

Strengthening Global Health Security 2021-2022

Business Justification

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VERSION HISTORY

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1. Purpose

This business case justification is to seek approval for 12 months of funding for the Global Health Security (GHS) Strengthening Project.

Whilst Global Health Security has always been a UK priority area, it has never been more important than it is now. PHE delivers targeted, in-country engagement on global health security through the existing International Health Regulations (IHR) Strengthening Project. The GHS Strengthening Project aims to provide the resource and technical expertise to increase our engagement at a global level, complementing and building on existing in-country work. This includes increasing our engagement with global fora, including the GHSA, with WHO to support the next steps of the review of the IHR as well as support the UK's GHS priorities for its G7 Presidency.

The GHS Strengthening Project will need to be a blend of ODA and non-ODA funding to achieve the aim to reach beyond ODA eligible countries and to work with a range of global networks. This will be a combination of DHSC ODA funding of £312,000, and Public Health England/National Institute for Health Protection funding of £128,000, amounting to a total of £440,000.

2. Strategic Context

- 2.1 **COVID-19:** The COVID-19 pandemic has demonstrated the devastating social and economic cost of weaknesses in GHS. Lessons learned from the pandemic show that improving GHS depends upon collaboration across multiple sectors within and between governments, including the health, security, environmental and agricultural sectors. This project specifically seeks to increase collaborative working with key global organisations, investing in multilateral and multi-sectoral functions and relationships and across other government departments (OGDs). The current tight fiscal environment has led to this project focusing on multi-lateral commitments which will have the most benefit, such as supporting WHO and their ongoing review of IHR (2005), providing input to key political fora such as G7 and G20 and working through networks such as GHSA and the International Association of National Public Health Institutions (IANPHI).
- 2.2 **Low- and Middle-Income Countries (LMICs):** A core part of HMG's GHS and G7 commitment is to support the WHO by building health security capabilities in other countries and regions. Enhancing the connections and expertise established through the DHSC funded International Health Regulations 2005 (IHR) Strengthening project will benefit other countries, regions and global partners to advance their GHS systems. This project specifically seeks to extend the reach of UK technical engagement beyond current project target countries through strengthened networks and technical partnerships, using evidence synthesis and knowledge sharing, and engaging with UK Missions and related HMG in-country projects where appropriate.

- 2.3 **Global leadership:** The additional intelligence from these initiatives and strengthened networks will enable the UK to take a stronger leadership role in GHS and provide high level strategic influence to key organisations, including WHO. Similarly, the UK will be able to increase GHS capability across National Public Health Institutes globally, working in partnership with networks such as IANPHI.
- 2.4 **G7 Presidency:** Not only does the pandemic present a clear case for enhancing GHS networks, the UK is now taking a leading role in progressing the international GHS agenda as part of its G7 presidency for 2021. In laying out a Five Point Plan for this role, the Prime Minister described UK intentions to be a global leader in science and innovation for health. The Plan includes ambitious GHS objectives around designing a global pandemic early warning system and agreeing global protocols to prevent and prepare for future health emergencies. Achieving these objectives will require increased international collaboration and specialist technical expertise. Capacity for this will be enhanced in the NIHP, along with more effective information sharing and deployment of expertise internationally. This project aligns with these aims by strengthening existing global partnerships in GHS and increasing access to the UK's GHS technical expertise in the NIHP.
- 2.5 **One Health (OH):** A OH approach to GHS focuses on the specific risks and challenges to health posed by the interface of animal, human, agriculture and environment domains. Learning from COVID-19 has played a key part in raising awareness of the need for an improved OH approach and the urgent need to protect the world from threats through broader, cross-system engagement and coordination. Collaboration across HMG, particularly with the Department for Environment, Food and Rural Affairs (DEFRA), will help demonstrate joined-up global leadership on OH for GHS, supported through enhanced NIHP technical expertise. The increased GHS capacity will enable the development of resilient approaches to enhance the OH knowledge and evidence base globally. It will also support the UK to take a more proactive leadership role in key partnerships such as the WHO-OIE-FAO Tripartite and shaping global OH initiatives such as the GHSA Zoonotic Diseases Action Package (ZDAP). Investment in aligning these sectors and networks will contribute to the G7 ambition of establishing a global OH intelligence hub¹ to improve horizon scanning.

3. Case for Change

- 3.1 PHE has globally recognised technical expertise (capability) in GHS, but limited core-funded capacity. Addressing this capability-to-capacity gap by increasing the

¹ Link to G7 One Health Intelligence Hub proposal under UK Presidency in 2021.

number of globally facing GHS posts will help strengthen UK international reach and consolidate the success of existing DHSC funded ODA projects. This needs to be supported by improved engagement with key global networks, including WHO, GHSA, and across key IHR technical areas, including One Health, AMR, biosafety and biosecurity.

- 3.2 Strengthening Global Health Security benefits all countries. Whilst this project is focused on maximising benefits for ODA countries, benefits will also be realised for non-ODA countries and so PHE is providing some funding to support this. This blended funding will enable the team to support activities such as the G7 plus Mexico led Global Health Security Initiative (GHSI), which benefits ODA and non-ODA countries alike.
- 3.3 The strategic objectives of this project will be achieved by strengthening partnerships globally and improving capacity and access to NIHP's technical expertise. Part of this will be consolidating and sharing the global public goods developed through the IHR Strengthening Project and UK Public Health Rapid Support Team, as well as experience gained through PHE GHS engagement in the UK Overseas Territories.

3.4 Benefits to LMICs:

- Synthesis of lessons from the DHSC ODA funded IHR Strengthening Project to inform in country and multilateral organisations policies and approaches with a global reach.
- Strengthening GHS networks and partnerships such as WHO, GHSA and IANPHI to support their activities to strengthen IHR capacities to prepare, prevent, detect and respond to health threats, and increased access to technical expertise.
- Support NPHIs in LMICs to achieve better compliance with IHR through increasing access to resources, expertise and evidence based best practice for IHR strengthening and GHS. Including through the newly designated NIHP WHO Collaborating Centre for Global Health Security activities, for example input into reviewing the WHO Public Health Emergency Operating Centre Network Framework, using learning from IHR partner countries.
- Strengthening the links between GHS and Disaster Risk Reduction, linking GHS leadership to the roles of other UN agencies collaborating in support of the Sendai Framework on Disaster Risk Reduction.

3.5 Benefits to the UK:

- Strengthen and integrate GHS commitments, global partnerships and technical capability through relationships with international agencies, regional bodies (e.g. Africa Centres for Disease Control) and X-HMG; enabling DHSC and the UK to develop its leadership role now we have left the EU.
- Strengthened technical input in support of UK G7 leadership to building consensus on actions needed to improve IHR strengthening activities and develop a One Health Intelligence Hub.

- Global health experience gained by UK experts deploying internationally is brought back to strengthen national health security.
- Capitalising on evolving networks such as the New Variant Assessment Platform and experience to inform approaches to developing a pandemic early warning system, based on strengthened laboratory networks, and sample and data sharing platforms (working with FCDO funded programmes such as FIND).
- Support global action as we approach the UN 2030 SDGs through alignment of Disaster Risk Reduction and GHS activities.
- Foster the reciprocal exchange of learning and innovation across global networks
- Opportunity for HMG to increase its influence and accelerate efforts to improve GHS and build capacity, supported by technical expertise, with key organisations such as WHO and input into decisions on global policy through active technical engagement.

3.6 Strategic risks to project delivery

- 3.6.1 Evolving geopolitical context, driven by evolving COVID pandemic. Probability: Medium. Impact: Medium.

Mitigation: Project will need to remain flexible, adapt and optimise effectiveness. Maintain close engagement with government departments (UK & abroad). Continual situational and political economy analysis. Continual engagement with key global partners such as WHO.

Residual risk: Work duplication due to lack of global coordination.

- 3.6.2 Changing UK public health, foreign aid & diplomacy structures, linked to creation of NIHP and management of reduced aid budget. Probability: High. Impact: Medium.

Mitigation: Focus on engagement with designs of new systems and early engagement with OGDs. Continual situational analysis.

Residual risk: Reduction in overall ODA funding impacts on existing partnerships.

- 3.6.3 COVID-19 limiting ability to deliver partnership activities overseas e.g. due to travel restrictions. Probability: High. Impact: Medium.

Mitigation: Continual engagement in remote delivery working groups. Establish mechanisms and processes to deliver projects overseas remotely robustly.

Residual risk: Engagement from global partners may be reduced with national COVID response diverting resources from global engagement.

- 3.6.4 Fiduciary. Probability: Low. Impact: High

Mitigation: Discuss with finance colleagues at project onset if a fiduciary risk assessment is required. During project, constant monitoring of forecasts and budgets will continue with finance colleagues at regular meetings to ensure funds are accounted for, used for intended purposes and achieve VFM. As funding is

from two sources, an appropriate monitoring system will be established with finance colleagues to ensure that they are being used appropriately.

Residual risk: Safeguards may be ineffective in reducing fiduciary.

3.6.5 Insufficient funds. Probability: Low. Impact: High.

Mitigation: Finance dashboard being developed to monitor spend.

Residual risk: Project might require additional funds due to potential additional asks for G7 and WHO related activities, or international deployments to emergencies which aren't possible to project.

3.6.6 Insufficient capacity at DHSC and/or PHE/NIHP. Probability: Low. Impact: High.

Mitigation: Constant communication with DHSC and other PHE departments to ensure workload is manageable. Agreements made/reviewed between departments on available resources. Establish cross PHE for a to ensure communication about project and minimise effect on other PHE work.

Residual risk: Projects might fall behind without sufficient management/delivery capacity.

4. Available Options

The options below set out outputs against funding.

Option	Core activity	Through	Estimated cost
1	<p>Strengthening x HMG GHS activity for IHR</p> <p>Extend impact of the evidence-base and learning from International Health Regulations Strengthening Project</p> <p>Engagement with global networks and partners such as WHO and GHSA and strengthening key relationships e.g. G7 and G20 and bilaterally with countries such as the US.</p> <p>Strengthening OH GHS capacity, deployable</p>	<p>Provision of GHS technical expertise, resources and advice into:</p> <ul style="list-style-type: none"> - IHR strengthening project - G7 UK presidency - One Health Intelligence Hub, pandemic preparedness plans discussions and New Variant Assessment Platform (NVAP) - GHSA to strengthen engagement, leadership, and technical expertise input - Support for strengthening GHS in LMICs through networks such as IANPHI - Input in to COP26 on the health impact of climate change and the 	<p>Total £440k</p> <p>Combined funding from</p> <ul style="list-style-type: none"> - ODA (IHR project). £100k - PHE (ODA overheads*) £128k - Over programming of ODA funded GHS programme £212k <p>This option includes the</p>

	<p>capability and tripartite engagement</p> <p>Enhanced GHS technical expertise capacity to HMG</p> <p>Enable all hazards approach, including links to COP26</p> <p>Capitalise on new opportunities driven by the COVID-19 response</p>	<p>risks posed by climate change to GHS.</p> <ul style="list-style-type: none"> - Input into WHO reform and outcomes of the IHR Review including updating the IHR Monitoring and Evaluation Framework - Strengthen delivery of NIHP WHO Collaborating Centre for GHS commitments - Strengthening links between GHS and Disaster Risk Reduction, in support of the Sendai Framework on Disaster Risk Reduction. 	<p>existing GHS focused resource described in option 3.</p>
2	<p>Minimum capacity to demonstrate benefit</p>	<p>Limited capacity to ensure IHR project learning, evidence and resources shared</p> <p>Prioritised focus: UK G7 priorities, WHO IHR review recommendations and actions</p> <p>Limited access to GHS expertise including OH</p>	<p>Total £228k</p> <p>Available funding if over programming approach not supported:</p> <ul style="list-style-type: none"> - ODA (IHR project). £100k - PHE (ODA overheads*) £128k <p>This option includes the resource described in option 3.</p>
3	<p>Do nothing</p> <p>Counterfactual</p>	<p>Missed opportunity for UK HMG leadership to:</p> <ul style="list-style-type: none"> - influence and accelerate efforts to improve GHS - capitalise on new opportunities driven by the COVID-19 response, - to extend the existing work of the IHR and RST projects globally 	<p>No additional funding</p> <p>Continued current limited level of GIA funded GHS capacity</p> <p>This would restrict UK ambition as GHS technical expertise capacity transferred to NIHP would be limited</p>

		<p>Reduced impact of UK HMG influence with WHO and other key organisations and networks</p> <p>Limited future ability for NIHP to respond and provide technical expertise to increasing international demands.</p>	
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**enables flexibility in spend for non-ODA eligible activities*

To ensure value for money, and increase effectiveness, we will consolidate existing resources where possible across PHE/NIHP to increase the effective deployment of available resources. The additional roles for which funding is sought will require a mix of experience working with international organisations and in political environments, international operational experience and technical expertise such as One Health. Posts will be embedded and supported through the NIHP GHS team for the project duration and will work closely with the IHR Strengthening and UK-PHRST teams. In addition, flexibility has been built-in to access additional specialist expertise across NIHP and reflect changes in the ask from WHO and G7.

5. Recommended Option

Option 1 would be best placed to achieve the aims of increasing the current GHS capacity in NIHP, as listed in the purpose (section 1). See Theory of Change for option 1 at Annex 2.

PHE has limited core GIA funded GHS capacity, supported by expertise, and capability, from across the organisation, whose primary purpose is to meet UK domestic health and health security needs. Investment in additional posts is critical to enable delivery of this project.

The recommended option includes the establishment of a dedicated One Health post; for which there is a recognised need to work with key stakeholders cross-HMG, in particular DEFRA, and to engage with cross-HMG mechanisms such as the CO-led One Health group and GHOG. They will provide strategic and technical advice on a range of relevant issues and establishing and strengthening coordination, communication, multi-sectoral engagement, and information sharing among global partners. This will support the strategic discussions taking place for G7, with the UN tripartite and GHSA partners as well as engagement across HMG. Additional capacity will be through a PH Registrar acting up in a consultant role, a joint appointment across GHS and DRR plus project management.

Benefits of recommended option:

- Strengthened interdisciplinary approach across global concerns and support for UN commitments on GHS and One Health.
- Better access to non-dedicated GHS expertise across NIHP e.g. Emergency Planning.
- Sufficient flexibility enabled throughout the year to be able to pivot in response to challenges from WHO review and G7 developments and to reflect new activities such as

the New Variant Assessment Programme which could help strengthen laboratory networks, intelligence sharing and the development of a pandemic early warning system.

- Better coordination and integration across NIHP, and access point for UK HMG; provision of expertise, response and a cohesive approach to GHS engagement across HMG would enable increased access to expertise and effective development of a GHS evidence base.
- Strengthened engagement with global organisations, initiatives and partnerships.
- Increased GHS evidence base, through multi-lateral partnership working.

This option presents the best value for money through:

1. building on, and learning from, current GHS team in PHE/NIHP
2. the deployment of PH Registrars to acting-up consultant roles
3. building on the knowledge and expertise within the IHR Strengthening Project Team
4. consolidation of GPH and DRR resource within PHE and additional deployment of ODA overhead funded resource

Following formal approval of the Business Justification Case a full project plan will be developed. This will be the document against which the project team will report.

6. Procurement Route

No significant procurements are envisaged within this project. Any procurement would be undertaken by PHE/NIHP operations team supporting the inception/deployment of this project, following PHE/NIHP procurement policy and contracting procedures which include international bids, in-country contracting and other long-term framework arrangements

As part of the civil service, PHE is obliged to comply with procurement legislation and government policy objectives.

PHE also has its own policy which satisfies PHE's obligations and facilitates business - for example, using different routes for buying goods and services based on the product's value. The policy aims to:

- achieve value for money (VFM) and good business outcomes by encouraging competition. VFM considers factors such as innovation, quality, fitness for purpose, timeliness, and convenience, as well as cost
- ensure PHE, as a public sector body, fulfils its responsibilities for the good stewardship of public funds and probity in the buying of goods and services. All staff involved in buying goods and services must comply with the Chartered Institute of Purchasing and Supply's ethical code of purchasing

7. Funding and Affordability

Total cost of project	£440k
Request from DHSC	£312k

Breakdown:

- ODA (IHR project) £100k
- Over programming of ODA funded GHS programmes £212k

Combined with additional non ODA funding of £128k from PHE

8. Management Arrangements

Resources have been identified to support delivery of the work required to implement what is set out in this Business Case:

- The lead for the project will be the Head of Global Health Security in PHE who will be responsible and accountable for spend through the Director of GPH in PHE, with GPH Senior Management Team and PHE Corporate Programme Board providing internal governance of the project.
- The project will report against ODA funding into the DHSC GHS Programme Board
- 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.
- Risks have been identified and mitigation measures considered in advance. The risk matrix is included in this document.
- A monitoring, evaluation and learning (MEL) system documentation and process will be kept under review to reflect ongoing learning throughout the project.
- An annual review process will include checkpoints on delivery and impact, supported by a considered slow start up to enable flexibility.

A full project plan and logframe will be developed against which the project team will report.

Annex 1 Strengthening Global Health Security- High Level Overview of Outputs defined to date

Area of work	Activities	Outputs (detail of deliverables to be in full Project Plan and Logframe)
IHR strengthening	<ul style="list-style-type: none"> • Working closely with IHR Strengthening Project to help shape global initiatives • Building and sharing the knowledge and evidence base in (LMICs), regionally and globally • Engagement beyond those ODA eligible countries already supported directly through the IHR and PHRST projects. 	<ul style="list-style-type: none"> • Increased engagement with key global partners and networks, including WHO, GHSA etc • Engagement by working through and shaping global initiatives such as WHO IHR (2005) • Helping strengthen regional engagement beyond Africa
Strengthening engagement and global networks		
WHO	<ul style="list-style-type: none"> • WHO IHR M&E framework- Support review of process and technical areas, and update post COVID-19 across: • Sharing resources and experience through: <ul style="list-style-type: none"> ○ WHO benchmarks for IHR (2005) ○ WHO Academy and Library ○ Multisectoral preparedness framework ○ Strategic partnership for health security • Delivery of PHE / NIHP's newly designated WHO Collaborating Centre for GHS Terms of Reference 	<ul style="list-style-type: none"> • Contribute to revised / updated IHR M&E framework (post IHR review) • Shared learnings and expertise from IHR Strengthening Project through WHO to Member States • Shared learning to Member States on responding to the COVID-19 pandemic, and discussions on working together on future pandemic preparedness, including NVAP. • Review of Public Health Emergency Operations Centres framework • Contribution of resources to WHO library, including: <ul style="list-style-type: none"> ○ Case studies and examples of best practice, ○ Lessons learnt from IHR and UKPHRST ○ Training materials • Collaborating Centre deliverables: TBC after prioritisation consultation with WHO
GHSA	<ul style="list-style-type: none"> • Develop and strengthen relationships with other member states, and key regional stakeholders, laying the groundwork for future collaboration on global health security. • Strengthen xHMG engagement • Strengthen engagement into UK priority GHSA Action Packages 	<ul style="list-style-type: none"> • Learnings and expertise from IHR Strengthening Project shared through GHSA network • Engagement beyond IHR project partner countries and regions • Raised profile of UK GHS and IHR expertise and commitment to GHSA • Shared learning on responding to the COVID-19 pandemic, and input into discussions on working together on future pandemic preparedness. • Membership of Steering Group 2022.

		<ul style="list-style-type: none"> • Specific deliverables for each GHSA Action Package e.g. Zoonotic Diseases to be defined
G7 and G20	<ul style="list-style-type: none"> • Build on UK G7 Presidency in 2021. 	<ul style="list-style-type: none"> • Input expertise and learning into One Health Intelligence Hub, pandemic preparedness plans discussions and New Variant Assessment Platform (NVAP) discussions
IANPHI	<ul style="list-style-type: none"> • Increase engagement and work to develop a shared agenda for GHS across NPHIs 	<ul style="list-style-type: none"> • Input into IANPHI/RIVM working group on Public Health and Climate Change • Input into shared GHS agenda
Strengthened GHS engagement, collaboration and coordination across HMG		
Enhanced GHS technical expertise and capacity across HMG	<ul style="list-style-type: none"> • Strengthening partnerships with other DHSC GHS programmes and xHMG ODA activity to optimise coordination of all UK government resources and to enhance synergy between diplomacy and aid. • Enabling and underpinning the impact of G7 partners' investments in GHS UK leadership 2021 • Contribute to development of OH Intelligence Hub • Input expertise into COP 26- all hazards approach • Build on existing GDRR partnerships to further align GHS/GDRR agenda 	<ul style="list-style-type: none"> • Meet the increasing demand for scientific advice and evidence to inform DHSC and OGDs policy which impacts on GHS in ODA eligible LMICs. • Strengthened partnerships across HMG GHS programmes. Synergies and opportunities for collaboration with UK government departments, international programmes and expert institutions to enhance impact and optimise efficiencies • OH Intelligence Hub developed with input from NIHP OH expertise, including building on the connections of the PHE/NIHP HAIRS network • Contribution to joined up xNIHP input into COP26 climate and health workstream. Deliverables TBC as strategy determined

Strengthening Global Health Security 2021-2022: Theory of Change

