



# PHE Board Paper

<b>Title of meeting</b>	PHE Board
<b>Date</b>	Wednesday 24 February 2016
<b>Presenter</b>	Anthony Kessel
<b>Title of paper</b>	Overview of PHE global health activities

## 1. Purpose of the paper

- 1.1 The purpose of the paper is to provide an overview of global health activity at PHE.

## 2. Recommendation

- 2.1 The PHE Board is asked to **NOTE** this overview.

## 3. Position in 2013

- 3.1 Public Health England's global health portfolio has grown and developed substantially since the organisation was established in 2013. At first, PHE's global health activities were focused primarily on health protection issues (e.g. emergency response, epidemiology, and microbiology), shaped by the legacy of international work carried out by the Health Protection Agency.
  - 3.2 Whilst health protection activity was set to remain a major part of PHE's global health work, broadening the scope of global health activity to reflect the breadth of PHE's expertise was an early priority. The first PHE Board Meeting dedicated to global health (in 2013) led to the creation of a 'watch-list', setting out observations and suggestions for global health from external panel members.
  - 3.3 In 2014, PHE launched its first Global Health Strategy, which sets out five strategic priorities for PHE's global health activities from 2014 to 2019, and its approach for delivering these activities. A Global Health Strategy Delivery Group (a management group with representation across PHE) and a Global Health Committee (with external representatives, providing oversight and advising the PHE Board and Chief Executive) were established. A strategy delivery plan was published for 2015/16.
- ## 4. Current Position (scope of global health work)
- 4.1 Global health activities at PHE continue to expand, increasingly involving staff from across PHE's directorates, to reflect the full range of PHE's expertise.

- 4.2 PHE's significant involvement in the UK's response to the West African Ebola outbreak brought the organisation to the fore as a key global health contributor as part of the UK / Her Majesty's Government (HMG) response. This position was consolidated in December 2015, when PHE was awarded, as part of a Department of Health (DH) submission, Official Development Assistance funds to work on public health system strengthening / WHO International Health Regulations (IHR,

2005) support, International Tobacco Control (jointly with DH) and the creation of a Rapid Support Force (with an academic partner).

- 4.3 In the last two years, PHE has initiated major projects in both Sierra Leone and Pakistan, and is developing strong links with China around public health development, research and income generating opportunities. This is in addition to PHE's continued contributions internationally through multilateral networks, bilateral partnerships, WHO Collaborating Centres (PHE hosts eight), contributions to the scientific evidence base and international commercial work.
- 4.4 PHE's current position on the watch-list items identified by the Board in 2013 is provided with this report (Annex 1).
- 4.5 A more detailed update on global health activities was recently presented to the Global Health Committee (Annex 2).

## **5. Major projects**

### Sierra Leone

- 5.1 PHE has been working with Sierra Leone, a Commonwealth member state, for several years. A team formed part of the World Health Organization's (WHO) response to the Sierra Leone cholera outbreak in 2013, later setting up and running an enterics laboratory in Freetown to train and support local microbiologists. Shortly before the 2014 West African Ebola outbreak, PHE and partners were working with the Sierra Leonean Ministry of Health and Sanitation (MOHS) to take steps towards establishing a national public health institute (NPHI).
- 5.2 Following the start of the Ebola Virus Disease (EVD) outbreak in Sierra Leone in 2014, PHE became a key partner in the UK response. PHE activities included working closely with UK Department for International Development (DFID), WHO and the MOHS, deploying three diagnostic laboratories to Sierra Leone and providing specialist training to more than 350 volunteer laboratory workers from across the UK to run the labs. PHE also provided epidemiologists to give expert advice to the MOHS on managing the outbreak.
- 5.3 Following the halt in Ebola transmission (declared in November 2015), PHE moved to supporting Sierra Leone in its recovery and public health system strengthening, working closely with other international partners (e.g. US CDC, China CDC and WHO). PHE was a key partner in identifying the flare-up of EVD in Sierra Leone in January 2016. PHE now has a sustained presence in Sierra Leone, moving from interim and emergency response positions to the establishment of Sierra Leone-based PHE posts covering the next two years.
- 5.4 PHE's EVD recovery work has involved transitioning PHE's diagnostic laboratories from the Ebola Treatment Centres to Government of Sierra Leone hospital property and providing in-country expert public health support to the Government, with a longer term objective of ensuring Sierra Leone achieves sustainable and resilient WHO IHR compliance.
- 5.5 PHE is securing further funding from DFID to continue supporting the Government of Sierra Leone's Ebola recovery-related activities for two years as part of a programme to sustain a 'resilient zero'. PHE is seeking funding from other sources to support wider health system development activities in Sierra Leone.

## Pakistan

- 5.6 Pakistan is a DFID priority country, with a significant diaspora based in the UK. Currently, Pakistan does not comply with the International Health Regulations, and seeks to develop a well-functioning integrated disease surveillance and response (IDSR) system.
- 5.7 In 2015, PHE successfully submitted a project proposal to DFID for £1.85m (over two years) to work with Pakistan to provide support both at national and provincial level (Punjab province) to help reach IHR compliance and create an effective integrated disease surveillance and response system. Phase one of this project (underway) is a development phase, with PHE working closely with the national and Punjab governments to understand the current situation and assist in development of strategic and operational plans.
- 5.8 Recruitment for the Pakistan project is now complete: with project staff in post since January 2016, and in-country public health consultants due to start during the first week of April 2016. The Chief Executive will be visiting the newly established PHE office in Pakistan in April 2016.
- 5.9 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.

## **6. Developing relationships: China**

- 6.1 In line with wider HMG priorities, PHE is building a strong relationship with China. PHE and China CDC signed an MOU, announced by the Secretary of State in September 2015, at the UK-China Health Policy Dialogue.
- 6.2 The first joint action following the MOU is the organisation of a high-profile workshop, taking place in Beijing in May 2016, which will be attended by senior staff members from both PHE and China CDC – including PHE’s Chief Executive and China CDC’s Director General. The workshop themes will include: HIV, Climate Change, Nutrition (obesity prevention) and responding to public health emergencies. Objectives include: nurturing CDC-PHE relationships, exploring shared research, identifying tangible joint-working opportunities (e.g. on global health development), and knowledge transfer. Other areas which PHE and China CDC will explore for initial collaboration include: antimicrobial resistance (AMR), multidrug-resistant tuberculosis, vaccine preventable communicable disease, salt and sugar reduction, hypertension, diabetes, and dementia.
- 6.3 PHE is already working with academic partners at a provincial level in China on AMR. PHE has initiated a 12-month AMR research project between PHE and Anhui province, running to September 2016. The aim of the project is to develop and pilot a low cost, effective and sustainable intervention package against AMR in rural Anhui. The study will explore the impact on antibiotic prescribing of a professional education package aimed at community-level doctors and drawing on PHE’s own AMR TARGET toolkit. The project will be funded by the Foreign and Commonwealth Office’s Sustainable Prosperity Fund, alongside Anhui Medical University.
- 6.4 PHE is currently working with the British Embassy in China and other partners in China to identify further opportunities for collaboration.

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

- 7.1 As highlighted above, PHE has been awarded three allocations of ODA funding over a five year period (as part of a DH submission) for the development of a Rapid Support Force (to be split between PHE and an academic partner); public health system strengthening under the International Health Regulations and (jointly between PHE and DH) on international tobacco

control.

- 7.2 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.

## **8. Global Health Security**

- 8.1 PHE's WHO Collaborating Centre on Mass Gatherings and Global Health Security was successfully re-designated in August 2015. It continues to provide expert advice to a range of partners, and is currently working with the Brazilian Ministry of Health and the International Olympic Committee (IOC) and with WHO, in particular on water quality and Zika Virus.
- 8.2 In November 2015, the WHO Mass Gatherings training programme was piloted in Turkmenistan to support preparations for the Asian Indoor and Martial Arts Games in 2017. The training programme will also be used in the Kingdom of Saudi Arabia (KSA) to support preparations for the annual Hajj pilgrimage (February 2016). The training resources prepared by PHE will become one of the key WHO resources for those planning mass gatherings.
- 8.3 The ODA funded Rapid Support Force will build on PHE's existing global outbreak response expertise, particularly with WHO and GOARN. The Rapid Support Force will comprise a small, standing cadre of experts - with access to additional expertise and support from across the UK public health arena –supported by a core management team. Once the academic partner has been selected, negotiations will take place to develop and agree deliverables and funding through a joint proposal for review and approval by the Chief Medical Officer in mid-March 2016.

## **9. Academic links**

- 9.1 PHE recognises the importance of UK and international academic links in its global health activities, and is looking to expand this area of work and, in turn, provide academic leadership in global health.
- 9.2 PHE maintains active links with academia both in the UK and internationally through its staff – many of whom hold joint positions with academic institutions – and through developing academic research collaborations, such as the China collaboration on AMR highlighted above.

## **10. Sustainable Development Goals**

- 10.1 Public health is a key thread running through the UN's 2030 agenda for sustainable development with its Sustainable Development Goals. PHE has a significant opportunity to contribute to the delivery of these goals in England and to support goal achievement internationally through its global health work. PHE is seeking to map its current and expected contribution towards the goals as well as taking a strategic view on where the goals may provide further opportunities for action, as part of a broader HMG response.

## **11. Moving forwards: next steps**

- 11.1 Following the completion of the external Global Health Review in 2015, PHE will now begin the process of implementing its findings. The report made 18 recommendations, that fit four broad categories:
- a) PHE's global health strategy and practice needs to be set clearly within the context of wider HM Government.
  - b) There needs to be greater clarity within PHE of leadership and management

arrangements.

- c) PHE needs an effective information management system for the international work of our staff, linked to appraisals and job planning.
- d) PHE needs to utilise better the resources available across the public health system, strengthening its system leadership role.

11.2 PHE will continue to deliver the work it is funded to deliver, working closely with other UK government departments, as part of one HMG, and building global public health collaborations and partnerships across the UK. PHE will also continue to enhance income generating global health opportunities, seeking alternative funding streams, and will ensure it is ready to bid for further ODA funding as appropriate at future rounds.

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*February 2016*