BRITAIN IN THE WORLD: HEALTH

ST GEORGE'S HOUSE, WINDSOR CASTLE

BRITAIN IN THE WORLD: HEALTH

Monday 14th to Tuesday 15th January 2013

In its cost, complexity, and intimate relevance to each individual on earth, the topic of health involves some of the largest challenges facing the UK. By discussing specifically British health*care* issues in an international context, we identified areas where we believe practical steps could and should be taken to help consolidate and augment Britain's role in world health.

We agree, first, that Britain has a significant role to play, and that contributing to better global health is not merely a charitable endeavour. Considerable benefits can accrue to the UK economy alongside soft power and goodwill abroad. It is a two-way street.

The UK is strong in the sciences, generally; health education and training; research and development (including drug assessments); data collection and evaluation; public health and prevention; entrepreneurship; collaborative skills; and, not least, the commitment and motivation to improve global healthcare. For all that we frequently criticise the UK's NHS, around the world it remains the best-known and most-widely admired state provider of health services.

We see several areas that will influence health in the future:

- 'health environment': food and water availability, climate change, population, conflict, education, shelter, income, among others
- degree of responsibility individuals are willing and able to take for their own health
- available information
- convergences and partnerships
- higher education and research
- healthcare systems
- private sector and business models in relation to altruistic agenda

The first two are very important, but extend in many ways beyond our direct influence. The latter five offer both opportunities and challenges for the UK over the next few years.

Available information

It is daunting to consider the number of skilled health workers needed to look after nine billion people. Better-informed individuals throughout society make a positive health difference, but the effectiveness of health information depends on its availability and quality – not only whether it reflects known good science, but also whether it is presented in a way to interest and engage the target audience.

Could universal smartphone ownership become a health boon? Perhaps an explosion of health-related apps and online resources will help to 'granulate' good information into solutions at all levels of health: members of the public, students and practising health professionals. Already, sufferers of CVD and diabetes in some

developing-world communities manage their health using a networked device that offers information, advice and reminders. Smartphones facilitate remote diagnosis of, for example, dermatological conditions, using a photo sent to one's GP. A tailored, automated drug-dose system can reliably regulate a patient's medication while freeing a doctor's time. For individuals interested in maintaining or bettering their health, online devices can provide mobile references and updates, diet and exercise tracking, games, supportive communities and other ways to motivate positive personal action.

Problems include difficulties in regulating the quality of available information, presenting material appropriately and engagingly for different audiences, and obtaining and measuring the right feedback to evaluate what works. Cultural differences in attitudes towards bodies and health may also affect outcomes. If people are to manage their health with the help of an app or automated system, they nonetheless need confidence that they are doing the right thing at each moment. In many societies, this confidence is still usually expected to be conferred in person by a qualified health professional. But crowd-sourced knowledge and wikis are highly available and influential in developed-world society; some bad information is inevitable but it may be best to move *with* the general flow in order to help direct health topics rather than aiming to regulate all of it.

The UK could contribute extensively to the development of digital platforms for health education, through collaboration and partnership, technological know-how, educational skills and existing healthcare research, resources and good practice.

Partnerships

Healthcare affects and is affected by a number of development issues and cannot be considered by itself but rather in relation to other disciplines which suggests that partnerships are the natural (perhaps only) way forward for Britain in the world of health. Many countries are currently expanding their economies and growing their health and education sectors, and looking for a diversity of science to tap into. India, Brazil, Nigeria, China, and Indonesia, among others, have different mindsets and problems to solve than those of developed Europe and America. At the same time, long experience of work overseas with universities and hospitals, and its culturally distinctive 'quirkiness', ability to work in teams, and research openness create leadership opportunities for the UK, or a role as an enabler or broker of health-related opportunities.

Effective partnerships are hard to achieve, requiring serious commitment to outcomes, good trust relationships, sustained funding, and a willingness to share excellence. Good working models exist: the influential Public Health Foundation of India UK Consortium involves sixteen UK universities; Kings College London has long-standing partnerships into Somaliland; the Wellcome Trust African Institutions Initiative has developed seven partnered consortia; etc.

Such partnerships offer a multi-layered return to the UK. Variety of experience abroad can be invaluable in training resourceful, economical, efficient staff who then solve problems innovatively at home. Strong professional relationships across borders can be politically influential. Business opportunities abound so long as the business function transparently overlaps with altruistic goals of healthcare including equity of access. Granted, Britain herself could get better at making good healthcare pay but, looking ahead, the economic benefits of helping others towards better healthcare extend far beyond immediate cash return.

So far as developing countries' desire to improve healthcare are concerned, we believe 'push'-only approaches from the UK will be ineffective. Britain needs to identify areas of 'pull' that it could help supply. Two areas we think show a promising overlap between our 'push' and others' 'pull' are educational and training needs, and capacity-building.

Higher education and research

If our HE does not serve international health needs, other nations will, and reap the benefits. The UK needs a strategic vision for the place of its higher-education system in delivering global healthcare resources and skills, and investment in higher education abroad must be an explicit part of the UK's development agenda. While primary and secondary schooling have been the focus, developing countries now very much need tertiary education, and agencies such as DFID must acknowledge this and seek ways to help other governments to support their own universities.

Immigration will remain a contentious issue with a direct impact in this area. To what extent is Britain 'open for business'? Student numbers are relatively easy to control, and would offer an attractive target for current immigration-reduction efforts, but isn't a reduction in our influence on future leaders a false economy in the medium-to-long term? It is essential to sustain and enlarge the historic position of the UK in higher education, and the goodwill (significant for foreign policy), influence (future leaders trained) and reciprocal benefit (shared research) which it delivers. It is short-sighted to adopt any immigration policy which limits appropriate students.

Perhaps there is a new opportunity for the UK to leverage its existing skills and resources in digital platforms and the higher-education sector through massive online open courses (MOOCs). These could offer scalable models for, e.g., supply of course materials, examination, demonstration, tutoring and mentoring of healthcare around the world.

Some educational activities must be scaled up to reach hundreds of thousands, but not all. Support for overseas institutions to build skills in higher education will include 'training the trainers', mentoring with personal example and contact, and a range of visits overseas , from short-term intensive training, for example, in specific, life-saving tasks, to repeated incremental visits to build up skills or a particular service, or even longer-term residencies. Partnerships, responsive to an overseas institutions wishes and goals, and based on a formal memorandum of understanding, are an effective base for a range of different methods. But these partnerships must be in harmony with UK career patterns.

Getting research right is important. Solutions often come from unpredicted quarters, and it is not easy to balance funding to projects that currently seem desirable with maintaining 'biodiversity' of research. Funders might wish to positively direct outcomes by shifting funding towards projects that demand (for example) partnerships and a multidisciplinary approach; but, realistically, unless secure funding is available from early on, the pressures of postdoctoral life discourage young researchers from taking up high-risk, high-attrition-rate projects even if the potential rewards are great. There is a tension in support for research because UK collaborators need to be engaged in work which is seen to be scientifically strong internationally, whereas in some overseas institutions seed corn funding for research in which a young, keen research worker is given limited support to prove commitment and ability would be a most fruitful, though initially speculative, means to develop skills.

Healthcare systems

Healthcare needs may be changing globally, but old adversaries such as smallpox, tuberculosis, cholera, bubonic plague and hypertension etc have not gone away. Areas in global healthcare systems that must be strengthened include surveillance, prediction of health events, and containment of disease. At the same time, the UK population among others is getting older, placing heavier continuous demands on our national health service and pushing it (further) towards functioning only as a 'national sickness service'.

We have considerable achievements to share from UK national healthcare, including good hospital management for, e.g., infection control; primary-care organisation; and development of good policy and practice. But we have poorer results in (for example) integrating primary with secondary and tertiary care; we are perhaps over-involved in our failings; and, meanwhile, we have not effectively marketed our strengths abroad.

International versions of the NHS have been tried out, including NHS Global (closely partnered by UK Trade and Investment) and, lately, UK Healthcare. We think more work is needed here for rural and urban pilot projects to deliver healthcare in areas of low-skilled workforces, with the idea that workable models and new best practice could very probably be reimported into the UK to help us achieve our own desired improvements.

To do so, we would need to find ways to ensure sound integration and security of the necessarily very large (cross-border?) health data systems. It might seem best first to solve what is unsatisfactory about the NHS and only then export or advise upon healthcare systems in other countries. However, even if it were possible to create an NHS that could continually and promptly meet all new demands made upon it, the time taken to do so would waste the use that could be made meanwhile of viable and helpful existing resources – for example, the rich data sets sourced from NHS systems – and would also miss opportunities to achieve future improvements at home by helping develop systems in other settings.

Business models

Today, corporate responsibility programmes are often required to be separated from profitable activity. We feel that private corporations can and must help to improve global health. If CSR and business can be linked, when profit can be shown not to be the chief motive, it could help companies to pursue a greater number of enlightened-self-interested projects.

In the private sector, collaboration with communities can work very well (whereas telling people what to do in a paternalist way generally does not). Communities of individuals can be enabled and encouraged to take charge and take responsibility for their own physical condition, well-being, education and public health, but it requires detailed knowledge of the community and a nuanced approach, amounting to good public relations – thinking in terms of getting the right results for people, rather than 'who and what we stand for'.

Important considerations in developing partnerships into the private sector include: building good trust relationships with government and academic bodies; finding and using appropriate quantitative and qualitative metrics to track the right health

outcomes; ensuring that altruistic goals and means coincide with sound (even if not exceptional) business returns.

After 2015

Global health issues have no 'quick-fix' answers. Development goals to be set in future must acknowledge health as an increasingly pervasive priority even while the Millennium Development Goals (MDGs) in health are not yet achieved. Certainly it makes no sense to think of health independently of water-, food-, and energy-security, climate change, industrialisation, land use, and growth of the total and urban population, etc. The expertise and experience embedded in British healthcare – public, private, and academic – can contribute positively to the framing and implementation of post-MDGs if we can achieve better integration and more communication between sectors.

We believe that by coordinating the thrust of several MDGs within one broad theme, we can achieve better-integrated practical action during the next two decades than by trying to approach each goal as only itself.

'Urbanisation in the Twenty-First Century'

Urban health involves many aspects of primary care, public health, systems evaluation etc, and challenges such as provision of education, rural food production, energy, transport and economic growth, and infectious disease. It offers excellent opportunities for Higher Education engagement, and clear business opportunities which mesh well with altruistic and CSR objectives as well as the need for economic sustainability and a return to the UK. In the UK, the Foresight project on 'Future Cities' offers interesting consensus on this issue, which could be combined with earlier work by the Tech Strategy Board (among others) to move forward with definite projects.

Concerns from big city to big city are largely similar; indeed, cities worldwide may resemble each other more than city and rural cultures in the same country. Major cities often have internal governance and transport structures enabling them to coordinate and leverage systems and sectors that the larger state finds more difficult to bring together: London's new stroke system is a good example of such a system working well. City-city partnerships are a plausible model for sharing healthcare resources, people and practice.

In short

Health cannot be isolated in strategic terms from the multiple factors encompassed within the MDGs and global challenges. It offers many opportunities in which the UK can be a serious partner, enabling reciprocal social, professional and economic benefits both ways. We should:

- leverage our **basic science strengths**;
- offer support for **training and education** of healthcare professionals abroad;
- promote UK-based training widely for appropriate students
- supply UK expertise in **evaluation and data systems** and **public health** to inform global healthcare systems;
- help the **private sector** to align business goals with positive health outcomes;
- develop, sustain and monitor the dynamics of **long-term partnerships**

To lead effectively, Britain must avoid imposing structures that 'push' existing solutions, and exert courage to allow ideas to permeate up.

From the point of view of promoting Britain's role in world health as a key development issue, it makes sense that DFID could convene or facilitate conversations between public and private sectors at home and abroad, and help to engage cities, government entities and businesses abroad. It should be possible to do so without endangering DFID's independence from profit-making.

PARTICIPANTS

Name	Organisation	Title
Dr Richard Barker	Oxford-UCL Centre for the Advancement of Sustainable Medical Innovation (CASMI)	Director
Professor Sir Leszek Borysiewicz	University of Cambridge	Vice-Chancellor
Dr David Coates	Growth Agenda	Management Consultant
Professor Sir Brian Greenwood	London School of Tropical Medicine & Hygiene	Professor of Tropical Medicine
Professor Sir Andy Haines	London School of Hygiene and Tropical Medicine	Professor of Public Health & Primary Care
Dr Oliver Hartley	University of Geneva	University Professor / Medical Researcher
Dr Tim Jones	Future Agenda	Programme Director
Mrs Patsy M Knight	St George's House	Fellow
Mrs Patricia Lee	Nuffield Health	Chief Executive Officer, Hospitals Division
Mr Gary McKeone	St George's House	Programme Director
Professor Hugh Montgomery	University College London	Professor of Intensive Care Medicine and Director of UCL Institute for Health and Performance
Mr James Mucklow	PA Consulting Group	Partner
Sir Eldryd Parry	Tropical Health & Education Trust (THET)	Advisor and Founder
Professor Peter Piot	London School of Hygiene and Tropical Medicine	Director & Professor of Global Health
Dr Mike Rands	Cambridge Conservation Initiative	Executive Director
Professor K Srinath Reddy	Public Health Foundation of India	President
Mr Ian Rhodes	PA Consulting Group	Senior Partner
Dr Katharine Scarfe-Beckett		Rapporteur
Dr Malcolm Skingle	GlaxoSmithKline	Director, Academic Liaison

Sir Richard Sykes	Imperial College Healthcare NHS Trust	Chairman
Professor Lionel Tarassenko, CBE	University of Oxford	Professor of Electrical Engineering
Sir Mark Walport	Wellcome Trust	Director
Mr Fergus Walsh	BBC	Medical Correspondent

ST GEORGE'S HOUSE

For more information about
Consultations at St George's House
visit www.stgeorgeshouse.org