



Public Health  
England

Protecting and improving the nation's health

# Minutes

<b>Title of meeting</b>	PHE Global Health Committee	
<b>Date</b>	Monday 20 April 2015	
<b>Time</b>	10.00am – 12.00pm	
<b>Venue</b>	PHE Boardroom, Wellington House, 133-155 Waterloo Road, London, SE1 8UG	
<b>Present</b>	Sian Griffiths Paul Cosford Kevin Fenton Andrew Jackson Poppy Jaman Paul Johnstone Graham Jukes Anthony Kessel Gemma Lien Paul Lincoln Modi Mwatsama Rory Shaw Kathryn Tyson	Chair, PHE Global Health Committee PHE PHE (until min ref 15/116) FCO (from min ref 15/116, by teleconference) PHE Board member PHE Chartered Institute of Environmental Health PHE (from min ref 15/111) PHE (minutes) PHE Board member UK Health Forum Healthcare UK DH (until min ref 15/123)
<b>In attendance</b>	Amina Aitsi-Selmi Simon Bate Mariana Dyakova Victor Knight Fatim Lakha  Annette Luker Christine McCartney	PHE PHE (until min ref 15/121) Public Health Wales (on behalf of Mark Bellis) PHE Scottish Government (on behalf of Duncan McCormick, by teleconference) PHE (by teleconference) PHE (until min ref 15/121)
<b>Apologies</b>	Aliko Ahmed Magna Aidoo Mark Bellis Lord Crisp Michael Depledge David Heymann Anne Kilgallen Brian McCloskey Duncan McCormick Mark Salter Neil Squires  Kitty Smith John Watson Premila Webster Chris Whitty	Association of Directors of Public Health Commonwealth Secretariat Public Health Wales All Party Parliamentary Group on Global Health Professor of Environment and Human Health PHE Chairman Northern Ireland Government PHE Scottish Government PHE Chair, Faculty of Public Health International Committee Health Protection Scotland Deputy Chief Medical Officer Faculty of Public Health Department for International Development

**1. Introduction, apologies and declarations of interest**

15/105 The Chair welcomed everyone to the meeting and invited introductions. Apologies to the meeting were noted.

15/106 The Chair declared an interest as an adviser to Healthcare UK.

**2. Minutes of the previous meeting**

15/107 Clarification was sought over minute ref 15/101 (enclosure GHC/15/07) which stated: "*It was noted that a strong UK champion was needed for the Sustainable Development Goals*". The intention was to note that a champion was needed for national purposes, rather than internationally. It was agreed the topic should be brought to a future meeting.

Gemma Lien

15/108 Following this clarification, the minutes of the meeting held on 26 January 2015 were agreed as an accurate record.

**3. Matters arising**

15/109 The action list (enclosure GHC/15/08) was noted.

15/110 The Committee was reminded that at its last meeting Lord Crisp had suggested it could propose meeting topics to be considered by the All-Party Parliamentary Group on Global Health.

**4. Centre for outbreak response and analysis (CORA)**

15/111 There was broad government support for the establishment of CORA, a proposed centre for UK rapid response to infectious disease threats. The centre would draw on a network of specialist expertise across existing UK organisations to support its work. It was proposed the centre would be established as a joint unit between PHE and the London School of Hygiene and Tropical Medicine, working with the Department of Health and DFID.

15/112 The overarching purpose of the centre was to ensure the coordinated international deployment of UK expertise to assess and tackle emerging threats. In addition to a core team with the capacity to deploy internationally within 48 hours, there would be a wider group of 'reservists' identified within the public health system to provide specialist expertise. Plans were still in development, including how it would be funded and when it would be activated. Whilst current plans did not include non-infectious disease issues, there was the potential to develop this at a later stage.

15/113 The Chartered Institute of Environmental Health was engaged with the Ministry of Defence on emergency response to disasters. More than 20 staff were ready to mobilise at any time. It was agreed to discuss this at the next meeting.

Gemma Lien

15/114 The necessary links to CORA would be made from PHE's lead role for the UK on the International Health Regulations and its humanitarian and disaster risk response work.

15/115 The Committee noted its strong support for the development of CORA and requested an update at its next meeting.

Gemma Lien

**5. Sierra Leone**

15/116 There was still a great deal of work to be done to achieve zero cases of Ebola Virus Disease in the current outbreak in West Africa. WHO and DFID were working with the Sierra Leone government to outline an Ebola

recovery plan. PHE was advising on the public health component of the plan, alongside US CDC. There was a great deal to consider, including rebuilding essential healthcare services. The Committee noted that PHE should encourage a universal healthcare approach – focus should not only be on the availability of hospitals - broader healthcare issues such as mental health and non-communicable disease should also be addressed.

- 15/117 Simon Bate, PHE Aerobiologist, presented to the Committee on the PHE Microbiology Services commitment to the Ebola outbreak. PHE had deployed quickly through the European Mobile Laboratory following early indications of the outbreak in March 2014. By the end of 2014, three PHE-led laboratories had been built and were fully operational, funded by DFID. The logistical and supply challenges lab staff faced were highlighted. Staff had also provided advice on safe burial practice, blood collection and safe packaging of samples, as well as other public health advice to local communities.
- 15/118 In the UK, PHE had delivered bespoke training for laboratory staff prior to deployment and provided IT support for the labs in Sierra Leone. The PHE Rare and Imported Pathogens Laboratory Service and Virus Reference Department had been involved in the diagnostic follow-up of the two positive cases of Ebola Virus Disease in the UK. Research and development into the disease was on-going, including vaccine development, antiviral development, Ebola genomics, sequencing, host response studies and immune response.
- 15/119 Around 2000 of PHE's microbiologists had been involved in the Ebola outbreak response. Laboratory support in Sierra Leone would be one of the critical parts of PHE's legacy work following the end of the outbreak. Bruce Keogh, National Medical Director of NHS England, had thanked PHE at its last Board meeting for its support and clinical advice.
- 15/120 The Chief Medical Officer and the Government Chief Scientific Adviser had written a joint letter to galvanise support across the UK health system. There had been an overwhelming response from volunteers. PHE still continued to monitor returning workers and an evaluation of PHE's response would be undertaken. Valuable lessons had been learned, including the need to engage early with cultural and burial practices.
- 15/121 PHE would link with partners on its legacy plans, including with the work being led by US CDC in Liberia and by France in Guinea. One area for collaboration would be strengthening surveillance at country borders. Chinese CDC had also noted its wish to collaborate with PHE on legacy plans.
- 6. Report from the Director of International Public Health**
- 15/122 The Director of International Public Health gave some verbal updates on his report (enclosure GHC/15/11):
- a) Pakistan: PHE is continued to work with DFID Pakistan to develop an MOU and finalise costings for intended work supporting national level work on the International Health Regulations and integrated disease surveillance, and provincial level work (Punjab) to support the development of a communicable disease control centre.
  - b) Global Health Foundation: A meeting between the Chair of PHE and the Charity Commission was planned. The outcome of that discussion would determine next steps.
  - c) Qatar: PHE had been requested to provide critical peer challenge to

the development of Qatar's new five year national preventive health strategy.

- d) World Health Assembly: PHE, including the Chief Executive, would join the UK delegation, led by the Chief Medical Officer, at the World Health Assembly in May.
- e) Commonwealth Health Minister's meeting: PHE, including the Chief Executive, would attend this meeting in May also.

15/123 It was noted that a meeting of the DH-led International Health Forum would be held later that week.

15/124 A PHE team, including the Vice-Chair of the Scientific and Technical Advisory Group (STAG) of the UN Office for Disaster Risk Reduction (UNISDR), had played a leading role in the negotiations of the Sendai Framework for Disaster Risk Reduction 2015 - 2030. The Framework had been adopted by 187 UN Member States at the UN World Conference on Disaster Risk Reduction in March.

15/125 PHE was working closely with UNISDR on the implementation of the Framework and was considering, working with others, the development of a centre of excellence on disaster risk reduction.

## 7. PHE visits to China and Mexico

15/126 Negotiations continued on the MOU between PHE and Chinese CDC. A follow-up visit was planned for June/July 2015 to explore collaborative workshops on salt, sugar, hypertension, climate change and AMR.

15/127 PHE was exploring collaborative research work in China under the Foreign and Commonwealth Office's Strategic Prosperity Fund. It was highlighted that AMR work in China should be shared with UK partners such as Healthcare UK, UK Science & Innovation Network, China-Britain Business Council and the Review on AMR chaired by Jim O'Neill.

15/128 It was proposed that PHE may wish to link to the following activities:

- a) The UK Science & Innovation Network collaborative work with Brazil, USA and Canada;
- b) The Chartered Institute of Environmental Health contribution to the Global Food Safety Partnership, supported by the World Bank, to raise food safety and nutrition standards. The Institutes was also working with Qatar and Pakistan; and
- c) Mental Health First Aid mental health literacy work in Pakistan through the AMAN Foundation.

15/129 The PHE Chief Executive had visited Mexico in early March 2014. He had met with senior government officials and presented at the National Institute of Public Health Congress. Following the visit, PHE was exploring three workstreams with the Mexican National Institute of Public Health – reducing teenage pregnancy rates, diabetes and health marketing, including using digital tools to shape behaviour change. A videoconference was planned in early May to continue discussions. It was noted that PHE should update UKTI contacts in the British embassy in Mexico.

Gemma Lien

## 8. Global Health Strategy delivery and implementation

15/130 Publication of the Global Health Strategy Delivery Plan had been postponed due to the pre-election period of sensitivity. It was expected that this would be published soon after the general election.

**9. Future meetings / Any other business**

- 15/131 The next meeting of the Global Health Committee would focus on global mental health. A brief discussion on Sustainable Development Goals was also planned, but this topic would be addressed in more detail at the following meeting. Feedback from the World Health Assembly was also requested.
- 15/132 It was suggested that the Committee should address UK public health workforce issues at a future meeting, including capacity and training – for example in the context of responding to the global diabetes crisis.
- 15/133 There being no further business, the meeting closed at 11:34am.

**Gemma Lien**

Head of Global Health Strategy

April 2015