Response from the Faculty of Public Health to the Chief Medical Officer's consultation
Health is Global: Proposals for a UK Government-wide Strategy

Introduction

The Faculty of Public Health is an authoritative public health body which aims to advance the health of the population through three key areas of work: health improvement; service improvement and health protection. In addition to maintaining professional and educational standards, the Faculty advocates on key public health issues and provides practical information and guidance for public health professionals. The Faculty also works at the European and international levels to promote high standards of public health practice.

The Faculty welcomes the opportunity to respond to this consultative document. Our response, which has been written by members of our International Committee, highlights some of the practical recommendations that could be taken forward in response to some of the questions raised in Chapter 5.

Response to specific questions

5.2.2 Health and Development

- ***How can DH the NHS and other government agencies support DFIDs goal of achieving the MDGs?***

Leaders from developing countries want partnerships with UK hospitals, healthcare schools and other providers for shared learning and development between people in similar roles. There is also scope to develop these links at national level – with those people who design and manage the systems. The partnership approach enables experienced professionals to volunteer in short periods but in the context of longer term relationships and therefore remain sustainable. Adequately resourced partnerships could develop further, guided and enabled by DFIDs country-led policy.

Developing countries, as part of their poverty reduction plans and/or health sector plans, should be encouraged to review the nature of partnerships that the country needs and how they will be monitored. Which organisations do they wish to be linked with? - whether local service providers, like hospitals; or national bodies; or whether a country wants a series of links with a region of the NHS; or to centre its links around a single large institution, like the relationship between Somaliland and King's; or a country to country partnership, like that between Malawi and Scotland. In order for these partnerships to be effective they need to be adequately resourced so that professionals can be released from NHS service for periods of time and ultimately they can grow and become a lever for strategic change as we have begun to see in the Kings Somaliland link.

This type of shared learning can also be extended to organisations like the National Institute for Clinical Excellence (NICE) and the HPA. There is an opportunity in sharing experiences and providing advice particularly around technology assessment and public health. Private companies too are willing to offer help with, for example, logistics and procurement.

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DFID should meet with representatives from non NHS bodies such as HPA, the HCC, NICE, the HSCIC, representatives of the private sector and others to review how practically they could help strengthen health systems and agree plans for doing so. This will ensure that support is country led and effective. Due consideration is needed for ensuring standards and guidelines are relevant to settings and ensuring the input is co-ordinated.

The Faculty of Public Health would welcome involvement with Government in terms of supporting the creation and strengthening of Public Health as a specialty in less developed countries. The Faculty has members throughout the world and many UK-based members have extensive overseas experience. The Faculty has experience of standard setting and assessment and would welcome the opportunity to share this learning with less developed countries.

- ***How can the UK work most effectively with developing countries on the emerging epidemics of chronic and non-communicable diseases?***

Greater emphasis is needed on the global approach to communicable and non-communicable diseases. It is therefore a global public health community which is needed to find international solutions and advocate on specific issues such as smoking and to capitalise on the opportunities to advocate within the existing international governance structures.

5.2.3 Health and the UK economy, including trade

- ***How can we better examine the impacts of trade liberalisation on global health, including on affordable medicines and the delivery of healthcare throughout the world?***

- ***How can we achieve greater coherence between the UK's trade and health policies?***

The commercial focus of the healthcare industry encourages innovation and new products that can be of benefit to UK and other patients and it is important that there is equal access globally to these benefits. Lack of capital in many countries means that the technology must be exploited through further imaginative programmes such as the Advanced Market Commitments that support development of drugs and vaccines, and through helping to provide the environment in which local entrepreneurs are able to thrive and national and international business to invest.

There is also interesting evidence of the way in which microcredit schemes improve health, support local entrepreneurs and the improvement of health and health systems. They can provide, for example, mutual insurance systems which can mitigate the, often catastrophic, impact of illness in a family.

Within communication technologies, there is increasing innovation for the improvement of healthcare, from better information gathering to improved education and providing telemedicine services. There appears to be enormous scope to support rural and remote health workers through these means and ensure latest knowledge is available locally. Qualifications may become more widely available through supported distance learning programmes and internationalised curricula as well as greater opportunity for Continuing Professional Development (CPD). The UK should give increased emphasis to the use of ICT and other new technologies in improving health and health services in developing countries by bringing innovators in digital technology to work with international partners. Piloting and evaluating applications will create an understanding of its potential impacts. In turn this will facilitate development of surveillance systems as well as enhancing opportunities for updating and education.

All these approaches need to be researched and evaluated with urgency and the lessons learned applied elsewhere

5.4.2 Health Research

- *How can we build networks for sharing health knowledge and information in an appropriate form to meet the needs defined by research partners?*

- *How can we maximise the use of the UK's resources in biomedical research to contribute to global health?*

- *How can we maximise the contribution that the EU's research and development efforts in the health field make to global health?*

Sir David Cooksey's review of health research[1] and Sir David King's proposal to establish a high level forum for collaboration on development research in the UK[2] will between them provide a very good foundation for the future.

However, it is not yet clear how they will help address the relatively poor use of research evidence in practice by policy makers and practitioners. It will be very important to ensure that, as DFID develops its research strategy, practitioners are involved in these deliberations and that attention is given to researching how best to apply evidence and to evaluating the impact of interventions in practice.

The UK health system has some relevant experience through the development of 'evidence-based' medicine and the subsequent creation of a National Knowledge Service for the NHS in England, which could help international efforts to create effective knowledge management systems and spread good practice systematically.

The UK should, in developing the health elements of its development research strategy, ensure a focus on the practical application of evidence, proven good practice in delivery and the systematic spread of good practice.

There is an absence of means for sharing good practice and learning between development projects, agencies and countries. There is a great deal of evaluation – and high-quality academic research – but very little systematic application of knowledge and learning from successful – and failed – projects. There is, similarly, a need for much greater understanding of how new information and communication technology (ICT) and biomedical technologies can be used to best effect. These, together with a greater emphasis on economic development, can make a far greater impact than is currently achieved.

The UK should find ways to use its particular experience and expertise to:

- **Work with the international community on ways of organising healthcare knowledge and making it accessible to practitioners and the public.**
- **Assist with international efforts to create ways of identifying and sharing good practice.**
- **Help countries develop knowledge systems that can make relevant knowledge accessible to their health workers and public.**

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[1] http://www.hm-treasury.gov.uk/media/56F/62/pbr06_cooksey_final_report_636.pdf

[2] The new body, the UK Collaborative on Development Sciences (UK-CDS) was proposed by the Development Sciences Working Group (DSWG) chaired by Professor Sir David King, the Government's Chief Scientific Adviser. The Working Group was established in response to the House of Commons Science and Technology Select Committee report "The use of science in UK international development policy" published in October 2004.