International Health Regulations Strengthening Project

Business Case Extension Justification

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Purpose of this document

This document provides a template for business cases in support of small and medium size investments whole life costs that are **not** novel or contentious in nature.

The SOC, OBC and FBC templates should be used to progress the business case for significant procurements, in excess of this guideline.

Please note that this template is for guidance purposes only.

VERSION HISTORY

Version	Date Issued	Brief Summary of Change	Owner's Name
Draft	08.10.20	First draft version	[redacted]
V0.01	13-01-21		IHR SLT & PMs
V1.0	25_01_21	Draft submission to DHSCPB (final figures to be verified)	IHR SLT & PMs
V1.01	27_01_21	Revised management and risk section. Incorporated indicative costs	IHR SLT & PMs
V2.0	28 -1 21	Version for submission to programme board	IHR SLT & PMs

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BUSINESS JUSTIFICATION TEMPLATE AND SUPPORTING GUIDANCE

1. Purpose

The PHE-led International Health Regulation (IHR) Strengthening Project current business case ends in March 2021.

This business case justification is to seek approval and funding for an extension of the IHR Strengthening Project for 12 months. The ODA budget required to deliver the recommended option, Option 2 (matched funding) is £6.9m (a 1.4% budget increase from 20/21)

As a signatory to the International Health Regulations (IHR) (2005), UK HMG is committed to supporting optimal compliance with the IHR both in the UK and globally. As the present COVID-19 pandemic has demonstrated, strengthening international capabilities for outbreak preparedness, alert and response is vital because disease outbreaks quickly transcend national borders[1].

Compliance with the IHR is a global priority, and "*what is needed to be able to prevent future pandemics…is to shift global health policy making from a specific reactional paradigm to a systemic, holistic and preventive paradigm"* [2]. Public Health England's (PHE) IHR Strengthening Project is well aligned with this essential paradigm shift.

In the UK HMG 2015 comprehensive spending review (CSR), the Department of Health and Social Care (DHSC) Global Health Security programme allocated an initial £16m of official development assistance (ODA) funding[3] to PHE, to enhance global health security (GHS) through the IHR Strengthening Project. This funding was used to provide technical assistance to selected low- and middle-income countries (LMICs) to improve their compliance with the IHR (2005). Following early successes[4], the Secretary of State for Health approved an additional £5.06m to be repurposed from elsewhere in the GHS Programme to the IHR Strengthening Project (hereafter referred to as 'IHR Project') , primarily for the work in Pakistan (to incorporate the previously Department for International Development (DFID) funded Integrated Disease Surveillance and Response (IDSR) project). The estimated additional budget required for 19/20 and 20/21 was then revised and DHSC agreed to an uplift of the £16m approved in the original business case by £2.97m to make a total budget of £18.97m. In addition to this DHSC allocated a further £260,000 received from

[1] "The Neglected Dimension of Global Security: A Framework to Counter Infectious Disease Crises; Ch 4: Strengthening the Global and Regional System for Outbreak Preparedness, Alert, and Response", Commission on a Global Health Risk Framework for the Future; National Academy of Medicine, 2016 (link)
[2] "COVID-19: time for paradigm shift in the nexus between local, national and global health", Paul et al., *BMJ Global Health*, 2020 (link)
[3] Funded as part of the UK HMG commitment to spend 0.7% of UK Gross National Income (GNI) on overseas aid; International Development (Official Development Assistance Target) Act 2015, Chapter 12 (link)
[4] IHR Project Annual Review 2017-18 & 2018-19; for recent evidence of Project successes and impact, see also Appendix 6 and Appendix 13a (particularly Annex 12 & 13)

the then Department for International Development (DFID) New Strategic Approach to Africa to extend the project into Southern Africa, through activities in Zambia.

The IHR Project is an integral part of HMG's approach to GHS[5,6] and is part of UK HMG's G7 commitment to contribute to building health security capabilities in other countries and regions and to support the WHO[7].

The IHR Project presently works in six focal countries (Ethiopia, Myanmar, Nigeria, Pakistan, Sierra Leone and Zambia), and through regional multilateral agencies (e.g. Africa Centres for Disease Control and Prevention (Africa CDC) and the Eastern Mediterranean Public Health Network (EMPHNET)), linking with the World Health Organization (WHO) and its regional offices. Taking a One Health[8], "All Hazards"[9] approach, the IHR Project works to reduce the impact of public health emergencies and improve national, regional and ultimately global health security; contributing to the building of strong national public health systems, better equipped to prevent, prepare, detect, and respond to a wide range of public health threats. The project has a triple mandate to:

i. Build technical capabilities of public health institutions and public health bodies
ii. Strengthen leadership to improve multisector coordination
iii. Develop sustainable resilient public health systems

The project model is one of working with partner National Public Health Institutes (NPHIs) and public health bodies in selected focal LMICs and regionally, through ongoing peer-to-peer engagement and support. A number of UK public health specialists are based in-country, overseeing a team of UK and local technical and support staff. Additional specialist UK support is delivered through regular short-term visits of other PHE staff or on occasions other UK specialist agencies and independent subject matter experts. A UK-based project leadership team with technical expertise and project management support together provide the strategic direction, oversight of the project design and oversight of operational delivery. This leadership team also contributes to and champions partnership- and relationship-development across HMG and with international partners, to ensure alignment and synergies.

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[5] "Health is global: proposals for a UK Government-wide strategy", Donaldson & Banatvala, *Lancet*, 2007 (link)
[6] "Health is Global: an outcomes framework for global health 2011-2015" (link)
[7] G7 Ise-Shima Vision for Global Health, Japan, 2016 (link)
[8] In a global health security context, One Health (OH) can be defined as a collaborative, synergistic approach which recognises the interconnection between people, animals, plants and their shared environment. OH involves multisectoral, interdisciplinary working on systems strengthening to prevent, prepare, detect, respond to, and recover from threats to human, animal and environmental health. Credit D Morgan.
[9] "An all-hazards approach is an integrated approach to emergency preparedness planning that focuses on capacities and capabilities that are critical to preparedness for a full spectrum of emergencies or disasters": Centers for Medicare and Medicaid Services definition (link)

The proposal:

The recommendation is for the programme board to approve an extension of the IHR Strengthening Project business case by 12 months until March 2022 at a cost of and additional £6.9m. This will mean extending the overall budget for the project from 2016 – 2022 to £24 million (see table below). This proposal is for matched funding for 2021/22, in recognition of financial constraints due to current circumstances, which limit capacity for expansion.

Funding allocation in 2016	£16 million	Total expenditure (actual and forecast), 2016 - 2021	£17 million
Additional funding approved in 2018	£5.06 million	Funding request for 2021/22	£6.9 million
		Proposed expenditure until March 2022	£24 million
Total approved funding	£21 million	Additional funding in addition to pre-approved amount	£3 million

In the following sections we set out the **strategic case** and the **options** for this proposal.

2. Strategic Context

- Global Health Security (GHS) has never been more important. The COVID-19 pandemic has demonstrated the devastating social and economic cost of weaknesses in GHS.
- The Prime Minister in his Five Point Plan for UK HMG's 2021 presidency of G7, prioritised GHS and an ambition for UK to be a global leader in science and innovation for health.
- UK HMG is a signatory to the International Health Regulations (IHR) and therefore, through PHE and its successor organisations, has the responsibility and technical capacity to provide support to developing countries to strengthen and maintain health capacities under IHR.
- Deployment of this expertise is a powerful signal of UK capability aligned with the Integrated Review commitments.
- Through the original PHE IHR Strengthening Project (2016-2021) effective bilateral partnerships with National Public Health Institutes (NPHI), Ministries of health and

public health bodies in country have been built and maintained creating a unique platform for IHR Strengthening across the target countries.

- The significant contributions of the project to global health require further consolidation to ensure greater impact and longer-term sustainability.
- The COVID-19 response confirms the findings of Joint External Evaluations (JEE) – that IHR capability is mixed and weak in many countries. GHS is only as strong as the weakest link. There is both a need and a demand for support.
- In the countries where the IHR Project has had a presence, the UK Foreign, Commonwealth and Development Office (FCDO) have stated how much they value the expertise available in support of HMG strategic goals from the expert public health resource. Continuing presence of the IHR project will enable UK HMG to continue to leverage this expertise for UK wider priorities.

For the above reasons, the preferred option for extension of the IHR Project would be for increased funding for expansion of the project, in accordance with the ongoing need and opportunities afforded through the first phase of the project (see Case for Change). However, considering current circumstances, including the ongoing COVID-19 pandemic, one-year CSR and reduction in ODA budget, the realistic recommendation of this proposal is for matched funds for 12 months.

3. Case for Change

Business needs: rationale for IHR Project extension

Given the success of the IHR Project to date, DHSC GHS Programme had put in a bid, as part of the Comprehensive Spending Review 2020 (CSR20), to fund and expand the IHR Project for a further 3 years beyond April 2021. However, with the CSR20 outcome delayed till late 2020 due to COVID-19, and the present IHR Project funding cycle ending in 3 months, a one year extension is recommended.

A 12 month extension would enable the IHR Project to meet several key needs, relating to the strategic context. The rationale for this time and cost extension are therefore as follows:

1. **Continue to improve Global Health Security (GHS) and IHR compliance** in focal countries and regions, through strengthening public health preparedness and response capacity. This has never been more important; IHR capability remains weak in many countries and GHS is only as strong as the weakest link. The COVID-19 pandemic has clearly demonstrated the devastating social and economic costs of weaknesses in GHS. Conversely, investment in strengthening GHS and IHR implementation is highly cost effective. There is both a clear need and a demand for support to build technical public health capacity for improved IHR compliance and GHS. Extension of funding will enable the IHR Programme to continue to meet this need through

its engagement and delivery with bilateral partners. Furthermore, increased engagement at regional levels will facilitate greater potential impact of the Project investments.

2. **Sustain and 'lock in' the gains** made during the current project implementation cycle, maintaining momentum and continuing to foster partnerships. Through the original PHE IHR Strengthening Project (2016-2021), effective bilateral partnerships with National Public Health Institutes (NPHI), Ministries of health and public health bodies in country have been built and maintained, creating a unique and valued platform for IHR Strengthening across the target countries. The significant contributions of the project to improving GHS in partner countries and regions to date requires ongoing investment to ensure greater impact and longer-term sustainability.
3. **Continued delivery of planned objectives**. A one-year extension would also enable the continuation and consolidation of current technical assistance support, including fulfilment of commitments to workstreams delayed due to COVID-19, which remain core aspects of the project workplans/objectives and priority areas of engagement and need for partners, for continued building of IHR capacity.
4. **Contribute to and align with UK strategic objectives, fulfilling UK HMG policy ambitions and commitments for GHS**. The IHR Project will contribute to UK HMG priorities and strategic objectives to be a global leader in enhancing GHS during its G7 presidency year in 2021, as outlined in the Prime Minister's Five Point Plan to "protect humanity against another pandemic"[10]. Extension of the IHR Project will also help fulfil: 1) UK commitments under IHR to support developing countries to strengthen and maintain health capacities and IHR compliance, 2) UK G7[11,12] and G20[13] commitments to strengthen global health systems for improved IHR compliance, and 3) Integrated Review commitments to strengthen the UK's global position[14]. The IHR Project also aligns with UK ambitions for global leadership in science and innovation for health[15]. The project will facilitate access to specialist health protection expertise to inform UK GHS policy development and implementation.
5. **COVID-19 response & recovery.** The IHR Project has shown adaptability in rapidly re-orientating workplans with the evolving COVID-19 pandemic, delivering direct support to national partner institutions (e.g. NPHIs), regional bodies (Africa CDC) as well as UK HMG missions for COVID-19 preparedness and response. This support has been highly valued. At this critical time, the maintenance of support will be crucial to

[10]Prime Minister's speech to United Nations General Assembly, September 2020 (link)
[11] "G7 Leaders' Statement on COVID-19", gov.uk press release, March 2020 (link)
[12] G7 Ise-Shima Vision for Global Health, Japan, 2016 (link); Leaders' Declaration G7 Summit, 2015 (June 2015)
[13] "Extraordinary G20 Leaders' Summit: Statement on COVID-19", March 2020 (link)
[14] "Integrated Review of Security, Defence, Development and Foreign Policy, [PM] Statement made on 26 February 2020" (link)
[15] The Chancellor's CSR Launch stated priorities include "making the UK a scientific superpower" (link)

aid the continued response to and recovery from the pandemic, in line with project objectives. Withdrawal of support at this stage also risks destabilising and undermining gains made to date.

6. **Business continuity, building on current successes/learning and preparing for engagement beyond 2022.** An additional year of funding will enable the IHR Project to continue to invest in partnerships and prepare for further expanded engagement from 2022 and beyond, continuing to support recovery from COVID-19 and realising maximal impact in sustained GHS improvements. It will protect against negative impacts resulting from disruption to engagements and delivery (including reputational damage or failure to realise IHR strengthening outcomes). Furthermore, it will provide opportunity for continuing adaptation and prioritisation, and for detailed planning and scoping, capturing and building on both successes and lessons learned from the first funding cycle and global lessons in the wake of COVID-19.

The above section describes the rationale for a 12 month extension to the IHR Project in terms of the key needs and opportunities. However, if this 12 month extension is not approved (the counterfactual), several major risks to HMG GHS ambitions are also evident. These all represent a high-risk rating**,** and are as follows:

- *Reputational damage*: A hard-stop to funding (no new CSR20 new project funding), will interrupt the technical assistance being offered to partner countries and HMG overseas and damage the UK reputation at a time when international collaboration to build and strengthen systems to respond to the current COVID-19 pandemic is critical.
- *Potential loss of staff***:** As IHR staff are nearing the end of their present contracts the lack of longer- term employment security is already resulting in staff looking elsewhere for more permanent posts. This has the potential to impact on project delivery the longer the uncertainty remains.
- *Disruption to business continuity*: The project has a small number of third-party suppliers (e.g. logistics and operational providers, external evaluator) and these contracts require committed funding and significant lead in time to extend. Any delay or gap in funding will negatively impact business continuity

Benefits

The major benefits for approving the business case are as follows:

- Partner ODA-eligible LMICs and selected regional organisations (the primary beneficiaries of the IHR Project) will benefit from improved IHR capabilities and capacity, leading to improved public health system functioning and ultimately economic well-being and improved health outcomes. This is particularly important through the continued COVID-19 response and subsequent recovery.
- The IHR Project will provide benefits globally through its contribution to and compliance with key international ambitions and frameworks, supporting the creation and

shared access to global public goods[16]. As well as GHS[17], these include Universal Health Coverage[18], the Sustainable Development Goals[19] and the Sendai Framework[20]. The IHR Project will also continue to contribute to the global COVID-19 response.

- Benefits to the UK for an extended IHR Project include:
  - Contributing to the implementation of UK foreign policy for GHS, national security, and other priorities for ODA
  - Demonstrating evidence of UK leadership in global health and GHS, and supporting the UK's reputation globally and within the IHR Project priority countries and regions
  - Enabling further strategic-level contribution to the work of regional and international bodies such as WHO, IANPHI, Africa CDC and EMPHNET amongst others, leading to stronger UK global networks
  - Increasing visibility of the UK's scientific expertise and strengthening the UK's scientific and delivery capability
  - Benefitting the UKs global health intelligence through the IHR Project's already established close relationships, informing the UK's assessment of and response to COVID-19 and other health threats.
- An extended project will ensure business continuity and that the reputation of PHE, DHSC and UK Aid is not negatively impacted by a delayed and disrupted project or damaged relationships. It will enable staff retention and the continuation of work, including that disrupted during COVID-19, minimising disruption to achieving project objectives and maximising benefit to LMIC populations. It will also avoid inefficiency, excess administrative burden and additional costs incurred through having to advertise and re-recruit staff, re-establish engagements and contract new third party suppliers if there was a break in funding from the present cycle.

[16] "Advancing the Concept of Global Public Goods", Kaul & Mendoza, in Kaul et al. "Providing Global Public Goods: Managing Globalization", Oxford University Press, 2003 (link)
[17] Low IHR capabilities present a clear threat to health across the world and GHS, since public health events can easily impact beyond national borders
[18] Strengthening capability in core IHR competencies results in strengthening of the wider public health system and generates progress towards achieving Universal Health Coverage
[19] There are clear synergies between health security and the SDGs. Joint implementation of IHR and SDGs presents an opportunity for synergies that will enhance progress towards a sustainable, resilient world. The IHR Project therefore contributes to supporting global action as we approach the UN 2030 SDGs.
[20] The Sendai Framework puts health resilience at the heart of disaster risk management efforts, advocating for health sector involvement throughout planning for emergencies, as well as highlighting the critical role of science and technology. There are several references to the IHR (2005) as part of disaster recovery

Risks - strategic risks to project delivery

High-level strategic risks to IHR Project delivery are as follows (see also Section 8 concerning risk management procedures): **Appendix 3b includes details on the approach to risk management and mitigation**

Public Health risks: **RISK RATING: HIGH**

- Evolving public health threats including the ongoing COVID-19 pandemic (and related limitations to travel and partner involvement) may delay project delivery, requiring workplan modifications or limit partner engagement.
- The COVID-19 pandemic may continue to challenge health systems in partner countries, resulting in changed post-COVID-19 priorities.
- The ongoing review of IHR (2005) and associated tools/frameworks may impact IHR Project priorities

Mitigation:

- Use of locally recruited technical staff
- Application of remote delivery approaches developed during 2020/21
- Prioritising engagement with partners with absorptive capacity
- Ensuring focus on partner priorities

Political/security risks: **RISK RATING: LOW**

- Political instability could lead to social unrest, presenting safety and security risks to IHR Project in-country activities

Mitigation:

- Close collaboration with HMG mission in country
- Application of remote delivery approaches

UK HMG, political and financial risks: **RISK RATING: MEDIUM**

- The evolving and reshaping of UK foreign aid and diplomacy structures including the FCO/DFID merger may affect the IHR Project scope.
- The changing UK domestic political and fiscal climate may affect the ODA budget and the funding envelope available for the project.

Mitigation:

- Close collaboration with HMG mission in country
- Full engagement in discussions to reshape the UK PH system, advocating for the priority for GHS activities and programmes

- Close collaboration with FCDO, joint planning and shared delivery were appropriate

Economic & resource constraint risks: **RISK RATING: MEDIUM**

- Anticipated global recession due to the ongoing pandemic could impact on partners' abilities to retain the workforce or maintain other resources developed through the project. It could also adversely affect the GHS partner global landscape.

Mitigation:

- Adaptive programming to ensure VfM and optimise efficiencies
- Continuous advocacy for system strengthening in partner countries

Partnership & delivery risks: **RISK RATING: MEDIUM**

- Changing global geopolitical context, including movement of key personnel may lead to a loss of political commitment to IHR strengthening or a need to establish new relationships.
- Evolving GHS partner landscape increases the risk of duplication of efforts and inefficiencies or creation of new gaps in international collaboration for GHS.
- The transition towards new UK public health structures and potential staff changes could affect access to technical expertise, resulting in delivery delays and loss of institutional memory and weakened inter-agency relationships
- Uncertainty around continuation of funding (beyond 2022) may impact the IHR Project's credibility and ability to engage with partners.

Mitigation:

- Conduct an institutional stakeholder analysis to understand current landscape and build new relationships
- Close collaboration with HMG mission in countries where we operate
- Active advocacy and engagement by IHR Project in-country teams and through participation in multisectoral fora
- Robust exit strategic planning and communications

Business and reputational risks: **RISK RATING: LOW**

- PHE-NIHP transition and evolution of the new UK public health structures may create uncertainty amongst international partners, adversely impacting critical relationships.
- Failure to lock in the gains of the first IHR Project funding cycle could lead to lack of sustainable change and resultant reputational damage.
- The UK's international relations and reputation may be adversely impacted by other major events (e.g. Brexit, COVID-19 response, changes to ODA budget), impacting project credibility.

Mitigation:

- Secured funding for 2021/22 demonstrates HMG confidence in the IHR Project and commitment to GHS
- Continued advocacy for a clear and adequately funded GHS programme within the remit for NIHP

4. Options for appraisal

The options considered are based on the refreshed Theory of Change (TOC) (Figure 1), which builds upon the DHSC GHS Programme TOC.

IHR Project Theory of Change (TOC)

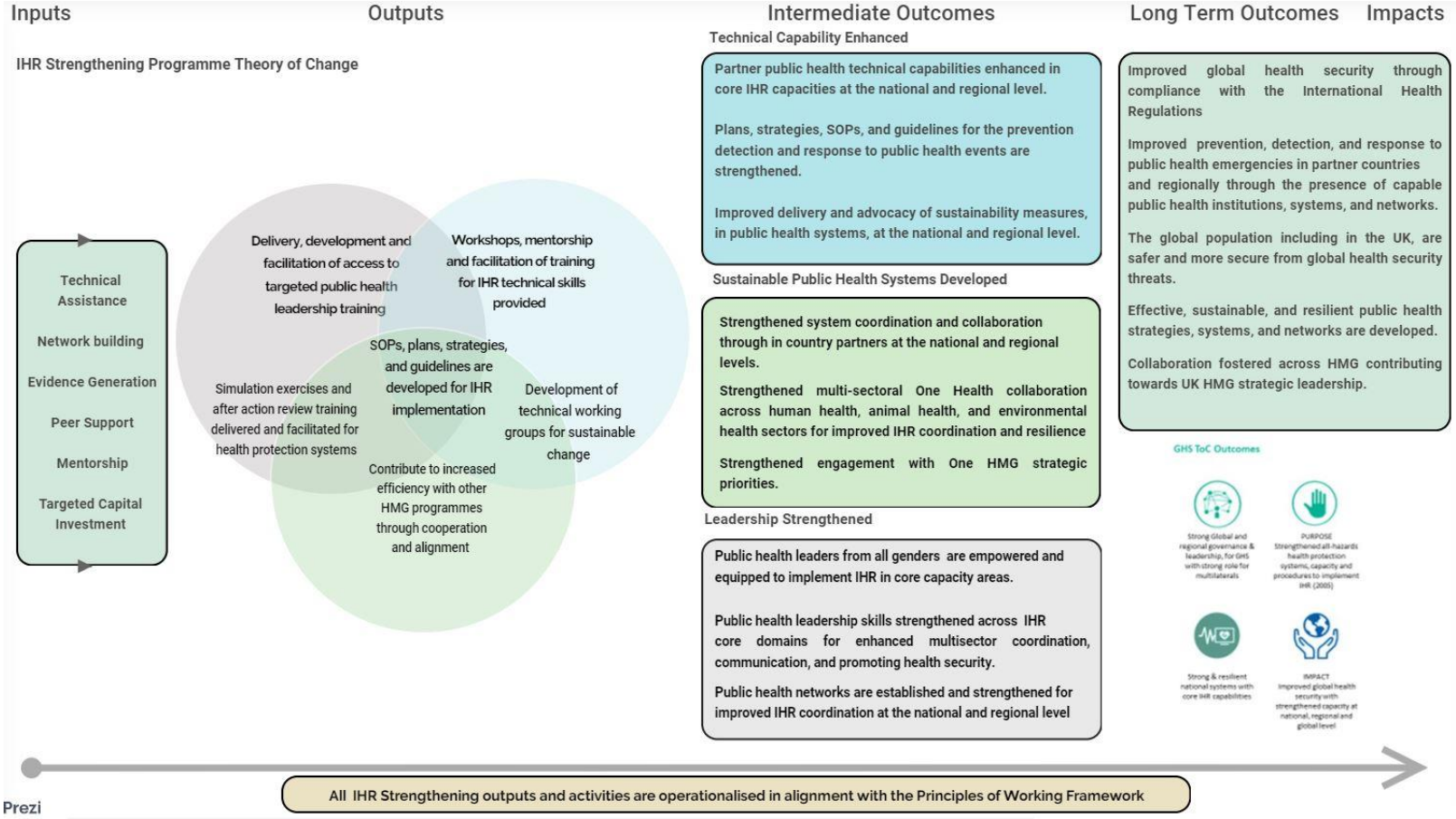

Figure 1: IHR Project Theory of Change (TOC)

Options Appraisal

Option 1 (fully engaged, increased funding): Enhanced engagement to facilitate strong bilateral focus at a sub-national, national and supra-national levels	***Option 2 (matched funding):*** *Reduced engagement; maintain bilateral partnerships at national level only Domains of activity limited* **Recommended Option**	*Option 3 (reduced funding): National-level engagement only, with supra- and sub-national focus removed* Not recommended	*Option 4 (no new funding): Do nothing (counter-factual)* Not recommended
Strengths and opportunities			
Increased funds would facilitate full realisation of the ambition and potential of the IHR Project, ensuring that IHR capabilities are sustainably enhanced, public health leadership is strengthened and public health systems are sustainably developed at bilateral (including sub-national) and regional levels, reducing the impact of future public health events. Staff and expertise would be retained, and business continuity maintained. There would be no negative impact on the reputation of the IHR project, PHE or DHSC	Maintaining current levels of funding will allow us to continue most current activities and existing workstreams. Staff and expertise would be retained, and business continuity maintained. There would be limited negative impact on the reputation of the IHR project, PHE or DHSC.	Continued but limited bilateral engagement with existing partners on some national level activities.	No financial risk to HMG or DHSC.
Weaknesses and challenges			
COVID-19 represents a challenge to Project delivery during FY21/22 due to ongoing impacts to travel and the possibility of changing partner priorities.	Matched funds would not allow for further extension into sub-national engagement nor expansion of regional partnership, limiting potential impact on improved GHS and IHR Compliance The opportunity to offer continuing public health expert advice to HMG missions would also be limited, reducing the scope for DHSC and PHE contribution to the UK government joint diplomacy and aid agenda for Global Britain.	Reduced funds would necessitate curtailed engagement with regional partners and leave no capacity for sub-national work. Additionally, the physical presence of technical expert staff within partner countries, which can particularly enhance bilateral engagements, would be limited if funding were reduced.	This option would entail closing out the current IHR Project at the end of the current funding cycle, with no further direct investment through DHSC to PHE for building capacity for improved GHS and IHR compliance. This option also risks reputational damage for UK HMG's commitment to strengthening GHS

5. Recommended Option

Considering the current financial climate, and the reduced ODA budget, the recommended option is Option 2 (matched funding), which is recognised as being more financially feasible. This option would still ensure success of the IHR Project by 'locking in the gains', enabling continued adaptation to emerging priorities, and ensuring smooth transition to the next funding cycle through the following key steps:

- Continuing to develop existing bilateral relationships and build on progress made between 2016-21, to further enhance IHR compliance; strengthen the public health systems; and develop leadership, according to partner need.
- Continuing to support regional public health resilience through building our partnerships with regional institutions, with an increased focus on supporting Africa CDC and its Regional Collaborating Centres (RCCs) and strengthening engagement with other regional public health bodies.
- Continuing to support response to and recovery from COVID-19 in partner countries, in line with project objectives
- Supporting regional public health resilience and enhance the Project's regional impact through greater investment in developing selected partner countries in their designated role as regional hubs for health security, and to other regional institutions in Africa, South East Asia and the Eastern Mediterranean.
- Enhance our cross-HMG collaboration and optimise coordination of UK government resources by developing strong partnership with FCDO.

All the other options present risks of further delays to project completion, potential increased costs and damage to relationships and reputation.

Theatres of engagement and inputs

The project will operate in 5 countries in Africa and Asia and will collaborate with key regional public health institutions and agencies (Figure 2)

The project inputs will align with our triple mandate:

- Build technical capability
- Develop sustainable public health systems
- Strengthen leadership

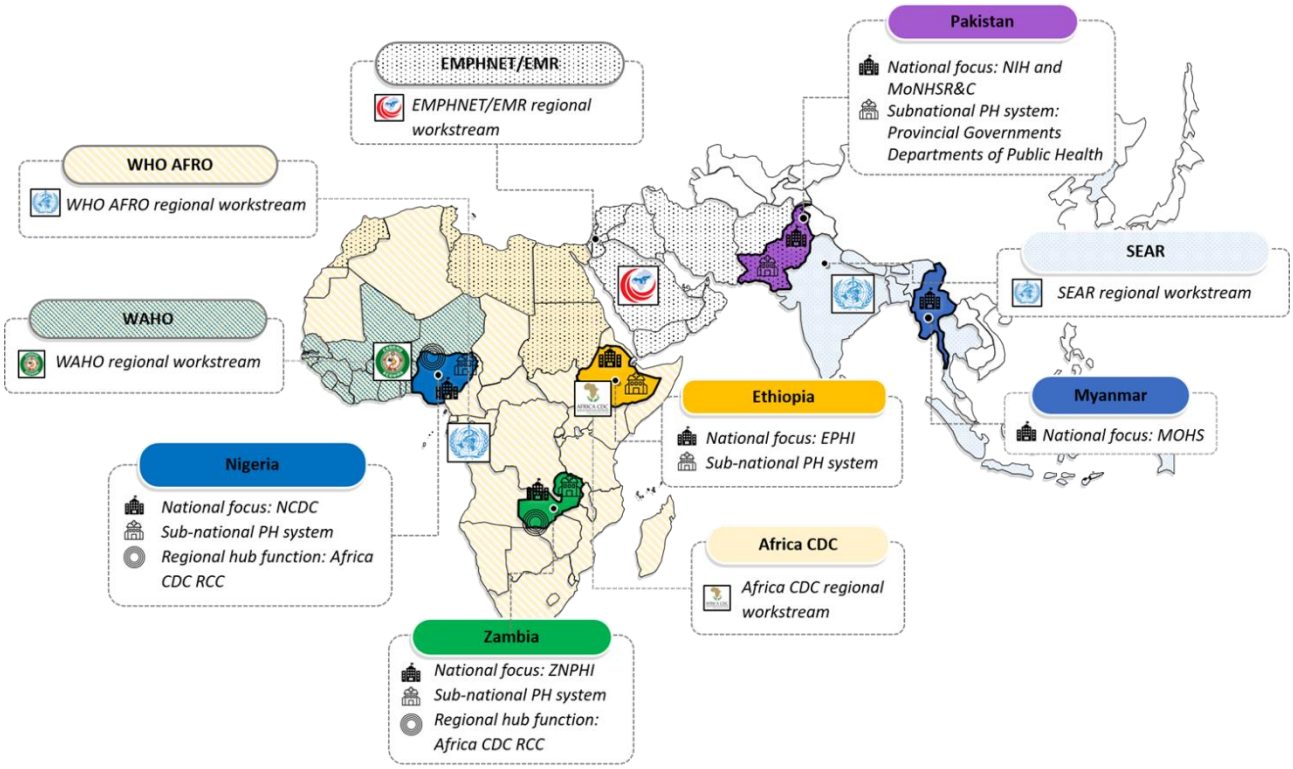

Figure 2: IHR Project Theatres of Engagement

6. Procurement Route

No additional procurement is required for this proposal, as the proposal is only for additional time and money to extend work already being delivered using PHE's own resources. No new third party procurement is anticipated. Existing contracts will be extended or adjusted with the purpose of maintaining existing arrangements (with additional time and funding as required) to allow original project objectives to be met.

7. Funding and Affordability

IHR project budget information:

Time period	Recommended option (matched funding)
April 2021 to March 2022	**£6,912,000**

[1.] Africa CDC includes collaboration with WHO AFRO
[2] Nigeria also includes support to WAHO & Africa CDC West Africa Regional Coordinating Centre
[3] Zambia includes support to Africa CDC Southern Africa Regional Coordinating Centre
[4] Core project coordination also includes resources for system strengthening including leadership and organisational development, HMG advisory function, as well as project leadership, M&E, business management and administration. Dedicated resources to strengthen the IHR project contribution to strengthening GHS collaboration are also included within this funding stream

Budget envelope

For the recommended option, matched funding to 2020/21, the IHR project requires £6,912,000.

8. Management Arrangements

- Existing management arrangements will be maintained but will be adapted to fit the new structures in UK public health and across HMG.
- The IHR Project will continue to be part of the DHSC GHS Programme and provide quarterly progress and finance updates to DHSC. Governance, oversight and scrutiny of all aspects of the project, including accountability for value for money, risk management and monitoring and evaluation, will remain with the IHR Project Board and DHSC GHS Programme Board (chaired by the DHSC Senior Responsible Officer). All governance processes will continue to be supported by finance and commercial expertise within PHE and DHSC.
- The IHR project will ensure clear representation within, and alignment with the developing cross HMG Country Strategic plans, while maintaining clear accountability to DHSC as our sponsoring government department
- The project leadership and management team will be responsible for project development, design, implementation, monitoring and evaluation, and be accountable to PHE and DHSC governance bodies.
- Learning from the first funding cycle will influence project planning, delivery and management, in line with a move towards increasing adaptive programming. Annual work plans will be developed and continuously monitored, and work planning processes will be reviewed to

increase efficiency. Decision-points and KPIs will be built into all projects to allow for revision, review or termination if key objectives are not being achieved, or significant changes occur.

- Impact will be assessed through continuous monitoring and evaluation of workplan delivery and project processes, including internal and external, and formative and summative evaluations. Recommendations from the MTE regarding improvements in M&E will be enacted, including a revision of the project theory of change and the creation of robust, nested Log-frames for each project within the IHR Project.
- Robust **risk management** processes will be embedded within regular governance processes to enable the project leadership and management to identify and assess risks, determine mitigations, manage actions and record contingencies. Strategic/external and internal delivery risks and mitigations will be captured in the project risk register, regularly reviewed and escalated to higher levels of governance (within PHE, the IHR Project Board and DHSC GHS Programme), as necessary.
- Internal governance arrangements are illustrated below (Figure 3).

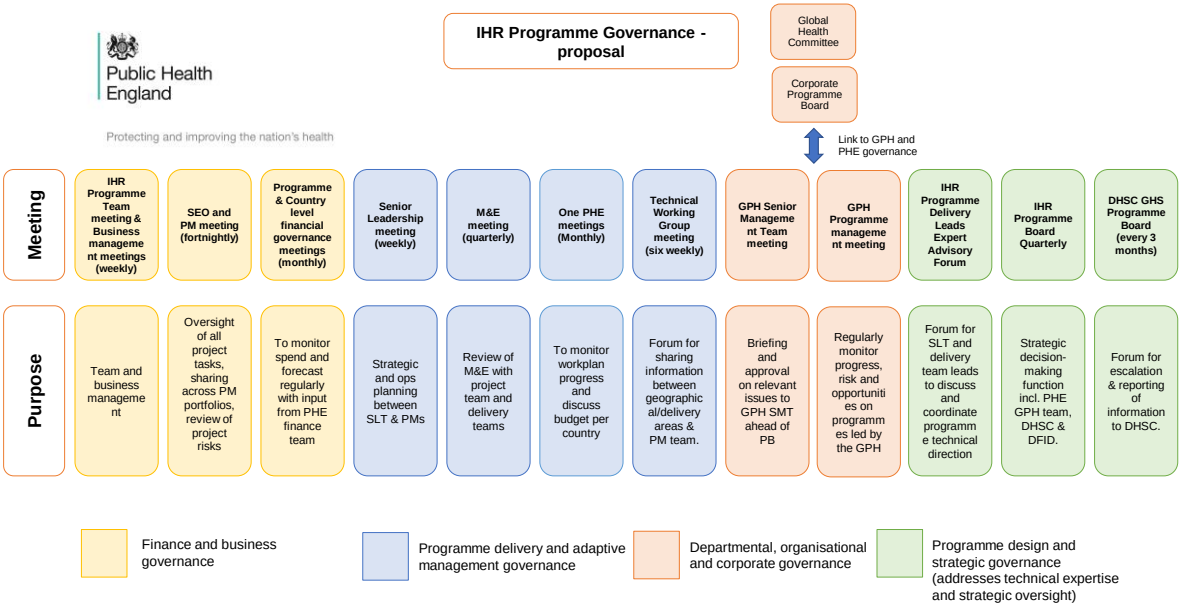

Figure 3: IHR Project Proposed Governance Framework

Supporting Documents

International Health Regulations Strengthening Project Three-year Funding Proposal 2021/22 – 2023/24 and Appendices:

1. Economic Case Multi-criteria Decision Analysis (MCDA): detailed methods and findings
2. Supporting evidence:
    a. “An evidence review to test the IHR Project Theory of Change Assumptions”
    b. IHR Project Evidence-generation: publications and practices
    c. IHR Strengthening Project - Evidence of Impact and Case Studies
    d. IHR Strengthening Project support to HMG international missions
    e. IHR Strengthening Project COVID-19 preparedness & response support (information published via WHO SPH Portal)
3. Project Management & Governance: plans & approaches:
    a. IHR Strengthening Project Governance Framework
    b. IHR Project risk management & mitigations
    c. IHR Project Sustainability, Equity and Inclusion Plan
    d. IHR Strengthening Project approach to communications, visibility and transparency
    e. IHR Project third party contract management: tasks and governance checklist
4. Monitoring & Evaluation:
    a. Itad Third Party Midterm Evaluation (MTE) Report
    b. IHR Project Monitoring & Evaluation (M&E) Plan and revised Theory of Change (TOC)
    c. DHSC GHS Programmes Theory of Change (TOC)
5. Other:
    a. IHR Project: PHE & HMG collaboration & synergies
    b. IHR Project One Health Strategic Approach (i) and One Health 2021/22 narrative workplan (ii)