Department of Health & Social Care

UK Health Security Agency

Annual Review 2021 - 2022 International Health Regulations Strengthening Project

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Abbreviations and Acronym List

Abbreviation	Term
Africa CDC	Africa Centre for Disease Control
AMR	Antimicrobial Resistance
AU	Africa Union
CTV	Communication Transparency and Visibility
FCDO	Foreign Commonwealth and Development Office
DHSC	Department of Health and Social Care
DHIS2	District Health Information Software
EOC	Emergency Operations Centre
EPHI	Ethiopia Public Health Institute
EPRR	Emergency Preparedness Resilience and Response
FETP	Field Epidemiology Training Programme
GHD|EMPHNET	Global Health Development Eastern Mediterranean Public Health Network
GHS	Global Health Security
GHN	Global Health Network

Abbreviation	Term
IANPHI	International Association of National Public Health Institutes
IDSR	Integrated Disease Surveillance and Response
IHR	International Health Regulations
JEE	Joint External Evaluation
LMIC	Low- and Middle-income countries
MREL	Monitoring, Reporting, Evaluation and Learning
MOHS	Ministry of Health and Sports (Myanmar)
MoU	Memorandum of Understanding
NCDC	Nigeria Centre for Disease Control and Prevention
NIH	National Institute of Health (Pakistan)
NPCC	National Poison Control Centre
NPHI/NPHA	National Public Health Institute/ Agency
OH	One Health
ODA	Official Development Assistance
PHE	Public Health England

Abbreviation	Term
SLT	Senior Leadership Team
SOP	Standard Operating Procedure
TA	Technical Assistance
ToC	Theory of Change
TWG	Technical Working Group
ToR	Terms of Reference
UKHSA	UK Health Security Agency
VfM	Value for Money
WAHO	West African Health Organization
WHO	World Health Organisation
WHO AFRO	World Health Organization Regional Office for Africa
WHO EMR	WHO Regional Office for the Eastern Mediterranean
ZNPHI	Zambia National Public Health Institute

Summary and overview

Project Title: International Health Regulations Strengthening Project

Project Value: £24,000,000 2016-2022

Review period: 1 April 2021– 31 March 2022

Project's Start Date: 1 April 2016

Project's End Date: 31 March 2025

Summary of Project Performance:

Year	2021/2022
Project Score	B
Risk rating	Amber - Green

1.1 Outline of project

The International Health Regulations Strengthening Project (referred to as the 'IHR Project') is funded by Official Development Assistance (ODA) through the Department of Health and Social Care (DHSC), as part of its Global Health Security (GHS) Programme portfolio.

The purpose and scope of the International Health Regulations (IHR 2005) are "to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with international travel and trade." The UK Health Security Agency (UKHSA), formally known as Public Health England (PHE), IHR Project provides technical assistance to ODA-eligible low- and middle-income countries (LMICs) in order to improve their compliance with the International Health Regulations (IHR 2005).

The IHR Project continues to work to reduce the impact of public health emergencies and improve national, regional, and ultimately global health security; contributing to the building of resilient, sustainable national public health systems, better equipped to prevent, prepare for, detect, and respond to a wide range of public health threats.

The IHR Project has a triple remit of:

- Build technical capabilities of public health institutions and public health bodies
- Strengthen leadership to improve multisector coordination
- Develop sustainable resilient public health systems

1.2 Summary of progress

The IHR Project continued to deliver on its triple remit during 2021/22. It worked in 4 countries (Ethiopia, Nigeria, Pakistan and Zambia), and through regional multilateral agencies (Africa Centres for Disease Control and Prevention (Africa CDC), the Global Health Development Eastern Mediterranean Public Health Network (GHD|EMPHNET)) and linking with the World Health Organization (WHO) and its regional offices (Eastern Mediterranean Regional Office and African Regional Office). Initial scoping work has begun on exploring opportunities for bilateral and multilateral working in the Indo-Pacific region.

Key achievements from 2021/22 include:

- Helped to improve standards and quality at the Provincial Public Health Lab (PHRL) in Khyber Medical University, Peshawar by implementing Lab Quality Management System (LQMS). As a result, the PHRL produced comprehensive lab quality documentation and standardised work processes which met international standards. Through this work, the IHR Project has won the appreciation of the higher health official and technical focal points across Pakistan.
- Facilitated the rapid deployment and better administration of standby expert responders to public health emergencies. Alongside Africa CDC's Emergency Preparedness and Response Division, the project rolled out AVoHC Net Tool training for rapid deployment in the United Republic of Tanzania, 17 personnel were trained and 3 deployed to Tanzania, ultimately this enhanced emergency response capacity across Africa.

- Conducted an exercise to validate and assist with the multi-agency familiarisation of the Zambian National Public Health Institute's (ZNPHI) all-hazards emergency preparedness and response plan. This included assembling representatives across the government and confirming roles and responsibilities of agencies during a response scenario. The exercise increased multi-sectoral communication and coordination and facilitated the identification of gaps in the plan. These revisions will support an all-hazards response at the national, district and community level.

The IHR Project faced a number of key challenges in 2021/22. These included the transition of PHE to UKHSA, with ensuing delays to staff recruitment, and the halt of activities in Ethiopia due to conflict. This led to a reduction in activities, although the majority of progress was maintained, and some underspends emerged over the course of the year as a result (please see further detail in the financial management section).

The end-line evaluation report was completed this year by Itad, an external evaluator. The report found that the project had positively contributed towards progress in strengthening IHR capacity in most of the countries and technical areas in which it has been active and should be deemed a success. It also found the project to be highly relevant in supporting country and UK needs and that IHR Project is considered a valued source of technical skills and experience. The project has responded to the recommendations in the management response.

1.3 Progress against recommendations from the last review

Recommendation from last year	Progress	Current status
Devolve aspects of financial management to country teams - Q4 2021/22	Through the financial implementation plan a support system has been established to devolve workplan financial processing from the UK to country-based staff. Further work has also begun on devolving oversight and coordination of workplan budgets to country-based teams.	Partially Achieved

Recommendation from last year	Progress	Current status
Further build on remote delivery and explore other methods for remote support – Q4 2021/22	Through participation in departmental working groups colleagues have developed skills and identified resources to facilitate remote delivery. Throughout the year the project has assessed its remote delivery and shared lessons learned with key stakeholders.	Achieved
Undertake a review of project's monitoring, evaluation and learning processes and system, with a view to enhance – Q3 2021/22	The project conducted a review of its Monitoring, Reporting, Evaluation and Learning (MREL) processes and systems during 2021/22. Work has begun on streamlining the logframe and Theory of Change which will be finalised in the beginning of FY 22/23.	Partially Achieved
Embed AGILE and other practical solutions to improve IHR Project ways of working – Q4 2021/22	Agile practices have continued to be embedded at the cross-project and country level in 2021/22.	Achieved
Develop tools and methods to assess longer term impact of project activities – Q4 2021/22	In Q4 the project designed and developed a series of indicators to assess the longer-term impact of project activities. They will be embedded in the 2022/23 logframe.	Partially achieved
Make further use of Esther EFFECt tool and explore other tools to measure partnership impact/benefits – Q4 2021/22	The project has explored methods to better understand what is meant by 'respectful partnerships' and how best to measure these. This work will be built upon in the upcoming 3-year project cycle.	Partially achieved
Develop a communication strategy – Q4 2021/22	The Communications, Visibility and Transparency (CTV) plan was refreshed and relaunched	Partially achieved

Recommendation from last year	Progress	Current status
Review and scope expansion of regional footprint through existing partners – Q4 2021/22	The project recruited a Senior Health Advisor to the West Africa Health Organization (WAHO) /Africa CDC West Africa Regional Collaborating Centre (RCC). In the Indo-Pacific region, the project has begun exploring networks and scoping opportunities to work with FCDO colleagues in the UK mission to ASEAN and potentially bilaterally with an additional country.	Achieved
Embed more local technical staff and resources into partner institutions to build resilience – Q3 2021/22	In 2021/22 the project recruited 8 local Technical Advisors.	Achieved

1.4 Major lessons and recommendations for the year ahead

Recommendations for 22/23:

Communicate stories of impact to develop strategic understanding of the project's value: share 3 stories of impact within UKHSA and other government stakeholders including DHSC and partner countries and regions by the end of 22/23.

Consolidate Monitoring, Evaluation and Learning (MEL) processes: improved logframe signed off by DHSC by Q2 22/23. Share quarterly logframe progress reports with Project Board members from Q2 onwards.

Strategic expansion at regional, national, and sub-national levels: scope at least one partner organisation in the Indo-Pacific Region by end of 22/23.

Knowledge sharing between partner countries: develop a plan for knowledge exchange trips between partner institutions by Q2 22/23, with at least 3 trips taking place in 22/23, leading to changes in practices in partner countries.

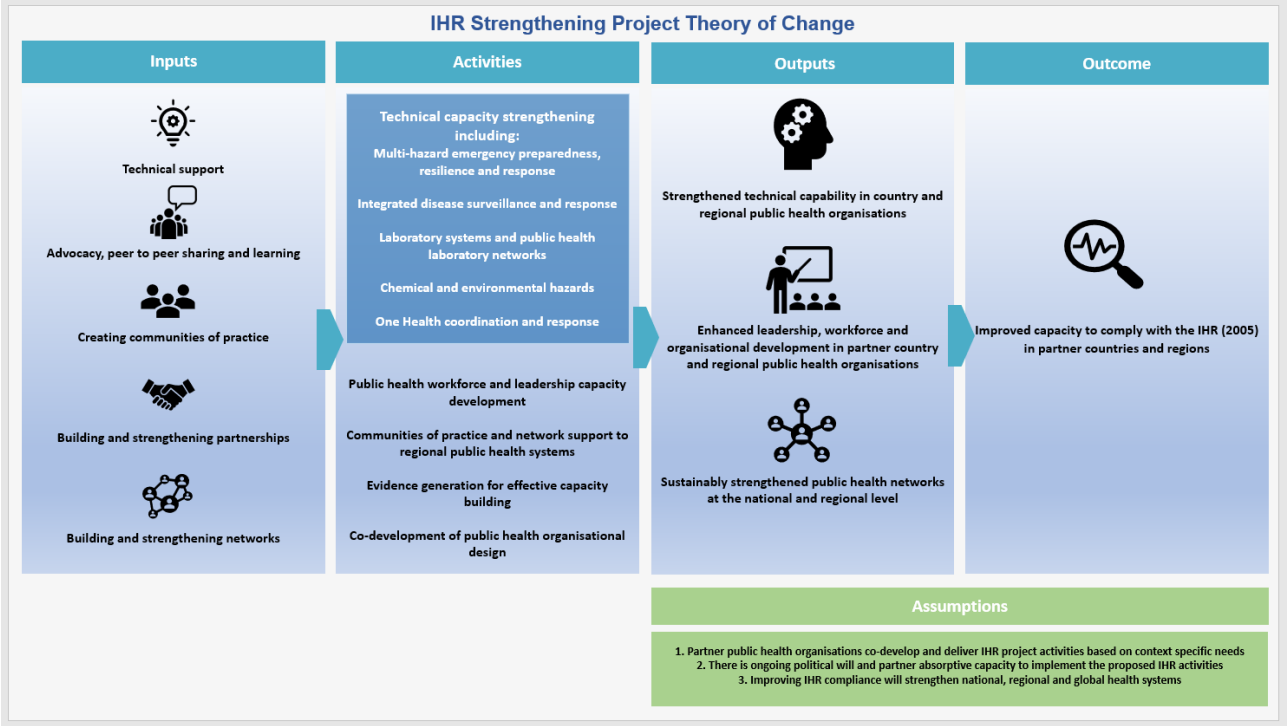
High level project management: ensure the project is fully compliant with the Foreign, Commonwealth and Development Office's (FCDO's) Programme Operating Framework (PrOF) by end of 22/23, including completing a climate risk assessment.

Financial management: ensure there is a robust budget tracking process in place at the end of the year, including local delegated spending. Reduce underspends to ensure spend is at least 90% of budget at the end of the financial year.

Consolidating external networks to maximise impact and deliver shared objectives: demonstrate input into FCDO country plans, to FCDO's Advancing Health Security in Africa Programme and to the UK's contributions to the Global Health Security Agenda by end 22/23.

Theory of Change

2.1 Summary of changes to the ToC



The 22/23 Theory of Change (ToC) has been revised following feedback in the external evaluation. The ToC builds on the triple remit of the project to further demonstrate how a range of project inputs, processes and outputs create the changes to achieve long-term outcomes and sustaining impact. The primary ToC revision was to bridge gaps in the results framework to illustrate the impact of the project. The ToC assumptions which drive change were also tested and subsequently adjusted throughout 2021/22.

2.2 Project's progress

This section details the project’s progress towards its expected outcomes and impact.

At the end of 2021, Itad completed the project’s external evaluation and evaluated progress against stated outcomes and outputs. Itad concluded that available evidence suggests many project outputs and outcomes are likely to be sustained, subject to the enabling and operating environment being conducive to this and therefore has been a success.

Of the 41 workshops delivered between March 2021 and April 2022, 98% of participants stated that the knowledge and information gained from participation at the IHR Project

event would be useful or applicable to their work. In addition, 97% of participants reported that IHR Project events achieved its specified objectives. During 2021/22, the IHR Project continued to contribute towards enhancing capacity and capability of IHR core capacities, across projects and regions. Progress against these core capacities, and the projects outcomes and impact are highlighted below:

IHR Core Capacity	IHR Project contribution to outcomes and impact
Emergency Preparedness Resilience and Response (EPRR)	The project collaborated with Africa CDC on developing a series of webinars to support African Union Member States Public Health Emergency Operations Centre (PHEOC). These webinars were attended by over 11,000 people and spanned over 100 countries. The project is involved in the bi-regional PHEOC network which provides collaborative opportunities across the EPRR domain and across 2 regions. The project also input into the Africa CDC 5-year strategy for strengthening PHEOs across Africa and the Eastern Mediterranean.
One Health	Delivered in Kenya and the Gambia with the tripartite - Food and Agriculture Organisation (FAO), WHO, and World Organisation for Animal Health (WOAH, formerly OIE) to revise, improve and support the piloting of tripartite zoonosis guides. In particular, the Multisector Coordination Mechanism Operational Tool which supports countries in taking a multisectoral, One Health approach to address zoonotic diseases. This work supported WHO headquarters and the WHO Regional Office for Africa.
Chemical events	Nigeria's chemical technical working group, National Committee on Chemical Surveillance and Emergency System (NCCESS) was established. This coordination mechanism of relevant stakeholders was a key action on the Nigeria National Action Plan for Health Security (NAPHS) for better prevention, detection, and response to chemical events.
Laboratory	The IHR Project supported NCDC National Reference Laboratory (NRL) and Central Public Health Laboratories (CPHL) in governance strengthening and Laboratory Quality Management Systems (QMS) towards IS015189 Stepwise Laboratory Quality Improvement Process Towards Accreditation (SLIPTA). Through this support, Nigeria's laboratory system has been strengthened.

IHR Core Capacity	IHR Project contribution to outcomes and impact
	The project will support Nigeria Centre for Disease Control and Prevention (NCDC) work towards WHO-Afro lab rating of 5 stars.
Surveillance	The project supported federal and provincial representatives at the NIH Pakistan to strengthen Integrated Disease Surveillance and Response (IDSR) implementation in Pakistan, throughout 2021/22 this included training 1,021 participants.
Human resources	The project conducted a laboratory leadership series with NCDC, Ethiopia Public Health Institute (EPHI) and Zambia National Public Health Institute (ZNPHI) to explore and develop skills in leadership and management in the laboratory environment. The series took place throughout the ongoing challenge of COVID-19 and contributed to countries response to the pandemic. The series utilised an Africa-wide existing network to provide laboratory leaders with a support mechanism through virtual sessions.

Key challenges faced throughout the year caused some disruption to workplan delivery, limiting the scale of activities and resulting in a small reduction in the expected outcomes, including changes to technical practices at the outcome level. These included:

- the necessary pausing of activities in Ethiopia due to political instability, which has now been restarted
- the delays in staff recruitment, which are now improved
- hindered face to face delivery due to the COVID-19 pandemic – the impact of this disruption was minimised due to the increased presence of country-based teams

2.3 Changes to the logframe

The changes to the logframe are parallel to those made to the ToC. The logframe was revised to ensure alignment with the triple mandate:

- strengthen public health and institutional technical capacity
- support workforce development, leadership, and management capabilities

- develop resilient and sustainable public health systems and networks

Further work is being done to refresh the logframe for 2022/23. Qualitative and quantitative indictors have been included to better measure longer-term impact as well as streamlined outputs to support the link between project outputs, outcomes and impact.

Detailed output scoring

Output 1

Technical capability strengthening in IHR core competencies

Output number 1.1-1.

Output score A

Impact weighting (%) 33%

Weighting revised since last AR? No

Summary of outputs	Milestones achieved	Milestones not achieved
Output 1.1: Public health laboratories and laboratory networks strengthened, through improving diagnostic and biosafety/biosecurity capacities amongst laboratory personnel, and development of functional quality management systems, at national and sub-national levels	26	0
Output 1.2: Public health workforce epidemiology capability strengthened through targeted training, and support delivered to establish functional and inter-linked integrated disease surveillance & response systems at national and sub-national levels	13	1
Output 1.3: Strategies and plans developed and implemented, Emergency Operations Centres (EOCs) established and functional, and staff trained for effective multi-hazard Emergency Preparedness, Resilience and Response (EPRR)	11	2
Output 1.4: Capacity to risk assess, detect, and respond to Chemical Hazards improved within partner national public health institutions, through targeted support and/or training	7	2
Output 1.5: Strengthened workforce capacity and systems at Points of Entry (PoE), for effective routine and public health emergency response function, linking public health and security authorities	0	1

Supporting narrative

Summary:

The project continued to expand its footprint in 2021/22. Country-based teams grew to work side by side with partners, and there has been an increased focus on regional and sub-national working. Higher Project Support Officers were recruited in Nigeria and Zambia to oversee the workplan implementation, local financial management and Monitoring, Reporting, Evaluation and Learning (MREL) functions. In doing so, the project had been able to delegate centralised processes and management to country teams which has increased resilience across the project and developed a shared understanding of key strategic and operational project principles.

Output 1.1

Throughout the 2021 – 2022 reporting year the project supported partners with building capacity and capability for public health laboratories and laboratory networks:

- Supporting partners in the Ethiopia Public Health Institute with building capacity for public health laboratories, including diagnostics, sample collection for Influenza Like Illness and Severe Acute Respiratory Infection surveillance
- Supporting the Zambia National Public Health Institute with workshops on leadership and management in the laboratory environment
- Collaborating with NCDC (Nigeria Centre for Disease Control) to strengthen laboratories and networks by addressing gaps in biosafety practices while working with dangerous pathogens.
- Supporting a laboratory quality assessment programme at subnational levels in Pakistan, as well as conducting an audit of laboratories at the provincial level in coordination with the health department.
- The laboratory leadership programme was expanded to include delegates from 12 African countries, with training sessions on resilient national public health laboratories receiving positive feedback.

Case Study: ZNPHI and NCDC knowledge exchange

The Emergency Preparedness, Resilience and Response (EPRR) project leads worked with the national public health institutions of Zambia and Nigeria to better prepare for and respond to public health emergencies using an all-hazards multisectoral approach.

The team facilitated a trip of the National Public Health Institute (NPHI) team of Zambia to meet with the Nigeria NPHI to share experiences, learn from each other’s work and form important cross-country links. This was the first formal knowledge exchange visit between national public health institutes that the IHR Project has sponsored. This peer-to-peer

learning enabled open discussions about the challenges, successes and how processes and principles have been adapted to unique country and cultural contexts.

Dr Ifedayo Adetifa, NCDC Director General said:

“National Public Health Institutes are not meant to operate in silos. Global health security is not only about what happens in individual countries, but cross-border. A threat in one country is a threat to all. This visit is valuable to the Nigeria Centre for Disease Control and Prevention, and we trust it proves significant to the Zambia National Public Health Institute in strengthening our capacities to protect our people and the world from infectious diseases.” (18 March 2022)

The EPRR team co-hosted an annual “Keep Pushing” simulation exercise during the Zambia trip to Nigeria, to support institutions identify areas of continued improvement in Nigeria’s preparedness at both national and subnational level.

The visit facilitated discussions between ZNPHI and NCDC as well as sharing UK learning. This included raising awareness of what is possible, new knowledge and approaches and shared challenges. The visit was co-designed and co-delivered which forged new partnerships and supported the creation of a sustainable platform for continued annual exercises.

The IHR Project team learned the value of peer-to-peer learning events as a strong methodology for strengthening IHR and has included peer-to-peer learning in the project model for 22-25. It is anticipated that because of the peer-to-peer learning, countries will continue to work directly together and share learning. There is future commitment from NCDC trainers to train ZNPHI EPRR exercise facilitators throughout 22/23. Following the event, it resulted in ZNPHI and NCDC Director Generals holding regular 1:1s to share lessons and experiences.

Output 1.2

Throughout the 2021-22 reporting year, the project delivered targeted training to strengthen epidemiology capability and supported the establishment of functional and inter-linked IDSR systems at national and sub-national levels. This was achieved by:

- Supporting partners with public health workforce capability, and training partners to support processing, analysis and interpretation of genomic sequences. For example, in Pakistan through the New Variant Assessment Platform (NVAP) which enabled the project to facilitate the National Institute of Health (NIH) to enhance SARS-CoV-2 genomic sequencing.
- Continued support for Pakistan with the IDSR programme.

- Supporting the rollout, development, and quality of the dashboard for the District Health Information System 2 (DHIS2) at national and provincial level to strengthen public health staff capability to collect, analyse and present real-time health data on infectious diseases.
- Sub-national linkages were enhanced in Nigeria to support the establishment of a state epidemiologist network to improve coordination and collaboration between NCDC and state epidemiologists. National and subnational learning needs assessment also conducted to support epidemiology capability in Nigeria.

Output 1.3

Throughout the 2021-2022 reporting year, the project trained staff on Emergency Preparedness, Resilience and Response (EPRR) and established Emergency Operations Centres (EOCs) to support partners:

- Supported the development of Nigeria's national public health multi-hazard emergency preparedness and response plans in partnership with NCDC.
- Delivered a familiarisation and validation exercise of the ZNPHI all-hazards emergency preparedness plan in Zambia.
- Collaborated with Africa CDC, WHO AFRO, WHO EMRO and US CDC through Public Health Emergency Operations Centres (PHEOC) to successfully support a train the trainer course, also taking on responsibility for evaluation of learning. Evaluation of the course gave significant positive insights to take forward to future events.
- Supported "Keep Pushing 4", a functional PHEOC simulation exercise to test capacity to coordinate the response to a public health emergency in 7 EOCs with over 60% reporting this to be relevant to their roles and achieving objectives.

Output 1.4

Over the 2021-2022 reporting year the project improved capacity in partner national public health institutions to risk assess, detect, and respond to chemical hazards through targeted support and training, including:

- In Ethiopia and Zambia, the project worked in partnership with EPHI to support the Chemical Biological and Radio Nuclear (CBRN) Hazards Core Team to develop national surveillance and response guidelines, in addition to building capacity through training, documentation and needs based assessment.
- Conducting its first scoping mission in Nigeria, delivering training on chemical hazards, detection, and response public health foundational training, in partnership with NCDC, the Federal Ministry of Health and the Federal Ministry of Environment.

- Advocating and supporting multi-sectoral coordination for detection and response to chemical hazards. In partnership with NCDC, the Nigeria National Committee on Chemical Surveillance and Emergency Systems (NCCSES) was inaugurated to facilitate this in Nigeria.
- In partnership with ZNPHI and Levy Mwanawasa Medical University (LMMU), the project co-delivered with the Field Epidemiology Training Programme (FETP), an environmental epidemiology approaches to chemical and environmental precursors of disease module in Zambia.

Output 1.5

At the start of the 2021/22 project cycle the project intended to support Points of Entry capacities and capabilities. However, this did not progress as partner need and absorptive capacity was not present. The project work has pivoted to other outputs in line with expressed partner need.

Changes to the output

Under the new logframe, the logframe comprises of one outcome and 3 outputs. The logframe therefore has been significantly revised and simplified for the 2022/23 project cycle. The 2022/23 logframe outcome and outputs run concurrent with the project's triple mandate and therefore the focus of Output 1 is on strengthening technical capacity in country and regional public health institutes. The outputs will be supported by qualitative and quantitative indicators as a measure of progress.

Output 2

Workforce and leadership capacity

Output number 2.1-2.4

Output score B

Impact weighting (%) 33%

Weighting revised since last AR? No

Summary of outputs	Milestones achieved	Milestones not achieved
Output 2.1: Co-development of public health organisational structure/design and workforce development strategic plans with partner organisations	7	3
Output 2.2: Co-development of the workforce with partner organisations, including support with establishment of HR management, retention, and professional development mechanisms	9	2
Output 2.3: Workforce capability building, and mentorship delivered in partner institutions, including leadership skills/capabilities development	14	5
Output 2.4: Equity, sustainability and inclusion plan implemented to support public health organisational, leadership and workforce development	15	5

Supporting narrative

Summary: A significant number of milestones under Outputs 2.1 – 2.4 have been completed in the 2021/22 project cycle to enhance workforce capacity and leadership, including the development of workforce strategies, organisational design, learning management systems, leadership programmes whilst ensuring considerations are made for equity, sustainability, and inclusion.

There were 60 milestones relating to Outputs 2.5 – 2.4 being worked towards during the financial year. Approximately 75% of them have been completed within the year and have met planned expectations. A number of indicators were not completed during the year, including around the equity, sustainability and inclusion plan. This is a longer-term piece of work and the approach was adapted throughout the year. Next year the project plans to set shorter term milestones to report on progress.

Case study: IDSR cascade trainings: A first step towards implementing IDSR in South Punjab

Since 2017, the IHR Project has supported both federal and provincial governments to develop their capacity in IDSR, such as running federal and provincial level Training of Trainers (TOT) which were later cascaded through provincial and district levels.

The team identified the opportunity for engagement in South Punjab to establish a partnership and to introduce and implement IDSR in the region.

In order to establish a surveillance program in South Punjab region the IHR Project, in collaboration with the National Institute of Health (NIH) and the Director General Health Services in South Punjab, delivered IDSR cascade trainings for health facility in-charges of 2 districts, Multan and DG Khan.

The IDSR cascade training was delivered to health facilities to further strengthen the priority disease response and to enhance local capacity to meet the demands of endemic and emerging communicable diseases. This IDSR cascade training was focused on building local capacities and capabilities in the detection of priority infectious diseases using standardised case definitions, reporting of identified cases on to DHIS-2, and responding to disease alerts, clusters, and outbreaks

The cascade training was successfully delivered and marked a first step towards implementing IDSR in South Punjab. The IHR Project has committed to delivering a comprehensive IDSR training package to the remaining 9 districts of South Punjab.

Output 2.1:

In the 2021-2022 reporting year, the project co-developed public health organisational structure/design and workforce development strategic plans with partner organisations including:

- Embedding IHR Project staff within NPHIs to support IHR milestones, specifically workforce development. Supporting NCDC workforce strategy, staffing plan and workforce resourcing processes.
- In Zambia, the project collaborated with Field Epidemiology Training Programme (FETP) to support middle managers with leadership and management training.

Output 2.2:

Throughout the reporting year, the project co-developed the workforce with partner organisations, this included:

- Supporting Ethiopia Public Health Institute (EPHI) with the attainment of a learning management system to support professional development of the workforce.

- Supported NCDC with HR performance management and promotion processes.

Output 2.3:

Throughout 2021/22 the project supported NPHI workforce capacity building and mentoring, this included:

- The development of the Africa CDC Kofi Annan Global Health Leadership Programme including supporting fellows with mentoring.
- Collaborating with the Tony Blair Institute (TBI) to evaluate the institutional strengthening and capacity building journey of NCDC. The project co-developed a leadership programme to support future leaders and an Emotional Intelligence assessment to support NCDC with strategic leadership.
- In Pakistan, the project supported 2 IHR core capacities – workforce development and laboratory – through the delivery of a laboratory leaders programme and mentoring training workshop.
- The project supported ZNPHI's new cohort of FETP residents. This included the delivery of online leadership development modules.

Output 2.4:

The project continued to implement its sustainability, equity, and inclusion plan throughout the reporting period. Workshops, training, and regular engagement with country and regional partners were planned with these principles in mind and project staff have continued to advocate for equitable representation and opportunity. The project has made significant steps to embed country-based technical advisors within NPHIs to work alongside partners. This has dual benefit of fostering strong working relationships and reduces the necessity for UK based staff to deploy overseas which has environmental sustainability benefits.

Changes to the output

During the 2021/22 project cycle Outcomes 1 and 2 placed emphasis on the public health workforce and public health organisations. For the 2022/23 project cycle Output 2 encompasses the strengthening of workforce and leadership and co-development of public health organisational design. Therefore, priorities relating directly to these themes will be demonstrated under Output 2 only.

Output 3

Resilient and sustainable public health systems and networks

Output number 3.1-3.7

Output score B

Impact weighting (%) 33%

Weighting revised since last AR? No

Summary of outputs	Milestones Achieved	Milestones not achieved
Output 3.1: Support provided for improved IHR coordination, communication, and advocacy between relevant IHR stakeholders, including strengthened functioning of the IHR National Focal Point (NFP) in accordance with IHR (2005) roles and responsibilities	7	9
Output 3.2: Support improved multisectoral coordination and One Health (OH) approaches, through co-development and establishment of coordination mechanisms/forums, advocacy, and support for the implementation of OH plans and targeted training, at national and regional levels	11	6
Output 3.3: Strengthened bilateral partner relationships, promoting demand-led and sustainable technical capacity building & public health system strengthening	10	6
Output 3.4: Support for improved multilateral collaboration and co-development of public health networks with WHO, IANPHI, and other external national and regional stakeholders	12	7
Output 3.5: Support for the establishment of functional regional public health systems/networks and enhanced coordination/linkages between national and regional levels	19	15
Output 3.6: Facilitation and enablement of two-way sharing and dissemination of learning & knowledge, and contribution to the evidence base for effective IHR/GHS capacity building and broader impact - within the IHR Project and partner organisations.	9	8

Summary of outputs	Milestones Achieved	Milestones not achieved
Output 3.7: Cross-government collaboration promoted and enhanced to align resources/expertise and promote greater impact, including provision of strategic input and public health technical support to UK government partners based in-country and the UK.	18	10

Supporting narrative

Summary: The majority of milestones fall under Outputs 3.1 – 3.7. these relate to building resilient and sustainable public health systems and networks. Including strengthening IHR and multi-sector coordination, strengthening bilateral and multilateral partnerships and collaboration, facilitating knowledge exchange learning and cross-government collaboration.

There were 147 milestones relating to Outputs 3.1 –.3.7 being worked towards during the financial year. Approximately 6 in 10 of them have been completed within the year and have met planned expectations. Primarily, the milestones under Output 3 include IHR advocacy, coordination and alignment with partner and cross-government and milestones around the way the project works. As a consequence, 4 out of 10 of these milestones were not complete. This is due to the ongoing nature of these outputs and next year the project plans to ensure shorter term annual targets and milestones are captured in the planning process.

Output 3.1

The project continued to support and advocate for improved IHR coordination and implementation in partner countries and regions. This included:

- Working with the NCDC IHR National Focal Point and contributing to the IHR (2005) Technical Working Group where the level of National Action Plan for Health Security (NAPHS) implementation was reviewed, and a subsequent NAPHS workplan for the forthcoming year was developed.
- The project reinforced its commitment to the National Institute of Health and Ministry of Health in Pakistan through IHR and specifically IDSR engagement and coordination in additional provinces and districts.

Output 3.2

The project has made significant progress to its multisectoral coordination and One Health outputs:

- Regular engagement in Pakistan with the Fleming Fund to scope support for Antimicrobial Resistance (AMR).
- In support of the tripartite – WHO, Food and Agriculture Organisation (FAO) and the World Organisation for Animal Health (WOAH, formerly OIE), the project held a National Bridging Workshop in Kenya. Supported the establishment of a multisectoral group to improve coordination at various levels in Nigeria, the group horizon scans emerging and re-emerging threats and hazards to animals and human health and those that may impact or come from the environment at the national and sub-national level of Nigeria.

Output 3.3

In the 2021-2022 reporting year, the project strengthened bilateral partner relationships, promoted demand-led and sustainable technical capacity building and public health system strengthening by:

- The project continued to develop strong working relationships with NPHI partners with a focus on collaborative work based on the premise of ‘working with’.
- Increased regional work to promote sustainable technical capacity building and shared learning. The project worked to develop and strengthen multisectoral coordination (MSC) in the Eastern Mediterranean Region with EMPHNET. This included using a MSC situational analysis tool for partners in Iraq and Pakistan to understand the context. As a result, both countries identified country gaps and priorities and planned a series of demand-led future activities to strengthen MSC in the region.

Output 3.4

The project continued to prioritise building strong, effective partnerships at the global, regional, and national level to improve multilateral collaboration and the co-development of public health networks through:

- The delivery of integrated disease surveillance response (IDSR) trainings in partnership with Pakistan National Institute of Health (NIH) at the federal and provincial level to build capacity for IDSR data focal points.
- Supporting public health networks across the Economic Community of West African States (ECOWAS) region, participating in a Regional Programme Support to

Pandemic Prevention in the ECOWAS region, in collaboration with the German Agency for International Cooperation (GIZ), West African Health Organization (WAHO) and other national and regional stakeholders.
- Supported multilateral collaboration with WHO to deliver a table-top exercise of the Nigeria public health multi-hazard emergency preparedness and response plan with relevant agencies.

Output 3.5

Throughout 2021/22 the project supported partners to enhance coordination at the national and regional level, across Africa and Asia. Key achievements for 2021/22 include:

- The project conducted a stakeholder analysis to develop understanding of regional stakeholders in the Southeast Asia Region (SEAR). The project has collaborated with UK government departments deployed to the UK mission to the Association of Southeast Asian Nations (ASEAN) to explore linkages across the region.
- An MoU was signed between the IHR Project and the West Africa Health Organisation (WAHO) in 2022. Participation to support WAHO activities such as the 2nd annual meeting of the West African Regional Reference Laboratory Network occurred. The project worked with WAHO to strengthen One Health collaboration in the region. Information from member states was captured to understand risk assessment experiences across the region and review needs and opportunities to improve collaboration and coordination across sectors at the regional level.

Output 3.6

Throughout 2021/22, the project increased emphasis on learning and disseminating knowledge. This included peer-to-peer learning and contribution to the GHS and IHR evidence base, highlights include:

- Facilitated by the project, Nigeria and Zambia conducting the first knowledge exchange trip between ZNPHI and NCDC.
- Disseminated learning through the IHR Project Global Health Network site which increased its international audience year on year. Through the hub, 36 news articles were published to illustrate project activity and to disseminate knowledge. A monthly workforce development ‘tool of the month’ was introduced to share concepts, models, hints, and tips to a wide-reaching audience.
- Social media use such as Twitter increased throughout the year, a total of 168 tweets used the project’s hashtag (#IHR_strengthening) to communicate IHR capacity and capability building efforts.
- Published 5 peer-reviewed publications including a review of health security capacities in Nigeria using the updated WHO Joint External Evaluation (JEE) and

WHO Benchmarks tool which focused on the experience from a country-led self-assessment exercise.

Output 3.7:

The project collaborated with UK government stakeholders throughout 21/22 to align resources, expertise and promote greater strategic impact, this was evidenced by:

- Regular engagement with UK government counterparts in the Southeast Asia and Western Pacific regions to foster future working relationships and contribute to strategic objectives.
- Provided public health advice and operational support to British Embassies and High Commissions overseas such as FCDO Health Sector in Pakistan.
- Support UK investments in Nigeria. Accompanied the acting High Commissioner visit to Ibadan to visit the Antimicrobial Resistance (AMR) sentinel at the University College Hospital and the University of Ibadan laboratory, funded by the Fleming Fund for regional AMR sequencing.
- Contributed to One Health GHS alignment meetings to help facilitate efficient programming and to facilitate better collaboration and coherence to a cross UK government One Health approach.

Changes to the output

For the 2022/23 project cycle, the project has retained focus on the establishment of functional and sustainable public health systems and networks at the national and regional level. The primary change to this output is streamlined language, the activities involved will remain largely the same, depending on partner demand.

Risk

Overall risk rating: Amber – Green

The overall risk rating for the 2021-2022 project cycle reflects the potential and realised impacts of risks to the project delivery. The IHR Project continues to maintain a risk register for the project which is routinely reviewed centrally and with DHSC.

5.1 Overview of project risk

Risk description: Disruption to face to face delivery as a result of COVID-19

Mitigation strategy: The project has continued to apply an adaptive programme management approach throughout 2021 – 2022. The project has streamlined its processes and logistical requirements so the project can flex to unprecedented COVID-19 related challenges. The project continues to deliver on its outputs and achieve its overarching triple mandate. The project will continue to embed a culture of flexibility to optimise effectiveness and will maintain close working relationships with DHSC, the FCDO and other UK government departments to share information and harness best working practice. The project will continue to take a two-pronged approach to supporting partners – face-to-face and remote delivery, utilising the expertise of country-based teams to progress milestones and develop relationships.

Residual risk rating: Amber - Green

Risk description: Impacts created by the transition of PHE to UKHSA

Mitigation strategy: The project informed partners in advance of PHE's transition to UKHSA on 1 October 2021. The project anticipated impacts on key organisational operational processes and procedures such as recruitment, procurement and finance as systems and personnel changed which may impact workplan implementation. The project worked with key operational and strategic leads to understand new processes and provide the relevant training and support to project staff. The project will raise any potential issues around the ability to financial forecast and provide timely actuals data early with DHSC, using both internal and external influence to mitigate against impact on delivery.

Residual risk rating: Amber - Green

Risk description: Political unrest and conflict in Ethiopia

From October 2021 to January 2022, the project activities in Ethiopia were put on hold because of the conflict. Following advice from the British Foreign Secretary, FCDO Addis

Ababa brought back international staff, with majority of country-based staff working from home.

Mitigation strategy: The project ensured close engagement with government departments, both in the UK and abroad and conducted regular situational and political economy analysis. The project enhanced its engagement with FCDO and British Embassy in Addis Ababa, Ethiopia and ensured communications and security guidance was disseminated to staff. The project cancelled all face-to-face delivery and continued to support partners such as EPHI and Africa CDC where possible in a virtual capacity, priorities were also reviewed during this period to optimise effectiveness.

Since January 2022 the situation has stabilised. Staff returned to their offices and face-to-face delivery resumed. The project continues to monitor the situation closely in case of any adverse changes.

Residual risk rating: Amber - Green

Risk description: Underspends or overspends arising as a result of recruitment delays and further travel restrictions

Mitigation strategy: Overprogramming by 10% at the beginning of each financial year aimed to mitigate the risk of underspends arising. The project identified lower priority activity and staffing beyond the estimated yearly cost of delivering the project that could be added to workplans to enhance delivery and mitigate the risk of an underspend. Each activity was costed in advance of delivery giving the project the option to flex in and out activity based on spending.

Residual risk rating: Amber - Green

Risk description: Changing global geopolitical landscape, institutional leadership and/or political commitment, impacting on UKHSA global engagement and institutional partnership building, along with resultant changing priorities for IHR strengthening.

Mitigation strategy: Continued to be involved in key multilateral changes to the GHS landscape, such as through the IHR Review Committee. Work across a variety of partners using an adaptive management approach.

Residual risk rating: Amber - Green

Project management

6.1 Delivery against planned timeframe

In the first 2 quarters of 2021/22 a number of partner countries were faced with red listing travel restrictions due to COVID-19. The project continued with plans to recruit 8 country-based technical leads, which meant that ongoing daily support and effective relationship building could continue.

However, a number of large and complex activities that required input from project subject matter experts based in the UK, were pushed back to Q3 and Q4 2021/22. By then travel restrictions were relaxed and the conflict in Ethiopia had stabilised, which meant that routine delivery resumed by the end of Q3.

6.2 Performance of partnerships

There is a well-established, supportive and strong working relationship between the UKHSA project leads and the DHSC Global Health Security team, with both formal and informal communication on a regular basis. We appreciate the open and collaborative way the UKHSA project leads have approached the relationship, particularly in testing ideas and plans with us at an early stage.

The transition from PHE to UKHSA has resulted in significant hurdles to the recruitment process, which has led to delays in filling posts and resulting underspends. Following escalation, a satisfactory plan was put in place to reduce delays moving forward. We have worked closely with the project team on the project MREL processes to ensure high level outcomes, as well as activities, are captured in project reporting. The project has now appointed a MREL lead and its revised logframe will be finalised in 22/23 which we anticipate will make this high-level reporting much easier.

The Itad end point evaluation found that the project had initiated the right approach to coordinating and harmonising its work with other UK government (HMG) programmes and development partners. It concluded that the project remains highly relevant to country and regional partner goals and that it has contributed to UKHSA’s credibility within the GHS community, building on already strong collaborations with key external partners

However, the Itad evaluation also reported there was scope to strengthen collaboration with funded health security implementers. The project is already engaging with cross-HMG ODA-funded project boards, FCDO country boards and contributing to FCDO country plans and will take further action to help increase the visibility of its work, particularly as

related FCDO programmes continue to evolve, to ensure work is complementary and not duplicative.

External partnerships:

At the global and regional level, the project continues to work closely with international agencies and partners including relevant UN agencies, Africa CDC, the West African Health Organisation (WAHO), and Eastern Mediterranean Public Health Network (GHD|EMPHNET) and now work has begun on exploring bilateral and multi-lateral partnerships in the Indo-Pacific region.

The project has recently signed a Memorandum of Understanding with Africa CDC, which will provide a stronger foundation for agreement of priorities and establishment of collaborative working. The IHR Project's Senior Public Health Advisor is also scoping opportunities to support the Africa CDC Regional Collaborating Centres.

Partnerships in the Eastern Mediterranean region (EMR) have further strengthened when UKHSA-EMPHNET hosted a second joint regional workshop on "Strengthening Multisector Coordination in EMR" with senior public health officials from Iraq and Pakistan.

6.5 Asset monitoring and control

The asset management policy employed by the IHR Project team follows practice in line with the UKHSA wide Non-current Asset Policy. The aim of the policy is to provide guidance on the correct accounting treatment for noncurrent assets to ensure this is achieved in accordance with recognised financial standards and the promotion of consistent treatment throughout UKHSA.

To ensure alignment with the UKHSA Non-current Asset Policy, the IHR Project has developed and regularly monitors the Oracle projects ledger. The ledger holds documentation of purchased and donated project assets, at any given point in time. The asset ledger enables the IHR Project to know the status, procurement date, location, price, and current value of each project asset tracked for effective logistical oversight.

Regarding asset controls, the financial accounting team is also responsible for the annual asset verification exercise. The process involves contacting asset custodians to confirm the details of each asset held on Oracle assets (including confirmation of its estimated useful life) and making any necessary amendments. The purpose of this exercise is to ensure that the assets register remains accurate, and an independent audit trail exists to support this.

The DHSC GHS team will be working with the project team in 22/23 to ensure asset management practice in the project is consistent with the new DHSC GHS asset management policy.

Financial performance

7.1 Value for Money assessment

The IHR Project has adopted a collaborative and holistic approach to assessments ensure project Value for Money (VFM).

This included a self-assessment for the IHR Project to come together and reflect on how its systems, tools, processes, and culture had helped the project achieve its intended objectives.

The means by which the IHR Project has ensured VFM, through improved economy, efficiency, effectiveness, equity and sustainability is described below:

Economy

The project worked to minimise the cost of resources used across all countries and regions. The project works with logistic providers where doing so represents better VFM (offering the required quality of service for maximal economy). They provide support with the logistics and operations of in-country delivery. The project has benefited from their local knowledge, event management expertise and access to transportation. This enhances project technical delivery and allows the project deliver at a lower cost.

The project has also increased the number of locally employed technical and support staff. This skilled workforce form part of the in-country delivery team and developed through peer learning with UK based staff. Embedded within partner organisations they are able to build effective relationships and provide ongoing support to embed sustainable capacity building.

Efficiency

The project has continued to work closely with HMG partners including Fleming Fund, the Department for Environment, Food and Rural Affairs (Defra) and the UK Public Health Rapid Support Team (UK-PHRST) to explore opportunities for engagement with other public health partners, expanding the breadth of engagement in global health security and developing knowledge hubs/networks. This has resulted in better coordination and reductions in duplication/overlap. For example, initial scoping work in the Indo-Pacific region to develop bilateral and multilateral relationships has included scoping opportunities for engagement with partners such as FCDO colleagues in the UK Mission to ASEAN, FCDO London, Australia’s Department of Foreign Affairs and Trade (DFAT) and US CDC, to identify areas of complementary working.

Local recruitment has been conducted through the HMG platform, which provides a consolidation of services to support for HMG departments working overseas. The project in particular this year have utilised the platform's recruitment services. Through this the project has benefited from economies of scale and greater cost effectiveness.

Effectiveness

The primary tool to measure effectiveness of the project is the ToC and Logframe, these have been revised to provide a clear picture of the intended results of the IHR Project in each country and region, and the activities to achieve them. The project external evaluation concluded the project was on track to achieve its agreed results. The evaluation concluded that progress had been made against the ToC and all 3 project outcome areas (i.e., NPHI leadership, coordination, and collaboration functions; technical capabilities and health workforce capacity; and public health technical systems). Table 2 summarises these results.

TABLE 2. Assessment of progress made towards IHR capacity strengthening by country and technical area where the IHR Project has been active[iv]

	Cordination, comms & advocacy	One Health	Workforce dev.	Laboratory systems	Surveillance	EPRR	Chemicals & poisons
Ethiopia	●	●	●	●	●	●	●
Myanmar	●	●	●	●	●	●	●
Nigeria	●	●	●	●	●	●	●
Pakistan	●	●	●	●	●	●	●
Sierra Leone	●	●	●	●	●	●	●
Zambia	●	●	●	●	●	●	●

● Significant gains ● Some gains ● Minimal/no gains ● N/A – not a focus for the Project

Source: Triangulation of data from successive JEE and e-SPAR assessments, alongside qualitative and any other quantitative data collected through and reported in each of the country case studies

The project rolled out a 'spotlight' series throughout the year which will continue into 2022/23 to impart knowledge around strategic tools, such as the ToC, and key operational workstreams to build skills to measure project outcomes. In addition to this the project has conducted routine retrospectives to encourage continuous learning. Delivery teams share delivery experiences, learn from, and enhance project practices. This has resulted in increased efficiency of delivery and effectiveness through broadening the reach of knowledge/evidence sharing.

The project continued to publish outputs in peer-reviewed journals for other global projects and programmes to learn from and build evidence of effectiveness in the global health security space.

Lessons learned from existing contractual agreements have also been used to shape the specification for new tender exercises and to attract skilled and capable service providers, thus enhancing delivery efficiency and effectiveness.

Equity

Throughout the reporting period, the IHR Project implemented its sustainability, equity, and inclusion plan. The plan intended to embed, routinise and standardise sustainability, inclusion and equity whilst delivering technical support to partners. The project took steps to engage with partners regarding training in advance of delivery regarding inclusivity of participants.

The project has been seeking to understand how effective the partnerships are and how they have positively or negatively impacted how equitable the work is. This has created a space to share learning and reflection with partners. Additionally, a spotlight session was held for those working on the project to learn the sustainability, equity, and inclusion approach, as well as share learning and contribute to the approach for 2022/23.

For the 2022/23 project cycle, the project has taken action to incorporate equity within MREL measures and the log frame e.g., disaggregating data by and gender. The learning from this will be shared through the project’s Evaluation and Learning Forum (ELF) and other appropriate forums in the future. The project is working to define what equity means to the project, how it relates to the work and partners the project works with, and how the project can influence going forwards.

Sustainability

The increased country-based presence of IHR Project staff has will contribute towards sustainability. Embedding staff within partner organisations and building their skills and knowledge through mentoring and support will help strengthen local capacity and their potential to go onto become successful leaders in the public health system.

7.2 Quality of financial management

Forecast and actual spend figures are reported to DHSC on a quarterly basis. Quarterly finance meetings are held by DHSC, and attended by UKHSA colleagues to discuss expenditure incurred, remaining forecasts for the year, any risks or assumptions built into forecasts, and any contingency plans if an underspend does materialise. This year the

team have introduced a risk rating to their forecast which helps to understand which areas of spend have increased risk of underspends as the year progresses.

In 21/22, the IHR Project budget was £6.9 million. The beginning of the year forecast provided was £6.3 million, with an end of year actual spend of £6 million. Delays to recruitment due to the transition from PHE to UKHSA were a significant contributing factor to the underspend, meaning roles were left vacant for longer than anticipated, as well as ongoing restrictions to travel due to the impact of COVID-19.

Moving forward, we recommend that the IHR Project increases their use of overprogramming as a tool to manage risk of underspends emerging.

There are some barriers present within internal finance processes which prevent overprogramming from taking place and we plan to explore options to overcome these over the next year.

In addition, following recommendations from previous annual reviews, the IHR Project team has been making progress to increase financial flexibility by devolving some aspects of financial management from the UK to country-based teams to reduce delays and bottlenecks whilst improving financial decision-making at country-level. Alongside this process, the team have provided reassurances that any devolved financial management responsibilities remain in line with both DHSC and UKHSA financial management regulations.

Monitoring evaluation and learning

8.1 Evaluation

Itad completed an endpoint evaluation of the project in November 2021. The purpose of the endpoint evaluation was to independently monitor and evaluate the projects progress through 1 September 2018 to 31 March 2021.

The IHS Project accepted the nine recommendations in the Itad report. The response to the recommendations can be found here.

8.2 Monitoring

The project undertook a streamlining exercise during the year to standardise monitoring guidance and practice and to optimise time spent on project monitoring.

The project continued to deploy monitoring products to support high quality training events, this included pre- and post-assessments, and participant and facilitator evaluation forms to monitor acceptability and roll out of the events.

8.3 Learning

The project has made significant steps to place increased emphasis on learning during the last year. Several learning processes were implemented which has fostered learning, summarised below:

- Introduction of the Evaluation and Learning Forum (ELF) to share best practice, ensure cross fertilisation of technical activity and approach, and provide strategic direction. For example, the forum has focused on learning questions for internal learning and external evaluation
- Introduction of project Subject Matter Expert led learning, shared across project stakeholders for cross-fertilisation
- Conducted whole systems review of project Monitoring, Reporting, Evaluation and Learning approach and made significant changes to processes and requirements for the 22/23 project cycle
- Undertaking of internal reviews for example a whole project Value for Money review and production of action plan for 2022-23

Itad's external evaluation suggested the project should "review its systems to identify further areas for adaptation to maximise efficiency and effectiveness". Agile project

management methodologies have continued to be embedded, for example six-weekly retrospectives to look back on where processes and systems can be adapted to maximise effectiveness.

Within the reporting period the project continued to share learning internally and externally. The project contributed to the global health security evidence base, and peer reviewed 5 publications. Throughout the year, the IHR Project Global Health Network knowledge hub continued to grow. The externally-facing site shares project learning and outputs – publications, tweets, case studies of technical support, news articles, and the introduction of the workforce development tool of the month initiative.

Annexes

Annex A

Annual Review Scoring Information

Description	Scale
Outputs substantially exceeded expectation	A++
Outputs moderately exceeded expectation	A+
Outputs met expectation	A
Outputs moderately did not meet expectation	B
Outputs substantially did not meet expectation	C

Additional Resources

IHR Project Our Work and Theory of Change

2021/22 IHR Project logframe

2022/23 revised IHR Project revised logframe