INVESTMENT DESIGN: COMPETITIVE CALL FOR HEALTH SYSTEMS AND / OR POLICY RESEARCH UNDER THE HEALTH SECURITY INITIATIVE

A: Investment Design Title: Stronger Systems for Health Security
Start date: May 2018 (projects commence)   **End Date:** 2020-2021 (projects end)
Total proposed funding allocation: $16 million for research projects
Investment Concept (IC) for the Regional Health Security Initiative approved by: Blair Exell, FAS, DPD   **IC Endorsed by AIC:** IC for the Regional Health Security Initiative considered by the AIC
Quality Assurance (QA) Completed: Informal review within Health Policy Branch completed 6 September 2017   Independent Appraisal conducted and verbal feedback provided 27 September 2017
B: Executive Summary

> **KEY OUTCOME**: New evidence regarding health systems and / or policy is used to improve regional health security and to stimulate future research
>
> **INTERMEDIATE OUTCOME**: High quality research outputs produced and disseminated that contribute to the evidence base on strengthening health systems and / or policy to improve regional health security
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> **STRATEGY**: Support systems and / or policy research that a) contributes evidence to strengthen regional health security and b) develops regional and local capacity to undertake and use health systems and / or policy research to improve health security

TIMEFRAMES FOR ENGAGEMENT AND RESOURCE COMMITMENT

This research call is slated for announcement by the Minister for Foreign Affairs on 8 October 2017 at the launch of the IndoPacific Centre for Health Security. Applications will go live the following day and will close in December 2017. The National Health and Medical Research Council (NHMRC) has agreed to run the application and assessment process while DFAT will manage the grants in-house. NHMRC has agreed to provide assessment results to DFAT by early March 2018. DFAT expects to be in a position to enter into contracts in April 2018 with projects commencing in May 2018 and the first tranches of funding to be paid by June 2018.

RECOMMENDED DELIVERY APPROACH AND KEY PARTNERSHIPS

DFAT is conducting an Open Aid Grant Process to seek proposals and engage in arrangements. The grants will be managed in-house by DFAT however NHMRC (a non-corporate Commonwealth entity) will be engaged to conduct the application and assessment processes in consultation with DFAT. The principles of a limited tender process are being applied to the engagement with NHMRC.

RISKS AND CHALLENGES

A Risk and Safeguards Assessment Tool has been completed for the research call (Open Aid Grants Round) (Annex 1). Separately, a Risk Assessment has been completed for the partnership with NHMRC.

The most pressing risks for this investment are the speed at which Health Policy Branch is required to roll out the program combined with human resourcing constraints; and the speed at which our primary collaborating institution in the grants management process is able to complete its components of work. The number and quality of proposals submitted may also be reduced by the tight timeframes DFAT's partner wishes to implement around the applicant process which poses a risk to achievement of the program outcomes including the likelihood of research uptake.

Individual research proposals will be required to provide coherent information at application stage about approaches to risk management which will be factored into the assessment process for proposals. DFAT will also expect that detailed risk management plans at project level are submitted to and accepted by DFAT prior to release of the first tranches of funding to recipients.

Reporting in relation to risk will be required by DFAT from partners on a regular basis. Risk will be monitored by project managers on an ongoing basis (minimum reassessment six-monthly), and will be considered by a steering group for the program at key intervals.

C:	Analysis and Strategic Context

Policy context

This investment is part of the Australian Government's Health Security Initiative (the Initiative). The Initiative builds on Australia's *Health for Development Strategy 20152020* which emphasises health systems and health security and identifies Asia as a hotspot for emerging infectious diseases. This new investment in health systems and / or policy research has a combined focus on strengthening country-level systems tailored to people's health needs, through applied research; and on health security in Southeast Asia and the Pacific to ensure effective regional solutions to trans-boundary threats. The work of the Initiative will also be underpinned by DFAT's development policy *Australian aid: promoting prosperity, reducing poverty, enhancing stability*.

In June 2016 the Australian Government made a pre-election policy commitment to invest in regional health security[1]. The Government's health security policy announcement clearly indicates a commitment to increase Australia's efforts in this area.

The Initiative will seek to complement other Australian Government engagement in health security, including through the Department of Health, Department of Agriculture and Water Resources, the National Health and Medical Research Council, the Commonwealth Scientific and Industrial Research Organisation, and others. For example, the National Framework for Communicable Disease Control recognises that a whole of government integrated approach is required for regional engagement to mitigate potential epidemics.

The overarching goal of the Health Security Initiative is to help protect the safety, prosperity and wellbeing of the Indo-Pacific region by strengthening health security.

Within the Initiative, health security is defined as reduced vulnerability to acute public health events, mainly existing and emerging infectious diseases with epidemic potential, and drug resistant strains of these diseases. The Initiative will focus attention on health security risks and responses in the Indo-Pacific region, recognising Australia's shared interests and vulnerabilities and driving greater cooperation and commitment to health security.

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1 Liberal Party of Australia, Minister for Foreign Affairs, Julie Bishop, The Coalition's Policy for a Safe and Prosperous Australia, June 23, 2016

The Strategic Framework for the Health Security Initiative[2], currently in draft form, sets the direction for the Initiative. This call for health systems and / or policy research has been developed to directly contribute to the achievement of Objective 2 of the Initiative (refer below). Ideally the research would also contribute to Objective 1 over the longer term.

REGIONAL HEALTH SECURITY INITIATIVE

Objective 1: Strengthen systems of prevention, preparedness and response for emerging and acute public health threats in humans and animals

Objective 2: Accelerate access to, and use of, new evidence in health policy and systems and new drugs, diagnostics, tools and approaches to emerging and acute public health threats, including drug resistance

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Health systems in the Indo-Pacific are confronting multiple and increasing global and local challenges, including infectious disease outbreaks, antimicrobial resistance, climate change, rapid population growth and urbanisation. Health systems have never needed to be more resilient. Policy makers and practitioners need to have easy access to information about interventions that work and what is already known about what may be feasible, practical and culturally acceptable in a given context. We need new evidence on the contribution of health systems to strengthened health security, to understand and address the policy, political and organisational constraints to effective action.

Gaps and challenges in our region that need to be addressed include:
- inconsistent capacity to conduct and use research for health security;
- limited health systems and / or policy evidence that practically addresses organisational constraints in health security;
- lack of investment in research and development for new drugs, diagnostics and tools, including for translational research for new products;
- lack of operational research readiness for preparedness and response; and
- limited regulatory capacity to streamline registration for new medicines and technologies.

The new Stronger Systems for Health Security research program additionally has a direct relevance to DFAT's approach to innovation which is founded on the three pillars of experimenting, partnering and learning. Stronger Systems for Health Security provides the scope for creative and innovative solutions, to gaps and challenges such as those listed above, to be worked through a broad range of quality research activities that engage research leaders in their fields, transdisciplinary and cross-sectoral partnerships. The research proposals and their outcomes are expected to be framed to maximise their practical impact in real world settings.

Health Security Initiative: Background and Investment Concept

The Health Security Initiative is funded to the value of $300 million over five years. The Indo-Pacific Centre for Health Security (the Centre) will be launched by the Minister for Foreign Affairs on 8 October 2017 to guide and manage the Initiative.

SES staff within DFAT have been consulted across the Department and a working group comprised of DFAT staff at EL2 level meets regularly to contribute to the development of the Initiative. A Technical Reference Group (TRG), with Terms of Reference, has been established and an inaugural meeting is planned for early

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[2] Regional Health Security Initiative: Strategic Framework, DFAT HPB/DPD, 28 August 2017

September. Once active, the TRG will provide advice and guidance in relation to partnerships and investments moving forward under the Initiative.

The Centre will be led by Australia's Ambassador for Regional Health Security. Minister Bishop announced Blair Exell as Australia's first Ambassador for Regional Health Security in June 2017. The Ambassador will foster partnerships with other governments, including emerging donors in the region, and lead Australia's advocacy for innovative health security solutions in international fora.

The Initiative takes a portfolio approach with all designs to be undertaken at investment level. An investment concept note for the Initiative was prepared by the Development Policy Division (DPD) and presented to the Aid Investment Committee (AIC) in December 2017. The scope of the Initiative has been refined over recent months. A Strategic Framework for the Health Security Initiative has been developed and refined, and the AIC was informed in July 2017 that three investments under the Initiative are under design. This competitive call for health systems and / or policy research is one. The other two investments are a partnership with the Therapeutic Goods Administration (TGA) to build regulatory capacity in the region (including assistance to accelerate the introduction of new treatments and diagnostics for malaria and tuberculosis); and a Product Development Partnerships (PDP) investment strategy (including a review of DFAT's existing PDP investments). These three investments are being prepared for announcement at the launch of the Centre.

Why health systems and / or policy research for health security?

> *"Something is wrong. For the first time, public health has commitment, resources and powerful interventions. What is missing is this: the power of these interventions in not matched by the power of health systems to deliver them to those in greatest need, on an adequate scale, in time. In part, this lack of capacity arises from the failure of governments all around the world to invest adequately in basic health systems. It also arises, in part, from the fact that research on health systems has been so badly neglected and underfunded. The two go together. So long as investments in health systems are given low priority, research in this area will also be neglected. In the absence of sound evidence, we will have no good way to compel efficient investments in health systems."* Dr Margaret Chan when Director General of the World Health Organization.

The Stronger Systems for Health Security research program is a specific competitive call for health systems and / or policy research that will contribute to improved health security and build capacity for research in this field. It will be complemented by other investments in research within the Initiative, as set out in the Strategic Framework for the Health Security Initiative.

Alongside health security, health systems strengthening is one of the two central tenets of DFAT's *Health for Development Strategy 2015-2020*. DFAT has considerable experience of supporting health systems strengthening and health policy development in the Indo-Pacific region. The Initiative provides a timely opportunity to invest in health systems and / or policy research as it relates to strengthening health security in this region. This research focus complements the Initiative's investments in partnerships and DFAT's ongoing engagement in health advocacy and the political economy of addressing health security, also set out in the Strategic Framework for the Health Security Initiative.

> *Health systems research is a multidisciplinary field of health research which studies governance, financial and delivery arrangements for health care and public health services, implementation considerations for reforming or strengthening these arrangements, and broader economic, legal, political and social contexts in which these arrangements are negotiated and operate. The purpose of health systems research is to improve the understanding and performance of health systems. Health systems research includes all of health services research, most health policy research, and some clinical and population health research, but does not include any biomedical research.*

Health policy research has its origins in political science and is concerned with understanding how different actors interact in the policy process to contribute to policy outcomes, that is, research on policy and for policy.

Health systems research, meanwhile, has its roots in health services research in industrialised countries and can produce the evidence needed to inform decisions about how to organise the health system. As an example of the role this type of research can play, one study compared the returns on investment in new technologies with investments in interventions to improve the delivery and utilisation of health services. Surveying the deaths among children under five years of age in 42 low-income countries, the authors concluded that while improved technology could avert 21.5 per cent of potential deaths, improved service utilisation could avert 62.5 per cent of child deaths. Despite the much greater returns on research into service delivery and utilisation, the same study found that 97 per cent of grants awarded by the two largest research funders were for the development of new technologies.[3]

Globally, the funding base for Health Policy and Systems Research (HPSR) continues to be relatively narrow. In addition to funding constraints, there is relatively sparse production of this type of research in Lower Middle Income Countries (LMIC) and few research collaborations. In 2014, for example, Lower Income Countries produced less than seven per cent of the Health Policy and Systems Research focused on LMICs.[4] This call provides an opportunity to enhance research in this field in our region for the specific benefit of health security. It provides a timely complement to DFAT's comparative advantage in health systems strengthening in the region, as well as our significantly increasing engagement in health security.

Program outcomes

The conceptualisation for this component of the Initiative is presented in the box below.

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[3] Leroy J.L., Habicht J-P., Pelto G and Bertozzi S.M. (2007) "Current prioritize in health research funding and lack of impact on the number of child deaths per year". American Journal of Public Health 97(2):219-223

[4] World Report on HPSR. WHO and Alliance for HPSR. 2017.

Geographic scope

The scope of this research program is South East Asia and the Pacific, reflecting the geographic focus of DFAT's *Health for Development Strategy 2015-2020*. This focus enables DFAT to improve health security and stimulate future research in our region. The region is an epicentre of emerging infectious diseases and drug-resistance and is already dealing with resistance to treatments for malaria and TB. Southeast Asia is a recognised hot-spot for new diseases that can lead to global health emergencies. Meanwhile, the Pacific is recognised as a region vulnerable to the import of emerging infectious diseases and one that would benefit from enhanced health security and enhanced research capacity on the same.

DFAT's main interest lies in the Indo-Pacific region however a focus for this research program on the narrower area of Southeast Asia and the Pacific best targets lower research capacity. In contrast to Southeast Asia and the Pacific, research capacity in some countries e.g. in South Asia are comparatively higher. The selection of narrower geographic scope for the program is also based on maximising the best use of limited financial resources.

The Guidelines will explicitly outline which countries are eligible to be beneficiaries and subjects of the research. In making final decisions about the awarding of grants, DFAT will reserve the right to ensure an appropriate balance of research investments across the Southeast Asia and Pacific region.

Lessons learned

The Office of Development Effectiveness (ODE) recently conducted an evaluation of DFAT's Pandemics and Emerging Infectious Disease Portfolio 2006-2015. It found DFAT's achievements included strengthened infectious disease surveillance, laboratories, leadership and governance for infectious diseases, attention to gender issues and the public health functions of human and animal health workforce. The Health Security Initiative, outlined above, has been informed by the findings and recommendations of that ODE evaluation.

The ODE evaluation made five recommendations. Recommendation 5 is directly relevant to this research call.

Recommendation 5 - That DFAT's strategy for future EID research:

i.   Includes a focus on health systems research on the human health side;
ii.   Provides scope for researchers to have a broad infectious disease / health security remit, rather than one focused on emerging infectious diseases only; and
iii.   Requires consideration of research governance arrangements and strategies for maximising research uptake.

This research call responds directly to Recommendation 5. The call seeks proposals for health systems and / or policy research. It provides scope for researchers to have a broad remit rather than one focused on emerging infectious diseases only. Additionally strong program management and governance arrangements have been constructed for the program (refer E. Implementation Arrangements).

Relationships with existing DFAT programs and other activities

Currently DFAT funds two research projects to the value of around $2 million each, one led by the Menzies School of Health Research and one by James Cook University. Both were selected through a competitive call for research, the Tropical Disease Research Regional Collaboration Initiative (TDRRCI) as part of *Our North, Our Future: White Paper on Development Northern Australia.* TDRRCI supports research collaboration between Australian, regional and international research institutions on tropical diseases which pose a trans-boundary threat in Australia's region of Southeast Asia and the Pacific. NHMRC also funded projects selected through this process. The TDRRCI projects fall outside the scope of health systems and / or policy research e.g. they involve clinical components however there would be similarities between the TDRRCI projects and projects selected under the health systems and / or policy research call indicating potential value in including TDRRCI researchers in activities such as workshops for researchers conducted under the new scheme.

A number of research activities in the area of health protection are currently led by Australian researchers through NHRMC Centres of Research Excellence (CRE). Researchers involved in these CREs are included in the group which DFAT intends to target through this research call.

- The Australian Partnership for Preparedness Research on Infectious Diseases Emergencies (APPRISE) is a CRE based at the Burnet Institute. It aims to boost Australia's response to infectious disease outbreaks. It brings together leading Australian experts in clinical, laboratory and public health research to address the need for a rapid and effective emergency response to infectious diseases.

- The NHMRC Centre of Research Excellence in Emerging Infectious Diseases (CREID) is based at Westmead Institute for Medical Research. Its vision is to improve public health outcomes by incorporating digital technologies into emerging and infectious diseases risk prediction and responses, and develop an enabling practice and policy framework grounded in ethics research. It brings together a multidisciplinary community of researchers, linked with public health laboratories and government agencies, working to safeguard Australia and the region from emerging infectious disease threats.

- The NHMRC Centre for Research Excellence, Integrated Systems for Epidemic Response (ISER) is based in the University of New South Wales. It conducts applied systems research and aims to enhance collaboration and build capacity in health systems research for epidemic control. It is international with partners in Australia, New Zealand, USA, China, Malaysia and Indonesia; and it brings together expertise in a range of disciplines.

- Policy relevant infectious disease simulation and mathematical modelling (PRISM^2) has nodes based at the University of Melbourne, Australian National University, University of Adelaide and the University of New South Wales. It brings together expertise in infectious diseases epidemiology, public health and mathematical computational modelling to solve pressing issues in applied infectious diseases research and develop new methods for the study of disease distribution and transmission.

D:	Investment Description

This design is effectively for a grants mechanism. Through the mechanism, DFAT will seek and fund proposals for health systems and / or policy research that will contribute to improved health security in the Indo-Pacific region.

This call for health systems and / or policy research is framed with a relatively broad scope to enable it to have the potential to complement other components of DFAT's portfolio including, for example, health security relevant medical research in Product Development Partnerships (PDPs). This research call is nested within a broader framework consisting of a range of initiatives being developed using a portfolio approach as set out in the Strategic Framework for the Health Security Initiative.

Dependent on the experience and lessons of this first round, consideration will be given to running a further round later in the Initiative. Different models of research partnerships could be targeted in a future call for research proposals such as projects and partnerships led by investigators of low- and middle- income countries.

Additionally, there is scope for this call for research to be followed by commissioned pieces over the upcoming five years of the Initiative which build further on the growing evidence base. It is probable that commissioned pieces would be designed to address specific questions around translation / implementation that flow from the early health policy and / or systems research, medical research investments and / or identified through work undertaken in partnership between DFAT and the Therapeutic Goods Administration (TGA). A new call for PDPs and the new partnership with TGA are both currently under design.

Following receipt of the rankings and recommendations from NHMRC, DFAT will have valuable information in the results of a robust assessment process to inform decisions about which grants to fund. DFAT intends to work with successful applicants to optimise research plans towards maximising the impact of the initiative. For example, in the event that research proposals overlap, DFAT may wish to negotiate with successful applicants to reorient research foci or locations.

The scheme will welcome applications from consortia including cross-sectoral and transdisciplinary teams or multidisciplinary teams. The lead Chief Investigator is required to be an Australian Citizen or Permanent Resident (within the structure required by NHRMC) however up to nine further Chief Investigators can be included in applications and these nine may be non-Australians e.g. based in developing countries in Southeast Asia and the Pacific.

Objectives of the scheme

- To support high quality and collaborative health systems and / or policy research that contributes evidence to strengthen regional health security, in particular in Southeast Asia and the Pacific;
- To promote translation of that research into health policy and / or practice in the region;
- To increase the capacity and expertise of research institutions in the region in health systems and / or policy research related to health security; and
- To contribute to the growth of Australian researchers' experience of, and expertise in, health security issues in the region, for the benefit of Australia and the region.

POLICY AND PRACTICE IMPACT

A common framework[5] for understanding types of policy and practice impact includes:
  a) Instrumental – influencing policy, practice or service provision, shaping legislation, altering behaviour;
  b) Conceptual – contributing to the understanding of policy issues, reframing debates; and
  c) Capacity building – through technical and personal skill development.

Exclusions

The scheme will not support:
- Research without strong and demonstrable potential to have a positive impact on the health system and / or health policy and, in turn, their relationship to health security in the region;
- Research that duplicates current and / or previous investments;
- Clinical or biomedical research, including randomised control trials or cohort studies for clinical or biomedical research;
- Research focused on the development of infrastructure;
- Research that does not meet the requirements for being considered Official Development Assistance (ODA) i.e. the proposed projects must be directly and primarily relevant to the problems of low- and / or middle-income countries[6];
- Research that is not supported by partnerships with researchers and research institutions in low- and middle-income countries in Southeast Asia and the Pacific[7]; and

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[5] ESRC and DFID 2016. Evaluating the impact of the ESRC-DFID joint fund for Poverty Alleviation Research

[6] Is it ODA: Factsheet, OECD, November 2008, Available at: https://www.oecd.org/dac/stats/34086975.pdf

[7] A list of countries in Southeast Asia and the Pacific will be provided as an annex in DFAT's Grant Guidelines for the scheme

- Research that does not have the potential to contribute to poverty reduction within those countries.

Eligibility
- Australian research institutions, universities and / or non-government organisations registered as an NHMRC approved Administering Institution;
- Research activities funded must meet the requirements for being considered Official Development Assistance (ODA) i.e. the proposed projects must be directly and primarily relevant to the problems of low- and middle-income countries;
- Eligible expenses will be outlined for applicants in the Grant Guidelines document, and will incorporate research relevant guidance drawn from NHMRC's frameworks and expertise.

Assessment criteria—weighted

Likely impact of the research on improved health security in Southeast Asia and the Pacific (35%):
- Has a clear health systems and/or policy focus related to health security;
- Clearly articulates how the research will contribute to the evidence base for health security in the region;
- Demonstrates the need and demand for that evidence from end users (for example through documentation or letter of commitment from prospective partners in country);
- Highlights processes that engage with users in the design of the study and throughout the life of the project or that involve users as part of research teams in co-production of knowledge;
- Clearly articulates how the research is likely to impact and influence any relevant health security policies and practices, including clarity on who will benefit from the research, how they will benefit and what will be done to ensure that they can benefit; and
- Presents clear plans for dissemination and advocacy for policy uptake and/or systems change. This will include details of how the research findings will be presented in an accessible format to key end users, including DFAT, and articulate ways in which this uptake might be monitored.

Clear strategy to build research capacity in health security-related health systems and / or policy research (25%):
- Clear and comprehensive plans and methodology to build health security research capacity (including capability, mentoring and career development) for male and female researchers in Southeast Asia and the Pacific, and junior researchers in Australia;
- Research clearly promotes working collaborations and intellectual exchange between Australia and research institutions in the region; and
- Promotes mutually beneficial engagement by developing equitable, effective research partnerships with shared work based on common interests and agendas.

Rigour of proposal (20%):
- Research objectives are well defined, coherent and realistic;
- Program costs are well justified and link to clearly defined results;
- Plans for monitoring and evaluation of the research grant are well articulated;
- Timeframes for demonstrating results are clearly articulated;
- Proposal addresses risks and their management, including any issues of sustainability; and
- Research adequately addresses the needs of disadvantaged groups and exhibits gender and socially inclusive research processes.

Proven track record (20%):
- Research institutions and the proposed team leader(s) have a proven record of previous health systems and / or policy research being effectively transferred into policy and/or practice in the region;

- Evidence provided of previous effective engagement and communication processes with end users; and
- Lead researchers have a strong regional reputation for health systems and / or policy, and / or health security related research and have proven influence in their field, for example through holding leadership positions in well regarded societies or through engagement in influential taskforces and panels.

Timeframes for engagement and resource commitment

This research call is slated for announcement by the Minister for Foreign Affairs on 8 October 2017 at the launch of the IndoPacific Centre for Health Security. Applications will go live the following day and will close in December 2017. NHMRC has agreed to run the application and assessment process while DFAT will manage the grants in-house. NHMRC has agreed to provide assessment results to DFAT by early March 2018. DFAT will maintain the authority to decide which applications to fund as well as the number of applications and to what funding levels for each application. DFAT expects to be in a position to enter into contracts in April 2018 with projects commencing in May 2018 and the first tranches of funding to be paid by June 2018.

Recommended delivery approach and key partnerships

DFAT is conducting an Open Aid Grant Process to seek proposals and engage in arrangements. The grants will be managed in-house by DFAT however NHMRC (a non-corporate Commonwealth entity) will be engaged to conduct the application and assessment processes in consultation with DFAT. The principles of a limited tender process are being applied to the engagement with NHMRC.

DFAT's rationale for outsourcing the management of the application and assessment components is primarily because these processes are complex and NHMRC has a comparative advantage in this area where DFAT does not and brings additional credibility and legitimacy to bear on the scheme.

NHMRC has an established system and robust processes which have been tested and refined over decades since NHMRC was formed. NHMRC recently undertook a comprehensive review of its grants portfolio which involved extensive consultation with the medical research community. NHMRC has incorporated learnings into a newly structured grants portfolio which includes changes to assessment approaches and NHMRC can share learnings with DFAT.

NHMRC has had prior experience working with DFAT in a recent competitive call for research under the Northern Australia Tropical Disease Initiative. NHMRC assisted DFAT by managing the application and assessment part of the work. The research area under the previous round is related to the research area for this new round especially in that the previous research round involved collaborations in ODA eligible countries in relation to health security.

The calibre and type of researchers which DFAT needs to attract to the upcoming grants scheme, to achieve its intended objectives and outcomes, are familiar with NHMRC's application system and assessment processes. NHMRC has direct access to the market which DFAT wants to tap into.

Additionally, the Initiative is intended to be a whole of government approach therefore it is appropriate to engage with a government organisation. NHMRC is Australia's leading expert body promoting the development and maintenance of public and individual health standards. It brings together the functions of research funding and development of advice in a single national organisation.

Resources

The total funding available for research projects is up to $16 million over three years with a yearly breakdown of. Applicants may propose projects of up to $3 million each in value to be implemented over up to three years. DFAT will not preference a particular size, length or complexity of proposal and all proposals will be expected to represent value for money. Flexibility will be built into the application and assessment process to

enable DFAT to award a larger (or smaller) number of grants depending on the quality and number of applications.

NHMRC has provided a costing of maximum $231,000 to construct and manage the application and assessment processes for DFAT. A Memorandum of Understanding and Activity Schedule have been negotiated in relation to this work.

Multi-purpose workshops involving researchers, relevant DFAT areas and other key stakeholders are proposed to be held at commencement, middle and end of the three-year project terms (refer 'Management and Governance Arrangements and Structure' under E. Implementation Arrangements). Financial resources will need to be made available from the budget of the Centre for these activities.

The projects within the program will be managed by staff of the Centre for Indo-Pacific Health Security. Refer to 'Management and governance arrangements and structure' under E: Implementation Arrangements below for further detail.

Lessons learned from management of HPB's two existing health security research projects include the importance of adequate staffing resources for project management. Consistency and adequacy of resourcing for the administrative workload and effective partner engagement has the potential to promote DFAT's relationship based leverage to facilitate the achievement of project outcomes and maximise administrative efficiency. Inadequate resourcing has the potential to do the opposite.

E:	Implementation Arrangements

Management and Governance Arrangements and Structure

This health systems and / or policy research program is one investment in research under the Health Security Initiative, as set out in the Strategic Framework for the Health Security Initiative. Its design is effectively a design for a grants mechanism. The program has been assessed as low risk. While researchers are expected to partner with researchers and research institutions in Southeast Asia and the Pacific, DFAT will partner directly with Australian institutions. Applicants must be from approved NHMRC Administering Institutions which are expected to meet a range of systems-related criteria to maintain that status, including in relation to financial management, research governance and ethics.

The grants themselves will, most likely, be managed by DFAT in-house and through the Indo-Pacific Centre for Health Security. NHMRC is engaged by DFAT through a Memorandum of Understanding and Activity Schedule to conduct the application and assessment process only.

DFAT intends to examine the possibility of outsourcing management of the grants once the quality and number of applications is understood and DFAT is in a position to enter into negotiations and arrangements with successful applicants. It is possible that DFAT's Specialist Health Service or a similar organisation could manage the grants on DFAT's behalf.

The Indo-Pacific Centre for Health Security, and this investment in research, will be led by the Head of Centre. A Director will have oversight of the routine contract management which will be undertaken by a program manager at APS6 / EL1 level. Financial delegation for the program sits with AS, HPB and FAS DPD (also the Ambassador for Regional Health Security).

The Technical Reference Group (TRG) for the Health Security Initiative comprises medical and research experts who provide advice on the initiative at a high level. Due to potential conflict of interests TRG members are asked to disclose specific conflicts of interest when they are consulted about specific initiatives. However, their role is largely to provide strategic oversight. The details of these grants are not being shared with TRG members at this stage to avoid conflict of interest and giving some institutions an unfair advantage. Once the

grants are awarded it is possible that information may be shared with TRG members without conflicts of interest, and with the permission of the successful applicants.

Posts will be involved through consultation and information sharing throughout the life of the projects. Posts will be asked to identify reputational and development risks prior to DFAT entering into arrangements with successful applicants. In response to pertinent feedback from Posts in relation to risks, successful applicants may be requested to amend their research plans or the risk mitigations may be built into Grant Agreements. Posts will be informed of research projects' progress at summary level at mid-term and end, at a minimum. The Centre will also establish clear expectations, with successful applicants, about relationships management in-country and interactions with Posts.

In consultation with DFAT's Contracting Services Branch, Health Policy Branch will aim to shape Grant Agreements so they are fit for purpose and support achievement of the scheme objectives.

Successful applicants will be asked to provide annual project plans, monitoring and evaluation plans, and to report against these. This reporting is likely to include progress in relation to implementation of evidence into practice (and its likelihood) as well as ongoing support of in-country governments, and relationships with stakeholders in-country. Researchers will be asked to alert DFAT to any concerns or issues about stakeholder relationships as early as possible.

Successful applicants will be asked to provide a schedule for research outputs and publication or presentation plans and commit to keep DFAT informed of progress against these plans.

Independently audited financial statements will be required annually at minimum, and DFAT will reserve the right to conduct additional audits as DFAT determines appropriate or necessary.

With a view to continuous improvement, DFAT will engage researchers systematically with DFAT and provide opportunities for researchers to engage with each other. DFAT will take a proactive and engaged program management role. This might include DFAT visits to the research institutions and / or their research sites for monitoring and engagement purposes.

A workshop shortly after commencement of projects, to establish sound research governance; to set DFAT's expectations and shape agendas; build a culture of shared learning; build connections between researchers; establish a positive interactive culture; for DFAT to provide any training or policy exposure such as Child Protection training. Follow-up workshops at mid-term and end would support DFAT's program monitoring and would provide a mechanism for DFAT to facilitate the forging of cross-sectoral networks e.g. with the private sector or not-for profit sectors.

The Centre may consider establishing an appropriately composed steering / advisory group to provide in-depth assessment and guidance in relation to achievement of intended outcomes at key points in time, such as at workshops.

Implementation Plan

Projects are planned to commence in May / June 2017. Annual plans for each successful project will be required by DFAT at the commencement of each year for the three year term of each project. DFAT's acceptance of annual plans will trigger tranche payments according to the timelines agreed in the projects' respective Grant Agreements. Milestones throughout the life of the projects will include completion of project activities as per annual plans, reporting against annual plans, and satisfactory financial acquittals. HPB will consult with CVB with a view to tailoring DFAT's standard Grant Agreement for effective management of research projects.

Procurement Arrangements

DFAT is conducting an Open Aid Grants process to seek and select research proposals. DFAT is outsourcing the application and assessment process to NHMRC to draw on NHMRC's established systems, processes and expertise in relation to probity arrangements. DFAT will carefully consider the results and recommendations

from the Grant Review Panel convened by NHRMC. DFAT will make final decisions about which projects to fund and in what form.

Monitoring and Evaluation (M&E)

A) M&E for the overall scheme

Each of the successful research proposals will have a detailed M&E framework. The overall impact of the scheme will, therefore, largely be a collation of the achievements of those individual research investments, with some additional value coming through knowledge sharing across the pieces of work. The conceptual framework for the scheme as a whole, under which the individual investments will be nested, is as follows:

➤ **Goal of the overall Health Security Initiative:**

To help protect the safety, prosperity and wellbeing of the Indo Pacific region by strengthening health security.

➤ **Goal of the Research Scheme:**

Health policy and systems that relate to health security are improved as a result of new evidence and further relevant research is stimulated.

➤ **Key Outcomes:**

- High quality research outputs produced and disseminated and contributing to the evidence base on how to strengthen health systems and / or policy to improve regional health security.
- Enhanced capacity in South East Asia and the Pacific and in Australia to undertake health systems and / or policy research relevant to health security.

➤ **Strategy:**

Support systems and policy research that a) contributes evidence to strengthen regional health security and b) develops regional and local capacity to undertake and use health systems and / or policy research to improve health capacity

B) M&E within each research proposal

Within this overarching framework, each proposal is obliged to provide a monitoring and evaluation framework and plan for the specific objectives of the research being proposed. The extent to which plans for monitoring and evaluation are well articulated is captured within the assessment criteria. DFAT will also plan to engage with successful research groups in the initial months of implementation to discuss and agree the final shape of those monitoring and evaluation frameworks to ensure that they are suitable for ongoing monitoring and evaluation of the objectives of the research. Progress against the monitoring and evaluation framework will be an intrinsic part of management discussions and achievement of milestones.

Sustainability

It is unlikely that the investment in research itself would be able to be sustained in the absence of direct donor support however the outcomes of the investment are expected to be sustained beyond DFAT's investment. One of the intermediate outcomes from the program is strengthened collaborations between researchers and research institutions within Southeast Asia and the Pacific and Australian researchers / research institutions. These strengthened collaborations should then have potential to attract future research funding. Similarly, this investment should increase capacity for future health security related research. It is also envisaged that the research's positive impact on policy and practice will be sustained beyond the duration of this initial investment.

Each agreed grant is obliged to present a monitoring and evaluation framework that articulates the specific objectives of that grant, including issues relating to sustainability, and how progress against those objectives will be measured.

Gender Equality

Infectious diseases disproportionately affect the most disadvantaged, including women. Gender is a significant risk factor for infectious disease exposure, for example women play dual roles in small-scale animal production and care of sick family members which can increase the likelihood of their exposure to infection and the negative impacts of infection. Social inequities and restrictive cultural norms can restrict women's access to health services and public health information. The costs of ill health are an important cause of poverty, especially for women and children; just as poverty is a social determinant of ill health.

For example, women and children in developing countries are impacted as follows by tuberculosis (TB). TB is among the five leading causes of death, in low-income countries, among women of reproductive age and among adult women aged 20–59 years. It is the third leading cause of death among women of reproductive age. As a disease closely associated with poverty, TB poses a particular risk to women, killing almost half a million women each year. Among pregnant women, TB is one of the leading causes of maternal mortality and pregnancy related complications and kills more women than all causes of maternal mortality combined. Furthermore, pregnant women with TB have a high risk of transmitting TB peri- or post-natally. This often leads to women with TB or Multi drug resistant (MDR)-TB losing custody of their children. In 2009, there were approximately 10 million children orphaned as a result of TB deaths among parents. While men are more likely to have latent TB infection, women are more likely to progress from infection to active disease, and poor women are less likely to receive diagnostic and treatment services.

Taking a gendered approach to health security is important to understand how health risks and protective factors differentially impact men and women to ensure that both have access to appropriate health care. Lessons to be learned from the global Ebola and Zika responses included a "…notable absence of women's voices and social science methodologies informed by women's perspectives to assist with understanding the events and social environment in which any research and intervention must take place, and to respond to the lived experience and needs of those most affected by these global public health emergencies."[1]

It is important to note that improvements in health outcomes for women don't necessarily equate to improved equality between men and women individually. However, ensuring research proposals include a gender lens will help to bring to light contextually relevant information about the different health security needs of women and men. This will raise the profile of the gender issues that health policy needs to respond to ensure women can obtain access to preventative and curative health care.

The recently completed ODE Evaluation[2] of DFAT's investments to combat emerging and infectious diseases 2006-2015 reported finding good examples of gender analysis and research, "…but limited evidence of implementation or results." To prevent this problem from re-occurring, DFAT's future investments in regional health security should take a more rigorous approach to ensuring gender differences and their effects are addressed."

The ODE Evaluation also recommended "…developing and documenting some targeted examples of better practice in this area, including from the international literature, to illustrate the translation of 'theory to practice' for various types of investments, and to demonstrate impact on development outcomes.".

In light of the need for greater understanding of the relationships between gender and health security, and understanding of how health security interventions may improve gender equality, assessment criteria for the research proposals have been developed to require applicants to apply a gender lens in their proposals and consider the following:

- Whether research adequately addresses gender issues, and preferably the research contains components which have a strong gender focus;
- Whether research exhibits gender and socially inclusive research processes; and

[1] Davies, S.E., Bennett, B (2016), A gendered human rights analysis of Ebola and Zika: locating gender in global health emergencies, *International Affairs,* 92:5

[2] Office of Development Effectiveness (2017), Evaluating a decade of Australia's efforts to combat pandemics and emerging infectious diseases in Asia and the Pacific 2006-2015: Are health systems stronger, p. 6

- Increased participation of women in research as end users and researchers.

Annual project plans for successful proposals, and monitoring and evaluation plans for projects will need to include an appropriate level of gender analysis. Quantitative and qualitative information gathered and reported to DFAT will need to be gender disaggregated.

Disability Inclusiveness

The assessment criteria demand that research proposals adequately addresses the needs of disadvantaged groups and exhibit socially inclusive research processes. The assessment criteria are powerful levers to direct the nature of the research. It will be for each research proposal to decide how to respond to this particular criterion and how to capture the needs of people with disabilities within it.

Private Sector

The engagement focus of the research program is on collaborations with researchers and research institutions in Southeast Asia and the Pacific. The research projects funded under this program are expected to have strong and demonstrable potential to impact positively on policy and practice. To increase the likelihood of that potential being fulfilled it will also be necessary for applicants to demonstrate the engagement they have with key partners in country. The ability of researchers to provide evidence of in-country government support of the proposed research will, therefore, be highly regarded.

While inclusion of creative private sector collaborations in proposals would be welcomed by DFAT, it is not mandatory for proposals to include engagement with the private sector for this particular investment. The private sector is a key provider of health services in many of the countries in the region and its role in supporting, or indeed undermining, overall health security would certainly be a legitimate focus on research.

Risk Management Plan

A Risk and Safeguards Assessment Tool has been completed for the research call (Open Aid Grants Round) (Annex 1). Separately, a Risk Assessment has been completed for the partnership with NHMRC.

The most pressing risks for this investment are the speed at which Health Policy Branch is required to roll out the program combined with human resourcing constraints; and the speed at which our primary collaborating institution in the grants management process is able to complete its components of work. The number and quality of proposals submitted may also be reduced by the tight timeframes DFAT's partner wishes to implement around the applicant process which poses a risk to achievement of the program outcomes including the likelihood of research uptake.

Individual research proposals will be required to provide coherent information at application stage about approaches to risk management which will be factored into the assessment process for proposals. DFAT will also expect that detailed risk management plans at project level are submitted to and accepted by DFAT prior to release of the first tranches of funding to recipients.

Reporting in relation to risk will be required by DFAT from partners on a regular basis. Risk will be monitored by project managers on an ongoing basis (minimum reassessment six-monthly), and will be considered by a steering group for the program at key intervals.

Safeguards

No risks in relation to displacement and resettlement, or environment, have been identified at the program level for this investment. These types of risk are unlikely to be identified at project level because the research proposals are expected to be related to health systems and / or policy and would normally not be expected to have environmental impacts as clinical interventions may have.

Though unlikely, it is possible that some research projects funded under the scheme may involve contact with children. It is possible that some researchers and / or research institutions may not be familiar with planning,

implementing and reporting on DFAT-funded projects therefore would not be familiar with DFAT's expectations in relation to Child Protection risk assessment and management.

Applicants will be required to outline, in their proposals, whether, how and where projects will involve contact with or working with children. If so, then DFAT will request applicants to outline how child protection will be addressed in the project and in the ethics application required by their institution. If the organisation to be funded has not undergone a due diligence assessment by DFAT or is not accredited by DFAT then the successful applicant must provide evidence to DFAT of its institution's DFAT-compliant child protection policy within the timeframe specified by DFAT. Successful applicants will also be asked to provide evidence of their institution's ethics approval and a child protection risk assessment for the project if required by DFAT's Child Protection policy.

Ethics

DFAT will partner directly with Australian Research Institutions. Applicants must be from approved NHMRC Administering Institutions and are expected to meet a range of systems-related criteria to maintain that status, including in relation to financial management, research governance and ethics. Successful applicants will be required to comply with the human research ethics policies and procedures of their home research institutions.

F: Annexes

Annex 1: Risk and safeguards assessment tool for the health systems and / or policy research program

Annex 2: M&E Framework for the health systems and / or policy research scheme

HEALTH SECURITY APPLIED RESEARCH CALL 2017-18 RISK AND SAFEGUARDS ASSESSMENT TOOL

Risk Assessment Tool

Descriptors of risk likelihood and consequence ratings can be found in the Risk Management for Aid Investment Better Practice Guide, available on the intranet. Note the risk rating for each category in the Investment Concept should be based on unmitigated risk.

	Likelihood	Consequence	Rating
1. **Operating environment**: What factors in the operational or physical environment (political instability, security, poor governance, lack of essential infrastructure etc.) that might impact directly on achieving the objectives?	Unlikely	Minor	Low

Event/s: The design of this program is effectively for a grants mechanism therefore the risk factors in the operational or physical environment that may impact on achieving objectives will be determined when proposals are submitted for consideration and consequently assessed.

Source : Depending on the locations of work and the activities included in the successful proposals, risk may include serious medical injury, threats to people or property, natural disaster, political instability with the potential to impact on activities, financial and fraud risk, contextual constraints in implementing DFAT safeguards such as Child Protection.

Impact: Impacts from the above sources are likely to be project delays. Impacts will be considered at project level when the content of proposals is known to DFAT.

Mitigation:

DFAT request information about key risks and their mitigations in applications.

DFAT request risk assessment and management plans annually from successful applicants as well as regular reporting on risk and assess these to confirm whether DFAT believes risk is being adequately addressed in projects.

	Likelihood	Consequence	Rating
2. **Results:** How realistic are the objectives and can they be achieved within the timeframe? Are the objectives/results sustainable? Would the failure to achieve the results in the proposed timeframe, or at all, affect the targeted beneficiaries directly?	Possible	Minor	Medium

Event/s:

Applicants may make unrealistic claims about what their projects are able to achieve, in the given timeframe, in order to make their proposals appear more competitive.

Applicants may not submit adequate approaches or plans to maximise sustainability, which is especially relevant to DFAT's expectation that the research will have the goal of being translatable into practice.

The short and pressing timeframe in which Health Policy Branch (HPB) must work to develop the scheme, make it active, and enter into arrangements with successful applicants is the prevailing risk to the success of this investment. Additionally, HPB is facing limitations presented by the level of human resourcing available to develop and manage the investment.

Source: Grant applicants.

Impact: DFAT expects successful applicants to deliver upon agreed activities and objectives. DFAT may need to consider no cost extensions in some circumstances.

Mitigation:

DFAT to make a clear request for realistic proposals in the Grant Guidelines.

The Grant Review Panel established to assess applications will analyse whether proposals are realistic and will inform DFAT of any reasons why proposals may not be so.

DFAT to negotiate changes to proposals if required prior to entering into agreements.

Use standard complex Grant Agreement with any changes to be cleared by CVB.

DFAT will need to manage the partners and contracts actively, noting that DFAT's ability to do this may be limited to some extent by the level of human resourcing available to do so.

3. **Safeguards** (see the checklist below)**:** Do any of the activities involved in this investment have the potential to cause harm relative to safeguard issues (child protection, displacement and resettlement and environmental protection)?	Rare	Major	<mark>Medium</mark>

Event/s: It is possible that some research projects funded under this applied research scheme may involve contact with children. It is possible that some researchers and / or research institutions may not be familiar with planning, implementing and reporting on DFAT-funded projects therefore would not be familiar with DFAT's expectations in relation to Child Protection risk assessment and management.

Source:

Lack of clarity around DFAT's expectations.

Applicants' lack of understanding about the practical steps required to assess and manage Child Protection risk including ensuring that all partners and project participants are compliant with DFAT's policy.

Impact:

Unnecessary risk of exploitation and abuse of children who are in contact with project staff and / or representatives.

Possible project delays. If project components are unable to be completed then some objectives may not be achieved.

Resourcing would be required by DFAT (and research institutions) to manage any child protection cases notified to DFAT.

Reputational risk to DFAT.

Mitigation:

DFAT request applicants to outline, in their applications, whether, how and where projects will involve contact with or working with children. If so, then DFAT request applicants to outline how child protection will be addressed in the project and in the ethics application required by their institution.

DFAT provide applicants with clear information about DFAT's expectations in the Grant Guidelines. DFAT remind successful applicants of expectations upon entering into agreements.

If the organisation to be funded has not undergone a due diligence assessment by DFAT or is not accredited by DFAT then the successful applicant must provide evidence to DFAT of its institution's DFAT-compliant child protection policy within the timeframe specified by DFAT.

Successful applicants provide evidence of their institution's ethics approval. Successful applicants provide to DFAT a child protection risk assessment for the project if required by DFAT's Child Protection policy.

Successful applicants informed of opportunities for their project staff and representatives in Australia and overseas to participate in DFAT-led Child Protection training sessions, if available.

Use standard complex Grant Agreement with any changes to be cleared by Contracting Services Branch (CVB).

		Rare	Minor	Low
4.	**Fraud/Fiduciary:** Are there any significant weaknesses which mean funds may not be used for intended purposes, not properly accounted for or do not achieve value for money? (Fraud Control and Anti-Corruption Strategies and Assessments of National Systems will assist in identifying significant risks.)			

Event/s:

No significant weaknesses as explained under 4. Fraud / Fiduciary are apparent at the commencement of the design phase for this Open Aid Grant Process. Australian research institutions will be funded as DFAT's primary partners to conduct and coordinate projects in collaboration with partners in low- and middle-income countries in Southeast Asia and the Pacific. Universities operating within Australia are considered to have met due diligence requirements, as these entities operate under a mix of appropriate Commonwealth and State government supervision, oversight, policies and standards (refer Aid Programming Guide, 7.5.1 Due diligence).

Any proposals which do not represent value for money will either not be funded or will need to be amended prior to being funded.

Source: N/A

Impact: N/A.

Mitigation:

The Grant Review Panel established to assess applications will examine costs and analyse whether proposals represent value for money for DFAT. DFAT will review recommendations from the panel then make a determination about value for money.

Use standard complex Grant Agreement with any changes to be cleared by CVB. Grant Agreements will require financial acquittals to be submitted six-monthly, and financial acquittals will need to be independently audited annually.

		Unlikely	Moderate	Medium
5.	**Reputation:** Could any of the risks, if they eventuated, cause damage to DFAT's reputation? Could any aspect of implementation damage bilateral relations?			

Event/s:

DFAT's reputation could be damaged by an occurrence or allegation of child exploitation or abuse associated with DFAT-funded projects—refer to 3. Safeguards above.

Projects which duplicate or contradict other DFAT-funded or bilateral work or contradict the policies and programs of governments in-country have the potential to damage DFAT's reputation including relationships in-country.

Poor communication or stakeholder engagement in-country has the potential to impact on the achievement of project objectives which would have the potential to damage DFAT's reputation.

Source:

Refer to 3. Safeguards above in relation to Child Protection.

Poor project planning, lack of awareness of in-country contexts, or poor influencing strategies, skills and experience of applicants.

Impact:

Reputational damage to DFAT.

Mitigation:

DFAT request applicants to outline, in relation to countries in which project implementation will occur:

- whether and how their proposals will not contradict DFAT's bilateral programs and the policies and programs of in-country governments; and

- a plan for communication and stakeholder engagement with DFAT in Canberra and Posts; and with relevant government agencies and other key stakeholders in-country.

DFAT in Canberra will request DFAT Posts in countries where implementation will occur to provide feedback on proposals to identify any reputational risks including a review of the information provided by successful applicants about communication and stakeholder engagement. DFAT in Canberra will review Posts' feedback and re-assess risk with a view to mitigating unacceptable risk through revised proposals and / or through contract management processes throughout the life of the grants.

Selection criteria for the assessment of applications will require analysis of the applicants' track record of research uptake.

Use standard complex Grant Agreement with any changes to be cleared by Contracting Services Branch (CVB).

6. **Partner relations:** Could a relationship breakdown occur with key partners or stakeholders and would this prevent the objectives/results from being achieved? Does the intended partner (if known) have the capacity to manage the risks involved with this investment? Could differing risk appetites affect the relationship?	Unlikely	Moderate	Medium

Event/s:

It is possible that, at times, researchers may be driven by different priorities compared to DFAT's program objectives. Potential discord may occur due to different drivers in the two sectors which may lead researchers to prioritise outputs such as publications differently than DFAT.

It is possible that researchers' diplomatic and public diplomacy skills and experience may not be as strong as their research and analysis skills which could impact on effective management of a range of relationships, especially in-country.

Some researchers may be unfamiliar with implementing DFAT-funded work therefore unfamiliar with DFAT's expectations around effective engagement in-country and recognition of Australian government funding through branding and sharing of public diplomacy opportunities with the Australian government.

Source: Applicants' inexperience in implementing DFAT-funded projects.

Impact: Risk of reputational damage to DFAT.

Mitigation:

DFAT actively build positive relationships with grant fundees which have the potential to facilitate DFAT's effective program management.

DFAT communicate expectations to grant fundees in relation to in-country relationships, branding and public diplomacy opportunities.

DFAT effectively monitor the progress of projects and effect remediation if required. DFAT will need to manage the partners and contracts actively, noting that DFAT's ability to do this may be limited to some extent by the level of human resourcing available to do so (refer 3. Results above; and 7. Other below).

Refer to mitigations under 5. Reputation above.

7. **Other:** Are there any other factors specific to this investment that would present a risk (e.g. this is a new area of activity or it is an innovative approach), including potential opportunities? If yes, please describe and rate the risk.	Possible	Moderate	Medium

Event/s: This is an expansion of a relatively new area of activity. It presents a number of potential opportunities including the development of evidence base, expertise and skills in health security related translational research in the Australian research community as well as building local research capacity in Southeast Asia and the Pacific. Another key opportunity is the strengthening and development of relationships among researchers in the Indo-Pacific region. The short and pressing timeframe in which HPB must work to develop the scheme, make it active, and enter into arrangements with successful

applicants is the prevailing risk to the success of this investment. Additionally, HPB is facing limitations presented by the level of human resourcing available to develop and manage the investment.

Source: It is possible that the Commonwealth agency—the National Health and Medical Research Council (NHMRC)—which HPB is engaging to provide systems and services for the application and assessment process may not be able to deliver in the time HPB requires. There is no suitable alternative provider for these systems and services, especially in the specified timeframe as the Foreign Minister has scheduled to launch the program on 8 October 2017.

Impact: If this was to occur then the negotiation and execution of Grant Agreements may be delayed which could result in delayed first tranche payments.

Mitigation:

DFAT plan effectively and communicate clearly with NHMRC about timeline requirements.

DFAT monitor progress of NHMRC's components of the work and prepare as much material in advance for DFAT's components following completion of the assessment process.

DFAT will need to manage the partners and contracts actively, noting that DFAT's ability to do this may be limited to some extent by the level of human resourcing available to do so.

8. Overall Risk Rating:	Low-risk

Figure 1: Determining the risk rating for the Investment Concept

Likelihood	Consequences				
	Negligible	Minor	Moderate	Major	Severe
Almost Certain	Medium	Medium	High	Very High	Very High
Likely	Medium	Medium	High	High	Very High
Possible	Low	Medium	Medium	High	High
Unlikely	Low	Low	Medium	Medium	High
Rare	Low	Low	Medium	Medium	High

For each risk category, determine the risk rating using the risk matrix at Figure 1 above. The risk rating represents the level of impact[8] on investment objectives that would occur should the risk become a reality. A short description of impact should be provided for each risk category. The overall risk rating for the Investment Concept (at 8. above) is then calculated as follows:

- if any risk categories are rated as Very High, the overall rating for the Investment Concept will be High-risk
- if three (3) or more risk categories are rated as High, the overall rating for the Investment Concept will be High-risk.

There are only two overall risk categories – **High-risk** and **Low-risk**[9]. The purpose of this risk assessment is to determine the appropriate approval pathway for the investment. The Investment Concept risk rating should be determined relative to the individual (country/regional) program context and any risk management controls already in place.

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[8] Impact is a function of both likelihood and consequence.

[9] All investments must be marked as either High-risk or Low Risk in AidWorks.

Safeguards Screening Checklist

This tool provides a safeguard 'checklist' for you to consider at the early stages of investment development. It will help you determine the appropriate level of analysis that needs to be included in your Investment Design. This does not replace the need to further assess and manage safeguard risks throughout Investment Design and implementation in accordance with each of the Safeguard Policies and Guidelines.

	Yes	No	Not Sure
Child protection[10]			
1.1 Did the outcome of the child protection risk context assessment indicate a full assessment is required? [11]	Yes		
1.2 Is the investment likely to involve contact with or access to children (0-18 years old) due to the nature of the activity or the working environment?			Not sure
1.3 Will the investment involve personnel working with children?			Not sure
Displacement and resettlement			
2.1 Does the investment involve construction on: exclusion from: or repurposing of land that is occupied, accessed to generate livelihoods or of cultural or traditional importance?		No	
2.2 Does the investment's success depend on other development activities that may involve construction on; exclusion from; or repurposing of land that is occupied, accessed to generate livelihoods; or of cultural or traditional importance?		No	
2.3 Does the investment involve planning for, advising on or designing the economic or physical displacement of people to make way for infrastructure development, disaster risk reduction or exclusion of the local population from land accessed to generate livelihoods?		No	
Environment			
3.1 Will the investment support any of the following: • medium to large-scale infrastructure such as roads, bridges, railways, ports, infrastructure for energy generation; or • development of irrigation and drainage, diversion of water; or • land clearing, intensification of land use; or • hazardous materials and wastes; or		No	

[10] Answers to these questions will need to be logged in AidWorks under the policy marker questions.

[11] The Child Protection risk assessment guidance can be found on the intranet.

• activity in mining, energy, forestry, fisheries, water supply, urban development, transport, tourism or manufacturing sectors?			
3.2 Will the investment support any of the following: • small to medium scale infrastructure such as localised water supply and/or sanitation infrastructure; irrigation and drainage; rural electrification, rural roads; or • construction/renovation/refurbishment/demolition of any building for example: schools, hospitals or public buildings; or • localised use of natural resources, including small-scale water diversion, agriculture, or other types of land-use change?		No	
3.3 Will the investment contribute to, directly or indirectly, or facilitate, activities such as those listed above, including through: • trust funds, procurement facilities; or • co-financing contributions; or • support for planning, change to regulatory frameworks, technical advice, training or; • applied research?		No	
3.4 Has an environmental review of the proposed investment already been, or will be completed by an implementing partner or donor?		No	
3.5 Does this investment need to meet any national environmental standards or requirements?		No	

Note:

If you answer 'Yes' or 'Not Sure' to any of the questions you will need to include a short description under question 3 in the Investment Concept Risk and Value Assessment, identifying each of the safeguard areas you have marked yes or not sure to above. Further analysis will need to be undertaken during the design of your investment. For further information refer to the relevant safeguard policy or contact the relevant area.

Annex 2: M&E Framework for the health systems and / or policy research scheme

HEALTH POLICY AND / OR SYSTEMS RESEARCH FOR ENHANCED HEALTH SECURITY

	Indicator	Comment
Goal of the overall Health Security Initiative		
To help protect the safety, prosperity and wellbeing of the Indo Pacific region by strengthening health security.	*To be defined*	An M&E framework for the overall Initiative has yet to be drafted
Goal of the Research Scheme		
Health policy and systems that relate to health security in Southeast Asia and the Pacific are improved as a result of new evidence and further research relevant to the region is stimulated.	Qualitative capture of policies and systems that were altered or revised in response to new evidence generated by this scheme. Research groups supported by the scheme go on to attract further support for health security related research.	This evidence might only be apparent after the lifetime of the investment. Therefore it would likely only be captured by an *ex-post* evaluation.
Outcomes of the Research Scheme		
High quality research outputs produced, disseminated, and contributing evidence on how to strengthen health systems and / or policy to improve regional health security, in particular in Southeast Asia and the Pacific.	Number of disseminated publications (formal and informal) emanating from this support.	These indicators to be revised and honed once the individual research projects define their own outcomes and outputs
Enhanced research-policy engagement around new evidence between researchers and a range of potential end users.	Qualitative capture of work undertaken to promote uptake of new evidence by relevant end users (including, for example, from two DFAT-hosted workshops to bring together scheme researchers and their key partners).	
Increased capacity and expertise of research institutions in the region	New or enhanced levels of engagement of individuals and institutions in the region in	

in health systems and / or policy research related to health security. Australian researchers have increased experience of, and expertise in, health security issues in the region, for the benefit of Australia and the region.	research on health systems and / or policy aspects of health security. New or enhanced levels of engagement of individuals and institutions in Australia in research on health systems and / or policy aspects of health security.	

Scheme Strategy

Support systems and policy research that:

- Contributes evidence to strengthen regional health security, in particular in Southeast Asia and the Pacific
- Develops regional and local capacity to undertake and use health systems and / or policy research to improve health capacity