



Public Health
England

Protecting and improving the nation's health

Global Health Strategy 2014 to 2019

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through advocacy, partnerships, world-class science, knowledge and intelligence, and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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Foreword

The public health challenges faced globally are enormous, and the global health architecture is complex. There is still much to achieve with the Millennium Development Goals, while we prepare for the new 2015 Sustainable Development Goals. Economic, trade, and environmental factors influence key public health issues such as antimicrobial resistance, climate change, and control of communicable and non-communicable diseases. These challenges affect us all and require global multi-system approaches.

PHE believes that health is a global public good, and that we should use the skills and expertise at our disposal to contribute towards addressing the global health challenges that we face and to reducing global health inequities. In doing so we achieve our own domestic priorities, while contributing to the public health priorities of others. We will adopt the principle of co-development in our international activity, working in genuine partnership and recognising our shared learning and shared future.

We will work closely with government departments to achieve our mutual global health aims and to align our international activities. Vital to this is our work with the Department of Health and our growing relationship with the Department for International Development. We also recognise the expertise that other parts of the UK public health system can bring, and we will look to collaborate wherever and whenever possible.

In this document we set out PHE's approach to global health for the next five years, and provide a framework for our international engagement. It is ambitious in its reach, recognising the globalised nature of public health work and the need for strategic engagement in multiple ways and in many areas. The approach outlined affects everyone who works in public health, at home and abroad. We care about global health and are committed to its improvement.



David Heymann
Chairman



Duncan Selbie
Chief Executive

Summary: PHE's global health strategic priorities

PHE's global health work will protect and improve health in England, contribute to improving health globally, reduce global health inequalities and help PHE become a stronger organisation.

PHE's global health strategic priorities for the next five years are:

1. Improving global health security and meeting responsibilities under the International Health Regulations – focusing on antimicrobial resistance, mass gatherings, extreme events, climate change, bioterrorism, emergency response, new and emerging infections, cross-border threats, and migrant and travel health
2. Responding to outbreaks and incidents of international concern, and supporting the public health response to humanitarian disasters
3. Building public health capacity, particularly in low and middle income countries, through, for example, a programme of staff secondments and global health initiatives
4. Developing our focus on, and capacity for, engagement on international aspects of health and wellbeing, and non-communicable diseases
5. Strengthening UK partnerships for global health activity

These will be achieved through:

1. Building on our strengths – public health delivery, public health leadership, public health systems and public health training
2. Sharing excellence, expertise and assets – people, evidence, guidance and data
3. Working in partnership – collaborating, influencing, facilitating and leading around matters of global health
4. Learning – from others and from our own experiences
5. Supporting PHE staff and the wider public health community to engage on global health issues

Introduction

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through advocacy, partnerships, world-class science, knowledge and intelligence, and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

As the national public health agency for England, PHE brings together expertise in the three domains of public health – health improvement, health protection and healthcare public health. PHE has over 5,000 staff and provides a local-to-national service in close collaboration with directors of public health, who lead for public health within local authorities.

PHE has an existing international reputation for excellence in microbiology, laboratory services, surveillance, epidemiology, emergency planning, and chemical, radiation and environmental hazards. PHE hosts eight World Health Organization (WHO) Collaborating Centres. PHE is also a major centre for public health training in the UK and internationally and runs a successful field epidemiology training programme (FETP).

PHE is a “local first” organisation and will make the connection of global to local, and local to global, wherever possible. Delivery of this strategy requires ownership and involvement of PHE staff across directorates, regions and centres, and close working with the wider public health community.

This global health strategy links to the PHE business plan¹ and knowledge strategy,² and will connect with PHE's emerging research and academic strategy, commercial strategy and infectious diseases strategy.

1 Public Health England. Who we are and what we do: Our business plan for 2014/15. London: Public Health England; 2014.

2 Public Health England. Knowledge strategy: Harnessing the power of information to improve the public's health. London: Public Health England; 2014.

What PHE means by “global health” and “international activity”

There is much discussion on the definition of global health in the literature without consensus.^{3,4,5} PHE recognises this important debate and, for the purposes of this paper, uses the definition set out in the 2008 UK cross-government strategy *Health is Global*:

“Global health: refers to health issues where the determinants circumvent, undermine or are oblivious to the territorial boundaries of states, and are thus beyond the capacity of individual countries to address through domestic institutions. Global health is focused on people across the whole planet rather than the concerns of particular nations. Global health recognises that health is determined by problems, issues and concerns that transcend national boundaries.”⁶

For the purposes of this strategy, “international activity” or “international engagement” means activity undertaken at the international level to improve domestic public health and/or global health. This work can be based in England or other countries.

Rationale and mandate for PHE involvement in global health

PHE fulfils the Secretary of State for Health’s statutory duty to protect health and address inequalities, and executes his power to promote the health and wellbeing of the nation. To fulfil this duty, PHE needs to engage effectively in an increasingly globalised world where determinants of health – communicable and non-communicable – do not respect national boundaries. The organisation therefore needs to be looking outward: horizon scanning for threats and opportunities, identifying risks, and ensuring it is positioned and linked up to respond to what is found.

Global threats to health come in many forms, from the emergence of novel pathogens and the spread of antibiotic resistance to the health effects of climate change. Opportunities arising from international engagement are equally diverse, including development of research collaborations, learning from best practice, staff development, commercial opportunities and diplomatic relationship building. International engagement is vital to ensure PHE remains a global leader, providing state-of-the-art public health services and advice within the UK and internationally.

3 Beaglehole R, Bonita R. What is global health? *Global Health Action*. 2010;3(5142).

4 Koplan JP, Bond TC, Merson MH, Reddy KS, Rodriguez MH, Sewankambo NK, et al. Towards a common definition of global health. *The Lancet*. 2009;373(9679):1993-5.

5 Fried LP, Bentley ME, Buekens P, Burke DS, Frenk JJ, Klag MJ, et al. Global health is public health. *The Lancet*. 2010;375(9714):535-7.

6 HM Government. *Health is Global: A UK Government Strategy 2008-13*. London: Department of Health; 2008.

In recognition of this, the framework agreement between PHE and the Department of Health,⁷ describes working internationally (through a wide-ranging global health programme) as a way to protect and improve the public's health.

Beyond domestic concerns PHE must also consider its organisational role in addressing and influencing global initiatives and commitments such as the Millennium Development Goals,⁸ the forthcoming Sustainable Development Goals,⁹ the political declaration of the UN high-level meeting on non-communicable diseases,¹⁰ the WHO Framework Convention on Tobacco Control,¹¹ the UN Framework Convention on Climate Change,¹² and the post-2015 Framework for Disaster Risk Reduction.¹³

Wider UK context for global health work

PHE's global health activities support the cross-government *Health is Global* outcomes framework,¹⁴ which sets out the UK government's approach to global health. This strategy is consistent with the 2014 review of international priorities and working in the new health and care system,¹⁵ and recognises the importance placed by government to undertake more international work on a commercial basis.

Many government departments including the Department of Health, the Department for International Development (DFID) and the Foreign and Commonwealth Office (FCO) work collaboratively with countries across health topics relevant to the work of PHE. PHE will support this activity where possible and where appropriate.

Given the remit of PHE, this strategy focuses on England. A strong relationship with colleagues in the devolved administrations is key to ensuring efficiency and mutual benefit of activities. This is particularly the case where the Department of Health (England), as PHE's sponsor department, discharges international responsibilities on

7 Public Health England. Framework Agreement between the Department of Health and Public Health England. London: Public Health England; 2013.

8 United Nations. Millennium development goals and beyond 2015: United Nations; 2000 [cited 2014]. Available from: <http://www.un.org/millenniumgoals/>

9 United Nations. Introduction to the Proposal of the Open Working Group for Sustainable Development Goals. New York: United Nations; 2014.

10 United Nations. Political declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases. New York: United Nations; 2011.

11 World Health Organization. WHO Framework Convention on Tobacco Control. Geneva: World Health Organization; 2005.

12 United Nations. United Nations Framework Convention on Climate Change. New York: United Nations; 1992.

13 The United Nations Office for Disaster Risk Reduction. Towards a post-2015 framework for disaster risk reduction. Geneva: United Nations; 2012.

14 HM Government. Health is Global: An outcomes framework for global health 2011-2015. London: Department of Health; 2011.

15 Department of Health, Public Health England, Medicines and Healthcare Products Regulatory Agency, National Institute for Health and Care Excellence, Health Education England, NHS England. A review of international priorities and working in the new health and care system [internal document]. London: Department of Health; 2014.

behalf of the UK. PHE is the UK national focal point for the WHO International Health Regulations 2005 (IHR).¹⁶

International context for global health work

PHE's mandate for global health work is also provided through the UK signature to the IHR. Through the IHR, signatories commit to assessing their own capacity and development of national action plans to meet IHR requirements. Countries are also urged to collaborate and assist each other in developing capacity and in assessing and responding to events. PHE will work in support of the priorities set out by WHO centrally, and in support of WHO's European health policy framework *Health 2020*.¹⁷

Strategy scope

This strategy sets out PHE's approach to global health and provides a framework for international engagement. It has been developed through extensive discussion with stakeholders (see Appendix 1). In setting this approach to global health, PHE has considered its organisational role in global health and how this relates to and supports the domestic agenda. Based on this, the strategy identifies five strategic priorities and five ways to achieve them over the next five years, considering both UK based and internationally based activity; the aim of reducing global health inequities is threaded through the strategy. The strategy will be supported by development of annual delivery plans.

As part of setting this approach to global health, the spectrum of work undertaken by PHE is recognised, ranging from national and international partnerships, collaborations, and networks, to placement of individuals abroad (either in response to a request for assistance or in areas of strategic importance). The range of partners with whom the organisation works is also recognised, including civil society, the commercial sector, groups of countries through organisations such as the WHO and the European Commission, as well as directly with low, middle, and high income countries.

This strategy does not look to dictate a top-down approach to the management of all international engagement within the organisation. Some of the most successful international relationships come from a bottom-up approach developed between specific teams over many years. What is important is speaking with a consistent voice as an organisation, prioritising effectively to make best use of expertise and resources, and acting internationally according to an agreed set of principles.

¹⁶ World Health Organization. *International Health Regulations (2005)*. 2nd. ed. Geneva: World Health Organization; 2008.

¹⁷ World Health Organization Regional Office for Europe. *Health 2020: A European policy framework and strategy for the 21st century*. Copenhagen: World Health Organization; 2013.

Behaviours and principles that guide global health work

The PHE 2014/15 business plan set out six behaviours that are expected of PHE staff.¹⁸ In addition to these behaviours, a further set of principles of particular relevance to international engagement is proposed. PHE will:

- recognise that everyone has something to learn and everyone has something to teach – the principle of co-development¹⁹
- ensure that its work is based on evidence and sustainability
- act with respect – not imposing our views but understanding, supporting and sharing
- promote health equity within and between countries
- not contribute to the “brain drain” of professionals from low income countries
- be clear and honest in our intentions – stating when the organisation is doing things in the public interest or when interest may be commercially driven
- seek to do no harm – and be aware of its organisational impact on the global context
- be clear on its role when working internationally, distinguishing when staff are acting as an expert, a representative of PHE, or both

Case study 1: Non-communicable diseases in the Commonwealth

The Commonwealth is comprised of 54 member countries; the Commonwealth Secretariat, located in London, carries out work mandated by Commonwealth heads of government.

Between August 2010 and September 2011, a PHE* health protection nurse undertook a secondment at the Commonwealth Secretariat where she worked as a health adviser leading the non-communicable diseases (NCDs) programme of work. The secondee implemented a series of activities to achieve objectives listed within the Commonwealth NCD Road Map, which included raising the profile of NCDs and promoting the establishment of national policies.

Publications, workshops and meetings significantly contributed to raising awareness of NCDs at country level. PHE is currently strengthening its link to the Commonwealth Secretariat and with Commonwealth countries.

*At the time the staff member was part of the Health Protection Agency (HPA), which was abolished in April 2013 and its functions transferred to PHE.



18 Public Health England. Who we are and what we do: Our business plan for 2014/15. London: Public Health England; 2014.

19 Crisp N. Turning the World Upside Down: The search for global health in the 21st century: CRC Press (Taylor & Francis Group); 2010.

Strategic priorities

1. Improving global health security

The 2008 UK cross-government strategy *Health is Global* states: “Health security embraces a wide range of complex and daunting issues. These range from the international stage to the individual household, and include the health consequences of poverty, wars and conflicts, climate change, pollution, environmental degradation, natural catastrophes and man-made disasters. All these endanger the collective health of populations across geographical regions and international boundaries.”²⁰

As well as threatening health directly, many of these issues undermine a critical nexus of food, water and energy security on which health depends. The 2007 WHO World Health Report highlights how global health security, or lack of it, impacts on economic and political stability, trade, tourism, and access to goods and services.²¹

To provide perspective, the UK National Security Strategy uses an influenza pandemic as an example of a natural threat, classified as a tier one risk to the UK (the highest tier).²² The multiple, connected security threats from such a pandemic are evident.

Engaging effectively on issues of global health security is therefore essential to fulfilling domestic and international responsibilities, including IHR commitments. PHE will continue to support and further develop work on antimicrobial resistance (AMR), mass gatherings, extreme events, climate change, bioterrorism, emergency response, new and emerging infections, cross-border threats, and migrant and travel health.

2. Responding to outbreaks and incidents of international concern, and supporting the public health response to humanitarian disasters

Responding to outbreaks and incidents of international concern, and supporting the public health response to humanitarian disasters contributes to global health security and is the right thing to do. PHE will respond to requests for assistance through the WHO Global Outbreak Alert and Response Network (GOARN), and by working in collaboration with DFID. PHE will also further develop relationships with the non-

20 HM Government. *Health is Global: A UK Government Strategy 2008-13*. London: Department of Health; 2008.

21 World Health Organization. *A Safer Future: Global public health security in the 21st century*. The World Health Report. Geneva: World Health Organization; 2007.

22 HM Government. *A Strong Britain in an Age of Uncertainty: The National Security Strategy*. London: The Stationery Office; 2010.

governmental organisation (NGO) sector, exploring how our technical competencies can support their response.

To support this work, PHE will develop a cadre of trained staff (and wider public health staff as appropriate) and a system of rapid deployment. In the acute phase, the response will be based on need and request, and PHE will look to support countries beyond the acute phase to build public health capacity and resilience for the longer term.

Case Study 2: Ebola in West Africa

During 2014 West Africa has been faced with the largest outbreak of Ebola virus ever seen. The outbreak, first reported in Guinea in March 2014, was declared by WHO as a Public Health Emergency of International Concern in August 2014. It has resulted in thousands of Ebola cases across the affected countries of Guinea, Liberia and Sierra Leone, as well as widespread disruption to routine health services.

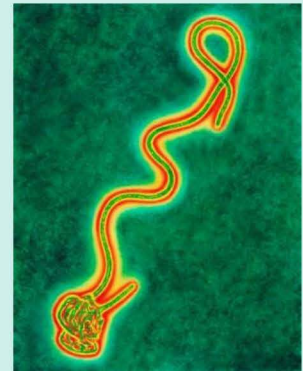


Photo: ©A. Dowsett, PHE/SPL

PHE has been involved in the international response to the outbreak, supporting DFID and WHO activity, and building on strong existing organisational links with the Sierra Leone Ministry of Health and Sanitation. PHE has deployed staff to Sierra Leone to provide technical advice and support in case management, contact tracing, and field epidemiology. PHE continues to provide senior laboratory staff to the EU mobile laboratory in Guinea and has seconded a public health scientist to WHO to support GOARN coordination.

PHE is now planning to scale up its organisational response, mobilising professional resource to further support Sierra Leone and international partners, including WHO and the United Nations, over the course of the outbreak.

Within the UK, PHE has provided guidance to many professional groups, including medical practitioners, requesting they remain vigilant for unexplained illness in those who have visited the affected areas, and has advised on actions to take in the event of a possible case. PHE has been supporting the UK government on the overall response, has provided information for humanitarian workers on their deployment and return from affected countries, and continues to engage with the Sierra Leone diaspora in England.

3. Public health capacity building

Public health capacity building means working with individuals, organisations and communities, to facilitate their development and enable them to better respond to public health issues and concerns (resilience). Resilience is built through the use of shared knowledge, insights and expertise and the recognition of assets. Technical and managerial expertise, training and escalation should also be used when appropriate.

Building public health capacity internationally has benefits for UK public health security, PHE as an organisation (through developing our own capacity), and for international partners. When public health systems are more robust all countries are better protected from threats. Strong public health systems are also a key component of developing universal health coverage.

Where appropriate, PHE will offer large scale support and commercial partnerships to contribute to the development of public health capacity at a global level. PHE will also build capacity through, for example, development of a programme of strategic staff secondments and educational exchanges, enabling public health staff from the UK and staff from other countries to learn from each other. Secondments will be hosted in the UK or partner country and will build on the success of previous strategic secondments. An example of this are secondments under the umbrella of the PHE-led AMR Commonwealth laboratory twinning programme, which aims to tackle the global burden of AMR through partnering Commonwealth countries. When working with low income countries this will be done in alignment with the Paris Declaration on Aid Effectiveness.²³

PHE will also continue to respond to requests for advice and assistance around matters of public health importance (for example the establishment of new public health institutes or training opportunities), and to host visiting students, staff and delegations from international partners.

4. Strengthening the approach to international aspects of health and wellbeing, and non-communicable diseases

PHE has a responsibility to improve the general health of the population by tackling the determinants of poor health. PHE brings together public health experts, academics, knowledge and intelligence teams, and practitioners working on the health and wellbeing agenda, in order to develop and understand the evidence base on what works in preventing poor physical and mental health – and then to act on that evidence. In the context of the life course approach and wider determinants of health, PHE is working

²³ Organisation for Economic Co-operation and Development. The Paris Declaration on Aid Effectiveness (2005) and the Accra Agenda for Action (2008). The Organisation for Economic Co-operation and Development (OECD); 2009.

towards the WHO target of a 25% relative reduction in premature mortality from non-communicable diseases (NCDs) by 2025.²⁴

On a global scale NCDs, comprising mainly cardiovascular diseases, cancers, chronic respiratory diseases and diabetes, are responsible for more than 36 million deaths annually (63% of global deaths), including more than 14 million people who die between the ages of 30 and 70. Low and middle-income countries bear 86% of the burden of these premature deaths, resulting in cumulative economic losses of US\$7 trillion over 15 years and millions of people trapped in poverty.²⁴

PHE will contribute collaboratively as part of the global community to tackle common NCD problems and their determinants, such as tobacco use, alcohol use, unhealthy diet and sedentary lifestyles. PHE will develop this component of its global health commitments through drawing on its strengths in areas such as tobacco control, social marketing, behavioural interventions, screening, drug treatment, diet and obesity, and cancer registration (national and international). This will be done by working closely with government partners to ensure the joining up of policy and delivery, bringing evidence-based interventions into the system and providing our expertise to support local delivery on a global scale.

5. Strengthening UK partnerships for global health activity

To ensure that the impact and effectiveness of PHE global health activity is maximised, activity must be joined up with UK partners.

PHE will continue to strengthen its relationships with government departments including the Department of Health, DFID and FCO. In doing so, PHE can both influence the UK position on global health issues and assist in delivering the government's international agenda, for example, on issues such as AMR. Further developing PHE's relationship with DFID is particularly important to achieving PHE's strategic priorities for global health. PHE will work closely with Healthcare UK to seek opportunities to deliver services overseas on a commercial basis.

PHE will also strengthen its relationships with other parts of the UK public health system and collaborate wherever and whenever possible. Examples of key partners are directors of public health and their teams in local authorities, the Faculty of Public Health, Royal Colleges (e.g. the Royal College of Nursing), the Chartered Institute of Environmental Health, the academic community, research funders and the NGO sector. Joining up the UK public health approach to global health and international engagement

²⁴ World Health Organization. Global action plan: For the prevention and control of noncommunicable diseases 2013-2020. Geneva: World Health Organization; 2013

avoids duplication, builds relationships and allows overseas partners to draw on the widest range of public health expertise.

Case study 3: Global Burden of Disease

The Global Burden of Disease 2010 (GBD) programme has increased our understanding of trends in diseases, injuries and risks at global, regional and national levels. The programme has also enabled regions and countries to compare the health of their populations. PHE is building a network of academics in England and the devolved administrations to support and guide the GBD programme; PHE is also making available its world-leading expertise to other countries, especially lower and middle income, over a range of diseases and risk factors. Examples of how PHE contributes to the GBD programme are given below.

Example 1. PHE is collaborating with colleagues at the University of Washington Institute for Health Metrics on analysis of the effect of deprivation on the burden of disease at sub-national level. This will be the first time that this sort of analysis has been undertaken. Other countries (e.g. China, Mexico, Brazil) are keen to follow this approach.

Example 2. PHE contributed to the 2013 Lancet paper on UK health performance, which used GBD analysis to compare UK health trends across a set of comparable countries in the European Union and elsewhere in 1990 and 2010.²⁵ This paper was key to setting up the PHE 'Longer Lives' project, which provides local authority level data and supporting information on premature deaths from the four most common causes of mortality in England (heart disease and stroke, lung disease, liver disease, cancer).



Image by Chara Melody.
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25 Murray CJL, Richards MA, Newton JN, Fenton KA, Anderson HR, Atkinson C, et al. UK health performance: findings of the Global Burden of Disease Study 2010. *The Lancet*. 2013;381(9871):997-1020.

Achieving the strategic priorities

There are five ways that PHE will achieve its global health strategic priorities over the next five years.

1. Building on PHE's strengths

The UK is respected for its public health system, public health leadership, public health delivery, public health training and public health research capability. Through work at local, regional and national level, PHE maintains a close working relationship with the NHS and the academic community.

PHE expertise in science and professional services includes: national surveillance systems; management of outbreaks of infectious disease and chemical, environmental and radiation hazards; emergency response; specialist microbiology and vaccines; disease registration; immunisation programmes; drug and alcohol oversight; and cancer and non-cancer screening programmes.

This expertise is carried by PHE staff from a wide range of backgrounds – medical, nursing and midwifery, public health, environmental health, academic, scientific and administrative – many of whom bring international experience to bear.

International contribution will be done within areas of competence for PHE, building on its strengths and the extensive international work already established by organisations that have transferred into PHE. Global health research will be an integral part of PHE's planned new science and academic hub in Harlow.

2. Sharing excellence, expertise and assets

Sharing assets to improve global health is the right thing to do and is beneficial to PHE and the UK population, as well as to other countries. In this context, this means sharing the people and expertise of the organisation, and the evidence, guidance and data produced.

There is a spectrum of activity through which PHE can share its assets, ranging from making existing scientific outputs available to other countries, to short or long-term international placements or exchanges for staff. The reason for PHE involvement in global health and international activity will vary and will include scientific and research collaboration, responding to requests for assistance, training, strategic relationship building, or providing commercial products or services.

Ensuring appropriate consideration of funding for international activity will allow PHE to further develop the organisation's assets and to expand the breadth and depth of international work undertaken.

3. Working in partnership

How well PHE engages with others will determine the success of its global health work and international activity. As circumstance dictates, PHE will facilitate, collaborate, influence, follow or lead. Perhaps most importantly, PHE will aim to be a respected and trusted partner where people are confident in our intentions and integrity.

PHE recognises the importance of working with partners outside the traditional human health field to achieve global health aims and supports the 'health in all policies' approach of the European Union (EU).

Strengthening relationships with UK partners on global health is a strategic priority. Outside the UK, PHE will work closely with partners such as WHO, other UN bodies, the EU and European Commission, the European Centre for Disease Prevention and Control (ECDC), the Commonwealth Secretariat, individual national public health institutes such as the US Centers for Disease Control and Prevention (CDC), and the International Association of National Public Health Institutes (IANPHI). PHE will also work directly with ministries of health. Building and strengthening relationships between national public health institutes, as well as influencing global health policy and practice, are of particular importance in protecting and improving UK and global public health.

Case study 4:

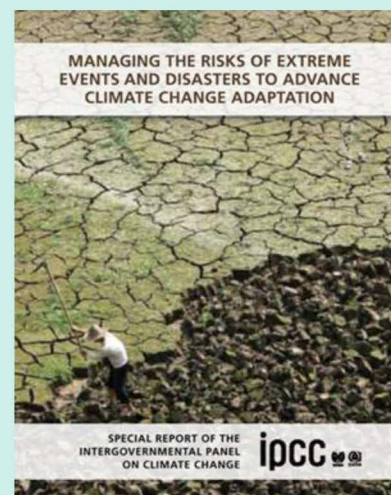
Intergovernmental Panel on Climate Change Special Report on *Managing the Risks of Extreme Events and Disasters to Advance Climate Change Adaptation*

Following completion of the Fourth Assessment Report (2007) of the Intergovernmental Panel on Climate Change (IPCC),²⁶ many governments and other organisations, and the United Nations International Strategy for Disaster Reduction, indicated a need for more information on the extent to which climate change could alter the risks of extreme weather and climate events – and options for managing these risks. A scientific expert from PHE* was nominated to input into the report and lead the drafting of a chapter.²⁷

The IPCC Special Report on *Managing the Risks of Extreme Events and Disasters to Advance Climate Change Adaptation* (SREX)²⁸ showed that evidence indicates that, over the past half century, climate change has led to changes in climate extremes (such as heatwaves), record high temperatures and, in many regions, heavy precipitation. Climate extremes, or even a series of non-extreme events, in combination with social vulnerabilities and exposure to risks can produce climate-related disasters. Policies to avoid, prepare for, respond to and recover from the risks of disaster can reduce the impact of these events and increase the resilience of people exposed to extreme events.

The PHE staff member went on to be a contributing author to the IPCC report *Climate Change 2014: Impacts, Adaptation, and Vulnerability* published in March 2014.²⁹ This report identified that the effects of climate change are already occurring on all continents.

*At the time the staff member was part of the Health Agency (HPA), which was abolished in April 2013 and its functions transferred to PHE.



26 Intergovernmental Panel on Climate Change. Climate Change 2007: Synthesis Report. Contribution of Working Groups I, II and III to the Fourth Assessment Report of the Intergovernmental Panel on Climate Change. Geneva: Intergovernmental Panel on Climate Change; 2007.

27 Murray V, McBean G, Bhatt M, Borsch S, Cheong TS, Erian WF, et al. Chapter 9 Case studies. In: Managing the Risks of Extreme Events and Disasters to Advance Climate Change Adaptation. A Special Report of Working Groups I and II of the Intergovernmental Panel on Climate Change. Cambridge and New York: Cambridge University Press; 2012.

28 Intergovernmental Panel on Climate Change. Managing the Risks of Extreme Events and Disasters to Advance Climate Change Adaptation. A Special Report of Working Groups I and II of the Intergovernmental Panel on Climate Change. Cambridge and New York: Cambridge University Press; 2012.

29 Intergovernmental Panel on Climate Change. Climate Change 2014: Impacts, Adaptation, and Vulnerability: Summary for Policymakers: Working Group II Contribution to the Fifth Assessment Report of the Intergovernmental Panel on Climate Change. Cambridge and New York: Cambridge University Press; 2014.

4. Learning

To provide the best public health information and guidance, and to strengthen PHE's reputation and credibility, PHE needs to learn from best practice around the world and draw on the widest evidence base. Many countries are innovating rapidly and bring new and exciting approaches. Everyone working on domestic public health should routinely consider the potential international learning for their work.

When working with other countries, PHE will fully adopt the principle of co-development, where "we all have something to learn and all have something to teach",³⁰ and will look to ensure that the learning generated is accessible to all.

PHE will routinely monitor and evaluate its global health activity, and set in place robust governance processes to ensure we continually learn from, improve, and are accountable for our work.

5. Supporting staff

PHE will support its staff and, where possible, the broader public health community to engage in global health activity. Involvement in global health and international work can be highly rewarding, as well as a learning and professional development opportunity. There has been considerable expression of interest in volunteering for international public health work and this will be facilitated and encouraged where possible.

³⁰ Crisp N. *Turning the World Upside Down: The search for global health in the 21st century*: CRC Press (Taylor & Francis Group); 2010.

Case study 5: Establishment of an enteric laboratory in Sierra Leone

In 2012 Sierra Leone experienced a large cholera outbreak affecting 12 out of the 13 national districts. A request from GOARN expressed a need for an experienced microbiologist to assist with the outbreak.

A microbiologist from the Gastrointestinal Bacteria Reference Unit (GBRU) at PHE Colindale* went to Sierra Leone in November 2012 and, in collaboration with the Sierra Leone Ministry of Health, WHO, GOARN and US CDC, established an enteric bacteria diagnostic and reference laboratory in Sierra Leone for identifying *Vibrio cholerae*, salmonella, shigella and *Escherichia coli* (including O157). The PHE microbiologist also trained four staff in the basic identification of cholera as well as safety and quality in the laboratory. Developing the capacity of the Central Public Health Reference Laboratory is one of the main components of the next phase of cholera control in Sierra Leone.

Direct reporting and linking to the surveillance cholera task force team has also been implemented so that Sierra Leone can continue to monitor the cause of infectious diarrhoeal disease and detect cholera cases. This ensures that action can be targeted in high prevalence areas in Sierra Leone before the disease spreads to other districts.



*At the time the staff member was part of the Health Protection Agency (HPA), which was abolished in April 2013 and its functions transferred to PHE.

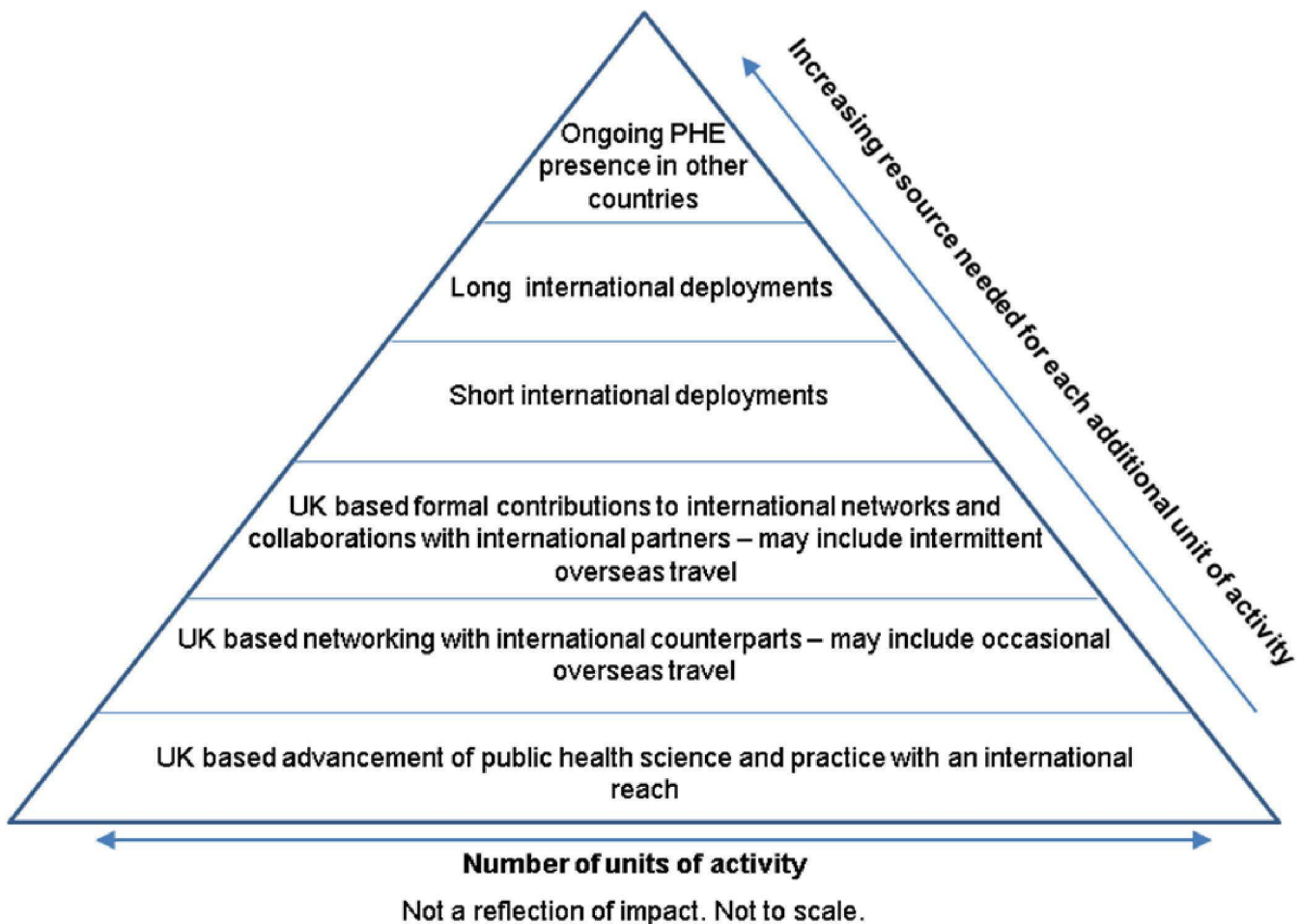
Addressing practicalities

Using resources appropriately

There are many ways that PHE global health and international activity can be funded. These include: funding by external organisations; bidding for contracts, grants and research funding; working with partners on a full cost recovery or other commercial basis; and use of core funding (some of which is grant-in-aid and some is commercially generated).

However, the limitations of PHE resources are recognised, both in terms of staff time and availability of core funding. Given these challenges, we propose looking at the various levels of international engagement, stratified across broadly increasing costs per unit of activity to the organisation (Figure 1). Overlap of activity across tiers would be expected.

Figure 1. Resource pyramid



Using this pyramid, PHE can consider what global health and international activity may be expected as routine, and therefore funded within existing resources, and what may require additional funding.

As with all of our public health activities, we envisage external funding having a synergistic and complementary role with internal resources. We have already demonstrated that there are substantial opportunities for PHE to generate external funding to support our international and global health activities. In all cases we seek to deliver maximum public health and taxpayer benefit from our expertise and resources.

Prioritising what PHE does

To achieve PHE's strategic priorities, a transparent process for prioritisation of global health and international work will be developed. This prioritisation will be based on:

- benefit to population health for England
- contribution to UK government international objectives
- benefit to other countries (see below)
- if working bilaterally, the priority given to building relationships with that country (see below)
- opportunity to grow and strengthen PHE via income generation

When considering benefits to other countries, prioritisation should take into account:

- whether assistance/collaboration has been requested
- whether the proposed activity fits within our field of competence
- whether there are others better placed to respond
- assessment of need and current country capabilities
- what resource and capacity we have
- whether we can partner with others such as governments or international organisations
- likely population level impact of engagement, and sustainability of benefit
- value for money of the proposed investment

PHE will also need to draw on the expertise (and prioritisation) of those with direct country and regional level knowledge.

When considering bilateral engagement, prioritisation should take into account whether:

- work with the country is a strategic priority for the UK government
- work with the country is a strategic priority for PHE
- the country is an Overseas Territory, Crown Dependency or Commonwealth country – building on our shared history, language and often systems

Monitoring activity and accountability

Monitoring and evaluating activity

PHE will monitor, evaluate and learn from its global health and international activities. The organisation will look to measure, where possible, the outcomes and impacts of activity. Stakeholder feedback will be key to this process. Where there is learning for the organisation as a whole this will be shared.

The PHE international public health team will coordinate the capture of international activity across PHE, with support from directorates. This information will be made available to others, providing opportunities for recognition, coordination and collaboration.

Delivering the strategy

This strategy will be delivered through development of an annual delivery plan, defining objectives and setting out activities and outputs in support of the five strategic priorities. The PHE international team will manage the delivery plan, with support and input from directorates.

The delivery plan will provide the framework for monitoring and communicating our progress against the strategy.

Accountability

PHE will be transparent and accountable in the way it works, and will strive to meet the information needs of our partners, those that fund our activities, and staff involved in activity. PHE will also look towards external evaluation of global health activities in line with other governance arrangements.

The PHE Global Health Committee, established by the PHE Board, will provide oversight and scrutiny of PHE's strategic direction and will link appropriately in this regard with the PHE executive. The committee is comprised of individuals, both internal and external to PHE, with relevant global health expertise.

What PHE will deliver over five years

To deliver the strategy, over the next five years PHE's work will include:

1. Providing coordination and leadership to the Global Health Security Agenda, and supporting others in developing capacity relating to the International Health Regulations 2005 (for example in our Overseas Territories)
2. Developing a robust system to enable rapid and appropriate response to outbreaks and incidents of international concern and humanitarian disasters, ensuring compliance with internationally agreed guidelines
3. Assisting public health capacity building in priority countries
4. Expanding our portfolio of global health engagement on NCDs
5. Strengthening our global health partnerships both nationally and internationally

In 2014/15 PHE will also develop the systems and processes to ensure subsequent delivery plans for the strategy better capture and prioritise global health and international activity across the breadth of PHE.

Appendix 1: Development of the strategy

Organisations interviewed to develop the strategy

Numbers in brackets show numbers of people contributing within an organisation – individually or in small groups:

- PHE (36) plus Board meeting on global health
- Department of Health (10)
- Foreign and Commonwealth Office (1)
- Department for International Development (1)
- Department for Environment, Food and Rural Affairs (1)
- Health protection representatives from Scotland and Wales (2)
- Faculty of Public Health (1)
- NHS Sustainable Development Unit (1)
- International Association of National Public Health Institutes (4)
- London School of Hygiene & Tropical Medicine (1)
- Institute of Global Health Innovation – Imperial (1)
- US Centers for Disease Control and Protection (2)
- WHO (5)
- European Commission – Directorate General for Health and Consumers (DG SANCO) (1)
- WHO Collaborating Centre for Healthy Urban Environments (1)
- The Chartered Institute of Environmental Health (2)
- Commonwealth Dental Association (1)
- Commonwealth Secretariat (1)
- All-Party Parliamentary Group on Global Health (1)
- Global Health Speciality Registrars Group (consultation of members)
- Directors of public health (or representative) open morning event – 23 attendees
- UK Health Forum (1)
- Action for Global Health (2)
- International Rescue Committee (IRC) (2)
- Merlin/Save the Children (1)
- Médecins Sans Frontières (MSF) (2)
- UK-Med (1)

Feedback on strategy draft

Feedback on a draft version of the strategy was received through a process of structured engagement from 33 organisations, groups and individuals.

PHE Global Health Strategy Development Group

This group provided direction and advice to inform the strategy development.

Membership:

- Anthony Kessel – director of international public health, responsible officer
- Brian McCloskey – director of global health security
- Paul Johnstone – regional director, North of England
- Jim O'Brien – centre director, Wessex
- Viv Bennett – director of nursing
- Ann Marie Connolly – director of health equity and impact
- Androulla Efstratiou – head, WHO Global Collaborating Centre for Diphtheria and Streptococcal Infections and EUPHEM scientific co-ordinator
- Freya Lock – business manager to Kevin Fenton, director of health and wellbeing
- Modi Mwatsama – UK Health Forum director (global health)
- Mark Salter – consultant in public health strategy (global health)
- Annette Luker – locum consultant in public health strategy (global health)