Department of Health & Social Care

ADDENDUM TO BUSINESS CASE

SUMMARY INFORMATION	
Project Name	**IHR Strengthening Project**
Country or region targeted	**Africa & Asia**
Type of cost extension (if applicable)	**nil**
Original project budget	**£16m**
Original project start and end dates	**November 2016 - March 2021**
Cost extension value (if applicable)	**n/a**
New project end date (if applicable)	**March 2021**
Extension Number	**201903/002**

INFORMATION

The Purpose/Reason for Variation

To allow for greater flexibility in the terms, conditions and modalities of the current MOU to better meet the emergent needs of the project. The original business case was submitted on the basis of well-informed academic evidence and estimates. Two years into implementation there has been significant learning about the operating environment, PHE's internal processes and better understanding of delivery in the focal countries. Variation to the original business case is sought to implement changes as a result of efficiencies identified from the initial phase such as reduced PHE overhead rates, new delivery mechanisms to overcome obstacles experienced and lessons learnt, and a six months non-costed extension. This will enable technical assistance to be more effectively delivered and evaluated, better aligned to the needs of the recipient countries, resulting in more sustained long-term gains.

The Objectives

- To allow capital expenditure for consumables in capacity building, training and development
- To enhance our implementation mechanisms to enable delivery through third party organisations, who are well aligned to complement aspects of PHE's technical assistance in-country [redacted]
- To increase the sustainability of the project, by extending our support to regional public health institutions and other third-party organisations and facilitating greater South to South learning.

Timescales and Milestones

April 2019 – Sept 2021

Approach to Implementation

In addition to the mechanisms defined in the original business case, further flexibility in the delivery and modalities of our approach is sought. Below is an indicative, but not exhaustive list of additional delivery mechanisms:

Capital expenditure for consumables in capacity building, training and development

- Laboratory equipment, where in FY 18/19, £40,000 was agreed for laboratories in Nigeria. This cost was paid for by DHSC underspend due to restrictions in our current budget. we are seeking flexibility to spend to utilise our budget in line with demand, rather than revert to DHSC for additional assistance. For example, the purchasing of IT equipment for partner NPHIs to enable more cost-effective and sustainable remotely delivery through video conferencing and e-learning. This would adhere to government procurement protocols and asset management to absolve PHE of any ongoing maintenance liabilities.

Delivery through third party organisations/other government department, including grant giving organisations, who are well aligned to complement PHE's in-country technical assistance for example:

- Supported by DHSC, a single tender action in the region of £375,000 in year 1, reducing in year 2 is sought to enable PROMED to deliver an Antimicrobial Resistance (AMR) Surveillance and Reporting System
- Government Communication International Service – Cabinet Office initiative specialising in strategic communications and complex government campaign in an international context

[redacted]

Increase project sustainability by extending our technical assistance to regional public health institutions, facilitate greater south to south learning and. developing the current countries to become regional hubs of capacity to provide south to south support.

- Support regional public health institutions in the South East Asia Region (SEARO) - building on our approach adopted in the African region, we will identify priority areas for IHR strengthening based on a regional delivery model, to support IHR compliance. initiated through detailed a scoping of priority areas to enable development of a fully

costed and detailed delivery plan. This will likely include a small number of scoping missions and regional workshops. It will also facilitate a small number of strengthening activities as part of proof of concept of the regional delivery model.

- To overcome the barriers experienced by nationals of focal countries obtaining UK visas to attend training in PHE centres, we seek to commission and facilitate training in other ODA - eligible countries in the global south, such as South Africa -the poisons centres in Tygerberg and Red Cross War Memorial Children's Hospital, in Capetown, in Uganda work in laboratories. This will reduce the recurrent and expensive problems of declined UK visa applications, while simultaneously facilitating greater South to South learning.
- Continuity Strategy – To begin scoping a continuity strategy by positioning IHR within the wider context of the Health Emergency and Disaster Risk Management Framework.
- Explore the possibility of using third party implementing partners to develop continuity and maintenance of HMG investment where these options are more effective than long term PHE direct support. For example, to work with national public health institutes where with have built capacity to sustain and extend the reach of this project in-country.

Outputs and Outcomes

Outputs:

The amendment will increase the likelihood of achieving the existing project outcomes and impact; and increase the potential for value for money. It will enable the creation of a strong evidence base for further effectiveness of the approach implemented by the IHR Strengthening project and improve the likelihood of sustained system change. Example outputs include:

PROMED

- Design, development and deployment of a new global surveillance network and knowledge resource focusing on antimicrobial resistance (AMR), to detect and validate the occurrence of antimicrobial resistant pathogens in animals, humans, and the environment to help prevent further AMR expansion. Key outputs include: reports on trends, new cases, or clusters of AMR, disseminated electronically in near real-time to an international audience of subscribers on a 24/7/365 basis.

Local Recruitment

- 5 posts currently in the process of local recruitment, with scope for additional recruitment in Zambia, Sierra Leone and Myanmar

[redacted]

South to South Learning

- Full costed scoping mission and corresponding workplan to support regional public health institution in the SEARO region.

- Laboratory training and quality assurance training to upskill and sustain laboratory staff at Ministry of Health and Sanitation in Sierra Leone, Toxicology training for Ethiopia Public Health Institute**.**
- Support the creation of a National Reference Public Health Reference Library at Nigeria CDC and Centre for Disease Control based in the African Union through Online Subscriptions and donated reference materials

Remote delivery and video conferencing through Project Echo
E.g. virtual case management learning on

- Emerging and Zoonotic Diseases: Implementation of One Health Approach
- Lessons learnt in establishing a National Public Health Institutes
  Extend the use of Geospatial (GIS) Mapping to support investigation and control of emerging infections

Outcomes:

There is a clear economic argument for investing in systems to achieve IHR compliance to ensure countries can prevent and better respond to public health incidents. Major pandemics erode hard-won gains against poverty, in human development and economic growth. The overall impact of the Ebola crisis on Guinea, Liberia, and Sierra Leone has been estimated at $2.8 billion.

The IHR Strengthening project is building the evidence base about “what works” – which will be documented in the interim and summative evaluation. There are common themes to draw upon and continue to build the evidence for in this new phase. The non-costed extension fora will allow more time deliver a thorough and robust post-implementation evaluation.

Efficiency

Better coordination (across the IHR Project):

a) Within the portfolio: Avoid silo working, greater opportunities share lessons learnt across focal countries and disseminate the learning and tools beyond the reach of the immediate focal countries to strengthen their position as regional hubs of learning.
b) Developed relationships and interconnections with other partners working on IHR e.g. WHO, Project 53 on Biosafety, Biosecurity to create opportunities for alignment and complementarity.
c) Increased efficiencies within PHE’s corporate systems as the IHR project develops, overcoming procurement and HR barriers, reduced costs of HMG platform places; linking up in-country with other government departments and HMG projects, eg DfID, WHO, Fleming Fund TDDAP to increase effectiveness.

Sustainability
Continued and extended work with regional bodies such as WHO AFRO/EMRO/SEARO and Africa CDC to ensure sustainability of engagement. To extend from national to federal/sub-regional areas and invest further in the current focal countries to develop their reach as regional hubs, depending on changes in political climate and the evolving mandate of regional public health institutions and the occurrences of new public health emergencies/outbreaks

Describe any key changes to the original business case referencing section and paragraph numbers including the theory of change or new evidence from ongoing monitoring, evaluation or learning work?

There will be no changes to assumptions underpinning the theory of change as a result of this addendum to the business case. The additional activities and flexibility in the terms and conditions of the MOU will enable PHE to more effectively and efficiently implement the project, as referenced below.

- AMR – paragraph 10 page 3, paragraph 25, page 5, page 22
- Support regional public health institutions – paragraph 10, 11 (page iii), option 2 (page 8)
- One health implementation – paragraphs 25 page 5, page 9 paragraph 31, page 24 “Support the development of ‘One health platforms to identify, prevent and respond to priority zoonotic diseases”
- Hub approach to learning – p18
- Continuity Strategy - Health Emergency and Disaster Risk Management Framework, paragraph 19 page 26