

Annual Review Template

Title: Animal Health Systems Strengthening (AHSS) Project		
Programme Value £ (full life): £4.9m		Review date: September 2023
Programme Code: AHSS-36850	Start date: 01/04/2022	End date: 31/03/2025

Summary of Programme Performance

Year	1				
Overall Output Score	A				
Risk Rating	Green				

A. SUMMARY AND OVERVIEW

Acronyms

AHS	Animal Health System
AHSS	Animal Health Systems Strengthening
ALB	Arm's Length Body
AMR	Antimicrobial Resistance
AMU	Antimicrobial Use
APHA	Animal and Plant Health Agency
APHW	Animal and Plant Health and Welfare Directorate
BHC	British High Commission
CEFAS	Centre for Environment, Fisheries and Aquaculture Science
DCVO	Deputy Chief Veterinary Officer
DD	Deputy Director
DEFRA	Department for Environment, Food & Rural Affairs
DGC	Defra Group Commercial
DHSC	Department of Health and Social Care
FAO	Food and Agriculture Organisation of the United Nations
FCDO	Foreign, Commonwealth & Development Office
GAH	Global Animal Health
GESI	Gender Equality and Social Inclusion
HMG	His Majesty's Government
IMF	International Monetary Fund
IHR	International Health Regulations
KPIs	Key performance indicators
LMICs	Low- and Middle-Income Countries
MEL	Monitoring, Evaluation and Learning
MOU	Memorandum of Understanding
NVRI	Nigeria Veterinary Research Institute
ODA	Official Development Assistance
OGDs	Other Government Departments
OH	One Health
PMO	Project Management Office
PVS	Performance of Veterinary Services
SDG	Sustainable Development Goal

SR	Spending Review
ToC	Theory of Change
TWG	Technical Working Group
UKHSA	UK Health Security Agency
VFM	Value For Money
VMD	Veterinary Medicines Directorate
WHO	World Health Organisation
WOAH	World Organisation for Animal Health (formerly Office International des Epizooties - OIE)

A1. Description of programme

The Animal Health Systems Strengthening project aims to work with Responsible Authorities in Low- and Middle-Income Countries (LMICs) through bilateral technical assistance to build resilient health systems by strengthening capabilities in animal health systems, based on a One Health, all-hazards, system strengthening approach. This will help to: protect from, and detect and respond to, known and emerging diseases; improve food security through stronger, healthier and more productive animals; improve livelihoods; and enhance global health security. The [World Organisation for Animal Health \(WOAH\) Performance of Veterinary Service \(PVS\)](#) Pathway will be used as an operating framework to inform the scope and delivery of Defra's technical input. This is an internationally recognised methodology for evaluating the effectiveness of countries' terrestrial and aquatic veterinary services, including capacity building activities for systematic strengthening and monitoring improvement.

The project objectives are:

- To enhance biosafety and biosecurity through improved veterinary terrestrial and aquatic animal health services, laboratory quality management systems and disease surveillance capabilities to reduce the frequency and impact of animal disease outbreaks and minimise the risk of disease emergence and transmission.
- To enable rapid and effective emergency response to animal disease outbreaks, thus reducing the risk of spillover of animal pathogens into the human population, by developing early warning systems and strengthening intersectoral collaboration of animal and public health systems.
- To improve livelihoods of livestock keepers by reducing losses attributable to disease through strengthened animal health services.
- To tackle gender equity and social equity in veterinary services by ensuring women and other marginalised groups are fairly represented as beneficiaries and in the facilitation and participation of training and development.

The project has been managed by Defra's Global Animal Health (GAH) Division ODA PMO Team, a sub-team of Defra's Animal & Plant Health & Welfare Directorate (APHW). It has been delivered in partnership with Defra's Arms' Length Bodies (ALBs): APHA, Cefas and VMD. Visiting technical experts from Defra's ALBs have been supported by a small resident country-based team to support sustainability, value for money, technical continuity, and effective oversight. An Agile project management approach has been adopted with Phase I (Year 1) - the Discovery Phase focused on assessing need and understanding the landscape and Phase II (Years 2 and 3) focused on refining and scaling up implementation. Focusing on both terrestrial and aquatic animal health, the project has been operating in the following focal countries: Ghana, Nigeria and Zambia. Country selection was informed by: 1) assessment of need (as determined by existing PVS Assessments and country-based scoping visits); 2) strategic capacity to operate as a regional hub; and 3) a shortlist of prioritised countries assessed through a weighted matrix.

79% (£788,800) of the Year 1 allocated spend was achieved. The process of developing and approving a Memorandum of Understanding (MOU) between Defra and its ALBs was more complex and took longer than initially expected, and this had an impact on subsequent procurement and delivery, resulting in an underspend equivalent to 21% of the Year 1 budget. Defra group Commercial (DgC) have since undertaken a lessons learned exercise to support improvements in future projects.

A2. Summary supporting narrative for the overall score in this review

This annual review relates to the first year (Discovery Phase) of the AHSS project. In line with the key deliverables detailed in the business case activities this year were focused on post-business case approval, design and development, understanding the landscape and building critical partnerships. Details of the key deliverables can be found in section C of this annual review. **In summary, the project met or exceeded 80% of its key deliverables, including additional significant activities not included in the original business case.** Year 1 deliverables indicated that Phase I would consist of two focal countries, however landscape reviews and scoping visits were successfully delivered in three countries - Nigeria, Ghana and Zambia. The operating environment in Nigeria transpired to be more difficult than initially anticipated, however, the project was able to successfully pivot to a third country (Zambia), closing the first year with two draft workplans in place (for Zambia and Ghana), with the option to revisit Nigeria in year two.

The project fell short in meeting its monitoring and evaluation deliverables. Whilst a Theory of Change (ToC) was developed, a corresponding logframe was not developed within the agreed timeframe. This was due to delays in securing resource to provide monitoring evaluation and learning (MEL) support, which had been costed into the project.

A grading of between A (Outputs met expectation) and A+ (Outputs moderately exceeded expectations) is an accurate reflection of the project's first year of performance.

A3. Major lessons learned and recommendations for the year ahead

Review and reflection are an integral aspect of the Agile project management approach adopted for this project. At the end of the Discovery Phase (which coincided with the end of Year 1) two reflections and lessons learnt sessions were held. See below a summary of lessons learned and recommendations for the year ahead.

Lessons Learned

Strategic

- The importance of managing focal country expectations. This includes being upfront about our approach and the support we can provide through bilateral technical assistance. Explaining the scope and limits of our approach (for example, government to government funding is excluded, only limited capital expenditure is available), including what can be delivered, resources required, and the input and commitment required from their side. This is important to mitigate any reputational risk. It is also important to listen to stakeholders' comments/feedback and act positively on the identified needs. We need to encourage honest conversations about what can realistically be achieved in 3 years with a £5m budget.
- The value of close alignment with relevant workstreams delivered through other ALBs'/OGDs' projects. This can leverage additional change and contribute to AHSS outcomes e.g., UKHSA's IHR Strengthening Project, DHSC's Fleming Fund, and MoD's International Biological Security Programme.

- The importance of strategic positioning for successful delivery and continuation funding in the next Spending Review, by ensuring the inputs are sufficient to meet countries' needs (and are owned by the country to encourage sustainability) and build an evidence-based narrative over the next two years with smart metrics to demonstrate results and proof of concept.

Governance

- There is an opportunity to improve decision making processes by clarifying roles and responsibilities within the AHSS delivery model. We should also ensure more regular and timely information sharing on expected targets and available budget.

Communication

- Regular communication is essential to develop a sense of identity and ownership, and to ensure consistent, accurate presentation of key messages.

Ways of Working

- Joined up ways of working will continue to be fundamental to successful delivery, within Defra, across HMG and with other key stakeholders.

ODA Processes

- Because of the relatively modest budget for the project, governance and expert advice has been difficult to manage and source. Leaner, more agile procurement processes would avoid delays, reduce overheads, and support more effective and efficient operational delivery.
- MEL is significantly underdeveloped and delayed due to lack of capability and capacity. Robust indicators and data collection methods will be critical as the project moves into the implementation phase to ensure objective and accurate monitoring, and evaluation.

Recommendations

- A more considered approach to working with prospective focal countries should continue to be applied in Zambia, the second focal country, building on the experiences and lessons learned from engagement in Ghana.
- The project should develop and implement a robust communications strategy with input and advice from the recently established Communications Working Group. This would help to establish clearer mechanisms for sharing accurate key messages externally and support the PMO in providing regular updates to the project team. Such an approach would improve performance and ODA compliance, in line with the new Defra ODA Hub Operating Manual.
- We should pivot towards a major focus on delivery. The AHSS Technical Working Group (TWG) was established to agree and implement joined up ways of working to support delivery, including partnerships with other government departments, namely UKHSA (to embed a One Health Approach) and FCDO (particularly in the focal countries to ensure our project is embedded in the wider country plan and can benefit from leveraged expertise at post).
- Effective and timely procurement mechanisms will be central to the success of the project going forward. In particular, ALBs will need to establish efficient logistics to enable effective, responsive and compliant operational delivery.

- We should strengthen the MEL framework for year 2, including setting clear timelines for deliverables and key strategic and operational decisions that teams can be held accountable for. Developing and making use of the logframe with corresponding indicators will support effective monitoring and measurement of delivery performance.
- Feedback/recommendations from the Social Development Direct report on the first year of project should be incorporated within AHSS to improve GESI awareness. In particular, GESI indicators should be included in baseline data collection and incorporated into routine monitoring/data collection disaggregated by gender, disability, age, region, religion and grade. This will enable us to identify and assess the differential impact of the project on social inequalities, including unintentionally exacerbating inequalities.
- We should continue to develop a reporting framework that captures not only the technical assistance delivered under AHSS, but other projects/activities leveraged by AHSS/ALBs that help to create a bigger impact by Defra Group in the Animal Health System Strengthening space in focal countries.

B: THEORY OF CHANGE AND PROGRESS TOWARDS OUTCOMES

A draft Theory of Change (ToC) was developed as part of the original business case for the project, and further developed during Phase I - design and discovery, with specific input from APHA. As part of this annual review process, with support from the ODA Hub, the ToC was further reviewed, concluding with the most up to date AHSS Global Theory of Change. Now that dedicated MEL resources are in place (in the form of a country based senior MEL Adviser), Country Level ToCs will be developed for Ghana and Zambia, with corresponding logframes to accurately monitor and measure year 2 delivery.

The recent COVID-19 pandemic has highlighted the importance of having strong health systems, and the devastating consequences of weak health systems on all sectors, local and global. **60% of pathogens that cause human diseases originate from domestic animals or wildlife. 75% of emerging infectious human diseases have an animal origin** ([WOAH 2011](#)). To tackle public health threats effectively investment is required to address disease outbreaks at source, i.e. within the animal health sector. Stronger animal health systems directly contribute to enhanced global health security and poverty reduction by improving livelihoods and food security through stronger, healthier and more productive animals. **More than 75% of the one billion people who live on less than \$2 per day depend on subsistence farming and raising livestock to survive** ([WOAH 2015](#)). Investment in animal health systems in LMICs is a global good. Reducing the burden of animal diseases globally will also reduce the risk of spread to the UK.

Unfortunately, levels of investment in animal health are severely and consistently low, relative to need. The AHSS Global ToC demonstrates that technical assistance for laboratories, workforce development, surveillance, disease control, emergency response and One Health coordination can strengthen the capabilities and capacity of terrestrial and aquatic veterinary services better to prevent, control and respond to transboundary diseases and zoonotic pathogens at source (in the animal hosts). This is key to improving animal production, livelihoods and global health security. The revised economic section of the AHSS business case demonstrates **significant gains can be made by tackling disease outbreaks in the livestock sector valued at \$23.7 billion (in our focal countries), with a very small investment of £5m over three years**. Zoonoses and food safety are two of the 15 capacities

in the [International Health Regulations \(2005\)](#) – a key legal instrument aimed at enhancing global health security. **Veterinary services play a critical role in meeting this legal obligation and in contributing to the fulfilment of numerous United Nations Sustainable Development Goals (SDGs)** as detailed in the [WOAH PVS Pathway - The Case for Engagement and Investment](#) (WOAH February 2019). The UK Biological Security Strategy (July 2023) highlights that the link between global and domestic health continues to change and become more complex, such that further action is needed to champion and embed a One Health approach to help reduce the spread of infectious diseases at home and overseas.

The project's model of delivery is analogous to the successful [IHR Strengthening project](#), delivered by UKHSA, whereby UK scientists work in partnership with public health institutes via bilateral technical assistance to improve capabilities to reduce disease outbreaks. Similarly, the AHSS project will work with responsible authorities in LMICs through bilateral technical assistance, delivered by scientific experts across Defra's ALBs (APHA, VMD and Cefas) to build resilient health systems and strengthen capabilities in animal health systems, to better protect from, and detect and respond to, known and emerging diseases. The WOAHPVS Pathway will be used as the operating framework to inform the scope of technical assistance based on country need. Defra's core offer (which has been revised to include aquatic animal health as well as terrestrial animal health) covers the following workstreams, in line with our revised ToC:

Detect

- Laboratory strengthening and surveillance (including tackling AMR and AMU)
- Risk analysis and epidemiology

Protect

- Disease control programmes

Respond

- Emergency preparedness and response activities
- One Health coordination/joint risk assessments
- Workforce development

The logic for an overarching, global ToC remains valid. **Investing in Animal Health, through bi-lateral technical partnerships, to improve LMICs' competent authorities' capabilities will help to reduce disease outbreaks, contributing to healthier, more productive animals. This will improve livelihoods and food security and reduce poverty. In addition, this approach will tackle disease outbreaks at source and enhance global health security.**

Specific country level ToCs are in the process of being developed to reflect the specific operating environment, country needs, inputs, and anticipated change. Country level ToCs will be nested in the Global ToC. The assumptions for each country have also been revisited, to further enhance the project, reflecting knowledge acquired over the past year, shifting priorities, internal capacity and the changing operating environment. For example, **the security situation, recurrent change in senior leadership, and understanding the complexity of Africa's most populous country has made operating in Nigeria difficult in**

this phase. Both Ghana¹ and Zambia² are subject to IMF structural adjustments, resulting in a reduction in public spending. This makes calls for investment in animal health systems extremely challenging, whilst the need for food security and poverty alleviation grows ever more pressing.

The viability of achieving and measuring tangible outcomes in a three-year project (starting from a zero base) in which implementation only commenced in year 2 has been considered carefully. We have also considered to what extent improvements to the performance of in-country veterinary and aquatic animal health services can be attributed to the project and adequately measured. **Given a two-year implementation period, capturing outputs, as opposed to outcomes, is more realistic, achievable, and robust.** Subject to successful continuation funding, the project will implement outcome and impact indicators metrics in the next phase.

As previously mentioned, the Theories of Change, and corresponding logframes will be further developed in Year 2 to capture results accurately and consistently. This will include disaggregation by GESI indicators to help monitor the differential impact of the project on groups that are vulnerable to social inequalities. Specific participation targets have not been set during this phase of the project as a better understanding of inequalities in the animal health sector is needed. However, the project will continue work with FCDO Social Development teams at post to ensure “fair” participation across the above domains and interpret the results for more targeted intervention in the next phase, funding permitted. In addition to monitoring baseline line data, GESI deep dives will also be commissioned into specific aspects of the project including: 1) Fulani/Fulbe nomadic pastoralists in Northern Ghana, who experience recurrent stigma and exclusion from society, 2) GESI analysis of work in the Upper East Region of Ghana, where we have a concentration of activities and, 3) ongoing consultation with the African Women in Resource Farming, who are end users of the Veterinary Services Department in Ghana, and therefore important stakeholders in our project.

B2. Describe where the programme is on/off track to contribute to the expected outcomes and impact. What action is planned in the year ahead?

As detailed in section C below, the project has successfully met and exceeded most of its stated deliverables. The logframe, however, still needs to be further developed. Now that a full-time country-based MEL officer has been appointed this will be a priority action for next year. The absence of a completed logframe means output scoring cannot be attributed in the format prescribed in section C.

B3. Justify whether the programme should continue, based on its own merits and in the context of the wider portfolio

Based on the above performance and comparison with similar programmes³ AHSS has met the majority of its year 1 deliverables (as detailed in the business case). It is creating a strong foundation for future delivery based on evidenced-need, collaboration, relationship building, strategic partnerships, continuous learning, and capacity to deliver. Developing social capital

¹ [1 IMF Executive Board Approves US\\$3 Billion Extended Credit Facility Arrangement for Ghana](#)

² [IMF Reaches Staff-Level Agreement with Zambia on the Second Review of the Extended Credit Facility](#)

³ FCDO's -Tackling Deadly Disease in Africa Programme & UKHSA's IHR Strengthening Project

and building trusted relationships take time. These are fundamental building blocks for sustainable delivery, as reinforced in Oversight Board Meetings by colleagues in FCDO, UKHSA and DHSC. With the country-based teams now in place, Defra is increasingly seen as an important and valid partner in this space. Given the strong foundations achieved in year 1, the project is recommended to progress to the Implementation Phase (Years 2 and 3). The case for investment in animal health systems in LMICs is increasingly robust given additional pressures brought by climate change. Spill-over of pathogens from animals to people is recognised as the predominant cause of emerging infectious diseases (OHHLEP 2023). The relevance of prevention at source cannot be overstated. There is a strong economic case for the implementation of One Health. According to the World Bank, a One Health approach to prevention of spill-over costs just one third of the cost of managing a pandemic (World Bank 2022). Further, the UK Biological Security Strategy recognises the UK's increasing exposure to the spread of infectious diseases originating overseas. Despite these arguments, there is still a gap in HMG's global health offer around animal health which this project is designed to help address. An early example was our contribution to HMG's response to a novel outbreak of Marburg disease in Ghana (see further below).

C. DETAILED OUTPUT SCORING

C1. Briefly describe the output's activities and provide supporting narrative for the score.

As noted in the above section, output scoring cannot be attributed to Year 1, due to the absence of a complete logframe. Instead, the matrix below summarises the project's performance to-date, as measured against deliverables established for Year 1.

Key Activities	Met	Exceeded	Under target
Desktop Analysis			
Desktop analysis (based on weighted ranking system) to refine potential focal countries to a list of 5	✓		
Institutional and organisational profiles produced for Ghana, Nigeria and Ethiopia, FAO and WHO (See Section E)	✓		
Commissioned Landscape reviews for Ghana, Nigeria and Zambia to help inform scoping visit (See Section E)		✓	
Partnership working with OGDs and other key stakeholders			
Bilateral meetings with OGDs and agencies including FCDO and UKHSA (See Section B3)		✓	
Participation in xHMG Global Health Security Alignment Meetings (See Section B3)	✓		
Internal meetings with other relevant DEFRA ODA Teams (e.g. Environmental Pollution, International Wildlife Trade, Biodiverse Landscapes) (See Section B3)	✓		

Representation from DHSC, FCDO and Defra ODA Hub on project Oversight Board & See Section E	✓		
FAO strategic meetings in Rome and country-based partnerships		✓✓	
In-country working with Responsible Authorities to understand their needs in areas of Defra's capabilities			
Multiagency scoping visits and follow up visits to Ghana (June), Nigeria (July) and Zambia (March) (See Section E)	✓		
Follow up visit to Ghana (Oct) to feedback findings and first draft of proposed workplans	✓		
Participants & Observers at IHR-PVS National Bridging workshop in Ghana (Oct) & Zambia (March) (See Section C1)	✓		
Baseline assessment and foundation activities			
Baseline Laboratory Quality Management Assessment conducted for Ghana's Accra and Kumasi Veterinary and Food Laboratories (See Section C1)	✓		
Support Global Alliance for Rabies Control (GARC) Regional Africa conference in Ghana (See Section C1)		✓✓	
Ghana Marburg Outbreak Response: Report on Behavioural Risk Assessment of Exposure to Wild and Domestic Animals (See Section C1)		✓✓	
Project Management Key Deliverables			
Core Defra and ALB internal MOU signed off (See Section A1)	✓		
MOU with Ghana Veterinary Directorate and Fisheries Commissions drafted signed copies	✓		
Governance - Oversight Board established and operating (See Section E)	✓		
Project level face-to-face joint quarterly planning meetings (See Section E)		✓✓	
Ghana Country Based team appointed and in post to head up operations in Ghana. (See Section E)		✓✓	
Theory of change and log frame produced (See Section B)			X

As above, the process for securing an MOU between Defra and its ALBs (CEFAS, APHA and VMD) had a knock-on effect for delivery. As a result, fewer than anticipated foundation activities were delivered in the first year with a corresponding underspend of around 20% of the agreed budget.

The scoping visit to Nigeria revealed the security and political challenges of operating in that country. Our proposed key partner, Nigeria Veterinary Research Institute (NVRI), based in Jos/Plateau state, is surrounded by red states, making travel to the region extremely difficult and expensive as high-level security protocols need to be observed. In addition, Nigeria has had three Chief Veterinarians in 18 months, making engagement there even more difficult. The viability of operating in Nigeria continues to be assessed, for possible inclusion in Year 2.

In addition to the planning phase, some early deliverables, including baseline assessment and foundation activities were scheduled for year 1. These included some initial baseline assessments conducted by APHA scientists, identifying strengths and weaknesses to inform a roadmap aimed at strengthening the Quality Management Systems for Accra and Kumasi Veterinary and Food Laboratories in Ghana.

The time taken to agree the MOU (referenced above) resulted in fewer foundation activities being delivered than anticipated. However, APHA were able to capitalise on issues arising and:

- **Collaborate and proactively participate as part of a cross-HMG response to a novel outbreak of [Marburg disease in Ghana](#), funding socio-environmental research into a behavioural risk assessment of exposure to wild and domestic animals. This is a remarkable achievement for the first year of the project, illustrating our commitment to strategic partnership working, a One Health approach, and to deployment of resources in a timely manner. This bodes well for the next two years of the project.**
- Support the Global Alliance for Rabies Control (GARC) in the regional [West Africa Conference on Rabies Control in Ghana](#).
- Participate in the [WHO IHR-PVS Bridging Workshops](#), Greater Accra in Ghana (May 2022), as participants, and in [Livingstone, Zambia](#) (October 2022) as observers. This provided Defra with a key opportunity to raise its profile as an important partner. It also gave a first-hand opportunity for the team to participate in technical workshops with key stakeholders, to collectively identify the gaps in One Health, between Animal Health and Human Health and agree a roadmap for the next 10 years.

C2. Describe any changes to this output during the past year, and any planned changes as a result of this review

Changes to the project following the first year comprise:

- Including aquatic animal health as a technical workstream, complementing the previously agreed workstream on terrestrial animals and mitigating the loss of VMD's capacity to be involved as a technical delivery partner. VMD will continue to be involved from a strategic perspective and we will look to leverage their bilateral technical assistance delivered under the Fleming Fund to create greater impact and meet the specific needs identified in relation to AMR and residues.
- Reviewing our delivery model to allow for more flexible delivery, including more subcontracts where appropriate. This will help to mitigate capacity challenges arising from recruitment freezes and competing national priorities, enabling the project to meet its workplan commitments.
- Reviewing the viability and delivery model for future work in Nigeria. Nigeria is one of the great powerhouses of Africa, strategically important, and complex, with the largest population in Africa. Food security, global health security and agriculture are key priorities for the country plan.
- Refining and developing the logframe to ensure clear and achievable metrics for the Implementation Phase.

D: RISK

Overview of risk management

The AHSS project takes a proactive and dynamic approach to risk management, regularly identifying, discussing and reviewing risks and mitigations at all levels (e.g. in scheduled team and board meetings, working groups and check-ins, involving the PMO, technical lead, SRO, DD and ALB delivery partners). We continue to work with Defra's central ODA team to improve our approach to risk management, including development of more detailed risk registers which conform with Defra ODA requirements. Training on risk management has also been undertaken including by the PRO and SRO.

The risks and mitigations have evolved since the business case was produced, as follows:

- Project scope and potential for duplication. Scope has been informed by the WOAHPVS Pathway and all activities have been managed within this well-established technical framework. Regular engagement (including where appropriate joint delivery) is maintained with other international project teams in Defra, across HMG and other key stakeholders to ensure alignment, avoid duplication and maximize inputs. Our assessment is that this risk has been managed effectively to-date.
- While the business case was approved on time, we were unable to secure support for a full value for money / cost-benefit analysis. This has been completed in Year 2 and will help to inform the next annual review.
- Security and COVID-19. All relevant project staff have undertaken appropriate health and safety training, including travel vaccinations, SAFE training, travel risk assessments and FCDO security protocols. The security and political situation in Nigeria has been a significant barrier to our work. The situation in Nigeria will be reviewed again in year 2 to inform future investments. COVID-19 continues to be a risk; appropriate advice and controls are being followed both within the UK and in our focal countries. Fortunately, COVID 19 did not significantly impact the first year of the project.
- Major animal disease outbreak in UK. The UK continues to deal with a major outbreak of highly pathogenic avian influenza. This particularly has impacted APHA, limiting staff capacity to take forward ODA funded work. Ghana experienced an outbreak of [Marburg disease in July 2022](#). AHSS was able to collaborate with FCDO to mount a response to the outbreak which also fed into our disease control outputs.
- ALB capacity. While we successfully applied some mitigations, including securing some resource despite a recruitment freeze, APHA were not able to secure a full complement of staff (one HEO) and the PMO were unable to secure any MEL resource, despite having budgeted for it (0.2 FTE). However, we expect to secure MEL resource in Year 2.
- Lack of interest / absorption capacity in LMICs. AHSS has been well received with significant interest from the competent authority and other key stakeholders. However limited staffing capacity, particularly in Ghana, has impacted absorption capacity, with the project having to progress at a slower rate than initially anticipated.

The overall risk rating for the project in its first year was medium. The project has successfully completed the first year/phase I - design and development, including some initial delivery in Ghana despite contending with internal process delays (e.g. recruitment and procurement). Work has not progressed in Nigeria following the initial scoping phase, largely due to external factors (e.g. the political/electoral and security situation). However, the project has successfully completed scoping and analysis of a third country, Zambia, enabling two countries as planned to be taken forward into phase II - implementation phase.

The AHSS PMO uses an active risk register, reviewing risks and mitigating actions monthly and reporting key activities, risks and a regular forward look to GAH Division DD/Deputy Chief Veterinary Officer (DCVO). The full reporting structure for AHSS is illustrated in the business case.

Strategic and Context - Risks relating to underspend and civil disruption have materialised (e.g. delays caused by ongoing security challenges, national election in Nigeria, which has seen 3 Chief Veterinary Officers in 18 months). Mitigating actions were deployed to minimise any impact on the project, such as reviewing delivery approach (e.g. using trusted third-party suppliers) and pivoting to another focal country.

Project/Programme - The biggest challenge to project delivery was the **complexity of** procurement processes and limited capacity to complete some key documents, such as MOUs, in a timely manner. This was mitigated by securing some dedicated commercial resource and Defra ODA Hub approval to multi-year contracts. The Defra commercial has conducted a lessons learned review **for** AHSS procurement issues to **improve future processes**.

Delivery/Operational - During Year 1 the project was not fully staffed. This was partially due to the HMG recruitment freeze. To mitigate this, AHSS submitted recruitment freeze exemptions and received approval for additional ALB resource. To progress delivery of country-level workplans in Q3, recruitment commenced for an AHSS Ghana team (G7 and HEO). Both posts were in place by end of the financial year. Work is now in train to recruit an AHSS Zambia team.

Financial and Fiduciary – Several factors contributed to the project's underspend, as noted above. To mitigate these, the AHSS team conducted regular reviews of ALB resource and cash forecasts, ensuring delivery partners stripped out any optimism bias in their forecasts.

Strong safeguarding has been supported by Defra staff through a safeguarding code of conduct. ALB delivery contracts require partners to have their own codes of conduct that adequately address personal conduct and safeguarding issues.

In the circumstances, year 1 progressed at risk, with full consultation and agreement of the SRO, and were regularly reviewed and discussed with senior leadership, including the ODA Hub.

E: PROGRAMME MANAGEMENT: DELIVERY, COMMERCIAL & FINANCIAL PERFORMANCE

Summarise the performance of partners and Defra, notably on commercial and financial issues.

The project is managed by Defra's Global Animal Health (GAH) Division ODA Team, in the Animal & Plant Health & Welfare (APHW) Directorate, and delivered in partnership with Defra's ALBs: APHA, Cefas and VMD. Visiting technical experts from Defra's ALBs are supported by a small country-based team to enable oversight, technical continuity, country ownership and project sustainability and VFM. An Agile project management approach was adopted, with Phase I as the first year of the project. This initial Discovery Phase was dedicated to internal governance, post-business case design, developing the delivery model, understanding the landscape, assessing country needs and building partnerships. Delivery of some limited activities took place toward the end of Year 1, in March 2023. Phase II will focus on refining and scaling up implementation in Years 2 and 3.

The scoping visits were primarily led by APHA and Cefas, with representation from GAH (in their PMO capacity) and to a lesser extent VMD. **External landscape reviews (a deep dive desk-based analysis of animal healthcare and production systems) were commissioned by VMD and CEFAS for Nigeria, Ghana and Zambia respectively, providing country specific background, policy and technical information in preparation for the in-country scoping visit.** These materials supplemented the high-level information produced by the project team in the country profiles, and institutional profiles for WHO, FAO, African Union and WOA. Due to capacity constraints, VMD's input in this foundation year has been lower than initially anticipated. To mitigate the consequent gap in the project's technical offer and to respond to an emerging need, it was agreed towards the end of the first year that Cefas would become a delivery partner leading on Aquatic Animal Health (AAH) in addition to their technical leadership role.

Reviews of country needs, forward planning, developing ways of working, challenging assumptions, and holding each other accountable were achieved through regular quarterly face-to-face Joint Planning Meetings. All project partners were well represented at these planning meetings. Following a productive scoping visit and successful recruitment campaign, two country-based staff, **G7 – National Animal Health Lead** and **HEO -Senior Project Officer**, were appointed to head up operations in Ghana. **Both staff were in post by the end of the year, enabling our newest members of the team to join the UK based team in London, for inductions and joint planning in preparation for year 2.**

Given this collaborative approach to joint design in the Discovery Phase, which involved continued engagement with the PMO, individual narrative reports were not requested as outputs were not allocated to specific partners and oversight was always maintained by the PMO. However, in year 2, regular narrative reporting will be implemented at country level and partnership level for measure progress towards key outputs and quality assurance. Financial reporting (expenditure and forecasting) was submitted monthly by all partners in line with ODA requirements. Individual returns were merged into a single return and submitted to Defra's ODA Hub by the PMO.

The PMO played a significant role in developing the team during this Discovery Phase, leading joint planning meetings and supporting cross cutting activities such as communications, GESI, recruitment of in-country staff, partnership working with FCDO, and some MEL functions (e.g. developing the ToC). Going forward, some of these responsibilities (MEL, developing contribution agreements/proposals with delivery partners like Food and Agriculture Organisation (FAO), and consolidating ways of working with country-based teams) will be taken forward as specific elements of delivery. This should be reviewed for any potential conflicts of interest with PMO responsibilities and to ensure adequate staff resourcing as these responsibilities will increase alongside implementation. To that end we are recruiting more resource into the PMO and working with ALBs on their recruitment/backfilling.

Regular Oversight Board meetings were convened in the first year. These were chaired by the GAH Division DD/DCVO, with representation from other OGDs including FCDO (Global Health Team), UKHSA and DHSC, along with internal representation from across Defra group, including Cefas, VMD and APHA. A hiatus was taken during the summer vacation period, with a proposal to return in September 2023 and change the frequency from bi-monthly to quarterly. This proposed change will align with the introduction of formal narrative reporting and a TWG for the project.

As stated in the business case, AHSS will adopt a peer-to-peer approach (competent authority to competent authority, CVO to CVO, scientist to scientist) and work with scientists from across the relevant Defra group ALBs: Animal and Plant Health Agency (APHA), Veterinary Medicines Directorate (VMD) and Centre for Environment, Fisheries and Aquaculture Science (CEFAS), along with specialist third party organisations.

Defra group is internationally renowned for technical and scientific expertise in animal health. Its ALBs can provide the wide range of technical inputs necessary to deliver the project and are important stakeholders in strengthening the UK's domestic and international capacity and resilience to respond to global health threats. Their expertise is in high demand and valued by the World Organisation for Animal Health (WOAH), Food and Agriculture Organisation of the United Nations (FAO) and World Health Organisation (WHO), as demonstrated by their designation of multiple UK facilities as International Reference Laboratories, International Collaborating Centres, and International Centres of Excellence. As such, Defra is a key contributor to the cross-government Global Health Framework, and an important participant in strengthening the UK's domestic and international capacity and resilience to respond to global health threats. Arrangements between Defra and its ALBs are governed by existing framework agreements. The internal governance arrangements for each ALB are detailed in the business case management case. Working with Defra's ALBs confers an inbuilt level of quality assurance, protocols, and working relationships, including for risk management, safeguarding and fraud. These are in addition to the specific project level governance arrangements already discussed.