



Department  
of Health &  
Social Care

# End-point report. UK Health Security Agency International Health Regulations Strengthening Project: Management response and recommendations action plan

Published 27<sup>th</sup> July 2022

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# Background to the IHR Strengthening Project

The [International Health Regulations \(IHR\) Strengthening Project \(IHR-SP\)](#) launched in 2016 with UK Aid funding (Official Development Assistance) from the Department of Health and Social Care (DHSC) to provide expert technical assistance to selected ODA-eligible countries and regions to improve their compliance with the World Health Organization (WHO) [International Health Regulations \(2005\)](#).

The project is delivered by the UK Health Security Agency (UKHSA, formally Public Health England) an executive agency of DHSC. UKHSA provides evidence-based scientific expertise and support to government, local government, the NHS, Parliament, industry and the public.

The project works in partnership with National Public Health Institutes (NPHIs), ministries of health and regional organisations, to support public health system strengthening and IHR implementation in partner countries and regions including Nigeria, Pakistan, Ethiopia, Zambia and Africa CDC.

The IHR-SP works to reduce the impact of public health emergencies and improve national, regional and ultimately global health security. It contributes to the building of strong national public health systems and supports partner countries and regions to be better equipped to prevent, prepare for, detect, and respond to a wide range of public health threats.

## Response to the evaluation report

The IHR-SP commissioned Itad to conduct an external performance evaluation and independent monitoring of the project, from its inception in 2016 until March 2021. This aimed to provide a better understanding of the IHR-SP impact and key challenges to date, and how it is progressing towards its key outputs.

The [endpoint evaluation](#) took place between September 2020 and March 2021, following a midpoint evaluation in May 2020. The endpoint report was based on the data collection and analysis work carried out between September and November 2020.

The IHR-SP welcomes the highly positive endpoint evaluation report delivered by Itad.

The evaluation states that:

The IHR Project has positively contributed towards progress in strengthening IHR capacity in all countries and most technical areas in which the Project has been active and should be deemed a success. The Project remains highly relevant, both in terms of partner country and UK health security priorities and concerns, and implementation of activities has generally contributed to intended output.

The IHR-SP is grateful for the opportunity to contribute to the development of this formative evaluation and acknowledges the positive collaboration and dialogue with the Itad team that has resulted in a detailed and informative report. We commend the quality of the evaluation and in particular the rigorous methodology that Itad have followed. We would particularly like to thank the Itad team for incorporating the feedback provided following publication of the mid-term evaluation.

The endpoint evaluation report highlights several recommendations informed by Itad's independent assessment and a co-creation workshop held with the IHR-SP team in June 2021. The IHR-SP seeks to demonstrate our consideration of these recommendations and to that end, this response outlines the broad actions that will be taken as the IHR-SP enters a new three-year cycle.

## IHR-SP end-point evaluation recommendations

Recommendations	Accepted/ Rejected	If “Accepted”, Action plan for Implementation or if “Rejected”, Reason for Rejection
Recommendation 1– PHE (from this point forwards referred to as UKHSA) should continue with plans to strengthen country-level capacity and maintain mechanisms that allow flexible support to changing country and regional contexts.	Accepted	Following the mid-term evaluation, the composition of all IHR-SP country teams has grown, with new resident UKHSA staff and locally employed technical experts in workforce development, laboratory management, surveillance and One Health across the IHR-SP countries and regions. Expansion is set to

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		<p>continue in the new project cycle in response to partner needs.</p> <p>Significant work has been undertaken to ensure appropriate delegation to at the country level. For example, new Higher Project Support Officers have been recruited in Nigeria and Zambia to oversee workplan implementation, local financial management and Monitoring, Reporting, Evaluation and Learning (MREL) functions under the leadership of the Country Lead.</p>
<p>Recommendation 2 – UKHSA should review project systems to identify further adaptations that will maximise efficiency and effectiveness.</p>	<p>Accepted</p>	<p>The IHR-SP recognises that efficiencies could be made in the next project cycle. A review of IHR-SP meetings and information flows has been undertaken and meetings have been significantly streamlined as a result. A dedicated streamlining project has been initiated to identify further efficiency savings across project management, finance and MREL at both UK and country levels. The outputs of this project will be iteratively applied during the next project cycle. In addition, and as highlighted above, several project management, finance and MREL responsibilities will be decentralised, further increasing efficiency. We will work with UKHSA,</p>

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		DHSC and other departments’ corporate systems to further address inefficiencies affecting the project
<p>Recommendation 3 – UKHSA should review the model and make revisions to improve its effectiveness, including specifically in relation to availability and use of programme funds, capacity building at sub-national level, engagement in national policy dialogue, and modifications to training provision (focus and evaluation). Specifically:</p> <p>3a - On the use of project funds for capital investment, it would be useful to have clear decision criteria for requests for targeted grants/funds from the IHR Project budget</p> <p>3b – Consider options to strengthen project implementation at sub-national level</p> <p>3c - Continue the trend towards prioritising leadership and management development in capacity building efforts</p> <p>3d - Formalise mechanisms to establish clear, transparent joint agreement on actions with Public Health Institutes (PHIs)</p>	Accepted	<p>3a - The IHR-SP is a technical assistance project and as such does not have a capital investment budget. Targeted supply of laboratory reagents or other consumables to directly aid training activities is undertaken on a case-by-case basis and there are several examples of where this targeted approach has paid significant dividends. Where requests for capital investment are received from project stakeholders, we will continue to review these on a case-by-case basis, liaising with other HMG and donor partners.</p> <p>3b - Considering enhanced funding and resources for the next cycle, the IHR-SP will scope enhanced subnational work in both Nigeria and Pakistan.</p> <p>3c - The project has begun reforming its approach to training evaluation with the introduction of a new learning cycle and training guidance which is currently being piloted across several technical areas. The project recognises the importance of moving beyond simple post training evaluations and undertaking longer term</p>

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3e - Explore mechanisms for more active Project engagement in national policy discussion		<p>impact assessments to assess real change.</p> <p>3d - The IHR-SP has recently signed new Memorandums of Understanding (MoUs) with Africa Centres for Disease Control and Prevention and several National Public Health Institutes. These MoUs form a stronger foundation for agreement of priorities and establishment of collaborative working.</p> <p>3e - The IHR-SP recognises that national policies are key to achieving system-level sustainable change. Although, the IHR-SP is primarily a technical assistance project where there is an identified ask from our partners the project would consider engaging in policy discussions.</p>
Recommendation 4 – UKHSA should review and strengthen strategic focus of communication with HMG stakeholders.	Accepted	The creation of UKHSA and the merger of the Department for International Development (DfID) and the Foreign and Commonwealth Office (FCO) provides opportunities to further promote IHR-SP work, and through representation on Foreign, Commonwealth and Development Office (FCDO) country boards and with objectives detailed in FCDO country plans, the project will increase the visibility of its work within these organisations. The

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		<p>IHR-SP will retain its representation on several cross-HMG ODA-funded project boards and will continue to build on its close alignment with Defra’s new ODA-funded animal health systems strengthening work.</p> <p>The IHR-SP will continue at a strategic level to highlight UKHSAs added value through publicizing project activities and successes for example through the project’s new <a href="#">knowledge hub</a>. In addition, the project has expanded its use of social media platforms and is a regular feature in UKHSA’s Twitter channel, reaching over 500,000 followers globally.</p>
<p>Recommendation 5 – UKHSA should review the project’s intervention logic and revise the ToC, underpinning assumptions and results framework.</p>	<p>Accepted</p>	<p>The underpinning assumptions of the Theory of Change (ToC) and the intermediate and long-term outcomes are currently under review and will be amended based on the lessons identified in the initial cycles of the project. The logical framework is also undergoing revision, simplifying the structure to reduce the number of outputs and outcomes, ensuring better alignment to the ToC and facilitating more complete, regular and uniform monitoring and reporting against outputs and outcomes.</p> <p>A new process for capturing</p>

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		<p>formal lessons has been instigated. Lessons are shared with the project staff on a six-weekly basis. In addition, a new cross-project Evaluation and Learning Forum (ELF) meeting has been established to provide strategic direction to the way the project evidences, reports and learns from its work and to improve the accessibility and sharing of learning.</p>
<p>Recommendation 6 – UKHSA should set out and implement a clear strategy and goals for regional-level engagement to support IHR capacity building.</p>	<p>Accepted</p>	<p>The initial stages of the IHR-SP saw minimal engagement in regional work due to the focus on establishing strong bilateral work programmes. Expansion of resources and funding in the new project cycle affords the IHR-SP an opportunity to build on our bilateral achievements to date and strengthen regional engagement. This aim coincides with the launch and maturation of the Africa CDC Regional Collaborating Centres (RCCs) which are ideal hubs for regional level IHR strengthening collaborations. The IHR-SP has already initiated work to identify areas of collaboration and priorities with the Southern and Western Africa RCCs and will formalise a regional Africa strategy with associated indicators as further information emerges.</p>

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		<p>In this next phase of the project the aim is to expand regional level engagement in the Eastern Mediterranean and Indo Pacific regions. We will work closely with other national and regional stakeholders, HMG and other aid donors to clearly identify and articulate opportunities for IHR capacity strengthening at a regional level, ensuring these are clearly aligned with wider regional health system strengthening initiatives such as the establishment of the Association of South East Asian Nations (ASEAN) Center for Public Health Emergencies and Emerging Diseases.</p>
<p>Recommendation 7 – DHSC should provide multi-year funding to continue the IHR Strengthening Project.</p>	<p>Accepted</p>	<p>The IHR-SP is funded through Official Development Assistance (ODA) via the Department of Health and Social Care. Allocation of ODA is undertaken through the UK government’s Spending Review process. Neither UKHSA nor DHSC have influence over the decisions on funding periods. However, DHSC does use the available Spending Review opportunities, working with UKHSA to make strong multi-year funding bids. The project has been awarded funding for an additional 3 years (financial years 22-25) as a</p>

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		result of the 2021 Spending Review.

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