



Department  
of Health &  
Social Care

# **UK Public Health Rapid Support Team Annual Review - 2019/20**

## **Global Health Security Programme**

Published Jul 2023

# Clearance Checklist

	Name	Date
<b>External Assurance - Independent body sign off</b>	<p>Itad Limited</p> <p>Draft and final versions reviewed by Project Manager, Ruth Sherratt, and Project Director and Itad Partner, Sam McPherson</p>	22 July 2020
<b>Project Board sign off</b>	UK-PHRST Project Board members were invited to give feedback on the draft report	3 June 2020
<b>Global Health Security (GHS) Programme Board sign off</b>	Signed-off at August Board, with caveat that team will seek feedback from DfID and also incorporate feedback received from Itad Ltd. Final version incorporating feedback to be circulated to Board for information only in 2021.	4 August 2020

## Acronyms and Abbreviations

Africa CDC	Africa Centres for Disease Control and Prevention
COMAHS	College of Medicine and Applied Health Science (Sierra Leone)
CSR	Comprehensive Spending Review
DFID	Department for International Development
DHSC	Department of Health and Social Care
DRC	Democratic Republic of Congo
EU	European Union
EVD	Ebola Virus Disease
FCO	Foreign and Commonwealth Office (UK)
FETP	Field Epidemiology Training Programme (UK)
GHO	Global Health Operations (PHE)
GHS	Global Health Security (DHSC)
GOARN	Global Outbreak Alert and Response Network
HMG	Her Majesty's Government (UK)
HMT	Her Majesty's Treasury (UK)
IATI	International Aid Transparency Initiative
LMIC	Low and Middle Income Countries
LSHTM	London School of Hygiene & Tropical Medicine
M&E	Monitoring and Evaluation

MEL	Monitoring, Evaluation and Learning
NCDC	Nigeria Centre for Disease Control and Prevention
NIHR	National Institute of Health Research
ODA	Official Development Assistance
OH	Occupational Health
OPM	Oxford Policy Management (external evaluation)
PHE	Public Health England
SMT	Senior Management Team (UK-PHRST)
ToC	Theory of Change
TPM	Third Party Monitoring
UK-PHRST	UK Public Health Rapid Support Team
VfM	Value for Money
WHO	World Health Organization

## GHS programme outline

In the 2015 spending review, the Department of Health and Social Care (DHSC) Global Health Security (GHS) team was given £477m of UK Official Development Assistance (ODA) funding to develop projects in and for low and middle income countries (LMICs), with the aim of contributing to a ‘world safe and secure from infectious disease threats and promotion of Global Health as an international security priority.’ This accounts for 34% of total DHSC ODA funding.

The programme is made up of 5 projects: Fleming Fund, Global Antimicrobial Resistance Innovation Fund, UK Public Health Rapid Support Team, International Health Regulations Strengthening project and the UK Vaccine Network project.

Through delivery of each of these projects the programme aims to support ODA eligible countries to:

- prevent and reduce the likelihood of public emergencies such as disease outbreaks and antimicrobial resistance
- detect health threats early to save lives; and
- provide rapid and effective response to health threats

# Introduction

## Project outline

The UK-PHRST programme objectives are to:

- 1.1 Rapidly investigate and respond to disease outbreaks at the source, with the aim of stopping a public health threat from becoming a health emergency
- 1.2 Conduct rigorous research to aid epidemic preparedness and response
- 1.3 Generate an evidence base for best practice in disease outbreak interventions within LMICs
- 1.4 Train a cadre of public health reservists for the UK-PHRST who could be rapidly deployed to respond to disease outbreaks
- 1.5 Build overseas capacity for an improved and rapid national response to disease outbreaks and contribute to supporting implementation of International Health Regulations

## Summary: last year's annual review

1.	Project Management	GREEN/AMBER
2.	Finance	AMBER
3.	Theory of Change	Not applicable

4.	External Engagement	GREEN/AMBER
Overall Delivery Confidence RAG rating from last annual review:		<b>AMBER</b>

## Key recommendations

The following recommendations were made and accepted by the programme board at the last annual review:

Recommendation	Current status
<p>1 Increase the capacity for response to outbreaks and take on specific areas of expertise through a 'team approach', rather than individual deployments, also including build capacity and/or research activities. This requires a large enough pool of deployable experts, which the new round of recruitment of reservists should help address in 2019/20.</p>	<p>A team approach enabled the UK-PHRST to lead the development and subsequently support the Democratic Republic of Congo (DRC) analytical cell in Goma for the outbreak of Ebola Virus Disease in North Kivu. <a href="#">Research</a> from this deployment evaluated the impact of insecurity on response.</p> <p>The UK-PHRST Director is co-leading an Ebola vaccine trial in eastern DRC in response to the outbreak.</p>
<p>2 Explore opportunities for increasing the number of bilateral deployments</p>	<p>The UK-PHRST have actively sought to strengthen bilateral partnerships, for example the Ministry of Health in Sudan scoping visit in January 2020. They have a strong relationship with Africa CDC and had a bilateral deployment to support Africa CDC for COVID-19 in March 2020. They have also provided remote support for COVID-19 laboratory diagnostics to Nigeria CDC.</p>



## UK Public Health Rapid Support Team

3	Undertake an audit of the UK-PHRST operational risk register by risk experts external to UK-PHRST. Ensure recommendations and changes are implemented in 2019/20	Completed. Initial compliance score of 60% increased to 82% following the audit.
4	Continue monthly project management meetings between staff at partner organisations to ensure clear communication on activities and updates to operational risk register	Weekly Core Management Team and Research Management Team, and fortnightly SMT meetings are in place.
5	Broaden and increase the UK-PHRST reserve cadre through a nationwide recruitment campaign	Nationwide reserve recruitment took place in December 2019 with recruitment of eight new reservists. This brings the total to 18 reservist staff.
6	Develop and put in place a strategy for UK-PHRST capacity-building over 2019-20. The training coordinator and training manager will play a critical role in ensuring a coordinated strategy for 2019/20	A capacity building strategy has been developed, and linked to research and response, recognising that both these activities can contribute to capacity building. Implementation will be supported by increased cross-team coordination. UK-PHRST have additional staff with a new training team and education research fellow in place.
7	Explore how UK-PHRST can engage representatives from partner institutions and National Public Health Institutions (NPHIs) in LMICs as part of the core deployable RST team	This is ongoing, and the project is actively seeking to build on existing relationships from research, response and capacity building activities and will continue to develop this. The UK-PHRST is working with sister project the IHR Strengthening project to help develop synergistic activities.

8	Establish a logistics provider that can support the safe and rapid transport of the microbiology flight case laboratory as part of an operational deployment	<p>Complete. Contract awarded to GOAL (Logistics Provider) for provision of logistics services in low- and middle-income countries.</p> <p>Various components of the flight case laboratory have been tested during research and capacity building projects, specifically in the Philippines, Nigeria and Sierra Leone, supporting its field use and operating procedures are being revised according to lessons learnt from these exercises</p>
9	Ensuring timeliness of research delivery through continuity during deployments and a close coordination of the projects by the research coordinator is a priority in 2019/20	<p>Research projects continue to be interrupted by deployments, although continuity was improved through appointment of a research coordinator.</p> <p>Most recently UK-PHRST have recruited research fellows to support continuation of work. UK-PHRST continue to assess this, particularly with substantial commitments to COVID-19 response.</p>
10	Actively engage with activities linking to the external evaluation being conducted by Itad/ Oxford Policy Management and respond to recommendations produced in the mid-evaluation report (Dec 2019) and final report (2020)	UK-PHRST staff (inc. reservists) and board members facilitated and participated in evaluation of key informant interviews. Key programme documents were shared and mid-term evaluation report comments were given, with a co-creation workshop to agree recommendations. The form of learning support to be provided by the third party monitor (TPM) also discussed internally and with Itad.

11	Implement feedback provided during the After Action Review from the UK-PHRST core members as well as national and international external stakeholders on deployments to date and develop a set of recommendations for future deployments	An After Action Review took place in June 2019 with a wide range of stakeholders who had been involved in UK-PHRST deployments. The day was run by an external facilitator and recommendations are further expanded upon in this report.
12	Continue to review UK-PHRST budget quarterly and repurpose accordingly to allow appropriate balance and spend between research, response and capacity building and to increase DHSC confidence in the in-year monitoring returns submitted to the Department of International Development/ Her Majesty's Treasury	Actuals are verified, and forecasts are revised on quarterly basis. An integrated report is prepared and shared with Project Board each quarter.
13	Ensure all expenditure is Official Development Assistance (ODA)-eligible, ensure Value for Money (VfM) and conduct regular internal audits on spend	UK-PHRST working to ensure VfM when spending funds quarterly meetings with DHSC finance ensure that under/overspend are identified early and repurposed where possible. UK-PHRST will continue to support continuous improvement.
14	Publish additional documents through the International Aid Transparency Initiative (IATI) portal as part of our commitment for transparency. This will also include the UK-PHRST 2019-20 Implementation Plan and End of Mission reports	Internal approvals process reviewed and approved.  Implementation plan published.
15	Maintain operational finance processes in line with new tracking systems, which were put into place at the beginning of 2019/20	Finance verifications are systematically reviewed each quarter according to the systems and processes established in 2019.
16	Test the UK-PHRST Theory of Change (ToC) and assumptions to develop and underpin the evaluation strategy, and review the associated logical framework	Monitoring, Evaluation and Learning (MEL) tracker maintained on quarterly basis to reflect on milestones.

## UK-PHRST

		ToC workshop held as part of external evaluation. Based on midterm evaluation report, work with the TPM team planned to further refine the programme ToC and overall MEL framework.
17	Actively engage the UK-PHRST Project Board members through regular communication and quarterly meetings to ensure a wide range of external feedback is provided and ensure that feedback is taken on board in the UK-PHRST's continued development.	Regular quarterly meetings with Directors Report shared in advance. Project Board members included in routine updates on deployments and UK-PHRST activities via email

# Key successes

Key achievements include:

## Response

Between April 2019 and March 2020 the UK-PHRST has deployed to outbreaks of Ebola Virus Disease, Cholera and COVID-19 with support based in 6 countries. There was a total of 117.5 person weeks spent in the field with skills across epidemiology, data science, infection, prevention and control, social science, clinical management and microbiology.

A range of technical support was delivered as part of the World Health Organization (WHO) response to the ongoing, protracted Ebola virus disease outbreak in Democratic Republic of Congo (North Kivu). This support was delivered through multiple deployments of staff until January 2020 to both Geveva and DRC. The significant input given by the team was not detrimental to the support that could be delivered to other outbreaks. The team initially commenced operations through stand-alone deployments through WHO but the response evolved to include development of an analytical cell which drew on the expertise of specific UK-PHRST individuals. The support delivered by the team to DRC throughout the outbreak was welcomed by WHO and actively supported across the UK government.

'Our collaboration with the UK-PHRST has grown stronger due to increasing number of infectious diseases outbreaks and the consequent demand for fit-for- purpose rapid support in health emergencies. UK-PHRST demonstrates sustained commitment and a unique capability to deliver rapid support for response, building on longstanding public health and infectious disease experience in the UK and globally. The team incorporates support for response, and operational research, with a commitment to build on lessons learned and strengthening lasting partnerships in the process'

Pat Drury, Manager, Global Outbreak alert and Response Network (GOARN)

Deployments through GOARN offered the opportunity to support both country level response and also regional level support.

In addition, the bilateral deployment of a wider multidisciplinary team to Africa CDC enabled UK-PHRST to support a continent wide-response. This one team approach was conducted alongside Africa CDC and in parallel with other UK Government departments, the International Health Regulations Strengthening project and Public Health England.

The repatriation of UK-PHRST staff from the field as a result of COVID-19-related border closures and flight cancellations starting end of March 2020 led to new and innovative ways of continuing UK-PHRST support with partners using technology to deliver services remotely.

A full summary of all deployments by UK-PHRST in 2019-20 is in Annex 1 Table 1. This review covers activities up to 31 March 2020. Therefore, although COVID-19 related support had commenced (in-person and remote), the majority of these activities will be captured in the Annual Review 2020/21.

A second, nationwide recruitment campaign was launched in late 2019 for additional reservists to join the UK-PHRST Reserve Cadre. A total of 8 new reservists were identified through a competitive recruitment process with skill sets across epidemiology, infection, prevention and control (IPC) and microbiology.

The deployment of 4 reservists has allowed UK-PHRST to test and refine the release and payment mechanisms and resulted in an increased deployment capacity for the team.

An After Action Review was held in June 2019 with the aim of reviewing the deployments of UK-PHRST to date with internal and external stakeholders. A number of recommendations were identified to inform future practice.

The training team benchmarked the UK-PHRST mandatory training programme and assured a consistent and uniform approach across the partnership.

The existing 5-day Field Deployment Course was reviewed, adapted and delivered to 19 participants in February 2020. These included a wide range of core, Field Epidemiology Training Programme and reservist staff alongside 20 facilitators and international participants and facilitators from the World Health Organization (WHO), Africa CDC and Nigeria CDC.

## Research

UK-PHRST operationalised a revised approach to research and capacity building, to integrate activities across our triple remit and maximise benefit in line with the revised Theory of Change (ToC). The revised ToC is illustrated in the [Itad End Point evaluation](#).

Seven UK-PHRST research projects across disciplines were completed, which included examples of rapid uptake into policy. Work assessing personal protective equipment and infection prevention control policies for Lassa Fever in Nigeria, in partnership with Nigeria Centre for Disease Control, has led to revised national guidance.

UK-PHRST has supported insightful outbreak data capture, developing an online tool to facilitate data capture choice, and sharing this on the newly developed [UK-PHRST Knowledge Sharing Hub](#) on the Global Health Network.

This builds on work sharing learning through the [Epidemic Response Anthropology Platform](#) and bringing expertise together through a network of West African social scientists UK-PHRST has supported.

UK-PHRST has generated questions following responses, for example with respect to Lassa fever, with research currently aiming to improve case management, test diagnostics, and support access to clinical care. In the most recent Ebola Virus Disease (EVD) outbreak, lessons learnt and reflections on the contextual factors of the outbreak were shared. Impacts of the unstable context were modelled.

Various components of the modular flight case laboratory has been tested during both research and capacity-building projects (e.g. the Philippines and Sudan for investigations into reports of acute unknown fever). Via a series of lessons learnt discussions resulting from these small-scale deployments of the laboratory, the Microbiology team has been able to tailor and hone its operating procedures that will ultimately help to facilitate potential full-scale deployments in the future.

UK-PHRST has highlighted the need to improve mental health in outbreaks, examining the psychosocial aspects of Ebola, advocating for the consideration of the psychological effects of quarantining cities in the context of COVID-19, and now partnering with institutions in Africa to strengthen mental health in outbreak response.

An [independent midpoint evaluation](#) was completed by Itad during the report period with the finalised report agreed July 2020 (outside this review).

## Capacity Building

Capacity building has been minimal while processes and priorities are agreed. Activities have been carried out as part of research and have been monitored and reported on as part of that process.

UK-PHRST has supported increased capabilities with partners, for example capacity to detect specific avian flu viral strains in Cambodia, and pathogens causing diarrhoea in Sierra Leone.

UK-PHRST has shared learning worldwide on outbreaks through two Massive Open Online Courses (MOOC), reaching almost a quarter of a million people.

# Project Management

## Delivery assessment

RAG rating for this reporting year	AMBER
Changed since last year (Yes/No)	No

## Project delivery

Quarter 1	Quarter 2	Quarter 3	Quarter 4
AMBER	AMBER	AMBER/GREEN	AMBER/GREEN

**Overall delivery RAG rating over the reporting period: AMBER**

## Governance

Internal governance operates reasonably well and the project has done all it can to ensure that members of various boards are suitable and prepared to respectfully challenge.

The UK-PHRST project management team has reviewed and revised terms of reference and membership for the UK-PHRST Project Board to ensure it is fit for purpose and willing to act with accountability for strategic decisions as well as operational activity.

The Technical Steering Committee (formerly Academic Steering Committee) has been refreshed and rebranded to ensure it is fit for purpose and accountability. A process for systematic scrutiny of research proposals was developed and agreed to support high quality research and will be further refined as needed.

Senior Management Team terms of reference and responsibilities has been updated following some staff moves.

The Operational Risk Register for the programme was audited and following peer review, several updates were made which increased compliance.



- Quarterly monitoring and evaluation reporting is updated by key deliverable leads and shared with Project Board on a routine basis
- Regular contract management meetings with external evaluators to ensure deadlines are met and appropriate evidence is accessed for analysis
- Senior representation on all key Public Health England and London School of Hygiene and Tropical Medicine committees as well as DHSC Global Health Security Programme Board as required
- Regular project team reporting to DHSC and National Institute for Health Research has been met as required with key achievements, risks and challenges addressed in a timely manner. However some operational reporting has slipped.

## Challenges

The unique nature of the UK-PHRST partnership between PHE and academic institutions continues to provide some challenges. Aligning the different ways of working and the expectations, particularly in operating in LMICs has caused a degree of ongoing divergence with no simple solution. Work arounds have been put in place but to negate further impact will require a change to contractual documents. There will be an opportunity to address these issues in the next phase of the UK-PHRST. In the interim it has been agreed to mitigate impacts as much as possible and resolve them in future iterations of contracts and agreements.

## Milestones

The following milestones / deliverables were made by UK-PHRST for this reporting year.

### Output 1:

More effective UK response to outbreaks, including established operational capacity and processes to support rapid deployment for optimal field performance and assess value for money

Output Indicator	Milestones / deliverables	Current status
1.1	≥ 100% of core team in post and ready for deployment; > 15 additional reservists recruited; 67% (4/6) FETPs trained and available to deploy	Achieved - full team in post with 18 reservists available and trained for deployment. 100% of FETPs available to deploy.
1.2	Deployment of case laboratory in at least one ODA-eligible country	Not achieved as not requested, but tested through research and capacity building projects in the Philippines, Nigeria and Sierra Leone.
1.3	All deployments with formal debrief and lessons learnt; procedure for on-call response to incidents, accidents or near-miss adapted/updated to respond to lessons learnt	Achieved - operational debriefs have taken place for each deployment.  On-call handbook in place.  Lessons identified log in place.
1.4	Monitoring framework developed and implemented into operational processes	Achieved - a monitoring and evaluation spreadsheet used to update progress on quarterly basis.
1.5	Value for Money assessed through benchmarking salaries and training costs of those deployed (including backfilling of reservists) against hiring external consultants	Achieved - Itad have undertaken this exercise as part of the external evaluation.

## Output 2:

Research to build an evidence-base for optimum prevention and response conducted before, during and after outbreaks. Knowledge sharing and external funding to maximise benefit.

Output Indicator	Milestones / deliverables	Current status
2.1	Development and undertaking of >1 cross-disciplinary research project in line with strategy; >3 research protocols developed/adapted to guide early, mid and end of outbreak investigation; >1 impact case study of a tool developed/adapted or in use	UK-PHRST have a number of projects including more than one discipline, but aim to expand this further.
2.2	>3 funding applications submitted (to complement UK-PHRST budget) for research or capacity building projects from external sources (named UK-PHRST investigator included)	Funding has been awarded for an Ebola vaccine trial, a follow up study of Plague and 2 further (unsuccessful) applications were submitted.
2.3	>6 articles or abstracts submitted for publication or international presentation >9 presentations on UK-PHRST or its work at meetings and conferences where audience includes key stakeholders	Achieved - 22 publications and a wide range of presentations given nationally and internationally on UK-PHRST and its work.

## Output 3:

Improved capacity for prevention, detection and control of outbreaks in ODA-eligible countries

Output Indicator	Milestones / deliverables	Current status
3.1	Training supported in >2 ODA-eligible countries with >75% of participants meeting learning outcomes	Achieved
3.2	Annual UK-PHRST workshop with partners in an ODA-eligible country	Achieved
3.3	Competency framework agreed upon by any new partner with whom UK-PHRST engages for capacity development in LMICs	Progress made

## Risk Management

Risk management for a mainly reactive service is often difficult but UK-PHRST understand the areas of activity that attract the most risks to successful operation.

It has been identified that the financial uncertainty around the Comprehensive Spending Review 2020 has caused some morale issues and the project has done all within its power to alleviate these concerns and negate the risk of staff leaving.

The existing systems of PHE are well utilised for known operational commercial and financial liabilities and the use of this wider support is identified in the UK-PHRST risk strategy as a positive.

Although project formats are changing in line with the new strategy, at this stage the bulk of the research portfolio is still discrete standalone projects led and delivered by one individual. This contributes to a lack of resilience for delivery as projects inevitably stall when the individual is called away for a deployment. The immediate issue has been managed well by the research management team this year. However, this does not

address the underlying lack of resilience caused by 'individual ownership' of the separate research activities. Recruitment of research fellows and expansion of the collaborator base for this work is expected to improve resilience in the future. The new research and capacity building strategy is also expected to address this by ensuring a more collegiate or collaborative approach to delivery of work, rather than the current reliance on the one key individual leading the project. The new strategy has not yet been fully implemented but the concepts outline a clear intention to realising the envisioned benefits of the triple mandate and multidisciplinary expertise available within UK PHRST.

Internal review to assess the effectiveness of the changes and the progress toward full implementation of the new strategies and processes will need to be built into UK-PHRSTs MEL strategy, risk management documents and implementation plan. The current risk management plan is monitored and reported against, evidence by attendance of DHSC officials at project board meetings and UK-PHRST staff at programme board.

## **Safeguarding**

UK-PHRST members abide to PHE and LSHTM safeguarding policies. These policies incorporate mandatory, timely safeguarding training/refresher training, as well as recruitment practices that include a criminal background check on all candidates. During the past year UK-PHRST have worked towards strengthening the existing safeguarding procedures. The UK-PHRST core management team has been working closely with the PHE safeguarding lead to identify potential gaps and consider different ways in addressing these. One such discrepancy, identified by the UK-PHRST team, is that the current safeguarding training from PHE and LSHTM pertain to the UK context and there is a need to consider the safeguarding issues under the international response lens. The training lead has been collaborating with external partners such as UK-MED and GOAL to exchange best safeguarding practices and training material. Further conversations and advice have been exchanged with DHSC. Consequently, a bespoke training session on safeguarding was developed and delivered on 26 February, as part of the Field Deployment Training, to 19 participants (team members, reservists, FETPs and representatives from Nigeria CDC and Africa CDC).

UK-PHRST have established a focal point (programme manager) trained in handling sensitive issues arising from an actual or perceived safeguarding breach, who reports to the PHE safeguarding lead. The training lead has attended a two-day training on Clinical Leadership in Safeguarding, which is a certified level 5 safeguarding course, with the aim of supporting the focal point. The UK-PHRST safeguarding focal point and the training lead have joined the Safeguarding Leads Forum at PHE, which meets regularly to discuss safeguarding issues, policies and procedures and update the risk register.

The UK-PHRST core management team has started to establish internal processes for reporting safeguarding issues that may arise during deployments. This work has been

shared with the Global Health Operations (GHO) management at PHE, and further discussions have been scheduled to assure a harmonised approach to safeguarding between the different teams within GHO.

## Finance

Delivery confidence assessment for reporting year

RAG rating for this reporting year	Amber
Changed since last year (Yes/No)	No

## Annual summary

Total annual budget for this reporting year	£4,449,583
Total annual spend for reporting year	£3,855,676

Annual spend was lower than forecasted. A significant amount of this underspend fell across overseas operational deployment, research and cross-programme costs.

## Deployment

Deployment spending was under budget. The majority of this underspend was due to UK-PHRST having no bilateral (rather than GOARN) deployments in quarters 1, 2 or 3, having forecasted for 1 bilateral deployment at £47,500 per quarter. Deployments in quarter 4 also came in under budget due to their being cut as a result of COVID-19 based travel restrictions. The team is engaged in ongoing exercises to raise the profile of the team and generate interest for future bilateral deployments. Currently there is 1 bilateral deployment forecast per quarter. Due to the unpredictable nature of outbreaks and requests, it is challenging to be able to accurately forecast how many requests the team will receive in each quarter.

## Reserve Cadre

There was a delay to the launch of the external recruitment for reservists, which led to underspend in key areas such as occupational health and training as costs were delayed.

Certain mandatory training courses were further delayed as a result of the COVID-19 restrictions.

## **Capacity building**

The West Africa hub based approach to UK-PHRST capacity building was reviewed during this period and the house and office space in Sierra Leone closed following a detailed options exercise. The main reason being that all research projects had been finalised.

The container laboratory located in Sierra Leone was handed over to DFID following an options review and strategy for future research. The original forecast to enable the container laboratory to become operational therefore changed

Transfer of funding for this activity did not take place (from LSHTM to PHE) as PHE had an underspend. The costs of the house and office space for this year were absorbed by PHE.

## **Operational research**

Research spending was under budget with the majority of this related to research activities delayed due to COVID-19. A reprofiling of the research budget for Y5 allows these costs to be covered.

The underspend on research projects fell across 4 projects (1) cardiovascular function and ribavirin pharmacokinetics and pharmacodynamics in Lassa fever (RST3\_01) as travel restrictions and reassignment of staff to support COVID-19 have reduced the work conducted; (2) development and testing of an innovative oral fluid serology assay to identify past infection with Lassa Fever Virus (RST3\_03) as the planned FIND evaluation has been postponed due to COVID-19 resulting in reduced travel costs; (3) rapid response molecular diagnostics for Crimean-Congo Haemorrhagic Fever (RST4\_01) as travel restrictions and reassignment of staff to support COVID-19 have delayed progress on the field visit; (4) strengthening viral haemorrhagic fever preparedness in Uganda by serosurveillance of healthcare workers (RST4\_03) as travel restrictions and reassignment of staff to support COVID-19 has prevented initiation of work and progress on procurement of consumables. Costs across these projects have been included in the Y5 budget and the overall portfolio adjusted accordingly. Progress will continue to be monitored in Y5 in the uncertain context of COVID-19 and underspend mitigated where possible

## Official Development Assistance funding

The UK-PHRST continue to monitor spend using a systematic approach to quarterly verification and reviewing evidence against ODA expectations. This finance system was put into place at the beginning of 2019-20 and has been effective at monitoring spend and reviewing quarterly forecasts.

## Transparency

### Self-assessed score against the International Aid Transparency Initiative standards

0 – 19%	Very Poor	<input type="checkbox"/>
20 – 39%	Poor	<input type="checkbox"/>
40 – 59%	Fair	<input type="checkbox"/>
60 – 79%	Good	<input type="checkbox"/>
80 – 100%	Very Good	<input checked="" type="checkbox"/>

During the reporting year, the UK-PHRST worked closely with the PHE led International Health Regulations Strengthening project and PHE Global Health Strategy to formalise the internal PHE approvals process relating to publication of documents onto the transparency portal. As a result, a structured approvals process is now in place and UK-PHRST has since published the 2019/20 Implementation Plan.

## Value for Money (VfM)

To note, this section has been summarised by Itad, the company tasked with conducting the independent evaluation of the UK-PHRST

### Economy

Minimising the cost of resources used or required inputs

The service provider selection process was facilitated by the National Institute for Health Research (NIHR) Central Commissioning Facility, with VfM criteria used to assess proposals by an independent selection panel, which made recommendations to DHSC. Stakeholders widely reflected that high-quality service providers were selected through this process. Analyses suggested that the resulting contracts were not structured to incentivise cost containment or performance against output or outcome indicators or to deliver high-quality services, but incentivised high levels of delivery volume.



Benchmarking analysis suggests that the model of hiring a full-time core deployable team is comparable to the cost of hiring reservists but generates important benefits to the identity of the UK-PHRST project and services to improve the overall quality of services provided. Staff costs across the range of core deployable team positions (including provision for overheads) were compared with the average price paid by PHE for reservists (which was translated into an annual cost for the same number of full-time equivalent positions) with a negligible difference in overall cost. The costs of employing a full-time team are more than offset by the additional benefits generated by full-time staff engaging in research and capacity building activities when not on deployment, as well as the benefits associated with having highly skilled staff that are familiar with the project objectives that are able to deploy promptly.

## Efficiency

The relationship between the output from goods or services and the resources to produce them

Efforts to measure and monitor efficiency are focused on budget utilisation. Budget execution is monitored regularly, with the UK-PHRST Senior Management Team meeting regularly to review and discuss budget-related issues. This enables joint reporting of financial information across the entire UK-PHRST and streamlines further action across all partners (PHE, DHSC, NIHR). It is, however, unclear if/how: programme management costs are tracked and reported at aggregate and intervention level; and if the unit costs of activities are analysed in relation to the outputs achieved.

The model for allocating HR across programme areas appears to work well, while the shifting of financial resources between these areas is expected to improve efficiency. The model for using a core deployable team to conduct research alongside and around deployment, drawing on Field Epidemiology Training Programme (FETP) Fellows and Reservists to provide additional capacity appears to ensure efficient use of staff time. Approval has been granted by DHSC to reallocate resources across deployment and research activities, including transferring funds between partners, to better align to resource needs and ensure that all project objectives can be met. Considerable savings have been realised against travel-related budget lines through the GOARN deployments as these costs have been incurred by WHO.

To date, despite some underspend, there has been strong performance against output indicators. In the first year of UK-PHRST, interim arrangements were put in place while a long-term framework was developed, and a director recruited. This created a functional administrative framework and core deployable team which enabled the completion of 5 deployments and initiation of 10 research projects. Since the Strategic Framework was agreed, the project has continued to be highly productive, with strong deployment capacity

(including with a Reserve Cadre now in place) and a range (16) of research projects and capacity building activities being implemented.

## **Effectiveness**

The relationship between the intended and actual results of public spending i.e. outcomes

Overall, the analysis suggests that the UK-PHRST is likely to be effective. The UK-PHRST project is designed to facilitate improved preparation for and response to public health threats, with stakeholders widely reflecting that, in line with the Theory of Change: deployment activities are in response to an identified need and are evidence based, therefore likely to make a meaningful contribution to response efforts; and research activities are also likely to support improved preparation and response. Project documentation also confirms that in some instances deployment and research activities have made a positive contribution to project outcomes.

There is, however, greater uncertainty around the effectiveness of capacity building activities, with some mixed evidence on whether the project activities are sufficiently building capacity to improve country stakeholders' abilities to prepare and respond. In our view, this reflects a lack of implementation in this area rather than the effectiveness of the interventions per se.

## **Equity**

The extent to which services are available to and reach all people that they are intended to – spending fairly. Some people may receive differing levels of service for reasons other than differences in their levels of need.

Equity has been considered in the project, and all UK-PHRST interventions are designed to comply with and champion the applicable laws of England and Wales related to equity and the promotion of human rights. More specifically, project documentation confirms that the UK-PHRST will:

- Incorporate an awareness of the political complexity surrounding the implementation of human rights in all decision-making processes
- Not discriminate or support any discrimination of persons holding a protected characteristic
- Proactively support and develop local mechanisms to reinforce human rights through capacity building and research endeavours

- When possible, disaggregate epidemiological data collected during outbreaks and research by gender to show regard for gender differences in disease incidence and outcomes (including, where possible, social consequences of infection)
- Take all opportunities to monitor and evaluate the effect of outbreaks of infectious disease as well as its own actions on the equity and human rights of residents of LMICs where it operates. This may include prospective assessment of the impact of an intervention on vulnerable groups

The external evaluation team will be supporting UK-PHRST in the upcoming year to better

## External Engagement

Delivery confidence assessment for reporting year

Activity areas	RAG rating	Changed since last year (Y/N)
Overall	Green/Amber	No

## Communication strategy

During 2019/20, communications activities were limited due to situations out of the control of UK-PHRST.

UK government concerns about security of deployed personnel particularly in North Kivu and Ituri, meant communications around staff activity in response to the EVD outbreak were restricted.

This was followed by the mandatory pre-election period of sensitivity (06 November 2019 to 12 December 2019) which limited media engagement and, finally, with reduced deployments due to the COVID-19 pandemic and the domestic response priorities, the team have not been able to engage with the media during the latter part of the reporting year.

The team also recognise that there could potentially be more pro-active communications around the capacity building and research elements of the programme, making greater use of existing networks and cross government expertise.

Nevertheless, the team have looked for ongoing and innovative ways of promoting the work of the team through a number of routes which are summarised in Table 3;

## Summary of external communications

Blogs	<p><a href="#">Dr Olivier le Polain from the UK Public Health Rapid Support Team talks about his experience responding to the ongoing Ebola outbreak in the Democratic Republic of Congo and deploying to emergencies.</a></p> <p><a href="#">The role of a field logistician in international disease outbreaks (Matt Knight)</a></p> <p><a href="#">Working in silos doesn't work for outbreak response": Localising social science response efforts in west Africa (Hana Rohan)</a></p>
Editorial	<p>Rapid communication piece: <a href="#">The cost of insecurity: from flare-up to control of a major Ebola virus disease hotspot during the outbreak in the Democratic Republic of the Congo, 2019</a></p> <p>Published editorial in The American Society of Tropical Medicine and Hygiene - <a href="#">COVID-19: Shining the Light on Africa</a></p>
UK-PHRST Websites	<p><a href="#">UK-PHRST Contribution to the Chief Medical Officer Annual Report 2019</a></p> <p><a href="#">UK Public Health Rapid Support Team deploys more experts to support Ebola outbreak response</a></p> <p><a href="#">UK Public Health Rapid Support Team deployed to help international coronavirus effort</a></p>
External websites	<p>Director interviews:</p> <p><a href="#">Ebola vaccine development in the Democratic Republic of Congo</a></p> <p><a href="#">Corona preparedness across Africa</a></p> <p><a href="#">The outbreak in Democratic Republic of Congo</a></p> <p><a href="#">Ebola's Deadly Return Tests U.K.'s Team of Disease Detectives</a></p> <p><a href="#">Deputy Director - interview on The Heat: Ebola crisis in the DRC Pt</a></p>
Twitter	<p><a href="#">WHO personnel Oliver Morgan: Strong partners such as the #UKPHRST are vital for @WHO during response to #HealthEmergencies</a></p> <p><a href="#">NCDC: NCDC and the UK Public Health Rapid Support Team #UKPHRST are working to identify likely pathogen(s) in #Nigeria similar to #Lassafever and causing significant disease burden during outbreaks</a></p> <p><a href="#">NCDC: UK-PHRST are grateful for the opportunity for 2 members of the #NCDCTeam @kikelomoolajide and @kola_jinadu to be trained alongside the UK Public Health Rapid Support Team #UKPHRST (@PHE_uk+ @LSHTM), on field deployment during outbreaks</a></p>

	<a href="#">NCDC personnel Chikwe Ihekweazu: went to visit our dedicated team at the NCDC National Reference Laboratory, working with colleagues from the UK Public Health Rapid Support Team #UKPHRST to set up sequencing capacity in our lab</a>
Events	<p><a href="#">To celebrate its three-year anniversary, the UK Public Health Rapid Support Team (UK-PHRST) hosted a screening of the Emmy-nominated film “Survivors”, followed by a panel discussion on lessons learnt from Ebola outbreaks on 31st October 2019</a></p> <p>LSHTM COVID-19 panel discussion (2 events) <a href="#">3 Feb 2020</a> and <a href="#">24 Feb 2020</a></p> <p>UK-PHRST hosted talk by Prof Gabriel Leung at LSHTM 27th Feb 2020 <a href="https://www.lshtm.ac.uk/newsevents/events/nowcasting-covid-19-public-health-control-learning-chinese-experience-global">https://www.lshtm.ac.uk/newsevents/events/nowcasting-covid-19-public-health-control-learning-chinese-experience-global</a></p> <p>LSHTM week presentations (3 events) 19th – 21st September 2019 <a href="https://www.lshtm.ac.uk/newsevents/events/lshtm-week-multiple-sectors-and-multiple-disciplines-opportunities-and-challenges">https://www.lshtm.ac.uk/newsevents/events/lshtm-week-multiple-sectors-and-multiple-disciplines-opportunities-and-challenges</a></p> <p><a href="#">Interest group meeting - Ebola in conflict: Field perspectives on response strategy and implementation in DRC 24th June 2019</a></p>

## Other external engagement

### Deployments

Engagement with key partners such as the Global Outbreak Alert and Response Network, WHO, UK-Med, DFID and FCO continues. UK-PHRST are represented on the GOARN Steering Committee. A delegation of operational management met with WHO teams in November 2019 to reflect on partnership working and identify ways to further streamline joint deployments. Ongoing work with the UK Emergency Medical Team (UK-EMT) and UK-Med has taken place to strengthen existing relationships and identify ways to embed clear communication on all deployments between organisations. This will be underpinned by a broad MoU and changes to the deployment protocol and consequently agreed with cross UK government partners.

The team are increasingly engaged with overseas partners and embedded in outbreak related activities. Partners include a wide range of WHO country and regional offices as well as national and regional centres for disease control and governments within LMICs.

Listening and responding to feedback from partners is critical to strengthening future deployments. Our After Action Review in June 2019 and the Field Deployment Course in

Feb 2020 offered the opportunity for external stakeholders to feedback on processes and collaborate on recommendations for future practice.

“Our collaboration with the UK-PHRST has grown stronger due to increasing number of infectious diseases outbreaks and the consequent demand for fit-for- purpose rapid support in health emergencies. UK-PHRST demonstrates sustained commitment and a unique capability to deliver rapid support for response, building on longstanding public health and infectious disease experience in the UK and globally. The team incorporates support for response, and operational research, with a commitment to build on lessons learned and strengthening lasting partnerships in the process“

Pat Drury, Manager, Global Outbreak alert and Response Network (GOARN)

## Research

UK-PHRST has been invited to participate in the Foundation for Innovative New Diagnostic (FIND) and the Coalition for Epidemic Preparedness Innovations (CEPI) independent evaluation of Lassa serology assay. An acknowledgement of the innovative approach taken by its research study evaluating Lassa oral fluid assays.

Engagement and co-funding from the wellcome Trust and Bill and Melinda Gates Foundation supported the extension to the research study on improving case management of Lassa fever, with the project also received formal endorsement from the WHO, Nigeria CDC and The Alliance for International Medical Action (ALIMA).

Links between UK-PHRST and Nigeria CDC have become well established through collaboration on a number of research projects, with members of the UK-PHRST also invited to join the Africa Task Force for Novel Coronavirus (AFCOR) steering committee and research Technical Working Group.

There has been good collaboration with Kenema Lassa Unit, Tulane University and the University of Sierra Leone Nursing College in Freetown facilitated completion of the data collection phase of the Lassa oral fluid study.

Agreements have been set up with Liverpool School of Tropical Medicine and the University of Glasgow to collaborator on research projects where internally the UK-PHRST have engaged closely with LSHTM colleagues from the Centre of Global Mental Health at as academics from the Centre for Global Chronic Conditions and PHE colleagues from the International Health Regulations Strengthening (IHR) team

## Capacity Building

The UK-PHRST continues to collaborate with a number of partners in LMICs on capacity building and teaching including the College of Medicine & Allied Health Science in Sierra Leone and Africa CDC. Plans to be firmed in 20/21.

The team have also established a collaboration with The Global Health Network at the University of Oxford to develop a knowledge hub that will aim to build capacity of those in LMICs responding to and affected by Global Health Outbreaks. This will include the sharing and development of tools, protocols and training resources developed by UK-PHRST and other collaborators.

## Recommendations

Itad the external evaluators of the UK-PHRST suggested the following recommendations;

- UK-PHRST should set out, implement and monitor a communication and engagement plan to increase awareness of what UK-PHRST is and does.
- External awareness of UK-PHRST is still limited. In the view of the evaluation team, UK-PHRST should put in place, disseminate and regularly monitor an external communication and engagement plan.
- For the current phase, immediate actions under this plan might include working with PHE and LSHTM's communications leads to:
  - Draft and disseminate a one-pager (with UK-PHRST logo) on what UK-PHRST is and does (and why) and tailor it for each country UK-PHRST is approaching.
  - Draft and disseminate an evidence-based case study that articulates UK-PHRST's approach, how it has adapted over time and expected contribution to programme outcomes.
- Work with DHSC and NIHR communications departments to disseminate and amplify messages from UK-PHRST, such as the above-mentioned case study. This would help to manage expectations in LMICs (in terms of the triple mandate), raise awareness on and visibility of UK-PHRST and potentially increase bilateral deployments requests.
- UK-PHRST carry out a comprehensive stakeholder mapping to help drive partner prioritisation in LMICs.

# Theory of Change

As part of the [external evaluation](#), the programme Theory of Change (ToC) was reviewed in July 2019. Subsequent to this, UK-PHRST has been through a strategic review process and further revisions to the ToC are currently underway. This will support coherence between the ToC, the logical framework, the Monitoring, Evaluating and Learning (MEL) framework and the implementation plan. Itad, the external evaluators, are facilitating a structured process to review the new ToC's alignment with the revised strategy, implementation plan and evaluation findings/recommendations, in collaboration with UK-PHRST

As it stands, the [revised ToC](#) effectively captures the different levels of results and the assumptions underpinning their approach. Suggested modifications to the ToC include improving representation of the relationships between the 3 components, which is currently depicted with 3 overlapping circles. While all triple mandate domains are inherently interlinked, capacity building cuts across research and outbreak response, as demonstrated by the majority of UK-PHRST work during deployments and research activities. In addition, the ToC could more comprehensively display the different intervention levels (country – regional – global) to strengthen the linkages where UK-PHRST needs to more effectively engage or network. Further integration of a partnership strategy into the ToC could also be included – or indeed a separate ToC for partnerships developed.

## Outcome indicator 1:

Change in UK response to outbreaks in speed and quality

The midpoint external evaluation found that UK-PHRST has made a difference in terms of speed and quality of response to outbreaks. Stakeholders referenced the speed and quality of UK-PHRST's support to response through deployments.

## Outcome indicator 2:

ODA-eligible countries and key supporting international partners response to outbreaks strengthened through more rapid UK deployment, research and capacity building

The external evaluation found that there are early indications to suggest that in some countries responses to outbreaks may have been strengthened. In Sierra Leone, there are several examples that point towards strengthened outbreak response capacity, mostly in relation to improved diagnostic capacity and increased trained skilled personnel. For example, UK-PHRST microbiologists worked alongside Sierra Leone MoH staff and doubled the culture diagnostics capacity for enteric testing including cholera, dysentery



and salmonella. In Nigeria, repeated UK-PHRST deployments have contributed to achievements in improved Lassa fever case definitions and case investigation that will strengthen the national surveillance system and therefore better inform response.

UK-PHRST research has the potential to inform capacity building needs which in turn result in the development of well-aligned capacity building projects. For example, in Sudan UK-PHRST implemented a study on the aetiology and clinical characterisation of a severe undifferentiated febrile illness in an outbreak. Part of the study findings highlighted important gaps in outbreak preparedness, surveillance and response in the country.

## **Outcome indicator 3:**

Minimum target of UK-PHRST deployments in response to appropriate requests for support with outbreaks and/or public health emergencies

UK-PHRST has been successful in conducting 5+ deployments per annum in response to requests for support. Demand for deployments is inherently unpredictable, and the evaluation team have suggested revising the indicator.

## **Recommendations**

The evaluation team is currently working with UK-PHRST to update the ToC in line with changes to programme implementation that may be necessary as a result of COVID-19. This will include updates to assumptions, and potentially some amendments at activity level as the UK-PHRST team adapt activities (e.g. increasing provision of remote support to partners).

## **Monitoring, evaluation and learning**

### **Evaluation**

The external evaluation, conducted by Itad (with contractual arrangements through Oxford Policy Management, OPM), started in late May 2019, with the inception period concluding in August 2019. The evaluation has a learning focus and aims to support adaptive management. As part of this, it has supported a review of the UK-PHRST's Theory of Change and aims to support UK-PHRST with other key areas.

A draft midpoint evaluation report was submitted in January 2020, following robust data collection and analysis. Midpoint data collection included review of all internal and relevant external programme documentation up until 31 October 2019, and a majority of interviews with key informants conducted over the period September to early Nov 2019. In total, 100

key informants across UK-PHRST, wider PHE, DHSC, wider UK government, other academic partners, LMIC partners, and other global and regional stakeholders UK-PHRST were interviewed in total. The midpoint evaluation report presented findings and conclusions from the 3 evaluation workstreams: Workstream 1 focusing on design, Workstream 2 on implementation and Workstream 3 on performance issues. A co-creation of recommendations workshop was held between the evaluation team and UK-PHRST in February 2020 and fed into a revised evaluation report incorporating prioritised recommendations, with a [finalised report submitted July 2020](#).

The recommendations from the midpoint external evaluation report are presented below. In the full report, priority actions for the remainder of the current funding period are presented, along with considerations for future funding phases.

## Recommendations

- 1.1 Clearly articulate UK-PHRST's remit across the triple mandate and set out clear ways of working within the consortium and with partners
- 1.2 Build a 'UK-PHRST identity' and tackle any tensions within the consortium that may hinder smooth collaboration and efficiency
- 1.3 Set out, implement and monitor a communication and engagement plan to increase awareness of what UK-PHRST is and does
- 1.4 Find ways to collaborate more closely with other actors in the global health security space, especially across UK government programmes
- 1.5 Revise current MEL systems to make sure they are fit for purpose to support learning and adaptation
- 1.6 Operationalise existing commitments to promoting equity and human rights

## Monitoring

A 6-monthly review process for the implementation plan is now in place.

Internal monitoring quarterly spreadsheet now in place

Monitoring of contracts, for example with Itad and University of Oxford, have taken place through regular contract management meetings.

A systematic approach to reviewing research reports is now in place.

Recommendations emerging from external and internal stakeholder feedback, previous annual reviews and routine meetings is captured on a 'lessons identified log' and assigned an action owner to take forward.

The logframe was not modified during the course of the year. Following Itad recommendations the logframe will be reviewed on an annual basis.

## **Learning**

### **After Action Review**

A face to face workshop that took place in central London in June 2019 and included representatives from key stakeholder institutions within the UK and from key collaborators in LMIC. The external facilitator guided the sessions and a summary of recommendations for future practice was summarised. Each of these recommendations has been assigned an owner and has informed the strengthening of processes.

### **Deployment debriefs**

Following every deployment, UK-PHRST conduct semi-structured debriefs with those who deployed alongside key personnel. Debriefs are an opportunity for staff to report on their challenges and successes in relation to the deployment. The feedback informs recommendations which in turn are applied in practice. A Deployees Handbook has been the main output of the learning achieved through these feedback processes and is used to support those deploying.

### **Capacity building/ research review workshop**

UK-PHRST held workshops to review its capacity building and research activities and used this to inform development of strategy and activities going forward.

### **Evaluation co-creation workshop**

As part of the agreed external evaluation activities, a co-creation workshop was facilitated by Itad with UK-PHRST stakeholders in February 2020. This workshop involved review of the findings presented in the draft midpoint evaluation report and involved interactive group work combined with plenary sessions to co-create, prioritise and assign responsibilities to recommendations. This has supported ownership of recommendations and will help UK-PHRST to improve in key areas moving forward.

## **Evaluation learning briefs**

There have been preliminary discussions with the external evaluation team on where they can support UK-PHRST with production of key learning briefs. These discussions are ongoing, and the final learning briefs and other support provided will be in line with the midpoint evaluation's recommendations.

## **Summary of recommendations for evaluation, monitoring and learning activities**

The midpoint evaluation had a key recommendation to improve MEL within UK-PHRST as follows, and are willing to support UK-PHRST with taking this recommendation forward over coming months:

UK-PHRST MEL systems should be revised, as they currently do not fully support measurement of progress towards desired outcomes, nor learning and adaptation.

This is important to instil a model of mutual accountability for results, to ensure resources are optimally used to achieve the intended results, and to provide an evidence base on the results achieved to date, which will be important when advocating for future funding.

For the current phase, UK-PHRST should seek guidance on how to revise its MEL systems so that they align with its long-term vision and ToC. Further emphasis should also be put on the “learning” part of the MEL framework.

Reflection opportunities, such as the After Action Reviews, should be maximised across the triple mandate and action points from various sources should be monitored, reviewed and prioritised as a group on a regular basis to foster both learning and accountability.

Looking towards the next phase, the MEL system should track progress towards inputs, activities, outputs, intermediate outcomes and long-term outcomes of UK-PHRST engagement, with measurable indicators, baselines, targets and means of verification.

The framework should ideally also capture to the extent possible unintended results, UK-PHRST's contribution and what other partners are doing in countries where it operates that could potentially also have an impact on the same outcomes.

## Diversity and sustainability

This section has been summarised by Itad, the external evaluators of the UK-PHRST.

All UK-PHRST interventions are designed to comply with and champion the applicable laws of England and Wales related to equity and the promotion of human rights. More specifically, project documentation confirms that the UK-PHRST will:

- Incorporate an awareness of the political complexity surrounding the implementation of human rights in all decision-making processes
- Not discriminate or support any discrimination of persons holding a protected characteristic
- Proactively support and develop local mechanisms to reinforce human rights through capacity building and research endeavours
- When possible, disaggregate epidemiological data collected during outbreaks and research by gender to show regard for gender differences in disease incidence and outcomes (including, where possible, social consequences of infection)
- Take all opportunities to monitor and evaluate the effect of outbreaks of infectious disease as well as its own actions on the equity and human rights of residents of LMICs where it operates. This may include prospective assessment of the impact of an intervention on vulnerable groups

The external evaluation team will be supporting UK-PHRST in the upcoming year to improve integration of equity considerations in the project design and implementation for the remainder of the current funding period, as this area formed part of the midpoint evaluation's recommendations.

For every UK-PHRST overseas trip, consideration is given to whether remote attendance is possible. In addition, the emergence of COVID-19 in early 2020 has placed increased emphasis on efforts to improve the ways in which UK-PHRST can deliver remote support and expertise. New ways of working will be established and sustained following the pandemic. UK-PHRST is also working closely with colleagues across PHE to ensure recommendations on reducing carbon emissions are implemented into practice.

In delivering its external evaluation, Itad ensured that where possible, all interviews UK-PHRST were conducted with minimal travel required. This was achieved via Skype where able. Only one consultant joined the team on the trip to Sierra Leone to assess their work which also reduced potential impact.

# Overall project delivery and recommendations

## Overall assessment

Activity areas	RAG rating	Has RAG rating change since last annual review?
Project Management	Amber	No
Finance	Amber	No
External Engagement	Amber	No
<b>Overall Delivery Confidence rating</b>	<b>Amber Green</b>	

## Recommendations

These recommendations will be actioned and monitored through the UK-PHRST Implementation Plan 2020-21

## Project Management

- Build a 'UK-PHRST identity' and tackle any tensions within the consortium that may hinder smooth collaboration and efficiency
- Clearly articulate UK-PHRST's remit across the triple mandate and set out clear ways of working within the consortium and with partners
- Operationalise existing commitments to promoting equity and human rights
- Maintain a skilled workforce, including reservists
- Develop a competency and skills framework
- Coordinate, maintain and develop a list of projects and portfolio for UK Field Epidemiology Training Programme Fellows
- Host another After Action Review focusing on gathering feedback from external stakeholders on UK-PHRST activities

## Deployments

- Respond to at least 5 outbreaks with key partners in LMICs
- Maintain operational capacity and processes to support rapid deployment
- Consider extending the standard time of deployment from 6 weeks to 12 weeks to maximise efficiencies, continuity and impact
- Explore opportunities for remote working in light of the lessons captured from working on the COVID-19 pandemic and embed into the deployment model where appropriate
- Build on existing partnerships to enable engagement with regional response work
- Strengthen existing cross departmental working between UK-PHRST and other government departments on communication and coordination

## Research

- Establish best practice in outbreak response and share lessons learnt
- Undertake field research and share to inform outbreak response
- Develop and evaluate tools for outbreak response
- Commit to strengthening the evidence base to support research into practice

## Capacity Development

- Finalise the UK-PHRST capacity development approach
- Embed capacity development within other elements of UK-PHRST activities

## Finance

- Ensure value for money through application of rigorous financial systems in line with ODA expectations
- Prepare and submit bid for further funding as part of the Comprehensive Spending Review to ensure operations continue beyond 31 March 2021

- Review and revise quarterly forecasts taking into account impact of COVID-19 on delivery and communicate output with DHSC

## **Theory of Change**

- Continue to review and revise the ToC as necessary with support from the external evaluation team, to ensure it reflects UK-PHRST's activities over the current funding period and fully captures all assumptions

## **External Engagement**

- Work with partners in ODA- eligible countries to identify capacity development needs in relation to outbreak response and research
- Develop educational tools and courses on outbreak management
- Set out, implement and monitor a communication and engagement plan to increase awareness of what UK-PHRST is and does
- Find ways to collaborate more closely with other actors in the global health security space, especially across UK government programmes

## **Monitoring, evaluation and learning**

- Revise current MEL systems to make sure they are fit for purpose, allow for monitoring and evaluation from output to outcome level, and support learning and adaptation



## Annex 1: Deployments

Table 1 - Summary of deployments 2019-20

Country (location)	Outbreak	Date	Mode of deployment	Deployment summary	Staff time (person weeks)
Democratic Republic of Congo (North Kivu)	Ebola Virus Disease	April - December 19	GOARN	A series of UK-PHRST deployments through GOARN to support the MoH and WHO response to the Ebola virus disease outbreak in North Kivu. UK-PHRST Deputy Director of Operations led the team approach. This included responding to the needs in the field, coordination and management of the analytical cell and epidemiological analytical strategy. UK-PHRST personnel were identified and brought in as required to support the epidemiological analytical cell. This response also includes the work of the UK-PHRST Director in his role as Principle Investigator to the Johnson & Johnson Ebola vaccine trial.	70.5
Switzerland (Geneva)	Ebola Virus Disease	July 19 - December 19	GOARN	UK-PHRST Deputy Director of Operations deployed to Geneva (WHO HQ) to provide senior analytical support to the incident management team (IMST) on the ongoing Ebola Virus disease outbreak in North Kivu, DRC. Two FETP fellows also deployed to support epidemiology and surveillance activities.	18
Bangladesh (Cox's Bazar)	Cholera	December 19	GOARN	A UK-PHRST reservist deployed to Bangladesh to support the surveillance and epidemiology of an outbreak of acute watery diarrhoea in the Rohingya Refugee camp in Cox's Bazar. This was part of the WHO led response.	5

**UK-PHRST**

The Philippines (WHO Western Pacific Regional Office - Manila)	COVID-19	February 20	GOARN	GOARN deployment to WHO UK-PHRST stern Pacific Regional Office to support regional preparedness for COVID-19. Support on epidemiology, surveillance and data analytics. One field epidemiologist and 2 Field Epidemiology Training Fellows deployed.  Early repatriation of experts due to travel restrictions and border closures. Remote support continued.	9
Ethiopia (African Union Headquarters - Addis Ababa)	COVID-19	March 20	Bilateral	A request for assistance from Africa Centres for Disease Control to support preparedness and response efforts relating to the COVID-19 pandemic. An epidemiologist, social scientist, microbiologist and infection, prevention and control nurse were deployed.  Early repatriation of experts due to travel restrictions and border closures. Remote support continued.	7
Nepal (WHO South East Asia Regional Office - Kathmandu)	COVID-19	March 20	GOARN	GOARN deployment to WHO South East Asia Regional Office in Nepal to support diagnostics for COVID-19 and prepare assessment of the current systems (including biosafety, biosecurity and quality issues) and suggestions for scaled up capacity.  Early repatriation of expert due to travel restrictions and border closures. Remote support continued.	2
				Total person weeks on the field	117.5

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