

Annex 1: Enclosure PHE/16/12

Public Health England Board
Actions from the meeting of 27 November 2013

PHE Global Health Strategy (Owner: Director for Health Protection and Medical Director)

The observations and suggestions are exclusively those of the external panel members and are not PHE policy. They have been considered by PHE in developing its Global Health Strategy and will be further used by the PHE Global Health Committee for which draft Terms of Reference were adopted by the Board in March 2014.

External panel observation	PHE response February 2016
1. Aim to build global capacity in public health, but ensure that something important is being added when building capacity, and not just filling gaps in local systems.	PHE's Global Health Strategy prioritises improving global health security and building public health capacity internationally. Major programmes (e.g. in Sierra Leone and Pakistan) support system level development
2. Recognise the value and long term opportunities of students from other countries who studied in England, creating links which were an important source for subsequent collaborations.	Visits and secondments to PHE develop institutional and professional links internationally. Where known and as appropriate, overseas partners' links with UK universities are recognised in visits / meetings. PHE representative joined events in relation to Chevening supported overseas students and alumni of UK universities.
3. Aim for more than horizon scanning: it is valuable to have an existing relationship with other countries when incidents arise, with staff trained and ready to work internationally.	PHE has institutional and professional links with a wide range of countries directly via networks, multinational organisations, and its IHR communication function; strengthened through inward and outward visits and secondments and collaborative working.
4. Nations should recognise the health impact of all government policies.	This is noted.
5. Balance the principle of only being where invited with the need to take risks to promote global health.	When considering work with other countries, thought is given to whether assistance has been

		requested and to public health need.
6.	Participate in the post Millennium Goals 2015 discussion on non-communicable diseases, for example, in mental health.	<p>This is noted. PHE is engaging with DH on discussions around the successor to 'Health is Global', which reflected HMG support for the Millennium Development Goals.</p> <p>PHE is also in the process of mapping its current and expected contribution towards the Sustainable Development Goals.</p>
7.	Recognise that the need to reduce costs in health systems across the globe demands cost effective pathway design and offers virtuous income generating opportunities.	PHE is developing domestic and international income streams in line with its Global Health Strategy and commercial strategies.
8.	Secondment of staff is a powerful way of playing a strong role internationally; it also invigorates those taking part and their teams on their return. It helps to leverage resources, but should be part time if it is not to lose resources to PHE.	PHE supports fixed term international deployments and secondments, and part-time global health assignments in the UK.
9.	Address non-communicable diseases in developing countries to avoid the experiences of the developed world. The diseases are communicated through economic and other vectors.	One of the five strategic priority areas in PHE's Global Health Strategy is the development of international engagement on non-communicable diseases (NCDs).
10.	Recognise the global aspects of such established issues in the developed world of issues such as salt reduction and food labeling, and the impact of exporting the vectors of ill health in tobacco, alcohol and over-processed foods.	PHE is engaging with international partners on health and wellbeing and NCDs (including on salt/sugar reduction). PHE is working with Department of Health in establishing an Official Development Assistance (ODA) funded international programme on tobacco.
11.	Strengthening civil society, including advocacy and accountability is a key to global change.	This is noted.
12.	Do not over-emphasise infectious disease.	PHE's Global Health Strategy recognises Health and Wellbeing and NCDs as a priority for engagement.
13.	Recognise the need to see achievements in and by partner countries, not just in PHE as a partner organisation.	PHE provides development assistance which is primarily focused on supporting achievements by partner countries, and engages in activities (e.g. as a member of the International Association of

		National Public Health Institutes (IANPHI)) encouraging mutual development.
14.	Recognise that humanitarian demands will increase, caused by both nature and conflict: PHE should be ready and able to intervene as a good world citizen.	<p>PHE's Global Health Strategy prioritises responding to outbreaks and incidents of international concern, and supporting the public health response to humanitarian disasters.</p> <p>PHE is developing a rapid response team capability, which will be funded by ODA.</p> <p>PHE contributes to global disaster risk reduction work.</p>
15.	Engage with the Department for International Development (DfID) change to technical partnership in India from 2015.	PHE is engaged in several technical partnerships with India and links with UK government partners in this area.
16.	Keep in touch with areas of the world which are innovating fast - for example India - experimenting with new business models and technologies.	PHE Chief Executive visited India in September 2015 strengthening and developing institutional links, including signing an MOU with the Public Health Foundation of India. PHE is developing a portfolio of work with China.
17.	Engage with the National Institute for Health and Care Excellence on global issues.	PHE and NICE collaborate on hosting international visits of mutual interest.
18.	Work on mass gatherings helps to raise the international profile of public health.	<p>Mass gatherings is recognised as a priority in the PHE Global Health Strategy.</p> <p>PHE's WHO Collaborating Centre on Mass Gatherings and Global Health Security was re-designated in August 2015.</p>
19.	Learn from other partnerships – such as Wales' work with African countries	PHE is developing links with the International Health Coordination Centre linked to Public Health Wales.
20.	Look for the gaps and let other countries fill them where they have the skills - encouraging neighbouring countries where that is more acceptable than resourcing from the UK.	This is an area for development and a guiding principle behind PHE's support for international workshops – for example on AMR – and encouragement of peer-to-peer work through IANPHI.
21.	Identify global health capabilities in which the UK has a lead or strength.	PHE's international public health development and emergency

		response capability statement lists PHE's strengths, in particular for work with low and middle income countries.
22.	Work on how PHE collaborates effectively.	Working in partnership and collaboration is a key strand of the PHE Global Health Strategy.
23.	Identify English health sector priorities – such as multi drug resistant tuberculosis which are also global health priorities.	PHE recognizes that there is significant overlap between public health priorities in England and global health priorities. This is one of the key drivers for PHE's international activity.
24.	Recognise the need in events such as the Philippines typhoon for international co-operation both in the acute phase and in the post-acute-phase.	PHE recognises the need to provide support in both acute and post-acute phases of disasters – for example, through its continued commitment to working with Sierra Leone on delivering a 'resilient zero' following the Ebola outbreak.
25.	Ensure that global health staff participation in committees and conferences represents good value for money.	Heads of department / directors have a responsibility for authorizing overseas travel for staff in their departments, with consideration of cost estimates. PHE staff are encouraged to consider whether travel is necessary and where appropriate can contribute internationally from the UK using communications technology.
26.	Review global health activities regularly and discontinue those which are no longer appropriate.	<p>PHE's Global Health Review is now in response implementation phase.</p> <p>PHE is currently reviewing progress on PHE's Global Health Strategy Delivery Plan 2015-16, which will support planning for 2016-17.</p> <p>Updates on global health activities are provided regularly to the Global Health Committee and the Global Health Strategy Delivery Group.</p>
27.	Publicise how collaborative work is prioritised and the basis on which projects are declined when they do not meet relevant criteria.	PHE's Global Health Strategy sets out the basis for, and approach to, prioritisation. The approach will be developed further in collaboration

		with the Department of Health.
28.	Note that some global health activities recover costs and some attract grants and this can be a viable operating model. Humanitarian work and academic exchange have different bases.	Recognised in PHE's Global Health Strategy.
29.	Consider 'jigsaw' and 'patchwork' funding to get other organisations to join projects.	PHE has coordinated funding from multiple partners – e.g. to support an AMR workshop in the Caribbean.
30.	Be alert to the large number of global initiatives and benefactors and the danger of overloading the health administrations of developing countries.	These are recognised as important considerations for significant international engagements.
31.	Encourage governments to work at the local level and regional levels in their countries, not just national and supranational levels.	PHE works with some overseas partners at sub-national levels within their countries (e.g. in China PHE is linking with provincial-level partners on AMR research).
32.	Value the role of midwives in England and internationally. Childbirth remains a major cause of death in young women in developing countries.	PHE is currently exploring the development of a collaboration with WHO in the area of public health nursing and midwifery.
33.	Avoid undue focus on hospitals in collaborations.	PHE's Global Health Strategy supports public health system strengthening.
34.	Recognise importance of the Commonwealth in Africa	Supporting projects with Commonwealth countries such as Sierra Leone and Kenya. Exploring development of an AMR workshop for Southern Africa and East Africa as part of the Commonwealth laboratory twinning initiative. Hosted Commonwealth fellows from Seychelles and Nigeria.
35.	Learn from the global health experience of the UK Devolved Administrations.	Devolved Administrations represented on the Global Health Committee. PHE is developing links with the International Health Coordination Centre linked to Public Health Wales.
36.	Understand the contrasting role and methods of the US in global health.	PHE Executive team visited US CDC (June 2014) and engages with US CDC as a partner.
37.	Recognise the gradual transition of public health relationships from International Development to Foreign & Commonwealth Office.	PHE is strengthening relationships with DFID and FCO for global health work.
38.	Note the significance of climate change as a	Climate change recognised as an

	global public health issue.	area of focus in the PHE Global Health Strategy.
39.	Note that middle income countries are becoming high income countries and losing aid, but many of the poorest people still live in them.	This is noted.