

# **A Pathfinder for Global Health: Potential Approaches in Wales**

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## Executive Summary

*This paper presents Wales' response and potential approaches to the Global Health Emergencies concerns and recommendations of the 32<sup>nd</sup> Annual Plenary Meeting of the InterAction Council in June 2015 and aspires to inform the upcoming High Level Expert Group meeting of the InterAction Council in February 2016.*

The document recognises that health is multi-level: global, national, regional, local, community and individual and that the connections between these are complex and reciprocal, including wider determinants and inequalities. Globalisation, environmental, social and economic challenges are related to planetary and human health and sustainable development. Global Health Security is concerned with all aspects of human health, including communicable and non-communicable diseases, emergencies and globalisation processes. Good health and wellbeing is important prerequisite for sustainable development and economic growth.

The paper outlines a possible Welsh 'pathfinder for global health', offering examples of national developments contributing to increasing awareness of and strengthening response to global health security. It showcases the explicit and interlinked commitment of national, public and third sector bodies to sustainability, health and wellbeing, international development and global citizenship through coordinated, coherent, cross-sector, multi-agency approach. The document is framed by the Welsh policy and legislative context and considers the European and UK context.

This 'pathfinder' should strengthen Welsh position, promote partnership and contribute to mutually beneficial collaborations globally and greater alignment between the four sectors of academia, industry, government and the not for profit sector. There are six specific areas where Wales has the potential to make a difference, subject to the necessary engagement and brokering of ownership, namely: engaging through networks; promoting research for 'One Health Agenda'; support and training for health and relates professionals as well as capacity building and utilisation; normative and moral leadership for health; and supporting multi-sector approach to improving national and global governance for health.

## Acknowledgments

The 'Pathfinder for Global Health: Potential Approaches in Wales' document has been developed jointly by contributors from Public Health Wales, The Learned Society of Wales and Aberystwyth University including Professor Colin McInnes, Professor John Wyn Owen, Dr Tracey Cooper, Dr Quentin Sandifer, Professor Mark Bellis and Dr Mariana Dyakova.

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# A Pathfinder for Global Health: Potential Approaches in Wales

## Introduction

This paper outlines the potential for Wales to offer a 'pathfinder for global health' and to provide an example of relevant national developments. The genesis of the document was the final communiqué from the 32<sup>nd</sup> Annual Plenary Meeting of the InterAction Council<sup>i</sup>, held in June 2015, and aims to inform a discussion at a High Level Expert Group meeting on Global Health Security to be hosted by the InterAction Council in February 15-16, 2016. It describes potential approaches that Wales could take in response to the increasing awareness of global health, and global health security, as a public, policy and academic issue of importance and its implications at national and local level.

The paper is organised into **three sections** starting with a description of the context (Health, globalisation and sustainable development), followed by a statement of the implications for Wales (Wales and global health). The paper then outlines some of the distinctive conditions in Wales (the 'Welsh model') before describing potential approaches that Wales might pursue.

## 1. Health, globalisation and sustainable development

Our world has become ever more interconnected and interdependent. Globalisation processes (i.e. migration, global economy and trade, urbanisation, communication) and environmental degradation (i.e. climate change, deforestation, soil and water decline) are having direct and indirect impacts on human health and wellbeing. In a 'borderless' world, local health threats can become global and global health threats can have local effects as experience has shown with communicable and non-communicable diseases, natural disasters and the risk of the deliberate use of pathogens by terrorists.

The population health impact of globalisation is seen most clearly in the rapid and extensive spread of communicable diseases, including outbreaks of zoonotic infections such as SARS (2003) and H1N1 (2009). These diseases have spread across continents with ease, creating health risks and fear not seen for generations. Almost a quarter of the global disease burden<sup>ii</sup> is caused by modifiable environmental factors, such as physical, chemical and biological hazards<sup>iii</sup>. Globalisation affects also a range of health goods and services, including the mobility of health professionals and access to medicines.

Social, environmental and economic instability and extreme events are threats to all, but the poor and disadvantaged are affected the most - maintaining and increasing inequalities within and between countries. At the same time the advent of modern and affordable communications (i.e. smart phones) allows immediate information spread, i.e. everyone knows everything everywhere. Thus, people living in poverty are connected to the world of the most affluent while the most affluent see those suffering in poverty. This may raise expectations and demands from governments. Violence, conflict, population displacement and war can be triggered by growing populations and scarcity of resources, pushing health and sustainability systems to their limits.

Thus the challenges of globalisation are related to planetary and human health and interlinked with sustainable development: "A growing body of evidence shows that the health of humanity is intrinsically linked to the health of the environment, but by its actions humanity now threatens to destabilise the Earth's key life-support systems."<sup>iv</sup> Health security issues are reciprocally related with the three pillars of sustainability: economic, social and environmental (fig. 1). While food consumption patterns are risk factors for most non-communicable diseases, unsustainable consumption of finite resources plays a key role in global warming, food and water security. Chronic conditions also pose risks to sustainable development, by increasing the probability of poverty through reduced income and early retirement<sup>v</sup>. Good health is therefore an important prerequisite for both sustainable development and economic growth.

### **The strategic context**

Viewed from different perspectives, health can be framed as a human right; a security issue; an equity issue; a legal obligation of governments; a global, national and personal responsibility; a factor contributing to and dependent on economic growth; and a factor contributing to and dependent on sustainable development. The global health security agenda has to be considered both in developing and developed countries but requires different approaches in each as well as globally agreed processes, exchange and structures.

Co-ordinated, coherent and focused international activity, working in partnership, sharing knowledge, resources and capacity will allow us to align and achieve our mutual health goals as well as to perform horizon scanning for global security risks, threats and opportunities.

Global Health Security covers **all aspects of human health**. The globalised world of the 21<sup>st</sup> century and its economic, social and environmental challenges directly influence public health (see 'Global Health Security Issues' box below). Global warming and climate change, migration, conflict and violence, financial turbulence, and epidemics of communicable and non-communicable diseases affect all people and countries. They require multi-level, multi-disciplinary, cross-sector and cross-country approaches.

**On a global level**, in 2014 the UN Security Council, for the first time, declared a disease – Ebola – to be a threat to international peace and security, reflecting the growing consensus that communicable diseases represent security threats<sup>vi</sup>. This followed a series of outbreaks (including SARS in 2003, H1N1 in 2009 and MERS in 2012) demonstrating the potential for pandemics to emerge and spread quickly due to population mobility, while the risk of highly virulent pandemic influenza remains. The *International Health Regulations*<sup>vii</sup>, revised once in 2005, are again being scrutinised to enable a better response to these global threats.

#### **Global Health Security Issues**

1. *Emergencies, including environmental (natural/technological disasters), economic (financial crisis) and social/political (war, (bio)terrorism)*
2. *Epidemics of communicable diseases, including emerging ones and antimicrobial resistance*
3. *Epidemic of non-communicable disease and their risk factors (obesity, smoking, diet, etc.)*
4. *Globalisation impacts: migration, urbanisation, global trade and communications, etc.*

The *United Nations Sustainable Development Goals 2016–2030*<sup>viii</sup> represent a milestone for human and planetary sustainable development and an opportunity to address health, inequalities and their wider determinants worldwide. Agreed by the 193 Member States of the UN, they consist of 17 Sustainable Development Goals (SDGs) (fig. 2) and 169 targets. They are potentially more than simply a follow up from the Millennium Development Goals, rather representing a more ambitious agenda where the responsibility is placed firmly on member states<sup>ix</sup>. The 2030 Agenda integrates all three dimensions of sustainable development (economic, social and environmental, fig. 1), representing a major shift from multiple fragmented parallel processes to a single comprehensive and universal agenda for the people, planet and prosperity, grounded in peace, justice, inclusiveness, strong governance, and global partnership. It recognizes the goals' interrelation and interdependence and explicitly links them through their targets, meant to facilitate cross-sector integration, policy coherence and whole of government, whole of society approaches.

*Health* in the 2030 Agenda is an explicit outcome in its own right in *SDG 3: Ensure healthy lives and promote well-being for all at all ages*. Importantly, health is also an input to other goals, and a measure of how well sustainable development is progressing in general. The global goals promote also the '*One Health Agenda*', integrating planetary health (environment, ecosystem, plant and animal health) and human health through SDGs 2 (agriculture), 6 (water), 7 (sustainable and modern energy), 12 (sustainable consumption and production), 13 (climate), 14 (life below water) and 15 (life on land). They recognize that eradicating poverty and inequality, creating inclusive economic growth and preserving the

planet are inextricably linked, not only to each other but also to population health and wellbeing; and relationships between each of these elements are dynamic and reciprocal.

**On a European level**, the *WHO European Health 2020 Strategy and Policy Framework*<sup>x</sup> represents another milestone, aiming to support action across government and society to “significantly improve the health and well-being of populations, reduce health inequalities, strengthen public health and ensure people-centred health systems that are universal, equitable, sustainable and of high quality”. All 53 European Region Member States have signed up to it and committed to its implementation. Health 2020 highlights the role of health and wellbeing as public goods and assets for human development that contribute to economic growth and strong, dynamic and creative societies. It promotes whole-of-government and whole-of-society approaches through vertical and horizontal policies, actions and across sector work. It recognises that different countries and communities are at different starting points and can pursue common goals through different pathways. Social progress is best measured by objective indicators of health, health equity and well-being, and this includes the conditions in which people are born, live and work.

Health 2020 values, principles and approaches are closely related to the SDGs, suggesting common opportunities and strategies for implementation and progress.

**The United Kingdom strategy** for 2008–2013, *Health is Global*,<sup>xi</sup> accepted a growing consensus that national health could not be divorced from global developments, in health and in related fields, including macro-economic growth and development. Considering that health and health care in the UK is a devolved responsibility, more attention is needed to define how the new global context affects devolved nations and how they can contribute to global health security.

*Mainstreaming Sustainable Development – The Government’s vision and what this means in practice, 2011*<sup>xii</sup> sets out the UK commitment to a more sustainable approach to policy and government action and promoting “the synergies between enhancing and protecting our environment and improving the quality of life and health of our communities”. Public Health England has also published its *Global Health Strategy 2014–2019*<sup>xiii</sup> as well as the Faculty of Public Health for 2015–2019<sup>xiv</sup>. *Engaging in Global Health - The Framework for Voluntary Engagement in Global Health by the UK Health Sector, 2014*<sup>xv</sup> focuses on how voluntary international development work can contribute to building and sustaining capacity in low- and middle-income countries. It also outlines the benefits and opportunities for UK employers, professional associations and individual volunteers.

**Within Wales** the *Well-Being of Future Generations (Wales) Act 2015*<sup>xvi</sup> (WBFGA) represents a first of its kind national sustainable development legislation. Its multi-dimensional, cross-sector and multidisciplinary framework focuses on improving the social, economic, environmental and cultural well-being of Wales. It poses a statutory requirement on all public bodies to prioritise and take action in pursuit of the sustainable development principle. The Act puts in place seven well-being goals (fig. 3) which are interrelated with the

SDGs and have direct or indirect contribution to achieving population health and wellbeing in Wales and beyond (table 1). It is a unique vehicle for the promotion and implementation of the global SDGs and the wider sustainability agenda.

*The Charter for International Health Partnerships in Wales<sup>xvii</sup> (the Charter)*, developed by the International Health Coordination Centre (hosted by Public Health Wales), introduces and aims to ensure common principles and standards for international health work across the NHS in Wales. All health boards and trusts have pledged to the Charter in 2014, committing to sound governance, organisational responsibility, reciprocal partnership, and good practice. The Charter implementation links to the WBFGA and contributes directly to its Global Responsibility Goal (fig. 3).

*The Sustainable Development Charter of Cynnal Cymru<sup>xviii</sup> (Sustain Wales)* encourages and enables organisations in Wales to become more sustainable – to make decisions that produce the best long-term outcomes for themselves and for the future of Wales. Signing the Charter is a voluntary commitment aimed at improving the economic, social, environmental and cultural well-being of Wales.

*Public Health Wales Strategic Plan 2015–2018<sup>xix</sup>* outlines its work ‘locally, nationally and internationally, with our partners and communities’ in various public health areas ‘to achieve a healthier, happier and fairer Wales’. In doing so, it addresses its own domestic priorities, while contributing to the public health priorities of others. The global, European, UK and national strategic developments are reflected and require a clear and coherent approach internally and externally.

## 2. Wales and global health

Wales is affected by global health in two distinct ways:

- 1) **Health developments**; and
- 2) **Policy developments**

Wales is not immune from broader trends and developments in global health, including:

- the risk of novel infections and pandemics, especially related to antimicrobial resistance and its impact both on the people and on the food chain;
- the mobility of health professionals and the impact on the capacity of health systems in an increasingly globalised workplace for health;
- the global market for health and related products;
- research and development priorities in health;
- the promotion of unhealthy food products and lifestyles; and
- the accumulation of harmful environmental impacts, i.e. global warming.

Another not health specific, but relevant development is the concept of **global citizenship**<sup>xx</sup> (world citizenship), defining the idea that one's identity transcends geography or political borders and that the planetary human community is interdependent and whole, i.e. humankind is essentially one. This has implications for Wales – linking to the Global Responsibility wellbeing goal of the WBFGA as well as to the obligation to implement the International Health Regulations (IHR).

Wales is also affected by a range of policy developments as part of the framework for global governance. Some of these policy developments are in the health sphere, for example:

- Surveillance and reporting of infectious diseases;
- Control of unhealthy food products (most notably the WHO Framework Convention on Tobacco Control<sup>xxi</sup>);
- Agreements on stockpiling of pharmaceuticals;
- Water standards (for example, blue flag beaches);

Others are outside the health sphere but have implications for health, for example:

- International agreements on patent protection, with implications for the development of and/or access to pharmaceuticals;
- Economic development policies;
- Trade and investment agreements, such as the Transatlantic Trade and Investment Partnership (TTIP)<sup>xxii</sup> being negotiated between European Union and the United States.

Wales, like other devolved nations in the UK, has responsibility for the provision of health services and the protection of citizens from health threats as well as for its health legislation. However, significant areas of policy that affect health in Wales, such as trade and international development, are not devolved. While Wales has numerous programmes which contribute towards global health developments, its mechanism for influencing the broader determinants of global health also rests in its ability to effectively engage and influence the UK Government.

**Two related trends** are emerging. The first is a growing acceptance that *governance arrangements* for global health need strengthening. The 2014-15 West African Ebola outbreak threw into sharp relief the inadequacies of the current system – from in country infrastructure, through surveillance to response. The international community is now looking at what could be done better by international agencies and to consider the correct approach and whether the structures need to be reformed. Global threats and challenges require global solutions. This is complicated by a growing awareness that health is not only inter-sectoral, but also scalar. The links between poverty and poor health are well established, tying a range of other policy issues (such as economic growth, social exclusion, access to education and social mobility) to the promotion of health. What we now face is a

situation where these broader policy issues at a *global level* can impact upon *national health*, in Wales and elsewhere.

The second trend is reframing health as a *security* issue, i.e. health is fundamental to the security of the individual, the community and the state. This has largely been discussed in terms of the spread of communicable diseases, most notably HIV and pandemic influenza. Diseases such as these have the capacity to affect not only large numbers of individuals but, if the morbidity/mortality rate (or the fear of contagion) is sufficiently high – they can damage economic performance and even the functioning of the state. Some countries, notably the US, have seen national and international public health capabilities as critical national security assets. The UN Security Council has passed resolutions on both HIV and Ebola Virus Disease (EVD) and considered the 2014 EVD outbreak in West Africa a threat to international peace and security. The WHO presented its strategy against the threats of communicable disease as one that would strengthen global health security.

However health security is not limited to communicable diseases. ‘Westernisation’, presents increasing threats to individuals and populations from chronic diseases and diseases consequent on changing lifestyles. These are evidenced by rising levels of obesity, smoking in some regions of the world and increasing prevalence of specific diseases such as diabetes. Their impacts directly connect public health with the concept of human security, placing the individual and not just the state as the centre of security considerations.

### 3. Potential approaches in Wales

#### The ‘right’ conditions in Wales (the ‘Welsh Model’)

The ‘Welsh model’ consists of the following **interconnected and interdependent elements**:

1. Explicit national (Welsh Government) commitment to sustainable development and cross-sector work. The *Well-Being of Future Generations (Wales) Act 2015* with 7 crosscutting wellbeing goals, embodies a whole-of-government approach (fig. 3).
2. Explicit public sector commitment to the sustainable development principle and agenda, including health, wellbeing and equity. This is a statutory requirement for all public bodies (arising from the WBFGA), ensuring horizontal collaboration. In addition, there has been a coordinated effort between Welsh Government, Public Health Wales, other stakeholders and the public to align the SDGs and their targets and indicators with the WBFGA goals and its newly developed indicators; and in due course with the new Public Health Outcomes Framework for Wales. Thus, there is a real opportunity and drive to create a coherent accountability framework with meaningful, relevant and transferable targets / indicators. These can help implementing the SDGs across Wales as well as provide an example of vertical collaboration and alignment.

3. Explicit National Health Service (NHS) commitment to the Charter for International Health Partnerships in Wales. All health boards and trusts have pledged to it and are implementing it, ensuring better governance and organisational responsibility for international health work, reciprocal partnerships (of benefit both to the Welsh and foreign populations) and following good medical and public health practice.
4. Explicit governmental commitment to coordination, coherence and national support for international health work across the NHS and whole of Wales, through the establishment of the International Health Coordination Centre (IHCC) within Public Health Wales.
5. Wide community and non-governmental commitment towards sustainability and partnership work (whole-of-society approach). This is embodied in establishment of the Hub Cymru Africa with overarching responsibilities for coordination and funding of developmental work in Africa; the Wales for Africa Health Links Network, supporting health partnerships with Sub-Saharan Africa; the Welsh Council for Voluntary Action, supporting and representing Wales' third sector; the Cynnal Cymru Charter, etc.
6. Explicit and functional commitment to cross-sector, multi-agency and multi-disciplinary approach, bridging the gaps in a cross-sector governance for health. This includes the establishment of joint posts and programmes of work for housing and health; police and crime and health; environment and health; sports and physical activity.
7. Explicit consideration of the Global Citizenship idea and plans to improve health professionals' understanding and develop their capacity in global health, global responsibility and citizenship. This is undertaken by the IHCC with a scoping questionnaire and exploring opportunities for education and training across the NHS.

## Principles

The proposals in this paper are framed by the Welsh policy and the legislative context of the *WBFGA Sustainable Development Principle<sup>xxiii</sup>* (fig. 4), including long-term; prevention; integration; collaboration and involvement.

It is also guided by the *Prudent Healthcare principles<sup>xxiv</sup>* (fig. 5) of co-production; priority of greatest health need and most effective use of skills and resources; doing only what is needed and doing no harm; and reducing inappropriate variation.

The paper recognises that health is multi-level: global, European, national, regional, local, community and individual and that the connections between these are complex and reciprocal, including wider determinants and inequalities.

Furthermore, these proposals are based on and can contribute to progression of the unique 'Welsh model' of linking global and national sustainable development with health and

wellbeing. It presents an opportunity and provides a vehicle to implement the 17 UN Sustainable Development Goals in Wales.

## Potential approaches in Wales

Several present themselves for consideration:

1. To demonstrate a novel approach linking health, wellbeing and sustainable development on a national level. The 'Welsh model' can be scaled up (globally) or down (locally) and its approaches can be adapted and used in various contexts and settings.
2. To contribute to further progress in meeting the new global, European and UK challenges and opportunities, supporting global health security, emergency preparedness and sustainability across Wales, the UK and beyond.
3. To promote cross-sector partnership and governance as well as health system strengthening across government, academia, industry and the third sector.
4. To describe the Welsh role and provide a coherent and relevant contribution to the 'UK offer' on global health.
5. To inform the InterAction Council's agenda and priorities.

The Pathfinder should strengthen the Welsh position, promote partnership working and contribute to mutually beneficial collaborations globally and greater alignment between the four sectors of academia, industry, government and non-profit.

There are **six specific areas** where Wales has the potential to make a difference, subject to the necessary engagement and brokering of ownership of relevant actions by the relevant Welsh and UK agencies, and in doing so serve as an example to and be an active participant in the Global Health Security and sustainability agenda.

### I. Networks

Wales possesses a rich variety of formal and informal networks, both within the health and related fields. Some of these are with other devolved nations and agencies, some are UK-wide, and some are international. Wales can use these as platforms for influencing progressive policies. Examples include: Wales' leading role in the WHO European Regions for Health Network, especially for sustainability and health; Public Health Wales membership and active partnership within EuroHealthNet and the International Association of National Public Health Institutes (IANPHI); and a developing collaboration with the Commonwealth Secretariat, supporting its programme of strengthening the sustainability of delivering universal health coverage.

### II. Research

A number of opportunities exist, across health, life and social sciences, to make a difference to our understanding of the drivers and consequences of global health development. These include both universities and other research organisations. Wales

has particular strengths in rural health and agriculture, global health governance and with the 'One Health Agenda'.

### **III. Support and training**

It is unrealistic to consider a small nation such as Wales providing large scale generic training to low income countries. However, targeted packages building on established and recognised, or readily developed, strengths and utilising modern technologies for enhanced delivery are realisable. Examples include the ongoing developmental and educational activities of Hub Cymru Africa including the Wales for Africa Health Links, as well as the Global Citizenship training planned for health professionals.

### **IV. Capacity building and utilisation**

WHO is developing an enhanced response capacity for large scale health emergencies. Key to this is a 'surge capacity', whereby professionals not only from the health sector, but others as well, can be mobilised on a global scale. Ensuring Wales can effectively contribute to this is one way in which its capacity can be utilised.

### **V. Normative and moral leadership**

Ensuring Wales remains fully compliant with key health governance instruments, such as the International Health Regulations (IHRs). While no agency in Wales can lay claim to be the National IHR Focal Point for the United Kingdom, bodies in Wales can provide moral leadership in ensuring that the UK meets its international obligations and Public Health Wales actively supports Public Health England in the discharge of its responsibilities under the IHR for public health threats that might impact on Wales. Another example is Prudent Healthcare and ensuring health organisations follow its principles (fig. 5).

### **VI. Multi-sectoral approach and governance for health**

Wales is uniquely placed to share its governance model, based on the WBFGA and the elements described above. Open and pro-active collaboration with other countries, regions and authorities across Europe and the world can promote, support and provide an incentive for developing effective and functional cross-sectoral governance elsewhere, protecting, promoting and improving health and wellbeing on a national level, but also supporting global health governance and responsiveness to common threats and challenges.

## **4. Conclusion**

This paper describes potential approaches to the development of a Pathfinder for Global Health based on a 'Welsh model' that, together with new legislation (WBFGA), provides a platform for increasing awareness and strengthening the response in Wales to global health and global health security, as important public, policy and academic issues.

## Figures and tables

Figure 1: The three pillars of sustainable development: economic, social and environmental

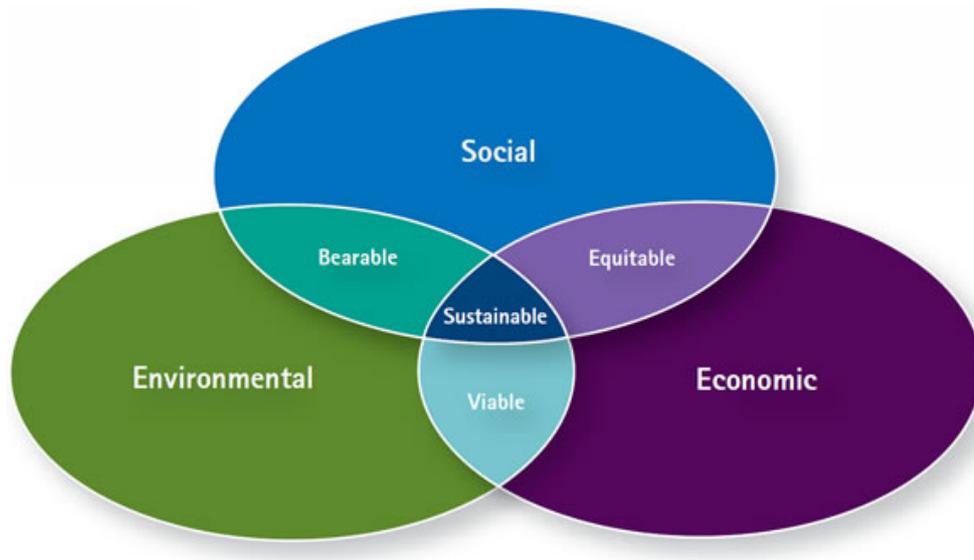


Figure 2: The 17 UN Sustainable Development goals (2016 – 2030)



Figure 3: Well-Being of Future Generations (Wales) Act 2015 Goals

### Well-being Goals

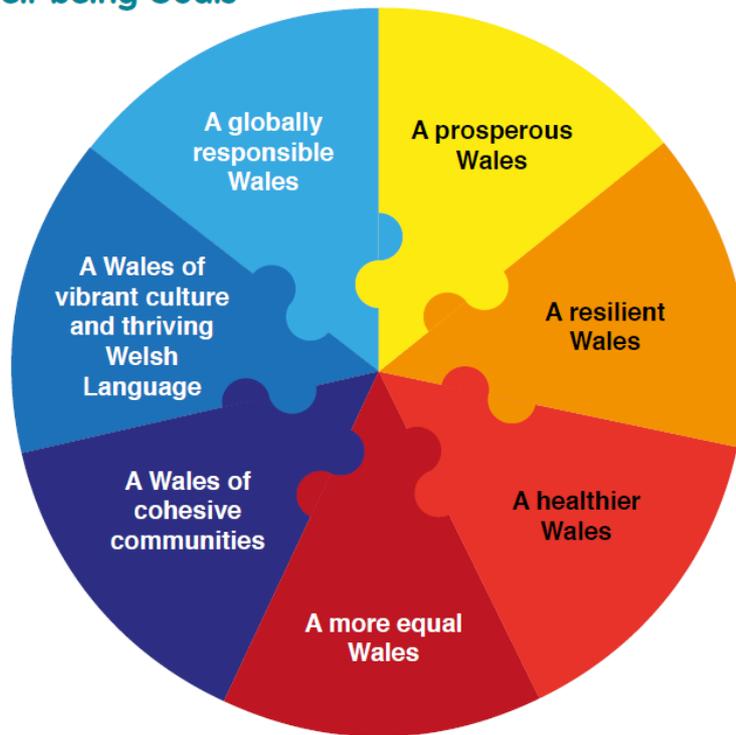


Figure 4: Sustainable Development Principle

### Sustainable Development Principle by The Wales We Want, 19th August 2015

**Long Term** - The importance of balancing short-term needs with the need to safeguard the ability to also meet long-term needs.

**Prevention** - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives.

**Integration** - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their other objectives, or on the objectives of other public bodies.

**Collaboration** - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives.

**Involvement** - The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves.

**Figure 5: Prudent Healthcare principles**



**Table 1: Global Health Security and implementing the UN SDGs and the WBF GA Goals**

<b>Direct contribution to Global Health Security</b>	
<b>UN SDGs</b>	<b>Wales WBF GA Goals</b>
Goal #1Poverty Goal # 2Hunger and food security Goal # 3 Health Goal # 6Water and sanitation Goal # 10 Inequality Goal # 13Climate change Goal # 16 Peace and justice	A healthier Wales A globally responsible Wales
<b>Indirect contribution to Global Health Security</b>	
<b>UN SDGs</b>	<b>Wales WBF GA Goals</b>
Goal # 4 Education Goal # 5 Gender equality and women’s empowerment Goal # 7 Energy Goal # 8 Economic growth Goal # 9 Infrastructure, industrialisation Goal # 11 Cities Goal # 12 Sustainable consumption and production Goal # 14 Oceans Goal # 15 Biodiversity, forests, desertification Goal # 17 Partnerships	A resilient Wales A more equal Wales A Wales of cohesive communities A prosperous Wales

## Sources

- <sup>i</sup> InterAction Council (2015). 32<sup>nd</sup> Annual Plenary Meeting Final Communiqué, 2-5 June 2015, Newport, Wales. <http://interactioncouncil.org/final-communicu-49> (Date accessed 11/02/2016)
- <sup>ii</sup> Global Burden of Disease Study 2013 Collaborators. The Lancet (2015). *Global, regional, and national incidence, prevalence, and years lived with disability for 301 acute and chronic diseases and injuries in 188 countries, 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013*. [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(15\)60692-4/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)60692-4/fulltext) (Date accessed 11/02/2016)
- <sup>iii</sup> WHO (2012). *Environmental health inequalities in Europe: Assessment report*. <http://www.euro.who.int/en/health-topics/environment-and-health/noise/publications/2012/environmental-health-inequalities-in-europe.-assessment-report> (Date accessed 11/02/2016)
- <sup>iv</sup> Lancet Commission on Planetary Health (2015). *Safeguarding human health in the Anthropocene epoch: report of The Rockefeller Foundation*. <http://www.thelancet.com/commissions/planetary-health> (Date accessed 11/02/2016)
- <sup>v</sup> WHO Regional Office for Europe (2014). *Prevention and control of non-communicable diseases in the European Region: A progress report*. [http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0004/235975/Prevention-and-control-of-noncommunicable-diseases-in-the-European-Region-A-progress-report-Eng.pdf](http://www.euro.who.int/__data/assets/pdf_file/0004/235975/Prevention-and-control-of-noncommunicable-diseases-in-the-European-Region-A-progress-report-Eng.pdf) (Date accessed 11/02/2016)
- <sup>vi</sup> United Nations Security Council. <http://www.un.org/en/sc/> (Date accessed 11/02/2016)
- <sup>vii</sup> World Health Organization (2008). *International Health Regulations (2005). Second edition*. <http://www.who.int/ihr/publications/9789241596664/en/> (Date accessed 11/02/2016)
- <sup>viii</sup> United Nations (2015). *Sustainable Development Goals*. <https://sustainabledevelopment.un.org/?menu=1300> (Date accessed 11/02/2016)
- <sup>ix</sup> United Nations (2000). *Millennium Development Goals*. <http://www.unmillenniumproject.org/goals/> (Date accessed 11/02/2016)
- <sup>x</sup> WHO Regional Office for Europe (2012). *Health 2020: the European policy for health and well-being*. <http://www.euro.who.int/en/health-topics/health-policy/health-2020-the-european-policy-for-health-and-well-being> (Date accessed 11/02/2016)
- <sup>xi</sup> HM Government (2008). *Health is Global. A UK Government Strategy 2008–13*. <http://antibiotic-action.com/wp-content/uploads/2011/07/DH-HM-Govt-Health-is-global-v2008.pdf> (Date accessed 11/02/2016)
- <sup>xii</sup> Department for Environment, Food and Rural Affairs (2011). *Mainstreaming sustainable development - The Government's vision and what this means in practice*. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/183409/mainstreaming-sustainable-development.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/183409/mainstreaming-sustainable-development.pdf) (Date accessed 11/02/2016)
- <sup>xiii</sup> Public Health England (2014). *Global Health Strategy: 2014 to 2019*. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/354156/Global\\_Health\\_Strategy\\_final\\_version\\_for\\_publication\\_12\\_09\\_14.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/354156/Global_Health_Strategy_final_version_for_publication_12_09_14.pdf) (Date accessed 11/02/2016)
- <sup>xiv</sup> FPH (2015). *Global Health Strategy 2015-2019*. [http://www.fph.org.uk/fph\\_publishes\\_global\\_health\\_strategy](http://www.fph.org.uk/fph_publishes_global_health_strategy) (Date accessed 11/02/2016)
- <sup>xv</sup> DH, DfID, NHS (2014). *Engaging in Global Health - the Framework for Voluntary Engagement in Global Health by the UK Health Sector*. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/352928/Engaging\\_in\\_Global\\_Health\\_\\_1\\_.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/352928/Engaging_in_Global_Health__1_.pdf) (Date accessed 11/02/2016)
- <sup>xvi</sup> Welsh Government (2015). *Well-Being of Future Generations Wales Act*. <http://thewaleswewant.co.uk/about/well-being-future-generations-wales-act-2015> (Date accessed 11/02/2016)
- <sup>xvii</sup> WG, PHW, IHCC (2014). *Charter for International Health Partnerships in Wales*. <http://www.internationalhealth.wales.nhs.uk/charter> (Date accessed 11/02/2016)
- <sup>xviii</sup> WG, Cynnal Cymru (2010). *Sustainable Development Charter*. <http://www.sd-charter.net/> (Date accessed 11/02/2016)
- <sup>xix</sup> Public Health Wales (2015). *A healthier, happier and fairer Wales: Our strategic plan 2015-2018*. <http://www.wales.nhs.uk/sitesplus/888/page/44950> (Date accessed 11/02/2016)

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<sup>xx</sup> IDEAS for Global Citizenship (2016). *What is global citizenship?* <http://www.ideas-forum.org.uk/about-us/global-citizenship> (Date accessed 11/02/2016)

<sup>xxi</sup> WHO Framework Convention on Tobacco Control (2016). <http://www.who.int/fctc/en/> (Date accessed 11/02/2016)

<sup>xxii</sup> European Commission (2016). *Transatlantic Trade and Investment Partnership*. <http://ec.europa.eu/trade/policy/in-focus/ttip/> (Date accessed 11/02/2016)

<sup>xxiii</sup> The Wales We Want (2015). *Sustainable Development Principle*. <http://thewaleswewant.co.uk/about/well-being-future-generations-wales-act-2015/sustainable-development-principle> (Date accessed 11/02/2016)

<sup>xxiv</sup> Making prudent healthcare happen (2015). *Prudent healthcare – setting out the prudent principles*. <http://www.prudenthealthcare.org.uk/principles/> (Date accessed 11/02/2016)

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