The Public Health Laboratory Ivo de Carneri (PHL-IdC) in Zanzibar: an example of good international cooperation?

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A. Introduction

The Public Health Laboratory Ivo de Carneri (PHL-IdC) has been established in Pemba Island, Zanzibar in 2000. The PHL-IdC is a partnership between the Ivo de Carneri (IdC) Foundation and the Ministry of Health and Social Welfare (MoHSW) of Zanzibar, it is centre of excellence for monitoring and evaluation control programmes for endemic tropical diseases, for carrying out research studies related to local health priorities, for collecting data within the health management information system, and for developing local and international human resources (Albonico, 2005). After 8 years from its launching, PHL-IdC’s success and constraints are analysed.

The PHL-IdC is located within the Preventive Services of the MoHSW of Zanzibar in a fragile health system which is aiming at primary health care and universal access despite increasing privatization fluids by the limited budget of public health expenses and pressures from donors and public-private partnerships (The Global Fund, President Malaria Initiative, President Emergency Plan for AIDS Relief, Clinton Foundation, Research Triangle Institute, Bill & Melinda Gates Foundation) that can mark funds for vertical interventions.

In this setting the PHL-IdC aims to reinforce health system and strengthen local infrastructure, to invest in human resources within the public sector, and to plan long-term interventions with focus on sustainability.

B. Methods

The PHL-IdC has been built in 1996-2000 and is the outcome of a public-private partnership. It comprises parasitology, bacteriology and virology laboratories, administrative offices, statistic data centre, lecture room and library. The total cost, including scientific equipment, is estimated of 750,000 Euro and has been supported by 39% by public funds and for 65% by private funds. The running cost is about 100,000 Euro/year. The PHL-IdC is managed by a Board composed by the IdC Foundation, the MoHSW of Zanzibar and by the WHO as technical advisor. The PHL-IdC is WHO Collaborating Centre for schistosomiasis and intestinal parasitoses since 2005.

C. Results

C.1 Examples on Surveillance and Control Program

The PHL-IdC implements monitoring and evaluation of endemic diseases control activities, carries out surveillance, early detection and control of diarreous outbreaks, and gives technical support and coordination to laboratories of Hospitals and Health Centres on the island.

C.2 Examples on Operational Research

Research

The PHL-IdC’s research is oriented according to the priorities defined by the MoHSW, is in close relation with the surveillance and control of endemic and epidemic diseases such as malaria, schistosomiasis, intestinal parasitic infections, lymphatic filariasis, tuberculosis, leprosy, diarrhoeal diseases, HIV/ AIDS, as well as malnutrition and related diseases.

C.3 Examples on Training Activities

Training activities include workshops, internships for students and researchers, training and upgrading opportunities for PHL-IdC staff and residential training courses for international health staff.

D. Conclusions

The challenges of the PHL-IdC are to maintain its high scientific standard by developing capacity to attract and keep skilled staff, to raise funding in a post-economic setting, and to guarantee its local ownership and progressive autonomy safeguarding it from the risk of becoming an African branch of overseas universities and from interference of local politics which are often donors-driven rather than priority-driven. Special attention is given to self-sufficiency but some gaps areas need to be solved to maximise the full potential of PHL-IdC.

More recently, the PHL-IdC has achieved its objective of enhancing training and educational project that address social determinants of health of the local community for a more sustainable and self-reliant health service.

References
