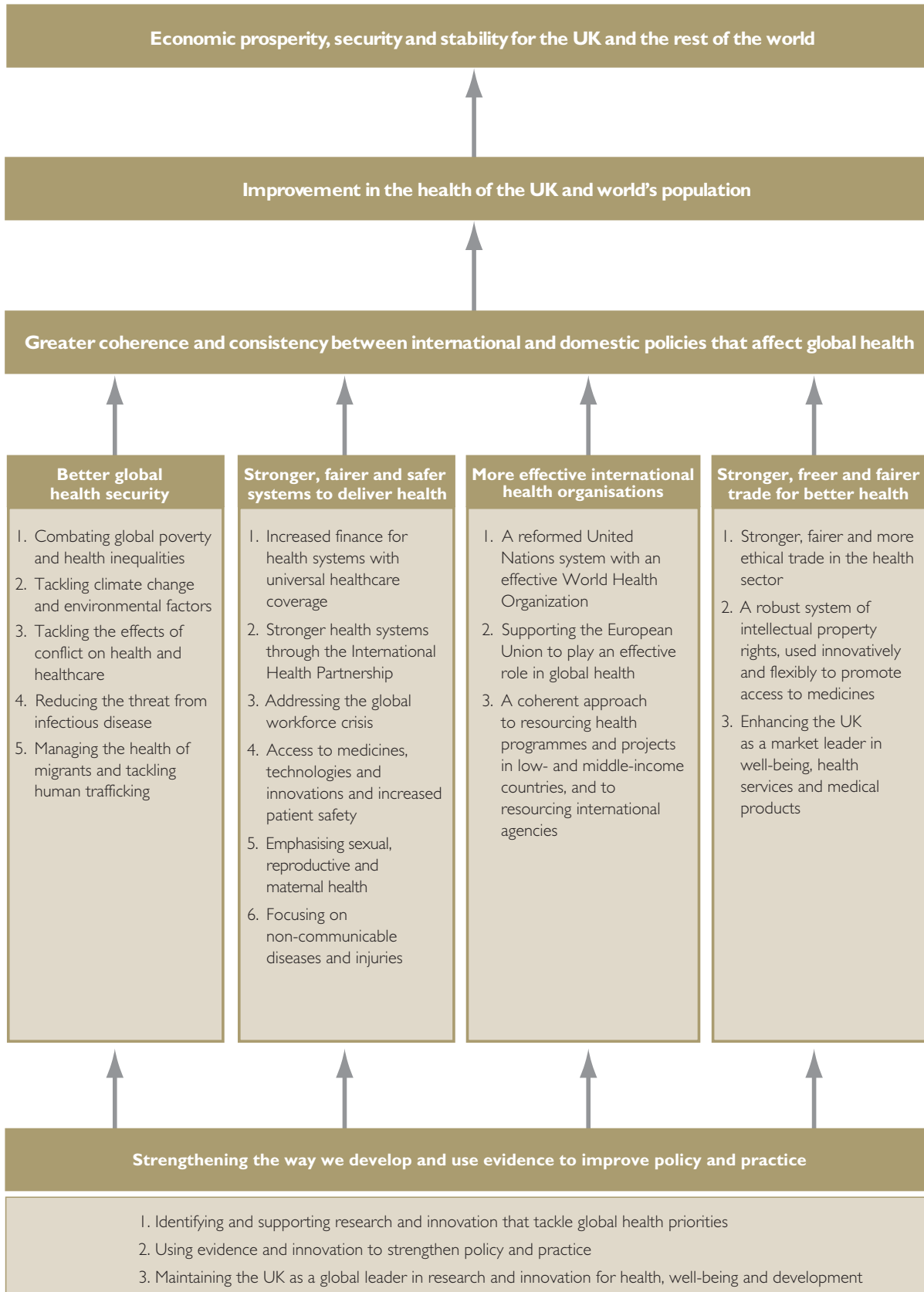


# Health is Global

A UK Government Strategy 2008–13



**Health is Global: A UK Government Strategy. The five areas of action and their link with economic prosperity, security and stability**



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# Foreword by the Prime Minister



Today, the pace of medical advances and our understanding of illness and disease are greater than ever before, but the challenge for governments and societies across the world is to make these benefits available to all.

This strategy is one way for us in Britain to help to build a better, fairer world. But global health is a question not just of morality but of security as well. In today's new global era, flows of commerce, information and ideas transcend traditional borders, but so too do climate change and pandemics like influenza. And in a world where the old distinction between 'over here' and 'over there' is becoming increasingly redundant, and where our neighbours are closer than ever before, new opportunities also present us with new challenges and risks.

The first duty of any government must be to ensure the safety of its people, but this can no longer be achieved in isolation. Increasingly it is in our interest not only to uphold the values that underpin our policies at home – liberty, security and justice for all, economic opportunity and environmental protection shared by all – but to promote them actively abroad, and nowhere is this more important than in the field of global health.

Quite simply, healthy populations mean a more secure and economically productive world. Global health is a force for good, whether in tackling the effects of climate change, reducing the threat from epidemics or pandemic diseases, or increasing access to medicines and innovation.

We know that international co-operation will be essential in helping to achieve these goals, and we should not underestimate the scale of the challenges ahead. Britain alone cannot deliver better global health, but by harnessing the activities and energies of the many partner governments, agencies and organisations who share our goals I believe that we can make a real difference.

In our interdependent world the health of all peoples is everyone's priority – and good health for all must be our shared ambition.

*Gordon Brown*

**Gordon Brown**

# Abbreviations and key definitions

## Abbreviations

AIDS	Acquired immune deficiency syndrome
BERR	Department for Business, Enterprise and Regulatory Reform
Defra	Department for Environment, Food and Rural Affairs
DFID	Department for International Development
DH	Department of Health
DIUS	Department for Innovation, Universities and Skills
EU	European Union
FCO	Foreign and Commonwealth Office
G7	Group of Seven
G8	Group of Eight
HIV	Human immunodeficiency virus
HPA	Health Protection Agency
IHP	International Health Partnership
MDGs	Millennium Development Goals
MOD	Ministry of Defence
NGO	Non-governmental organisation
NHS	National Health Service
SARS	Severe acute respiratory syndrome
TB	Tuberculosis
UN	United Nations
WHO	World Health Organization
WTO	World Trade Organization

## Key definitions

*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.

*Globalisation:* the widening, deepening and speeding up of worldwide interconnectedness in all aspects of contemporary social life. These global processes are changing the nature of human interaction across a wide range of social spheres including the economic, political, cultural and environmental.

*International health:* relates to health practices, policies and systems in countries other than one's own and stresses more the differences between countries than their commonalities.

*International health architecture:* networks of international organisations designed to improve health.

*Millennium Development Goals (MDGs):* eight goals, which range from halving extreme poverty and hunger to providing universal primary education and ensuring environmental sustainability, that form a blueprint agreed to by all the world's countries and all the world's leading development institutions in 2000. Reducing child mortality, improving maternal health and combating HIV, AIDS, tuberculosis (TB) and malaria are all part of the MDGs. The date for achieving the MDG targets is 2015. The MDGs have galvanised unprecedented efforts to meet the needs of the world's poorest.

*MDG Call to Action:* launched in July 2007 by Prime Minister Gordon Brown speaking alongside the United Nations (UN) Secretary-General, Ban Ki-moon. It seeks to galvanise the international community, build an international consensus about what needs to be done and harness the efforts of all involved to accelerate progress to achieve the MDGs. To highlight the Call's importance, the UN Secretary-General convened a High-Level Event on 25 September 2008 in New York.

*Multilateral system:* refers to institutions and agencies that enable multiple countries to work together on common agendas. International organisations, such as the UN, the World Trade Organization (WTO) and the European Union (EU) are multilateral in nature. 'Multilateralism' is a term used in international relations which refers to multiple countries working in concert on a given issue.

# Summary

Safeguarding good health is not simply the province of individual countries. A globalised, interdependent world, characterised by the increasing movement of individuals and populations – and where disease recognises no borders – means that health has become a global issue.

Our responsibility is to harness the opportunities of globalisation to improve the health of people across the world, and in particular people in the UK.

A healthy population is fundamental to prosperity, security and stability – a cornerstone of economic growth and social development. In contrast, poor health does more than damage the economic and political viability of any one country – it is a threat to the economic and political interests of all countries.

Improving global health is vital if we are to achieve the Government's domestic and international objectives. The health targets of the MDGs are among those least likely to be met and this demands a coherent strategy and decisive action.

Global health is determined by factors which themselves often show scant respect for national boundaries – such as international trade, climate change, pollution, conflict, environmental degradation and poverty. The UK Government cannot achieve the ambition set out in this strategy alone. Because so many sectors affect health, and so many countries and agencies are involved in healthcare, improving health around the world requires co-operative actions and solutions. This means creative, joined-up partnership both between UK government departments, and between the UK Government and a host of other partners, ranging from the EU and the UN to non-governmental organisations (NGOs), foundations, academia and business.

Such a co-operative vision demands a strategy for improving global health and, while the strategy we outline is for the next five years, its vision covers a 10- to 15-year period.

The strategy sets out the breadth of global health issues and our plan for tackling them.

## There are ten principles that underpin Health is Global

They are that we will:

- 1** set out to do no harm and, as far as feasible, evaluate the impact of our domestic and foreign policies on global health to ensure that our intention is fulfilled;
- 2** base our global health policies and practice on sound evidence, especially public health evidence, and work with others to develop evidence where it does not exist;
- 3** use health as an agent for good in foreign policy, recognising that improving the health of the world's population can make a strong contribution towards promoting a low-carbon, high-growth global economy;
- 4** promote outcomes on global health that support the achievement of the MDGs and the MDG Call for Action;
- 5** promote health equity within and between countries through our foreign and domestic policies;
- 6** ensure that the effects of foreign and domestic policies on global health are much more explicit and that we are transparent about where the objectives of different policies may conflict;
- 7** work for strong and effective leadership on global health through strengthened and reformed international institutions;
- 8** learn from other countries' policies and experience in order to improve the health and well-being of the UK population and the way we deliver healthcare;
- 9** protect the health of the UK proactively, by tackling health challenges that begin outside our borders; and
- 10** work in partnership with other governments, multilateral agencies, civil society and business in pursuit of our objectives.

## The strategy sets out five areas for action

### 1. Better global health security

Global health security is crucial for economic and political stability – but health is vulnerable to a wide range of complex and daunting issues.

To improve global health security, we will focus on:

- global poverty and health inequalities;
- climate change and environmental factors;
- the effects of conflict on health and healthcare;
- reducing the threat from infectious disease; and
- human trafficking and the health of migrants.

### 2. Stronger, fairer and safer systems to deliver health

A healthy population needs strong, fair and accountable systems for delivering good health. These are absent in many countries and in some of the poorest countries this is a key reason why progress on achieving the MDGs is slow, and why so many people are beset by chronic disease.

We will work for stronger and fairer systems to deliver health and healthcare by:

- increasing finance for health systems with universal healthcare coverage;
- supporting stronger health systems through the International Health Partnership (IHP);
- addressing the global shortage of healthcare workers;

- increasing fairer and safer access to medicines, technologies and innovations and continuing to work for improved patient safety worldwide;
- emphasising sexual, reproductive and maternal health; and
- increasing our focus on preventing and treating non-communicable diseases and injuries, and supporting policies that help people be active and well.

### 3. More effective international health organisations

The world needs effective international institutions to provide a stable global order. Further reform is needed if they are to be more effective in tackling global health.

We will seek to improve the way global health is promoted by international institutions by:

- working towards a reformed UN system with an ever more effective World Health Organization (WHO);
- supporting the EU to play an even more effective role in global health; and
- fostering a coherent approach to resourcing health programmes and projects in low- and middle-income countries, and to resourcing international agencies.

### 4. Stronger, freer and fairer trade for better health

Trade in health services, drugs and medical devices contributes significantly to the UK and global economies. The marketplace for these commodities means that the UK and other economies can benefit from the opportunities that come through freer and

fairer global trade in health services and commodities.

We will work for:

- stronger, fairer and more ethical trade in the health sector;
- a robust system of intellectual property rights, used innovatively and flexibly to promote access to medicines; and
- enhancement of the UK as a market leader in well-being, health services and medical products.

## 5. Strengthening the way we develop and use evidence to improve policy and practice

Health policy, public health and service delivery should be based on reliable evidence drawn from high-quality research. At present, research on global health problems worldwide is under-funded, inadequately co-ordinated and does little to benefit the poorest 90% of the world's population.

We will work to:

- identify and support research and innovation that tackle global health priorities;
- use evidence and innovation to strengthen policy and practice; and
- maintain the UK as a global leader in research and innovation for health, well-being and development.

## Working with others

In taking forward *Health is Global*, we will:

- work effectively with non-governmental partners, especially when developing and implementing government policy;
- foster greater coherence and consistency of policy and action with non-governmental partners; and
- work more transparently with our non-governmental partners.

We believe that multilateral institutions such as the UN and the EU are crucial in making the world a healthier place. We are therefore committed to making sure that international institutions are fit to meet the health challenges of the 21st century.

We recognise that, in many parts of the world, the private sector and NGOs may be able to deliver healthcare better and more innovatively than government. Foundations now offer striking new solutions to global health problems. Working together through public-private partnerships can make a dramatic impact on global health. Research institutions are central to developing new policy and practice, but also crucial in helping evaluate government policy and practice. The NHS, other parts of the UK health system and professional groups and bodies are playing an increasingly important role in highlighting and responding to global health issues.

## Resources

We have previously set out plans to spend 0.7% of gross national income on international development by 2013. Fifty per cent of our direct support to countries will go towards improving health, education, water, sanitation and social protection services. In 2008, we made a commitment that the Department for International Development (DFID) would spend £6 billion on health systems and services up to 2015, with a further £1 billion invested into the Global Fund to Fight AIDS, TB and Malaria. In addition, we have around £400 million going into global health research over the next five years.

A number of other government departments finance programmes that contribute to improving global health. There is also considerable technical expertise to support global health in government and the UK public sector. We will use these resources strategically to maximise their impact. This means supporting the priorities and approaches set out in *Health is Global* and working with others to deliver them. We will also work with multilaterals and other countries, including middle-income countries and emerging economies, to increase their funding for, and impact on, global health.

## Implementation and monitoring progress

**Annex 1** sets out in more detail how we will implement the strategy. Working with our non-governmental partners is key, and we describe this in **Annex 2**. The Interministerial Group for Global Health will be responsible for reviewing progress on the implementation of *Health is Global*. It will be the key forum to:

- drive forward delivery of the strategy;
- review the impact of government policy and funding on global health;
- enhance policy coherence; and
- monitor and evaluate *Health is Global*.

We will use expert independent evaluations to assess progress and inform future iterations of the strategy.

# Why the UK needs a strategy to address global health

*If the UK is to protect the health of its population, harness the benefits of globalisation, and make the most of its contribution to health and development across the world, it needs to have a clear, coherent and co-ordinated approach to the many issues that influence global health.*

## **SARS: lessons from a new disease<sup>1</sup>**

On 12 March 2003, WHO alerted the world to the appearance of a severe respiratory illness spreading in Hong Kong and Vietnam. Within a few months, the illness, known as severe acute respiratory syndrome (SARS) had spread to 30 countries, with nearly 8,500 people believed to be infected with the SARS virus. Over 900 people died. At the peak of the outbreak more than 200 cases were being reported to WHO daily.

For several weeks the economies of several large cities were disrupted by the disease, by fear of it, and by precautions against it. International travel and trade were severely affected. Estimates of the costs of the SARS outbreak range from US\$10 billion to US\$30 billion.

A problem in one small part of South East Asia became a problem for the rest of the region within a very short time. Within a few days what had been a localised issue had become an issue for Toronto, London, Pretoria, and many other cities in the world. With aeroplanes able to circle the globe within 24 hours, it was almost impossible to stop the global spread of infection.

Destination Gate Status	
Taipei	Cancelled
Guilin	24
Taipei	Cancelled
Nanning	Cancelled
Macau	23
Fuzhou	Cancelled
Kuala Lumpur	Cancelled
Bangkok	Cancelled
Dhaka	Cancelled
Shanghai/Pudong	Cancelled
Singapore	Cancelled
Bangkok	Cancelled

An airport departure board shows a series of flights cancelled owing to the effects of the SARS virus. The SARS outbreak had a global socio-economic impact.

The UK response required a government-wide SARS Taskforce that worked day and night with WHO, the EU and countries throughout the world to develop contingency plans and get key public health messages out to health care workers and the public, particularly travellers. The Health Protection Agency (HPA) scaled up its contribution to the international investigation, working with others to better understand how best to stop the spread of SARS.

The global community learnt a number of lessons from the outbreak:

1. Countries must promptly report diseases with the potential to spread internationally.
2. Political leadership is important in combating disease and WHO has a key role in sharing information and providing the best public health advice (this was the first outbreak where new communications technology played a major role).
3. Scientists, clinicians and public health experts must work together to tackle global health challenges such as SARS.
4. Strong health systems are essential: weaknesses in one country means vulnerability for all. We are only as strong as the weakest link.

The rapid containment of SARS was a success but also a warning. It provided proof of the power of international collaboration. It highlighted the importance of investing globally in public health – in terms of political commitment, effective international institutions, health systems, research and development, and building networks and relationships.

It was good fortune that the world was able to contain SARS. Those areas most severely affected had well developed healthcare systems. Had SARS established a foothold in countries where health systems were less well developed, cases might still be occurring and global containment would be much more difficult, if not impossible.

The story of SARS illustrates how quickly a new disease can threaten global health. Not all diseases move at such speed, but some are more stealthy and more lethal. The spread of cardiovascular and other non-communicable diseases, the tobacco epidemic, and the rising toll of deaths and injuries from road traffic hazards are cases in point. We can view all of these as epidemics in high-income countries and they are advancing rapidly in low- and middle-income countries today.

Global health embraces people across the world because health is determined by problems, issues, and concerns that transcend national boundaries.<sup>2</sup> Cross-border issues such as international trade, climate change, pollution, conflict, environmental degradation and poverty all influence global health. Because so many sectors have an impact on health, and so many agencies are involved in healthcare, improving global health requires co-operative actions and solutions.

Global health is about the effects of globalisation on health, and about our responsibility to harness the force of globalisation to improve the health of people across the world, and in particular people in the UK. A healthy population is fundamental to prosperity, security and stability. The WHO Commission on Macroeconomics and Health (2001) said this loud and clear: ill health is a drain on society, while good health is a cornerstone of economic growth and social development in developing countries.<sup>3</sup> Other reports by the European Commission and European Observatory on Health Systems and Policies show that this is also the case in high-income and transition countries.<sup>4</sup>

In recent years, there has been increasing interest in the link between global health and foreign policy.<sup>5</sup> In 2006, a group of seven countries published the Oslo Declaration, broadening the scope of their foreign policy so that health became a key foreign policy issue.<sup>6</sup>

The principles behind the Oslo Declaration are part of a broader trend, reflecting the fact that, in our interdependent world, we cannot guarantee environmental, physical or economic security in the UK without promoting it overseas. Poor health is more than a threat to any one country's economic and political viability – it is a threat to the economic and political interests of all countries. Working for better global health is integral to the UK's modern foreign policy.

Governments need to work together alongside international and national agencies to protect and improve human health. The European Commission adopted a health strategy in 2007 that, for the first time, set out an overarching strategic framework spanning core issues in health as well as 'health in all policies'<sup>7</sup> and global health issues.<sup>8</sup> Recent Group of Eight (G8) and Group of Seven (G7) Summit meetings have also identified global health as a key area where we can all do more.

### Developing this strategy

In 2007, England's Chief Medical Officer, in his capacity as the Chief Medical Adviser to the UK Government, issued *Health is Global: Proposals for a UK Government-wide Strategy*.<sup>9</sup> The Prime Minister and Cabinet approved the discussion paper, which set out the rationale for a strategic framework for global health.

An interministerial group led the development of the strategy, and in July 2007, several government departments and devolved administrations joined forces with the *Lancet*, the London School of Hygiene and Tropical Medicine, and the Royal College of Surgeons of Edinburgh to host workshops for a wide range of stakeholders to debate what a UK government-wide strategy should say. We also received written responses and reviewed commentaries published in the medical press.<sup>10</sup> We published the outcome of the workshops on the Department of Health website<sup>11</sup> and the results of these discussions helped shape the strategy.

There was a consensus that we should use explicit criteria on what topics should be covered, and deciding what to exclude has not been easy. It is possible to argue that almost any area of public policy affects global health – indeed, there were advocates for most areas of public policy to be included in the strategy. We needed to draw boundaries, so we chose not to focus on agriculture, economic development, wider trade policy, roads and infrastructure, nuclear weapon proliferation, and the rights and wrongs of going to war. Perhaps there will be future opportunities to set out in detail the relationship between these areas and global health.

The strategy builds on what is already being done and identifies future areas for action. The health targets of the MDGs are among those least likely to be met, and *Health is Global* dovetails with health's place as a vital component in the Prime Minister's MDG Call to Action. It complements UK foreign policy set out in *Better World, Better Britain*, particularly the contribution that health can make to UK competitiveness and to a low-carbon, high-growth global economy. There also are strong links between a number of government policies and strategies, for example our three White Papers on international development and the UK National Security Strategy.<sup>12</sup>

Many UK government departments and agencies work on issues that directly or indirectly affect the health of the world's population. To be most effective in our work on global health, and to make the most of opportunities to improve UK health, we need a consistent and joined-up approach across government. A more coherent approach can also raise awareness of any unintended adverse

effects of UK government policy, and highlight policies that conflict with efforts to improve global health.

*If we are to achieve many of the Government's domestic and international objectives, we have to improve global health.*

# Health is Global: The strategy

*Health is Global: A UK Government Strategy 2008–13* sets out how the UK Government intends to work with others to tackle many of the key challenges that the world faces over the next five years. It also charts a course in response to the major global health issues beyond this period. This means setting out clear action in a number of areas that are currently neglected but which will become increasingly important. It takes forward the ideas and recommendations in the Chief Medical Officer's report to the Government in 2007.<sup>9</sup>

Our goal is to improve the health of the populations of the UK and of the world.

The strategy sets out the breadth of global health issues and our plan for tackling them. It will help us work more strategically across government and work better with others. The strategy encourages greater alignment of the Government's domestic and foreign policy where it affects global health, and provides a mechanism for holding government to account. We hope it encourages broader engagement from those outside government – including the NGO sector, foundations, academia, business and the media.

The strategy includes a set of actions that, in a number of areas, feature enough detail for us to measure progress and provide clear methods of accountability. In other areas, additional work will be needed to develop appropriate action plans and baseline indicators against which to track progress. The progress made against the commitments outlined in *Health is Global* will be reviewed regularly throughout its life to improve the way we are working. We will also review our impact at the end of the five-year period to help us decide what should be the next steps.

## Ten principles

We believe that every individual – whatever part of the world they come from or live in – is of equal value. The UK Government, as one of the original 1948 signatories, remains committed to the provisions of the Universal Declaration of Human Rights. Human rights belong to every individual in every part of the world<sup>13</sup> and the strategy's principles and actions are practical ways of upholding these rights.

We recognise the strong relationship between the global health policies we set out in this strategy and our foreign policy. We also recognise that domestic policy can have a significant impact on global health. We acknowledge that there are potential conflicts in many aspects of domestic and international economic and foreign policy. In the area of global health, we will therefore:

- 1** set out to do no harm and, as far as feasible, evaluate the impact of our domestic and foreign policies on global health to ensure that our intention is fulfilled;
- 2** base our global health policies and practice on sound evidence, especially public health evidence, and work with others to develop evidence where it does not exist;
- 3** use health as an agent for good in foreign policy, recognising that improving the health of the world's population can make a strong contribution towards promoting a low-carbon, high-growth global economy;<sup>14</sup>
- 4** promote outcomes on global health that support the achievement of the MDGs<sup>15</sup> and the MDG Call to Action;<sup>16</sup>
- 5** promote health equity within and between countries through our foreign and domestic policies;
- 6** ensure that the effects of foreign and domestic policies on global health are much more explicit and that we are transparent about where the objectives of different policies may conflict;
- 7** work for strong and effective leadership on global health through strengthened and reformed international institutions;
- 8** learn from other countries' policies and experience in order to improve the health and well-being of the UK population and the way we deliver healthcare;
- 9** protect the health of the UK proactively, by tackling health challenges that begin outside our borders; and
- 10** work in partnership with other governments, multilateral agencies, civil society and business in pursuit of our objectives.

To help reduce policy conflicts, the Department of Health (DH) will support other departments in preparing global health impact assessments, which describe the global health impact of their foreign and domestic policies. We will also work with other organisations already leading work in this area, including WHO, the EU and the Organisation for Economic Co-operation and Development.<sup>17</sup>

### We will:

- 1.** Use impact assessments to take greater account of the global health impact and equity of our foreign and domestic policies across government, as part of the new government impact assessment process.
- 2.** Commission a section on health in the Government's annual human rights report.<sup>18</sup>

## Five areas for action

Our five-year strategy sets out an action plan for:

- better global health security;
- stronger, fairer and safer systems to deliver health;
- more effective international health organisations;
- stronger, freer and fairer trade for better health; and
- strengthening the way we develop and use evidence to improve policy and practice.

The UK cannot achieve these goals alone: we will act in partnership with other governments, agencies and organisations to deliver on them.

### **The criteria we used to determine the areas covered in *Health is Global* are:**

- that the area has a direct link to an important global health issue;<sup>19</sup>
- that the UK has particular expertise and experience of working in the area and/or the ability to influence others;
- that delivery requires effective cross-government working;
- that we can identify what we can deliver with specific and timetabled, measurable results, which will allow us to determine what our impact is; and
- whether the UK stands to benefit directly from engaging in the issue, for example, where there are clear links to the health of the UK population.



In the shadows of high-rise buildings being developed to house Vietnam's elite, many people remain confined to shacks. Tackling poverty, inequalities and the social determinants of disease improves public health and reduces vulnerability to acute public health events. In our global world, public health problems in one part of the world can rapidly have political, economic and public health consequences for countries thousands of miles away.

## I. Better global health security

We will actively spread the message that global poverty, ill health and health inequalities are inextricably linked and are major risks to security. Promoting global health and reducing global health inequities will increasingly be a Foreign and Commonwealth Office (FCO) priority. Through its network of posts, the FCO will help build international partnerships in support of this. All government departments will support global health and international development objectives. To help strengthen the evidence base in global health and foreign policy, we will fund a new Centre on Global Health and Foreign Policy at the Royal Institute for International Affairs (Chatham House).

### We will:

3. Work for international action through the G8, the EU and other forums to improve global health and tackle the causes of ill health.
4. Work with WHO, the EU and others to take forward key recommendations from the WHO Commission on Social Determinants of Health and ensure that action to address these issues remains high on the international agenda.

We will lead efforts across the world in responding to the health effects of climate change. We are funding WHO with an extra £1 million to take forward work on climate change following the UK-sponsored 2008 World Health Assembly Resolution. This will complement our support for the International Climate Change Network, which will help poor countries gain a better understanding of the social, economic and environmental impacts of climate change. We will promote the importance of the health

sector taking a lead in reducing its greenhouse gas emissions and adapting to climate change. In the specific case of the NHS, we will continue to work towards a 15% reduction in energy used by NHS organisations between 2000 and 2010.

### We will:

5. Work with international partners, in particular WHO and the EU, to develop the evidence on the health impacts of climate change, and use this to draw public and policy makers' attention to the potential health risks associated with climate change.
6. Work with developing countries and international agencies to develop strategies to address the health effects of climate change, including through a new multilateral fund<sup>20</sup> which aims to integrate climate change resilience across all key sectors, including health, in a number of pilot countries.

Improving health and reducing health inequalities requires tackling the underlying causes of ill health – the conditions in which people live and inequalities in the resources and opportunities to which they have access. We will therefore promote policies that address the needs of disadvantaged groups and areas. We will also step up efforts to improve water and sanitation and increase food security. Half of those who live in low-income countries suffer from diseases linked to poor water and sanitation services. We will use 2008, the International Year of Sanitation, as an opportunity to galvanise efforts. Changes in food availability, rising commodity prices and new producer–consumer relationships have crucial implications for the livelihoods of food-insecure people.

**We will:**

- 7.** Work to get 'health in all policies' considered at the 2009 WHO Europe 5th Ministerial Conference on Environment and Health, and push for the establishment of a WHO/EU Environment and Health Information System.
- 8.** Encourage governments to include water and sanitation in national plans and budgets; increase UK funding for bilateral and multilateral water and sanitation programmes, including water resource management; ensure that there are clear links to climate change adaptation and conflict prevention; and encourage better co-ordination and prioritisation of water security.
- 9.** Work with partners across government to improve our understanding of food security and our ability to identify areas for action.

We are committing to a more joined-up approach in planning for, and responding to, health needs during conflict. In order to improve the way we use programmes such as the Conflict Prevention Pools and the Stabilisation Aid Fund, we will use experience of a comprehensive approach to better set out interdependencies, and identify and manage risks. We will also look to improve our understanding of effective health and healthcare interventions in places where there is conflict, and provide context-specific guidance.

**We will:**

- 10.** Develop more coherent and consistent policy on health and conflict.

We will also work with others to counter biological and toxin weapons, and the misuse of scientific advances. And we will join the international convention to ban cluster munitions and work to make sure that trading in arms is more responsible.

**We will:**

- 11.** Promote wider adherence to the Biological and Toxin Weapons Convention, agreeing practical measures to enhance its effectiveness. This includes improved standards of biosafety, biosecurity and bioethics, and capacity building in the fields of disease surveillance, detection, diagnosis and containment of infectious diseases.
- 12.** Ratify and implement the Cluster Munitions Convention agreed in Dublin in May 2008, and work internationally to encourage other countries to sign up. We will also continue to press for a legally binding Arms Trade Treaty.

We will work to tackle infectious diseases and reduce the threat of new ones. We will continue to focus on AIDS, TB and malaria. We will see the HPA playing a much bigger role internationally, and research agencies working more closely with each other and with policy makers.

**We will:**

- 13.** Increase UK and global health security by providing new funding for the HPA to do more work internationally.
- 14.** Publish and implement a new cross-government international pandemic influenza strategy.
- 15.** Base our policies for infectious disease screening for migrants coming into the UK on the best available evidence.

**The difference we want to see in five years' time...**

- The UK's support for the delivery of healthcare to populations affected by conflict, both during and after conflict, will reflect the evidence of what works best, contributing to more effective healthcare delivery in these settings.
  - A greater proportion of the world's people will have safe water and sanitation.
  - Co-ordinated international efforts to increase agricultural productivity in developing countries, in an environmentally sustainable way, will have raised food security and improved nutrition for the most vulnerable.
  - There will be fewer new cases of AIDS, TB and malaria, and the UK and the rest of the world will be better prepared to face an influenza pandemic and other epidemics.
  - Over 100 countries will have banned all cluster munitions, reducing the humanitarian and health impact of conflict after it has finished.
- The FCO approach of integrating global health into foreign policy will have encouraged many more governments to do the same.
  - All government departments will have been working towards the MDGs – and we will be moving towards achieving the 2015 targets.
  - All low- and middle-income countries will have received support from WHO to assess their health vulnerability in relation to climate change, and many will have strategies to tackle it.



A nurse from the Kabul Ambulance Service carries a one-year-old through a hospital corridor after transporting her from a healthcare facility. The hospital serves a population of about 4.5 million people using fewer than 15 ambulances.

## 2. Stronger, fairer and safer systems to deliver health

Strong, fair and safe systems for delivering public health and health and social care are crucial for a healthy population. Such systems, including strong primary care and health promotion services, reduce health inequalities and poverty more broadly. In our globalised world, the effectiveness of national health and social care services and systems rely on the support and co-operation of other health systems. Policies in one country or region can have an effect elsewhere.

We will push for increased finance for health systems that serve everyone, using new financing tools to increase the money going into health systems and working across government to deliver stronger health systems in developing countries through the IHP.

We have recognised the need to address the issue of how to create a sustainable and fair social care system in this country in the future, and are committed to a Green Paper early in 2009. These are issues that many others are also grappling with, and we are committed to learning from and informing international approaches wherever possible.

### We will:

- 16.** Encourage developing countries' governments to devote 2% of their health budget to nationally relevant research that can improve the performance of health systems.
- 17.** Work with others to identify direct financing and market-based approaches to increase research and development for, and accelerate the introduction of, new technologies that meet the needs of the poor.

We will combat the global workforce crisis by becoming more self-sufficient in training our own healthcare workers. We will provide effective development assistance to low-income countries to help them train and retain staff, and work with others to ensure that fair health worker migration policies are in place and adhered to.

#### We will:

- 18.** Support WHO in developing the Global Code of Practice<sup>21</sup> and in taking forward the recommendations of the Health Worker Migration Policy Initiative to promote self-sufficiency, effective development assistance and innovative policies for health worker migration among member states.
- 19.** Increase our support for distance learning resources for professionals in low- and middle-income countries and strengthen medical workforce development in these countries by seeking to expand the UK's training programme of overseas doctors.

*Health is Global* charts a course for improving access to medicines, technologies and innovations for the millions of people who cannot access them and for improving people's experience of safe and effective healthcare. We will, where possible, share e-health intellectual property to strengthen health systems in low- and middle-income countries.

#### We will:

- 20.** Support health systems to deliver high-quality and affordable medicines, particularly through the Medicines Transparency Alliance and the IHP.<sup>22</sup>
- 21.** Work with WHO and other partners globally to promote safer delivery of healthcare for patients and their carers.
- 22.** Revise the 2005 Industry Framework for Good Practice<sup>23</sup> on access to medicines in developing countries, and develop an Access to Medicines Research Network to help implement policies that increase access to medicines.
- 23.** Work with UK institutions to identify opportunities to support pharmaceutical policy development and implementation in other countries, where requested.

An estimated 529,000 women worldwide die in pregnancy and childbirth every year. Many more are disabled. Forty per cent of child mortality occurs in the first month of life – most from complications at birth and in the first few days. We will use international meetings to promote and expand access to comprehensive sexual and reproductive health and rights information, supplies and services, including (where it is legal) safe abortion. We actively encourage governments to ensure that these services – including well-staffed and resourced family planning services – are provided.

**We will:**

- 24.** Be strong advocates for sexual and reproductive health and rights in WHO, the UN Population Fund (UNFPA) and other multilateral bodies, and promote this in country development plans when budget allocations are being set.

Globally, heart disease, stroke and cancer, along with mental illness and injuries,<sup>24</sup> are among the great neglected health issues. They are the main causes of death in developed countries and an increasing feature of the health landscape in middle- and low-income countries. Combating injuries and non-communicable diseases (including mental illness) and risk factors such as tobacco, alcohol misuse and obesity are therefore the new priorities in global health. We will promote the importance of these problems and their risk factors, enhance research in this area and work with others to tackle non-communicable diseases.

We believe that health systems must include strong incentives for keeping people active and well, as well as appropriate finance for acute and secondary services. We will push for an increased focus on developing evidence about cost-effective services that can prevent acute health problems and improve people's lives.

**We will:**

- 25.** Develop a clear action plan for the UK to scale up its efforts in tackling non-communicable diseases globally, including mental health and injury prevention. We will also continue our work on key risk factors, for instance by working with WHO to develop a protocol on the illicit trade in tobacco, and to provide an internationally agreed approach to reducing the problem of tobacco smuggling.

**The difference we want to see in five years' time...**

- Significant improvements in health systems from the resources going into combating AIDS, TB and malaria, and vaccine-preventable diseases.
- A reduction in the global gap of 4.2 million healthcare workers. More countries will be self-sufficient, and where countries recruit from others, this will be done according to evidence-based codes of conduct.
- A greater proportion of women with access to sexual and reproductive health services.
- Globally, less corruption in the provision of medicines, with greater co-operation between industry, government partners and others to ensure the availability of safe, high-quality and affordable medicines.



WHO holds a meeting of aid agencies and military medics in the Indonesian province of Aceh to co-ordinate the dispensing of healthcare to survivors of the tsunami that struck South Asia in December 2004. Aceh, the closest landfall to the epicentre of the quake that caused the tsunami, suffered the greatest loss of life.

- Significantly more resources for tackling and preventing non-communicable diseases (such as heart disease, cancer and mental health) as well as violence and injury (including self-inflicted injury and road traffic accidents) in low- and middle-income countries.
- Stronger strategies and actions in middle- and low-income countries to combat non-communicable diseases and violence and injury, with effective support from international agencies.
- An increasing number of countries with effective patient safety programmes in place.<sup>25</sup>

### 3. More effective international health organisations

The world needs effective international institutions to provide a stable global order and to maximise the opportunities to improve global health. We will work to reform international institutions so that they become representative and effective in the modern world. We want to see them working effectively for global prosperity, protecting the environment and tackling climate change, and safeguarding global security. WHO is already a major force for good in global public health. We will work across government with WHO and other UN agencies to:

- streamline and consolidate existing funding flows to the UN, so that the number of agreements between the UK Government and the UN are fewer but bigger;
- at country level, support consolidated and unified UN Country Programmes that have a clear emphasis on measurable progress towards the MDGs;

- provide strong incentives to the separate UN organisations to work together on joint programmes, and to reduce overheads and administrative costs; and
- set stretching targets that deliver results and value for money, and are rewarded with more funding when they are achieved.

We will support the EU to play an important role in global health. It has significant strengths in many areas, and these include regulation, research and international development.

#### We will:

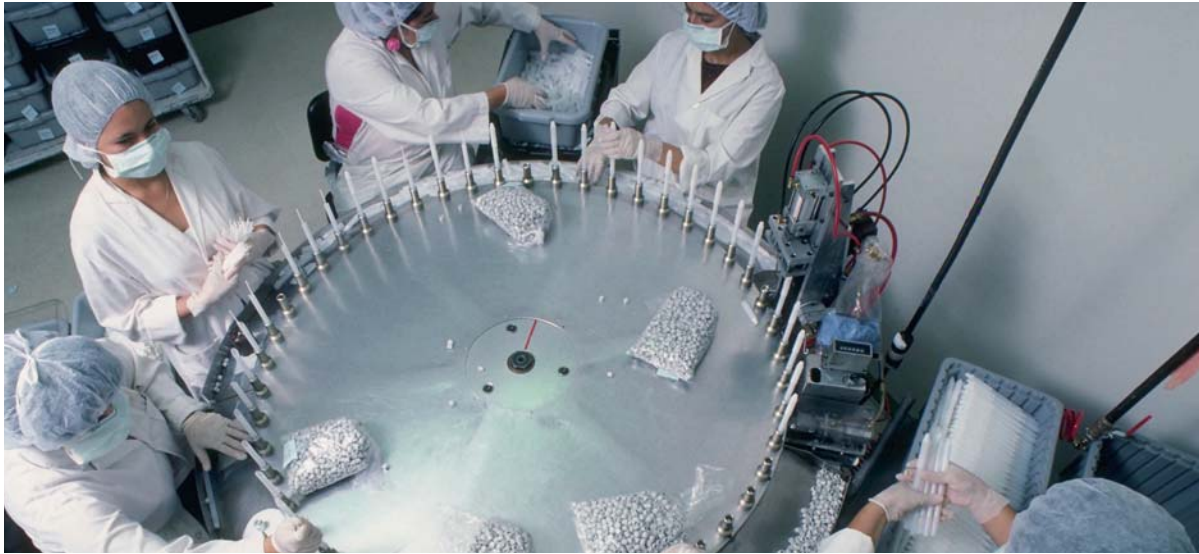
- 26.** Work to ensure that reform of the international architecture supports stronger and more effective leadership and co-ordinated action on health among the UN and other international agencies. As part of this, we will publish a new FCO/DH/DFID Institutional Strategy outlining how the UK will work with WHO.
- 27.** Work with EU partners to implement the EU MDG Agenda for Action, agreed by EU leaders at the June 2008 European Council. The agenda sets out specific EU targets and milestones on health, education and other MDG sectors that are aimed at putting the MDGs back on track by 2010.

The international health architecture is notoriously complex, with many multilateral and bilateral agencies providing a wide range of technical and financial support. We will work for a more coherent and consistent approach to resourcing health programmes and projects in low- and middle-income countries and international agencies.

DFID's increasing focus on the world's poorest countries means it will contribute less to development work in middle-income countries, such as Brazil, China, the Russian Federation and some countries in the Middle East and North Africa. Yet, as these and other countries grow richer, huge health inequalities persist – and in some cases increase. As DFID maintains its focus on the poorest countries, there is an increasing opportunity for DH and the UK health system to work strategically with middle-income countries, emerging economies and multilateral agencies to tackle health inequalities in these countries. We will ensure that UK health departments and agencies work closely with bilateral and multilateral development agencies, so that actions are harmonised and the existing architecture is not further complicated.

#### We will:

- 28.** Ensure that new projects and programmes across government align with the principles of the IHP and UN reform, and the Paris principles of aid effectiveness.<sup>26</sup>
- 29.** Develop and implement strategies for our engagement on health with key middle-income countries, our overseas territories and the regions neighbouring the EU.



Pharmaceutical workers packaging pills. Globally, the healthcare industry is worth more than US\$3 trillion a year.

### The difference we want to see in five years' time...

- UN agencies working together more effectively and efficiently to tackle global health security threats and to eradicate poverty and diseases of poverty – for example, through having established one clear point of accountability in country.
- International development agencies pooling a greater proportion of their money to finance directly the budgets of health sector plans in developing countries.
- The EU reaching its collective aid target of 0.56% of gross national income by 2010, and being well on its way to reaching 0.7% by 2015.
- Effective integration between the EU's European and global health research agendas, with better links to that of WHO.
- Fewer and better co-ordinated donor missions to developing countries taking place each year.

### 4. Stronger, freer and fairer trade for better health

Worldwide, the healthcare industry is worth more than US\$3 trillion a year. The NHS spends an estimated £20 billion each year on goods and services. The UK public sector can make a difference in the procurement of its goods and services by ensuring that, for relevant contracts, appropriate action<sup>27</sup> is taken within the procurement process to maintain labour standards in line with International Labour Organization (ILO) core conventions as a minimum.

#### We will:

30. Support the work of the British Medical Association-led Medical Fair and Ethical Trade Group, foster good practice in the NHS and private healthcare system, and work with industry and other countries to encourage fair and ethical trade.

Trade reform has the potential to transform the lives of poor people for the long term and can ultimately reduce dependency on aid. We remain committed to completing the Doha round in the WTO. We recognise that developing countries need support to tackle internal barriers to trade – such as poor transport or telecommunications, complex customs procedures and weak trade policies. These prevent them from being able to take advantage of more open markets. We will honour our commitment to increase spending on 'aid for trade' by 50% to US\$750 million a year by 2010.<sup>28</sup> We are also committed to ensuring that the economic partnership agreements that the EU is signing with the poorest African, Pacific and Caribbean countries give these countries a good trade deal. The UK will therefore accept its responsibilities to invest and support, end protectionism and deliver our promises.

#### We will:

- 31.** Play our part in implementing the 2006 World Health Assembly Resolution on international trade and health, which calls for more intra-governmental coherence in formulating national policies on trade and health.
- 32.** Participate in the development of an effective results-based framework for monitoring the quantity, quality and impact of global aid for trade; this will include trade development and poverty reduction indicators.

The Government supports the right of developing countries to use the flexibilities built into the Trade-Related Intellectual Property Rights (TRIPS) Agreement, such as the judicious use of compulsory licensing in order to improve access to medicines. But this should not be at the expense of damaging incentives to invest in research and development. Central to achieving this is agreeing appropriate differential pricing policies for countries at different stages of development. We will therefore promote a robust system of intellectual property rights, used innovatively and flexibly to promote access to medicines.

We will work to support WHO's *Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property* to achieve enhanced and more sustainable financing for innovation for developing countries, more research focused on the needs of developing countries and improved access to medicines.

#### We will:

- 33.** Continue to support the right of developing countries to make use of the flexibilities in the TRIPS Agreement to improve access to medicines. We will also provide practical assistance to countries, and organisations that assist them, in order to implement the TRIPS Agreement in ways that are tailored to their social, economic and public health circumstances.
- 34.** Promote innovative ways to use the intellectual property system to encourage innovation and access to medicines, for example investigating patent pools for antiretrovirals.

It is important that the UK and Europe are increasingly attractive places for investors in life sciences, such as the pharmaceutical and medical technology industries. We will work closely with industry to co-ordinate the international marketing of the UK's world-leading life sciences industry.

We want to promote the best in British healthcare, to make an effective contribution to health systems in other countries. We will make sure that our approach fits with the country's strategy and that it neither increases health inequalities, nor becomes an obstacle to poverty eradication and the achievement of the MDGs. Our priorities will be China, Brazil and India.

Although there may be opportunities for the NHS (through primary care trusts) to contract with international providers in the UK or overseas, we do not expect non-European Economic Area countries to be a significant source of healthcare provision for UK patients.

#### **The difference we want to see in five years' time...**

- The NHS taking fair and ethical trade practices into consideration in its procurement of goods and services.
- Significantly more patients accessing the treatments they need, including for HIV/AIDS, malaria and TB.
- A significant increase in the UK market share in the health sector in India, China and Brazil.
- More international investment in life sciences coming into the UK.



A researcher carries out a malaria survey in a Kenyan village. Malaria is a leading cause of sickness and death among young children in low-income countries and exerts a significant economic impact on communities.

## 5. Strengthening the way we develop and use evidence to improve policy and practice

Global health is a rapidly evolving field and making the best decisions on global health policies requires us to make the best use of the available evidence. This means effective co-operation between governments, private foundations and research organisations.

We will therefore work with others to:

- identify and support research and innovation that tackle global health priorities;
- use evidence and innovation to strengthen policy and practice; and
- maintain the UK as a global leader for research in health, well-being and development.

There is a lot of excellent work going on but there are opportunities to make it more coherent. We will work with the UK Funders' Forum for Health Research in Developing Countries and the UK Collaborative on Development Sciences (UKCDS) to ensure that our various research activities remain co-ordinated.

### We will:

- 35.** Work with the UK Funders' Forum for Health Research in Developing Countries and the UKCDS to ensure better co-ordination of UK global health research.
- 36.** Use the Government Office for Science Foresight Programme's Horizon Scanning Centre in the Department for Innovation, Universities and Skills (DIUS) to identify future trends and important issues in global health with non-governmental partners.

The recent DFID research strategy demonstrates our commitment to investing in global health research. The DFID strategy sets out three health research priorities, which are:

- research to make health programmes more effective;
- health systems; and
- developing drugs and vaccines for AIDS, TB and malaria and getting them to poor people.

We will continue to explore more effective ways of reducing maternal and child deaths, and to research what works best in different social and cultural settings. We will also put a new emphasis on non-communicable diseases.

We will increase our investment in public-private product development partnerships. We will continue to support work on vaccines and microbicides to prevent HIV infection, and drugs for malaria and TB, but over the next five years we will fund more diverse research projects.

WHO and the EU are both crucial players in global health research. We will continue to work closely with both. We will help WHO develop its research strategy and promote ethical research, and work with the EU to see that its research budget is used effectively.

We will encourage comparative research on health systems and policies across Europe, Canada, Australia and New Zealand.<sup>29</sup> Where possible, we will fund joint programmes where there are major opportunities for combining technology, geographic reach and shared learning.

We will continue to develop the UK as a global leader in research for health and development. The Government's commitment and plans to promote the UK as a global leader in research for health are set out in the *Science and Innovation Investment Framework*,<sup>30</sup> the *Global Science and Innovation Forum Strategy*,<sup>31</sup> the Cooksey Review of UK health research funding<sup>32</sup> and DH's national health research strategy.<sup>33</sup>

### The difference we want to see in five years' time...

- The UK and other countries better able to predict and respond to emerging global health opportunities and threats. For instance, we will have a deeper scientific understanding of the effects on health of changes in climate and water and food resources, and will use this to inform options for action.
- Long-term investment partnerships addressing the most pressing needs for technologies to tackle the major global health issues. So, for example, more patients will have access to new, safe and effective drug treatments.
- Enhanced, low-cost access to research knowledge for researchers and policy makers in developing countries. Appropriate research products will be more available to end users, for example, through electronic media.

These areas for action are outlined in more detail in **Annex I**.

## Working with others

In taking forward this UK strategy for improving global health, we will:

- work effectively with non-governmental partners, especially when developing and implementing government policy;
- foster greater coherence and consistency of policy and action with non-governmental partners; and
- work more transparently with our non-governmental partners.

While governments are strong in many areas, sometimes other organisations are better able to lead. We believe that multilateral institutions such as the UN and the EU are crucial in making the world a healthier place. We are therefore committed to making sure that international institutions are fit to meet the health challenges of the 21st century.

In many parts of the world, the private sector and NGOs may be able to deliver healthcare better and more innovatively than government. Foundations now offer striking new solutions to global health problems. Working together through public-private partnerships can make a dramatic impact. This is the case, for example, with global health partnerships such as the Global Fund to Fight AIDS, TB and Malaria, the Global Alliance for Vaccines and Immunization, and the Global Alliance to Eliminate Lymphatic Filariasis. The same is the case with a number of initiatives that have been developed to find new ways of preventing and treating disease.

Research institutions are not only well placed to develop new policy and practice, but they are crucial in helping evaluate government policy and practice. Professional groups such as the British Medical Association and the UK Royal Colleges are playing an increasingly important role in highlighting global health issues, and contributing to an effective UK response.

The media has a key role in disseminating information, initiating debate, highlighting neglected areas and holding partners to account. Publications such as *The Lancet* have been proactive in highlighting global health issues. We will work closely with both general and specialised media to promote global health issues.

Recent years have seen a significant interest in global health issues internationally, among European professional and academic groups. We will therefore provide funding to support the new European Council on Global Health to strengthen the European voice in global health governance and be a powerful advocate for a sustainable European commitment to global health.<sup>34</sup> The main goal of the Council's work will be to influence policy and improve practice on global health based on evidence and analysis.

We also consider it important to encourage global health to remain in the forefront of the wider public's mind. This is important in galvanising and sustaining action. We will encourage NGOs and foundations that promote global health, and networks such as the International HIV/AIDS Alliance, the Alma Mata Global Health Network and the White Ribbon Alliance.<sup>35</sup>

There is significant untapped potential in the NHS and other parts of the UK health system to respond to the challenges set out in this strategy. Used strategically, UK healthcare organisations and healthcare professionals can help implement large parts of the strategy. For instance, they can provide technical assistance and capacity building to improve our health security. They can build healthcare capacity by helping to train colleagues in other countries, and they can strengthen the impact of global health research by putting new findings into practice. We have recently set out a way for the NHS and other UK institutions to do more to improve health capacity in developing countries.<sup>36</sup>

We describe the way we will work with other partners in more detail in **Annex 2**.

#### We will:

- 37.** Seek more independent advice in developing policy in the area of global health and in support of the Interministerial Group for Global Health.
- 38.** Host a regular partners' forum to review global health challenges, and to assess whether the *Health is Global* strategy is making an impact.
- 39.** Hold stakeholder meetings among health partners prior to key multilateral events that have the potential to impact on health (such as the G8 Heads of Government meetings, World Health Assembly and other major WHO and UN forums).

### The difference we want to see in five years' time...

- A stronger and more powerful global health movement in the UK and more widely in Europe, holding governments and international agencies to account for their impact on global health.
- More opportunities for UK professionals and institutions to engage on global health issues throughout their training and career – with the opportunity to make a difference to the health of people in middle- and low-income countries.
- Primary care trusts, UK hospitals and local authorities achieving better health outcomes for the populations they serve as a result of lessons learnt through their work with international partners, including narrowing the health gap between disadvantaged groups and areas and the whole population.
- Those with expertise in global health issues outside government making an even bigger contribution to forming UK government policy in this area.

## Resources

Most of the Government's resources for global health are channelled through DFID. We have previously set out plans to spend 0.7% of gross national income on international development by 2013. Fifty per cent of our direct support to countries will go towards improving health, education, water and sanitation, and social protection services. The Government's 2008 strategy, *Achieving Universal Access*, is the UK's strategy for halting and reversing the spread of HIV in the developing world, which included a new commitment that we will spend £6 billion on health systems and services up to 2015,<sup>37</sup> in addition to a commitment of £1 billion for the Global Fund to Fight AIDS, TB and Malaria. We are committed to honouring our pledge to increase spending on 'aid for trade' by 50% to US\$750 million a year by 2010.

Resources from other government departments are important too. DH, DIUS, the Ministry of Defence (MOD), Department for Environment, Food and Rural Affairs (Defra), Department for Business, Enterprise and Regulatory Reform (BERR), FCO and other departments finance programmes that contribute to improving global health. There is also considerable technical expertise to support global health in government and the UK public sector. These resources need to be used strategically if they are to have maximum impact. This means supporting the priorities and approaches set out in the strategy and working with others to deliver them.

It is critical to persuade governments in low- and middle-income countries to spend more on health – and equally important to get high-income countries to increase their investment in global health. During the next few years, we expect middle-income countries and emerging economies to increase their funding for international development. We will work with them to maximise the impact of these resources for improving health. We will also work with multilateral agencies to make sure that resources are directed towards health improvement and deliver results.

The UK is a significant funder of international research, including global health research. Much of this comes through DFID, but other government departments and research councils (such as the Medical Research Council) contribute significantly. The DFID research budget is doubling from £110 million in 2005/06 to £220 million in 2010/11. Over the next five years, DFID will spend up to £1 billion on research, about 40% of it in the area of global health.

## Implementation and monitoring progress

**Annex 1** sets out in more detail how we will implement the strategy. We recognise that, in some areas, further work is needed to develop additional action plans and identify appropriate baseline data against which we can monitor progress. Working with non-governmental partners will be central to our implementation plans. This is described more fully in **Annex 2**. Each major commitment will be led by a single government department with support as appropriate from others. These are shown in **Annex 5**.

The Interministerial Group for Global Health will be responsible for reviewing progress on the implementation of *Health is Global*. It will be the key forum to:

- drive forward delivery of the strategy;
- review the impact of government policy and funding on global health;
- enhance policy coherence; and
- monitor and evaluate *Health is Global*.

A cross-government steering group of senior officials will support the Interministerial Group.

We recognise the importance of expert independent evaluations in this process, and will use them to inform future iterations of the strategy.

### We will:

- 40.** Commission an annual independent review of our progress (it will not look at all aspects of the strategy each year; but will select one or two key areas)<sup>38</sup> and a full review in 2013.
- 41.** Commission independent studies as necessary.

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- 20 The Pilot Programme for Climate Resilience (PPCR) will be a sub-programme of the Strategic Climate Fund – one of two new multi-donor Climate Investment Funds to be administered by the World Bank. The PPCR will support programmatic pilots in developing countries – supporting a small number of countries to identify practical ways to integrate climate resilience across their plans and budgets and provide funding to implement these plans.
- 21 As requested by member states at the last World Health Assembly and agreed by all partners of the Migration Health Workers Initiative (the Global Health Workforce Alliance, Realizing Rights and WHO).
- 22 The IHP is led by WHO and the World Bank. It will accelerate action to scale up the coverage and use of health services in developing countries and deliver faster progress on the health-related MDGs. It is being implemented initially in eight ‘first-wave’ countries. The IHP will co-ordinate international support behind countries’ own national health plans through country ‘compacts’, with the government identifying key bottlenecks to stronger health systems and setting out key actions to address these. For further details see: [www.internationalhealthpartnership.net/](http://www.internationalhealthpartnership.net/).
- 23 The 2005 report can be found at: [www.dfid.gov.uk/Pubs/files/pharm-framework.pdf](http://www.dfid.gov.uk/Pubs/files/pharm-framework.pdf).
- 24 Road traffic accidents and self-inflicted injuries are among the top ten causes of death globally among adults aged 15–59 and thus present an enormous global public health problem. For more details, see Annexes 3 and 4.
- 25 Key elements are blood safety, injection and immunisation safety, safe clinical procedures, safe water and sanitation in healthcare, and hand hygiene. Further details can be found at: [www.who.int/gpsc/elements/en/index.html](http://www.who.int/gpsc/elements/en/index.html).
- 26 For further details on the Paris Declaration, see: [www.oecd.org/document/18/0,2340,en\\_2649\\_3236398\\_35401554\\_1\\_1\\_1\\_1,00.html](http://www.oecd.org/document/18/0,2340,en_2649_3236398_35401554_1_1_1_1,00.html).
- 27 Guidance on what constitutes ‘relevant contracts’ and ‘appropriate action’ is provided in the Office of Government Commerce’s publications: *Social Issues in Purchasing*, 2006 ([www.ogc.gov.uk/sustainability\\_social\\_issues\\_in\\_purchasing.asp](http://www.ogc.gov.uk/sustainability_social_issues_in_purchasing.asp)) and *Buy and make a difference: How to address Social Issues in Public Procurement*, 2008 ([www.ogc.gov.uk/documents/Social\\_Issues\\_in\\_Public\\_Procurement.pdf](http://www.ogc.gov.uk/documents/Social_Issues_in_Public_Procurement.pdf)). Further specific guidance for the health and social care sector is being developed by the NHS Purchasing and Supply Agency and is scheduled for issue in autumn 2008.

- 28 This is the figure announced by Gordon Brown in 2006 and is fixed for monitoring purposes at £409 million.
- 29 For further details, see: [www.lshtm.ac.uk/ihc](http://www.lshtm.ac.uk/ihc).
- 30 For further details, see: [www.hm-treasury.gov.uk/spending\\_review/spend\\_sr04/associated\\_documents/spending\\_sr04\\_science.cfm](http://www.hm-treasury.gov.uk/spending_review/spend_sr04/associated_documents/spending_sr04_science.cfm).
- 31 The Global Science and Innovation Forum is a vehicle for cross-government exchanges of information and ideas to improve co-ordination of the UK effort in international science and innovation collaboration. It provides strategic guidance and systematically scans the horizon for new and emerging issues. For further details, see: [www.berr.gov.uk/dius/science/int/gsiff/index.html](http://www.berr.gov.uk/dius/science/int/gsiff/index.html).
- 32 Cooksey D. *A review of UK health research funding*. London: HM Treasury; 2006. For further details, see: [www.hm-treasury.gov.uk/independent\\_reviews/cooksey\\_review/cookseyreview\\_index.cfm](http://www.hm-treasury.gov.uk/independent_reviews/cooksey_review/cookseyreview_index.cfm).
- 33 Department of Health. *Best Research for Best Health: A new national health research strategy*. London: DH; 2006. Available at: [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4127127](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4127127).
- 34 Kickbusch I and Matlin S. A European Council on Global Health. *Lancet* 2008; 371: 1733–4.
- 35 The White Ribbon Alliance raises the world's awareness of safe motherhood and the fact that women do not have to die during pregnancy and childbirth. For further details, see: [www.whiteribbonalliance.org/](http://www.whiteribbonalliance.org/). Further details on the International HIV/AIDS Alliance can be found at: [www.aidsalliance.org](http://www.aidsalliance.org). Details on the Alma Mata Global Health Network can be found at: [www.almamata.net](http://www.almamata.net).
- 36 See the Government's response to Lord Crisp's report (*Global Health Partnerships: The UK contribution to health in developing countries*) which can be found at: [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_065374](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_065374).
- 37 The strategy can be accessed at: [www.dfid.gov.uk/pubs/files/achieving-universal-access.pdf](http://www.dfid.gov.uk/pubs/files/achieving-universal-access.pdf).
- 38 One option would be to review one area of the UK's strategy for improving global health. A second option would be to look at a cross-cutting issue, such as the health impact of specific government policies and the effectiveness of health impact assessments. An interesting example that could provide a template for the future is the framework and case studies described in a report commissioned by the Nuffield Trust. This report looked at the relationship between health, foreign policy and security in the UK (McInnes C. *Health, and Foreign Policy in the UK: The experience since 1997*. London: The Nuffield Trust; 2005. Available at: [www.nuffieldtrust.org.uk/ecommm/files/H&FPUK.pdf](http://www.nuffieldtrust.org.uk/ecommm/files/H&FPUK.pdf)).



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