Each year, about 6,500 people die prematurely in Northern Ireland due to preventable ill-health. Alongside the cost in human lives and suffering is the drain of preventable illness on our economy.

Moreover, the gap in health and wellbeing between the better-off and those experiencing social disadvantage still persists.

Tackling health and wellbeing inequalities and promoting a shift across the health service to the prevention of disease lay at the heart of Northern Ireland’s HSC reforms.

The PHA was set up with the explicit agenda to protect public health, and to improve health and social wellbeing. This requires more than responding to ill-health: our mandate places us in the frontline of the mission to address the causes and associated inequalities of preventable ill-health and lack of wellbeing.

The main areas of public health action are:

**Protecting health**

We provide a coordinated regional service and a flexible and effective response system to protect the population from serious health threats, such as infectious disease outbreaks or major incidents. We undertake a broad range of activities to support these goals.

**Improving health and reducing inequalities**

We achieve improvements in health through initiatives and partnerships with key stakeholders that address the wider determinants of health and social wellbeing and target specific issues. We address inequalities by implementing a programme of interventions, and by supporting networks, in our most vulnerable communities.

**Improving health through high quality services**

We support the commissioning and performance management of the Health and Social Care Board (HSCB) and its five local commissioning groups (LCGs) by
providing high quality, independent public health advice. Through this key role, we promote the provision of high quality services such as population screening programmes that improve health through early detection.

Research and Development

Our R & D function is a core activity that builds the evidence base that informs decisions about existing and new HSC interventions and services. It helps us to provide high quality evidence to improve care for patients, clients and the general population and adds to our understanding of health and disease, treatment and care.

View PDF