Public Health England

Minutes

Title of meeting	PHE Global Health Committee
Date	Monday 26 January 2015
Time	2.00pm – 4.00pm
Venue	Room 230D-232D, Skipton House, 80 London Road, London, SE1 6LH

Present	Sian Griffiths	Chair, PHE Global Health Committee
	Aliko Ahmed	Association of Directors of Public Health
	Mark Bellis	Public Health Wales
	Lord Crisp	All Party Parliamentary Group on Global Health
	Michael Depledge	Professor of Environment and Human Health
	Poppy Jaman	PHE Board member
	Anthony Kessel	PHE
	Anne Kilgallen	Northern Ireland Department of Health, Social Services and Public Safety (by teleconference, until min ref 15/90)
	Gemma Lien	PHE (minutes)
	Paul Lincoln	PHE Board member
	Duncan McCormick	Scottish Government (by teleconference, until min ref 15/95)
	Modi Mwatsama	UK Health Forum
	Mark Salter	PHE (by teleconference, until min ref 15/90)
	John Watson	Deputy Chief Medical Officer
	Premila Webster	Faculty of Public Health
	Chris Whitty	Department for International Development (by teleconference, from min ref 15/77)
In attendance	Amina Aitsi-Selmi	PHE (from min ref 15/98)
	Charles Dale	Department of Health (on behalf of Kathryn Tyson)
	Ellie Isaacs	Department of Health (on behalf of Kathryn Tyson)
	Victor Knight	PHE Board Secretary
Apologies	Magna Aidoo	Commonwealth Secretariat
	Peter Bradley	Public Health Wales
	Kevin Fenton	PHE
	David Heymann	PHE Chairman
	Andrew Jackson	FCO
	Brian McCloskey	PHE
	Rory Shaw	Healthcare UK
	Kitty Smith	Health Protection Scotland
	Kathryn Tyson	Department of Health

1. Introduction, apologies and declarations of interest

15/60 The Chair welcomed everyone to the meeting and invited introductions. Apologies to the meeting were noted.

15/61 The Chair declared an interest as an adviser to Healthcare UK.

2. Minutes of the previous meeting

15/62 An amendment had been provided to the Secretariat regarding paragraph 15/57 of the minutes. This would be amended to:
"The Global Health Partner's Forum would be held on 24 November 2014. The Forum was led by the Department of Health and sat under the UK's global health strategy, 'Health is Global'. There was a commitment to hold regular events to bring together partners from academia, non-governmental organisations, global heath partnerships, Royal Colleges, industry and others. The Department of Health had invited PHE to present at the meeting."

15/63 Following this amendment, the minutes of the meeting held on 2 October 2014 were agreed as an accurate record.

3. Matters arising

15/64 The action list was noted.

15/65 The UK Health Forum was continuing to work with partners towards the development of a global alcohol standard and a global food standard. A series of articles were due to be published which could be linked in to PHE's work.

4. Report from the Director of International Public Health

15/66 The Director of International Public Health gave some verbal updates on his report (enclosure GHC/15/03). The PHE mission to Hong Kong and China in December had been a success. The purpose of the mission had been to build on existing good relationships and to explore new ways for PHE to work together with Hong Kong and China, to identify priority areas for collaboration and to explore commercial opportunities. Follow-up activities were already underway with the Chinese University of Hong Kong and the Chinese Centre for Disease Control and Prevention. A full report of the mission would be made at the next PHE Board meeting. A further update would be provided to the Global Health Committee at its next meeting. **Anthony Kessel**

15/67 As part of the PHE-led Commonwealth microbiology laboratory twinning initiative to combat antimicrobial resistance (AMR), PHE had partnered with the Caribbean Public Health Agency (CARPHA) to deliver a two day AMR workshop for CARPHA member states and territories in December 2014 in Trinidad and Tobago. The report of the workshop and next steps would be provided at the next meeting. **Anthony Kessel**

15/68 In November/ December 2014 three PHE staff had undertaken a visit to Pakistan to build on the initial exploratory visit undertaken by the Chief Executive in April/ May 2014. The purpose of the visit was to refine the draft proposal of PHE activity to be considered by DFID Pakistan. There remained some funding issues which it was hoped would be clarified soon.

15/69 A member of PHE's communications team had just completed a secondment to WHO on communications aspects of AMR and the development of the new global action plan.

15/70 Two international secondments were underway:

a) The PHE Director of Global Health Security had been seconded to work with David Nabarro, United Nations Secretary-General's Special Envoy on Ebola; and

b) A PHE staff secondment to the WHO Global Outbreak and Response Network (GOARN) had been extended to May.

15/71 Two PHE secondments were planned:

a) one to CARPHA, based in Port of Spain, Trinidad and Tobago, to work on public health support and collaboration between PHE and the Caribbean region with a focus on supporting IHR compliance including AMR; and
b) one to the International Rescue Committee (IRC) in Nairobi, Kenya, supporting the IRC on public health in humanitarian settings. It was expected that this role would also strengthen links between PHE and the Ministry of Health in Kenya.

15/72 Considerable progress on the development of a proposed model for the establishment of the PHE Global Health Foundation had been made since October, following detailed discussions with the US CDC Foundation and the Department of Health's legal team. Further advice would need to be sought from Charity law specialists and the Charity Commission.

15/73 The Director of International Public Health invited comments on his report. It was noted that the Russell Group, which represented 24 leading UK universities, was holding an event with China the following week. The Chair of the Committee had been invited to speak at it. It was also noted that PHE should link with NICE International regarding their links to China.

15/74 Further PHE-led Commonwealth workshops regarding the microbiology laboratory twinning initiative to combat AMR would be held in other regions. It was suggested that the PHE secondee to CARPHA could link to the injury and violence studies in the Caribbean.

15/75 The Deputy Chief Medical Officer highlighted the excellent work PHE was doing on the Ebola outbreak response in Sierra Leone and in the UK. However, further work was needed post-crisis, including long-term sustainable support.

15/76 It was noted that PHE had built on existing links in Sierra Leone prior to the outbreak, including a PHE-led workshop in early 2014 on strengthening public health capacity in the country.

15/77 WHO had written to PHE regarding the provision of sustainable in-country support. The Chinese Centre for Disease Control and Prevention, amongst other partners, had expressed interest in contributing to this effort.

15/78 It was suggested it would be good to reflect on the growing nature of PHE's global health work in a year's time.

15/79 Membership of the Global Health Strategy Delivery Group was raised. At present, membership comprised of staff representatives from all PHE directorates. This was because the delivery plan was focussed on PHE operational activity. However, the model could be revisited to see how the group might engage with external partners. It was suggested that there could be two groups, one internal and one external facing. Devolved administration representatives would be invited to be part of an external facing group.

Anthony Kessel

15/80 It was noted that page five of the Global Health Strategy Delivery Plan should include dementia.

5. All-Party Parliamentary Group on Global Health

15/81 Chaired by Lord Crisp and the Meg Hillier MP, the All-Party Parliamentary Group (APPG) on Global Health was a Parliamentary forum to debate and raise the profile of global health policy issues within Parliament and Government. It focused on underlying cross-cutting global health issues and worked in collaboration with other APPGs dealing with health and development issues. Through research and regular events, it offered recommendations and advice to Parliament and the government on key policies impacting health in the UK and overseas. It was funded by a number of universities and other organisations that play a leading role in global health. It held regular meetings on various topics. It was suggested that the PHE Global Health Committee could propose a meeting topic to the APPG.

15/82 The APPG had commissioned a team from the London School of Hygiene and Tropical Medicine to map the UK's footprint on improving health globally. An initial assessment on what activities were taking place, where and by whom, would help to deepen understanding of the scale of the UK's involvement. This could then be used to identify gaps and provide initial recommendations on how the UK could better invest and co-ordinate its strengths to achieve more with its partners abroad. A further update on the progress of this work would be brought to a future meeting. **Lord Crisp**

15/83 The APPGs on Global Health and Mental Health had published a joint report 'Mental Health for Sustainable Development', authored by Dr Mary De Silva and Jonty Roland. The overarching message of the report was that progress in development would not be made without improvements in mental health.

15/84 The report noted that mental health mattered globally. Three quarters of people with mental health problems lived in low and middle income countries. In low income countries, less than one in 50 people with severe mental disorders would receive any evidence-based treatment. 25% of the global burden of disability came from mental disorders. In developing countries, less than 2% of annual health budgets were spent on mental health.

15/85 People with mental health problems lived shorter lives in worse health than others. The global cost of mental health was £1.6 trillion per year, taking into account the social and economic effects it contributed to, including poor parenting, school failure, domestic violence and toxic stress. People with mental health problems were also often subjected to serious abuse such as chaining. In many countries, people with mental health problems were denied fundamental human rights and protection through discriminatory laws.

15/86 Cost-effective solutions for addressing mental health problems existed, including:

a) fostering social and economic environments that promoted mental wellbeing;
b) expanding access to community based treatment and care; and
c) advocating for the rights and representation of people with mental health problems.

15/87 Mental health needed to become an essential part of the approach to improving primary care, strengthening health systems and achieving universal health coverage.

15/88 The report made four recommendations:

a) The Department for International Development (DFID) was doing the most in the UK, but needed to go further to integrate, evaluate and replicate global mental health in its programmes in order to support countries to implement the WHO Mental Health Action Plan;
b) Non-governmental organisations and others working in international development should support staff to understand the needs and capacities of people with mental health problems, encourage the inclusion of people with mental disorders in their general development programmes, set up new mental health specific programmes, and measure the impact of their programmes on mental health;
c) Professional bodies and mental health providers, with the support of government, should establish and expand training and research partnerships with low and middle income countries - seeking to teach and to learn about professional skills, tackling discrimination and policy reform; and
d) The UK government should lobby for the inclusion of a mental health target within the Health Goal in the Sustainable Development Goals.

15/89 The Committee welcomed the report, which was very timely. Poppy Jaman was the Chief Executive of Mental Health First Aid, which was already working in 23 countries and expanding. There was a huge need for assistance with mental health interventions at community level. Low income countries were also reaching out for assistance on mental health literacy and services. The UK needed to better understand how a country would best develop this, assist in mobilising the supportive base and ensure mental health was integrated into all policies.

15/90 Global environmental change was also linked to mental health, through the effects of urbanisation, demographic change, pollution, climate change and environmental disasters (e.g. loss of life through flooding and extreme heat). This was suggested as an agenda item for a future meeting of the Committee.

15/91 It was encouraging that the report had included the link to toxic stress and the need to ensure global mental health was included in the Sustainable Development Goals. It was noted that the Sustainable Development Goals should be discussed at a future meeting of the Committee.

15/92 It was noted the report provided baseline information, which would need to be followed up. The World Bank had been due to hold a meeting on depression but this had been rescheduled to the next year following the Ebola outbreak in West Africa. The Deputy Chief Medical Officer would share the report with the Chief Medical Officer.

15/93 Committee members would be added to the invitation list to future events of the APPG on Global Health. **Gemma Lien**

6. African Health Leaders

15/94 Lord Crisp had co-edited a book which had been recently published entitled

"African Health Leaders". Whilst most accounts of health and healthcare in Africa were written by foreigners, this book had been written by Africans who had themselves led improvements in their own countries. The book set the scene for how new health leaders in low and middle income countries could shape the future of health and healthcare globally and was a celebration of the improvements in health in Africa and the people who had made them happen.

7. Global health in local authorities

15/95 The Association of Directors of Public Health (ADPH) had a large group of professionals who could contribute to the global health agenda. Local government were keen to take forward their public health responsibility, and a network for global health action in local government was proposed, under a collaborative partnership arrangement between ADPH and PHE.

15/96 The purpose of the network would be to:

a) Foster strategic cooperation and collaboration across all local authorities in England that would maximise collective abilities to explore and exploit opportunities for global health developments including funding opportunities with global and external networks/partners; and
b) Enhance collective capacity and capability for sharing, exchanging and learning from each other and with global partners in relation to improving global and local health outcomes.

15/97 The Committee agreed the establishment of the network in principle, but it was noted that the PHE National Executive would need to endorse the approach. Further discussion between PHE and ADPH were needed regarding resource implications and practicalities of how the network might function. It was also noted that the network might be open to colleagues in the devolved administrations.

8. Roundtable discussion / Any other business

15/98 The WHO Executive Board special session on the Ebola emergency had been held the previous day. The session had explored the current context and challenges of stopping the epidemic, and preparedness in non-affected countries and regions. It had also examined how WHO might ensure its capacity to prepare for and respond to future large-scale and sustained outbreaks and emergencies.

15/99 The Draft Global Action Plan on AMR would be submitted to the World Health Assembly in May 2015.

15/100 Professor Virginia Murray, PHE Consultant in Global Disaster Risk Reduction, and Vice-Chair of the United Nations Office for Disaster Risk Reduction (UNISDR) scientific and technical advisory group (STAG), would be attending the UN World Conference on Disaster Risk Reduction in Japan in March 2015. It was hoped that that the Sendai Framework on Disaster Risk Reduction 2015-2030 would be adopted by UN Member States during this conference. The Framework had been produced through Member State negotiations held in Geneva in June 2014, November 2014 and in January and February 2015. There had been a strong push to include science, technology and public health messages in the Framework. A further report would be provided to the Committee at a future meeting. **Anthony Kessel**

15/101 It was noted that a strong UK champion was needed for the Sustainable Development Goals.

15/102 The Chief Medical Officer had provided funding for two 12-month Global Health Fellowships available to public health registrars. Candidates could either identify appropriate overseas placements in international agencies such as WHO, or apply for placements available via PHE.

15/103 Themes for future meetings were identified as:

a) Public health trainee overseas exchange;
b) Sustainable Development Goals;
c) Climate change and environmental health;
d) Lessons learned for PHE on the Ebola outbreak response; and
e) Legacy and public health capacity building in Sierra Leone.

15/104 There being no further business, the meeting closed at 4:05pm.

Gemma Lien
Head of Global Health Strategy