



Public Health
England



Duncan Selbie
Chief Executive

Friday message

Friday 2 May 2014

Dear everyone

At the invitation of the Department for International Development (DFID) I have spent this week in Islamabad and Lahore in Pakistan, a nation with which we share many family ties and connections, with 1 million Pakistanis holding joint citizenship with the UK and 1.4 million visitors from Pakistan each year. The burden of disease in Pakistan is large and disproportionately borne by the poor. Their national investment in health spend is the lowest in South East Asia at 0.7% of GDP and they are one of the three remaining countries with endemic polio, the others being Afghanistan and Nigeria, and they also carry the sixth highest global burden of tuberculosis (TB). An estimated 60% of Pakistan's population of 179 million live below the poverty line, and they expect their population to increase by almost half by 2050. One in 11 children die before their fifth birthday. Pakistan recognises improved health outcomes require effective prevention and disease control measures, which in turn require investment in public health surveillance, a recognised public good and a responsibility of all national governments. It has made huge strides in tackling polio transmission and there is a real determination to eliminate the disease altogether. In recent years, there have also been significant advances in TB control, with a goal to reduce the prevalence of TB by 50 per cent by 2025. The reception and welcome from our Pakistani colleagues was overwhelming and we have much to learn from them. PHE exists to protect and improve England's health, but we have the interest, capacity and capability to work internationally wherever the British Government believes we have something to offer. It is part of our mandate to lead for the UK on the International Health Regulations and this extends to playing our part in protecting the UK from international health hazards, most obviously from communicable diseases including, of course, polio. We will be exploring with DFID and the Government of Pakistan where we might be of assistance in building their public health capability and in co-designing a national disease surveillance system that meets their obligations to the international health community. My additional personal learning this week about DFID's extraordinary work will remain with me and colour how PHE thinks and acts as we grow into our role at home and abroad.

At home, PHE is playing a key role in the East of England's modernised pathology service. The Pathology Partnership, which launched yesterday, will see 125 laboratory staff from hospitals in Ipswich, Colchester, East and North Herts and West Suffolk join the PHE microbiology team. We warmly welcome their arrival which will augment the already formidable expertise of this specialist service.

And finally, news very close to my heart as the immediate past chief executive, was the approval this week by the Chancellor of the Exchequer of the £420m Treasury public funding for the redevelopment of the Royal Sussex County Hospital, the Brighton campus of Brighton and Sussex University Hospitals. The need for this investment has been profound with many of the wards and clinical facilities pre-dating Florence Nightingale and I congratulate the hospital and everyone who has made this possible since planning began in 2007. This is a huge vote of confidence in their future and is great news not only for Brighton but for the whole of the South East.

With best wishes