



Public Health  
England

## **Briefing note to the Commons Select Committee on International Development**

### **Public Health England Global Health Activities**

Please contact [parliamentary@phe.gov.uk](mailto:parliamentary@phe.gov.uk) for more information.

#### **Introduction**

1. Public Health England (PHE) is engaged in a broad range of global health work, building on the previous work of its sender organisations. PHE's global health activities aim to improve global health security, support effective response to incidents of international concern and build public health capacity. An important aspect of PHE's global health work is the protection of the United Kingdom (UK) population - both at home and overseas.
2. Central to the success of PHE's global public health work is health system strengthening: a well-functioning public health system relies on the existence of a strong health system to sit within. Without this, hard-won gains in public health will be difficult to sustain. A strong health system improves a country's ability to protect and improve the health of its own population, and strengthens international partnerships, including compliance with the World Health Organisation (WHO) International Health Regulations (2005).
3. This report provides a brief overview of a selection of PHE's existing projects, initiatives and exchanges in the areas of global health security, international response to incidents and humanitarian disasters and capacity building. These projects and initiatives (especially those in priority countries, such as Sierra Leone and Pakistan) would likely benefit from any expansion of the Department for International Development (DFID) work on health system strengthening, which has the potential to complement and support PHE's global health objectives.

#### **Global Health Security**

4. The UK is actively engaged in Global Health Security alongside key partners such as the United States (US) and Canada. This work includes the Global Health Security Action Group (GHSAG) comprised of the G7 plus Mexico and the US Global Health Security Agenda (GHSAG) initiated in February 2014. The primary aim of the GHSAG is to support implementation of WHO

International Health Regulations (IHR) with the many countries that have not yet demonstrated compliance. The implementation of the IHRs is a priority for the UK nationally and internationally and this initiative will directly support that, providing an opportunity to increase effectiveness, avoid duplication and "mixed messages". In addition to the continuing antimicrobial resistance (AMR) agenda (which is covered in more detail in the capacity building section of this report) there are four key areas of interest for PHE:

- IHR - developing a framework to assess compliance with IHRs for the Overseas Territories
- Sample sharing – expanding the work underway under GHSAG for sample sharing in the event of a new or emerging infectious disease
- Laboratory capacity and capability building; and
- Standardising emergency operations centres.

#### **Middle East respiratory syndrome coronavirus (MERS-CoV)**

5. The UK, led by PHE, is continuing to support the Kingdom of Saudi Arabia Ministry of Health (KSA MoH) in the response to MERS-CoV. Once there is clarity on coordinated programme requirements, PHE experts in infection prevention and control, field epidemiology and microbiology will be deployed. However, political changes within KSA MoH have temporarily put this work on hold.

#### **Mass Gatherings**

6. Part of the legacy from London 2012, and a commitment of PHE's WHO Collaborating Centre for Mass Gatherings, is to share the public health planning experience and lessons with those involved in mass gatherings around the world. This work is also important to help build public health and IHR capacity and capability in the host countries.

### **Building public health capacity**

#### **Commonwealth twinning to combat AMR**

7. International collaboration is essential to combat the global problem of AMR, and the Commonwealth provides a valuable network to support this. PHE is leading the development of a Commonwealth twinning initiative to combat AMR, in which high income Commonwealth countries can twin with low and middle income Commonwealth countries. Originally aimed at twinning public health microbiology laboratories, the focus is now on AMR and extends from laboratory capacity building to epidemiological partnering and sharing wider learning. Programme activities could include the development of harmonised testing and disease surveillance systems, exchange of microbiological technical expertise, and the development of research partnerships. The initiative will support Commonwealth member states to meet their own objectives for reducing the threat of AMR for their populations, whilst contributing to wider regional and international efforts to combat AMR, helping to protect and improve health around the world.
8. PHE is working with the Caribbean Public Health Association (CARPHA) and the Public Health Agency of Canada to develop a two day AMR workshop

(planned for the beginning of December 2014). The workshop will provide a forum supporting Caribbean countries as they address the challenges of AMR, and explore the opportunities available to strengthen their response through international collaboration and twinning. Possible AMR workshops are also in development with South Africa and Singapore, involving other countries in their regions.

9. A senior microbiologist from the Seychelles was seconded to PHE as part of the Commonwealth's Fellowship Programme, from January to March 2014 to learn about microbiology techniques in the UK (including for AMR) and to share experience from the Seychelles. Building on this, PHE is exploring further twinning opportunities with the Seychelles and has just sent a member of staff to the Seychelles on a short scoping visit.

### **Sierra Leone**

10. On 29 and 30 April 2014, Sierra Leone's Ministry of Health and Sanitation (MOHS) and PHE hosted a workshop to discuss the future of public health in Sierra Leone. The workshop assembled key stakeholders from Sierra Leone, peers from Mozambique and Brazil, and the international community (UNICEF, WHO and the IRC, among others). The workshop focused on developing a strategic framework for public health in Sierra Leone for the next five to ten years; discussing the foundation of a National Public Health Institute in Sierra Leone; debating the on-going review of Sierra Leone's public health legislation, and highlighting key public health themes such as Commonwealth Initiatives: a laboratory twinning pilot between Sierra Leone and PHE laboratories; development of an oral public health programme in Sierra Leone and public health approaches to addressing violence against women in Sierra Leone. PHE will be working with the Sierra Leone MOHS and IANPHI on to begin work towards the creation of a new public health strategy and National Public Health Institute in Sierra Leone.
11. A project is now in development, under the umbrella of the Commonwealth Secretariat and working with Commonwealth Dental Association and King's College London, to assess the oral health status of children in Sierra Leone so as to inform dental workforce modelling and the planning of population oral health programmes in Sierra Leone.

### **Uganda**

12. The Uganda Virus Research Institute (UVRI) plays a critical role in detecting, identifying and controlling disease in Uganda (e.g. Ebola, yellow fever, Marburg). However, UVRI's ability to contribute to public health has been hindered by poor communications. PHE began mentoring UVRI on communications and online services through the International Association of National Public Health Institutes (IANPHI). The objective of the project was to progress UVRI's Communications Strategy, including online communications, annual reporting and media relations in order to improve the impact UVRI can have on public health work in Uganda and further afield. Ultimately, by strengthening communications capacity within UVRI, the project aimed to improve Uganda's adherence to the International Health Regulations and,

consequently, support global health security. Outcomes of the mentoring project to date include: a new communications strategy for UVRI, UVRI-initiated media training days for science staff, improvements to website content and social media presence, and the initiation of a 'Director's Message' and internal newsletters. Mentoring between PHE and UVRI continues.

### **Exploring whether PHE can support DFID Polio activity in Pakistan**

13. At the invitation of DFID a PHE delegation, including the Chief Executive, visited Pakistan in April 2014 to explore whether PHE expertise could support DFID's work on polio eradication and polio legacy planning. Pakistan is a nation with which England shares many family ties and connections - one million Pakistanis holding joint citizenship with the UK and 1.4 million visitors from Pakistan each year. The burden of disease in Pakistan is large and disproportionately borne by the poor. Pakistan is one of the three remaining countries with endemic polio, the others being Afghanistan and Nigeria. Pakistan also has the eighth highest global burden of tuberculosis. Working with DFID and the Pakistan Government, PHE will explore where it might be of assistance.

### **Overseas Territories**

14. PHE, amongst others, is looking to support public health capacity building for the Overseas Territories and Crown Dependencies. PHE is exploring with DFID the possibility of a joint role to support public health development work with the Overseas Territories

### **IANPHI evaluation tool**

15. PHE has recently contributed to the development of the IANPHI Evaluation Tool for National Public Health Institutes. The evaluation tool, which comprises a questionnaire and involves an onsite evaluation by a panel of peers from other partner institutes, has been developed as a practical way to support organisations in demonstrating their accomplishments and in identifying areas for development. As a result, institutes can strengthen areas such as their infrastructure, partnerships and public health systems. The tool was recently showcased at the European IANPHI meeting in April 2014, which also provided an opportunity for members to provide their feedback on it, in order to consider continuous improvement of the tool. The tool is currently being finalised and several countries have expressed an interest in using it.

## **International response to outbreaks, incidents and humanitarian disasters**

### **Working with WHO Global Outbreak and Response Network (GOARN)**

16. GOARN is a collaboration of institutions and networks. It pools human and technical resources to enable rapid identification and confirmation of infectious disease outbreaks of international importance and then mobilises experts and resources to support the effected country's response. As a partner and member of the GOARN Steering Committee, PHE is supporting a project to map GOARN's over 300 partners' outbreak response resources and capabilities around the world and to look for ways to enhance the engagement

of partners on all continents. GOARN is increasingly calling for public health partners to assist in emergencies and humanitarian crises, (examples of PHE contributions are provided below). In addition, PHE has recently seconded a member of staff to Geneva to support the general strengthening of GOARN's central coordination and operational arrangements with members.

#### **Philippines response following Typhoon Haiyan (Yolanda)**

17. PHE rapidly deployed three senior staff to provide expertise on the ground to assist in the public health assessments to reduce the impact from infectious disease, as part of the WHO Philippines country office response. A PHE staff member also provided support as a Health Cluster Coordinator for three months. This involved engaging with national and local health sector stakeholders in-country to assess the availability of health services in the crisis areas, and planning and coordinating joint inter-cluster assessments to ensure that humanitarian health needs were identified.

#### **Ebola virus disease outbreak in West Africa**

18. The outbreak of Ebola virus disease in West Africa is now the largest outbreak of Ebola virus disease ever recorded with in excess of 759 cases and 467 deaths, as of 30 June. Confirmed cases have been identified in Liberia, Guinea and Sierra Leone. With confirmed cases now being reported in the cities of Conakry (Guinea) and Monrovia (Liberia), the risk of transmission through international travel is increased. Concern has been expressed by members of the international community and members of GOARN, including PHE, on the WHO response to-date. PHE has been engaged in the provision of laboratory testing in south-eastern Guinea via EU laboratories, has had individuals on the ground in Sierra Leone, and has been providing advice and support remotely both to the Sierra Leone Ministry of Health and Sanitation and to the UK Department for International Development (DFID) in-country. PHE is assessing what further contribution it may be able to make and is engaged with the sub-regional emergency ministerial meeting in Accra on 2 and 3 July 2014.

#### **DFID funding platform**

19. DFID provided financial support for PHE's contribution to the response to Typhoon Haiyan in the Philippines, although the funding was provided via the UK-Med platform. Options are being explored with DFID to formalise the funding mechanism upon which PHE staff will be deployed for future responses. A stand-alone funding mechanism is being established for PHE's response to the Ebola virus disease outbreak in West Africa.

### **Conclusion**

20. The projects outlined in this submission illustrate the range of global health work that PHE is currently engaged in. DFID's potential increasing involvement in health system strengthening would likely complement and support PHE's work, especially on public health development and capacity building.