| RESULT | INDICATORS | ANNUAL TARGET/SOURCE |
| --- | --- | --- |
| **IMPACT** |
| Global population, including the UK, safer and more secure from global health security threats. | * Proportion (%) of ODA-partner countries with improved public health systems and/or plans for effective epidemic preparedness and response, evaluation and learning.
 | **Target:** 50% of partner countries can evidence improvement in infrastructure, personnel,and evaluation/learningsystems in place or have plans to develop or upgrade existing systems. |
| **Source:** Feedback from partners; evidence of those structures. |
| **OUTCOMES (3)** |
| Outcome 1 | Indicator 1.1  |  |
| Epidemic preparedness and response effectively contributed to through technical collaboration with partners | * Proportion (%) of UK-PHRST deployments where partner institutions have identified tangible contributions made by UK-PHRST team.
 | **Target**: In 100% of deployments UK-PHRST partners have policies, strategies or ways of working in place or in development that have been informed by UK-PHRST’s deployment support for outbreak response and preparedness. |
| **Source:** Feedback forms from partners; Monitoring and evaluation surveys; WHO End of Deployment Evaluation forms; After Action Reviews. |
| Outcome 2 | Indicator 2.1; 2.2  |  |
| Research contributes to a robust body of evidence in public health practice and policy | * Proportion of research studies considered by practice or policy-related stakeholders locally, nationally, regionally or internationally.
 | **Target:** ≥50% of research studies are presented and/or discussed at a policy or practice related forum locally, nationally, regionally or internationally.  |
| **Source**: Case study reports; Partner surveys; evaluation reports; Citations in partner organisations literature/guidance/SOPs/Government and partner policy. |
| * Proportion of partners from ODA-eligible countries who assess research collaboration with

UK-PHRST as positive (equitable and effective). | **Target:** 80% |
| **Source:**  Feedback from partners; evidence of those structures. |
| Outcome 3 | Indicator 3.1 |  |
| Capacity of partners from ODA countries and UK-PHRST is enhanced for epidemic preparedness and response. | * Proportion (%) of partners from ODA-eligible countries that report skills and knowledge gained are applied in their individual or organisational work.
 | **Target:**  ≥80%  |
| **Source:** Case study reports; Partner surveys; evaluation reports. |
| Assumption: The project makes a significant contribution to climate change adaptation efforts due to its primary focus on outbreak response and the proven links between climate change and an increased likelihood of infectious disease outbreaks. |
| **OUTPUTS (6)**  |
| Output 1.1 | Indicator 1.1.1 |  |
| UK-PHRST trained team members deployed to provide effective support for epidemic preparedness and response within ODA eligible countries. | * Proportion (%) of deployments assessed as useful.
 | **Target:** 100% |
| **Source:** Partner surveys |
| Output 1.2 | 1.2.1; 1.2.2 |  |
| Tried and tested resources that support deployments are available or co-developed and shared to support epidemic preparedness and response  | * No of resources made available or co-developed and shared.
 | **Target:** ≥15 |
| **Source:** Partner surveys; WHO End of Deployment Evaluation form; After Action Reviews, End of mission reports |
| * Proportion of partners from ODA-eligible countries who assess resources as useful.
 | **Target:** ≥80%  |
| **Source:**  Partner surveys |
| Output 2.1 | 2.1.1; 2.1.2 |  |
| Relevant research equitably identified and delivered. | * Proportion of jointly developed and delivered research studies.
 | **Target:** ≥80% |
| **Source:**  Research proposals, research reports.  |
| * Proportion of partners from ODA-eligible countries who are first or senior authors on peer-reviewed joint publications
 | **Target:** 25% of partners are first or senior authors. (We expect to fall below this target in Yr 8 until the publications from newly designed/currently being implemented research studies (that intentionally address this indicator) come to fruition.  |
| **Source**: Final reports, publications |
| Output 2.2  | 2.2.1, 2.2.2, 2.2.3 |  |
| Research findings influence practice and policy at local, national, regional and international levels through identification of and engagement with appropriate pathways | * No of publications/other research outputs produced from UK-PHRST and partner research.
 | **Target:** ≥25 |
| **Source:**  Publications list |
| * No of pathways/avenues engaged with to make research findings more visible.
 | **Target:** ≥5 different avenues identified |
| **Source:**  Research progress and final reports. |
| * Proportion of partners from ODA-eligible countries who assess pathways/ avenues to be effective in making research visible and potentially useable.
 | **Target:** ≥80% |
| **Source:** Partner surveys |
| Output 3.1 | 3.1.1; 3.1.2 |  |
| Collaboratively delivered initiatives strengthen capacity of partners and UK-PHRST team in each capacity strengthening theme area. | * Proportion of partners from ODA-eligible countries who report initiatives useful and report applying the skills/knowledge gained in each theme area. (Themes are: Community protection; One health; Emergency coordination leadership; Technical specialist assistance; Research programme.)
 | **Target:** ≥80%  |
| **Source:** Partner surveys;  |
| Output 3.2 | 3.2.1; 3.2.2 |  |
| Reflection & learning are enabled with partners and internal to UK-PHRST.  | * No of reflection and learning opportunities (resulting from capacity strengthening and other activities) held jointly with partners from ODA-eligible countries and internally within UK-PHRST.
 | **Target:** ≥6 (external learning); ≥3 (internal learning) |
| **Source:**  Learning sessions log |
| * Proportion of participants who assess learning sessions as useful.
 | **Target:**  ≥80%  |
| **Source:** Feedback surveys |