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Logframe

Note that country and regional Log Frames will contribute to programme-level Log Frames.

Item	Number	Description	Indicators	Sources	Assumptions
Impact		Improved global health security with strengthened capacity at national, regional and global level	NA	NA	IHR (2005) compliance improves global health security
Purpose		Strengthened all-hazards health protection systems, capacity and procedures to implement the International Health Regulations (2005)	NA	NA	Strategic inputs into health protection systems can strengthen global health security in the absence of comprehensive health system strengthening

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Item	Number	Description	Indicators	Sources	Assumptions
Outcome	**1**	**Strengthened system coordination and collaboration through national public health institutes in partner countries, and at Africa region and global levels**	TBC: Annual IHR core capacity 2.1: A functional mechanism is established for the coordination of relevant sectors in the implementation of IHR. 10.1: Capacity to detect and respond to zoonotic events of national or international concern. Count of subsections. Evidence of effective working between WHO departments and with Member States* *Aligned with DFID Tackling Deadly Diseases in Africa Programme	IHR Core Capacity Monitoring Framework: Questionnaire for monitoring progress in the Implementation of IHR Core Capacities in States Parties. Prepared for the WHA by the Ministry of Health or NPHI. Integrated policy documents, joint implementation reports on national action plans and activities	System coordination enables effective use of other inputs to health protection systems. Continued political leadership and IHR alignment of donor funds behind national plans leads and coordination between donors.
Output	1.1	Enhanced inter-sectoral collaborations for all-hazards health protection partner countries.	MoUs at country level, and evidence of functional committees and organisational links documented with meeting minutes or similar reports, joint planning/actions/exercises completed and evaluated. PHE contribution to WHO-led support clearly documented.	JEE mission reports. Partner organisation feedback. Exercise evaluation/ external evaluations. IHR project team reports.	Donors and partner financing is adequate for workforce, infrastructure and ongoing costs of public health system operations.

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Item	Number	Description	Indicators	Sources	Assumptions
Output	1.2	'One Health' capacity improved through inter-sectoral coordination and collaboration at regional level and in target countries.	Evidence of functional 'One Health' committees and organisational links, joint planning/actions/risk assessments/exercises done and evaluated. Evidence of PHE contribution clearly documented.	JEE mission reports. Partner organisation feedback. Exercise/external evaluation. OIE Performance of Veterinary Services (PVS) reports if available. IHR project team reports.	
Output	1.3	Functional network of emergency operations centres and emergency response systems capable of addressing potential public health threats established, led by WHO.	Existence of networks, guidelines and SOPs. Staff trained in identified response roles. Evaluation of exercises/simulations or response to events and records of action following these.	Partner organisation documents. IHR project team reports	
Output	1.4	PHE technical input complementary to DFID Tackling Deadly Diseases in Africa Programme supported priorities and influence allocation of World Bank funds aligned to national strategies.	Evidence of alignment with national post-JEE action plans and action plans of supranational organisations. Evidence of PHE alignment with other donors (monitored through DH/DFID/PHE/ WHO AFRO monitoring). Evidence of other donors' collaboration with PHE clearly documented.	Partner organisation reports, donor coordination groups at country and regional levels, IHR project team reports and external evaluation.	
Output	1.5	Defined package of technical assistance for antimicrobial resistance shaping national strategy.	Evidence of national plans to address antimicrobial resistance in partner countries and regions with evidence of PHE contribution to design.	JEE mission reports, partner organisation feedbacks and external evaluators. IHR project team.	

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Item	Number	Description	Indicators	Sources	Assumptions
Activity	1.1	Technical assistance and example SOPs/ MOUs for inter-sectoral collaboration for health protection in partner countries and supranational regions	NA		Partnerships and multi-sector engagement can be attained and sustained. Funding and management capacity is sufficient. Other health system strengthening activities are complementary to PHE programme.
Activity	1.2	Technical assistance and example SOPS/MOUs for development of 'One Health' networks in partner countries and supranational regions	NA		
Activity	1.3	Technical assistance, Mentoring and reach back in place to support example SOPs/MOUs for development of EOC and emergency response systems	NA		
Activity	1.4	Technical assistance to national and regional partners for programme planning for health protection system strengthening.			
Activity	1.5	Technical assistance for antimicrobial resistance plans in partner countries and supranational regions	NA		

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Item	Number	Description	Indicators	Sources	Assumptions
Outcome	**2**	**Health protection professional workforce developed in skill-shortage areas (such as laboratory diagnosis and epidemiological surveillance) to have improved capability to detect, prevent and respond to public health threats in partner countries and Africa region.**	IHR core capacity 7.1.1 Human resources available to implement IHR Core Capacity requirements: count of subsections Evidence and evaluation of the role of the developed workforce in public health deployments. Health protection workforce plan developed. Defined packages of training delivered. Agreed curricula and training materials delivered. Numbers trained. Measurable improvement in skills/competencies.	IHR Core Capacity Monitoring Framework: Questionnaire for monitoring progress in the Implementation of IHR Core Capacities in States Parties. Prepared for the WHA by the Ministry of Health or NPHI. Annual IHR WHA returns. Deploying agencies and deployed professionals. Training evaluations. Curricula. Training materials.	Workforce development is necessary for public health system development. Trained workforce retained, which depends on available roles and funding established to recruit and deploy those trained. Workforce resourcing will be sufficient for effective action. Sustained capability can be built through supporting training capacity in partner organisations.
Output	2.1	Workforce needs assessments undertaken and toolkits available for workforce gap analysis.	Workforce needs assessment / gap analysis documents. Evidence of utilisation of these. Evidence of PHE contribution.	Documents from national partner organisations and WHO. IHR project team reports	Workforce needs assessment leads to appropriate workforce strategic planning.
Output	2.2	Workforce strategic plans developed & implemented and toolkits available for workforce strategy development.	Workforce strategy documents. Action plan progress/annual reports. Evidence of PHE contribution clearly documented.	Documents from national partner organisations. IHR project team reports.	Strategic plans have adequate resources, political engagement and leadership for implementation.

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Item	Number	Description	Indicators	Sources	Assumptions
Output	2.3	Public health leaders developed and mentored and capacity increased for leadership development	# with training/mentoring (M/F, geography, role). Evaluation of mentoring. Records of training activities undertaken and personal development. Narrative of application of training, including in-turn development of others. Evidence of PHE contribution.	Partner public health mentees feedback. IHR project team reports.	Leadership in national public health professionals drives system and health development and securing of resources appropriate to public health needs.
Output	2.4	Increased number of professionals field-deployable through GOARN, Africa CDC or other bilateral and national systems	Change in # professionals (M/F, geography, role) supported by PHE, now able to be deployed to public health incidents.	Primarily from NPHIs. Documents/feedback from GOARN, Africa CDC and NPHIs. e.g. rosters.	Agreement of participants and parent organisations. Resources for deployment.
Output	2.5	Increased number of public health professionals with shortage skills indicated by workforce needs assessments, with training capabilities increased in partner organisations	# trainings delivered for each shortage skill area. # participants (M/F, geography, role) starting and completing each training. # at 1 yr: in role able to utilise training. # co-trainers developed (M/F, geography, role) and delivering training. Participation evaluation of each training.	Partner organisations' reports. Training participant feedback. PHE programme team reports.	Identification of willing participants, availability of participants, timescale in which to deliver further rounds of peer training.
Activity	2.1	Technical assistance for co-development of national needs assessments and toolkits for workforce gap analysis	NA		Partnerships and multi-sector engagement can be attained and sustained. Funding and management
Activity	2.2	Technical assistance for co-development of national workforce strategic plans and toolkits for workforce strategic planning	NA		

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Item	Number	Description	Indicators	Sources	Assumptions
Activity	2.3	Training/mentoring delivered for leadership development of post-FETP fellows and other public health leaders/future leaders	NA		capacity is sufficient. Other health system strengthening activities are complementary to PHE programme. Possible to identify candidates for training and mentoring.
Activity	2.4	Training delivered and technical assistance for capacity development for international and national field-deployment of professionals	NA		
Activity	2.5	Co-delivery of targeted training and provision of training materials to meet needs of public health systems development; including where applicable veterinary epidemiology, laboratory techniques and systems, surveillance data interpretation skills, tackling antimicrobial resistance, emergency response systems and operations centres	NA		
Outcome	**3**	**Public health technical systems enhanced and expanded in partner countries and regions**	IHR core capacities: 3 Surveillance. 8.1 Laboratory diagnostic and confirmation capacity 12 Chemical Events Count of subsections	IHR Core Capacity Monitoring Framework: Questionnaire for monitoring progress in the Implementation of IHR Core Capacities in States Parties. Prepared for the WHA by the Ministry of Health or NPHI.	Technical inputs are most effectively utilised within the context of effective systems with adequate human resources and operational resources.

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Item	Number	Description	Indicators	Sources	Assumptions
Output	3.1	Operationalisation of effective emergency preparedness, resilience and response systems through guideline utilisation in surveillance and laboratory settings.	Evidence of guideline/SOP availability (by type and site/geography). Evidence of guideline/SOP utilisation.	Partner organisation documents and feedback. IHR project team reports.	Guideline utilisation leads to sustained standardised surveillance and laboratory practises that enable resilience/ interoperability and effective response in emergencies.
Output	3.2	Strategy developed and operationalised for surveillance, laboratories and other health protection systems based on risk assessments of threats and capabilities	Strategy documents and operational plans. Alignment of risk assessment and strategic development. Progress/annual reports.	Partner organisation documents. IHR project team reports	Risk-based strategic planning leads to system development for priority needs.
Output	3.3	System performance tested through exercises /simulations and/or events, with after-action reviews done and acted upon.	Number and nature of exercises/simulations or evaluated responses to events and action following these.	Partner organisation reports/feedback. IHR project team reports.	Appropriate system development follows after-action reviews.

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Item	Number	Description	Indicators	Sources	Assumptions
Output	3.4	Laboratory systems enhanced and quality assured, with capacity increased for laboratory QA, and laboratory networks strengthened	# (%) of national reference laboratories with international QA accreditation. # national partners with laboratory QA systems # laboratories undertaking QA. Agreements for and descriptions of laboratory network and sample referral pathways, internationally where applicable. Evidence of utilisation of sample referral pathways and implementation of lessons learnt from sample referrals. Evidence of PHE support.	Partner organisation reports/feedback. IHR project team reports	Quality assurance processes can be utilised in laboratory networks to ensure quality diagnostics for public health information and action.
Output	3.5	Strengthened systems for detection and response to chemical-toxicological public health incidents	Availability of guidelines. Response plans. Prioritisation documents. Evidence of links to international networks and expertise. Exercises.	JEE mission reports. Partner agencies' feedback/documents. IHR project team reports.	Chemical-toxicology system developments can be integrated and sustained in an all-hazards health protection system.
Activity	3.1	Technical assistance and example documents for co-development of guidelines and SOPs to support context-specific public health emergency preparedness, resilience and response.	NA		Partnerships and multi-sector engagement can be attained and sustained. Funding and management capacity is sufficient. Other health system strengthening
Activity	3.2	Technical assistance for epidemiological risk assessment and co-development of strategic plans for surveillance and public health systems	NA		

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Item	Number	Description	Indicators	Sources	Assumptions
Activity	3.3	Technical assistance for co-developed and delivered exercises, simulations and after-action reviews	NA		activities are complementary to PHE programme.
Activity	3.4	Technical assistance and example documents/SOPs for laboratory networks, systems enhancement and quality assurance	NA		
Activity	3.5	Technical assistance and guidelines/example SOPs for chemical-toxicological public health systems development.			
Outcome	**4**	**Effective cross-government (UK) delivery of international public health system strengthening**	Joint DH/DFID/PHE engagement with WHO HQ and AFRO.	External evaluation. DH/DFID/PHE documents. Feedback from WHO.	Demonstrably effective delivery, organisational learning and management of resources supports sustainable public health system strengthening.
Output	4.1	Timely procurement through government systems	Number (%) of contracts procured within time frames specified in project planning documents	IHR project team	Timeliness is necessary for programme delivery within agreed timelines
Output	4.2	Effective contract management	Number (%) of specified contracted deliverables achieved on time and within budget. Number (%) of contractors with >90% of deliverables met as above.	IHR project team.	Contractors are able to deliver on programme requirements.
Output	4.3	Timely financial reporting, budget forecasting and reconciliation	Indicator in development.	IHR project team reports.	

Item	Number	Description	Indicators	Sources	Assumptions
Output	4.4	Effective robust monitoring and evaluation system	Evaluation of exercises/simulations as an M&E tool; to include evidence of application of findings from after-action reviews.	IHR project team reports. Consider external/academic evaluation.	
Output	4.5	Effective collaboration across UK government global health security programmes	Evidence of effective collaboration between IHR programme and UK government Ross Fund GHS programmes	IHR project team reports. Correspondence. Joint reports and publications.	
Output	4.6	Effective negotiation and influencing to further global diplomatic objectives	Evidence of relationships built between PHE/HMG and international partners.	IHR project team reports. Correspondence. Joint reports/publications. Survey/questionnaire responses.	
Activity	4.1	Procurement of external contracts through UK government procurement systems for delivery of IHR project areas.	NA		
Activity	4.2	Management of external contracts for delivery of IHR project areas.	NA		
Activity	4.3	Financial management	NA		
Activity	4.4	Simulations and exercises undertaken as evaluation	NA		
Activity	4.5	Collaboration across UK government global health security programmes	NA		
Activity	4.6	Negotiating and influencing to build global diplomatic networks as part of the IHR project and to build PHE/HMG global reputation.			