Public Health England

Minutes

Title of meeting	PHE Global Health Committee
Date	Thursday 10 July 2014
Time	2.30pm – 4.30pm
Venue	Board Room, Wellington House, 133-155 Waterloo Road, London SE1 8UG

Present	Sian Griffiths	Chair, PHE Global Health Committee
	Aliko Ahmed	Association of Directors of Public Health
	Magna Aidoo	Commonwealth Secretariat
	Michael Brodie	PHE (until min ref 14/18)
	Michael Depledge	Professor of Environment and Human Health
	David Heymann	PHE Chairman
	Poppy Jaman	PHE Board member
	Anthony Kessel	PHE
	Gemma Lien	PHE (minutes)
	Modi Mwatsama	UK Health Forum
	Mark Salter	PHE
	Kathryn Tyson	Department of Health (until min ref 14/22)
	Rory Shaw	Healthcare UK
	Kitty Smith	Health Protection Scotland
	John Watson	Deputy Chief Medical Officer
	Chris Whitty	DFID
In attendance	Victor Knight	PHE
	Annette Luker	PHE
Apologies	Elizabeth Reaney	Northern Ireland Department of Health, Social Services and Public Safety
	Lord Crisp	All Party Parliamentary Group on Global Health
	Premila Webster	Faculty of Public Health
	Brian McCloskey	PHE
	Peter Bradley	Public Health Wales
	Paul Lincoln	PHE Board member

1. **Introduction, apologies and declarations of interest**

14/01 The Chair welcomed everyone to the meeting and invited introductions. The Chair had invited members to join the Committee as a result of their experience and expertise. It was noted that members participated in their individual capacity, rather than on behalf of their respective organisations.

14/02 The Chair declared an interest as an adviser to Healthcare UK.

2. PHE's global health work

14/03 Members had already received two background papers from the PHE Board meeting on global health in November 2013. These papers provided an overview of PHE's global health resources, responsibilities and examples of previous global health projects and staff secondments.

14/04 Anthony Kessel, PHE Director of International Public Health, introduced the paper, 'Update on PHE global health activities' (enclosure GHC/14/01) and provided examples of PHE's global health work, illustrating the diversity of work being undertaken and the international contribution that PHE was making, including:

a) PHE's global health security activity, including with the Global Health Security Action Group (GHSAG) and the US Global Health Security Agenda (GHSA);
b) collaboration with the Kingdom of Saudi Arabia in the response to the emergence of MERS-CoV;
c) provision of expertise and advice to a number of countries on mass gatherings - part of the legacy from London 2012, and a commitment of PHE's WHO Collaborating Centre for Mass Gatherings;
d) a recent PHE visit to the US Centers for Disease Control and Prevention;
e) collaboration with the WHO Global Outbreak and Response Network;
f) the PHE response to the Philippines following Typhoon Hiyan (Yolanda) and the recent Ebola virus outbreak in West Africa;
g) the development of a Commonwealth twinning initiative to combat AMR;
h) work with the Caribbean Public Health Association (CARPHA) and the Public Health Agency of Canada to support Caribbean countries as they address the challenges of AMR;
i) public health capacity building in Uganda and Sierra Leone; and
j) exploring opportunities with DFID to support polio activity in Pakistan and public health capacity building for the Overseas Territories and Crown Dependencies**.**

14/05 The Chair noted that this update had been more health protection focused, and that there would be a greater focus on non-communicable disease work at the next meeting.

14/06 PHE's global health work would evolve and grow over the coming years. The Global Health Committee would help to shape and align this work with PHE's priorities. The importance of the UK's health security was noted.

14/07 The Chair requested information on PHE's global health budget spend and an overview of PHE's strategic links to partners to be provided at a future meeting. **Anthony Kessel**

3. Global Health Foundation

14/08 Michael Brodie, PHE Finance and Commercial Director, reported that PHE was looking to expand its commercial global health work. PHE had some key strengths – its international brand name, a solid commercial infrastructure, a good governance system and existing business on which to build.

14/09 PHE currently generated around £180 million in external income, most of which came from the health protection and microbiology directorates. PHE's predecessors had achieved a compound annual growth rate of 8% in the past.

14/10 Healthcare UK had set a challenge to raise £1 billion in sales for the UK healthcare sector over the next five years, and were seeking 10 organisations who could collectively deliver this, one of which was PHE. PHE was already giving serious thought as to how it might grow its external income, including diversifying its global business and using a partnership model. The goal would be to generate £100 million of net incremental revenue to the UK.

14/11 On a separate matter, PHE was also exploring the establishment of a foundation, a fundraising and grant making charity with an independent board. It was envisaged that PHE would be the sole recipient of its grants, but would need to apply for the funding. The foundation would need to have the correct governance structures including an independent chair and trustees. PHE would be seeking advice from a charity lawyer on these issues. PHE was also liaising with the CDC Foundation which had been established by the US Centers for Disease Control and Prevention using a similar model.

14/12 A further update on progress would be made to the Committee at the next meeting, and individual views from members were welcomed. **Michael Brodie**

14/13 Rory Shaw gave an overview of Healthcare UK. The organisation had been launched in January 2013 to increase the UK's share of the growing global healthcare market by promoting the UK healthcare sector to overseas markets and supporting healthcare partnerships between the UK and overseas healthcare providers.

14/14 Healthcare UK was a joint initiative of the Department of Health (DH), UK Trade and Investment (UKTI) and NHS England. It worked with UKTI's network of advisors located in more than 100 countries. Healthcare UK was good at feeding back market intelligence, helping organisations develop their offers and connecting them to customers in the market. Priority markets included China, Hong Kong, India, Brazil, Turkey and the Middle East.

14/15 Healthcare UK was responsible for:

a) helping overseas healthcare organisations find a UK healthcare provider that could supply the services and expertise they need;
b) helping UK healthcare providers raise their international profile and win overseas contracts;
c) encouraging UK healthcare providers to work together so they could bid for major overseas projects;
d) working with governments to make it easier for UK healthcare providers to do business overseas; and
e) developing the UK public health sector's ability to work internationally.

14/16 It was noted that Healthcare UK also had a mandate to support philanthropic work overseas.

14/17 The Committee enquired about PHE's resource to grow its external income, which was limited. This was the reason PHE was exploring a partnership model, where the delivery arm could be provided by a partner.

14/18 The Committee also noted that different considerations would be needed when deciding to commit to global health work on a humanitarian or commercial basis.

4. Update from the Department of Health

14/19 Kathryn Tyson reported that the Health is Global Steering Group had met on 17 June, following an eight month gap. Topics discussed at the meeting included: Healthcare UK, the World Health Assembly, WHO reforms, cross-government work on antimicrobial resistance, the findings of the international review undertaken by the Department of Health (this had since been published would be circulated to Committee members), and the government's outcomes framework for global health 2011-2015, *Health is Global*. **Kathryn Tyson**

14/20 It was noted that the Committee should address the post 2015 development agenda at a future meeting.

14/21 Kathryn also provided an update on the first meeting of the International Health Forum (IHF), chaired by Felicity Harvey, DH Director General for Public Health. The IHF was established following the DH international review and comprised members of the International Review Steering Group. It would meet quarterly to discuss high priority issues where cross-system input was valuable, such as the UK Presidency of the EU in 2017 and joint horizon scanning. It would also ensure closer joint working between different parts of the system and that international partners were clear on the respective roles of different bodies.

14/22 The first meeting of the IHF had covered topics including: its Terms of Reference, and the development of a narrative on reasons to act in global health (the Department of Health would provide the first draft), as well as a shared narrative of how the new public health system worked in the UK and England. Healthcare UK and the Department of Health had also volunteered to initiate a piece of work to track international activity across the system. Similar updates to those provided at the last meeting of the Health is Global Steering Group had also been given.

5. Terms of Reference

14/23 The Terms of Reference for the Committee (enclosure GHC/14/02) had been reviewed by the PHE Board. The role of the Committee was to advise PHE on how to strengthen its leadership role and maximise its influence and effectiveness around improvements to global health. It would provide a forum for information exchange, policy development discussions and supportive challenge in all areas of global health. It would also seek to prevent duplication in the public health component of global health activities of the UK and identify where organisations could benefit from closer cooperation.

14/24 The Committee **AGREED** the Terms of Reference. It further noted that it would report to the PHE Board on its activities and would undertake a formal review of the progress it had made in a year's time. The Terms of Reference would also need to be reviewed over time.

14/25 It was noted that there were huge benefits to engaging with the wider public health workforce on the global health agenda, particularly with

Anthony

regards to the role of the public health workforce in local authorities. It was suggested that a framework for engagement be developed for review at a future meeting. The framework should also link to the Faculty of Public Health. **Kessel, Aliko Ahmed**

6. Global Health Strategy

14/26 Anthony Kessel introduced the draft global health strategy (enclosure GHC/14/03) which set out PHE's approach to global health, and provided a framework for its international engagement. It had been developed through extensive consultation and engagement with stakeholders, and with the guidance of a strategy development group.

14/27 The strategy would be delivered through the development of an annual delivery plan, setting out projects and activities in support of the five strategic priorities. The delivery plan would also provide the framework for monitoring and communicating progress against the strategy. A capabilities statement was also being developed.

14/28 The Chair invited comments on the strategy from the Committee. It was noted that Paul Lincoln had already sent his comments by email, including a need for a greater focus on work related to non-communicable diseases.

14/29 Committee members raised the following issues on the draft strategy:

a) it needed to address how PHE would reduce health inequalities;
b) reference to PHE's work in global environment, climate change and demographic change needed strengthening;
c) there should be reference made to global health governance and global health research;
d) more focus on mental health was needed;
e) there should be more emphasis on PHE world leading expertise; and
f) clear operational deliverables and targets were needed and these should be linked with PHE's business plan.

14/30 It was noted that a stronger relationship between PHE and the devolved administrations in relation to global health work was needed.

14/31 Further comments on the strategy were invited by email.

7. Report from the World Health Assembly

14/32 Mark Salter gave a brief report from the 67th World Health Assembly, which had adopted a resolution (WHA67.25) on anti-microbial resistance drafted by the UK and Sweden. Bilateral meetings had been held with a number of countries alongside the Assembly.

8. Update on the Ebola outbreak in West Africa

14/33 PHE was working with WHO, Sierra Leone and DFID to coordinate a UK response to the Ebola outbreak in West Africa, including PHE personnel deployment. The death rate was rising quickly and a large number of healthcare workers had already died. There was an urgent need for a more efficient in-country disease surveillance system, contact tracing and case management, as well as a need to heighten awareness in the surrounding countries. A coordinated global strategic response to the outbreak across the three affected countries was urgently needed. A **Mark Salter**

further update would be provided at the next meeting.

9. Any other business

14/34 Mental health would be addressed as an agenda item at a future meeting.