



Department
of Health &
Social Care



Public Health
England

LONDON
SCHOOL of
HYGIENE
& TROPICAL
MEDICINE



Management response and recommendations action plan

Published: 8th September 2021

Evaluation Report Title: Endpoint evaluation of the UK Public Health Rapid Support Team (UK-PHRST) 28 April 2021

Background to UK-PHRST

Formally launched in November 2016, the UK-PHRST is a joint and equal partnership between London School of Hygiene and Tropical Medicine (LSHTM) and Public Health England (PHE) with contributing academic partners. It is funded by Official Development Assistance (ODA) through the Department of Health and Social Care (DHSC) to support low- and middle-income countries (LMIC) to respond, research and develop capacity for outbreak response.

- Within LMICs, rapidly investigate and respond to disease outbreaks at the source, with the aim of stopping a public health threat from becoming a health emergency.
- Conduct rigorous multidisciplinary research to aid epidemic preparedness and response.
- Generate an evidence base for best practice in disease outbreak interventions within LMICs.
- Contribute to capacity development for improved and rapid national response in LMICs to disease outbreaks and contribute to supporting implementation of the International Health Regulations (2005)
- Train a cadre of public health reservists for the UK-PHRST who can be rapidly deployed to respond to disease outbreaks.

Response to the evaluation report

The UK Public Health Rapid Support Team (UK-PHRST) commissioned Itad to conduct an external performance evaluation and independent monitoring (PE&IM) of the programme, from its inception in late 2016 until March 2021. This aimed to provide a better understanding of the UK-PHRST's impact and key challenges to date, and how it is progressing towards its key outputs.

The endpoint evaluation took place between September 2020 and March 2021, following a midpoint evaluation conducted between September 2019 and August 2020. The endpoint report was based on the data collection and analysis work carried out between September and November 2020.

Overall, the UK-PHRST are satisfied with the methodological rigour of this evaluation and note that, despite the challenges presented by COVID-19, 74 key stakeholders were interviewed out of a target range of 70-100. The UK-PHRST notes that there were inevitable challenges securing interviews with key global, regional and national stakeholders during a pandemic and this may have introduced a degree of bias to the data collected.

The UK-PHRST is pleased that the report recognises the following key findings:

1. The UK-PHRST model is still valid and increasingly relevant in the current global context and “has become more relevant in today’s world [...] which brings unprecedented global attention to the need to quickly and appropriately prevent, detect and respond to national and global health threats”.
2. “Despite limited human resources which have overstretched the team and inevitably restricted what they have been able to achieve, the programme is on track to achieve all its outputs.”
3. The strong partnership between LSHTM and PHE highlighted within the report.

UK-PHRST end-point evaluation recommendations

<i>Recommendations</i>	<i>Accepted/ Rejected</i>	<i>If “Accepted”, Action plan for Implementation or if “Rejected”, Reason for Rejection</i>
<p>Recommendation 1 – Ensure sufficient capacity to adequately meet the demands of programme delivery and maximise successful outcomes across the triple mandate, by advancing recruitment plans, using reservists and FETPs¹ where possible, and clearly articulating a request for more human resources in any future phase.</p>	<p>Accepted</p>	<p>The UK-PHRST accept this recommendation and fully recognise the need to ensure sufficient capacity. This has been captured in our future planning, aimed at ensuring sufficient capacity to deploy and a strong and expanded consortium of researchers in outbreak response. This includes recruiting eight new positions in the team in 21/22 and recruiting additional reservists</p>
<p>Recommendation 2 – Deepen in-country networks and partnerships to achieve programme objectives (particularly in relation to sustainability) through an updated approach to partnerships.</p>	<p>Accepted</p>	<p>The UK-PHRST fully recognises the importance of partnership working to achieve programme objectives. We will look to strengthen and broaden our well-established network of partners both in the UK and overseas in the coming year, including through stakeholder mapping to identify key gaps.</p> <p>In addition, the UK-PHRST is currently reviewing its approach to sustainability across the programme and will be developing a sustainability plan over 2021/22 which will directly address this recommendation.</p>

¹ FETP: team members drawn from PHE’s Field Epidemiology Training Programme.

<i>Recommendations</i>	<i>Accepted/ Rejected</i>	<i>If “Accepted”, Action plan for Implementation or if “Rejected”, Reason for Rejection</i>
<p>Recommendation 3 – Put greater emphasis on ensuring that research is used to inform decision making and to guide policy in LMICs, by articulating and implementing a research uptake strategy and further aligning research questions with needs.</p>	<p>Accepted</p>	<p>The UK-PHRST accepts the importance of ensuring research influences policy and the importance of mapping this impact.</p> <p>The UK-PHRST is in the process of developing a new research strategy, to be finalised in 2021/22, that will provide a structured framework for identifying and prioritising UK-PHRST research with a particular emphasis on translating research findings into public health practice in outbreak response. Ensuring and aligning research projects and outputs that impact on protocols and policy relating outbreaks is addressed throughout.</p> <p>The UK-PHRST will continue to strengthen in these areas and will ensure research dissemination and research uptake is embedded in programming activities for 2021/22. In particular, an increased focus on co-creation and implementation of projects with LMIC partners will aim to enhance uptake and the integration of findings into country level policy.</p>
<p>Recommendation 4 – Further define and embed UK-PHRST’s scope of work and ways of working, especially within capacity development, and improve partners’ awareness and understanding of UK-PHRST’s mandate through an effective communications plan.</p>	<p>Accepted</p>	<p>The UK-PHRST accepts this recommendation and it is reflected in the most recent UK-PHRST Theory of Change, which places an increased emphasis on areas of crossover in the triple mandate and the key and integrated role capacity development plays in this.</p> <p>Furthermore, we are directly addressing this recommendation through refining our approach to capacity development and reviewing our capacity development strategy as part of future planning, and we will support capacity development at national, regional and international levels to ensure UK-PHRST actions and UK and global mechanisms improve outbreak preparedness in LMICs.</p>

<i>Recommendations</i>	<i>Accepted/ Rejected</i>	<i>If “Accepted”, Action plan for Implementation or if “Rejected”, Reason for Rejection</i>
		<p>Our communications plan will be thoroughly reviewed during 2021/22 and our communication effectiveness will be further strengthened by a central Communications Officer supporting the programme across both lead partners. We will be publishing a flyer on the UK-PHRST to improve awareness</p> <p>The appointment of a Risk Communications Lead will also help to strengthen this area of the programme and strengthen engagement with partners.</p> <p>The UK-PHRST will continue to utilise the Knowledge Hub as a platform for engagement with partners and communities of practice to improve awareness and understanding of the UK-PHRST’s triple mandate.</p>
<p>Recommendation 5 – Continue to strengthen and implement UK-PHRST’s MEL approach to maximise chances to contribute to desired outcome level results and to be able to demonstrate contribution at this level.</p>	<p>Accepted</p>	<p>The UK-PHRST fully accepts the need to further strengthen the programme’s monitoring, evaluation, and learning (MEL) approach and has undertaken a full review to ensure this is fit for purpose.</p> <p>A Monitoring, Evaluation and Learning Group with strong senior management team engagement has been established and the UK-PHRST will be recruiting an Assistant Professor in Monitoring, Evaluation and Learning to further strengthen this area of the programme.</p> <p>We will continue to actively engage with the Monitoring, Evaluation and Learning Lead within the DHSC Global Health Security Team and the Monitoring, Evaluation and Assurance Team, Global Public Health at Public Health England</p>

<i>Recommendations</i>	<i>Accepted/ Rejected</i>	<i>If “Accepted”, Action plan for Implementation or if “Rejected”, Reason for Rejection</i>
<p>Recommendation 6 – Retain lessons learned during COVID-19 through a ‘blended’ approach combining in-person and remote support.</p>	<p>Accepted</p>	<p>The UK-PHRST fully accepts this recommendation and recognises the significant learning that can be made from the UK-PHRST’s engagement in the COVID-19 response.</p> <p>The programme will continue to work through both in-person and remote engagement and will look to further develop specific outputs including:</p> <ul style="list-style-type: none"> Remote tools for technical training developed and hosted on online platforms Remote engagement with Technical Steering Committee members representing LMIC institutions An increased emphasis on remote support to in-country research partners Field deployment training to be carried out using a blended, remote and face-to-face, format <p>In addition, the UK-PHRST is developing a sustainability plan which will examine how a blended model of support is factored into and has a positive impact on the programme’s long and short-term sustainability.</p>

© Crown copyright 2019

UK Public Health Rapid Support Team, Public Health England / London School of Hygiene and Tropical Medicine

Global Health Security Programme, International Directorate, Department of Health and Social Care

www.gov.uk/dhsc

This publication is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit nationalarchives.gov.uk/doc/open-government-licence/version/3

Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

OGL

