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Health is global: a UK Government strategy for 2008-13



On Sept 30, 2008, the UK Government launched *Health is global.*¹ This strategy is the culmination of a process led by the Interministerial Group for Global Health. The strategy builds on the 2007 discussion paper by the Chief Medical Adviser to the Government.²

A global-health strategy is needed because health is a global issue. The ease with which we can travel to all corners of the world has brought immense opportunities. But the rapid spread of severe acute respiratory syndrome³ and the constant threat of pandemic influenza highlight the risks of our global interconnectivity. The current global economic crisis further highlights our interdependence. All too often global threats have the greatest consequences for poor countries—for those least able to cope, they can be catastrophic for health.

In our globalised world, we cannot guarantee environmental, physical, or economic security in the UK without promoting it overseas. Poor health is more than a threat to any one country's economic and political viability—it is a threat to the economic and political interest of all countries. The strategy is clear that working for global health is integral to the UK's modern foreign policy. Better health in poor countries is good for our own health, as well as being essential to improving wellbeing and tackling poverty globally.

The strategy is underpinned by ten principles (panel). We will use health as an agent for good in foreign policy, recognising that improving the health of the world's population can make a strong contribution towards promoting a sustainable and prosperous global economy—and reduce poverty and inequality. We will also look to ensure that the effects of our foreign and domestic policies on global health are more explicit, and that we are transparent about where the objectives of different policies might conflict and how we will resolve these tensions. From now on we will take into account the impact domestic and foreign policies have on global health

Health is global describes five areas for action. They are health security, strong and fair systems for health, more effective international health organisations, freer and fairer trade, and strengthening the way we develop and use evidence to improve policy and practice. The strategy highlights actions in each area and describes what difference Health is global will have made at the end of its life.

The strategy builds on the UK's National Security Strategy,⁴ setting out action on issues such as climate change, tackling the effects of conflict on health and health care, combating infectious diseases and pandemic preparedness, and managing the health of migrants and tackling human trafficking. Addressing health inequality is a crucial aspect of improving security. The November conference in London to follow up the launch of WHO's Commission on Social Determinants of Health report⁵ will be important in driving forward all our efforts in this area.

We are committed to stepping up our efforts across government to achieve the Millennium Development Goals.⁶ Strong, fair, and accountable systems are essential for delivering good health but are absent in many countries. *Health is global* sets a course for: increasing finance for health systems for universal health-care coverage; supporting stronger health systems through the International Health Partnership, addressing the global shortage of health-care workers; fairer and safer access to medicines, technologies, and innovations, with improved safety for patients worldwide; emphasising sexual, reproductive, and maternal health; and increasing our focus on preventing and treating non-communicable diseases and injuries.

Health is global highlights the need for more effective international health organisations. We will forge even stronger partnerships with international organisations such as WHO and the European Union. We highlight our commitment to work with others towards a reformed UN system with an ever more effective WHO. We will support the European Union to play an even stronger role in global health and we will foster a coherent approach to supporting international agencies, and health programmes and projects in low-income and middle-income countries.

Stronger, freer, and fairer trade for better health is both an engine for international development and crucial to the UK economy. Trade in health services, drugs, and medical devices contributes significantly to UK and global economies. *Health is global* outlines an approach for: stronger, fairer, and more ethical trade in the health sector; a robust system of intellectual property rights, used innovatively and flexibly to promote access to medicines; and enhancement of the UK as a market leader in wellbeing, health services, and medical products.

Published Online December 22, 2008 DOI:10.1016/S0140-6736(08)61820-6

Panel: The ten principles that will guide the way we work to improve global health

We will:

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

MDG=Millennium Development Goal.

Innovative new schemes, such as the Health Links Scheme, will help poor countries access UK know-how when they want to.⁸

Health policy, public health, and service delivery should be based on reliable evidence from high-quality research. At present, research on global-health problems worldwide is underfunded, inadequately coordinated, and does little to benefit the poorest 90% of the world's population. Health is global describes how we will identify and support research and innovation that tackles global-health priorities, use evidence and innovation to strengthen policy and practice, and maintain the UK as a global leader in research and innovation for health, wellbeing, and development. Funding by the UK Department for International Development for health research relevant to the needs of poor countries will double over the next 5 years. Through Health is global, we will support a new Centre on Global Health and Foreign Policy at Chatham House⁹ and funding for the new European Council on Global Health.10

The Interministerial Group for Global Health will be the key forum to drive forward delivery of the strategy, review the impact of government policy and funding on global health, enhance policy coherence, and monitor and evaluate *Health is global*. We are committed to using expert independent evaluations to assess progress and inform future iterations of the strategy. At the launch the Secretary of State for Health, Alan Johnson, said that this is more than a UK Government initiative; it is a global partnership. The strategy was developed in detailed discussion with a range of partners. Now the strategy is published, we need to work with other governments, multilateral institutions, non-governmental agencies, academia, professional organisations, foundations, and the private sector to drive this work forward.

Traditionally Ministers of Health have not seen it as their role to engage with other countries, Ministers of Foreign Affairs have not seen global health as a priority, and aid and international development departments have not always harnessed the opportunities of working most effectively across government. All this changes with the launch of our strategy for global health.

Heath is global is a firm illustration of what the UK Prime Minister¹² has called "hard headed internationalism"—a recognition of the complexity of our globalised world, the changed perspective it demands of us, and the new alliances we need to build to meet its challenges.

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The Interministerial Group for Global Health includes Ministers from the: Department for Business, Enterprise & Regulatory Reform, Department for Children, Schools and Families, Department for Environment, Food and Rural Affairs, Ministry of Defence, Department of Health, Department for Innovation, Universities & Skills, Department for International Development, Foreign and Commonwealth Office, Home Office, HM Treasury, and the Northern Ireland Government. DP chairs the Group.

- 1 HM Government. Health is global: a UK Government strategy 2008–13. Sept 30, 2008. http://www.dh.gov.uk/en/Publicationsandstatistics/ Publications/PublicationsPolicyAndGuidance/DH_088702 (accessed Oct 15, 2008).
- 2 Chief Medical Adviser to the UK Government. Health is global: proposals for a UK government-wide strategy. 2007. http://www.dh.gov.uk/en/Publi cationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_072697 (accessed Oct 15, 2008).
- 3 WHO. The 2003 world health report: shaping the future. Chapter 5: SARS. Lessons from a new disease. 2003. http://www.who.int/whr/2003/en/ whr03_en.pdf (accessed Oct 15, 2008).
- 4 Cabinet Office. The national security strategy of the United Kingdom: security in an interdependent world. March, 2008. http://interactive.cabinetoffice. gov.uk/documents/security/national_security_strategy.pdf (accessed Oct 15, 2008).

- 5 Commission on Social Determinants of Health. Closing the gap in a generation: health equity through action on the social determinants of health. 2008. http://www.who.int/social_determinants/final_report/en/ index.html (accessed Oct 15, 2008).
- 6 Gordon Brown. Statement at the United Nations high level event. Sept 25, 2008. http://www.number10.gov.uk/Page16971 (accessed Oct 15, 2008).
- 7 IHP. The International Health Partnership and related initiatives. http://www.internationalhealthpartnership.net/ (accessed Oct 15, 2008).
- 8 Department of Health, Department for International Development. Global Health Partnerships: the UK contribution to health in developing countries. The Government's response to Lord Crisp's report. 2008. http://www. dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicy AndGuidance/DH_065374 (accessed Oct 15, 2008).
- 9 Chatham House. Independent thinking on international affairs. http:// www.chathamhouse.org.uk (accessed Oct 15, 2008).
- Kickbusch I, Matlin S. A European Council on Global Health. Lancet 2008;
 371: 1733-34.
- 11 Department of Health. UK Government strategy for global health: report of Stakeholder meetings. 2007. http://www.dh.gov.uk/en/Publicationsand statistics/Publications/PublicationsPolicyAndGuidance/DH_079012 (accessed Oct 15, 2008).
- 12 Gordon Brown. Lord Mayor's banquet speech. Nov 12, 2007. http://www.number10.qov.uk/Page13736 (accessed Oct 15, 2008).

Jenner reborn: a new vaccine institute

The Oxford Laboratories of the Jenner Institute¹ opened on Feb 5, as part of a major new development of Oxford University's medical sciences division.

200 years on from Edward Jenner's experimental medicine trials in rural Gloucestershire, vaccination is among our most successful and cost-effective publichealth interventions. Vaccines are a rapidly growing part of the global pharmaceutical industry. But despite commercial success with human papillomavirus and some important conjugate vaccines, vaccines are missing or substandard for many of the greatest global killers: HIV, malaria, tuberculosis, H5N1 influenza, and many diarrhoeal diseases.² After major progress in pathogen genomics, analysis of innate immunity, and vaccine technology, the roadblock is not a lack of new ideas or candidate vaccines but the capacity and funding to take these through increasingly demanding and expensive clinical development.

The new Jenner Institute is bridging this roadblock in translation by generating critical mass in earlystage vaccine development, providing core facilities for translational research, and, innovatively, linking human and veterinary vaccine development. The Institute is a partnership between Oxford University, with research groups focusing on human vaccines, and the UK Institute for Animal Health (IAH), based at Compton and Pirbright, UK, which has major programmes on vaccine development for diseases of livestock, such as foot-and-mouth disease, Marek's disease of poultry, and bovine tuberculosis. Concerns about avian influenza and the growing problem of bovine tuberculosis in England have encouraged IAH and Oxford groups to bring together their complementary programmes on developing vaccines for control of these diseases in livestock and human beings. Vaccines that could work in both species, such as a vaccine that targets the internal conserved antigens of the influenza virus³ and a tuberculosis vaccine that encodes an antigen identical in *Mycobacterium tuberculosis* and *M bovis*, have been prioritised.⁴ Veterinary vaccine development is generally faster than that for human vaccines, and large animals may be better models of human vaccine performance than the vaccinologist's traditional murine substitute.

The Jenner Institute is addressing the challenge of supporting a very interdisciplinary activity without cutting off vaccinologists from the specialist knowledge that comes from working with colleagues in a specific discipline, such as immunology. The Institute elects, as Jenner Investigators, senior scientists from any department of either institution who are active in vaccine development and willing to interact collegially and share resources and experience. 24 have signed up so far with an aggregate grant income exceeding £60 million, collectively one of the largest nonprofit-sector vaccinology activities anywhere. This model results in an institute dispersed across multiple sites but one which provides investigators with access to a wide range of experience and specialist facilities, core activities being supported by the Wellcome Trust and other funders. Particular strengths in T-cell immunology, 5 B-cell memory, 6 and vectored vaccine technology⁷ are being used to target human and livestock diseases of global significance. A promising subunit vaccine for tuberculosis is the most advanced in clinical trials,8 with major efforts also directed at foot-and-mouth disease,9 meningitis,10 influenza,11 HIV, and malaria.12

A novel feature of the Institute is the strategic guidance and support it receives from a dedicated charity, the Jenner Vaccine Foundation. This UK charity also has the broader aim of supporting vaccinology through advocacy and training but channels its research activities through the Institute.