the future national public health institute: such as the general population, public authorities and professionals;
- which values are expected from the collaborators to guarantee correct support of the authorities, the population, clients and colleagues, such as proactive, innovative, scientific, impartial and client oriented;

- differentiation from other organizations: where are we stronger, such as excellence in population health, crisis preparedness and a multidisciplinary and transversal approach;
- benefits: central point for questions on all population health issues, rapid identification of problems and intervention and a multidisciplinary approach;
- context: new approach of the government, synergy between existing organizations and a window of opportunity to optimize the use of resources;
- competitive environment: ministries, universities, laboratories and the private sector; and
- reasons to believe: networks, integrity and a partner of all relevant health authorities.

Subsequently, a mission and vision statement should be formulated, again, through one or more brainstorming sessions.

The mission statement will define the organization's purpose and primary objectives. Its prime function is internal: define in one compact sentence the key elements for the organization's success by answering three key questions: What do we do? For whom do we do it? What are the benefits?

The statement should be broad enough to allow sufficient diversity (future new services, new products and new markets) but also specific enough to provide sufficient focus necessary for the success of the national public health institute's success (Box 2).

Box 2. Examples of mission statements

Sciensano, Belgium

We strive to improve understanding of population health through scientific research and thus improve everyone's well-being."

- What do we do? Scientific research supporting policy advice by scientific evidence.
- For whom do we do it? For everyone (the population).
- What do we want to achieve? Improving understanding of population health.
- What is the benefit? Improved well-being.

Santé publique France

- To coordinate and implement public health surveillance
- To study the determinants of changes of trends of diseases
- To alert national public health authorities on potential threats to health
- To assist public health authorities in disease control, prevention and health promotion and education
- To contribute to the response to health alerts and crises

Public Health Agency of Sweden

To strengthen and develop public health

The vision statement describes how the future will look if the organisation achieves its mission. It is more a dream. It also defines the organisation's purpose, but this time in terms of the organisation's values

rather than bottom line measures (values are guiding beliefs about how things should be done). The vision statement communicates both the purpose and the values of the organisation:

- for collaborators, it gives direction about how they are expected to behave and inspires them to do their best,
- shared with customers, it shapes customers' understanding of why they should work with the organisation

The vision of an national public health institute should project a compelling story about the future. When Steve Jobs said, "An Apple on every desk," there wasn't an Apple on every desk then and there won't ever be an Apple on every desk. That's OK. The vision can be figurative, rather than literal.

Box 3. Example of a vision statement: Sciensano

To better know, explain, protect and promote the health of populations and intervene in case of a health crisis
Motto: Healthy all life long

3.4 To-be: strategic and operational goals and target organigram

The next question is how to achieve the mission and vision in practice: through a few strategic goals (no more than 10) such as core attributes stipulated by law or by the public health authorities, selected generally recognized core public health functions (see Box 4 or the essential public health operations) or institutional goals identified by the transition team.

Box 4. Examples of core attributes or functions that can be used to create strategic goals

International Association of National Public Health Institutes

Core functions:

1. Evaluation and analysis of health status;
2. Public health surveillance, investigating problems and controlling risks and threats to public health;
3. Disease prevention programmes and health promotion;
4. Social participation in health;
5. Planning and management;
6. Regulation and enforcement;
7. Evaluating and promoting equitable access to necessary health services;
8. Developing and training human resources;
9. Quality assurance in personnel and population-based health services;
10. Public health research.

Institutional core attributes:

1. Developing a national and international network;
2. Customer satisfaction;
3. High-performing infrastructure;
4. A national reference laboratory or coordinating a network of national reference laboratories;
5. Crisis preparedness.

The to-be assessment should also mention how transversal or common functions are aligned, such as finance, human resources, procurement and communication. The communication strategy that will be developed for internal and external stakeholders should also be highlighted. This is part of the process of integrating the support services.

For each strategic goal, the transition team nominates a programme leader (can be a member of the transition team). In collaboration with the change manager, each programme leader is charged with:

- composing a team of experts that will identify the operational goals necessary to convert the strategic goals into practice (bottom-up approach), with the goals to be further elaborated within project groups;
- conducting gap analysis by identifying differences between the as-is and to-be situations and selecting elements that can already be used for the future organization and elements that are lacking or must be developed;
- conducting risk analysis of the implementation process by taking into account elements of the gap analysis and brand key and propose solutions to overcome the risks;
- elaborating templates for execution and follow-up;
- designating project teams and project leaders or experts from the involved services, who will further elaborate the operational goals within fixed timelines and, for each goal identify the necessary actions, workforce, budget, information and communication technologies, equipment, main obstacles and solutions and feasibility;
- further elaborating the tentative organigram; and
- according to a strict time schedule and based on written reports, the project leaders inform the respective programme managers on the progress made, difficulties encountered or the need to redefine certain projects, with final conclusions validated in a report and reported to the transition team.

The project and programme leaders regularly exchange the conclusions of their work during workshops to identify cross effects on other projects, enabling adjustments.

3.5 Validation by the steering committee and the minister

The conclusions of each step in the merger process must be formally validated by the steering committee and approved by the minister before starting the following step (Box 5).

Box 5. Good practice: Santé publique France

In France, creating a new national public health institute started with a public engagement letter from the Minister for Health (four bodies to merge, one location, goals and the responsible people). A temporary director, acting as transition manager, was nominated with a clear mission to make a strategic proposal for the Minister for Health. This strategic proposal was elaborated based on a bottom-up approach (15 working groups were engaged). The strategic proposal included a target organization chart in relation to the strategic goals of the new organization. After approval by the Minister, the proposal was transformed into operational goals. A first transition workplan with the various entities was set up to enable 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 would bring the new agency 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: 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, prepare a new decree establishing the agency and other regulatory texts, get advice or modifications by the Supreme Court, participate in parliament hearings, negotiate with regional delegations, negotiate prerogatives for data and information access and collection.

4. Implementing the framework of the future national public health institute and further follow-up

Simultaneously with preparing the high-level work plan to create the future national public health institute, the necessary modifications of the legislation are identified and the procedures to change the legislation should be implemented. Particular attention is required to fit the window frame in the government and parliament.

Based on the initial mission letter and further elaboration by the transition team and the programme and project groups, a management agreement is prepared and submitted for signature by the minister once the adapted legislation allows it. This is a three-to five-year agreement, often corresponding with the length of the mandate of the general manager, and that specifies the rights and obligations of both parties. It includes the mission, strategic and operational goals, a detailed working programme, a timeline and transition plan for the merged or new services, budget, resources and infrastructure with the possibility to revise as public health issues change.

According to the mission letter, the members of the governance organs (board of directors, scientific council, management committee etc.) are nominated, elected or appointed and the organs installed. A procedure is launched to nominate a leader (director-general, president or CEO) for the new organization if this did not happen when the merger started.

The national public health institute best practices series describes the profile of an national public health institute director as follows:

Ideally, the director of the national public health institute will be a person with the vision, ability and experience to gain the support of the highest levels of government and mobilize national public health institute's staff to achieve improved public health in the country. This requires the director to have scientific and public health knowledge and the skills and the ability to provide strategic leadership and create trust among government, the public and national public health institute stakeholders.³

In a next step and according to the new organigram, the new profiles and functions are identified and opened for recruitment. A solution is developed for staff members that are not retained in the new organization. Labour regulations, labour contracts, functions and salary scales from collaborators coming from different entities are harmonized.

³ – NPHI Best practice series: Recruiting an NPHI director. IANPHI best practices.

This is the start of a new process to create a smoothly functioning organization by implementing the management agreement, evaluating the progress according to the plan, do, check, act principles and harmonizing the cultures of the constituent parts by further professional development and leadership training (Box 6).

Box 6. Good practice: Public Health Agency of Sweden

Sweden emphasizes the need for a rapid process to establish a new agency through mergers (14 months between the announcement and an operational agency) to keep collaborators motivated and create a positive vibe for the necessary reforms. This was achieved by rapidly appointing a director-general and board of directors charged with top-down elaboration of a strategy and recruiting staff. The merger was considered as 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 led to redundancy of staff members. 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. Four years after the three institutes merged, the feedback from staff and stakeholders remains positive.

Table 1. Step-by-step action plan for a merger and RACI table

Action point	Expected time to complete	Delivery outcome	How	Responsible (unit or team)	Accountable	Consulted	Informed	Necessary resources	Obstacles and feasibility
Merger proposal		Proposal	Brainstorming seminars						
Start analysing legal aspects		List of legal actions	By legal adviser or consultancy						
Define as-is situation		Inventory of current situation – SWOT	Workshop						
Merger decision		Signed mission letter	Workshop						
Install steering committee		Follow-up and milestone decisions	Monthly meetings						
Designate transition manager		Designation	Selection procedure						
Start external and internal communication		Website, FAQ, reports and newsletters	Teamwork						
Designate change manager		Designation	Selection procedure						

Install transition team			Designation	Representative directors or experts					
Start professional development			Leadership, project and change skills	Analyse skills, training and coaching					
Merge support services			New organigram and integration	Selection procedure and integration					
Develop a brand key			Values, targets, reason to believe and differentiation	Brainstorming seminars					
Define a name and a logo			Name	Call and brainstorming					
Define the mission and vision			Vision and mission	Brainstorming					
Define strategic goals			Strategic goals	Seminar					
Create a target organigram			Organigram	Seminar					
Identify programme leaders			List	Transition team					
Identify operational goals for each programme			Operational goals	Programme leader					

Identify projects for each programme		List	Programme teams						
Designate project leaders and experts		List	Programme leader						
Develop each operational goal		Gap analysis, risk analysis, actions, workforce and budget	Project teams						
Organize progress meetings		Reports	Regular workshops						
Develop a management agreement		Signed agreement	Seminar						
Install governance organs		Board of directors, etc.	Legal procedure						
Implement the management agreement		Actions	National public health institute						
Plan – do – check – act		Upgrade management agreement	Yearly seminar						

Annex 2. Example of a brand key

Table 2. Example of a brand key: Sciensano, Belgium

Brand key for Sciensano



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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WHO/EURO-2021-1958-41709-57080

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