

# Faculty of Public Health

## Global Health Strategy 2015 - 2019



**FACULTY OF  
PUBLIC HEALTH**



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## Introduction

There are many complex global public health challenges, from addressing the health issues of an increasingly urban world, to preparing for and responding to health crises caused by war, natural disaster and climate change. Although important gains have been made in the control of many infectious diseases they remain a major concern. The rising burden of non-communicable diseases and the changing demands of ageing populations challenge countries across the development spectrum.

The distribution of poor health is unequal and inequitable, both within countries and between countries. The poorest people in low- and middle-income countries suffer the most from ill health, and children and women suffer more than men<sup>1</sup>. Addressing these inequalities in health<sup>2</sup> requires action across the social determinants of health. As the World Health Organization (WHO) Commission for the Social Determinants of Health states: "Inequalities arise from the circumstances in which people grow, live, work and age, and the systems put in place to deal with illness. The conditions in which people live and die are, in turn, shaped by political, social and economic forces."<sup>3</sup>

To respond to these challenges urgent action is required in many areas. This includes the need to strengthen multi-sector action on the social determinants of health with a strong cross-cutting focus on social justice and equity, as well as improving health systems, promoting universal health coverage<sup>4</sup>, and supporting health workforce development.

These are all areas requiring the expertise, skills and competencies of public health professionals. The Faculty of Public Health (FPH) has a key role in ensuring the UK's public health workforce is equipped with the skills and knowledge to work in the globalised world of public health. Among FPH members there is also considerable enthusiasm for and commitment to using their skills and expertise to benefit global health, and to work with, learn from and support international partners on public health issues.

This strategy sets out FPH's goals for its global health and international work for the next five years. This work will build on our many existing international partnerships, as well as challenge us to work harder and with greater impact towards improved global health outcomes.

The challenge is clear. We look forward to playing our part in the solution.



John Ashton  
FPH President



Neil Squires  
Chair of the FPH Global Health Committee

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<sup>1</sup> Department of Health, Department for International Development, NHS. 2014. Engaging in Global Health: The Framework for Voluntary Engagement in Global Health by the UK Health Sector. London: Department of Health. Accessed from: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/352928/Engaging\\_in\\_Global\\_Health\\_1\\_.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/352928/Engaging_in_Global_Health_1_.pdf)

<sup>2</sup> Defined by WHO as "the unfair and avoidable differences in health status seen within and between countries".

<sup>3</sup> World Health Organization, Commission on Social Determinants of Health. 2008. Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health. Geneva: World Health Organization. Accessed from: [http://whqlibdoc.who.int/publications/2008/9789241563703\\_eng.pdf?ua=1](http://whqlibdoc.who.int/publications/2008/9789241563703_eng.pdf?ua=1)

<sup>4</sup> Universal health coverage ensures that all people obtain the health services they need without suffering financial hardship.

## The FPH Strategic Approach to Global Health 2015 - 2019

<b>Strategic aim: To actively contribute to the improvement of global public health, through the organised efforts of FPH members</b>		
<b>Goal 1: Be a leader in advocating for 'Better Health for All'</b>		
<b>Advocacy</b>	<b>1</b>	Advocate public health approaches to global health challenges
	<b>2</b>	Facilitate FPH members and partners to contribute effectively to advocating for 'Better Health for All'
	<b>3</b>	Form multi-disciplinary alliances with key partners to ensure greater collaboration and coordination of global health activity
<b>Goal 2: Support high standards of public health training, examination and regulation globally</b>		
<b>Standards</b>	<b>4</b>	Build capacity in public health curriculum, examination and regulation development, and the infrastructure and systems required to support these
<b>Goal 3: Support the development of the global public health workforce, including building the capacity of the UK public health workforce to engage in global health</b>		
<b>Workforce</b>	<b>5</b>	Contribute to the development of the global public health workforce through training, research and technical support
	<b>6</b>	Align FPH international public health workforce development support with the WHO Global Strategy on Human Resources for Health
	<b>7</b>	Ensure that global health issues are adequately included in the education, training and professional development of public health professionals in the UK, and that global health work is recognised in professional revalidation
	<b>8</b>	Facilitate opportunities for FPH members to engage in and contribute to global health work and humanitarian emergencies, working in partnership with other public health practitioners, specialists and the wider public health workforce
	<b>9</b>	Provide more focused support for FPH members internationally
<b>Goal 4: Share and generate knowledge, evidence and information to support global public health action</b>		
<b>Knowledge</b>	<b>10</b>	Support research and knowledge synthesis to maximise the potential and extend the reach of FPH, using a wide range of communication platforms to address global public health challenges

## 1. About the Faculty of Public Health

### 1.1 Vision and Mission

The Faculty of Public Health's (FPH's) vision is for *'Better Health for All'*.

This vision applies to those who live in the UK and worldwide. Public health transcends national boundaries and FPH recognises it has an important role to play in improving global public health.

FPH's mission is to: *'Promote and protect the health and wellbeing of everyone in society. We do this by playing a leading role in assuring an effective public health workforce, promoting public health knowledge, and advocating for the very best conditions for good health'*.

### 1.2 The role of the Faculty of Public Health

FPH is the standard-setting body for specialists in public health in the United Kingdom. Our role is to promote and maintain professional and educational standards for specialists in public health and to quality-assure the profession. As well as promoting excellence in public health standards, FPH plays an important role in public health advocacy, policy development and promoting evidence-based practice. In order to work effectively in these areas we collaborate with a wide range of organisations and institutions.

A crucial strength of FPH lies in its multi-disciplinary members, with both medical and non-medical professional backgrounds represented. Our members work in a diverse range of settings: national government, non-governmental organisations (NGO's), local government, the military, local community and voluntary organisations, academic institutions and international organisations.

We draw upon the specialist skills, knowledge and experience of our members to set our strategic aims as a faculty and to deliver supporting activity both in the UK and internationally. We have 3,300 members, including the 12% of our members based overseas across 61 different countries.

More information on the work of the faculty can be found in Appendix 1 and on our website at <http://www.fph.org.uk/>

#### What we mean by 'global health'

The term 'global health' has evolved over the past decade and has become synonymous with a variety of constructs. In recognition of the role of FPH and its emphasis on partnership working with other countries, FPH has agreed to use the term as interpreted below:

*Collaborative trans-national action, underpinned by evidence, to promote equity and 'Better Health for All'*<sup>5</sup>

<sup>5</sup> This definition of global health is based on one proposed by Bonita and Beaglehole (2010) with the addition of equity and reference to 'evidence base' as opposed to 'research' in order to reflect the priorities of FPH. This interpretation, though simple - alludes to collaboration sought and offered (ie. partnership working), grants concern to issues that transcend national boundaries (epidemics, climate change, tobacco) and recognises the essential foundation of an evidence base whilst supporting action (of all types - field workers to global advocacy). Finally 'Better Health for All' reflects FPH's vision.

## 2. Our approach to global health

Many FPH members have an active interest in global health and many have extensive experience of working internationally. In recognition of this, FPH has a longstanding international committee, the work of which is supported by a number of country- or region-based Special Interest Groups (SIGs) and active contributions from our international members. The SIGs have been developed to promote collaborative approaches to FPH work with organisations in Europe, Africa, Asia and the Pacific (with plans to extend these further).

Although a great deal has already been achieved through the global health and international activity of FPH, we are now looking to further strengthen and coordinate our approach. This strategy therefore sets out our priorities for global health, building on our strengths as a professional body and the skills and abilities of our public health workforce, while recognising the need to work in partnership with UK-based and international organisations on common public health agendas.

The benefits of involvement in global health and international activity are many, with an increasing evidence base to support this. We fully recognise the potential for learning and development from involvement in international activity both at individual and organisational level.<sup>6</sup>

This strategy is intended to be both ambitious and achievable, with a focus on achieving sustainable outcomes. Setting out this strategic approach is also essential for effective prioritisation of FPH activity, allowing FPH to make best use of its expertise and resources, and to ensure that members are working towards the same goals, and speaking with a consistent voice.

Further information on our mandate and rationale for involvement in global health can be found in appendix 2.

### 2.1 Values and guiding principles

There are certain values that FPH expects its members to adopt in their work. These values are the same whether members are working within the UK context or internationally.<sup>7</sup>

- Promote social justice – everyone is equal
- Promote equity of access – to life chances, facilities, education, etc.
- Be respectful – in our participation and our partnerships
- Be professional when drawing on our authority and influence
- Be impartial and objective on all issues
- Ensure ethics inform all of our work
- Be scientific, ensuring evidence underpins our approach
- Pursue value for money in all that we do, ensuring efficiency, effectiveness of our activities and robust evaluation of our outcomes.

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<sup>6</sup> Department of Health, Department for International Development, NHS. 2014. Engaging in Global Health: The Framework for Voluntary Engagement in Global Health by the UK Health Sector. London: Department of Health. Accessed from: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/352928/Engaging\\_in\\_Global\\_Health\\_1\\_.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/352928/Engaging_in_Global_Health_1_.pdf)

<sup>7</sup> June 2015: FPH is taking forward a piece of work (led by Farhang Tahzib, FPH Local Board Member for South East Coast) on the development of a set of 'values for public health'. This will include a round-table debate in the autumn of 2015.

In addition, principles to guide how FPH members should operate when working with international partners are set out below:

- Awareness of and sensitivity to the cultures and customs of the host environment<sup>8</sup>
- Recognise that everyone has something to learn and everyone has something to teach – the principle of co-development<sup>9</sup>
- Activities should be underpinned by strong multidisciplinary collaboration, scientific rigour (evidence based), evaluation and assessment (of impact) and are sustainable
- Compliance with the principles of aid effectiveness set out in the Paris Declaration and the Accra Agenda for Action, which promote ownership, harmonisation, alignment, results and mutual accountability, inclusive partnerships and capacity development<sup>10</sup>
- Follow the Department for International Development (DFID) principles for ethical practice in research and evaluation.<sup>11</sup>

### 3. Our global health aim and goals

#### 3.1 Aim

Our global health aim is to: ***Contribute actively to the improvement of global health, through the organised efforts of FPH members.***

#### 3.2 Strategic goals

In order to fulfil this aim, action is required across four priority areas: advocacy, standards, workforce and knowledge. These mirror the strategic priority areas of the FPH Strategy (2015-19) and communicate the key focus areas for FPH, both domestically and internationally. These priority areas will help target FPH's attention and resources on the areas in which our expertise and our voice can be most effective in improving public health outcomes globally.

For each priority area there is a goal that will drive the FPH Global Health Strategy:

**Goal 1. Advocacy:** Be a leader in advocating *Better Health for All* globally.

**Goal 2. Standards:** Support high standards of public health training, examinations and regulation globally.

**Goal 3. Workforce:** Support the development of the global public health workforce, including building the capacity of the UK public health workforce to engage in global health.

**Goal 4. Knowledge:** Share knowledge, evidence and information to inform global public health action.

<sup>8</sup> Adapted from: Department of Health, Department for International Development, NHS. 2014. Engaging in Global Health: The Framework for Voluntary Engagement in Global Health by the UK Health Sector. London: Department of Health. Accessed from: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/352928/Engaging\\_in\\_Global\\_Health\\_1\\_.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/352928/Engaging_in_Global_Health_1_.pdf)

<sup>9</sup> Crisp N. 2010. Turning the World Upside Down: The search for global health in the 21st century. CRC Press (Taylor & Francis Group)

<sup>10</sup> Organisation for Economic Co-operation and Development. 2009. The Paris Declaration on Aid Effectiveness (2005) and the Accra Agenda for Action (2008). The Organisation for Economic Co-operation and Development (OECD). Accessed from: <http://www.oecd.org/dac/effectiveness/parisdeclarationandaccraagendaforaction.htm>

<sup>11</sup> Department for International Development. 2011. DFID Ethics Principles for Research and Evaluation. London: Department for International Development. Accessed from: <https://www.gov.uk/government/publications/dfid-ethics-principles-for-research-and-evaluation>



## 4. Achieving the goals

### 4.1 Advocacy

Goal 1: Be a leader in advocating *Better Health for All* globally.

To achieve this we will:

1. Advocate public health approaches to global health challenges
2. Facilitate FPH members and partners to contribute effectively to advocating for *Better Health for All*
3. Form multi-disciplinary alliances with key partners to ensure greater collaboration and coordination of global health activity

Advocacy is the process of influencing people to create change. It requires good strategic communications – educating people about a need and mobilising them to meet it.<sup>12</sup> Advocacy is crucial in securing the support of decision-makers, policymakers and others who can commit the necessary resources and enact supportive policies to achieve change. It takes advocacy to ensure that solutions reach the people who need them most.

FPH will identify strategic global health areas where it can play a key advocacy role, working with partners to identify common interests and develop common messages. Partners for this work will include governments, NGOs, and other organisations that can influence the social determinants of global health and inequalities (eg. poverty, education, gender), alongside those focusing on health. We will support our members and the wider public health community to become involved in global health advocacy through the development of web-based tools and platforms, set up to allow knowledge sharing, discussion, debate and problem solving.

#### Case study 1 – Advocacy on current public health issues

FPH has utilised the public health expertise of its members to advocate for, support and commend governmental and United Nation action for international public health concerns, such as the Ebola epidemic in West Africa,<sup>13</sup> as well as offering assurances to the UK public.

FPH produced a special report on the potential effects on health of the proposed Transatlantic Trade and Investment Partnership between the EU and the US<sup>14</sup> and supported Amnesty International's campaign 'Don't let them drown' regarding the plight of migrants crossing the Mediterranean Sea.<sup>15</sup>

<sup>12</sup> World Health Organization. 2006. Stop the Global Epidemic of Chronic Disease: A Practical Guide to Successful Advocacy. Geneva: World Health Organization. Accessed from: <http://www.who.int/chp/advocacy/chp.manual.EN-webfinal.pdf>

<sup>13</sup> Faculty of Public Health. 2014. UK Faculty of Public Health policy statement on Ebola. London: Faculty of Public Health. Accessed from: [http://www.fph.org.uk/fph\\_commends\\_uk\\_government\\_action\\_on\\_ebola](http://www.fph.org.uk/fph_commends_uk_government_action_on_ebola)

<sup>14</sup> Faculty of Public Health. 2015. Trading Health? UK Faculty of Public Health Policy Report on the Transatlantic Trade and Investment Partnership. London: Faculty of Public Health. Accessed from:

[http://www.fph.org.uk/ttip\\_%27threat\\_to\\_people%27s\\_health\\_in\\_uk\\_and\\_across\\_europe%27](http://www.fph.org.uk/ttip_%27threat_to_people%27s_health_in_uk_and_across_europe%27)

<sup>15</sup> The Times - Letters. 13 May 2015. Accessed from: <http://www.thetimes.co.uk/tto/opinion/letters/article4439476.ece>

## **Case study 2 - Advocacy for European coherence in public health**

FPH has been working with the Association of Schools of Public Health in the European Region (ASPHER) to promote professional standards, recognition and regulation as well as European public health legislation across Europe. In particular, FPH has supported the development of profession and practice against the 10 Essential Public Health Operations (EPHOs)<sup>16</sup> as developed by the World Health Organization (WHO), Europe. As the UK standard-setter, the FPH voice has been prominent in these developments and FPH has also learned a great deal from its partners. FPH has been particularly active in EPHO 7 (*Assuring a sufficient and competent public health workforce*) and EPHO 8 (*Assuring sustainable organisational structures and financing*), including a joint WHO publication on making the case for investing in public health. Pan-European collaborative approaches, such as these, are essential to moving forward public health as a profession and developing practice to improve population health. FPH looks forward to being increasingly at the core of these movements.

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<sup>16</sup> With WHO leadership and support, countries can adapt and work on the EPHOs together, to assess and plan for stronger public health services and capacities.

## 4.2 Standards

Goal 2: Support high standards of public health training, examinations and regulation globally.

To achieve this we will:

4. Build capacity in public health curriculum, examination and regulation development and the infrastructure and systems required to support these.

*'In many countries, public health programmes led by clinicians with little or no public health training are plagued by poor management and ineffective resource allocation. This cannot be overcome by simply building on current policies: government oversight must ensure proper recruitment for public health jobs, and new models are needed for pre-service and in-service training.'* - *Bulletin of the World Health Organization*<sup>17</sup>

FPH is highly respected internationally for its work on public health standards, education and training, and the regulation of public health specialists. (More information on standards can be found in appendix 3). We will use this expertise to support the development of high quality public health training, examinations and regulation globally, working in partnership with other public health agencies. We will also consolidate the resources among our faculty staff and members in order that we can mobilise our skills more effectively to support countries requesting collaboration.

### Case study 3 - Sudan Health Consultancy group

The Sudan Health Consultancy group (SHC) and supporting network, act on a voluntary basis to assist professional and academic colleagues and organisations in the Sudan to address health issues, with a focus on public health and postgraduate training.

The group has undertaken a wide range of activity including providing strategic and operational support to development of the National Public Health Institute Sudan (PHI). PHI delivers competency-based and multidisciplinary public health training, accredited with the Sudanese Medical Specialisation Board. A member of the SHC group spent three years in Sudan as Deputy Director of PHI to oversee and support the development of the Institute (with on-going support from the wider group).



SHC was instrumental in highlighting elements of the Faculty of Public Health competency-based curriculum to the Sudanese Medical Specialisation Board, resulting in significant strengthening of the registrar training portfolio. The group's contribution was well received, with media interest and coverage. SHC was also well placed to advocate against female genital mutilation in response to political and professional controversy, advocating for a unified front, and published a consensus statement on this issue.

<sup>17</sup> Sadana R, Mushtaque A, Chowdhury R, Petrakovac A. 2007. Strengthening public health education and training to improve global health. *Bulletin of the World Health Organization*. 85, 3.

#### **Case study 4 - Public health education, training and standards development in India**

The International Faculty Advisor represents FPH on the UK Consortium of Universities which is working with the Public Health Foundation of India (PHFI) and Indian Institutes of Public Health (IIPH) on a Wellcome Trust grant to help develop the public health workforce in India.

The grant has built academic public health capacity through the funding of 15 MPH Students, 27 PhD candidates, 22 research grants and 27 research fellowships. Specifically, FPH has supported academics through a short course to develop a competency framework relevant to public health practice in India, using as examples the competency framework from FPH and supporting information from the Association of Schools of Public Health in the European Region (ASPHER).



This framework is currently in use in curriculum development for master's programmes delivered by the IIPH and PHFI. It is envisaged that the framework will be further developed for training of public health practitioners involved in service delivery. Delivering this activity has involved staff visits to and from India, bringing significant reciprocal learning.

#### **Case study 5 - Supporting public health legislation for newly formed governments**

Shortly after gaining independence from Sudan, the government of South Sudan requested FPH to make recommendations on development of public health legislation for the country.

Fellows of FPH worked with the new government on recommendations for legislation on the major determinants of health, tobacco, water and sanitation, food, alcohol, communicable diseases and road traffic incidents.

Prioritisation of public health need was determined by the government of South Sudan with support from FPH. Specific advice was given on the main principles that should be covered in order for public health legislation to be effective.

Further legislation on related social determinants of health was also suggested (education, promoting women's equality, income equality and medicines management) with the aim of improving health and reducing health inequalities.

### 4.3 Workforce

Goal 3: Support the development of the global public health workforce, including building the capacity of the UK public health workforce to engage in global health.

To achieve this we will:

5. Contribute to the development of the global health workforce through training, research and technical support
6. Align FPH international public health workforce development support to the WHO Global Strategy on Human Resources for Health
7. Ensure that global health issues are adequately included in the education, training and professional development of public health professionals in the UK, and that global health work is recognised in professional revalidation
8. Facilitate opportunities for FPH members to engage in and contribute to global health work and humanitarian emergencies, working in partnership with other public health practitioners, specialists and the wide public health workforce
9. Provide more focused support for international FPH members

In 2012 there was an estimated shortfall of 7.2 million professional health workers, and this is set to rise to 12.9 million over the coming decades<sup>18</sup>. Many existing health workers lack the support, equipment and training they need to practise effectively and to a high standard; these include public health workers and those working in roles which have a direct impact on public health. Skilled health workers are vital for progress on global health and development and will be essential in achieving the forthcoming United Nations Sustainable Development Goals (SDGs).

FPH, through its members, has much it can contribute to supporting public health workforce development worldwide through, training, research, technical support and the sharing of expertise. FPH also recognises the significant opportunities for learning from international partners.<sup>19</sup> FPH already hosts a number of strategic international partnerships with public health institutions, for example in India (see case studies 4 and 8). Through the work of our Special Interest Groups (SIGs) we will ensure that our approach is coordinated at country and regional level to provide maximum impact. We will work with countries over the long term where appropriate, ensuring sustainable change and on-going support. FPH will align workforce activity with the WHO Global Strategy on Human Resources for Health<sup>18</sup> and will become an active member of the Global Health Workforce Alliance.

FPH will promote the expertise of public health professionals in contributing to global health development activity and the response to humanitarian emergencies, in partnership with others. It will also, where appropriate, facilitate and support opportunities for trainees, members and the wider

<sup>18</sup> World Health Organization, Global Health Workforce Alliance. 2015. Health Workforce 2030: A global strategy on human resources for health. Geneva: World Health Organization. Accessed from: [http://www.who.int/hrh/documents/strategy\\_brochure9-20-14.pdf](http://www.who.int/hrh/documents/strategy_brochure9-20-14.pdf)

<sup>19</sup> Department of Health, Department for International Development, NHS. 2014. Engaging in Global Health: The Framework for Voluntary Engagement in Global Health by the UK Health Sector. London: Department of Health. Accessed from: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/352928/Engaging\\_in\\_Global\\_Health\\_1\\_.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/352928/Engaging_in_Global_Health_1_.pdf)

public health community to work overseas in support of this strategy, as well as encourage global health activity that can be delivered from a UK base. FPH will develop an annual award to recognise outstanding contributions to global health.

We also have work to do in the UK. We will ensure that our own UK workforce is equipped to work in the globalised world of public health.<sup>20</sup> The new UK public health training curriculum includes for the first time competencies requiring knowledge of global health challenges and broadens the scope of competencies that may be achieved through global health work. Beyond training, FPH will work to ensure the knowledge and experience gained by members contributing to global health and international activity is valued as a means of continuing professional development and can contribute to achievement of revalidation requirements.<sup>21</sup>

### Case study 6 - Global Framework for Public Health

A fellow of FPH helped lead the development of a Global Framework for Public Health, in collaboration with the World Federation of Public Health Associations (WFPHA). The framework was developed in response to a request from the WHO Director General. WFPHA was tasked to assess and enhance the competencies of the public health workforce and to foster global dialogue. The framework is part of a strategy to globally harmonise essential public health functions and competencies based on practice needs. The draft framework has been discussed with a range of partners, including WHO, US Centers for Disease Control and Prevention (CDC) and the International Association of National Public Health Institutes (IANPHI). The framework was presented to the American Public Health Association (APHA) in New Orleans in November 2014 and was discussed at the World Congress on Public Health in Kolkata in February 2015. The framework aims to develop consistency of functions and definitions as a flexible, adaptable tool which will strengthen public health systems, support the post-2015 Sustainable Development Goals and scale-up public health capacity-building.



<sup>20</sup> These also relate to recommendations for professional societies in All-Party Parliamentary Group on Global Health. 2013. Improving Health at Home and Abroad: How overseas volunteering from the NHS benefits the UK and the world. London: All-Party Parliamentary Group on Global Health. Accessed from: <http://www.appg-globalhealth.org.uk/reports/4556656050>

<sup>21</sup> Revalidation is the process by which all licensed UK doctors are required to demonstrate on a regular basis that they are up to date and fit to practise in their chosen field and able to provide a good level of care. Accessed from: <http://www.gmc-uk.org/doctors/revalidation/9627.asp>

### **Case study 7 – Registrar training opportunity with Public Health Africa and WHO**

Public Health Africa (PHA) was established in 2011 to support public health developments in the African region. It is a volunteer-driven initiative and a special interest group of the Faculty of Public Health which aims to support the development of sustainable solutions to public health improvements in Africa.

PHA has forged a partnership with the World Health Organization (WHO) African Partnerships for Patient Safety (APPS) programme to offer a training opportunity for a senior public health registrar to gain a one-year experience in global health. APPS is concerned with catalysing a range of actions that will strengthen health systems, assist in building local capacity and help reduce medical error and patient harm. The programme acts as a channel for patient safety improvements that can spread across countries. The programme work stream includes supporting universal health coverage (UHC) systems in an African context. The registrar will spend six months with PHA in the UK and six months at WHO headquarters in Geneva.



### **Case study 8 - Workforce and systems development in Odisha**

The International Faculty Advisor has provided support and technical expertise to a Department for International Development funded project to develop a public health cadre in the State of Odisha, India. A two-year programme of work is being considered that will facilitate a longer-term relationship between FPH and the government of Odisha in order to support public health capacity development. It is agreed that a memorandum of understanding between Odisha and FPH will be signed to support this partnership to allow a two-way flow of expertise and learning between public health systems in the UK and in India with a shared commitment to achieving *Better Health for All*.

This work will be delivered through the Special Interest Group for India and related countries, and will seek to build partnerships with a number of public health institutes in India and to facilitate collaboration between public health professionals in UK and India.

It is envisaged that this project may also be able to offer short-term training opportunities in India for UK public health trainees.

## 4.4 Knowledge

Goal 4: Share and generate knowledge, evidence and information to inform global public health action.

To achieve this we will:

10. Support research and knowledge synthesis to maximise the potential and extend the reach of FPH, using a wide range of communication platforms to address global public health challenges.

FPH has strong platforms by which it can share knowledge. These include the FPH website and e-communications, FPH's quarterly magazine, *Public Health Today*, the *Journal of Public Health*<sup>22</sup> and FPH's annual conference. These existing communication mechanisms will be used to best effect to inform global public health action. This includes sharing theory and practice about public health to promote the highest standards of public health practice globally.

To do this we will work with the editors of FPH's flagship publications<sup>23</sup> ensuring that they include global health priorities and promote publication of research particularly from low- and middle-income countries. We will ensure that global health priorities are reflected in our annual conference, and we will develop web-based accessible information on our contributions to global health work.



<sup>22</sup> FPH's quarterly scientific journal produced in partnership with Oxford University Press

<sup>23</sup> Journal of Public Health and Public Health Today



**Case study 9 - Continuing professional development buddy scheme**

Approximately 12% of Faculty of Public Health (FPH) members are located outside the UK and approximately a third of these members are engaged in the FPH continuing professional development (CPD) scheme<sup>24</sup>. The online CPD system hosted by FPH is reported by international members to be very helpful for CPD and portfolio maintenance. However, in a survey undertaken in 2013, international members reported (amongst other challenges) feeling isolated, and it was suggested that FPH should strengthen networks in countries or regions for mutual support of members.

In response to this, FPH set up a CPD buddy scheme which puts international members in touch with other international or UK-based members to provide peer support around achieving CPD requirements. The scheme is managed and supported by the FPH International CPD Advisor.

**Case study 10 - UK Pakistan Public Health Group**

The UK Pakistan Public Health Group (UKPakPHG) is a group of senior public health professionals of Pakistani descent based in the UK who have been working to strengthen public health in Pakistan since 2011. This group is coordinating its work with a number of other initiatives in Pakistan, under the Pakistan Special Interest Group which is creating an opportunity for greater coordination and synergy.

The group works with professionals and policymakers in Pakistan to increase awareness of and promote action on issues such as hepatitis C and smoking. Since 2011, hepatitis awareness days are observed twice a year throughout Pakistan, from Peshawar to Karachi in more than 60 institutions. The awareness days include rallies, seminars, screening camps, student activities, poster competitions, plays and other outreach activities.

UKPakPHG has produced leaflets, posters, books and animated. Work is also supporting a safe blood initiative to stop the unnecessary use of injections.

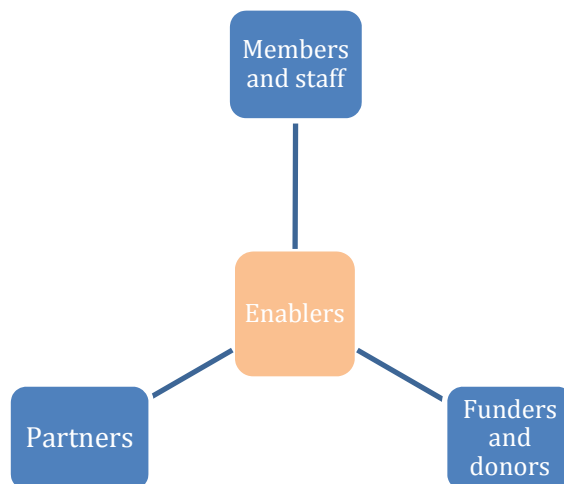
The group successfully uses social media to promote its activities.



<sup>24</sup> Continuing professional development is the component of learning and development that occurs after the formal completion of postgraduate training. Accessed from: [http://www.fph.org.uk/continuing\\_professional\\_development\\_cpd](http://www.fph.org.uk/continuing_professional_development_cpd)

## 5. Delivering the strategy: key enablers

FPH's ability to deliver across the four strategic goals is dependent on mobilising the capabilities, expertise and resources of our membership, our partners and our potential funders and donors.



### 5.1 Membership

Many of our members and colleagues in the wider public health community wish to contribute to improving global health but are unsure how they can best do this. We will look to better harness this enthusiasm and experience going forward to help us to achieve our goals. As a first step we will make information more widely available on how members and others can support delivery of activity in support of our four global health goals. We will use the communication channels at our disposal (eg. website, ebulletins, *Public Health Today*) to ensure this information is accessible and regularly updated.

FPH will also seek to develop a rolling placement for a senior public health registrar to support on-going management and delivery of this strategy, providing a valuable training opportunity in global public health.

### 5.2 Partnership and engagement

Working with a wide range of partners is key to realising our strategic ambitions. This requires a systematic approach to stakeholder engagement with a clear purpose for collaboration.

The role of FPH within a partnership will vary between organisations. In some circumstances FPH may provide the lead (for example on core business such as public health standards) whilst within other partnerships FPH may support, facilitate or endorse the activities of its partner(s).

By way of example, FPH will spend a year as host and chair of the International Forum of the UK Academy of Medical Royal Colleges. This forum brings together the numerous colleges responsible for postgraduate medical training in the UK, many of whom have extensive experience of delivering

international activity in their respective fields. The forum looks to facilitate learning and build opportunities for coordination and collaboration. A core function of public health is to cut across, underpin and support delivery of healthcare across medical specialities. FPH is therefore ideally placed to build the systematic approaches needed by this forum to achieve maximum impact. Examples of other key partners are suggested in table 1.

<b>Table 1: Examples of key partners</b>
Country-based public health associations
International public health bodies, eg. the European Public Health Association, the Association of Schools of Public Health in the European Region, the European Public Health Alliance, the World Federation of Public Health Associations
Voluntary organisations, eg. Tropical Health Education Trust, the Red Cross, Oxfam, Médecins Sans Frontières
Multilateral organisations, eg. the World Health Organization, UNICEF, the Commonwealth Secretariat
Government departments, eg. the Department of Health (DH), the Department for International Development, Healthcare UK (a joint initiative of DH, UK Trade and Investment and NHS England)
Executive agencies, eg. Public Health England
Academic institutions and organisations
Independent bodies, eg. the Academy of Medical Sciences
Health Education England as host for specialist public health training programmes

### 5.3 Funders and donors

The majority of FPH’s core activity is funded through membership fees. Given the limited availability of this funding and the limitations of delivering international activity on a purely voluntary basis, it is important for FPH to learn from other Royal Colleges who have secured additional ways of funding global health activity. These methods include funding by external organisations, bidding for contracts, grants and research funding, and working with partners on a cost recovery or commercial basis.

FPH will therefore:

- Be proactive in marketing FPH expertise
- Explore opportunities to partner with others to bid for grants, contracts and other sources of funding
- Document and demonstrate the value and benefits of global health projects, building a portfolio of work to help secure future funding.

## 6. Delivering the strategy: robust programme management

### 6.1 Governance

We recognise the need for a clear governance model to oversee successful delivery of this strategy. The exact nature of this model is subject to wider FPH governance discussions. A key part of any governance structure will, however, be the role of the FPH Global Health Committee (the new name for the FPH International Committee) which will have responsibility to ensure that:

- An annual operational plan is produced in support of the strategy, with progress monitored against this plan
- Supporting activities are focused within the parameters of the agreed strategy goals
- Activities are undertaken in a manner consistent with FPH values
- Suitable processes are in place for prioritising activity, and monitoring and evaluating activity in terms of outputs, outcomes and impact.

### 6.2 Prioritisation and management of activity

In order to achieve our goals we need a clear approach to what we do, who we work with, and where we work. This will ensure that we are supporting projects that are aligned to our strategic goals, whilst effectively managing our capacity to engage.<sup>25</sup>

In order to further develop this approach we will undertake the following:

- Map current and potential stakeholders and their global health priorities to identify which organisations would be a good 'fit' for partnership (also supports goal 1)
- Map current projects to make an assessment of whether they are aligned to our strategic goals<sup>26</sup>
- Identify gaps in our existing scope of activity (eg. in terms of regions/countries, project type or skills/training needs) where we should seek to provide support
- Identify opportunities for attracting funding and influencing funding programmes for the future.

We will implement an open and robust approach to project development, using good programme management and governance arrangements. This will require a standardised assessment procedure that current activity and new proposals will undergo. Questions used to inform the assessment are set out in Appendix 4.

A guiding principle for all projects is that they are based on countries' needs as identified and expressed by people from within those countries.<sup>27</sup> Activity must also be able to add value and help meet identified needs in a sustainable way.<sup>28</sup>

We will also strengthen our approach to monitoring and evaluation by firstly ensuring that all FPH supported projects implement a systematic process for monitoring and evaluating their activity.

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<sup>25</sup> We can learn from the performance management approach that colleges, such as the Royal College for Obstetricians and Gynaecologists (RCOG), take to the delivery of their global health strategies.

<sup>26</sup> Consideration should be given to withdrawing support for those projects that do not meet our strategic goals and objectives.

<sup>27</sup> Crisp N. 2007. Global Health Partnerships: The UK contribution to health in developing countries. Accessed from: [http://webarchive.nationalarchives.gov.uk/20080814090248/dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_065374](http://webarchive.nationalarchives.gov.uk/20080814090248/dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_065374)

<sup>28</sup> Royal College of Obstetricians and Gynaecologists. 2013. RCOG Global Health Strategy: 2013-17. London: Royal College of Obstetricians and Gynaecologists. Accessed from: <https://www.rcog.org.uk/>

Secondly, we will gather ‘stories’ to capture qualitative information in support of our work. A robust approach is needed to ensure that we learn from our experiences, enabling us to improve practice and inform future decision-making. It will also ensure that we can demonstrate impact for the resources used, enabling us to gather the evidence-base required to attract new partners and funding.

### **Case study 11 - Building specialist public health capacity in Pacific Island countries**

Pacific Island countries are facing rapid epidemiological and demographic transition, compounded by pre-existing major public health challenges and a challenging socio-economic context. While significant advances have been made in public health services in the region over many years, with the establishment of



undergraduate and master’s in public health programmes, the specialist public health skills currently needed to transform services and tackle the challenges the region faces are scarce.

A Pacific Special Interest Group (SIG) comprising UK and Pacific-based Faculty of Public Health (FPH) members, in collaboration with key stakeholders in the Pacific, has been involved in work to build public health capacity in Pacific Island countries through the development of a postgraduate specialty training programme in public health. Additional support and expertise is provided through affiliation with FPH, whilst ensuring adaptation to reflect Pacific needs, systems and cultures. The SIG is looking forward to shortly ratifying this collaboration in a memorandum of understanding with FPH.

## **Appendix 1. Information about the work of FPH and the UK public health system**

The UK Faculty of Public Health (FPH) is committed to improving and protecting people’s mental and physical health and wellbeing.

Our vision is for ‘Better Health for All’, where people are able to achieve their fullest potential for a healthy, fulfilling life through a fair and equitable society. We work to promote understanding and to drive improvements in public health policy and practice.

As the leading professional body for public health specialists in the UK, our members are trained to the highest possible standards of public health competence and practice, as set by FPH. With 3,300 members based in the UK and internationally, we work to develop knowledge and understanding, and to promote excellence in the field of public health. For more than 40 years we have been at the forefront of developing and expanding the public health workforce and profession.

FPH is the sum of all its members and fellows, who work in a variety of organisational settings (eg. local and national government, academic institutions and charities) delivering public health within the UK and internationally.

## Appendix 2. Mandate and rationale for involvement

Our strategy is guided by a clear mandate and rationale for involvement. These are set out below.

**A call to action:** Faculty of Public Health (FPH) members have stated that they support *global public health* being a strategic theme within the FPH Strategy (2015-19) including contributing actively to the improvement of global health. This strategy sets out how this will be achieved.

**Health is global:** A wide range of global health challenges transcend international boundaries. In helping to prepare for, and respond to, emerging epidemic and pandemic infections, and the health consequences of poverty, conflicts, climate change, natural catastrophes and man-made disasters, we aim to protect the health of those within as well as outside the UK. The UK is both a leader and follower of European and global policy initiatives. Engagement at this level is crucial in helping to shape global as well as UK policy solutions.

**Sharing good practice:** The UK has a highly skilled public health workforce and a developed public health system, in contrast to many middle- and low-income countries which, as yet, do not have the systems in place to ensure high quality education, training and standards in public health. One of the findings of the Crisp Report (2007) was that middle- and low-income countries thought that UK experience and expertise could help them strengthen their public health systems and institutions. This includes contributing to training and education for health workers and making evidence and best practice available. FPH, as a leading organisation in setting standards for public health, recognises its responsibility to support countries in developing their public health standards and practice. FPH recognises the potential for reciprocal learning and development opportunities for its members through involvement in international activity.

**Multi-disciplinary approach:** Solving complex global public health problems requires the dedicated involvement of a range of committed individuals and organisations. Just as disease and political instability are not confined within borders, solutions to these problems must come from a diverse collective of practitioners, specialists, academics and leaders collaborating across boundaries. The multi-disciplinary approach promoted by FPH and public health practice in the UK is therefore of great relevance. We will effectively address global health priorities by being a key player in building and promoting multi-disciplinary alliances.

## Appendix 3. Standards

To fulfil our role in standard-setting and supporting the public health profession, the Faculty of Public Health (FPH) works in three key areas:

- Education and standards
- Professional standards
- Health policy and advocacy

### **Education and standards**

Setting, monitoring and promoting standards in education and training for public health in the UK through:

- Examinations
- Appraisal guidance
- Setting standards for revalidation
- Approving training placements and assuring quality of training
- Developing career structures for the new public health workforce
- Making recommendations for inclusion on the specialist register.

### **Professional standards**

- Providing professional advice to employers and others on senior public health appointment procedures
- Advising and setting standards on workforce planning for the specialty of public health
- Developing the role of the FPH Local Affairs Committees (FLACs)
- Encouraging the development of public health networks
- Submitting nominations for consultants' higher awards in the UK
- Recognising excellence in public health by the award of distinction grades of membership
- Introduction of 'associate' status to promote greater communication with a wider public health workforce
- Continuing professional development.

### **Health policy and advocacy**

- Forging effective partnerships with related organisations to develop and advocate on policies which will improve the public's health
- Influencing policy by responding to a wide range of consultations
- Producing evidence-based policy and publications on a range of public health issues to promote knowledge and understanding



- Sharing good practice and knowledge by organising a range of events, including conferences and workshops
- Offering a series of electronic network groups to facilitate communication and shared learning
- Delivering a programme of communications to disseminate information, including through FPH ebulletins, website and quarterly magazine
- Developing international public health links.

As a professional body, FPH creates and promotes international standards of practice and supports their development in partnership with other countries.

## Appendix 4. Prioritisation of activity

### Project assessment questions:

Does the project meet the following screening questions?

- Has a need been identified by a country (either its government or local healthcare professionals), and what is the need?
- Are we welcomed by a country's government and local healthcare professionals?
- Will the project support the aim and achievement of at least one of the goals of this strategy?
- Are we confident that the project would not otherwise be implemented?

Subsequent assessment questions:

#### Strategic alignment

- Is this an area where FPH has comparative advantage in terms of providing support (eg. does it link to standards or draw well on FPH's role and profile)?
- Are there others better placed to support the project?
- Are there opportunities for partnering with other organisations/institutions?

#### Feasibility

- Do we already have a link with the country, organisation and/or health professional, and does this build on an existing initiative?
- Who is currently engaged and how much time do they give in support?
- Does the project build upon a successful pilot and/or best practice?

#### Impact and sustainability

- How will the project produce benefits for the local population? OR: Is the initiative likely to deliver strategic, transformative change?
- Does the project have the potential for sustained preservation?
- Are there local partners who will ensure the long-term stewardship and sustainability of the project?

#### Resources

- Is there funding for the project?
- Do we have resource and capacity to support the project?
- Is there potential for a future income stream from the project?
- Is the project likely to be value for money to a funder/donor?

#### Project management

- Are robust project management arrangements in place to ensure delivery of the project (eg. a project plan outlining objectives, outcomes, timescales, deployment of staff etc.)?

