Public Health England

Protecting and improving the nation's health

Friday message

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Chief Executive

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Dear everyone

All three PHE Laboratories in Sierra Leone are now open for business. After a mammoth logistical effort, our laboratories in Port Loko and Makeni districts in Sierra Leone, as well as our Kerry Town laboratory which was already up and running, are now receiving samples, with the final one in Makeni opening on Monday this week. Each laboratory has a team of around 10 volunteer scientists from PHE, the NHS, Defence Science and Technology Laboratories (DSTL) and academia and provides diagnostic services for the local treatment centres and the community from 6am to 10pm seven days a week. These laboratories have increased the diagnostic capabilities of the country and will have a significant impact on reducing the spread of Ebola. Words are insufficient to convey our pride and confidence in our people on the ground.

PHE leads for the UK on the International Health Regulations and this involves maintaining and building relationships with partners overseas. Last week I spent time with our colleagues in Hong Kong and mainland China. In Hong Kong we met the Department of Health, the Hong Kong Academy of Medicine where we visited their disaster simulation centre, and the Chinese University of Hong Kong. In Nanjing, in the province of Jiangsu, we met staff from Nanjing Medical University, both the municipal and provincial Centers for Disease Control and Prevention (CDC), and Nanjing Health Bureau. In Beijing, we met Minister Qian Liu at the Ministry of Health and Professor Yu Wang, Director General of China's national CDC, Yabao Pharmaceutical Group, the School of Public Health at Peking University and Peking Union Medical College. Although our countries differ in scale, there was significant common ground and much to learn and share. Around 85% of all premature deaths in China are attributed to non-communicable diseases; it has around one third of the world's smokers and has seen a dramatic increase in diabetes, with the disease now affecting 114 million, more than 11% of the population – an increase from about 1% in 1980. With an ageing population China, like us, faces significant challenges around the consequences of hypertension, cardio-vascular disease and dementia. We agreed with Professor Wang to collaborate on diabetes prevention, hypertension, TB, antimicrobial resistance, and salt and sugar reduction as well as sharing comparable data, convening joint workshops and organising staff exchanges.

Earlier this week I was in Perth, Australia, contributing to an international symposium on *Antimicrobial Resistance: Addressing the One Health Security Agenda* held by Murdoch University, in partnership with the Centre on Global Health Security at Chatham House. Antimicrobial resistance is now a global priority and PHE is leading on four of the seven elements of the UK strategy on AMR. Resistance to drugs designed to treat bacterial, viral and parasitic infections is escalating dramatically, posing a major threat to human and animal health and what sustains it. It is estimated that across Europe already 25,000 people die each year as a result of infections resistant to antibiotics, and the annual EU wide cost of healthcare expenses and lost productivity due to antibiotic resistant bacteria is €1.5 billion. AMR is one of our seven priorities in *From Evidence into Action* and we welcome yesterday's publication of the first paper from the wide-ranging independent review, commissioned by the Prime Minister and led by the internationally renowned economist Jim O'Neill, on the economic impact of antimicrobial resistance. This estimates that without reversing action, by 2050 the global cost of AMR will be up to $100 trillion and will account for 10 million extra deaths a year. Professor Neil Woodford, head of PHE's Antimicrobial Resistance and Healthcare Associated Infections Reference Unit at Colindale is one of the review's scientific advisers.

With best wishes