

# International Health at Imperial College London

Dermot Kelleher  
11.2.13

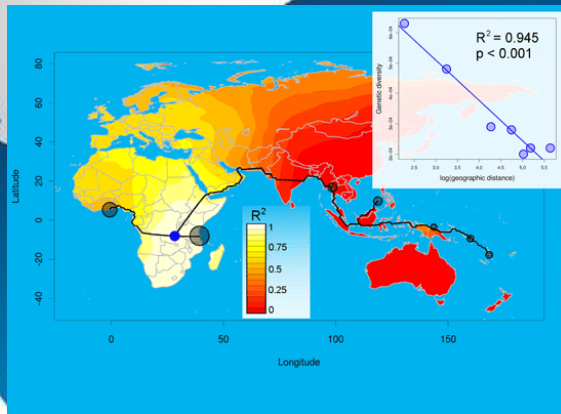
# International Health Capabilities at Imperial



# Translational Research – Global Dimensions

Further examples:

MRC-NIHR Phenome Centre



MRC Centre for Outbreak Analysis and Modelling

MRC Centre for Molecular Bacteriology and Infection



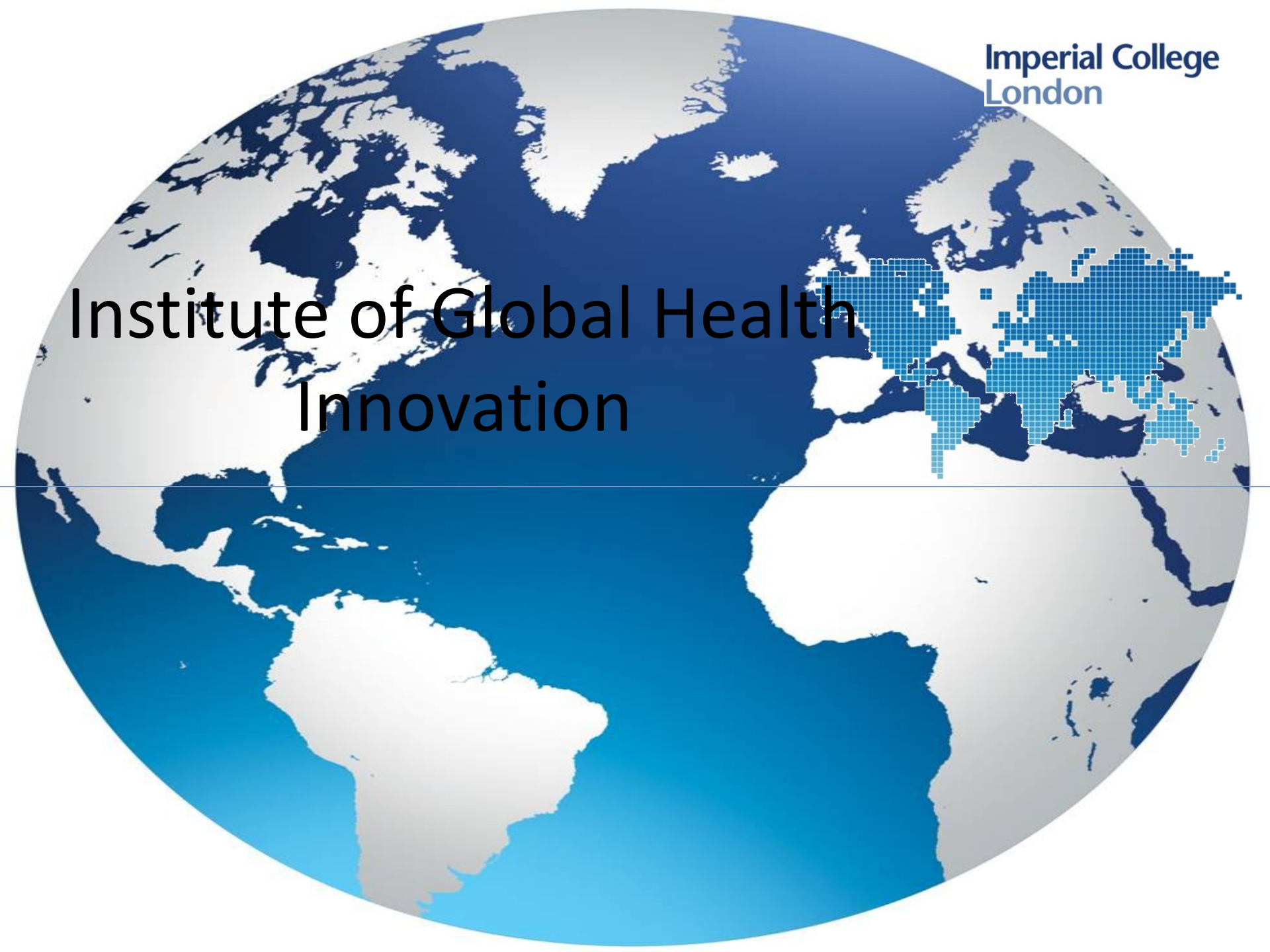
# Population-based Research and Delivery

- IAVI – Africa, Asia, Europe
- Qatar Biobank
- TB in Peru
- Haemoglobinopathies in Uganda
- Imperial College London Diabetes Centre, Abu Dhabi



Imperial College  
London

# Institute of Global Health Innovation





## Objectives

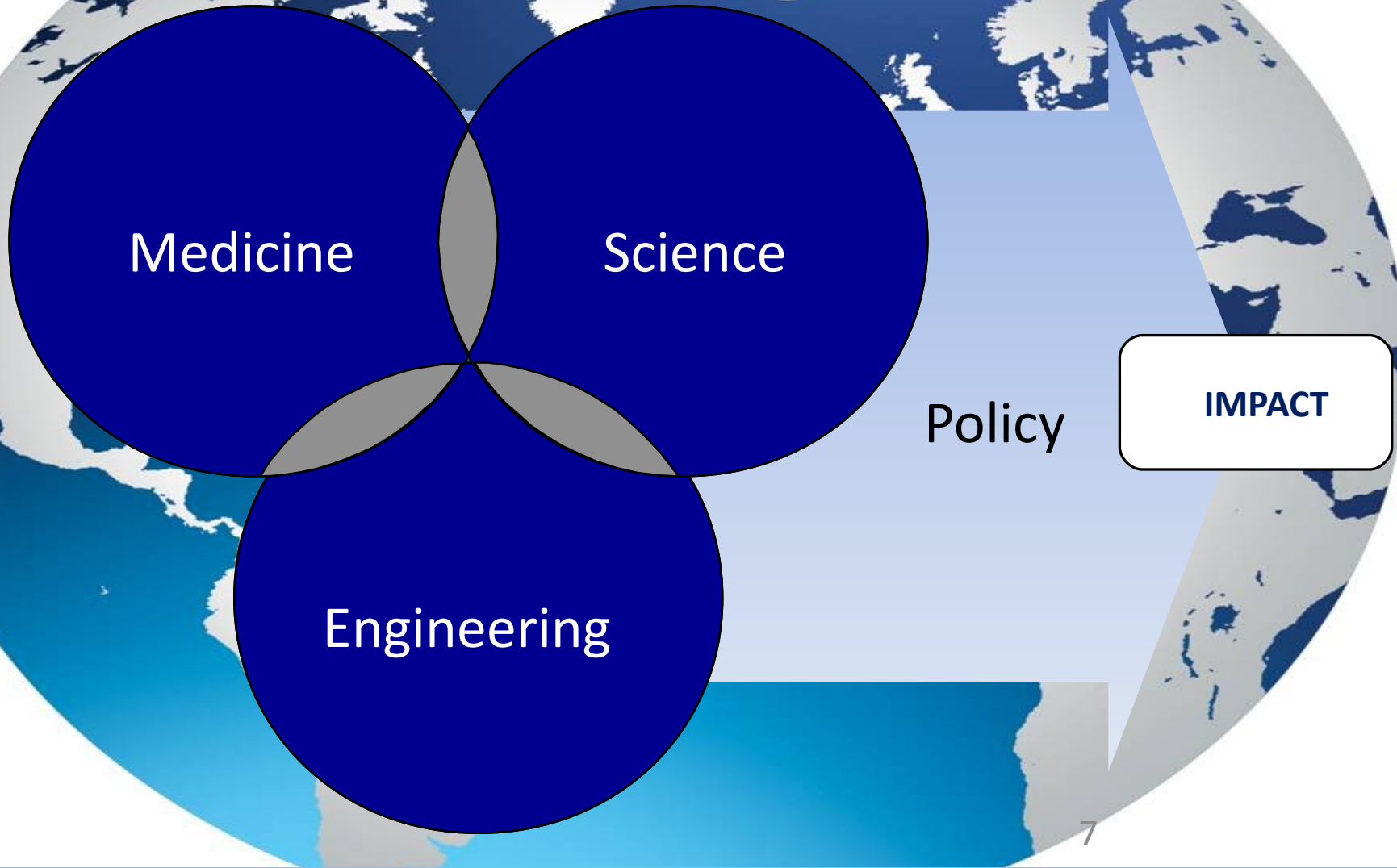
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**Catalyse the uptake of innovation working with health leaders around the world**

**Close the gap between what we know and what we practice**

**Amplify the interdisciplinary strengths of Imperial College London and our international partners**

The Institute draws on the traditional strengths of Imperial College London—but adds policy expertise to amplify impact



# Planned centres and forums

## **Centers (*to date*)**

Hamlyn Centre for health technology

Centre for Health Policy

Innovative design (forthcoming)

## **Forums**

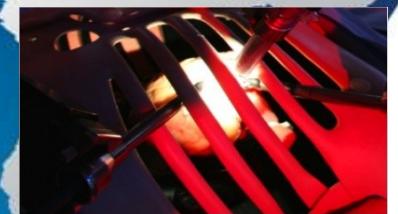
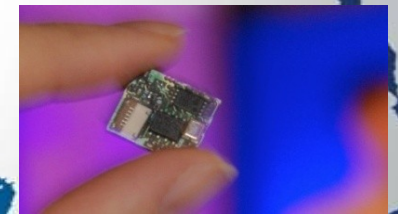
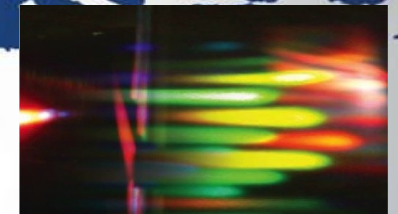
Non-communicable diseases

Maternal health

Primary care

End-of-life

Patient empowerment





# The Leadership of the Institute reflects its' multidisciplinary principles



## **Professor the Lord Ara Darzi of Denham, Director**

- A renowned surgeon who holds the Paul Hamlyn Chair of Surgery at Imperial College London
- Until 2009, a Minister of Health in the UK who led a major review of the National Health Service
- Now UK Global Ambassador for Health and Life Sciences, on behalf of Prime Minister David Cameron



## **Sir Tom Hughes-Hallett, Executive Chair**

- A career in banking followed by 10 years as CEO of Marie Curie Cancer Care
- A passionate and award-winning philanthropy advocate
- Leading the Institute's partnership building worldwide

# The Global Health Policy Summit



# The Institute of Global Health Innovation



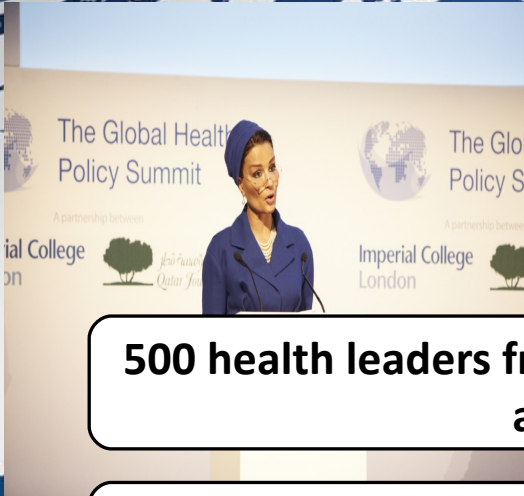
**The Institute's objective is to catalyse the uptake of innovation and to close the gap between what we know and what do**

**Rather than operating on its own, the Institute draws on the interdisciplinary strengths of Imperial College London and its international relationships**

**Researchers from different parts of the College collaborate in multidisciplinary centres for health policy and health technologies**

**The Institute is Directed by Professor Lord Ara Darzi and Chaired by Sir Thomas Hughes-Hallett**

# On 1 August 2012, the Institute partnered with Qatar Foundation to convene the Global Health Policy Forum in London



**500 health leaders from over 40 countries including over a dozen ministers**

**Keynote speeches by HH Sheikha Moza, HRH Duke of York, Donald Berwick, Sir Andrew Witty & the PM**



# The Summit marked the launch of a programme of work aimed at catalysing and supporting health service innovation globally

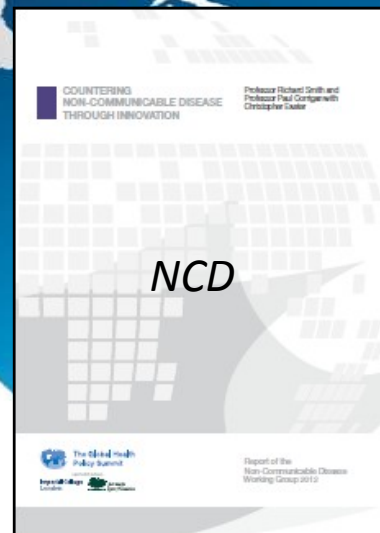


**Panel discussions bringing together politicians, academics and business leaders...**

**...focused on 8 themes, 7 of which were based on reports published by the Institute of Global Health Innovation**



# The Institute published 6 reports at the Summit that identified global innovations which could address the big questions in healthcare



# A Lancet Commission on Technologies for Global Health was also published on the day

THE LANCET 0-12-07373  
S0140-6736(12)61127-1  
Embargo August 1, 2012—00:01 (BST)

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The Lancet Commissions  
SCN

## Imperial College London

### THE LANCET

#### Technologies for global health

*Patric Hossain, Anu Dean, Georng Zhenq Yang, Huijun Ansheng, Rifa Al-Amin, James Barlow, Alex Bakemore, Anthony Bull, Joseph Car, Leung Cordeiro, Graham Cooke, Nathan Ford, Simon Geoghegan, Karen Kee, Doremi King, Maja Ivan Kulisicova, Robert Malton, Assam Majed, Stephen Modiri, Robert Moorhead, Hugh Profitt, Simon Reid, Peter C Smith, Maddy Stevens, Michael Templar, Charles Vinson, Elizabeth Whelan*

**Executive summary**  
Availability of health technology is inversely related to health need. Although health-care systems in high-income countries make extensive use of technology, people in the world's poorest countries often lack the most fundamental drugs and devices. A concerted global effort to encourage the development and use of health technologies that can benefit the poorest people in the world is needed.

Technologies for global health refers to a broad category of innovations that reduce malnutrition, improve sanitation, and increase safety on roads, and they are distinct from health technologies specifically designed to prevent, diagnose, or treat illness from the highly specific (eg, a vaccine for a particular disease) to the more widely applicable (eg, a blood pressure monitor). The commission of technologies for health should be acknowledged, and they are considered here, although this report mainly focuses on the narrower category of health technologies.

Technology is often associated with complex devices such as surgical robots, but this report takes a broader view, including less tangible technologies such as clinical guidelines and electronic applications. As an increasingly widespread technology, the potential for mobile telephones to support health (m-health) are discussed in detail.

For the greatest global health challenges—those unopposed in the Millennium Development Goals (MDGs) and the rising burden of non-communicable disease—technology is already making a contribution to meeting global health needs. However, it could have a greater effect on health outcomes in low-income and middle-income countries, where the greatest burden of disease lies. Insufficient resources have been dedicated to the development of so-called frugal technology to meet the needs of the world's poorest people. Even when the necessary technology does exist, it is often inaccessible, either because it is too expensive or because of constraints related to distribution, energy supply, and human resources. Efforts also should be made to ensure that technology is acceptable to, and will be adopted by, users.

Decisions to introduce health technologies into resource-poor settings should be evidence based, with

careful consideration given to achievements of successful implementation and scale-up, requiring a focus not only on technology but also on associated process innovations that enable effective use. Introduction and use of technology in resource-poor settings raises several issues that need to be addressed. How can technology be ensured to improve rather than damage health? And how should technology be deployed in an equitable, but financially sustainable way? Additionally, greater focus on frugal technology offers only global promise. Now, low-income and middle-income countries that might help mitigate escalating health-care costs in high-income countries.

This report also sets out recommendations. Some of these recommendations are for specific organisations or health needs. Five are overarching. First, increased funding and support are needed to enable the development of more frugal technologies. Second, technology should be combined with other innovations to support effective adoption and implementation—technology should not be considered in isolation from the wider context of health systems of a low-income or middle-income country.

Third, we need to think broadly and take a multidisciplinary approach to development and introduction

**Key messages**

- Technology can improve global health, and includes not only pharmaceuticals, vaccines and devices, but also solutions such as better sanitation and agriculture.
- At present, technology for health focuses on the needs of the wealthy.
- More simple and cheap technology needs to be specifically designed for the world's poorest people.
- Such technology also has the potential to be a disruptive technology for health care in high-income countries.
- Technology alone is not enough—it needs to be combined with innovations in processes to have the greatest effect.
- Capacity to successfully create and use technology should be part of the post-2015 assessment of global development.


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Latest in the prestigious *Lancet* Commission series

Assesses the problems and ways forward for expanding use of technologies for health in LMICs

Huge potential if leaders focus on frugal technologies—both in developing and developed countries

## The Doha Summit in 2013



**The next Summit will be held in Doha in December 2013 (exact date to be announced shortly), hosted by Qatar Foundation.**

**We hope to host an even more influential and international group at this meeting, building on our ambition to create a global community of health innovators.**

**This Summit will also see the publication of new body of work, on topics such as obesity, RTAs and trauma, and big data.**





Thank you