



# Global Health Committee Paper

<b>Title of meeting</b>	Global Health Committee
<b>Date</b>	Wednesday 20 January 2016
<b>Presenter</b>	Anthony Kessel
<b>Title of paper</b>	Report from Director of International Public Health

## 1. Purpose of the paper

- 1.1 The purpose of the paper is to provide an update on recent global health activity in PHE.

## 2. Recommendation

- 2.1 The Global Health Committee is asked to **NOTE** this update

## 3. Sierra Leone

- 3.1 Phase one of PHE's work on Ebola has been successfully completed. WHO declared the end of the Ebola outbreak in Sierra Leone on 7 November 2015. All Ebola testing facilities are now closed and by December 2015, PHE successfully transitioned all of its diagnostic laboratories from the Ebola Treatment Centres to government of Sierra Leone hospital property. Between September 2014 and November 2015 PHE laboratories tested 37,226 (including 1,677 repeats) samples for Ebola. PHE will continue to test dead bodies until June 2016 for a minimum of three further months in accordance with WHO regulations.
- 3.2 From early October 2015, a medical consultant PHE Head of Mission has been resident in Freetown liaising with the Government of Sierra Leone, other UK government departments (e.g. DFID), and international public health organisations. The Head of Mission provides expert public health support to the Government of Sierra Leone, with a longer term objective of ensuring Sierra Leone achieves sustainable and resilient IHR compliance. Additionally PHE has a resident Health Emergency Planner assisting the Government of Sierra Leone in developing robust national response plans for Ebola and other similar infections.
- 3.3 Overall, the PHE Ebola programme of work in Sierra Leone is moving to a new phase. A dedicated laboratory extension to the Makeni Government hospital has been built, and will be occupied when an agreement with the Government of Sierra Leone has been signed. Additionally, new or replacement laboratories in other parts of the country are also planned to ensure adequate Ebola diagnostic facilities for the long term. The facilities will also have capacity to test for other infections.
- 3.4 PHE is further developing concrete plans to support the Sierra Leone Ministry of Health and Sanitation to strengthen Sierra Leone's public health system more widely. DFID has requested a two year budget to support PHE's Ebola response activities as part of that programme and PHE will source funding elsewhere to support the non-Ebola related activities.

## 4. Pakistan

- 4.1 Recruitment for the Pakistan project is now complete: the project administrators (Pakistan and UK based) and project manager started at the beginning of January, and in-country Public Health consultants will start during the first week of April (pending finalisation of

contracts). Staff induction and pre-deployment training is now being planned and completed. There have been two visits to Pakistan by PHE staff (December and January) to move the project forward, plan arrival of in-country staff, and carry out key leadership engagement meetings in both Islamabad and Lahore. During the second of these visits the procurement/tendering process for our sub-contracted work was completed and sub-contractors appointed. Their work is due to start on 01 March 2016.

- 4.2 The Chief Minister for Health in Punjab Province visited PHE as part of a high level visit to London in December and an MOU between PHE and the government of Punjab was signed.

## **5. China**

- 5.1 PHE is working closely with China CDC and FCO China to organise a series of workshops taking place in May 2015, in Beijing. The workshops will cover AMR, nutrition (sugar and salt reduction), climate change and HIV, and will be attended by senior staff members from both PHE and China CDC – including Duncan Selbie and CDC's Director, Professor Wang.
- 5.2 China CDC's Deputy Director has also requested an additional session on Ebola, in order to explore how China and PHE can work together in future to tackle public health emergencies.

## **6. Official Development Assistance (ODA) funding**

- 6.1 PHE has been awarded three allocations of ODA funding over a five year period. These include: £20 million for the development of a Rapid Response Team (to be split between PHE and an academic partner); £16 million to spend on public health system strengthening under the International Health Regulations, and £15 million – awarded jointly to PHE and the Department of Health – to be spent on international tobacco control.
- 6.2 ODA funding provides an excellent opportunity to expand PHE's programme of global health work, and PHE will be working closely with DH and DFID to develop plans for the funds in order to contribute to HMG's overall commitment to improving global health security.

- 6.3 At this stage, PHE is liaising with DH to better understand the governance and accountability processes required to appropriately administer the funds. PHE is also working with DH to understand the criteria for where and how funds can be spent.

## **7. PHE collaboration with IANPHI**

- 7.1 An MOU between PHE and IANPHI was signed by Duncan Selbie and IANPHI President, Pekka Puska, in October at the 10th Annual IANPHI Meeting. The MOU agreed that PHE will work with IANPHI as a key partner in public health capacity strengthening collaborations over a four year period, with two planned collaborations each year.
- 7.2 PHE is considering how ODA funding allocated for Public Health system strengthening could be used to support this partnership.
- 7.3 A Consultant in International Public Health will be visiting IANPHI in Atlanta in February 2016 to draw up a detailed workplan for the coming four years. IANPHI will be a partner at both the design and implementation phase of collaborations.
- 7.4 In December, the Consultant in International Public Health and the Head of Migrant Health from PHE held a teleconference with European IANPHI leaders to develop ideas for how to collaborate to address the ongoing European refugee crisis.

## **8. Migrant Health**

- 8.1 PHE is working with other UK government departments and IANPHI European members (see above) to address the ongoing European refugee crisis.
- 8.2 In November 2015, PHE representatives attended a WHO meeting in Italy attended by

ministers and senior representatives of Member States in the European Region, to discuss the numerous public health challenges posed by large-scale movements of refugees and migrants to transit and destination countries. The objective of this meeting was to move towards a shared understanding of refugee and migrant health.

8.3 The Migrant Health team at PHE is following up with a Migrant Health Guide.

## **9. PHE WHO Collaborating Centres Meeting**

9.1 On 9 November 2015, representatives from PHE's eight WHO Collaborating Centres participated in a meeting to share learning and best practice. Centre representatives were invited to discuss and consider how to improve their current interactions with other PHE and UK WHO CCs, and with international colleagues. Participants also discussed PHE WHO Collaborating Centre interactions with WHO HQ and regional offices, and how PHE currently supports and resources its WHO Collaborating Centres. In addition to these topics, the group was given the opportunity to address how best to incorporate the role of PHE's WHO Collaborating Centres into Global Health Strategy delivery. The meeting was observed in part by Paul Corrigan (Global Health strategy reviewer).

9.2 The overall feedback from the meeting has been positive, with a number of WHO Collaborating Centre representatives recognising the value of such events, and recommending regular meetings in future.

## **10 International Nursing**

10.1 PHE is currently progressing designation as the first WHO Collaborating Centre for Public Health Nursing and Midwifery with WHO Europe

10.2 There is a 'call to action' from nursing and midwifery bodies internationally to make nursing and midwifery 'a force for health and change and a vital resource for health' PHE has been actively promoting and participating in this call for action

10.3 CND has assisted WHO Europe in developing the contribution for nursing and midwifery to Health 2020 including its Strategic Direction for N&M document and a compendium for good practice.

10.4 CND has fed in advice and supported the nursing/midwifery deployment for the Ebola crisis.

10.5 The Chief Nurse Directorate (CND) has undertaken several international engagements in the last year, travelling to overseas events or engaging with international delegates visiting the UK. In July CND successfully hosted the International School Nurse conference in Greenwich.

10.6 CND is also leading a programme of work 'All OwR Health/Caring for the Public's Health, across the UK and the Republic of Ireland helping to make the 'vital visible.' (ie the contribution of nurses and midwives to 'prevent, protect, promote'

10.7 PHE's CND will be contributing evidence to the All Party Parliamentary Group on Global Health's review of Nursing Action.

## **11. Disaster Risk Reduction**

11.1 The Global Disaster Risk Reduction (GDRR) team has been working on all three UN Landmark agreements for 2015: the [Sendai Framework for Disaster Risk Reduction 2015-2030](#), the [Sustainable Development Goals](#) and the [Paris Agreement on climate change](#); three agreements of global significance building coherence across the different but overlapping policy areas. All now have PHE vision and targets that reflect PHE work programmes.

- 11.2 The team is currently working closely with the United Nations Office for Disaster Risk Reduction (UNISDR) to organise the UNISDR Science and Technology Conference on the implementation of the Sendai Framework for Disaster Risk Reduction 2015-2030, Geneva on 27-29 January 2016. The programme includes senior representatives of UN partner organisations, UN member States and most importantly scientific and technology practitioners from the OECD Field of Science and Technology Classification of Natural Sciences, Engineering and Technology, Medical and Health Sciences, Agricultural Sciences, Social Sciences and Humanities. Interactive sessions will be organised around four themes:
- a) Scientific and technical partnership to support the implementation of the Sendai Framework:
  - b) Understanding disaster risk, risk assessment and early warning;
  - c) Use of science, technology and innovation tools, methods and standards to support the implementation and reporting of Sendai Framework and
  - d) Leveraging science through capacity development and research.
- 11.3 The Conference will also have a number of side events: Young scientists; supportive publishing practices; ethics in research, policy and practice; women in science; funders of DRR research; and knowledge hubs.
- 11.4 The team is also engaged with areas of research and policy implementation of the Sendai Framework, the Sustainable Development Goals and the Paris Agreement for Climate Change. The team has attended a number of high level international meetings, including:
- a) 2015 Shanghai International Forum of Urban safety and disaster medical rescue October 2015
  - b) The United Nations University-International Institute for Global Health (UNU-IIGH) meeting on the Sendai Framework for DRR October 2015
  - c) World Science Forum 'Building resilience in a changing world' resulting in the [Declaration of the 2015 Budapest World Science Forum on The Enabling Power of Science](#) November 2015
  - d) Paris Agreement COP side event on Climate and Health, December 2015
  - e) WHO Global Health Clusters meeting, December 2015
- 12. International AMR**  
PHE / National Institute for Public Health and the Environment of the Netherlands (RIVM) Collaborations
- 12.1 A high level visit from RIVM took place at PHE on 13<sup>th</sup> November 2015. The delegation included André van der Zande, Director of RIVM and also the Director of Environment & Safety, the Director of the Centre for Infectious Diseases and the Director of Public Health and Health Services. AMR was included on the agenda.
- 12.2 The next meeting between representatives of PHE and RIVM for continuing discussions on collaboration and sharing of respective work on AMR is due to take place at RIVM in 2016.
- WHO Euro Tailoring Antimicrobial Programmes (TAP) Pilot**
- 12.3 PHE is collaborating with WHO European regional office to pilot the WHO TAP approach and methodology in England. TAP uses behaviour insights science to increase appropriate antibiotic use via targeted interventions. Sweden and the Netherlands are two other pilot sites.
- 12.4 The focus of the work in England is to promote appropriate prescribing specifically tailored to prescribers working in Out of Hours (OOHs) primary care services.
- 12.5 The formative phase of the project is now complete and the quantitative data has confirmed that, when compared to In-Hours GP consultations, OOHs consultations are more likely to lead to antibiotics prescriptions, and these are more likely to be broad-spectrum antibiotics. Additionally, the qualitative data gathered has revealed issues specific to the OOHs

context which may explain this difference in behaviour, such as perceived risks of not prescribing antibiotics in this setting.

- 12.6 Work is now underway, using this evidence and working with the Behavioural Insights Team, to develop an appropriate intervention. Recruitment of sites is planned for summer 2016 with the aim of testing an intervention as a Randomised Controlled Trial. Governance arrangements are being determined with WHO Regional Office for Europe. NHS Assurance processes and ethical approval will be sought prior to recruitment of sites.

PHE led AMR Commonwealth Laboratory Twinning Initiative

South Africa

- 12.7 Planning is in progress for a second workshop under the Commonwealth Laboratory Twinning Initiative, which is hoped to take place in South Africa in Summer 2016. A second teleconference took place on 9<sup>th</sup> October 2015 with colleagues in South Africa where the objectives of the workshop were discussed. An initial concept document and draft programme has since been drawn up and a follow-up teleconference is due to take place in early 2016.

South East Asia

- 12.8 PHE will continue to explore with partners the opportunities for an AMR twinning workshop in Southeast Asia in 2016.

Canada

- 12.9 The AMRHAI Reference Unit has secured funding from the FCO to hold a workshop for AMR specialists from PHE and the Public Health Agency of Canada's National Microbiology Laboratory to foster closer working between the two national microbiology teams working on national AMR surveillance and molecular epidemiology, focused particularly on MDR-Gram negative organisms.

- 12.10 The meeting will seek to find areas for strengthening collaboration and synergy with existing resources, but will also consider what might be done if additional research funding could be secured. It will take place week commencing 15th February in Winnipeg, Canada.

India

- 12.11 A PHE workshop with public health key stakeholders in India is being planned in April 2016, of which AMR may be a theme.
- 12.13 On 14 January 2016 PHE took part in the second meeting of the Anglo-India Joint Working Group. At the request of the Department of Health, PHE is chairing the Group's subcommittee on AMR. The purpose of the subcommittee is to explore opportunities for collaboration.
- 12.14 Other subcommittees will focus on Universal Health Coverage and Training.
- 12.15 PHE's involvement with the Joint Working Group is in line with PHE's other links with India, especially around AMR.

Antibiotic prescribing pilot study

- 12.16 PHE continues to partner with Anhui University on a pilot research project exploring the impact of an educational intervention to reduce inappropriate prescribing of antibiotics in primary care across Anhui. Anhui is a province of China with a population of around 60 million.
- 12.17 A delegation from the research team at Anhui, led by the Principle Investigator, Professor Wang, visited PHE in October 2015 and met with a range of representatives from PHE, including the Field Epidemiology Services in Bristol, the Director of International Public Health and the AMR team.

Russia

12.18 PHE contributed to a series of AMR workshops in Russia in December 2015, alongside WHO Regional Office for Europe.

#### Recruitment

12.19 A Senior Executive Officer grade AMR International post has been offered to a successful candidate and we hope they will be able to start early 2016.

### **13. Marketing**

13.1 PHE's Marketing Director and the Teen Pregnancy Advisor to PHE Health and Wellbeing (Director of the Teenage Pregnancy Knowledge Exchange at the University of Bedfordshire) attended a meeting with the Instituto Nacional de Salud Pública (INSP) in Mexico City and Cuernavaca Headquarters. The objective of the visit was to share the UK experience of the Teenage Pregnancy strategy and wider aspects of how we engage with young people in order to change behaviours.

13.2 Key actions agreed upon during the visit include:

- a) There will be no formal Memorandum of Understanding between PHE and INSP Mexico, rather an informal exchange of information and expertise.
- b) PHE will send through a range of follow up information and documents to include:
  - i. Evaluation of first phase of the Teenage Pregnancy Strategy
  - ii. Health Behaviour of Schoolage Children – with validated questions which could be useful for the Strategy evaluation
  - iii. Research data on young people's current and preferred source of information on sex and relationships
  - iv. Evidence briefing and practice resources on sex and relationships education from the Sex Education Forum.
  - v. Research briefings on young fathers research.
  - vi. The PHE partnership strategy and how we work and engage with the commercial sector
  - vii. The tobacco cessation marketing strategy
- c) In addition PHE has been asked to collaborate with INSP on a research proposal to measure the impact of their e-learning programme for family planning staff aimed at making contraceptive services adolescent friendly. PHE will retain a role as a critical friend on the measurement and evaluation strand of the Mexican Teenage Pregnancy Strategy. An informal invitation has been extended for a follow up visit in 2016.
- d) PHE Marketing will look at the INSP website and agree a number of low cost actions to promote usage.

13.3 The marketing directorate is currently providing professional advice and support to a number of international partners. This includes:

- a) exploring Change4Life/Disney partnership opportunities in both Germany and Italy.
- b) advising Moldova on how they might apply the principles of C4L and possibly other campaigns
- c) working with Malta who have enquired whether they can use ACT FAST materials for their own stroke campaign
- d) hosting a visit for a delegation of French public health officials. They will be briefed on Stoptober and visit a local authority to see how the national campaigns are delivered

locally.

**14. Nordic public health and international development meeting:**

- 14.1 A PHE representative attended a meeting of Nordic (Sweden, Norway, Finland, Denmark) public health institutes and development agencies on 02 December 2015 in Sweden. PHE presented and contributed to discussions on the developing cooperation between PHE and DFID.
- 14.2 The Norwegian Agency for Development Cooperation's (NORAD) representative suggested that it would be helpful to explore opportunities for 'Nordic plus collaboration' – with the 'plus' referring to the UK and US; the Norwegian Institute of Public Health (NloPH) representative responded positively to this, building on existing good links with PHE. NloPH's global health team has expanded significantly in recent years and, whilst not discussed in the main meeting, there may be opportunities for PHE to collaborate with NloPH or other Nordic partners in supporting capacity building with low and middle income countries, for example with the International Association of National Public Health Institutes.
- 14.3 Public Health Agency of Sweden's Director General was very interested in PHE's cooperation with DFID and the opportunity to build on PHE's learning in strengthening his own organisational links with the Swedish International Development Agency (SIDA). To support such an exercise, and for the wider group, PHE has circulated to the group (partly at NloPH's suggestion) PHE's international public health capability statement, global health strategy and other background documents. PHA of Sweden have been working with partners in India on alcohol consumption. SIDA have been working on AMR and are interested in linking with PHE on this.
- 14.4 The delegates agreed it would be valuable to have another Nordic meeting on this topic within the next year.

**15. Evaluation of international activities at PHE**

- 15.1 PHE's Global Health Strategy (published in 2014) commits PHE to monitoring and evaluating its international activities. Effective programme evaluation is a systematic way to improve and account for public health interventions, and is essential to ensure that resources (both financial and human resources) are being invested wisely. Currently, international activities at PHE are not evaluated routinely. This is partly due to the diverse and wide-ranging nature of activities, which take place across the organisation.
- 15.2 In order to develop an evaluation framework, the International Public Health team are conducting a scoping exercise to consider the following:
- a) Which aspects of PHE's international activities should be evaluated? What are the priorities for evaluation?
  - b) How should evaluation be conducted? And who by?
  - c) Should activities be evaluated internally or externally? And in which circumstances?
  - d) Which audiences should evaluation be conducted for?
- 15.3 The overall objective of the scoping exercise is to produce a proposal for an evaluation framework, and gain the agreement required to implement the proposal.

**16. Visits and secondments**

- 16.1 PHE has received several high-level international delegations in the past three months.
- 16.2 This has included visits with a focus on emergency response from South Africa's National Institute for Communicable Diseases (October), and from the Japanese Ministry of Health, Labour and Welfare (November). The Japanese delegation, which included a Consultant for

Research and Development Coordination, was particularly interested in discussing the possibility of developing an MOU with PHE.

- 16.3 In November, PHE also received several delegations interested in our global health strategy. Visitors included the French General Inspectorate of Social Affairs (IGAS), who met with PHE and DH representatives to discuss our respective global health strategies and global health security; and the Chinese Ministries of Health, Commerce and Foreign Affairs, who met with PHE and DH staff from Global Health and AMR to explore the development of their own global health strategy.
- 16.4 PHE's work on tobacco also attracted international interest in November, with visits from delegations including representatives from the Japanese House of Councillors and health promotion teams from the Ministry of Health and Wellbeing in South Korea. The Singapore Ministry of the Environment and Water Resources and National Environment Agency also visited PHE to discuss radiation and policies on smoking in public places.
- 16.5 In addition, PHE has liaised with France to discuss tobacco and e-cigarettes. The French High Council of Public Health has tasked a working group to produce a guidance paper about the use of e-cigarettes, their potential risks and added value within a national plan for reducing tobacco smoking. In January 2016, PHE contributed to a hearing of experts organised by the working group. The working group were keen to understand what was being done internationally and how public health policies deal with the role and impact of e-cigarettes, especially in the UK.
- 16.6 November 2015 also saw a visit from a delegation from Norway, led by the Norwegian Deputy Minister of Health, Dr. Astrid Nøkleby Heiberg. Dr. Heiberg visited PHE to learn about our activities on dementia and healthy ageing, including system leadership and engagement in this area.
- 16.7 In the same month, a delegation from the National Institute of Public Health and the Environment in the Netherlands, led by the Director-General, André van de Zande, also visited PHE. A number of areas for further collaboration have been identified and are being explored.
- 16.8 Upcoming visits include a delegation from Singapore Ministry of Health, interested in learning about reporting and response to serious incidents in healthcare (including healthcare associated infections (HCAI)). The delegation will be visiting PHE in March.

#### Secondments

- 16.9 *IRC Kenya:* The secondment from PHE to the International Rescue Committee (IRC) in Nairobi, Kenya started in April 2015 and finished in early December 2015. Several opportunities for continuing PHE involvement with IRC in Kenya, and with the Ministry of Health, have been identified in the course of the secondment, and these are being considered. The secondee will continue to spend two days a week working on international public health to support the pursuit of these opportunities.
- 16.10 *WHO GOARN:* The secondment from PHE to Geneva to support the general strengthening of the WHO Global Outbreak and Response Network (GOARN) central coordination and operational arrangements with members has now come to an end.
- 16.11 *Mahidol Oxford Research Unit:* PHE has recently seconded a staff member from the Statistics Modelling and Economics department to the Mahidol Oxford Research Unit in Thailand. The staff member is a postdoctoral student and will be continuing research on a PHE project during the secondment.
- 16.12 *WHO HQ, Geneva:* A PHE staff member has been seconded to WHO Epidemic Clinical Management (ECM), Pandemic and Epidemic Diseases Department (PED), to work as a



consultant for one year (Jan 2016-Dec 2016). The aim of the secondment is to contribute to the formalization of Epidemic Disease Clinical Assessment and Response Network (EDCARN) and enable the Network to contribute to the Global Health Emergency Workforce Plan. EDCARN has been evolved from the ad-hoc and virtual clinicians' network set up by WHO to support front-line clinicians.

**17 New Year's Honours**

17.1 Six PHE staff members received New Year's Honours: Dr Tim Brooks and Neil Bentley for their work on Ebola, in West Africa, Professor Viv Bennett for her services to nursing and midwifery, Dr Jenny Harries for her work in leading the Ebola screening programme in England, Dr Eric Rooney for his services to dentistry, and Professor Paul Cosford for his contribution to public health.

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*January 2016*