

International health: Department of Health objectives and ways of working



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Key definitions

Bilateral: Relationships the Department of Health or the UK has with individual Ministries of Health, or country governments, outside the multilateral system.

Global health diplomacy: The rise of health as a foreign policy concern has become a hallmark of a globalised world. Global health diplomacy brings together the disciplines of public health, international affairs, management, law and economics and focuses on negotiations that shape and manage the global policy environment for health. Global health diplomacy is at the coal-face of global health governance – it is where the compromises are found and the agreements are reached, in multilateral venues, new alliances and in bilateral agreements.

Globalisation: The widening, deepening and speeding up of worldwide interconnectedness in all aspects of contemporary 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.

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 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.

Multilateral system: Institutions and agencies that enable several countries to work together on common agendas. International organisations, such as the United Nations, the World Trade Organization and the European Union are multilateral in nature. Multilateralism is an international relations term that refers to several countries working in concert on a given issue.

World Health Assembly (WHA): The forum through which the World Health Organization is governed by its 193 member states.

England or the United Kingdom – which do we represent?

Department of Health staff are responsible for the population of England but, when involved in negotiations abroad, will often find themselves representing the UK. Under the terms of devolution, the conduct of international relations is 'reserved' to Westminster, rather than being 'devolved' to Edinburgh, Cardiff and Belfast. This means that the positions we take in the EU, at WHO and in other international negotiations are the responsibility of UK ministers answerable to the UK Parliament.

The outcome of international negotiations may affect health and healthcare systems in other parts of the UK – which are the responsibility of the devolved administrations. So we have a responsibility to consult with these administrations to ensure that their interests are appropriately represented – and to report back afterwards.

Global or international health

'Global health' is increasingly used to describe health issues that are affected by a complex array of direct and indirect global forces, and solving problems often requires multilateral co-operation across a range of sectors. 'International health' has traditionally been more about contrasts between health practices, policies and systems in different countries.

International health: Department of Health objectives and ways of working incorporates both global and international health dimensions. We have chosen to use 'international' rather than 'global' in the title to avoid any confusion between this publication and *Health is Global: A UK Government Strategy 2008–13*.

Foreword

In our interdependent world, Department of Health (DH) staff can only undertake their jobs effectively if they have considered the international dimension of their work. The 2007 *Capability Review of the Department of Health* highlighted DH's world-class expertise and the professional skills of its staff. The Review described DH's leading role in influencing the international and global health agenda, and the high regard in which it is held by the World Health Organization (WHO), the European Union (EU) and other international partners.

Staff are increasingly aware that legislation and guidance from the EU and WHO help shape domestic policy. Each of us needs to make sure we are best placed to respond to these challenges, as well as making the most of opportunities to learn from the experience of other countries. There is a world of good practice that can help us deliver better health and social care, but we will only be able to access this effectively if we know where to look. This will be critically important in our efforts to improve health and healthcare in England in the 21st century. The current economic crisis, which has potentially serious implications for health, is a fresh spur for our engagement.

Over 60 years the NHS has become one of the world's leading healthcare organisations. There are sound business, diplomatic and ethical reasons for sharing our experience with others.

Health is Global: A UK Government Strategy 2008–13 illustrated the strong links between global health and the domestic health agenda. Department of Health staff are increasingly involved in 'health diplomacy', participating in international forums and working directly with other countries. This means they are working alongside the Foreign and Commonwealth Office (FCO), the Department for International Development (DFID), the Ministry of Defence (MoD), the Department for Business, Innovation and Skills (BIS) and the Department for Environment, Food and Rural Affairs (Defra) and other colleagues to ensure that health-related international policy and practice are right for the UK and the world. This publication builds on *Health is Global* by setting out, for the first time, DH's objectives for its international work and how it can work to achieve those objectives. We hope it will enrich your policy-making expertise and enable all of us to provide a deeper and more rounded service to ministers and the public.



Sir Hugh Taylor
Permanent Secretary



Professor Sir Liam Donaldson
Chief Medical Officer



David Nicholson
NHS Chief Executive

Why read this?

This publication aims to explain how the Department conducts its international work and what each of us can do to ensure that this is effective.

It will help you to understand the links between international health and domestic health policy. It will enable you to become more familiar with key international organisations that the Department of Health works with. And it will help you to work effectively with health professionals, policy-makers and politicians in other countries, international organisations and other government departments. It outlines for you how DH's international objectives – and therefore your work – fit with the Government's wider global health agenda as set out in *Health is Global: A UK Government Strategy 2008–13*.¹

In addition, *International health* will demonstrate that international work, when done well, provides:

- opportunities to learn from others and so improve the service we provide;
- a platform to share lessons with others so that we can help improve policy in health and healthcare for people in other countries;
- openings for 'health diplomacy' – a chance for staff to represent their country; and
- potential for professional development and fulfilment.

We are not attempting here to cover the DH's international policy for specific areas of work. So many of our policies have an international dimension, that to include them all would make this too detailed and easily dated.

This guide has been primarily written for Department of Health staff. It is not specifically aimed at the NHS, but we expect many of its staff and those working in associated bodies to be interested in what we say. As it is the first time we have set out our objectives and ways of working, it may also prove useful for our partners outside DH.

The guidance in this publication reflects current thinking on best practice, and we hope that staff will find it helpful in improving their understanding and effectiveness when they are involved in international work.

Please use this as a resource in your day-to-day work, as a reminder of your role and responsibilities, and those of your colleagues. You may also find it useful for business planning and for developing your personal objectives.

¹ HM Government (2008) *Health is Global: A UK Government Strategy 2008–13*, see www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_088702

Introduction

If we are to deliver the Department of Health's objectives as well as broader government policy, well-structured and coherent international work is essential. Many staff within DH already look abroad to support policy development – and a significant amount of time is spent on international business.²

Greater migration and tourism mean that international health hazards are increasingly becoming domestic ones. Influenza, HIV, tuberculosis and other communicable diseases are constant threats to our population and economy.

An interconnected world means that the health of England's population can easily be affected by what happens beyond our borders. *Health is Global: A UK Government Strategy 2008–13* describes this clearly. Greater migration and tourism mean that international health hazards are increasingly becoming domestic ones. Influenza, HIV, tuberculosis and other communicable diseases are constant threats to our population and economy. A global market in food, alcohol and cigarettes means that risk factors for the spread of non-communicable diseases can only be effectively addressed if we recognise their international dimension. Stronger, freer and fairer trade for better health is a key component of the UK economy.

Strategy in context

The NHS Next Stage Review³ sets the NHS in a 21st-century context – that of a globalised world. The Department of Health needs to engage internationally to ensure that our health policy keeps pace with international best practice, we are able to meet the pledges set out in the NHS Constitution⁴ and equipped to tackle global health threats.

The 2007 *Capability Review of the Department of Health* stated: 'The Department's work with and through European and world health organisations to influence and determine global approaches to shared problems will... become more important'.⁵

The *Capability Review* also highlighted challenges. When we work in isolation and without a coherent strategy, we do not get as much benefit from our international work as we could. There are areas of international operation that would benefit from being more closely joined up across DH, and there needs to be a more systematic approach to incorporating lessons learned by individuals into policy and practice.

International health: Department of Health objectives and ways of working is designed to ensure that our international work is aligned to our core business objectives, as set out in our Public Service Agreement with HM Treasury, our annual business plan and our responsibilities as a Department of State, domestically and internationally. This includes the objectives set out in *Health is Global*.

² HLSP (2007) *Mapping the International Activities of the Department of Health*. A Report for the Department of Health.

³ Department of Health (2008) *High Quality Care for All: NHS Next Stage Review Final Report*, see www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085825

⁴ www.dh.gov.uk/en/healthcare/NHSConstitution/Index.htm

⁵ Cabinet Office (2007) *Civil Service Capability Review of the Department of Health*, see p.14, www.civilservice.gov.uk/cross-government/capability/reports.aspx#

International objectives



'My time as a minister in both FCO and DFID gave me an understanding of, and enthusiasm for, the importance of working with other countries to share experience, knowledge and good practice to develop solutions that work across the world. We benefit from thinking about how our work fits into the broader international picture, and how we can work with international agencies and staff from other countries to develop and improve the health of our nations. Many of our challenges, including swine flu, don't stop to show a passport and don't recognise national borders.'

Gillian Merron, Minister of State for Public Health

There are two overarching objectives for the Department of Health's international work. They are:

- to support the delivery of DH's objectives; and
- to contribute to the Government's commitment to improve global health and contribute to effective foreign policy.

Delivering strategic objectives

DH's strategic objectives⁶ are:

- to promote better health and well-being for the people of England;
- to ensure better care for the people of England; and
- to make sure that our activities provide value for all.

But what does this mean in terms of our international work?

We can promote better health and well-being for the people of England by:

- using the best of what others are doing internationally to improve health and healthcare policy and practice;⁷ a policy of sharing good practice needs to be strategic and to fit with business plans;
- working with international partners to tackle communicable diseases and other causes of ill health in a world where individuals and populations move with increasing ease across borders;
- demanding high international standards in areas such as tobacco control and food marketing and labelling, which require cross-border co-operation; and
- working with others to identify and improve the determinants of health that underlie inequalities in health and healthcare between rich and poor communities.

⁶ These can be found at 'DH objectives and values' March 2008, see www.dh.gov.uk/en/Aboutus/HowDHworks/DH_4105906

⁷ The importance of doing this across all our public services is described in Cabinet Office (2009) *Power in People's Hands: Learning from the World's Best Public Services*, which includes examples of good practice from across the world in health and social care, see www.cabinetoffice.gov.uk/media/224869/world-class.pdf

We can ensure better care for the people of England by:

- benchmarking our health system against those of other countries;
- working multilaterally to ensure that systems for accessing and paying for healthcare abroad are right;
- working to develop EU legislation and policies and WHO guidance that helps the Government and our non-government partners to deliver better health and social care; and
- working to achieve a high level of self-sufficiency in the UK health workforce, avoiding active recruitment from countries whose own infrastructure might be harmed as a result.

We can make sure our activities provide value to all by:

- working with others to provide cost-effective treatment for UK citizens visiting, working in or who have retired to the European Economic Area (EEA);⁸
- negotiating effectively on European legislation which affects our domestic health policy;
- making sure our financial contributions to health-related multilateral organisations such as WHO and the Council of Europe deliver good value for money, and that these organisations provide valuable support to us as we develop our own policies and programmes;
- being transparent and accountable on how we use our resources to support our international and global health objectives; and
- promoting the NHS internationally to enhance its worldwide reputation.

Contributing to the Government's international commitments

Health is Global sets out the challenges facing global health and pledges action across government to improve the health of people across the world, including those in the UK. The strategy outlines principles for the way we work, and identifies the roles

⁸ This includes the provision of the European Health Insurance Card, which entitles UK citizens to state-provided healthcare during a visit to any EEA country. Over 30 million cards have been issued to UK residents. The EEA is a group of countries (the EU plus Iceland, Norway and Liechtenstein) that participate in the European single market.

'On the day before the global pandemic was announced, I was seconded from DH to WHO in Geneva to work on pandemic vaccine policy. I have seen first hand how other countries respond to our domestic policy and the need for countries to work together. I have also seen the enormous contribution that DH staff make internationally to protect the UK's health and how important this is. I think DH can be very proud of this.'

Dr Sudeep Chand, final year specialist registrar on secondment to WHO

Did you know?

The 'NHS Choices' website was presented as a model of international best practice at the Public Services Summit that accompanied the 2008 Nobel Peace Prize award in Stockholm.

'Our pandemic preparedness planning in the UK is informed by discussions with member countries of the Global Health Security Initiative (GHSI), the WHO and the EU. Last year, the GHSI pandemic flu group compared plans on border and entry and exit screening. This not only helped us understand what others were planning and why, but also informed our border and communications policies.'

Jo Newstead, Head of International and Legal Secretariat – Pandemic Influenza

and responsibilities of the different government departments in implementation. It also describes ways of working that encourage policy coherence and consistency across government.

The Department of Health has a central role in the successful delivery of *Health is Global*. A number of the strategy's commitments fall directly to us. In addition, DH's International Division⁹ provides the secretariat to support the Interministerial Group for Global Health (chaired by a DH minister) and the cross-government steering group that supports the Interministerial Group. We are working closely with the Devolved Administrations and a number of other government departments to deliver *Health is Global*. These include FCO, DFID, MoD, Defra, BIS and UK Trade and Investment (UKTI).

Finally, on behalf of the UK Government, we aim to fulfil our legal and moral responsibilities in working together with international health agencies.

⁹ International Division is part of DH's Health Improvement and Protection Directorate.

How we deliver



Did you know?

'Maternity Matters', the framework for maternity services in England, is regarded as world-class. We are working with WHO and the Maternal Health Task Force to adapt it for use in the world's poorest countries.

'People assume international work is difficult and requires special skills and knowledge. But it's no more difficult than finding your way around Whitehall or the NHS – probably easier in fact! The skills you need are key Civil Service ones – influencing and persuading, thinking on your feet, finding workable solutions, representing your organisation, working with others and briefing ministers. Representing the UK internationally is a great confidence-builder. I always get a kick out of seeing colleagues' enthusiasm after participating in their first EU or WHO negotiation – the buzz they get from brokering agreement on something important to the UK.'

Sarah Hendry
Director, International Health and Public Health Delivery

To deliver our objectives and priorities, we work with:

- the multilateral system of international institutions;
- other countries bilaterally;
- other parts of government and the devolved administrations; and
- the NHS, the public sector and non-government partners, such as universities, professional organisations, foundations, the private sector, NGOs and the media.

The multilateral system

Wherever possible, the UK government works to develop international policy and strategy through the multilateral system because this offers a global legitimacy.

Key multilateral partners are the EU, WHO and – with our commitment in the Next Stage Review to better benchmark our health system against those of others – the Organisation for Economic Cooperation and Development (OECD). We also have strong relations with the Commonwealth and the Council of Europe. Beside these, other organisations and initiatives are also important for DH, including: the G8, NATO (through the Joint Medical Committee which develops guidance on the effective management of terrorism and major incidents),¹⁰ the GHSI, International Partnership on Avian and Pandemic Influenza (IPAPI), UNESCO,¹¹ the World Bank and the Global Patient Safety Initiative. This list is not exhaustive.

A core responsibility for DH is to ensure that its engagement in international negotiations in health:

- is driven by best international public health practice;
- is in line with broader UK multilateral policy;¹²
- dovetails with ministerial commitments to Parliament;

¹⁰ As part of the civil emergency planning role of NATO, the Joint Medical Committee's role is to facilitate civilian support to military operations, as well as working with the military when giving military aid to civilian powers, for example after the Pakistan earthquake.

¹¹ DH has the policy lead for bioethics work within UNESCO, whose International Bioethics Committee has developed a number of declarations – for example on the human genome and human rights – which influence international activity on cloning.

¹² For example, on the extent of EU 'competence' in social affairs and health; on UN financing and reform; and on consistency with negotiations in the World Trade Organization on intellectual property rights.

- complements UK health and social care policy, and contributes to good health and well-being in the UK, as well as internationally; and
- does not compromise the ability of the NHS and social care system to deliver quality health and care, or reduce the UK's ability to introduce necessary improvements.

Each multilateral agency has its own governance arrangements and way of doing business. It is important that we have a good understanding of these if we are to see our objectives taken forward in this way.

See details on the key multilateral agencies we work with in Annex 1.

Bilateral relationships

We are committed to working through the multilateral system but there are times when we achieve our objectives most effectively by working with other countries, depending on the expertise they have to offer or a particular mutual policy interest. While development of world-leading practice in one aspect of health system reform may come from one country, we may look to another country when developing ways of reducing levels of obesity, say, or of increasing the uptake of immunisation.

Building and sustaining international relationships is resource-intensive. The key to success is to establish clearly the purpose of the engagement, and show that it adds value to both partners. Developing and implementing activities with other countries means it is often important to work cross-Whitehall with departments such as FCO (particularly when working with embassies and high commissions), DFID, BIS and UKTI.

Broader objectives

There are a small number of countries (the US, China, India, Brazil and South Africa) where our interests go beyond one or two policy areas to a strategic engagement that cuts across DH. In these cases, what we do is informed by broader government objectives. We work particularly closely with other government departments in developing and maintaining these relationships. We have, or are developing, written agreements for the way that we work with these countries. See pages 43–44 for more on this.

'Visiting Europe with the Secretary of State last year to discuss the draft EU legislation on patient mobility really helped me understand why it's so important to take the time to talk in depth to other EU countries. If you live in Prague or Aachen, the nearest specialist hospital may well be over the border – which puts the EU proposals into a very different light. Respecting others' views about the draft directive has really helped us in negotiating and explaining our own position.'

Una O'Brien, Director General of Policy and Strategy

'Since the devolution of the Welsh Assembly Government in 1999, Wales has pursued different approaches to health and healthcare than the other UK governments. There is nothing competitive in this – frequently our policies align but our primary goal is to improve and protect the health of the people of Wales. To do this, as well as we can, we recognise that the health of our population is affected by decisions made beyond the borders of Wales – all health is global.

'As the UK department with reserved powers for working institutionally with organisations like the European Union and the World Health Organization, we need DH to help us do our job better. This means pursuing policies such as publishing data below UK level and developing a broader outlook on tackling health inequalities.

'In working internationally, please therefore remember that the policies of the English Department of Health are not the only views you are representing. We need you to act as our agents to help us improve the health of our people.'

Dr Tony Jewell, Chief Medical Officer for Wales

With some other countries, individual branches of DH have a specific relationship. It is important that this work is agreed and financed at divisional level, that business plans are included in those agreements and that the work in each case meets our objectives. In an organisation as large as DH, it is vital to share activities with International Division in order to join up activities across the organisation.

Finally, there are a few countries – including Iraq, Afghanistan and Libya – where the aim of our work is specifically to support wider government objectives. This usually involves providing or facilitating UK training and technical assistance for policy-makers and workers in the health sector.

Elsewhere in government

Working with other parts of government is critical to delivering many of the areas above. These include FCO, DFID, MoD, the Cabinet Office, BIS and the devolved administrations. Our strategic approach is described in *Health is Global*.

The NHS, the public sector and non-government partners

We need to work closely with a range of other partners to deliver our objectives. These include business, foundations,¹³ academic and research institutions, the NHS and other UK health and healthcare organisations, the NGO sector, professional groups and the media.

A team within International Division works under the name DH International, and promotes outward investment. DH International is a pivotal link between the international community, the NHS and the British healthcare industry. Countries all over the world recognise that the UK offers examples of world-class clinical practice and effective models of service, which offer universal care to all residents.¹⁴ The role of DH International is to promote the best of British healthcare worldwide. A separate branch, within Medicines, Pharmacy and Industry Division, sponsors the UK-based pharmaceutical and medical devices industries. Part of its task is

¹³ For more details on foundations, please see *Health is Global: A UK Government Strategy 2008–13* Annexes, page 85.

¹⁴ Recent international studies suggest that the English health system is doing well. In 2007 the Commonwealth Fund ranked the UK first among six health systems, see www.commonwealthfund.org/Content/Publications/Fund-Reports/2007/May/Mirror--Mirror-on-the-Wall--An-International-Update-on-the-Comparative-Performance-of-American-Health.aspx

to support UKTI in attracting overseas investment to the UK. Both work closely with international partners alongside other parts of the UK government, the devolved administrations and the private sector.

A range of partners

The Department of Health Research and Development Directorate supports a number of academic partners that work directly or indirectly on global health issues. DH Workforce Directorate works with a range of UK and international partners on the availability of human resources for health, which is a global issue. In the Chief Nursing Officer's Directorate, the International Officer for Nursing and Midwifery takes forward international policy work with other countries and through international organisations.

There has been increasing interest in the way that DH supports the NHS and other UK health and healthcare partners to strengthen the health capacity of developing countries and our approach is set out elsewhere.¹⁵ Our policy is to add value to wider international development efforts, and our strategy is to help put into practice the Government's White Papers for International Development¹⁶ and the Global Health Strategy. It is also our job to co-ordinate with DFID to help deliver their health strategy.

Ways of working with our multilateral, bilateral and other partners are described in Annex 2. Further information on the way we work across government and with our non-government partners can be found in *Health is Global*.

Did you know?

Canada has made huge progress in tackling smoking. DH staff recently visited to learn from Canada's experience of banning the display of cigarettes in stores. We came away with valuable information about how it was done, and the impact it had on smokers, young people and retailers.

'DH hosts the WHO Collaborating Centre (CC) for Prisons and Health. Running the CC means we exchange information and ideas with colleagues throughout Europe. Over the years, we have worked on key aspects of offender health, including communicable diseases, mental health and drugs, and have arguably considered issues in greater depth and more creatively than would have been the case if we were not running the CC. And it's a two-way street – some countries are undertaking similar prison health reform to us and, when requested, we try to offer them advice and support.'

Paul Hayton, Deputy Director of the WHO Collaborating Centre for Prisons and Health

¹⁵ Department of Health and DFID (2008) *Global health partnerships: the UK contribution to health in developing countries – the Government response*, see www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_083509

¹⁶ DFID (1997) *Eliminating World Poverty: A Challenge for the 21st Century*;
DFID (2000) *Eliminating World Poverty: Making Globalisation Work for the Poor*;
DFID (2006) *Eliminating World Poverty: Making Governance Work for the Poor*;
DFID (2009) *Eliminating World Poverty: Building our Common Future*.

Roles and responsibilities within the Department of Health



'I am constantly struck that so many of our partners in England, but also elsewhere, see DH as a force for good across the world. Clear examples of this include the commitments set out in *Health is Global*, our support to WHO and our European partners, ethical recruitment to the NHS, and stepping up to tackle global challenges such as pandemic flu, climate change and health inequalities. Right across the Department, staff are increasingly recognising their unique position and expertise to make the world safer, fairer and more just.'

Dr Nick Banatvala, Head of Global Affairs, International Division

Did you know?

There is a real desire in the US to tackle the child obesity epidemic. The White House and many US health experts believe that the most strategic approach comes from the UK's 'Healthy Weight, Healthy Lives' programme. Key DH leads have recently been invited to present our strategy to those at the top of the US administration.

International Division

The role of International Division is to:

- provide strategic leadership for DH's global health and international involvement;
- assist in the delivery of priority areas; and
- ensure that activities are effectively co-ordinated.

There will also be cases when International Division acts as the 'policy lead' on specific international issues because there is no single policy branch with clear overall responsibility. It also has a role to support, train and mentor staff across DH on international policy, strategy and activities, and to provide advice to DH staff in preparing for international meetings on specific policy areas, as well as big set pieces like the WHA or European Council of Health Ministers.

The day-to-day responsibility for policy-specific international work rests with staff outside International Division.

The key to successful international activity is effective preparation and feedback. This means there needs to be good, early communication between all those involved – in defining objectives and ensuring clear roles and responsibilities. 'Back-to-office' reports are an important way of sharing outcomes, plans or options for future work, and are critical for maintaining an 'institutional memory'. We therefore encourage staff to report back as soon as possible after an international event. Annex 3 provides a suggested template for back-to-office reports.

International Division has three key areas of responsibility:

1. Providing strategic leadership for DH's international objectives

- Leading and managing DH's institutional relationships with the EU, WHO and other international organisations and networks, including the G8. This includes leading and managing the WHA, the WHO Executive Board, the European Council of Health Ministers, Commonwealth health ministers' meetings, the Council of Europe and co-ordinating inputs for G7/G8 events.

- Sharing current and emerging priorities led by the international community, working with colleagues across DH to identify areas which need to be pursued together and developing a strategy to do this effectively.
- Working with others in DH and across government – including the devolved administrations – to take forward *Health is Global*, link health with foreign policy, and agree new priorities where DH needs to engage and identify areas where we can reduce our input.
- Providing timely and high-quality advice on the institutional and cross-cutting aspects of DH's international work. This includes working with others to provide strategic advice in identifying the forums for implementing specific policies.
- Leading and managing DH's political relations with other countries, and identifying the key countries that we wish to work closely with. This includes collaborating with FCO and other government departments, advising ministers and senior management on high-level international inward visits, and organising complex visits that require cross-department input or visits that relate to the work of DH International Division.
- Working with human resources to determine the strategic use of DH international secondments.

2. Improving delivery of DH's international objectives

- Encouraging policy groups within DH to draw on international evidence and best practice.
- Encouraging staff in other divisions to include appropriate international objectives in their business plans, and to provide staff and other resources to support them.
- Making sure they are given appropriate attention through key multilateral forums, bilateral events and in meetings with the devolved administrations, other government departments, the NHS and other public bodies, and non-government partners.
- Facilitating the access and effective engagement of DH staff with multilateral, bilateral and other partners.
- Providing an effective secretariat for the UK's Global Health Strategy, the Interministerial Group for Global Health and the cross-government steering group.

Did you know?

The system of cross-charging to reduce delayed hospital discharge – or 'bed-blocking' – was modelled on a similar system in Sweden and Denmark.

'My biannual meetings with French and German colleagues allow very useful discussion on current or upcoming developments in our various health systems. These are a valuable opportunity to exchange views and opinions. Recently I hosted a successful meeting in Richmond House – and was grateful for the significant support from our International Division.'

Sir Hugh Taylor,
Permanent Secretary

'As part of providing a world-class health service, we are determined to make England a leader in undertaking comparisons with other countries for quality improvement. We have been advised by international experts on the approach we should take to do this, to ensure we are learning from international best practice.'

**Sunita Shier, Team Leader,
International Comparisons**

3. Supporting staff development on international health and promoting DH as a learning organisation

- Working across the organisation to raise awareness of international health issues, sharing examples of best practice and highlighting areas of synergy.
- Providing informal training for staff,¹⁷ for example through:
 - an annual international fair;
 - regular awareness, training and policy seminars;
 - horizon-scanning exercises for senior staff on key issues; and
 - advising how our international activities take into account UK government policies such as impact assessments.
- Sharing information and maintaining a knowledge management resource for DH, covering key aspects of our international engagement, including:
 - easily accessible strategies and core briefing summaries for priority countries, institutions and policy areas; and
 - a calendar of key international events.

International Division's work streams and activities are shown in diagrammatic form in Annex 4.

Did you know?

Innovations in post-operative management of deep vein thrombosis were introduced into the NHS from Canada, through the Independent Sector Treatment Programme. These allow patients to return home from hospital sooner.

¹⁷ For example: (i) ways that international institutions function; (ii) broader policy issues such as international development; (iii) EU Presidency health and social care policy, and changes of policy in other countries as a result of a new administration; (iv) how domestic policies such as equality impact assessments apply to international work. There are also opportunities for joint sessions between International Division and other parts of DH (for example, policy and strategy, health protection, health promotion).

Responsibilities of other directorates in DH¹⁸

These fall into three categories.

1. Providing strategic leadership for DH's international objectives

- Setting priorities and action plans to implement specific policy areas.¹⁹
- Working with International Division and FCO, as necessary, to develop the negotiating priorities for EU/WHO proposals and conducting negotiations where appropriate.
- Informing International Division in advance of any meetings that include an international dimension.
- Contributing to the International Division calendar, briefing database and other knowledge management arrangements.

2. Improving delivery of DH's international objectives

- Ensuring that these areas are resourced in directorate and divisional business plans, and are included in personal objectives.
- Making clear in the annual business and financial planning process the action that will deliver priorities. This includes the most effective use of multilateral and bilateral forums, and working with the devolved administrations, other government departments, the NHS and other public bodies, and non-government partners.
- Supporting International Division in implementing key areas through the WHA, the WHO Executive Board, the European Council of Health Ministers, the Council of Europe, G7/G8 events and major bilateral and cross-government events. This includes leading on briefings on the international dimension of specific areas of health and healthcare policy, and responding to external requests for information on domestic policy for partners working on international issues.

'We are proud of our success in "smokefree", with almost universal compliance with the law and continuing strong popular support. We recently advised health officials in Yokohama, Japan on introducing local measures to ban smoking in workplaces and enclosed public places. England's example was also a major influence on India's recent decision to ban smoking.'

Anne Grosskurth, former team leader, Tobacco Regulation and International Tobacco Control

¹⁸ Two groups in particular provide significant support right across DH on international issues: the Policy and Strategy Directorate supports the dissemination of international comparative data and best practice; and the Research and Development Directorate funds the 'On-call' Facility for International Healthcare Comparisons.

¹⁹ Directorates, divisions and branches should have clearly articulated aims for their international objectives, together with activities to ensure that they are reached. DH's International Division provides support in developing these.

'I was honoured to be asked to chair the external reference group advising WHO on the development of its research strategy. The Department of Health can feel very proud that the WHO strategy was modelled on our own strategy for health research: *Best Research for Best Health*.'

**Professor Dame Sally C Davies,
Director General for Research and
Development**

'Visiting a clinic in one of the poorest and most violent of Rio de Janeiro's favelas was an incredible experience. The state authorities had built the clinic from scratch in a month out of large metal containers. Now people whose only option before was to queue in overcrowded accident and emergency departments at one of the big city hospitals had 24-hour services on their doorstep. Despite the crime-rate, the clinic had no armed guards – such was the respect people had for it, there wasn't any need. The experience really showed that our relationship with countries like Brazil isn't one-sided. They are keen to learn from how we are innovating in the NHS, on primary care, for example. But Brazil has lots that we can learn from too in their approaches to tackling health inequalities.'

**Rt Hon Alan Johnson MP, former
Secretary of State for Health**

- Leading on international meetings outside the above (UK-based or overseas) that are focused on a division or team's specific policy area.²⁰
- Contributing to meetings for international delegations wanting to learn more about DH.²¹
- Leading on effective ways of working and sharing information with counterparts from overseas on specific policy areas.

3. Supporting staff development on international health and promoting DH as a learning organisation

- Sharing information with International Division and others.
- Providing short back-to-office reports from all international meetings and domestic events with an international element to International Division and other relevant parts of DH.
- Encouraging attendance at relevant international awareness, training and policy events.

²⁰ The task of identifying objectives for such meetings and the most effective ways of participating (including agreeing ministerial and official attendance) in political and technical meetings on specific areas of policy should be led and managed by the policy group dealing with that area in close consultation with International Division. This includes working with private offices to ensure that the necessary logistics are in place. International Division is able to provide advice on setting objectives (and, in particular, on how a meeting may fit into other international events) and useful ways to prepare for such meetings. International Division will also provide advice on the most effective ways of preparing for international meetings of ministers, and on how these are best managed, but it is for policy leads to identify key issues for discussion.

²¹ Individual policy divisions should decide whether they are able to host international visitors to discuss specific areas and provide the necessary logistical support (see pages 42–43 for further details).

Resources and accountability



'We have learnt so much from Spain. I was stunned to find on a recent visit to Madrid that the Spanish health authorities were able to gain the consent of relatives for the donation of organs from every single potential British donor that had died while in Spain. We therefore need to understand why only 60% agree to donation in the UK.'

**Triona Norman, Section Head,
Organ and Tissue Transplantation**

Resources

The International Division budget includes funding for:

- the healthcare costs for UK citizens visiting, working in or who have retired in the EEA, in line with EU regulations;
- a number of multilateral subscriptions (such as WHO and the Council of Europe);
- producing, distributing and promoting the European Health Insurance Card; and
- implementing aspects of *Health is Global*.

Work specific to international policy is usually resourced through the part of DH that is responsible for the relevant activity involved. This might include work on pandemic flu, workforce, social determinants of health, mental health, international benchmarking of health systems and health outcomes, and patient safety.

Our staff are our most important resource. DH seconds a number of individuals to international institutions, currently including: the UK Permanent Representation to the European Union in Brussels, the European Commission, WHO, and the Indian Institute of Public Health. We also have staff working in overseas FCO posts, and on secondment to DFID and international non-government agencies.

As well as this, many UK-based staff provide formal and informal advice to other countries and international organisations. We are eager to encourage this, but it is important that these contributions are included in individuals' personal development plans and appraisals. Establishing clear links with branch and divisional business plans will help make sure such international input is strategic and sustainable.

Did you know?

The Health Protection Agency is working with the South African Government to develop a health plan for the 2010 Football World Cup – developing expertise that will also be useful for the London 2012 Olympic and Paralympic Games.

Accountability

International Division co-ordinates the production of a short report that forms part of DH's Annual Report. Other parts of DH should look to include their international activities as part of their contribution to this report. DH is also held accountable for its international activities through parliamentary business and public inquiries. Mechanisms of accountability for the work it is committed to under the Global Health Strategy are described in *Health is Global*.

Annex 1: Key multilateral agencies and groups



The World Health Organization

WHO, established in 1948, is the largest specialised agency of the UN and the directing and co-ordinating authority for international health matters and public health. WHO's principal objective is that all people should attain the highest possible level of health. WHO's many functions as the world's public health agency are set out in its *Eleventh General Programme of Work 2006–2015* and its *Medium-term strategic plan 2008–2013*.²² It has a role in setting norms and standards as well as a role in international development, and it has a responsibility to work effectively with other international agencies to deliver better health for people globally.

WHO's principal objective is that all people should attain the highest possible level of health. The UK has been the second-largest funder of WHO since 2002.

The UK has been the second-largest funder of WHO since 2002 and WHO has been either the first or second-largest recipient of UN multilateral funds from the UK, with contributions ranging from 17% to 22% of WHO's annual budget (total of £675 million in the period 2002 to 2006). The UK Government's approach is summarised in *Health is Global* and in *World Health Organization: UK Institutional Strategy 2008–13*.²³ While FCO, DFID and DH all have significant interests in ensuring an increasingly effective

WHO, DH takes the overall lead for the Government's engagement with the organisation. DH pays the Government's assessed contribution to WHO's Regular Budget (£16.2 million for 2009), and sits on the major WHO governing bodies.

DFID's focus is on WHO as a development agency; FCO's interest is in making sure that the agency contributes to global security and global governance; and DH's emphasis is on ensuring that WHO fulfils its normative and standard-setting responsibilities.

WHO – setting norms and standards relevant to health and healthcare in the UK

- Supporting high-quality care and practice informed by evidence-based research: High international benchmarks will help deliver the vision, outlined in the NHS Next Stage Review, of a consistently excellent service.
- Improving health security for the people of the UK: We rely on WHO to lead surveillance and collective action to give us early warning of pandemics and new health threats.
- Tackling common health challenges more effectively: There is growing international emphasis on lifestyle disease, which mirrors our domestic priority. The work of the WHO *Framework Convention on Tobacco Control*²⁴ and the growing momentum on obesity are two areas where focused action can support DH objectives.

²² These and other key resource and planning documents can be found at www.who.int/about/resources_planning

²³ HM Government (2008) *Health is Global*, see www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_088702; HM Government (2009) *World Health Organization: UK Institutional Strategy 2008–13*, see www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_095296

²⁴ See www.who.int/fctc/en/ for further details.

- **Maintaining consistency with UK health policy and NHS practice:** While commitments made in WHA resolutions are not legally binding like EU law, we are still expected to honour them.²⁵ We need to ensure that declarations on access to healthcare for undocumented migrants, for example, fit with UK policy.

Working with WHO

Many DH staff work with WHO – through technical engagement as well as supporting the governance of WHO.

- **Technical engagement**

DH staff make a significant contribution to the work of WHO through secondments, providing support to working groups and ongoing partnership with WHO Secretariat. The UK also contributes through the work of collaborating centres, including the Health Protection Agency, and a variety of NHS and academic institutions. This helps to deliver high-quality public health both globally and in the UK, enables us to promote the UK health sector and provides staff with development opportunities.

- **Political leadership and governance**

WHO is a membership organisation, governed by the WHA. The WHA is an annual meeting of health ministers from its 193 member countries. The UK's WHA delegation is usually led by the Secretary of State for Health or one of DH's ministers. The WHA discusses the key health issues of the day and takes issues forward through resolutions. While these resolutions are not usually legally binding (unlike EU directives), the UK is politically bound to abide by them. Any country can initiate a resolution and, if resolutions gain support, they are agreed by consensus, which gives them moral weight. In 2008 for example, the UK led a resolution to urge WHO and member states to tackle the public health effects of climate change.

The executive board prepares and facilitates the work of the WHA. It is made up of 34 individuals elected from member states. England's Chief Medical Officer is on the board until 2010.

- **The regional offices**

WHO has six regional offices, each with its own programme geared to the particular health problems of the countries it serves. The UK is part of WHO's Regional Office for Europe (EURO), which stretches from Iceland to the Pacific coast of Russia – covering 53 countries and 880 million people.

DH also engages with EURO at policy and political levels. We seek to play a leading role in the governance of EURO at its annual regional committee (also, when we are members, on its standing committee) and through our relationship with its senior management.

²⁵ Although some WHO initiatives – like the *Framework Convention on Tobacco Control* (2005), www.who.int/fctc/en/ and the *International Health Regulations* (2005), www.who.int/ihr/en/ – create a more binding obligation.

Current priorities for EURO include: strengthening health systems – including human resources for health; tackling non-communicable diseases; reducing health inequalities; and improving health security.

DH represents the UK's overseas territories at the Pan American Health Organization (PAHO) and at the Western Pacific Regional Office (WPRO). We work closely with the overseas territories when conducting PAHO and WPRO business.

DH, DFID and FCO meet formally with WHO once a year to discuss areas of mutual interest. Every quarter, DH, DFID and FCO meet to take forward the institutional strategy. Day-to-day engagement with WHO on DH business is done directly by DH staff in International Division and in policy divisions, and through the UK Mission to the United Nations in Geneva.

The European Union

The EU is a unique partnership in which countries work closely together for the benefit of all their citizens. The current 27 member states²⁶ have agreed to work on issues of common interest, where collective and co-ordinated initiatives can be more effective than individual state action.

The EU is governed by a series of treaties, negotiated at intergovernmental conferences and ratified by each member state. Its work is carried out by a number of institutions, from the European Council and Council of Ministers through to the European Commission, European Parliament and European Court of Justice. The EU is a highly 'legalistic' entity: its default approach is to lay down binding rules in a wide range of areas, which member states must abide by.

A directly elected EU institution, the European Parliament is composed of over 700 MEPs elected every five years by citizens from all member states. As well as working with the Council to agree European legislation, the European Parliament has control over the EU budget and a veto over the appointment of the European Commission.

The EU and health

The UK Government's overall approach to the EU is set out in *Global Europe – Meeting the Economic and Security Challenges*.²⁷ *Global Europe* recognises the importance of the EU's social dimension, and that the EU has a role to play in relation to the health of its citizens, for example, when working with other institutions such as WHO on planning for pandemic flu.

²⁶ The current member states of the EU are: Austria, Belgium, Bulgaria, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden and the UK.

²⁷ Cabinet Office/FCO (2007) *Global Europe – Meeting the Economic and Security Challenges*, see www.fco.gov.uk/resources/en/pdf/pdf1/global-europe

While EU treaties limit the EU's scope to act on health issues in comparison to some other areas of policy, EU institutions are increasingly interested in health matters as part of an emphasis on how citizens can benefit from the EU. We anticipate that the impact of EU rules on domestic health and social care policy, and health system management, will grow in the coming years.

There are three main ways in which EU treaties affect health and social care policy, and health system management, in EU member states:

Firstly, they give the EU power to implement legislation specifically related to health. As a result, for example, we have EU legislation that affects pharmaceuticals policy, blood donation and health security work.

Secondly, a range of legislation brought forward in non-health areas can have a significant effect on health policy in EU countries. Examples would be the working time Directive and legislation governing the recognition of professional qualifications throughout the EU.

Thirdly, more and more cases are being brought to the European Court of Justice (ECJ), which aims to apply the fundamental freedoms outlined in the European Community treaty²⁸ (where EU citizens have rights to freedom of movement of goods, people and services) in a health context. These ECJ cases can set precedents, which then affect how member states operate their health systems, including the NHS. In the EU, for instance, we have 10 years of 'patient mobility' ECJ case law about the rights that EU citizens have to healthcare abroad – case law that resulted in the EU developing new legislation.

Ultimately, even though EU treaties say that member states can run their own health systems,²⁹ in reality, their ability to do so is tested on a continual basis.

The key challenge, when considering EU-level action in relation to health, is to identify where the EU can add value and where action is best left solely to member states.

In 2007, EU member states agreed a new European health strategy – *Together for Health: A Strategic Approach for the EU 2008–2013*.³⁰ This identifies three key areas of health policy where value can be added by action at EU level:

- Fostering good health in an ageing population.
- Responding to cross-border health threats.
- Supporting health systems and innovation in health.

The key challenge, when considering EU-level action in health, is to identify where the EU can add value and where action is best left solely to member states.

²⁸ The treaties on which the EU is based are discussed at: http://europa.eu/abc/treaties/index_en.htm.

²⁹ For example, Article 152.5 of the EU Treaty says: 'Community action in the field of public health shall fully respect the responsibilities of the member states for the organisation and delivery of health services and medical care'.

³⁰ See http://ec.europa.eu/health/ph_overview/strategy/health_strategy_en.htm

Working with the EU

The key decision-making bodies on EU health policy are the EU Health Council, composed of health ministers from the 27 EU member states, and the European Parliament.³¹ The Health Council meets twice a year in Brussels to consider European health legislation and wider health policy. Between these meetings, UK officials engage in detailed negotiations with their equivalents from the other EU countries. The outcome of these 'council working groups' feeds into the ministerial discussions of the Health Council. In 2009 a new European Parliament was elected and a new European Commission is due to be appointed by the end of 2009. DH is currently developing its European engagement strategy to cover the period 2009–14.

Experience has shown that the best way to influence the EU agenda is to:

- **develop a vision** about where the UK sees the EU's added value in specific areas of health, and where action is considered to be best left to member states;
- **communicate this vision** proactively with the EU institutions and other member states, working to influence the EU agenda on health at a strategic level;
- **engage effectively with MEPs** in order to promote understanding of the UK Government position in the European Parliament;³²
- **expand our 'EU-proofing'** of UK public health and health system management policies and practice, in order to reduce the risk of challenge through the ECJ; and
- **engage proactively** in collaborative/co-operative work in areas where there is EU added value, in order to 'ward off' the need for legally binding measures.

Where we are involved in negotiating legislation that affects health policy, we should also be adaptable. This means:

- **acknowledging** that, in some areas where there is true EU added value, legislative measures are appropriate – in order to be seen as a credible negotiator in Brussels, DH needs to be seen as constructive and adaptable; and
- **recognising** that we will not always get EU legislation that is 'perfect' for the UK. Instead, we should seek to balance the 'must have' EU solutions with action at a purely domestic level in order to adapt to the requirements of EU legislation.

Before negotiating EU legislation in Brussels, there is a formal process for agreeing a UK position. This is done by taking account of other government departments, the views of the devolved administrations and the views of the UK Parliament's two scrutiny

³¹ See www.europarl.eu.int for further information and details on administrative arrangements and current issues.

³² For further details about the European Parliament and the work of MEPs, see: www.europarl.europa.eu/. The best way of working with MEPs on emerging legislation, or on other issues, is best discussed early with International Division. MEP briefings should be cleared with the FCO representative in Brussels and International Division.

committees.³³ When EU legislation is agreed, the UK must fully implement it in domestic legislation. If this is not done, the UK risks legal proceedings against it from the European Commission. Further information on these procedures can be found on the Cabinet Office website.

The Organisation for Economic Co-operation and Development

The OECD's roots go back to post-war Europe. Today its membership comprises 30 market democracies producing 60% of the world's goods and services. The OECD provides a forum where governments share ideas and develop policies to tackle economic, social and governance challenges of the globalised economy, and it acts as an adviser to member countries. Members use the OECD to compare experiences, seek answers to common problems and work to co-ordinate domestic and international policies. Some of the best known OECD 'products' are its comparative statistical, economic and social data.

The OECD provides a forum where governments share ideas and develop policies to tackle economic, social and governance challenges of the globalised economy.

The OECD works not only with its member states but also with non-OECD economies and other international organisations, as well as business, trade unions and other representatives of civil society.

There are two committees in the OECD's Directorate for Employment, Labour and Social Affairs: the Health Committee and the Employment, Labour and Social Affairs Committee. Both meet twice a year and bring together senior officials from all OECD member countries.

The overarching objective of the Health Committee is to foster improvements in the performance of the health systems of member countries and, where appropriate, non-member countries in the following areas:

- Financial sustainability and efficiency of their health and long-term care systems.
- Provision of high-quality healthcare to all.

The Health Committee, which works closely with WHO, provides a forum for member countries to share experiences and respond to current and emerging health issues and challenges. The Health Committee builds a body of health indicators and data, and undertakes international comparisons and economic analysis of health systems.

³³ The Scrutiny Reserve Resolution means that ministers cannot agree anything in the EU Health Council without scrutiny clearance. International Division co-ordinates our engagement with the European Scrutiny Committee (House of Commons) and the Select Committee on the European Union (House of Lords). Further details can be found at www.cabinet-office.gsi.gov.uk/euro/eurosec14.html

Priority areas of relevance to DH include the following:

- Achieving high-performing health systems:
 - Assessing and comparing the performance of health systems.
 - Assessing options for sustaining financing.
 - Policy analysis and evaluation of effective, efficient and high-quality practices of health systems.
- Monitoring performance of health systems:
 - Developing health system indicators, data and statistics.
 - Developing health accounts.
 - Developing healthcare quality indicators.
- Modernising social care systems to meet demographic challenges.
- Rights and responsibilities in social care.
- Developing social indicators.
- Population ageing.

Key studies and publications which can be found on the OECD website³⁴ include the following:

- *The OECD Health Project – Towards High-Performing Health Systems* (analytical studies on improving health system performance, pharmaceutical pricing and other key policy challenges).
- Health data and indicators:
 - *Health at a Glance* (a biennial analysis of comparative data and trends in health, healthcare, health expenditure and financing, and the quality of care in OECD countries).
 - *OECD Health Data* (an annual database, available online, that presents the most comprehensive source of comparative statistics on health and healthcare systems of the OECD economies).
- *A System of Health Accounts* (a collection of health account data for public and private sector analysts and policy makers).
- A range of free online health working papers, technical documents and country-based reviews of health systems in selected countries.

The OECD is currently developing a set of indicators to assess the quality of care in areas such as patient safety and mental health across countries.

³⁴ See www.oecd.org/department/0,3355,en_2649_33929_1_1_1_1_1,00.html

The Working Party on Biotechnology provides a forum among countries to address the impacts of biotechnological innovations on human health and to consider relevant policy initiatives.

The Commonwealth of Nations³⁵

The health ministers of the Commonwealth countries meet annually to discuss matters of mutual interest. This represents an opportunity for the sharing of learning and best practice, especially around Commonwealth priority areas of health workforce, non-communicable disease and maternal and newborn health.

The Commonwealth is an association of 53 independent states consulting and co-operating in the common interests of their peoples and in the promotion of international understanding. It bears no resemblance to the Empire of the past – it is an association built on ‘the highest qualities of the spirit of man: friendship, loyalty, and the desire for freedom and peace’.³⁶

The association does not have a written constitution, but does have a series of agreements setting out its beliefs and objectives. These declarations or statements are issued at biennial Heads of Government Meetings and other ministers’ meetings.³⁷ Commonwealth health ministers meet annually in Geneva, on the eve of the WHA, to agree on Commonwealth health priorities.³⁸ A DH minister or senior official leads the UK delegation.

The London-based Commonwealth Secretariat, established in 1965, is the main intergovernmental agency of the Commonwealth and facilitates consultation and co-operation among member governments and countries.

The secretariat has a small health section, part of the Social Transformation Division, with the goal of strengthening the health systems of Commonwealth countries and building their capacity to address HIV/AIDS, maternal and infant mortality, and human resources in health. It collaborates with governments, international organisations, civil society, the private sector and other stakeholders to implement projects which recognise that healthy individuals are central to social and economic development. Its areas of work include:

- strengthening the capacity of member countries to improve health systems and mechanisms for managing the migration of health workers;

The Commonwealth bears no resemblance to the Empire of the past – it is an association built on ‘the highest qualities of the spirit of man: friendship, loyalty, and the desire for freedom and peace’.

³⁵ Also known as the Commonwealth or the British Commonwealth.

³⁶ www.thecommonwealth.org/Internal/34493/150757/head_of_the_commonwealth/

³⁷ The 2007 Heads of Government Meeting was held in Uganda. Trinidad and Tobago will host in 2009, and Sri Lanka in 2011.

³⁸ Recent Commonwealth Health Ministers Meetings have covered themes such as Human Resources for Health (2006), Lifestyle Diseases: Health Systems Approaches (2007) and e-health (2008). As the largest intergovernmental grouping within the WHA, Commonwealth health ministers have the potential to make a substantial contribution to defining and shaping global health priorities.

- developing partnerships and networks for the development and promotion of health activities;
- developing strategies for the reduction of maternal and child mortality, and scaling up maternal death audits; and
- helping member countries to adopt a multi-sectoral, gender-sensitive and rights-based approach to HIV/AIDS.

The secretariat has recently been:

- taking forward the Commonwealth Code of Practice³⁹ and developing strategies and policies to address the global shortage of health workers;
- working with WHO and UK parliamentarians to bring together Commonwealth women parliamentarians to discuss maternal healthcare; and
- bringing together leading nutritionists in the Commonwealth to address the causes of malnutrition and identify ways of improving child health.

The Commonwealth Foundation, established in 1965, is an intergovernmental organisation, resourced by and reporting to Commonwealth governments. Its mandate is to strengthen civil society alongside the aim of achieving Commonwealth priorities.

The Council's health programme centres on issues with ethical/human rights elements, such as blood, transplants, disability and health worker migration.

The Council of Europe

Founded in 1949, the Council of Europe has 47 members. It seeks to develop, throughout Europe, common and democratic principles based on the European Convention on Human Rights and other reference texts on the protection of individuals. Its health programme centres on issues with ethical/human rights elements, such as blood, transplants, disability and health worker migration. The UK wants to see a focused Council of Europe that avoids duplicating activity with the EU and WHO.

The main components of the Council of Europe are as follows:

- The Committee of Ministers – the organisation's decision-making body, which is composed of the 47 foreign ministers or their Strasbourg-based deputies (ambassadors/permanent representatives).
- The Parliamentary Assembly – the driving force for European co-operation, grouping 636 members (318 representatives and 318 substitutes) from the 47 national parliaments.

³⁹ See www.thecommonwealth.org/internal/190698/190861/project_examples/

- The Congress of Local and Regional Authorities – the voice of Europe's regions and municipalities, which is composed of a Chamber of Local Authorities and a Chamber of Regions.
- The 1,800-strong secretariat recruited from member states, headed by a Secretary General and elected by the Parliamentary Assembly.
- The European Court of Human Rights – set up in 1959, an international court with jurisdiction to rule, through binding judgments, on individual and inter-state applications which allege violations of the Convention.

Working with the Council of Europe

FCO has overall responsibility for DH's relationship with the Council of Europe. The Department of Health, through International Division, represents the UK on two of the Council of Europe's intergovernmental committees. These are the CDSP (European Health Committee) which meets annually, and the CDBI (Steering Committee on Bioethics) which meets twice a year. Activities focus on patients' rights, protection, promoting the patient voice for groups, recent migrants and children. In addition, these committees address the ethical aspects of the development and assessment of healthcare.

The UK is also a member of the European Directorate for the Quality of Medicines and Healthcare, which undertakes work on standard setting, particularly on blood and tissues. Additionally, it has responsibility for maintaining the European Pharmacopoeia.⁴⁰

G8, G20 and other groups

The G8 is an informal grouping of eight industrialised nations (the UK, France, Germany, Italy, the US, Canada, Japan and Russia) and the EU. Its priorities are set by the country holding the rotating Presidency. Recent health priorities have focused on development (HIV and the Millennium Development Goals (see key definitions on page 2)) rather than domestic health – although control of infectious disease was an issue during the Russian Presidency in 2006. Italy assumed the Presidency at the start of 2009 and the UK is next scheduled to hold it in 2013.⁴¹

Recent concern that the G8 is not representative has led to pressure for the creation of a 'G13' – admitting India, Brazil, China, Mexico and South Africa. Other informal 'groups' have also been established – notably the G20 and the G77.⁴² Following the September 2009 G20 meeting in the US, the G20 has now replaced the G8 as the main economic council of wealthy nations.

Because the agendas of these groups change over time, the level of DH engagement varies from one year to another.

⁴⁰ The European Pharmacopoeia is a single reference work of 'monographs', or European standards, for the quality control of medicines in Europe. Several legal texts make the European Pharmacopoeia mandatory in member countries. See: www.edqm.eu/en/Homepage-628.html

⁴¹ Canada will host in 2010, France in 2011 and the US in 2012.

⁴² Both of these have a primarily economic focus. The G20 comprises finance ministers and central bankers from the nine members of G8, including the EU, plus Argentina, Australia, Brazil, China, India, Indonesia, Mexico, Saudi Arabia, South Africa, South Korea and Turkey. The G77 (which actually comprises more than 77 countries) is a grouping of developing nations that actively promotes their common interest at the UN.

Global health partnerships and initiatives

Nearly 100 partnerships and initiatives work on global health issues. Three examples that are currently important for DH are the GHSI, the IPAPI and the World Alliance for Patient Safety (see below).

Partnership/initiative	Aims and members
Global Health Security Initiative	<p>The GHSI is an informal, international partnership among like-minded countries. Its intention is to strengthen health preparedness and global responsiveness to threats such as those from biological, chemical, radiological and nuclear terrorism and pandemic influenza.</p> <p>This initiative was launched in November 2001 by Canada, the EU, France, Germany, Italy, Japan, Mexico, the UK and the US. WHO serves as an expert adviser to the GHSI. The GHSI was envisaged as an informal group for like-minded countries to address health issues of the day, such as global health security. The initiative was not intended to replace, overlap or duplicate existing forums or networks.</p> <p>www.ghsi.ca/english/index.asp</p>

Partnership/initiative	Aims and members
<p>International Partnership on Avian and Pandemic Influenza</p>	<p>The IPAPI was launched in September 2005 in New York. Its goals are to improve global readiness for a pandemic by:</p> <ul style="list-style-type: none"> • elevating the issue on national agendas; • co-ordinating efforts among donor and affected nations; • mobilising and leveraging resources; • increasing transparency in disease reporting and surveillance; and • building capacity to identify, contain and respond to a pandemic influenza. <p>Membership includes the UK, the US, Canada, Australia, Japan, the EC and the EU Presidency.</p> <p>www.hhs.gov/pandemicflu/plan/pdf/AppH.pdf</p>

Partnership/initiative	Aims and members
<p>World Alliance for Patient Safety</p>	<p>The World Alliance for Patient Safety was launched by the Director-General of WHO in October 2004. It aims to co-ordinate, disseminate and accelerate improvements in patient safety worldwide. It also provides a vehicle for international collaboration and action between member states, WHO's Secretariat, technical experts, and consumers, as well as professionals and industry groups. It is chaired by England's Chief Medical Officer.</p> <p>www.who.int/patientsafety/en/</p>

Annex 2: Ways of working with multilateral, bilateral and other partners



Working with multilateral agencies

When working with multilateral agencies, our approach is to make sure that the work being undertaken:

- is in keeping with an organisation's mandate;
- adds value to what others are doing;
- is effectively resourced; and
- is effectively monitored and evaluated.

When developing policies, we look for an approach that lines up with our domestic policy, but we recognise that we need to balance this with the needs of other member states. Sometimes there are trade-offs to be made in international negotiations and so it is important that the UK has a bottom line when entering into such discussions.

In general, International Division leads the Department of Health's strategic engagement with WHO, the EU and other multilateral agencies. This includes key strategic events, such as: the EU Council of Health Ministers, the annual WHA and biannual Executive Board, and the annual regional committee meetings. International Division is committed to developing institutional strategies for the way we work with key multilateral agencies. With this in mind, FCO, DFID and DH have published a joint strategy for the way the UK works with WHO. FCO, DFID and DH meet quarterly to take WHO business forward and these government departments meet with non-government stakeholders twice a year.

Day-to-day institutional dealings with the EU, WHO and other UN agencies are handled by the FCO representative in Brussels, the UK Mission to the UN in Geneva, and the UK Mission to the United Nations in New York.⁴³ International Division has close contact with all of them. General policy, financing and governance issues for UN agencies and the EU that require input from DH come to International Division. Policy teams work at a technical level on specific areas of policy and programming, with International Division providing support.

DH support to global health issues being implemented by the G7, G8 and G20 forums is led by International Division – with inputs on specific policy areas provided by a range of divisions and branches across DH.

The majority of global health initiatives and partnerships focus on specific policy areas – for example, health security, pandemic influenza planning, human resources for health, maternal and newborn health, patient safety, HIV, tuberculosis and malaria control. Individual policy divisions and branches lead this activity – often working closely with other government departments – both in terms of our overall policy but also preparing for key meetings. International Division provides support on strategic issues relating to institutional

⁴³ See www.ukrep.be/; <http://ukungeneva.fco.gov.uk/en/>; <http://ukun.fco.gov.uk/en/>

effectiveness, financing, governance, monitoring and evaluation, and general principles of engagement.

EU–WHO joint working

The way health is managed between the EU and WHO is complex and so, if member states are to make the most of the relationship between the two organisations, it is important to establish clarity about where agencies complement one another and add value. Those leading on the development of policy in DH should therefore work with International Division to identify how to work best in both organisations.

A specific example of joint working is EU co-ordination at WHO meetings. The EU does not have 'competence' (that is an overall European policy responsibility) on most human health matters, therefore countries are free to take their own positions. However, it is seen to be both more 'European' and more effective if EU countries share common principles in negotiations. So, an EU co-ordination of these top line priorities form an important component of key WHO meetings. In essence, this means that the Presidency⁴⁴ co-ordinates a position among EU member states and then delivers that to WHO on behalf of EU members.

At present, member states are free to intervene nationally on items where there is no co-ordinated Presidency position. But they are also free to intervene in support of Presidency positions, and to expand on those positions from a national perspective. In essence, member states can make the points they wish in these national interventions, provided they do not contradict EU lines and that they are clear that they are speaking in support of the Presidency.

Effective working in fast-moving negotiations means that EU positions are most effective when:

- Presidencies focus on a small number of key areas in which to co-ordinate positions;
- these positions are co-ordinated well in advance in Geneva, but are in line with relevant positions agreed in Brussels;
- Presidency positions are high level and strategic;
- member states are generally able to describe their positions in more detail after the Presidency has spoken; and
- in complex negotiations, member states give the Presidency a clear remit on which to negotiate.

⁴⁴ EU member states hold the Presidency of the European Council in rotation for six months. It was held by the Czech Republic for the first six months of 2009 and Sweden is the President for the second six months. Future Presidencies are Spain (January–June 2010), Belgium (July–December 2010) and Hungary (January–June 2011). The UK held the Presidency in 2005 and is not scheduled to do so again until 2017.

Briefing

Multilateral meetings can be complex, and effective briefing is crucial. For what needs to be considered when briefing for multilaterals, see Annex 3.

Working bilaterally

Improved information technology makes it easier than ever to work on policy and programming with colleagues in other countries. While face-to-face meetings are sometimes essential, email, telephone and video conferencing allow effective and efficient communication between colleagues in different parts of the world, and they are often cost-effective in planning for large political or technical events.

As with multilateral events, identifying objectives and the most effective ways of participating for political and technical meetings on specific areas of policy (including agreeing ministerial and official attendance) are best managed by the policy group dealing with that area. Again, this includes working with private offices to ensure that the necessary logistics are in place. International Division should be consulted if there are opportunities for high-level bilateral meetings.

Visits and missions

Department of Health staff spend significant amounts of time hosting visits from foreign delegations (inward missions). We also increasingly conduct visits overseas (outward missions) to inform policy and practice at home. When used effectively (with clear objectives and meeting the right people), visits from and to other countries improve the way policy and strategy are developed and help build relationships.

Inward visits require substantial preparation if they are to be productive, and senior managers should be convinced that there is a clear business case underpinning them. Because of the complexity of preparing these events, DH is not usually in a position to host or support inward visits with less than six weeks' notice. International Division increasingly encourages overseas embassies and high commissions based in the UK to lead on the organisation and logistics of these visits.

International Division's role is to advise ministers and senior management on high-level international inward visits, lead on visits from high-level delegations that we have bilateral agreements with, act as a focal point for inputs from other government departments, or visits that relate to the work of DH International.

Priority goes to:

- ministerial visits;
- visits from countries where the DH has the strongest bilateral links (for example, counterparts in the EU, India, China, Brazil and the US); and
- visits where two-way exchange or a clear benefit to DH can be demonstrated.

Individual policy divisions should be the ones to decide whether they are able to host international visitors, in order to discuss specific areas and provide the necessary logistical support. While policy teams try to accommodate requests as far as possible, this will need to be balanced against other demands on team time.

Overseas travel for DH should be clearly linked to business plans. Clear objectives with measurable indicators of success should be identified at the outset. A decision to attend a conference abroad should be based on quality, usefulness, strategic interest in maintaining a strong relationship, contribution to policy area, affordability in terms of cost, time and commitment and priority in terms of work or development. Back-to-office reports (see Annex 3) should be completed and shared with relevant colleagues. Individual policy leads should take responsibility for these visits. Delegations for foreign visits should be kept as small as possible. International Division is usually involved when overseas visits involve ministers or senior management. It is best to share plans for these visits with International Division for advice on broader issues and relevant political context.

Memoranda of Understanding

It is no longer standard practice to sign Memoranda of Understanding (MOUs), co-operation agreements and letters of agreement with countries DH wants to work with. They are not required by DH, and we try to discourage countries from entering into them with us – we can usually conduct business without them. International Division should advise on whether a formal agreement or MOU is necessary.

Occasionally, an agreement is required if it helps to articulate our strategic engagement among our larger bilateral partners (China, India and Brazil, for instance) or where agreements are needed:

- to define issues that have quasi-legal implications (such as trade in health services or health worker migration);
- because they are helpful in driving forward the UK Government's foreign or international development policy;
- because we are sure that the country in question cannot work without it; or
- to ensure the scope of activities is understood on both sides.

In most cases we no longer sign MOUs and co-operation agreements with other countries – we can usually conduct business without them.

DH currently has, or is developing, agreements with the following countries in support of its strategic relationship:⁴⁵

India

In 2008, the UK government and the government of India agreed to establish a ministerial health dialogue, between the Indian Ministry of Health and DH, to take forward areas of mutual interest. As part of this, we have seconded a public health consultant to head up the Indian Institute of Public Health in Hyderabad. Further areas of collaboration are likely to include: health security, sustainable development, achievement of the Millennium Development Goals, and support to trade and investment, research and innovation.

China

DH has a close relationship with its Chinese counterparts through the Partners in Health Innovation project, an umbrella for co-operation in a number of health fields. In 2008 we agreed to support and collaborate on two additional projects – a primary care pilot scheme and transplantation development.

Brazil

The UK and Brazil concluded a Year of Health Co-operation in 2009. Priority areas agreed by ministers included: primary care, public–private partnerships and stem cell research. A recent visit from the Brazilian minister of health will result in our continued collaboration over the next few years.

South Africa

DH's MOU with South Africa, 2003–08, was renewed in 2008 for a further five years. Negotiations leading to the signing of the original MOU played a significant role in allaying concerns about active recruitment of South African health professionals by the UK (although this issue is not directly mentioned in the agreement, which centres on the exchange of knowledge and expertise). South Africa is emerging as an influential voice on global health issues and we are now keen to broaden and deepen our relationship with them.

DH will also seek to engage with the new US administration to see where and how we might usefully co-operate. We expect there to be substantial interest in such areas as the quality of care agenda, including the Next Stage Review outcomes, the work on system improvement, health inequalities, health security and the wider global health agenda.

Improving the health of people in the world's poorest countries is a government-wide objective.⁴⁶ This means DH also works, usually through DFID, with the countries prioritised under the Public Service Agreement on reducing poverty to achieve the Millennium Development Goals.⁴⁷ *Health is Global* sets out our work on this in more detail.

⁴⁵ We also have agreements with Iraq, Libya and Syria.

⁴⁶ DFID, Public Service Agreement 29. See www.dfid.gov.uk/About-DFID/Finance-and-performance/Public-Service-Agreement/

⁴⁷ As well as monitoring progress in reducing poverty globally, DFID focuses on the 22 countries where it can make the most impact.

This is based on: the numbers of poor people; the size of the UK bilateral programme; the impact of a wider set of multilateral and bilateral programmes and policies; and the overall influence of the UK on policy development. The countries are: Democratic Republic of Congo, Ethiopia, Ghana, Kenya, Malawi, Mozambique, Sierra Leone, Nigeria, Rwanda, Sudan, Tanzania, Uganda, Zambia, Zimbabwe in Africa; and Afghanistan, Bangladesh, Cambodia, India, Nepal, Pakistan, Vietnam and Yemen in Asia.

Working with non-government partners

To achieve our objectives, and make progress on priority areas, we need to work strategically with a range of stakeholders outside DH. There is considerable expertise and experience in the field of EU and global health within the NHS and arm's-length bodies, the private sector, industry and civil society – both in academic and non-governmental agencies. It is important to work strategically with these partners in developing policy and implementing strategy on EU and wider international issues.

International Division will continue to work on developing a stronger and more strategic network to assist in developing policy and strategy – particularly in the build up to key international events, such as those run by WHO and the EU.

We will also continue to consult as appropriate on specific issues that are being examined in these forums, such as: workforce issues, how to reduce alcohol misuse, frameworks for intellectual property rights and global public health goods.

Foundations and other independent agencies can provide valuable opportunities for policy debate. The Commonwealth Fund has, for example, provided a forum for ministers from a number of countries to discuss policy and strategy in the area of health systems. The new Global Health and Foreign Policy Programme at Chatham House (the Royal Institute of Foreign Affairs in London), which we are funding through the Global Health Strategy, will become an important resource for helping us think through the relationship between domestic and global health priorities, and their link with wider government objectives.

The 'On-call' Facility for International Healthcare Comparisons provides concise information to inform health policy developments in England.

The Department of Health funds the 'On-call' Facility for International Healthcare Comparisons. This brings together experts from 13 countries and provides timely, targeted, relevant and concise information on a range of health policy themes from Europe, Canada, Australia and New Zealand to inform health policy developments in England.⁴⁸ The European Observatory on Health Systems and Policies supports and promotes evidence-based health policy-making through comprehensive and rigorous analysis of the dynamics of healthcare systems in Europe.⁴⁹ Their publications and meetings are important tools for DH staff. The equality and human rights group of the Pacesetters International Faculty captures leading-edge thinking from experts worldwide. One of the key roles of the Faculty is to identify innovative solutions in other countries that are having a positive effect on intractable problems in health inequalities.⁵⁰

UK Higher Education Institutions make major contributions to education and research internationally. There are opportunities to build on our strategic engagement with these institutions and their links with the NHS, arm-length bodies and their counterparts in low- and middle-income countries. Doing this will enhance the quality of both domestic and international health policy and practice.

⁴⁸ This is based at the London School of Hygiene and Tropical Medicine – further details can be found at www.lshtm.ac.uk/ihc/index.html

⁴⁹ See www.euro.who.int/observatory

⁵⁰ See www.dh.gov.uk/en/Managingyourorganisation/Equalityandhumanrights/Pacesettersprogramme/DH_088072

Annex 3: Briefing for international meetings and back-to-office reports



Briefing for international meetings

The key to successful international activity is effective preparation and feedback. This means there needs to be good, early communication between all those involved – in defining objectives and ensuring clear roles and responsibilities.

Value-for-money considerations mean that, while we are keen to involve policy-makers in international work, we also need to keep delegations to international meetings small. So it is all the more important that those who do attend are well briefed to cover a range of subjects.

Briefing for international meetings does not need to be lengthy. Nor will the following considerations be relevant in all cases, but they form a helpful starter.

When drafting the briefing for a proposal under discussion, you should consider:

- What impact would the proposal have on DH policy? Would it help or hinder delivery of DH objectives? What effect would it have on broader Government objectives in your area?
- The status of the item under discussion, which will influence DH's approach to it. International Division can advise on this.⁵¹
- Whether the proposal provides an opportunity to promote UK activity and links well into ministerial priorities. This should be concise, because other countries have a limited interest in the detail of our activities. But in areas where the UK has a leadership role, such as patient safety or climate change, international meetings can be a useful platform for making progress on an important issue.
- Whether the proposal commits DH to action and, if so, whether this fits with its business planning and provides good value for money.

Your briefing should then make clear:

- What our preferred position/outcome is. Are there particular things we want to achieve from a meeting or agenda item, or are there particular parts of a resolution or report we want to be adopted? Something we want may be in the text at the start of negotiations, only to be removed during discussion. So, if a line needs to be defended, this should be covered in the briefing.
- Which countries are likely to support this position and which ones are likely to oppose it. This will enable us to build support for our position in the margins of the meeting or even, using FCO embassies and our own contacts, in advance. International Division can advise further on this.

⁵¹ EU directives are legally binding and their language will require legal scrutiny, as with domestic legislation. WHO resolutions are politically, rather than legally, binding and so language is often interpreted more loosely. If you are asked to comment on a report, rather than a resolution or European Directive, there may be no immediate repercussions for the UK – although we still have a responsibility to ensure accuracy and quality.

- What our bottom line is – what we could not accept under any circumstances. It is important to distinguish clearly between what we would like and what we need to insist on. WHA resolutions, to take one example, are adopted by consensus of 193 states – so some compromise is needed! However, we do have 'red lines' that are non-negotiable. For instance, discussions in international organisations sometimes assume a 'one size fits all' approach to models of health financing and delivery. The UK can only accept proposals that are compatible with the way the NHS works. Red lines like this should be made absolutely clearly.

Finally, international negotiations often hinge on the detailed drafting of a text. Wherever possible, your briefing should highlight the words that may be problematic and suggest alternative drafting.

Back-to-office reports

'Back-to-office' reports are an important way of sharing outcomes, plans or options for future work, and are critical for maintaining an 'institutional memory'. We therefore encourage staff to report back as soon as possible after an international event.

A suggested template for back-to-office reports is provided below:

EVENT:

NAME(S) OF DH STAFF ATTENDING:

DATE(S) OF MEETING/EVENT:

KEY STAKEHOLDERS PARTICIPATING:

OBJECTIVES:

OUTCOMES:

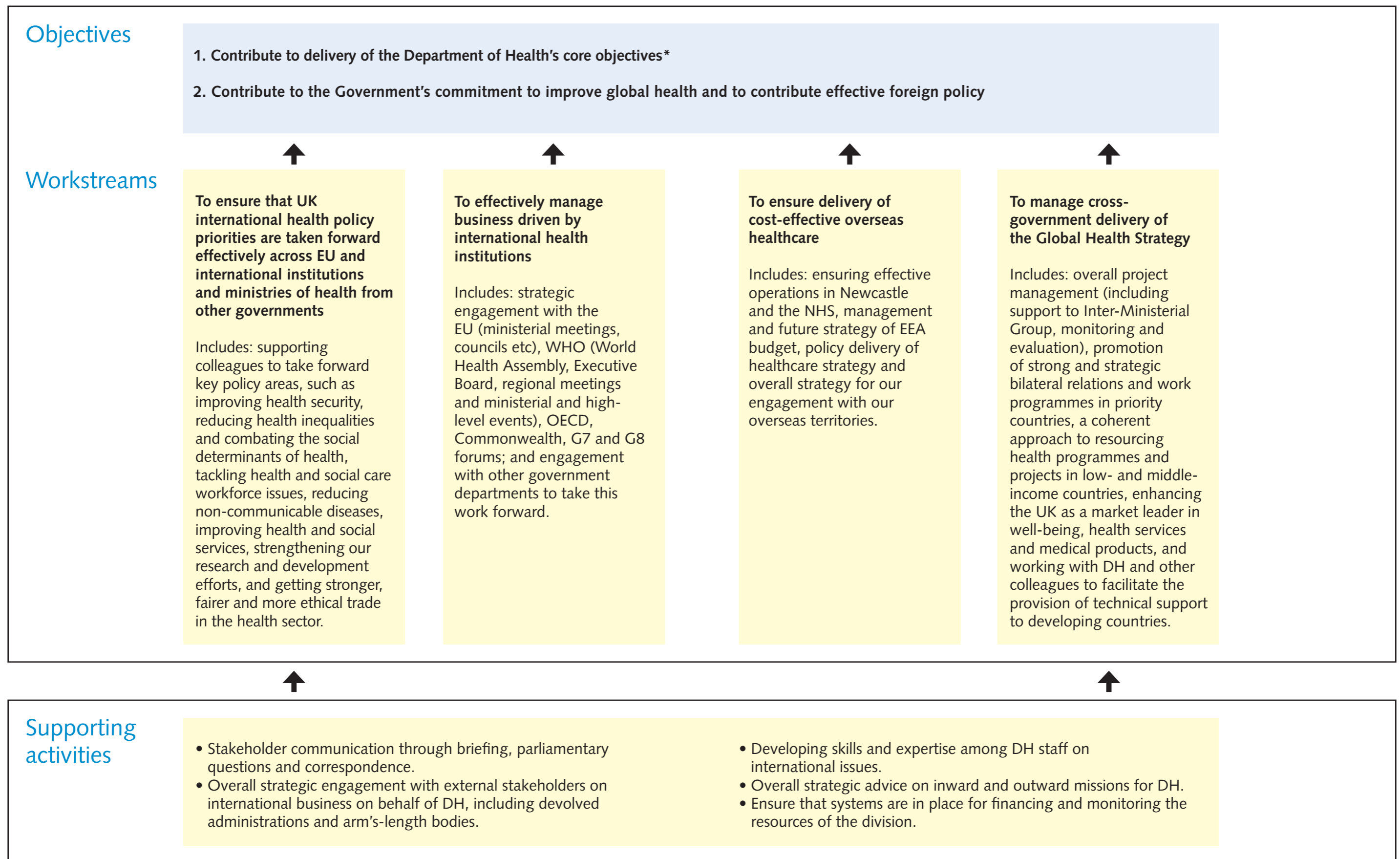
ACTIONS FOR FOLLOW UP:

REPORT ISSUED BY:

DATE REPORT ISSUED:

Annex 4: Activities and workstreams for the Department of Health's International Division





* (i) To promote better health and well-being for the population of England;
(ii) to ensure better care for the people of England; and (iii) to make sure that our activities provide value for all.

Abbreviations

BIS	Department for Business, Innovation and Skills
Defra	Department for Environment, Food and Rural Affairs
DFID	Department for International Development
DH	Department of Health
ECJ	European Court of Justice
EEA	European Economic Area
EU	European Union
FCO	Foreign and Commonwealth Office
G7	Group of Seven Industrialised Countries (Canada, France, Germany, Italy, Japan, UK, US)
G8	Group of Eight Industrialised Countries (as above plus Russia)
G20	A forum consisting of 20 of the world's largest economies. It comprises 85% of global gross national product.
GHSI	Global Health Security Initiative
IPAPI	International Partnership on Avian and Pandemic Influenza
MEP	Member of the European Parliament
MoD	Ministry of Defence
MOU	Memorandum of Understanding
NGO	Non-governmental organisation
NHS	National Health Service
OECD	Organisation for Economic Co-operation and Development
UKTI	UK Trade and Investment
UN	United Nations
WHA	World Health Assembly
WHO	World Health Organization

Notes

Notes



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