Overview

The PHE Global Health Strategy identifies five strategic priorities for PHE’s work on global health for the next five years, and commits PHE to producing an annual delivery plan. This plan sets out key components of PHE’s expected global health activity (from January 2015 to March 2016) in support of each priority.

Individuals and teams across PHE will continue to undertake other international activity in line with the strategy as appropriate to protect and improve health in England, to fulfil international commitments, and to respond to new international requests for advice and support, or new opportunities.

This plan also sets out, as a supporting priority for the first year, the work PHE will do to strengthen and expand the coordination arrangements and processes in place for strategy delivery. A key part of this will be development of an operational document detailing the expected outcomes and outputs of activity described here.

Some of the activities outlined in this plan are already underway, or are the next steps in partnerships established over years by predecessor organisations to PHE; others are new projects initiated as PHE actively develops its global health and international work. Activities frequently contribute in more than one priority area, and many activities highlighted here will continue to develop and produce outputs after this first year. Delivery of this plan involves significant collaboration with international partners, and partners in the UK.

The PHE Global Health Committee, comprised of individuals, both internal and external to PHE, with relevant global health expertise will provide oversight and scrutiny of PHE’s strategic direction in global health.

Strategic Priority 1: Improving global health security and meeting responsibilities under the International Health Regulations

Global Health Security Agenda: Supporting the Department of Health, PHE will contribute to the UK’s work with Global Health Security Agenda partners and other countries to reduce international infectious disease threats, promote global health security and progress towards
full world-wide implementation of the WHO International Health Regulations (IHR) 2005. Key PHE contributions include to:

- undertake the UK’s pilot assessment and make recommendations on next steps ahead of the annual Global Health Security Agenda ministerial event in September 2015
- capture and evaluate lessons from the response to the Ebola virus disease outbreak in West Africa
- work with partners to strengthen public health capacity and capability in Sierra Leone and other countries
- arrange international sample sharing
- train and exercise on Global Health Security Agenda capabilities and International Health Regulations compliance with regional partners and a standardised Emergency Operations Centre model

PHE’s response to the Ebola virus disease outbreak in West Africa is captured under Strategic Priority 2. PHE’s continued contribution to the international response to antimicrobial resistance (a key focus of PHE’s global health security work) and laboratory capacity building are captured under Strategic Priority 3.

Global Health Security Initiative and Global Health Security Action Group: As part of the Global Health Security Initiative and linked to the Global Health Security Action Group and government agencies around the world, PHE is leading on delivering a risk assessment/communications work package with the aim of agreeing a process for international collaboration on risk assessment and management, and a common language for risk communication. PHE will continue to share its own risk assessments and advice for emerging diseases internationally.

Mass Gatherings: PHE’s WHO Collaborating Centre on Mass Gatherings and Global Health Security shares the public health planning experience and lessons from London 2012 with those involved in mass gatherings around the world. Key deliverables include:

- production of the updated WHO document: *Public Health for Mass Gatherings: Key Considerations*
- development of resources and training to support planning and delivery of mass gatherings and a framework for establishing legacy planning and evaluation

Disaster Risk Reduction: PHE contributes to the UN International Strategy on Disaster Reduction via the vice-chair (a PHE staff member) to its Scientific and Technical Advisory Group and will support the delivery of an improved evidence base for the UN landmark agreement, the Sendai Framework for disaster risk reduction 2015-2030 and the work leading to the UNISDR global science and technical conference in February 2016.
UK Overseas Territories: PHE will develop a programme of work to support further the UK Overseas Territories on International Health Regulations capabilities, in collaboration with partners.

Strategic Priority 2: Responding to outbreaks and incidents of international concern, and supporting the public health response to humanitarian disasters

PHE will continue to respond to incidents of international concern and humanitarian disasters, and strengthen capability and capacity (in PHE and PHE’s partners) for current and future responses.

UN, WHO and other partners: PHE aims to strengthen its working relationship with WHO, UN and other partners when responding to incidents of international concern and humanitarian disasters. PHE will continue to respond to calls for support, provide resources and expertise and support secondment opportunities for PHE staff to partners’ response teams.

Global Outbreaks Alerts and Response Network (GOARN): PHE will continue to contribute to the enhancement of capabilities of GOARN partners. PHE staff seconded to GOARN in Geneva will support the general strengthening of GOARN’s central coordination and operational arrangements with members in light of learning from the Ebola outbreak.

Ebola virus disease outbreak in West Africa: PHE is engaged in the provision of laboratory testing in Guinea, Liberia and Sierra Leone via EU mobile laboratories, and is running three UK Department for International Development (DFID) funded large volume diagnostic laboratories in Sierra Leone. PHE is also providing advice and support both on the ground and remotely to Sierra Leone, DFID and WHO. PHE will support the recovery and public health capacity strengthening effort in West Africa, and in particular Sierra Leone, by supporting the implementation of systems and processes to safeguard against future outbreaks, building on lessons identified.

Strengthening response capacity through establishing an international response force: Strengthen international response to emerging infectious disease threats by finalising proposals for a rapid response force.

Strengthening partnerships with NGOs: PHE will further develop relationships with the non-governmental organisation (NGO) sector and provide technical support, for example: a staff secondment to the International Rescue Committee (IRC) in Kenya to support IRC health programmes focused on refugee camps and host communities. Building on a Memorandum of Understanding between the two organisations, PHE will strengthen its on-going partnership with Save the Children.

DFID: DFID is a key partner for PHE’s international response work and PHE will seek to strengthen partnership arrangements with DFID for response work.
Strategic Priority 3: Building public health capacity, particularly in low and middle income countries, through, for example, a programme of staff secondments and global health initiatives

PHE will work with partners to strengthen global public health capacity. Where appropriate, PHE will contribute international leadership and direct technical advice and support. PHE will also continue to deliver a programme of strategic staff secondments and educational exchanges.

Commonwealth microbiology laboratory twinning to combat antimicrobial resistance (AMR): Linking with the Commonwealth Secretariat, PHE is leading the development of a Commonwealth laboratory twinning initiative to combat AMR, in which high income Commonwealth countries can twin with low and middle income Commonwealth countries. Twinning can be extended from laboratory capacity building to epidemiological partnering, strengthening disease surveillance and sharing wider expertise. Specifically PHE will support the Caribbean Public Health Agency (CARPHA) on follow up activity from a PHE supported AMR workshop held in 2014, and will second an epidemiologist to work with CARPHA on AMR and wider system strengthening connected to International Health Regulations. Twinning workshop opportunities will be assessed for other counties and regions. PHE will continue to explore opportunities to provide further microbiology twinning support to the Seychelles including for AMR.

WHO Europe: PHE will provide support to the WHO Europe AMR team by:

- sharing English AMR related documents and contributing to WHO Europe regional AMR workshops to strengthen the AMR response in the European region, and providing an advisory role on AMR to the WHO Europe office
- working with WHO Europe colleagues on specific AMR projects in the European region as they are identified including current work on piloting the WHO 'Tailoring Antimicrobial Programmes' approach/methodology in England

PHE is supporting WHO Europe in the implementation of the European Action Plan for Strengthening Public Health Services and Capacity by contributing to the Extended Advisory Board.

China: PHE will seek to develop collaborative opportunities with the Chinese Center for Disease Control and Prevention (China CDC); potential areas for collaboration include diabetes prevention, hypertension, TB, AMR, and salt and sugar reduction as well as the sharing of comparable data, convening joint workshops and organising staff exchanges.

Environmental toxicology and health: PHE will continue to explore collaborative opportunities with the Chulabhorn Research Institute in Thailand.

Exploring potential PHE collaboration with DFID on public health in Pakistan: PHE will work with DFID to explore how PHE could support the government of Pakistan in relation to International Health Regulations capabilities and integrated disease surveillance and response.
International Association of National Public Health Institutes (IANPHI) and national public health institutes: PHE will work with IANPHI and national public health institutes to enhance the development of public health capacity in low and middle income countries.

Commercial partnerships: Where appropriate, PHE will offer commercial partnerships in line with PHE’s commercial strategy, to contribute to the development of public health capacity at a global level.

**Strategic Priority 4: Developing our focus on, and capacity for, engagement on international aspects of health and wellbeing, and non-communicable diseases (NCDs)**

Supporting efforts to improve health and wellbeing in England and globally, PHE will continue to develop its approach for international engagement on NCDs, focusing on major risk factors for health, and will continue to actively share knowledge with international partners and draw on and contribute to the international scientific evidence base.

**Understanding the effects of deprivation on health:** PHE is collaborating with the University of Washington Institute for Health Metrics on analysis of the effect of deprivation on the burden of disease at a sub-national level.

**European Monitoring Centre for Drugs and Drug Addiction:** PHE will maintain and develop UK reporting, information exchange and cooperation in support of the 2015 work programme of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). This will include providing information on the UK drug situation to inform the 2016 European Drug Report as well as managing the UK component of the European Early Warning System for the identification of New Psychoactive Substances and their associated health harms.

**Screening:** PHE will continue to work with international partners to share best practice and assess the best possible evidence for screening. Learning from the NHS Sickle Cell and Thalassemia Screening Programme is being shared with colleagues in Nigeria, Tanzania and Mexico. The NHS Newborn Hearing Screening programme is helping colleagues in Ireland as they set up their own programme.

**Health in prisons:** PHE’s WHO Collaborating Centre for Health in Prisons will support the Five Nations’ Health and Justice Collaboration (UK and the Republic of Ireland) providing advice to WHO European Region member states on the development of prison health systems and their links with public health systems, and on technical issues related to communicable diseases, substance misuse and mental health.

**Mental Health:** PHE will engage with WHO on supporting work towards achieving the WHO 2020 Mental Health Action Plan. This will include work on suicide prevention, and addressing the social determinants of mental health and mental illness. PHE will play an active role in global action on addressing dementia, particularly prevention and community action.

**Wellbeing:** PHE will engage with WHO, OECD, UN, EU and other international bodies on the work of the What Works Centre for Wellbeing.
Strategic Priority 5: Strengthening UK partnerships for global health activity

PHE will continue to strengthen partnerships with other organisations across the UK public health system, UK government and agencies, the NHS and UK based international NGOs for global health work.

UK government: PHE will look to consolidate its position as the leading source of public health advice and expertise to UK government departments, develop its engagement with Healthcare UK and UK Trade and Investment to seek opportunities to deliver services overseas on a commercial basis, and work with the Department of Health, the Foreign and Commonwealth Office, DFID and others to support UK government health priorities internationally.

UK devolved administrations: PHE will develop its means of communication with the devolved administrations of the UK on global health activity, supporting efficient and effective UK-wide contributions. PHE will continue to provide the UK national focal point for the WHO International Health Regulations 2005.

UK public health community: PHE will continue to engage on global health matters with local authority directors of public health and their teams, the Faculty of Public Health, and other professional groups and bodies as appropriate.

Supporting Priority: Strengthening arrangements for strategy delivery

PHE will continue to strengthen arrangements to ensure that strategy delivery is joined-up across the organisation. Activity will focus on enabling more effective prioritisation, coordination, monitoring and evaluation so as to maximise value for money and impact over the period of the strategy, and to support local to national service delivery in England.

Advice to the PHE Board: The PHE Global Health Committee with representatives of UK government, agencies and PHE’s partners will continue to advise the PHE Board on PHE’s leadership role in global health and will provide supportive challenge on PHE’s strategy and its delivery.

Working together across PHE: PHE’s Global Health Strategy Delivery Group, with representation from across PHE, will provide oversight and ensure that all parts of the agency are able to effectively contribute to and influence strategy delivery.

Prioritising activity: PHE will clarify internal processes for prioritising global health activity and associated resource allocation.

Monitoring and evaluation: PHE will develop a monitoring and evaluation framework to support its global health work, enabling PHE to demonstrate the value gained by PHE from the engagement.

Governance and standards: PHE will strengthen its governance arrangements for strategy delivery, through reporting to the Global Health Committee and achieving cross
organisational contribution and representation in the strategy delivery group. To support improved management and reporting, PHE will strengthen its internal system for capture and sharing of information on international activities undertaken.

**Being clear on PHE’s capabilities:** PHE will set out a capability statement of its assets (knowledge, human and physical) that can be deployed in partnership with others to support global public health work.

**Exploring further funding opportunities:** PHE will explore the potential for establishing a foundation to raise additional funds for its global health work, as well as developing its approach to securing external funding.