



Department
of Health &
Social Care

Global Health Security Strengthening Project 2021-22

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Acronyms

APHA	Animal and Plant Health Agency
ASEAN	Association of Southeast Asian Nations
CARPHA	Caribbean Public Health Agency
CBRNE	Chemical, Biological, Radiological, Nuclear, and high yield Explosives
DEFRA	Department for Environment, Food and Rural Affairs
DRS	Disaster-related Statistics
DFAT	Australian Government Department of Foreign Affairs and Trade
DHSC	Department of Health and Social Care
DSTL	Defence, Science and Technology Laboratory
FAO	Food and Agriculture Organization of the United Nations
FCDO	Foreign, Commonwealth and Development Office
GDRR	Global Disaster Risk Reduction
GHSA	Global Health Security Agenda
GHSI	Global Health Security Initiative
GHS-S	Global Health Security Strengthening
GSPN	Global Strategic Preparedness Network
IHR	International Health Regulations (2005)
IANPHI	International Association of National Public Health Institutes
JEE	Joint External Evaluation
LMICs	Low- and middle-income countries
NAPHS	National Action Plan for Health Security
OHISS	Tripartite+ One Health Intelligence Scoping Study
OIE	World Organisation for Animal Health
ONS	UK Office of National Statistics
PHE	Public Health England
SPAR	State Parties Self-Assessment Annual Reporting
UNEP	United Nations Environment Programme
US CDC	United States Centers for Disease Control and Prevention
UKHSA	United Kingdom Health Security Agency
UK-PHRST	United Kingdom Public Health Rapid Support Team
WHO	World Health Organization
ZDAP	GHSA Zoonotic Disease Action Package

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1. Summary and overview

Project Title: Global Health Security Strengthening (GHS-S) Project 2021-22

Project Value (full life): £312,000 ODA/ £128,000 non-ODA, £440,000 Total.

Review period: 1 year

Project's Start Date: 1st April 2021

Project's End Date: 31st March 2022

The GHS-S project was a one-year project, starting on the 1st of April 2021 and concluding on March 31st, 2022. This report is a light touch review of this project. Following the project's completion, this new GHS-S capacity became core business in UKHSA and will no longer be funded as a Department of Health and Social Care (DHSC) Official Development Assistance (ODA) project.

1.1 Outline of project

The COVID-19 pandemic and the associated social and economic costs demonstrated the importance of Global Health Security (GHS). Public Health England (PHE), which transitioned to the United Kingdom Health Security Agency (UKHSA) in October 2021, has a well-established and recognised history of undertaking GHS activity with global partners. The UKHSA currently builds international capacity in GHS by delivering targeted capacity-building projects in Low- and Middle-Income Countries (LMICs), as well as by providing strategic and expert advice to partners from a wide network of technical experts.

The GHS Strengthening Project 2021-22 (GHS-S) was a new, one-year UKHSA ODA-funded project from DHSC's Global Health Security Programme, as well as non-ODA funding from UKHSA. This unique project built on years of GHS work by increasing UKHSA capacity and engagement at a global scale and leveraging expertise from other DHSC ODA-funded projects, such as the International Health Regulations Strengthening (IHR-S) Project and UK Public Health Rapid Support Team (UK-PHRST), to improve UKHSA's input into international work on GHS, primarily for the benefit of LMICs.

Project activities included cross-government collaboration with DHSC, the Foreign, Commonwealth & Development Office (FCDO) and other government Departments (OGDs). This collaboration sought to consolidate UK expertise and leadership to input into multi-lateral commitments, such as the World Health Organization Health Emergencies Programme and the review of IHR (2005) Monitoring and Evaluation tools following the outbreak of COVID-19. The project also provided technical expertise and support to input into key political fora such as G7 and G20. The strategic areas of focus for the project were:

1. Cross-government engagement and consolidation of expertise on GHS for input into international GHS Strengthening efforts
2. Relationship building and engagement with global organisations, initiatives, and partnerships to bolster GHS capacity-building efforts in LMICs

3. Provide UK expertise and experience to further GHS strengthening in international forums and incorporate lessons learned from the COVID-19 pandemic

1.2 Supportive narrative for the projects progress towards expected outcomes and impact

The GHS-S project has aimed to strengthen GHS partnerships, coordination, engagement, and technical capability in order to meet the objectives and goals laid out in the logframe and business case. It has achieved this through sharing knowledge and learning (including learning achieved through other UKHSA ODA-funded projects) with UN organisations such as the WHO and other global fora such as the Global Health Security Agenda (GHSA) for the benefit of LMICs. Activities in this area include contributing to the revision of the WHO IHR (2005) Monitoring & Evaluation Framework, co-chairing the Global Health Security Agenda (GHSA) Zoonotic Disease Action Package (ZDAP), and contributing to the development of the WHO Global Strategic Preparedness Network (GSPN).

With a larger team to build on existing workstreams and incorporate new activities, the GHS-S project has also made and strengthened partnerships with other organisations. The GHS-S team has also provided technical input and guidance cross-government to contribute to the multi-sectoral coordination of key priorities, such as One Health (OH). The GHS-S team supported international fora at a critical time as the UK held the G7 presidency. This support included technical input into the 2021 G7 summit in Cornwall, contributing to the Carbis Bay report, and supporting G7 outputs such as the Quadripartite One Health Intelligence Scoping Study (OHISS) (see 2.6.1. Case Study: The One Health Intelligence Scoping Study). The team has also been providing early support to Indonesia, who hold the G20 Presidency for 2022, with the summit scheduled for Bali in November. Through this work, the GHS-S team are increasingly recognised as key technical experts both internationally and cross-government.

The outcomes and impact of the team has largely stayed within the scope of the initial workplan and logframe. One area in which the project has had larger than anticipated work has been in cross-government coordination of technical areas related to GHS. However, this work has been undertaken alongside ongoing impacts of the COVID-19 pandemic, including prolonged home working, limited travel opportunities, and limited opportunity to collaborate with colleagues involved in the protracted COVID-19 response (both in the UK and globally). The recruitment of a new team in a short time to deliver this project meant a delayed start to some workstreams, but in the last two quarters the team delivered more outputs than anticipated. In addition to COVID-19 impacts, the transition of the organisation from PHE to UKHSA has required more staff time and input than anticipated. These

impacts have meant the project saw significant underspend. These impacts are detailed further in the Value for Money section of this report (Section 7.1).

Due to the overall positive performance of the project given the one-year mixed funding by DHSC, the additional resource granted to the GHS-S team has become core business in UKHSA.

1.3 Major lessons and recommendations for the future

At the conclusion of this yearlong project, the extra resources became core grant in aid funded. The transition from ODA-funding to core funding was a direct result of the impact from the extra resources and engagement in GHS through this project. However, the GHS-S team have identified areas of learning to take forward as work continues. For instance, reflective sessions conducted by the team highlighted that GHS could better communicate the work to stakeholders, both internal and external. Also, it was noted that for such a short-term project, it was difficult to adequately capture the impact of this work, as many contributions to the international system occur over an extended timeframe. The project established a Monitoring and Evaluation system to capture inputs into long-term work as best as possible, however further refinement in future would likely be of benefit to the team and its reporting requirements.

A Value for Money exercise undertaken by the team also highlighted that equity considerations had not been formally incorporated into project planning. Team members had tried to ensure equity in their workstreams nonetheless, through efforts such as ensuring that in multistakeholder work the voice and contribution of LMICs is central. However, in future, the team could look to formalise this way of working by ensuring equity considerations are examined from the project planning stage. Learning from the project is further detailed in the Monitoring and Evaluation section below.

2. Detailed output scoring

2.1.1 - GHS Strengthening Project shares learning & knowledge identified through UKHSA GHS activity, other ODA-funded projects and responses to the COVID-19 pandemic for the benefit of LMICs

As part of the project, the GHS-S team sought to consolidate learning across other ODA-funded projects in PHE/UKHSA Global Operations division, including the ODA-funded IHR-S Project and the UK-PHRST. This collation of learning was undertaken to better share resources and lessons from these projects with international partners, in particular through the WHO. As better working links were facilitated, the GHS-S

team were also able to secure IHR-S and UK-PHRST involvement in several activities in order to share their expertise. Activities included:

- IHR-S team engagement in reviews of the WHO IHR Monitoring and Evaluation Framework (IHR MEF), which included the Joint External Evaluation (JEE) and State Party self-assessment Annual Reporting (SPAR) tools.
- Linking UK-PHRST into the WHO Informal Technical Working Group on Research & Development.
- All teams feeding into the WHO benchmarks for IHR 2005 electronic reference library, which showcases examples and best-practice resources for the benchmarks.
- UKHSA, GHS and IHR-S experience fed into the WHO Public Health Emergency Operating Centre framework update, led by the UKHSA Emergency Preparedness Response and Resilience Team.
- Supported the UK-PHRST team to submit an abstract to the 2022 Geneva Health forum. The UK-PHRST was selected for a poster session entitled 'UK PHRST: What does it take to be ready to deploy within 48hours?'
- Supporting the UK-PHRST team to submit an abstract to the Global Health Security 2022 Conference, 'Establishing the UK Public Health Rapid Support Team: lessons learned five years on'.
- Linking the UK-PHRST into the WHO Strategic Partnership Portal (SPH), identifying opportunities to contribute case studies and details related to past deployments to the SPH.

Other areas of cross-cutting work are also in early stages. For instance, the joint post which spans GHS-S and Global Disaster Risk Reduction (GDRR) is working with UK-PHRST, IHR-S and UKOTs teams to scope for potential Hazard Information Profiles (HIPs, see case study one) work in UKHSA partner countries.

2.1.2 Recommendations

In future, sharing learning from IHR-S and UK-PHRST projects may be enhanced if there was the opportunity to have joint posts or dedicated resource on the IHR-S and UK-PHRST teams to support this. The IHR-S and UK-PHRST projects have significant workloads, and it is sometimes difficult to get engagement on shared learning due to time pressures and other priorities.

2.2.1 - Institutional partnerships enhanced/established with international, bilateral and multinational institutions and networks engaged in GHS

The GHS-S project has strengthened international partnerships and generated new partnerships through a number of different workstreams. The following are examples of partnerships that have been strengthened due to increased capacity in the team:

- Increased deliverables through the UKHSA WHO Collaborating Centre on Global Health Security. The additional capacity through GHS-S has also facilitated enhanced engagement with the Global Outbreak Alert and Response Network (GOARN). Further, the GHS-S team have become a partner in the development of the Global Sustainable Partnership Network (GSPN). The GSPN was established to support the implementation of National Action Plans for Health Security (NAPHS) through enhanced technical cooperation and input into the Preparedness Research and Development Working Group.
- Working closely with DHSC and other government departments to increase UK participation in the Global Health Security Agenda (GHSA) and support for achieving its goal of strengthening global health security. This engagement has primarily been through the sustainable finance, zoonotic disease, and research & development action packages. The UK are rotating members of the GHSA steering committee (membership led by DHSC and UKHSA) for two years from January 2022.
- Driven the creation of a UKHSA One Health Leaders Forum. This forum brings together subject leads from across UKHSA who work in areas relevant to One Health to increase networking, cross-working, collaboration and advocacy on One Health within and outside the organisation.
- Expert advice, and introductions to key stakeholders, provided to the IHR-S project work to help establish their Indo-Pacific portfolio with a better understanding of the regional context.

The following are key examples of some new partnerships:

- Participation in OHISS has facilitated new relationships with the UN organisations including the UN Food & Agriculture Organisation (FAO) and UN Environment Program (UNEP), as well as the World Organisation for Animal Health (OIE).
- UKHSA through the GHS-S project and DEFRA were nominated to co- chair the GHSA ZDAP for 2022. This co-chairing arrangement has built new working relationships with DEFRA, as well as new relationships with partners involved in ZDAP. These partners include representatives from countries including Bangladesh, Gambia, Indonesia, Kenya, Kingdom of Saudi Arabia,

Namibia, Netherlands, Pakistan, Senegal, Sweden, Thailand, Vietnam. The package also includes representatives from Caribbean Public Health Agency (CARPHA), FAO and the South East Asian One Health University Network (SEAOHUN). The UK chairing ZDAP has also resulted in increased engagement with Indonesia ahead of their G20 presidency.

- Provision of an expert to take part in Ukraine's Joint External Evaluation (JEE) in December 2021. Leading on the technical areas of Zoonotic Disease and Food Safety, the GHS-S team member made new working relationships with Ukrainian and international experts involved in the process.
- Disaster-related statistics work has facilitated new relationships with a number of organisations including the World Meteorological Organisation, International Science Council, and UN Economic Commission for Europe.
- Submission of a successful project bid with the Wellcome Trust and The UK Office of National Statistics to develop climate health metrics. The four-year project aims to increase the evidence base around the impacts of climate change on health and develop a universally recognised set of standards for reporting on these impacts. This project represents a newly formed working relationship between the GHS-S team and UK ONS and the Wellcome Trust.

2.2.2 Recommendations

Ongoing demands and travel restrictions due to the COVID-19 pandemic made stakeholder engagement in partner organisations difficult at times. Building increased flexibility into project management and resource planning may result in different workstreams being progressed while awaiting further details on asks through the WHO CC, for instance.

2.3.1 - GHS Strengthening Project contributes technical input to cross-government multisectoral coordination of GHS, climate change, all hazards and One Health (OH) approaches

The team have provided technical advice across government on a number of different GHS priorities, including the following workstreams:

- Feeding into the cross-government Global Health Oversight Group (GHOG)
- Engagement on WHO reform and new initiatives. This includes technical expertise into the UK position on IHR review committee recommendations, proposals for an International Pandemic Instrument (or Legally Binding Instrument) and the WHO Universal Health and Preparedness Review.
- The Cabinet Office One Health Stocktake Group, including the development of a cross-government definition of One Health and proposed strategy.

- Provision of technical expertise into the development of a cross-government reference guide for outbreak origin investigation in exceptional circumstances.
- Cross-government initiatives such as DEFRA's Global Catastrophic Risks workshop.
- Sharing joint learning with Defra and APHA on One Health through contribution to expert groups.
- A UKHSA One Health Leaders Forum & associated network was launched.
- UKHSA GHS priority setting and alignment across HMG.
- UK HMG engagement into GHSA, including GHSA Steering Group Committee Membership, Jan 2022 to 2024.

The GHS team have also been building stronger relationships across government to scope opportunities for future collaboration, including:

- Strengthening biosecurity and biosafety engagement in LMICs through linking with Ministry of Defence (MoD) and Defence Science and Technology Laboratory (DSTL). This work aligns with the GHSA Biosecurity and Biosafety Action Package and GHSI biosecurity working group.
- Participation in cross-government ODA Technical Alignment Workshops, such as discussions across One Health activities.

Case Study: The Hazard Information Profiles

A supplement to the Sendai Framework for Disaster Risk Reduction, the Hazard Information Profiles (HIPS) are a collection of definitions and statistical protocols pertaining to 302 hazards. These hazards include meteorological events, technological emergencies, and biological hazards. The expert in the joint post spanning GHS and GDRR facilitated the development of the HIPS, drawing on expertise from over 150 international academics and scientists. This work was a joint project with the UN Disaster Risk Reduction (UNDRR) office and the International Science Council (ISC), with the first version of the HIPS published in October 2021.

The development of the HIPS means that countries can utilise a common set of definitions to measure the risks and impacts of hazards. This can facilitate uniform and comparable data between countries, which can be used to determine the relative burden from hazards that different countries and regions face. The World Meteorological Organization (WMO) is currently in the process of adopting the HIPS.

Going forward, the GHS-S/GDRR team will be leading a project on behalf of the United Nations Economic Commission for Europe (UNECE) and the Inter-Agency Expert Group. This project seeks to pilot the HIPS to inform disaster-related statistics work in partner countries. The project will also seek to emphasise the measurement of hazards of high relevance to GHS priorities, including zoonotic diseases and CBRNE events.

2.4.1 - Support international organisations to strengthen GHS, including the World Health Organization (WHO) International Health Regulations (IHR 2005), and the WHO Health Emergency and Disaster Risk Management (H-EDRM) thematic platform

The project has offered ongoing support to the WHO on working groups and post-COVID revisions to the IHR this year. Areas of work have included:

- Input into UK position on IHR (2005) review committee recommendations.
- Provision of technical input from across UKSA and HMG experts into the revision of the IHR Monitoring & Evaluation framework. This included revisions to the JEE and SPAR assessment tools. Revision helped to: (1) reflect learning from COVID-19 pandemic, (2) better align IHR and SPAR tools, and (3) enable regional evaluations.

- Input into updating WHO benchmarks for IHR, including shared learning and resources from the IHR-S and UK-PHRST teams to support.
- Participated in the WHO Preparedness Research Development and Innovation Informal Technical Working Group at request of WHO EURO. Opportunity to participate was also extended to UK-PHRST research lead.
- Development of an evidence base around complex and cascading risks related to health emergency events and disasters including key implications for public health and measures to enhance preparedness and disaster risk reduction.
- Increased asks for the UKHSA WHO Collaborating Centre for GHS across IHR, EPRR and H-EDRM.

Case Study: IHR (2005) MEF Review

In 2021, the WHO started reviewing the International Health Regulations Monitoring and Evaluation Framework in order to incorporate learning from the COVID-19 outbreak and strengthen Global Health Security. The IHR MEF review included revisions to the State Parties Self-Assessment Annual Reporting Tool (SPAR) and the Joint External Evaluation (JEE) Tool. The SPAR is an annual, country-led review of progress towards IHR core capacity implementation. A JEE is a voluntary exercise states conduct in collaboration with international experts every four to five years to assess core capacity implementation. Prior to the review, the second edition of the JEE tool covered 19 technical areas countries should build core capacity in, with 49 indicators sitting underneath these technical areas. These have been expanded to include more technical areas such as Infection Prevention and Control. The SPAR tool covered 13 technical areas and consisted of 24 indicators. The review process set incorporated learning from COVID-19, better alignment across the JEE and SPAR tools, supporting regional assessments and refining the tools (merging or streamline content where appropriate).

The GHS-S team provided technical input into these review processes. The GHS-S team also secured engagement from other UKHSA experts, including those from the IHR-S team, into the reviews where possible. As time of writing, the revised SPAR tool was used for Member States 2021 returns, however, a public version of the revised JEE has not been released. However, the GHS-S team seeks to further the IHR MEF review and examine relative progress with other partners. For instance, as co-chair of the GHSA Zoonotic Disease Action Package, the GHS-S team hopes to survey partners on the revised SPAR tool after states have completed their annual evaluation.

2.5.1 - UKHSA technical experts provide technical leadership within Her Majesty's Government (HMG) to inform GHS / Disaster Risk Reduction (DRR) agenda at G7 & G20 and COP26

The GHS team have supported UK participation in international fora such as the G7, G20 and COP26 summits through the following activities:

- Input into writing and coordinating the contributions to the G7 Carbis Bay Progress Report 'Advancing Universal Health Coverage and global health through strengthening health systems, preparedness and resilience' (2021)
- Engaged in the G7 Africa Union and Indo-Pacific Roundtable discussions
- A member of the GHS team represents the UK as a technical expert on the OHISS (a G7 initiative) through:
 - membership of the Oversight Steering Group
 - coordination of the External Advisory Group
 - engagement with technical experts from G7, UN tripartite plus UNEP and others
 - providing technical expertise & other support to the project
- COP26 discussions on prioritisation in UKHSA. Linked to planned Centre for Health and Climate.

2.6.1 - UKHSA/GHS-S established as primary source for public health expertise across HMG on GHS, including One Health, all-hazards and climate change-focused position papers, policy recommendations

The activities outlined in the outputs above have contributed to the GHS-S team being seen as technical experts on areas including One health and Disaster Risk Reduction. In addition, the GHS team have contributed to:

- Improved alignment across UKHSA and other cross-government GHS projects. The GHS-S team have also helped identify opportunities for collaboration and synergy.
- Supporting the development of cross-government One Health policy
- A number of academic papers, posters and abstracts submitted to academic conferences (Annex 1).
- Delivered a number of presentations and training on areas key to GHS, such as field epidemiology and mass gatherings (Annex 1).

Case Study: The One Health Intelligence Scoping Study

Requested by G7 countries as part of the [Carbis Bay Health Declaration](#) and funded by the UK Government, the [One Health Intelligence Scoping Study](#) (OHISS) is a short-term project being undertaken by the Quadripartite partnership for One Health (Food and Agriculture Organization of the United Nations (FAO), the World Organisation for Animal Health (WOAH, formerly OIE), and the World Health Organization (WHO), and the United Nations Environment Program (UNEP). The objective of OHISS is to design a coordinated global One Health intelligence System (OHIS) and early warning high-level conceptual framework that will enhance detection, assessment, and response to health hazards across the human-animal-ecosystem health divide.

The One Health Specialist in GHS-S provided technical expertise to the initial scoping, design, and since November 2021 the delivery, and ongoing management of OHISS through their position on the study's Oversight Steering Committee and as a member of the technical delivery team.

Core to the delivery of an effective and sustainable framework for global OHISS is learning from and building on the foundations of local, national, regional, and global surveillance, as well as collaboration with experts from One Health initiatives and groups across the different sectors of animal, human and environmental health, and ancillary subject areas. The role has included coordinating through the External Advisory Group, developing materials and chairing sessions of a virtual workshop held in January 2022 attended by more than 60 participants. A further workshop and wider engagement with global expertise is planned before project end in July 2022.

3. Project performance not captured by outputs

The Disaster Risk Reduction/ HIPs work presented the work at 6 conferences, due to present at another 3 international conferences including the UN World Data Forum. Through these presentations, the lead on this workstream has been contacted by organisations (such as NASA) and public health officials from different countries for potential collaborations.

4. Risk

The GHS Logframe was developed without risk ratings as these are usually reserved for larger projects. The GHS-S team utilised existing risk register processes within the Global Operations division of UKHSA to record risks to the project.

4.1 Overview of project risk

Due to the short-term nature of the project, the largest risk the project faced was time pressures and the potential impact this could have on sustainability. For instance, as the GHS-S team were largely recruited at the start of the project, there was a delay in progressing some of the outputs of the project until onboarding completed. In addition, until further funding of the project had been confirmed, there were concerns that additional workstreams and gains realised through increased funding may be adversely affected if resources on the team returned to pre-project levels. The length of this uncertainty meant that towards the end of the financial year, additional team members recruited through project funding were reluctant to commit to any work in the new financial year.

5. Project management: delivery and commercial considerations

5.1 Delivery against planned timeframe

The delivery of the GHS project has largely been consistent with the timeframes outlined in the workplan where this has been within control of the team. The expected slow start due to recruitment and training was planned for. However, administrative delays have affected the start of the DRS project as well as the start date of OHISS. Though, OHISS is under review for a no cost or costed extension, which will enable the OHISS project to continue to work towards its stated goals following the end of the 2021-2 financial year.

5.2 Performance of partnerships

The GHS-S team regularly met with the Global Health Security team at DHSC to report on project performance and comply with governance activities. The teams enjoyed a strong working relationship. DHSC also called on the support of the GHS-S team at times throughout the project to provide some technical input or oversight to discreet pieces of work happening across HMG.

6. Financial performance

6.1 Value for money assessment

Economy

The project has come in significantly under budget due to restrictions around travel and inability to call on other expertise in UKHSA (both as a result of the demands of the COVID-19 response and transition work). The vast majority of costs accrued against the project have been staff costs. For other purchases and costs that have

been accrued, the project has followed cost containment and procurement guidelines in accordance with UKHSA policy. This is an unusual context, the causes are largely outside of our control, and these circumstances do not reflect how the GHS team plan to operate in future. Accordingly, the team has not identified ways to improve on the 'economy' aspect at this time.

Efficiency

The GHS-S team were largely recruited after the commencement of the project. Accordingly, there was some delay in delivery of objectives as new team members familiarised themselves with the project and technical subject matter. This also resulted in some underspend as some posts were vacant at the start of the project. In order to reduce this lag time for new recruits in future, team have put together a pack for new starters to organise and prioritise background reading material that staff need to become familiar with.

Despite this lag time, the GHS-S team met much of the objectives and outputs detailed in the project workplan. With the majority of the costs incurred against the project being staff time, the work achieved over the course of the project demonstrated good efficiency, which increased over the course of the project. However, other budget items separate to core GHS-S staff time were underutilised. For instance, the GHS-S team had hoped to invite and fund experts in other fields across UKHSA to collaborate on workstreams. This collaboration would have furthered outputs including sharing learning and expertise with partner organisations. Activities to strengthen GHS, such as the WHO MEF review, would have also benefited from additional experts feeding into the process. However, constraints on staff time and availability due to the COVID-19 response and transition work meant this was not always possible. In addition, new and junior staff, in particular, would likely have developed their professional networks faster and to a higher quality if travel and face-to-face meetings were possible. The low levels of travel undertaken by the team also contributed to some underspend.

Effectiveness

The GHS team believe that the project has met agreed objectives. The project has a theory of change, and assumptions underlying the causal pathways are specified. Indicators outlined in the logframe have also been relevant and remained unchanged throughout the course of the project as work has been undertaken. Evidence has been routinely collected throughout the project to validate progress made against stated outcomes and validate assumptions or 'pathways' for benefit generation. This work built on the well-established GHS networks within PHE/UKHSA and so this enabled this short-term project to be more effective. The impact and effectiveness of the additional capacity provided through the project is clearly recognised through the continuation of this work into business as usual in UKHSA.

Equity

After undertaking an internal value for money assessment, the team concluded that equity considerations were not systematically incorporated into the design of the project. However, many members on the team sit on the Diversity, Equity and Inclusion Working Group within UKHSA Global Operations and have taken learning from this into their workstreams. For instance, project leads have tried to collaborate and centre voices from the global south in workstreams. The DRS project has sought to include countries of varied income levels in its pilot process, ensuring there's one high-income country, one middle-income country and one low-income country represented. Team members have also facilitated South-South collaborations where possible. For instance, in the GHSA ZDAP workstream, GHS-S team members have utilised their position as co-chair to ensure workshops showcase learning from low- and middle-income countries, primarily for the benefit of other low- and middle-income action package members. Going forward, the team is looking at ways to ensure this way of working is systematically embedded in project plans.

6.2 Quality of financial management

The project has followed UKHSA cost containment and procurement policy throughout.

The first year of the projects saw significant underspends, largely due to delays in recruiting staff and impacts from the transition from PHE to UKHSA. In addition, the financial management systems were changed during the transition. As a result, the GHS team were assigned a new financial contact within the organisation. This meant there was little continuity in finance reporting throughout the financial year, which resulted in difficulties in getting up-to-date and accurate financial information to forward to DHSC, which the project team worked hard to mitigate. The team is now more familiar with the new financial system and most barriers to getting accurate information are now improving, so the issues faced should not be ongoing.

7. Monitoring, evaluation, and learning

7.1 Evaluation

As this is the first year of the project there have not been any formal evaluations or key recommendations around change to date to build on. As this is the first annual report for the project, we plan to incorporate any forthcoming recommendations into workstreams going forward.

7.2 Monitoring

UKHSA have an internal M&E team in the Global Operations division of UKHSA, who have been instrumental in helping co-develop the GHS-S M&E strategy. This includes the development of a logframe and systematic collection of evidence to support our reporting requirements. Review and evaluation of project progress was proportionate to the one-year nature of the project. Accordingly, project progress and performance were often assessed through internal evaluation, regular reporting meetings with DHSC, as well as a mid-year and end-of-year review.

7.3 Learning

Over the last year the GHS-S team have been tracking learning on the JIRA platform and through team meetings. We've shared any learning and lessons throughout the year both internally, through reporting in UKHSA, but also externally through regular meetings with DHSC and associated reporting commitments.

Key lessons identified over the course of this project include:

- The GHS-S team have identified that we could better communicate our work and the value of that work to wider audiences across government and internationally. This would help expand our profile and role within HMG as technical experts in this area. Increased awareness of our work would likely also bring collaboration opportunities and ensure we can support any other work happening across HMG on Global Health. Increased awareness would likely also enable us to share any learning and outputs from our work with a broader audience. We currently do not have any resource/roles dedicated to raising awareness of our work and what we contribute to. This could be an area of added value in future.
- The GHS team have successfully integrated a new M&E strategy and we've continually worked to refine our methods of monitoring progress, particularly around hard to capture contributions. For instance, in some cases our work resembles advocacy in that we may attend meetings and provide our point of view on a way forward. However, even if our advice is taken under consideration by major organisations, this will be hard to prove as our contributions won't be attributed. Accordingly, we have tried to capture evidence where possible that our contribution was gratefully received, such as through emails we sometimes receive from partners that indicate appreciation for our input into a particular workstream.
- While remote working hampered our ability to travel, it enabled more staff (particularly junior staff) to attend remote meetings/sessions.

Annex 1 – Academic papers, abstracts and posters contributed to by the project.

Published Papers

- MURRAY, V., ABRAHAMS, J., ABDALLAH, C., AHMED, K., ANGELES, L., BENOUAR, D., TORRES, B., CHOE, H. C., COX, S. & DOURIS, J. 2020. Hazard Information Profiles: Supplement to UNDRR-ISC Hazard Definition & Classification Review. UNDRR-ISC Hazard Definition & Classification Review: Technical Report: Geneva, Switzerland, United Nations Office for Disaster Risk Reduction; Paris, France, International Science Council. UNDDR.
- ZHANG, R., TANG, X., LIU, J., VISBECK, M., GUO, H., MURRAY, V., MCGILLYCUDDY, C., KE, B., KALONJI, G. & ZHAI, P. J. I. D. O. P. 2022. From concept to action: a united, holistic and One Health approach to respond to the climate change crisis. 11, 1-6.
- COOK, M. A. & BROOKE, N. 2021. Event-Based Surveillance of Poisonings and Potentially Hazardous Exposures over 12 Months of the COVID-19 Pandemic. International Journal of Environmental Research and Public Health, 18.

Papers Undergoing Peer Review

- Is Resilience Useful, Useable and Used? Outlining the social characteristics of a resilient system
- How prepared are we? Identifying weaknesses in existing indicator frameworks for global health security through a One Health paradigm

Accepted Abstracts

Global Health Security Conference in Singapore in June/July 2022:

- The Global Strategic Preparedness Network (GSPN): What is its role as enabler of Global Health Security (GHS) and supporter of National Action Plans for Health Security (NAPHS)
- The UNDRR/ISC Hazard Terminology and Classification Review Hazard Information Profile (HIP) Supplement: a novel contribution to Global Health Security's adoption of the all-hazards approach
- Establishing the UK Public Health Rapid Support Team: lessons learned five years on
- Event-Based Surveillance of Poisonings and Potentially Hazardous Exposures over 12 Months of the COVID-19 Pandemic

Posters

- Poster submitted on UKHSA WHO Collaborating Centre for GHS to the WHO EURO Collaborating Centres Meeting 'United Action for Better Health in Europe' in November 2021

Presentations/Training Delivered

- UK FETP Module - Field Epi in Emergencies. Developed and delivered training on the mass gathering difference and need for rapid risk assessment and case study "Rapid Assessment of an emergency during an international music festival"
- 'COVID-19 preparedness and impact on the Tokyo 2020 Olympics and Paralympics' presented at the UKHSA COVID-19 All Staff Event (03.09.2021)
- Disaster Risk Reduction HIPs work presented the work at 14 conferences and events including the 15th Session of the UN Statistical Commission Side Event and World Field Epidemiology Day Event