Department of Health & Social Care

UK Public Health Rapid Support Team Annual Review - 2021/22

Global Health Security Programme

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Contents

1. Summary and overview

Project Title: UK Public Health Rapid Support Team (UK-PHRST)

Total Project Value: £24 million

Review period: 1 April 2021 to 31 March 2022 (Year 6)

Project's Start Date: 1 April 2016

Summary of Project Performance

Year	2021	2022
Project Score	A	A
Risk rating	Amber/ Green	Amber/ Green

1.1 Outline of project

The UK-Public Health Rapid Support Team is a key international partner in epidemic disease response. We partner with low- and-middle income countries (LMICs) to respond to infectious disease outbreaks before they develop into global health emergencies. We work closely with international organisations, partner country governments and non-governmental organisations to:

- Rapidly investigate and respond to disease outbreaks at their source in LMICs eligible for UK Official Development Assistance, with the aim of stopping a public health threat from becoming a broader health emergency.
- Conduct research to generate an evidence base for best practice in epidemic preparedness and response.
- Build capacity for improved national response to disease outbreaks in LMICs.

We are an innovative partnership between the UK Health Security Agency and the London School of Hygiene & Tropical Medicine, funded with UK aid by the UK Department of Health and Social Care.

1.2 Summary of progress

The UK-PHRST has continued to make good progress against a number of outputs, as well as making significant improvements to its monitoring, evaluation and learning processes.

Further detail relating to the specific outputs is outlined in section 3. There have been several key achievements across the programme this year, including those below.

Deployments

Between 1 April 2021 and 31 March 2022 there were 7 responses to outbreak assistance requests: 5 through the Global Outbreak Alert and Response Network (GOARN) and 2

alongside the UK Emergency Medical Team. One was a remote deployment to provide technical expertise to WHO HQ. The remaining 6 were all in-person deployments.

The team deployed in-person to Bangladesh, Cambodia, Tunisia, Papua New Guinea, the Solomon Islands and Burkina Faso. Five team members from the core team were deployed, as well as one reservist and 2 Field Epidemiology Training Fellows. Team members provided expertise locally, regionally, and globally. Most deployments were to strengthen the response to COVID-19 outbreaks due to the ongoing pandemic. However, there was a dedicated regional support response to strengthen preparedness to growing Yellow Fever outbreaks in the Central and West Africa. 100% of partner institutions rated tangible contributions made by UK-PHRST as good or very good.

A full summary of deployments is given in Annex 1.

Research

UK-PHRST research aims to improve public health practice in outbreak preparedness and response in LMICs. Eight out of 16 running or new research projects were completed in the 2021-22 reporting period.

All research projects that have been completed since April 2021 have developed or evaluated tools or processes that support outbreak response, including:

- The findings of mental health studies in Africa which are being used to develop capacity and improve mental health resilience in healthcare workers and the public
- Informing the establishment of an electronic Civil Registration and Vital Statistics (CRVS) and mortality surveillance system in The Gambia.
- Informing changes in best practice for case definitions, diagnostics and outbreak response for Lassa fever in Sierra Leone
- Synthesising lessons from the implementation of Meningitis A (MenAfriVac), Yellow Fever, and Ebola (Merck) vaccines to inform the rollout of COVID-19 vaccines in LMICs

The COVID-19 pandemic continued to impact on UK-PHRST research (through travel restrictions, lack of availability of partners, remote working etc.) and delayed fieldwork and/or hampered logistics. Staff diversion delayed the acquisition of rumour tracking data for the study on COVID-19 rumours in Sierra Leone and Tanzania, travel restrictions and disruption to sample collection, shipment and / or testing continued ongoing delays to the Lassa fever prospective cohort study in Nigeria and the Viral Haemorrhagic Fever exposure investigations in Uganda, while shipment of android tablets was delayed in the Infection Prevention and Control (IPC) in family caregivers' study in Cameroon.

The impact of the COVID-19 pandemic to research delivery lessened during Q3 and Q4 and mitigating measures that were put in place at the start of the pandemic, including remote supervision, communications and training of in-country research teams, facilitated continued delivery of research projects.

As part of the development of the UK-PHRST Strategic Framework for 2022-25, a new three-year research strategy is in development.

Research will focus on priorities identified by stakeholder interviews, evidence gap analyses, team expertise and strategic fit, and facilitate implementation science studies to improve the effectiveness of research evidence dissemination and uptake and evaluation.

It will be underpinned by maintaining and extending strong partnerships, fostering co-creation and co-leadership, a robust monitoring, evaluation and learning framework, and a strengthened equity and human rights ethos.

A full summary of research is given in Annex 2.

Capacity Development

In Year 6 (Y6), UK-PHRST and its partners undertook 7 key activities to strengthen and expand the skills of partner organisations. Six partners from ODA-eligible countries reported an increase in outbreak preparedness and response capacities through knowledge, skills and tools gained through engagement with UK-PHRST. All partners reported this as very useful or useful.

Capacity development activities ranged from the development of competency frameworks to standards of operation to course development and delivery. The courses (targeting individual capacity development) demonstrated successful outcomes in terms of completion rates and students' learning experience.

For example, in the Pandemics short course 34 of the 50 registered students successfully completed the course with 75% rating it as useful in their work. A follow-on evaluation is scheduled in Year 7 (Y7) to assess students' learning experience and application in their ongoing work. The results of this evaluation will inform the development and delivery of short online courses to a global audience.

Workshops (targeting team/organisational capacity development) were similarly assessed as useful in the support provided to teams such as African Volunteers Health Corps (AVoHC) in both the development of their Theory of Change (ToC), strategic framework and implementation plan.

General feedback from partners on the usefulness of UK-PHRST's support in advancing partner institutional objectives was positive. Capacity development work directed at

strengthening public mental health and psychosocial support (MHPSS) in outbreak preparedness and response in Africa, and thereby contributing to an enabling environment was also successfully undertaken in Y6.

1.3 Progress against recommendations

This section includes a progress against recommendations from the last review.

Recommendation	Result
Incorporate a blended approach to deployments, including with reservists.	**Achieved**: This has been achieved with reservists having been deployed during the year. A blended approach to in-person deployments and remote support has also been achieved.
Implement training pathway incorporating a blended approach, tailored to team roles, and develop and pilot tailored Safeguarding training for working abroad in LMICs.	**Achieved**: The Safeguarding training online course on FutureLearn has been created and the first cohort of trainees have been trained. 21 people had completed Safeguarding training by 31 March (18 of which were deployable). The training team will roll the training gradually to all UK-PHRST team members by October 2022.
Map out and develop procedures for exit/transition plans for UK-PHRST across the triple remit to enhance long-term impact/sustainability.	**Partially achieved:** A sustainability working group has been developed to strengthen the long-term sustainability of the UK-PHRST's triple remit, also supported by a greater emphasis on co-development and partnership engagement. A sustainability plan has been developed and will be implemented in 2022-23.
Develop a 3-year research strategy informed by a gap analysis to identify priority areas of need and inform research themes.	**Achieved**: A new UK-PHRST research strategy for 2022-25 has been developed. The strategy was informed by feedback from external reviews, an evidence gap analysis, and stakeholder interviews highlighted research priorities in outbreak prevention, detection and response.
Strengthen systematic monitoring of research uptake and impact.	**Achieved**: Monitoring of research uptake formed part of the Y6 logframe and monitoring framework. The UK-PHRST are working on a detailed research plan moving forwards.
Map out and conduct a gap analysis, and prioritise key networks and partnerships	**Partially achieved**: A detailed gap analysis, stakeholder engagement exercise (including surveys and stakeholder workshops) was undertaken in Y6

Recommendation	Result
(national, regional, global) and develop and outline principles of working and alignment according to shared objectives with key partners.	including shared objectives and priority partners and areas of work identified.
Implement updated capacity development framework, setting out ways of working and accountability mechanisms.	**Partially achieved**: There has been a greater emphasis on capacity development in Y6 and greater capacity development outputs with a capacity development framework to be finalised in Y7. As part of the 3-year strategic framework, capacity strategy has been strengthened including the creation of a capacity training and learning team to strengthen partners' capacity.
Recruit and on-board an Equity and Human Rights advisor and implement gender and equity mainstreaming.	**Partially achieved**: An Equity and Human Rights advisor is in post and reviewing processes and documentation across the programme. There is now a strong equity and human rights focus in the work of the UK-PHRST and we are proactively embedding it in the remit.
Identify ways to better measure and reflect the contribution of UK-PHRST of activities across the programme to further develop UK-PHRST monitoring and evaluation strategy.	**Achieved**: Recruitment of an assistant professor in Monitoring, Evaluation and Learning (MEL) and the development and implementation of strategies and processes to capture evidence to support all indicators and measure impact of programme activities.
Engage in UK Health Security Agency (UKHSA) transition and ensure the continued development of global health and rapid response functions, through UK-PHRST's unique partnership.	**Achieved**: the UK-PHRST has remained a central part of UKSHA (following the transition from Public Health England, PHE) with strong collaboration with International Health Regulations Strengthening project team and the wider Global Operations team.
Contribute to the PHE-led New Variant Assessment Programme (NVAP) implementation as a member of the Programme and Project Boards	**Achieved**: UK-PHRST has coordinated and advised NVAP project as an active member of the Programme and Project Boards.

1.4 Major lessons and recommendations

This section details lessons and recommendations for the year ahead.

Capacity development: Deliver sustainable, impactful capacity development projects. Produce a high-level narrative of key objectives and outputs of this pillar and key partners for the UK-PHRST in an updated capacity development framework, with plan for this phase signed off by end 2022.

Research: Develop and begin implementing a research plan for the next phase (signed off by end 2022) that details activities supporting the UK-PHRST Research Strategy priority themes, including identification of key LMIC partners and routes to improved uptake of research evidence into best practice supported by the creation of an implementation science team.

Deployments: Actively explore increased bilateral deployments, working with Foreign, Commonwealth and Development Office (FCDO) colleagues including at Post and LMIC partners including research organisations and national public health institutes. UK-PHRST proposes to target at least 6 government or partner organisations to further explore bilateral deployments.

Partnerships: Strengthen the UK-PHRST's partnerships with LMIC institutions by creating a shared vision and mutual goals. Deliver a partnership plan (signed off early 2023) which sets out priority LMIC partners with shared objectives and planned deliverables

Equity and human rights: Work to fully embed equity and human rights across all areas of the programme, including producing evidence that consideration of equity and human rights is included in evaluation for all UK-PHRST activities by end of the year, including the logframe.

High-level programme management: Ensure the project is fully compliant with the (FCDO) programme operating framework by end of 22/23, including completing a climate risk assessment.

Financial management: Reduce underspends to ensure spend is at least 90% of budget at the end of the financial year through overprogramming and realistic financial forecasting.

2. Theory of Change

2.1 Summary of changes

Overall, the project's design as originally conceived remains fit for purpose.

We now produce "traffic light" quarterly reports on the logframe (which align closely to the ToC) to the Project Board that outline our progress over the period.

A review of the existing Y6 ToC took place in February 2022 to align with the next phase of UK-PHRST's work from Y7 onwards. Assumptions, pathways to change, and activities that will contribute to outcomes and long-term goals were all considered as was the ToC's consistency with the UK-PHRST logframe. Following these updates, the logframe itself was reviewed and updated in March 2022.

2.2 Project's progress

This section details the project's progress towards contributing to the expected outcomes and impact in the Theory of Change (ToC). See Annex 3 for detail.

Overall, UK-PHRST continued to contribute to the long-term outcome that envisions the "Global population, including the UK, safer and more secure from global health security threats" and evidence in support of the outcomes and outputs is strong.

In UK-PHRST's 2021/22 partner survey, partner countries were asked whether and how UK-PHRST had made tangible contributions to their work in support of this long-term outcome:

- 56% of respondents reported UK-PHRST made a significant to moderate contribution in the development of their national policy or guidance to support effective preparedness and response
- 85% reported UK-PHRST made a significant to moderate contribution to their national plans to support effective preparedness and response
- 56% reported that UK-PHRST made a significant to moderate contribution to both their national plans and policies in support of capacity development

In addition, partners reported significant to moderate contribution in several other key areas including trained personnel and protocol development.

Overall, 75% of respondents rated UK-PHRST's contribution to their work as useful and 25% as fairly useful.

The COVID-19 pandemic has continued to impact on UK-PHRST activities in Y6 through travel restrictions effecting the ability of the team to undertake in-country activities, diversion of partner staff delaying project delivery, remote working etc. This has progressively lessened over the last year. Mitigating measures that were put in place have continued and include remote supervision, communications and training.

The one-year spending review and the PHE to UKHSA transition from October 2021 had an impact on staff recruitment. The introduction of a new financial system in October 2021 also had an impact on financial reporting.

2.3 Changes to the logframe

During Y6, the UK-PHRST Senior Management Team worked closely with the UK-PHRST MEL lead to review and update the logframe and Theory of Change.

The updated version of the logframe has:

- An increased number of outputs to reflect the underlying activities that feed into the 3 outcomes
- Incorporated sustainability and Equity, Diversity and Inclusion
- More indicators related to co-creation/delivery and partnership working
- Introduced further indicators to enable identification of partner perceptions and feedback of the value and contributions of UK-PHRST's work

3. Detailed output scoring

3.1 Output 1

Ensure sufficient capacity within the UK-PHRST and timely deployment of UK technical experts to support partner agencies with outbreak response

Output number: 1

Output score: A+

Impact weighting (%): 33.3%

Weighting revised since last AR?: Down (from 35%)

Indicator(s)	Milestone for the review	Progress
Output indicator 1.1 Proportion of formal requests for assistance (via GOARN, host government, EMT) that are approved within 48 hours by HMG, with appropriately qualified staff ready to deploy.	At least 90% of requests responded to with a fully trained (100%) team	**Surpassed** 100% of countries who made a formal request for UK-PHRST support were approved within the stipulated timeframe with appropriately qualified staff.
Output indicator 1.2 Approvals within 48 hours*	100% of formal requests	**Not achieved** Not all deployments require approvals within 48 hrs, therefore this output will be revised for Y7.
Output indicator 1.3 Cumulative number of co-designed deliverables from UK-PHRST deployments (e.g. tools, guidelines, reports, etc.);	4 per year	**Surpassed** 11 co-designed deliverables were generated during the year.
Output indicator 1.4 Proportion of partners who report co-designed deliverables as very useful	80% give 4/5 rating or better	**Surpassed** 100% of UK-PHRST's partners reported UK-PHRST's contribution to their work (strategically or operationally) as useful.

3.1.1 Supporting narrative

This output relates to the timeliness and effectiveness of the UK-PHRST's deployment activities.

Deployments took place to Bangladesh, Cambodia, Papua New Guinea, Burkina Faso and the Solomon Islands. All requests to UK-PHRST during the year have been responded to with fully trained and appropriately qualified staff. UK-PHRST staff were ready to deploy within 48 hours of approval being signed off.

The indicator which has not been met - “approvals within 48 hours”- has not had any significant impact on the teams’ ability to deploy as it has not been necessary for all deployments to occur within 48 hours. This metric is in place for acute outbreak response

where immediate action is required for effective support and will be revised in Y7. For 2021-22, most deployments were for COVID-19 to provide surge support during periods of increased case numbers.

Examples of co-designed deliverables during UK-PHRST deployments include:

A comprehensive report reviewing routine data sources which generated several recommendations for future approaches in managing the COVID-19 outbreak in Bangladesh.

Developing infection prevention and control guidelines in partnership with Africa CDC

Developing a genomic sequencing strategy with partners in Cambodia and a co-delivered contract tracing simulation exercise.

Following each deployment, lessons were identified through a post-deployment debrief and summarised within End of Mission reports.

In our partner survey of 2022 100% of respondents rated UK-PHRST's contribution to their work (strategically or operationally) as useful.

3.1.2 Changes to the output

Output 1 was reviewed and revised in Y6 to incorporate recommendations from the previous review.

The indicator related to formal post deployment briefing was removed as this process is now embedded in all deployments. Indicators were introduced to enable us to identify partner perceptions of the value and contributions of UK-PHRST which was measured via a partner survey at the end of the period.

3.1.3 Recommendations

In Y7, the '48-hour approval' indicator will be modified to reflect the timeframe as requested by partners. We will also trial monitoring during deployment to enable real-time feedback.

3.2 Output 2

Conduct research to build the evidence base for outbreak detection and response

Output number: 2

Output score: B

Impact weighting (%): 33.3%

Weighting revised since last AR?: Down (from 35%)

Indicator(s)	Milestone for the review	Progress
Output indicator 2.1 Research strategy available and being implemented	The research strategy has been developed and incorporated into the UK-PHRST Strategic Framework	**Achieved** Research strategy completed and shared.
Output indicator 2.2 Research strategy is being implemented & achieved to plan	Ongoing activity	**Achieved** Development of research priorities for Y7 completed in line with research strategy Research concept notes and proposals in various stages of development/ review in line with the 4 strategic themes: • Prevention and preparedness • Detection • Response • Impact and evaluation Additional resource to strengthen research capacity in new and existing areas has been agreed and recruitment processes are underway.
Output indicator 2.3 Increase in research capacity of the UK-PHRST through addition of new academic	At least 2 new research projects/yr undertaken involving academic collaborators	**Surpassed** UK-PHRST supported 5 research projects (1 ongoing and 4 new) with academic research partners in ODA-

Indicator(s)	Milestone for the review	Progress
research partners;		eligible countries.
Output indicator 2.4 Proportion of partners who report addition of new academic research partners as very useful/useful.	80% give 4/5 rating or better	**Not achieved** 50% of partner survey participants rated 'useful'**.**
Output indicator 2.5 Cumulative number of research projects co-designed and co-delivered with partners.	8 research projects co-designed and/or co-delivered with partners (4 with UK partners & 4 with LMIC partners	**Surpassed** UK-PHRST has supported 9 projects in total - 1 ongoing and 8 new research projects. All of them were co-designed and co-delivered with ODA partners. One of these projects was also co-designed with a UK-based partner.
Output indicator 2.6 Proportion of partners who report this as very useful/useful.	80% give 4/5 rating or better	**Not achieved** 50% of partner survey participants rated 'useful'.
Output indicator 2.7 Cumulative number of UK-PHRST research and evidence on optimal approaches to outbreak response that are shared through a variety of forums including publications, conferences,	At least 12 outputs per year	**Surpassed** UK-PHRST generated 24 distinct pieces of research and other forms of evidence (including webinar/seminar participation, shared frameworks, journal articles, guidelines, presentations, datasets, blogs, videos)**.**

Indicator(s)	Milestone for the review	Progress
webinars, etc.		
Output indicator 2.8 Proportion of partners who report this as very useful/useful.	80% give 4/5 rating or better	**Not achieved** This data is currently not available. Data to be captured in Y7. Tools to measure usefulness of the sharing methodologies were not developed in Y6.

3.2.1 Supporting narrative

Reporting against UK-PHRST's logframe demonstrates successes in continuing to build the evidence base for outbreak prevention and response alongside academic partners and collaborators, as well as some challenges.

In Y6, 8 output indicators were monitored. Of this number, 2 of the targets were achieved and 3 were surpassed. Two targets were not achieved primarily because the low response rates required that we conservatively interpret our data. This data collection approach has since been modified to allow for an improved response rate. Data for the final indicator was not collected.

We continued our commitment to sharing evidence to improve outbreak response, and, since April 2021 have had 24 research outputs including publications, webinars, blogs and presentations. Examples include videos on a series of infection, prevention and control (IPC) instructional/orientation animated videos developed in partnership with Medical Aid Films designed for the caregivers of patients admitted to hospital in Cameroon; a blog on "collaborative supervision of a healthcare worker study in Uganda"; and a participatory webinar on "COVID-19 vaccination in low and middle-income countries: lessons from past and current campaigns".

The UK-PHRST research strategy for 2022-25 has been developed and incorporated into the UK-PHRST Strategic Framework. The strategy was informed by feedback from external reviews, an evidence gap analysis, and stakeholder interviews that highlighted research priorities in outbreak prevention, detection and response. Input from senior academic Advisory Group (AAG) and the Technical Steering Committee (TSC).

Criteria for the selection of research studies include their relevance/suitability in support of outbreak prevention and response, their potential impact and their co-development with ODA partners.

3.2.2 Changes to the output

Output 2 was reviewed in Y6 and no significant changes were made. Indicators were revised to include co-design and co-delivery of research projects with LMIC partners. As with output 1, indicators were introduced to include partner perception of our research activities.

3.2.3 Recommendations

The UK-PHRST's overarching research strategy developed in Y6 will be embedded in year 7. Measuring the uptake of research into practice is a key strategic goal and measurable indicators of the pathways to impact of research activities have been included in the Y7 output. This will be accomplished primarily by identifying key practice and policy stakeholders at the inception of the research and keeping these stakeholders abreast of and engaged with the research findings as these unfold and not only at the dissemination stage.

Acknowledging feedback from the partner survey, whereby 43% of respondents reported not having any research infrastructure in their country, the UK-PHRST could enhance its offer to support capacity development projects that develop frameworks and/or toolkits, sharing best practice and supporting fellowships for in-country researchers that support delivery and management of research in LMICs. This clearly feeds into both the equity and sustainability principles of working of the UK-PHRST.

3.3 Output 3

Technical collaboration and capacity development in outbreak preparedness and response

Output number: 3

Output score: B

Impact weighting: 33.3%

Weighting revised since last AR: Up (from 30%)

Indicator(s)	Milestone for the review	Progress
Output indicator 3.1 Cumulative number of international technical working groups, networks and communities of practice with	At least 8 meetings or events per quarter.	**Surpassed** An average of 30

Indicator(s)	Milestone for the review	Progress
representation from partners from ODA-eligible countries of which the UK-PHRST is a participant.		meetings/quarter is the current rate of engagement.
Output indicator 3.2 Proportion of partners who report this as very useful/useful.	80% give 4/5 rating or better	**Not achieved** This data is currently not available. Indicator to be revised in Y7.
Output indicator 3.3 Cumulative number of learning-oriented sessions (e.g. workshops, After Action Reviews, joint deployments feedback, webinars etc. that involve active participation/input from at least one ODA-eligible partner	At least 6 sessions/yr	**Surpassed** 10 learning sessions were held in Y6.
Output indicator 3.4 Proportion of partners who report this as very useful/useful.	80% give 4/5 rating or better	**Surpassed** Responses varied between 80% to 100% of participants rating learning sessions as useful.
Output indicator 3.5 Proportion (%) of participants from ODA-eligible countries who have completed UK-PHRST formal training courses (including online courses and webinars e.g., MOOCs), led or contributed to by UK-PHRST members.	At least 75% of participants complete online UK-PHRST course once registered	**Not Achieved** The Pandemics course (50 students enrolled; 44 from ODA countries) achieved a 68% completion rate.
Output indicator 3.6 Proportion of partners who report this as very useful/useful.	80% give 4/5 rating or better	**Surpassed** Ratings for the course were as follows: 78.8% rated it excellent

Indicator(s)	Milestone for the review	Progress
		22% rated it very good
Output indicator 3.7 Cumulative number of new tools or resources developed and shared with partners (non-research & deployment);	At least 7	**Surpassed** 10 new tools and other resources to support and better enable partners to carry out activities related to epidemic preparedness and response, research and capacity development were developed and shared within teams.
Output indicator 3.8 Proportion who reports this as very useful/useful	80% give 4/5 rating or better	**Surpassed** 100% of partners survey respondents who were involved in tool development activity indicated that these were very useful/useful.

3.3.1 Supporting narrative for the score

This output relates to the UK-PHRST's capacity development and technical collaboration activities.

UK-PHRST delivered a range of in-person and remote activities to support this output. Successes include:

Capacity Development

In Year 6 a 4-day collaborative workshop took place in Addis Ababa to develop a Theory of Change and Strategic Framework for the African Volunteers Health Corps (AVoHC) to strengthen the deployment of African-based public health strategies throughout the continent. Feedback was positive with 100% of participants reporting this as useful.

The Pandemic Emergence, Spread and Response course led by UK-PHRST in collaboration with LSHTM, has been delivered. Fifty students were enrolled, 88% (n=44) were from LMICs. UK-PHRST scholarships covered 32 of the 44 LMICs places.

We have administered surveys to evidence partner perspectives on the value and usefulness of capacity development activities delivered on the courses (targeting individual capacity development) and workshops (targeting organisational capacity development). Both demonstrate successful outcomes and the usefulness ascribed to this work.

A collaboration with the IHR Strengthening Project team on supporting Africa CDC to develop a competency framework for the African Volunteer Health Corps (AVoHC) and Public Health Rapid Response Teams in Africa.

Supporting the development and planning for of R-Training for Africa CDC. The R-Training comprising of an online course (asynchronous learning) followed by live synchronous training.

A collaboration with the World Health Organization (WHO) in Emergencies IPC team providing technical expertise to support the development of key technical products to improve preparedness, readiness and response to outbreaks.

Leading WHO EURO workstream for Biosafety and Biosecurity formulating minimum standards for Rapid Response Mobile Laboratories.

Co-delivered a strategic planning workshop in collaboration with UKHSA Global Operations Monitoring, Reporting, Evaluation and Learning team with colleagues at Africa CDC to support the Africa CDC rapid deployment cadre, AVoHC, to develop their Theory of Change (ToC) and strategy.

Strengthening public mental health and psychosocial support (MHPSS) in outbreak preparedness and response in Africa was also a focus of the team. This entailed the pilot of an intensive mentorship system supported by a community of practice, including delivery of a workshop in partnership with Africa CDC hosted by the Liberian Ministry of Health to share experiences and lessons learned from COVID-19 and other regional crises and mapping out steps and processes.

Looking forward, the project should develop a strategic plan for capacity strengthening to ensure there is a clear, high-level narrative around the impact and outcomes of capacity

Case Study: Africa CDC Partnership: Africa Volunteer Health Corps (AVoHC)

The UK Public Health Rapid Support Team's continued partnership with Africa CDC contributed to a long-term strategy to support the Africa Volunteer Health Corps (AVoHC) in strengthening its capacity to respond to outbreaks of disease.

This includes the development of a new induction training course following a consultative workshop with UK-PHRST and Africa CDC in Addis Ababa, Ethiopia.

This training course aims to enable new and existing volunteers to understand their role and expectations of them during deployments with AVoHC and to develop soft skills that will support them in their roles.

Workshop participants reviewed draft curriculum content and discussed the key elements for AVoHC's induction training for volunteers.

Further, a Theory of Change co-developed between UK-PHRST and AVoHC partners helped streamline and prioritise AvoHC's strategic framework and implementation plan for the year 2022/2023.

Areas of collaboration extend to strengthening and expanding Africa CDC's Monitoring Evaluation and Learning unit to support the wider functions of the team.

UK-PHRST will continue to work with AVoHC core management team over the coming months to develop and pilot the induction training and refine deployment systems and monitoring.

UK-PHRST collaborated again with Africa CDC to deliver R-Training to 17 Africa CDC staff between 25 July and 1 August to strengthen its surveillance capacity and epidemiological reporting.

3.3.2 Changes to the output

Output 3 was reviewed in Y6 and no significant changes were made. Indicators were revised to include the development of non-research and deployment tools and formal training. Indicators were introduced to include partner perception of our activities.

3.3.3 Recommendations

Development of the UK-PHRST capacity development strategy is ongoing and will be formalised in Y7 following the appointment of the Global Public Health Registrar who will oversee this aspect of the triple remit.

4. Project performance not captured by outputs

Monitoring and evaluation of the capacity development aspects of research and deployment activities are not systematically recorded and reported. Strengthening this will better reflect the extensive work and impact in this area.

5. Risk

UK-PHRST maintains an operational risk register which is reviewed quarterly by UK-PHRST Senior Management Team. Key risks are communicated quarterly to UK-PHRST Project Board through the Director's Report. Significant risks to the programme are escalated to DHSC Global Health Security Programme Board and internally through partner organisations. Within UKHSA, the operational risk register is shared with UKHSA risk leads group and UK-PHRST have input into the tactical risk register as appropriate.

Within the London school of Hygiene & Tropical Medicine (LSHTM), risk at the research project level is monitored and mitigated through weekly Research Coordination Meetings. Overall programme risk is monitored by the Research Operations Officer and Faculty Office.

Several key risks for the reporting period along with the mitigation taken are outlined below.

5.1 Overall risk rating

Amber/ Green

5.2 Summary of risks

5.2.1 Risk description

Not having staff available or able to travel overseas quickly

Mitigation strategy

- Engage DHSC when deployments may be required
- Engage reservist line managers in UK-PHRST activities to encourage support for release
- Ensure remote support is explored in parallel with in-person support where appropriate

- Cleary outline deployment expectations in Reservist Information Document which requires line management signature and reservists included in team discussions, meetings and newsletter

- Bilateral agreement with Foreign, Commonwealth and Development Office (FCDO) to expedite visa process for UK-PHRST staff

- Recruit staff with appropriate skill sets to core deployable team through reservist recruitment drives (epi, micro and IPC)

Residual risk rating: Amber/ Green

5.2.2 Risk description

Not completing the research projects by agreed deliverable dates

Mitigation strategy

- Develop research projects with staged deliverables which can be more robust in dealing with delays and pauses of activities

- Strengthen capacity of non-core deployable research staff across disciplines to sustain delivery of research projects against milestones during major deployments

- Build flexibility into operational research goals and ensure sufficient capacity to develop research questions that are responsive to acute events or immediate needs

- Foster genuine co-creation and co-development of research projects with partners to increase capacity of project teams including during UK-PHRST staff deployments

Residual risk rating: Amber

5.2.3. Risk description

There is a risk of a safeguarding incident occurring

Mitigation strategy

- Ensure clear reporting and investigative processes and responsibilities through existing safeguarding governance systems, including ensuring that project stakeholders are aware of whistleblowing/incident reporting procedures

- Include mandatory safeguarding training as part of onboarding process for all UK-PHRST staff with additional training delivered with an external expert to team developed

Residual risk rating: Amber

5.2.4. Risk description

The impacts of the UK-PHRST are not sustainable or long lasting

Mitigation strategy

- Finalise the UK-PHRST sustainability plan
- Embed sustainability indicators into the Monitoring, Evaluation and Learning (MEL) framework
- Emphasise co-creation and co-development of projects and development of a longer-term research plan that supports partnership working
- Engage external stakeholders in post-deployment debriefings and After-Action Reviews

Residual risk rating: Amber

6. Project management

This section reviews delivery and commercial considerations

6.1 Delivery against planned timeframe

In April 2021 the UK-PHRST secured a one-year extension to allow the programme to continue to meet key needs and support strategic objective cortical to global health security and Global Britain's leadership role therein.

The UK-PHRST has made significant progress against its objectives over the last 12 months; continuing to deliver an innovative programme with an increased emphasis on partnership working, country led capacity development, and research impact. This will be further developed over the coming year with the appointment of a dedicated senior capacity development lead, a strategic focus on co-development and the recruitment of an implementation science team.

6.2 Performance of partnerships

There is a well-established, supportive and strong working relationship between the UK-PHRST SMT, the DHSC Global Health Security Team and the National Institute for Health Research (NIHR, which manages the UK-PHRST research contract on behalf of DHSC)

with both formal and informal communication on a regular basis. The partnership between UKHSA and LSHTM as co-leads continues to strengthen.

The recruitment of the UK-PHRST MEL lead has led to a significant improvement in MEL processes, including to the logframe, allowing for greater visibility of results through the quarterly logframe progress report, particularly at output and outcome levels. This is particularly welcomed by both DHSC and NIHR who are confident it will reduce the burden of reporting while providing accessible intelligence on the delivery of project ambitions.

The transition from PHE to UKHSA has resulted in significant hurdles to the recruitment process, which has led to delays in filling posts, some difficulties in meeting deadlines, and resulting underspends. Following escalation, a satisfactory plan was put in place to reduce delays moving forward.

The programme has also enhanced collaborative partnerships with LMIC partner institutions such as Africa CDC and Nigeria CDC, especially during the COVID-19 pandemic. It is continuing to broaden and deepen partnerships with a significant increase in working with WHO regional offices in the Western Pacific Regional Office and South-East Asia Regional Office and with universities at the vanguard of outbreak preparedness and response research in LMICs in other global regions, such as Brazil and Peru. UK-PHRST has also strengthened academic links with multiple UK partners including University of Oxford, Liverpool School of Tropical Medicine, and the University of Glasgow through co-delivery of research projects.

6.3 Asset monitoring and control

The UK-PHRST currently follow UKHSA and DHSC best practice around asset management and will be looking to implement the new GHS asset management policy

7. Financial performance

7.1 Value for Money

Economy

Benchmarking analysis suggests that the current UK-PHRST model of hiring a full-time core deployable team is comparable to solely hiring short-term consultants or reservists but generates important benefits to the identity of the UK-PHRST project and improves the overall quality of services provided. Staff costs across the range of core deployable team positions (including provision for overheads) compared with the average price paid by UKHSA for reservists (which was translated into an annual cost for the same number of full-time equivalent positions) show a negligible difference in overall cost. UK-PHRST is confident that the current model is economically sound. An updated benchmarking

analysis will take place in Y7 to ensure the UK-PHRST deployment model continues to provide value for money.

Efficiency

The UK-PHRST programme has well-established standard governance and externally audited procurement policies and procedures that ensure that the delivery of UK-PHRST is cost effective. Efforts to measure and monitor efficiency are focused on budget utilisation. The UK-PHRST budget is monitored regularly, with UK-PHRST SMT meeting fortnightly to review and discuss budget-related issues. The scrutiny and feedback of UK-PHRST's governance structure (Project Board, Technical Steering Committee, Global Health Security Programme team, Academic Advisory Group, Research Operations Office, Finance and Procurement Teams) ensures a high-value output and value for money of UK-PHRST, including monitoring outputs and outcomes using the logframe and theory of change

Effectiveness

UK-PHRST has continued to work effectively in Y6 despite COVID-19 related challenges. This has been achieved through an adaptive, blended approach of remote and in-person activities. Several research projects continued to adapt to the pandemic by supporting in-country research teams remotely with training and advice while the UK-PHRST has contributed effectively through both remote and in-person engagement, as part of the wider COVID-19 response in Africa and Asia. UK-PHRST will continue to capture lessons learnt around the effectiveness of its work, particularly the blended approach of the last year. The recruitment of a MEL lead to the UK-PHRST has further strengthen the UK-PHRST ability to measure, learn and improve on the effectiveness of the programme throughout Y6.

Equity

Equity and human rights (EHR) are considered throughout the project development process and all UK-PHRST interventions are designed to comply with UK law and promote equity and human rights.

This focus has been considerably strengthened in Y6 through creation and recruitment to a new Equity and Human Rights Advisor role within the UK-PHRST. Significant progress has been made to integrate equity and human rights issues into all areas of the UK-PHRST's triple mandate. All project co-leads must consider EHR principles and whether there is an opportunity to embed EHR into the research question at the point of proposal development. The protocol template is being further strengthened to ensure this is being actively considered and/or addressed for all future projects. UK-PHRST's focus on EHR will be strengthened further by developing research into the effect of equity and human rights factors in outbreak prevention and control.

7.2 Quality of financial management

Forecast and actual spend figures are reported to NIHR and DHSC on a quarterly basis. NIHR Central Commissioning Facility (CCF) monitor LSHTM's finances on behalf of DHSC.

Quarterly finance meetings are held by DHSC, and attended by UKHSA, LSHTM and NIHR CCF colleagues to discuss expenditure incurred, remaining forecasts for the year, any risks or assumptions built into forecasts, and any contingency plans if an underspend does materialise

The UK-PHRST spend in 21/22 was 78% of total budget. Delays to recruitment due to the transition from PHE to UKHSA were a significant contributing factor to the underspend, meaning roles were left vacant for longer than anticipated.

This coming year the UK-PHRST have considered a 5% vacancy factor on the staffing for unanticipated gaps in recruitment, allowing the team to profile for additional spend in other areas. Moving forward, the UK-PHRST should increase their use of overprogramming as a tool to manage risk of underspends emerging. There are some barriers present within internal finance processes which prevent overprogramming from taking place and the UK-PHRST, together with DHSC, should explore options to overcome these over the next year.

Date of last narrative financial report: July 6th, 2022 (UK-PHRST Director's Report)

8. Monitoring Evaluation and Learning

The UK-PHRST have embedded an adaptive Monitoring, Evaluation and Learning (MEL) system at the heart of the project to track, learn from and report on progress. We have also developed a learning (internal and external) approach to engage the team and national and regional stakeholders about what we learn, how we adapt and change the existing paradigm and how to enable sustainability and scale up. In Y6 implementing MEL at UK-PHRST we identified 5 key areas which will help us better understand our performance and the areas which require improvement. We will continue to provide direct support to partners, deployments, research and capacity development and training. In all the MEL activity relating to UK-PHRST's work, we will continue to work jointly with our partners in producing the necessary data and in capturing and sharing lessons

8.1 Evaluation

The UK-PHRST has planned an evaluation exercise over the course Years 7-9 (2022-2025). This has been agreed in the project's strategic framework and implementation plan.

Rather than restrict our evaluation journey solely to an endline evaluation in Y9, we will also run 2 exploratory studies in Y7 and Y8 to feed into the Y9 evaluation. In Years 7 and 8 we plan to run studies that focus on 2 underpinning elements of UK-PHRST's work: partnership and capacity development. Due to the complexity of our interventions, we believe it will be highly beneficial to the project if we understand how these elements of our work contribute to the effectiveness of our overall project. In Y9 we will run a participatory impact/outcomes evaluation that will focus on assessing the impact, effectiveness, and sustainability of the project over its three-year lifespan.

The UK-PHRST aims to finalise its evaluation plan for 22-25 by the end of 2022.

8.2 Monitoring

The UK-PHRST logframe connects project outputs to intended outcomes and their long-term impact, with indicators defined for each level. The logframe is based on the UK-PHRST Theory of Change. No changes were made to the logframe results. Indicators were updated to make each result more measurable. Indicators also were modified to include more qualitative evidence of change from our partners' perspectives. Relevant data sources were identified, and instruments developed (e.g. surveys, feedback forms) during the course of the year to capture data. Monitoring data was routinely generated with relatively little difficulty. Additionally, indicator reference sheets were developed to define each indicator in detail, thereby avoiding any ambiguity and minimising subjectivity in interpreting what is required from an indicator. The key learning incorporated into the monitoring experience in Y6 was to identify more qualitative indicators to generate greater insight and nuance of partners' perspectives and to produce indicators which are more SMART (Specific Measurable Achievable Relevant and Time-Bound) generally. To support our reporting and ensure project management stays abreast of emerging learning about its outcome and output performance, a traffic-light reporting approach was developed and is now in use as part of UK-PHRST's quarterly reporting process.

8.3 Learning

UK-PHRST's approach to MEL embeds regular reviews of emerging knowledge from data as well as our experiential learning. The evidence generated serves as a guide to authenticate (or modify) project direction and approach. It purposefully links the generation of knowledge to its use by UK-PHRST and its partners. Our learning is both external and internal facing. Our external facing learning sessions are highly collaborative and include post-deployment debriefs, After-Action Reviews (AARs), webinars and other reflective/learning sessions involving the partnership. In these sessions we and our partners collectively reflect on and share key lessons. In addition, we have internal facing learning. This component enables the team to identify topics of interest resulting from UK-PHRST's work on which key lessons have been or should be generated for wider learning.

In Year 6, we conducted 5 deployment debriefs and 10 learning sessions. We have an extensive process to share our learning (e.g., case studies, more formal (peer-reviewed) publications, social media, conferences, etc) involving all our partners and other stakeholders.

Annex 1: Deployments, 2021/2022

Country	Commenced	Year	Outbreak
Africa CDC (Remote)	Mar-20	2020/21	COVID-19
Tunisia	Aug-21	2021	COVID-19
Bangladesh	Sep-21	2021	COVID-19
Cambodia	Nov-21	2021	COVID-19
Papua New Guinea	Feb-22	2022	COVID-19
Solomon Islands	Mar-22	2022	COVID-19
Burkina Faso	Mar-22	2022	Yellow Fever

Annex 2: Research, 2021/2022

NIHR Project Ref:	Full Title	Project PI	PI's host institution	Collaborators/Partners	Status at March 31st 2022
RST6_05	Integrating Social Science into Africa CDC's	Alex Fehr/Hana Rohan	LSHTM	Africa CDC	Active

NIHR Project Ref:	Full Title	Project PI	PI's host institution	Collaborators/Partners	Status at March 31st 2022
	Public Health Operations				
RST6_04	What is the current level of cleaning in LMIC health systems and what interventions are effective at improving it?	Emilio Hornsey/Giorgia Gon/Angela Dramowski	UKHSA/LSHTM//Stellenbosch University, South Africa	University of Stellenbosch, South Africa	Active
RST6_00_03	A non-whole genome sequencing approach for monitoring SARS-CoV-2 variants in Burkina Faso	David Allen	LSHTM	Groupe de Recherche-Action en Santé, Burkina Faso, LSTM, MRC Gambia	Active
RST6_02	Online and offline COVID-19 rumours in Sierra Leone and Tanzania	Hana Rohan	LSHTM		Active
RST6_01	Telephone hotlines for outbreak/pandemic response in Africa: A review and evaluation of the impact, operational needs, sustainability, and the development of a	Hana Rohan/Noah Fongwen/Nafiisah Chotun	LSHTM/Africa CDC	Africa CDC	Active

NIHR Project Ref:	Full Title	Project PI	PI's host institution	Collaborators/Partners	Status at March 31st 2022
	manual/road map for best practices.				
RST5_05	Development and evaluation of resources to support IPC engagement with care givers in hospitals, UK-PHRST	Emilio Hornsey/Nkwan Jacob Gobte	UKHSA/CBCHS	Cameroon Baptist Convention Health Services (CBCHS)	Active
RST4_01	Rapid response molecular diagnostics for Crimean-Congo Haemorrhagic Fever	Thomas Edwards / Ben Gannon	LSTM (Liverpool) / UKHSA	Liverpool School of Tropical Medicine (LSTM), MoH Virology Reference Laboratory, Ankara, Turkey	Active
RST3_01_r1	How can we improve case management of Lassa Fever? A prospective study of cardiovascular function and ribavirin pharmacokinetics and pharmacodynamics	Alex Salam	Oxford		Active
RST6_00_04	Evidence to practice: research and capacity development for mental health and	Julian Eaton	LSHTM	Africa CDC, MoH Liberia, WHO AFRO and WHO EMRO, Western African Health Organization (WAHO), and The	Complete

NIHR Project Ref:	Full Title	Project PI	PI's host institution	Collaborators/Partners	Status at March 31st 2022
	psychosocial support (MHPSS) in outbreak preparedness and response in Africa: SPACE 2.0			East, Central and Southern Africa Health Community (ECSA HC)	
RST6_00_02	Validating serological outcomes and characterising filovirus-specific responses to improve application of oral fluid filovirus surveillance methods in Africa	Joseph Timothy	LSHTM	University of Oxford, FOSAD_CEPOFARG	Complete
RST6_03	Rapid retrospective survey of mortality in The Gambia during the COVID-19 pandemic	Ashley Sharp	UKHSA	MoH The Gambia	Complete
RST5_03	Feasibility assessment of a survey protocol using oral fluid-based anti-Ebola Virus (EBOV) immunoglobulin-G immunoassays to identify	Joseph Timothy	LSHTM		Complete

NIHR Project Ref:	Full Title	Project PI	PI's host institution	Collaborators/Partners	Status at March 31st 2022
	previously undetected EBOV infections in the high-risk Nzérékoré prefecture of Guinea				
RST4_03	Strengthening viral haemorrhagic fever preparedness in Uganda by serosurveillance of healthcare workers	Emma Thomson	LSHTM/Glasgow	University of Glasgow, Uganda Virus Research Institute (UVRI)	Complete
RST3_02	Promoting earlier presentation of patients with Lassa fever: Health seeking behaviour and Lassa fever admissions in Sierra Leone	Hana Rohan	LSHTM		Complete
RST5_06	COVID-19 vaccination strategies in low-resource settings: Lessons from vaccine implementation during recent epidemics	Julie Collins	LSHTM	Gates Exemplars in Global Health	Complete

NIHR Project Ref:	Full Title	Project PI	PI's host institution	Collaborators/Partners	Status at March 31st 2022
RST5_01	Strengthening public mental health capacity in Africa in response to the COVID-19 outbreak, UK-PHRST	Julian Eaton	LSHTM	Africa CDC, World Health Organization Regional Office for Africa (WHO AFRO) and Regional Office for the Eastern Mediterranean (WHO EMRO), Western African Health Organization (WAHO), and The East, Central and Southern Africa Health Community (ECSA HC)	Complete

Annex 3: Additional tools

Non research/deployment tools/resources developed:

1. Data source review report (Bangladesh Deployment 2021)
2. Contact tracing report (Bangladesh Deployment 2021)
3. IPC guideline Development with Africa CDC (IPC remote support completed, Africa CDC remote deployment, October 2021)
4. Development of EVD Field lab training in Guinea (remote support via WHO with Porton colleagues, November 2021)
5. Developed genomic sequencing strategy in Cambodia (deployment November 2021)
6. Simulation exercise training delivery for contact tracers (Cambodia deployment November 2021)

7. Literature review to update global contact tracing guidelines for WHO (December 2021 via remote deployment)

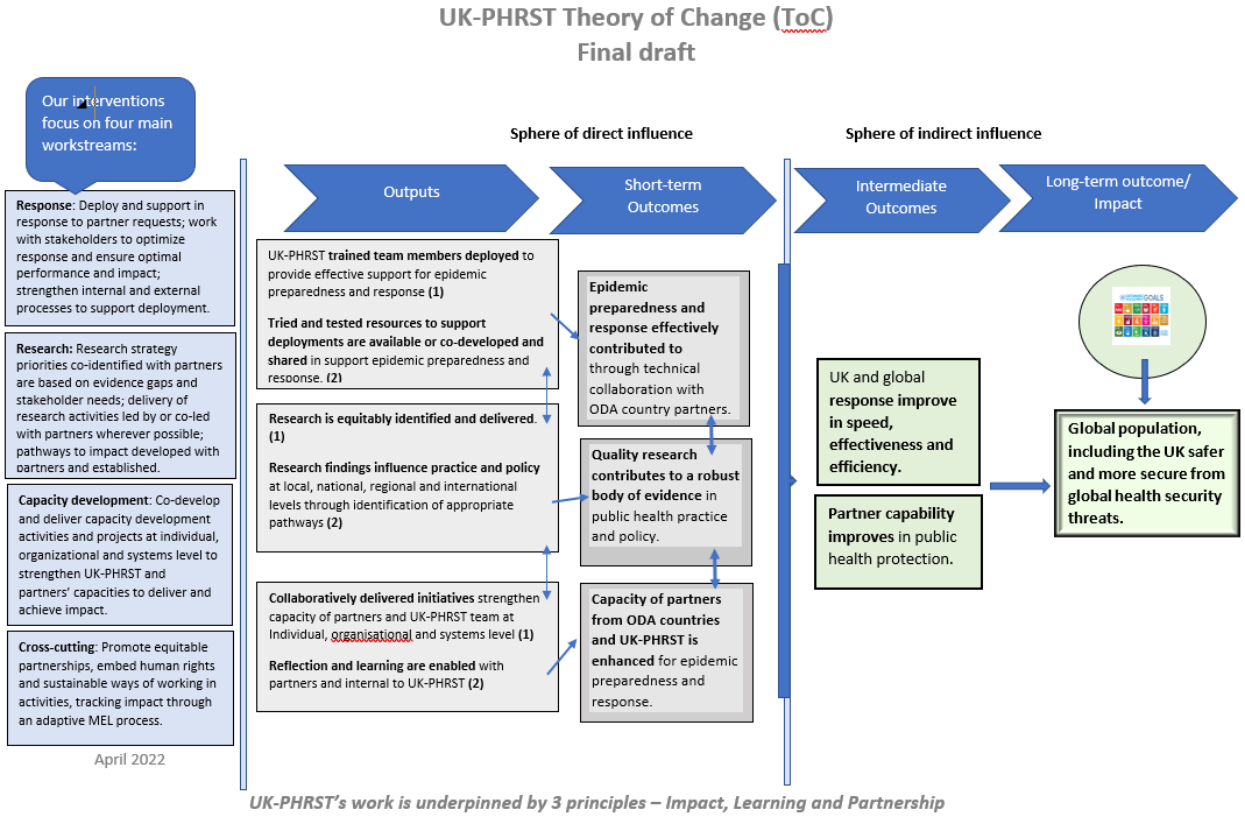
8. Revised national COVID-19 surveillance SOP (Papua New Guinea, Feb 2022)

9. Updated national case definitions guidance (Papua New Guinea, Feb 2022)

10. Theory of Change for AVoHC Programme (Africa CDC) co-developed and shared (March 2022)

Annex 4: Additional Resources

UK-Public Health Rapid Support Team Theory of Change



UK Public Health Rapid Support Team Year 5 LogFrame.

www.gov.uk/dhsc