



Department
of Health &
Social Care



Public Health
England

Protecting and improving the nation's health

International Health Regulations Strengthening Project Annual Review: 2019-2020

Global Health Security Programme

Clearance Checklist

	Name	Date
External Assurance - Independent body sign off	FCDO comments provide and addressed [coordinated by Nel Druce, Senior Health Advisor] Independent assessor Dr Tazeem Bhatia, Consultant in Global Non-Communicable Disease and Obesity PHE	19 September 2020 2 October 2020
Project Board sign off	Approved	4 August 2020
Global Health Security (GHS) Programme Board sign off	Presented at August Board and final sign off with external inputs	13 November

Abbreviations and Acronyms

Acronym	Expansion
AAR	After Action Review
Africa CDC	Africa Centre for Disease Control
AMR	Antimicrobial resistance
BSC	Biosafety Cabinet
CTWG	Chemical Technical Working Group (CTWG)
FCDO	Department for International Development
DHSC	Department of Health and Social Care
DRC	Democratic Republic of the Congo
DRR	Disaster Risk Reduction
DHIS2	District Health Information Software 2
ECOWAS	Economic Community of West African States
EOC	Emergency Operations Centre
EPHI	Ethiopia Public Health Institute
EPRR	Emergency Preparedness, Resilience and Response
FCDO	Foreign, Commonwealth & Development Office, Department for International Development

Acronym	Expansion
FCO	Foreign and Commonwealth Office
FETP	Field Epidemiology Training Programme
GHS	Global Health Security
GIZ	The Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH
GOARN	Global Outbreak Alert and Response Network
HEOC	Health Emergency Operations Centre
HMG	Her Majesty's Government
IANPHI	International Association of National Public Health Institutes
IATI	International Aid Transparency Initiative
ICREID	International Conference on Re-Emerging Infectious Diseases
IDSR	Integrated Disease Surveillance and Response
IHR	International Health Regulations
IICC	Inter-institutional Communication and Coordination
IM	Incident Management
JEE	Joint External Evaluation
KP	Khyber Pakhtunkhwa

International Health Regulations Strengthening Project

Acronym	Expansion
LMIC	Low and middle-income countries
LQMS	Laboratory Quality Management System
LSHTM	London School for Hygiene and Tropical Medicine
M&E	Monitoring and Evaluation
MOHS	Ministry of Health and Sports (Myanmar)
MOHS (SL)	Ministry of Health and Sanitation (Sierra Leone)
MOU	Memorandum of understanding
NA	Not applicable
NADP	PHE's Novel and Dangerous Pathogens team
NCDC	Nigeria Centre for Disease Control
NDMa	National Disaster Management Authority
NFELTP	Nigeria Field Epidemiology and Laboratory Training Program
NIH	National Institute of Health (Pakistan)
NIS	National Infection Service
NPCC	National Poison Control Centre (Myanmar)
NPHI / NPHA	National Public Health Institution / Agency

Acronym	Expansion
NPIS	National Poisons Information Centre
NYGH	New Yangon General Hospital
ODA	Official Development Assistance (UK aid budget)
OEHD	Department of Occupational and Environmental Health, Myanmar
OIE	World Organisation for Animal Health
PHE	Public Health England
PHEIC	Public Health Emergency of International Concern
PHLN	Public Health Laboratory Network (Pakistan)
PVS	Performance of Veterinary System
QA	Quality Assurance
QMS	Quality Management System
WHO SEARO	World Health Organisation South-East Asia Regional Office
SLIPTA	Stepwise Laboratory Improvement Process Towards Accreditation
SLT	Senior Leadership Team
SNAP-GHS	Strengthening National Accountability and Preparedness for Global Health Security
SOP	Standard Operating Procedure

International Health Regulations Strengthening Project

Acronym	Expansion
SWOT	Strengths, Weaknesses, Opportunities, Threats
TDDAP	Tackling Deadly Diseases in Africa Programme
ToC	Theory of Change
TORs	Terms of Reference
TWG	Technical Working Group
UNIATF	United Nations Interagency Task Force
VFM	Value for money
VRAM	Vulnerability and Risk Analysis and Mapping
WAHO	West African Health Organization
WHO	World Health Organization
WHO AFRO	World Health Organization Regional Office for Africa
ZNPHI	Zambia National Public Health Institute

1. Introduction

Outline of GHS Programme

- 1.1 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 five projects; Fleming Fund, Global Antimicrobial Resistance Innovation Fund, UK Public Health Rapid Support Team, International Health Regulations Strengthening project and UK Vaccine Network Project. Through delivery of each of these projects the programme aims to support ODA eligible countries to:
- 1.2 Prevent and reduce the likelihood of public emergencies such as disease outbreaks and antimicrobial resistance:
- Detect health threats early to save lives.
 - Provide rapid and effective response to health threats
 - Prevent and reduce the likelihood of public emergencies such as disease outbreaks and antimicrobial resistance

Outline of Project

- 1.3 The International Health Regulations (IHR) (2005) are the World Health Organization's (WHO) legal instrument to ensure international collaboration "to prevent, protect against, control, and provide a public health response to global health threats in a way that is commensurate with the public health risks and avoids unnecessary interference with international traffic and trade". The UK supports universal implementation of the IHR as essential to protect all people of the world from global health threats and the international spread of disease.
- 1.4 Public Health England's (PHE) IHR Strengthening project is a £16m Department of Health and Social Care (DHSC), Official Development Assistance (ODA)-funded project (2016/17-2020/21). It is designed to enhance global health security through offering technical assistance to selected low- and middle-income countries (LMICs) to improve capabilities and compliance with the IHR (2005). Following

successes in the first two years of implementation, the IHR Strengthening project received an additional £1.6m in 2019/20 and 2020/21 respectively to expand project activities to Pakistan. As an indicator of cross-government confidence in the IHR Strengthening project, a further uplift was granted in 2020-21, to extend reach into southern Africa through engagement with Zambia, bringing the total project budget between 2016-21 to £19.46 million.

- 1.5 The funding for this project enables PHE's globally recognised scientific and technical capability to be mobilised for increased international engagement, significantly scaling up the UK's capacity to contribute to global health security. The IHR Strengthening project provides bilateral scientific advice and expertise to six countries (Ethiopia, Nigeria, Sierra Leone, Zambia, Pakistan and Myanmar). The IHR Strengthening project also works with WHO country and regional offices, Africa Centre for Disease Control (Africa CDC) and other multi-lateral institutions to reach countries that may otherwise be neglected in terms of donor support. This will strengthen regional resilience networks for prevention, detection and response to future outbreaks.
- 1.6 The first year of the IHR Strengthening project was dedicated to the business case development and post-approval design phase, ensuring the IHR Strengthening project was able to deliver on its objectives and create meaningful relationships with partners. Project delivery then began at the end of 2017. In all its activities, the IHR Strengthening project aims to:
 - increase technical capabilities in our partner countries and agencies through facilitating access to experts in PHE and other UK organisations
 - develop a dedicated capacity to support strengthened international, regional and country level capabilities
 - create standard operating procedures and protocols for detection, prevention and response to public health threats
 - improve resilience and response capability through training, supervision and mentoring. It does so through technical partnerships, knowledge exchange, system development and – to achieve sustainability – through linking IHR requirements to strengthened public health systems. The IHR Strengthening project aims to develop sustainable institutional linkages, long term partnerships and professional relationships at country and regional level.
- 1.7 This review covers the period of April 2019 - March 2020, during this time the IHR Strengthening project had its first complete year working with Myanmar and Zambia and facilitated the transition of the Pakistan workstream from the

Department for International Development (FCDO) Integrated Disease Surveillance and Response (IDSR) project.

- 1.8 The IHR Strengthening project team and DHSC GHS have both provided input for the IHR Strengthening project review. The IHR Strengthening project team has provided the content for the review and accumulated the inputs from across the project teams, delivery teams and the target theatres of engagement. The DHSC GHS team has provided written responses to the content provided, by outlining their assessment observations in green text boxes, at the key intersections of the review.

Outline summary of project's last year annual review

Project Management	Amber/Green Medium/low
Finance	Amber (Medium)
Theory of Change	Green (Low)
External Engagement	Amber Green (Medium Low)
Summary: Overall Delivery Confidence RAG Rating	Amber Green (Medium Low)

Summarised key recommendations from the previous review

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

Project Management

	Recommendations	Current Status
1.	Review the IHR Strengthening project leadership and management structures in response to the expanding size and complexity to ensure continued efficiency and effectiveness.	Met: A third member of the leadership team has been appointed and a review of governance systems was completed, and changes implemented.
2.	To avoid parallel reporting or duplication between the IHR Strengthening project and DHSC. map roles and responsibilities (e.g. in relation to New Approach to Africa) and record and manage any risks identified.	Met: This has been reviewed as part of internal governance system review.
3.	Strengthen mechanisms for continuous improvement based on lessons identified through monitoring and evaluation	Ongoing: Project team is implementing new internal processes around lessons learned and are developing an evidence-based practice approach to project management, following the review of the recommendations from the Mid-term Evaluation.

Finance

	Recommendations	Current Status
4.	Work closely with technical teams to maintain expenditure and adjust to ensure optimum efficiency	Met: Budgeting systems were amended; expenditure has been maintained.
5.	Explore the opportunity to use new financial mechanisms to increase the diversity of approaches the IHR Strengthening project can use to achieve its goals, including capital	Met: Addendum to original business case was approved by DHSC.

	Recommendations	Current Status
	investment, and grant making.	

Monitoring and Evaluation

	Recommendations	Current Status
6.	Review the theory of change in partnership with the third-party monitoring agent to ensure assumptions are still correct and to incorporate any new evidence of effectiveness.	Met: Implementation of a revised theory of change is ongoing.

Communications

	Recommendations	Current Status
7.	Develop a communication strategy to inform and support a robust and reactive approach to external engagement. Development of a renewed PHE global health strategy to replace the 2014-2019 will provide the framework to steer such engagement.	Delayed: Delay in completion of PHE global health strategy resulted in a delay to the IHR Strengthening project communication strategy, due to interdependencies.
8.	Develop and implement active horizon scanning to identify and engage with potential partners.	Ongoing: This has been refocused on horizon scanning for risks and potential mitigation strategies.
9.	Make more efforts to share lessons learned through publications in scientific journals and relevant conferences.	Ongoing: Publications delivered, and conferences attended.

2. Key Project Achievements

- 2.1 The IHR Strengthening project has been active in six countries during the review period; Nigeria, Pakistan, Sierra Leone, Zambia, Myanmar and Pakistan. At the start of the year, each country team, in collaboration with its respective National Public Health Institute (NPHI), produced a work plan for the year, highlighting key areas for development and the technical resource required. Good progress was made against these plans in the first three quarters of the year, evidenced by the key successes listed below.
- 2.2 The COVID-19 pandemic had a profound impact on planned work during Q4 but the IHR Strengthening project has adapted and delivered remotely alongside supporting UK response efforts. Work plans and activities were adapted to respond to the needs of partner countries. While the pandemic was unexpected, COVID-19 enabled the IHR Strengthening project to showcase the effectiveness of its model of delivery and the strength of its relationships with partner organisations and countries.

COVID-19

- 2.3 Training and expertise provided to Nigeria Centre for Disease Control (NCDC) during the course of the IHR Strengthening project, contributed to Nigeria becoming one of the first Sub-Saharan African countries to commence validated testing for COVID-19.
- 2.4 Regular engagement and provision of technical advice to the national COVID-19 Emergency Operations Centre (EOC) via membership of COVID-19 Preparedness Technical Working Group ahead of the outbreak.
- 2.5 Worked with Ministry of National Health Services in Pakistan to conduct COVID-19 training for the Point of Entry cadre. Seven training sessions have been delivered at major airports and land crossings to professionals including law enforcement, customs, and medical personnel.
- 2.6 Provision of advice and resources to increase Africa CDC's COVID-19 testing capacity, and work with Africa CDC to produce region-specific guidance.

Cross Project

- 2.7 Strong and trusting partnerships were established and maintained with key country-level and regional stakeholders. These partnerships facilitated the delivery of training and workshops in all countries and resulted in measurably strengthened

health systems. Strong foundations have been laid for the future advancement and success of the IHR Strengthening project.

- 2.8 Launch of a partnership with the International Society for Infectious Diseases (ISID) to develop a unique new system for global Antimicrobial Resistance (AMR) surveillance (ProMED-AMR). ProMED-AMR will collect new information using digital disease detection methods and non-traditional sources, which will be vetted, analysed, and commented upon by a global team of AMR subject matter specialists. Reports will be disseminated to an international audience, in an effort to enhance global AMR surveillance.
- 2.9 Completion of the SNAP-GHS project which piloted an approach with NPHIs in Ethiopia, Nigeria and Pakistan, to identify additional useful data for national and subnational decision-making and improve preparedness against public health threats.
- 2.10 Completion of the Mid-term Evaluation for the IHR Strengthening project by the third-party evaluators (Itad), and subsequent revisions to project Monitoring and Evaluation (M&E) framework and Theory of Change (ToC).

Africa CDC

- 2.11 Recruitment of a Senior Public Health Advisor for Africa CDC, embedded within Africa CDC's headquarters in Addis Ababa.
- 2.12 Trusting relationships developed between PHE and Africa CDC, building on collaboration since the IHR Strengthening project's start, led to successful facilitation of wider UK government engagement with Africa CDC and raised UK government profile in global health security. The relationship developed with Africa CDC was acknowledged by the Minister for Africa and was the basis for a UK government contribution to their COVID-19 response fund.
- 2.13 Developed an interactive database for public health rapid response teams among Africa CDC Member States linking personal skills and future training needs to enable better co-ordination during public health incidents and provide better workforce intelligence (volunteer deployment platform).

Nigeria

- 2.14 Training on biosafety and biosecurity delivered to NCDC by PHE's Novel and Dangerous Pathogens (NADP) team.

International Health Regulations Strengthening Project

- 2.15 Enhanced emergency preparedness and response in Nigeria, through delivery of a multi-state, multi-sector functional simulation exercise in partnership with the NCDC.
- 2.16 Disease outbreak surveillance, preparedness and response capacity strengthened through training on public health applications of Geographic Information Systems (GIS) at PHE Porton Down and in-country. Enhanced GIS mapping and data skills have been put to use to improve weekly epidemiology reporting at NCDC.

Ethiopia

- 2.17 Formal launch of the IHR Strengthening project, in Ethiopia and signing of a Memorandum of Understanding (MoU) between Ethiopian Public Health Institute (EPHI) and PHE, witnessed by Dr Alastair McPhail, British Ambassador to Ethiopia.
- 2.18 Project country lead received the Temret Award from the British Ambassador to Ethiopia for his work in promoting collaboration and partnership across government.

Sierra Leone

- 2.19 Production and dissemination of Public Health Workforce Development Strategy in collaboration with Ministry of Health and Sanitation (MOHS) Sierra Leone; contributing to workforce capacity strengthening.
- 2.20 Strong relationships developed between PHE and Foreign, Commonwealth and Development Office (FCDO) in Sierra Leone, including a regular monthly information-sharing.
- 2.21 Support and advice delivered for the Lassa Fever response, including the After-Action Review (AAR) of the Lassa Fever Response in partnership with WHO Sierra Leone country office.

Zambia

- 2.22 MoU and Letter of Intent between PHE and the Zambia National Public Health Institute (ZNPPI) finalised and work plans agreed.
- 2.23 First full year of operation with senior Public Health Advisor for Zambia deployed, and an in-country support team established.
- 2.24 Surveillance systems enhanced through delivery of training on disease surveillance methods and IDSR to ZNPPI staff across Zambia.

Myanmar

- 2.25 Working in partnership with the Department of Public Health Myanmar, the Department of Medical Research, WHO (country office and regional office) and the UK National Poisons Information Service (NPIS) strengthened chemical and toxicological public health response and incident management through delivery of clinical toxicology training and an AAR (in response to the Yangon landfill fire).
- 2.26 Built upon European Union Chemical, Biological, Radiological, and Nuclear (CBRN) Centres of Excellence Project 61 delivering two courses on chemical event prevention, preparedness, response and recovery as well as a chemical laboratory workshop organised by the Department of Research and Innovation.
- 2.27 Three poison treatment units have been provided access to TOXBASE accompanied by face-to-face and distance TOXBASE learning. Two training courses (basic and advance) were delivered in 2019.

Pakistan

- 2.28 Recipients of an award from the Minister of Health, Khyber Pakhtunkhwa (KP) Province, Pakistan recognising leadership of work in the province on Integrated Disease Surveillance and Response (IDSR) and steering the development and adoption of KP Province's multisector outbreak plan. This multisector plan is now KP government policy and is the first of its kind for a province in Pakistan.
- 2.29 Delivered IDSR Master training and IDSR Cascade Training during the review period resulting in approx. 80 master trainers able to build capacity and knowledge domestically around how IDSR works.
- 2.30 The IHR Strengthening project has been leading partners in the development and implementation of a comprehensive Audit Tool to assess the potential eligibility of Public Health laboratories. 31 laboratories assessed in KP are currently using the Audit Tool which has been reviewed and adopted by the KP Health Department. Work is underway to build on the success and share the framework with other provinces in Pakistan

"I remember the time and efforts that PHE have been investing in completing this draft and on training the officials of multiple departments in KP. The thing I liked in this plan was that not only that it guides all relevant sectors to take part in response measures but also that this plan does not seem to be fixed exclusively for communicable diseases. The plan, instead, gives the basic structure of coordination and guidelines for approaching any disaster or event that relates to health. I am positive that once implemented, this plan would be very beneficial for taking care of public health events." Dr. Abdul Quddus, Former Director of Public Health Khyber Pakhtunkhwa Province.

Publications & contributions to conferences and learning events

- Commentary '[The Global Health Security Index: what value does it add?](#)' published in the British Medical Journal.
- Response to publication '[A partnership approach to strengthening IHR compliance](#)' published in the British Medical Journal.
- Publication in the Lancet Infectious Diseases - [Outbreak of human monkeypox in Nigeria in 2017–18: a clinical and epidemiological report](#)
- Publication in Clinical Infectious Diseases - [Clinical Course and Outcome of Human Monkeypox in Nigeria](#)
- [IANPHI Insider publication about the workforce development activity undertaken by the IHR project in Sierra Leone](#). PHE's deputy director of workforce and global talent and leadership, and his team, have been working to develop an approach for developing the workforce for their proposed National Public Health Agency.
- Panel participation in the 'Building Public Health capacity globally' panel at the Public Health England Conference.
- Co-organisation with Africa CDC of networking opportunity and panel discussion for 'women leaders in global health' at the International Conference on Re-Emerging Infectious Diseases (ICREID) conference endorsed by Women in Global Health. Conference was due to take place in March 2020 and was postponed due to the COVID-19 pandemic.
- Abstract submitted on foresight planning for the Health Services Research (HSR) 2020 conference- finalisation and attendance has been delayed due to COVID-19.
- Sharing the lessons from the IDSR Review on the world stage at the World Health Summit in Berlin.
- [Abstract published in the Journal of Clinical Toxicology about supporting the establishment of the Ethiopian Poisons Centre](#)
- The IHR Project country lead and Senior Public Health advisor in Ethiopia has been presented with the inaugural [Temrt award by the British Ambassador to Ethiopia](#) and Permanent Representative to the African Union.
- [Published article in Newsnod](#) reporting on the PHE delegation visiting the Pakistan National Institute of Health (NIH). The article describes the half day workshop on "institutional organisation behaviour and change management" jointly facilitated by NIH

and PHE. The article gives a brief history of the relationship between Pakistan and PHE, restating the commitment of PHE to learn with and support the NIH

DHSC Assessment

The IHR Strengthening project has had another successful year of delivery, making progress at country and regional level. The IHR Strengthening project has taken a leading role in developing strong links with Africa CDC which has benefited not only other Global Health Security projects but across government. The IHR Strengthening project's close working with FCDO Country Offices makes them a respected and valued part of the international global health landscape. More recently the IHR Strengthening project has been part of the GHS response to COVID-19, quickly adapting to remote delivery.

Communications with DHSC have been clear, concise and helpful with the sharing of regular updates on delivery and meetings with the IHR Strengthening project management team.

Wider communications and publicity have suffered this year and GHS Communications leads have attempted to work with PHE Communications team to create a plan of delivery for year 20/21. Naturally prioritisation of the current pandemic has hampered this.

We understand that the quality of the Mid-term Evaluation by Itad required work from the IHR Strengthening project.

3. Project Management

Delivery assessment for reporting year

Rag rating for the reporting year	Amber/green
Changes since the last year (yes/no)	No

Evidence of managing the delivery of project

Quarter 1	Quarter 2	Quarter 3	Quarter 4
Amber	Amber	Amber/green	Amber/green

Key Project Management Points:

3.1 A priority for 2019/20 has been a comprehensive review of the IHR Strengthening project management structure and governance, as the IHR Strengthening project has significantly expanded since inception, and to implement lessons learned during this full year of implementation. This has been completed during the review period and is outlined in this section. The IHR Strengthening project has delivered consistently and effectively over the past 12 months, despite contending with internal process delays (recruitment, procurement), external factors (e.g. changes of leadership in Ethiopia and the COVID-19 pandemic). The IHR Strengthening project team has adapted its governance processes to include the following:

- An improved risk register process, reviewing risks and mitigating actions frequently.
- Twice weekly ‘stand-ups’ to encourage a more agile way of communicating activity across the team.
- Weekly IHR team meeting and business management meetings.
- Fortnightly leadership and project management meetings.
- Monthly One PHE country meetings between country teams, project management and technical leads
- Quarterly M&E meetings.

- Six-weekly meetings of the IHR Technical Working Group (TWG), to provide a forum for updates, discussion and opportunities for cross-cutting activities across the IHR Strengthening project.
- Quarterly reporting of key activity, risks and forward look to PHE's Head of Global Programmes via global programme management forum.
- Quarterly reporting of key activity to the IHR project Board.
- Reporting to the DHSC Programme Board every two months.
- An additional member of the Senior Leadership Team (SLT) was recruited during the review period in order to support the increasing complexity and size of the IHR Strengthening project.

DHSC Assessment

An amber green rating overall feels fair over the reporting year.

There have been some issues in terms of the administration of the programme. For example, reliability of financial spend profiles caused issues when reporting on potential over/underspends and most importantly with reporting to HMG for the Africa Strategy (AS). As a new endeavour there were understandable issues and confusion around what exactly was required and by whom. The AS is a complex landscape reporting wise and who and what was being commissioned wasn't always clear. On occasion, the IHR Strengthening project did report that its spend was markedly different to original assumptions – fortunately these issues were picked up and resolved in a timely manner. Towards the end of the year these have been largely rectified.

Other minor issues around communications and information flows have been largely caused by the increase in size of the IHR Strengthening project and it is understandable that there were some teething troubles. This has much improved as the structure beds in.

It has been good to see the team working to improve co-ordination of efforts with other GHS projects, particularly the Fleming Fund. There is a sound basis for work here to further embed over the next year of delivery.

There is a clear management structure in place and we anticipate the changes made to the senior tier will continue to pay dividends.

Evidence that the IHR Strengthening project is meeting the agreed milestones and deliverables

3.2 Following the recommendations of the Mid-term Evaluation, substantial changes have been made to the IHR Strengthening project logframe. These changes better reflect the work of the IHR Strengthening project and ensure collection of better-quality data for reporting on progress. There has also been a shift in how the IHR Strengthening project reports on milestones and activity, with the IHR Strengthening project team and technical teams now using JIRA and Confluence platforms to submit evidence and track progress. The list of milestones below sits under the new outcomes from the revised logframe.

Intermediate Outcome 1: Strengthened system coordination and collaboration through national public health institutes in partner countries, and at Africa region.

Output Indicator	Milestones / deliverables	Current status
1.1	One Health Milestone: Develop national One Health action plan for Sierra Leone	Completed
1.2	Laboratory Strengthening Milestone: Re-establish Sierra Leone Public Health labs technical working groups (networks)	Completed
1.3	Stakeholder Engagement Milestone: MOU agreed for Zambia	Completed
1.4	Stakeholder Engagement Milestone: Project Launch in Ethiopia	Completed
1.5	Stakeholder Engagement Milestone: Letter of Intent between PHE and Africa CDC	Completed

Output Indicator	Milestones / deliverables	Current status
1.6	Stakeholder Engagement Milestone: Renewal of PHE membership to the International Association of National Public Health Institutes (IANPHI)	Completed
1.7	Stakeholder Engagement Milestone: PHE support the co-ordination and hosting of WHO IANPHI Meeting	Completed
1.8	Workforce Development Milestone: Plan and deliver public launch event for workforce development workplan in Sierra Leone	Completed
1.9	One Health Milestone: Review and revise Africa CDC One Health Framework	Completed
1.10	Stakeholder Engagement Milestone: Scoping visit undertaken to identify lead ministry stakeholders in Myanmar	Completed
1.11	Project Activity Milestone: Workplans agreed with partners for 19/20 for all work streams	Completed
1.12	Poisons Capacity Strengthening Milestone: Paper on engagement with Africa CDC Regional Collaborating Centre developed during the Ethiopia Poisons Centre Training. This work will continue into the 2020-2021 review period, and has been delayed due to COVID-19	In Progress

Output Indicator	Milestones / deliverables	Current status
1.13	<p>Emergency Response</p> <p>Milestone: Agree and sign-off Emergency Operations Centre (EOC) response plan (All Hazards) for Nigeria</p>	On Track.
1.14	<p>M&E Systems Strengthening</p> <p>Milestone: Received Mid-term Evaluation recommendations for the IHR Strengthening project, and work commenced to improve project processes in line with recommendations from report. The implementation of some recommendations will continue into the 2020-2021 review period</p>	In Progress
1.15	<p>M&E Systems Strengthening</p> <p>Milestone: Review project ToC and amend to align with recommendations from the Mid-term Evaluation</p>	Complete
1.16	<p>Stakeholder Engagement</p> <p>Milestone: Deliver paper on partnership working for IDSR in Pakistan with CDC and USAID. This work will continue into the review period 2020 - 2021</p>	In Progress

Intermediate Outcome 1 key points:

- 3.3 Intermediate Outcome 1 has been revised in line with recommendations from the Mid-term Evaluation to better reflect the objectives of the IHR Strengthening project, specifically covering all activity that relates to “strengthening system coordination and collaboration through national public health institutes in partner countries, and at Africa region”. Outputs under this objective include the following:

- Standard Operating Procedures (SOPs), Plans and Guidelines developed and available for IHR technical areas
- Strengthened formal linkages between public health, animal health and security authorities, and those sectors responsible for chemical safety, industries, transportation and safe disposal
- Strategy where PHE has supported development and operationalisation for surveillance, laboratories and other health protection systems based on risk assessments of threats and capabilities
- MoUs, plans and/or processes developed and implemented to facilitate cross UK government alignment and engagement of regional bodies in IHR implementation
- Plans developed and disseminated for Antimicrobial Resistance (AMR): detection and reporting; surveillance; healthcare associated prevention and control programs; and antimicrobial stewardship

3.4 Progress towards Intermediate Outcome 1 has been consistent throughout the review period, including in Q4 where activity was adapted to the COVID-19 response in partner countries. The strong relationships between the IHR Strengthening project team and its in-country stakeholders have been demonstrated through the continuation of project activities and provision of support throughout the COVID-19 pandemic, and formally realised in all areas now, through MOUs or Letter of Intent (LoI), as in the case of the Myanmar. Intermediate Outcome 1 has been progressed further through the work undertaken to produce strategies to support key technical area development in partner countries- such as the workplans created by country leads, and the Africa CDC One Health framework. These strategies identified how partners will collaborate to develop and implement work to support system strengthening.

3.5 The ways in which the IHR Strengthening project has specifically contributed to strengthening system coordination and collaboration is now being monitored and evaluated more effectively, as a result of the revisions to the M&E framework and ToC. This has further clarified what the IHR Strengthening project aims to deliver in the short-term and long-term and facilitated the identification of any gaps in delivery plans in addition to providing a clear rationale for why activities have been undertaken.

Intermediate Outcome 2.1: Prevention, detection, and response activities conducted effectively and sustainably by a well-trained, coordinated, evaluated and occupationally diverse multi-sectoral workforce

Output Indicator	Milestones / deliverables	Current status
2.1.1	Workforce Planning Milestone: Develop a workforce planning tool for completion by divisions in Sierra Leone National Public Health Agency (NPHA)	Completed
2.1.2	Emergency Response Milestone: Develop and deliver a workshop on best practice in behavioural science for emergency response in Ethiopia	Completed
2.1.3	Surveillance System Strengthening Milestone: Facilitate surveillance evaluation workshop in partnership with Myanmar Centre for Disease Control and Prevention (Myanmar CDC)	Completed
2.1.4	Emergency Response Milestone: AAR workshop conducted with Myanmar stakeholders following the Yangon landfill fire	Completed
2.1.5	Workforce Development Milestone: Mentoring training via in-country mission in Ethiopia	Completed
2.1.6	Surveillance System Strengthening Milestone: Environmental epidemiology and surveillance training for chemicals to Public Health Emergency management PHEM staff in Ethiopia	Completed
2.1.7	Surveillance System Strengthening Milestone: Deliver surveillance data management workshop for EPHI data clerks	Completed
2.1.8	Workforce Development Milestone: Development and delivery of leadership module	Completed

Output Indicator	Milestones / deliverables	Current status
	with Africa CDC	
2.1.9	Laboratory Strengthening Milestone: Deliver good laboratory practices training to Connaught laboratory staff in Sierra Leone	Completed
2.1.10	Workforce Strategy Milestone: Review workforce plans and provide technical assistance on specific issues – Sierra Leone. This will continue into the 2020-2021 review period and is undergoing delays due to the COVID-19 pandemic	In Progress
2.1.11	Workforce Strategy Milestone: Lessons Learnt/Workforce Planning paper delivered at International Association of National Public Health Institutes (IANPHI) event in Sierra Leone	Completed
2.1.12	Workforce Strategy Milestone: the London School of Hygiene & Tropical Medicine (LSHTM) Developing Public Health Leaders programme live	Completed
2.1.13	Emergency Response Milestone: Establish an Emergency Preparedness, Resilience and Response (EPRR) training programme within NCDC and Myanmar Ministry of Health and Sport (MoHS). This will continue in the 2020 -2021 review period	On Track
2.1.14	Workforce Development Milestone: Deliver IDSR cascade training to stakeholders in Pakistan and plan for other trainings to run at district level	Completed
2.1.15	Workforce Development Milestone: Deliver mentoring programme for Health Service	Completed

Output Indicator	Milestones / deliverables	Current status
	Academy Faculty in Pakistan	
2.1.16	One Health Milestone: Facilitate One Health training during 3-day workshop for senior clinicians on Points of Entry, risk assessment and case management of COVID-19 for Zambia	Completed
2.1.17	Chemicals Hazards System Strengthening Milestone: Run a training course on the basics Geographic Information System (GIS) open source software in Ethiopia	Completed
2.1.18	Laboratory Strengthening Milestone: Deliver a biosafety/biosecurity workshop for lab staff in Ethiopia.	Completed
2.1.19	Chemicals Hazards System Strengthening Milestone: Delivery of a four-day primer course to National Poison Control Centre (NPCC) and Department of Medical Research (DMR) staff to include basics of IHR, Environmental Epidemiology and Poisoning Epidemiology for Myanmar	Completed
2.1.20	Chemicals Hazards System Strengthening Milestone: All Myanmar NPCC and New Yangon General Hospital Poison Treatment Unit (NYGH PTU) staff complete TOXBASE training with National Poison Infection Service UK (NPIS) and PHE	Completed
2.1.21	Chemicals Hazards System Strengthening Milestone: Workshop on vulnerability assessment for chemicals in Ethiopia	Completed
2.1.22	Laboratory Strengthening Milestone: Deliver enteric pathogens workshop in Ethiopia and Zambia. This has been delayed due to the COVID-19 pandemic	Delayed
2.1.23	Laboratory Strengthening Milestone: Deliver training on EPHI Mobile Biosafety Level Three (BSL3) Laboratory for Ethiopia	Completed

Output Indicator	Milestones / deliverables	Current status
2.1.24	Laboratory Strengthening Milestone: Deliver Diphtheria workshop in Nigeria and Myanmar.	Completed
2.1.25	Laboratory Strengthening Milestone: Deliver biosafety and biosecurity workshop in Nigeria, Myanmar, Ethiopia, Sierra Leone and Zambia	Completed

Intermediate Outcome 2.1 key points

- 3.6 Intermediate Outcome 2.1 has been revised to better align with the recommendations from the Mid-term Evaluation, and now specifically addresses “prevention, detection, and response activities conducted effectively and sustainably by a well-trained, coordinated, evaluated and occupationally diverse multi-sectoral workforce”. This outcome is supported by the following outputs:
- Workforce needs assessments undertaken and toolkits available for workforce gap analysis
 - Workforce strategic plan(s) developed & implemented and toolkits available for workforce strategy development
 - Public health leaders formally trained and mentored to strengthen leadership capacity
 - Number of professional's field deployable through Global Outbreak Alert and Response Network (GOARN), Africa CDC or other bilateral and national systems
 - All selected public health technical staff and/or frontline workers to receive targeted training and/or mentoring
- 3.7 Work supporting the realisation of Intermediate Outcome 2.1 has largely related to programmes of training and workforce development with stakeholders in partner countries. This activity cuts across technical areas, with workshops, training events, and formal courses forming the bulk of what was delivered during the review period. The IHR Strengthening project has been particularly successful in its collaboration with Africa CDC to develop a volunteer deployment platform for member states to use in the event of public health emergencies.
- 3.8 Another key success under this outcome is the support and leadership the IHR Strengthening project has provided to three internationally recognised ZNPHI

service engineers trained in safety cabinet certification and provided with a complete set of equipment as part of that activity as well as one-year NSF International professional registration. These achievements have been instrumental in supporting the COVID-19 response in partner countries and within partner organisation.

- 3.9 In addition to this, the IHR Strengthening project has continued to provide support for NPHI workforce development and to train and develop public health leaders. This has been well demonstrated in Sierra Leone where the IHR Strengthening project team has facilitated the review of workforce plans and technical issues that may impact upon workforce development. A new workforce strategy for Sierra Leone was officially launched with a dissemination event.
- 3.10 Training has been delivered in Pakistan to establish and implement the KP multi-sector outbreak response plan which has directly contributed to system strengthening. Encouraging and equipping public health specialists with leadership skills forms a part of many of the IHR Strengthening project's technical training initiatives listed above. In addition, five places on a dedicated public health leadership development programme (LSHTM Executive Programme for Global Health Leadership) were also commissioned in 2019/20 and will be filled by representatives from IHR Strengthening project partner NPHIs in 2020/21.

“PHE and US CDC shared a common objective; to strengthen BSL3 capability at EPHI in preparedness for Ebola without having to invest significant sums of money into the troubled BSL3 Mobile Lab to make it functional. The PHE team proposed a tried and tested solution that had worked in countries in West Africa that had limited resources but enabled them to manage the Ebola effectively. This collaboration has strengthened our existing working relationship with US CDC and EPHI. The technical teams worked well together and worked through some acknowledged differences in language and approach to achieve a common goal; strengthened biosafety and biosecurity for Ebola preparedness in Ethiopia.” Ethiopia Case Study BSL3 Mobile Lab (Annex 5)

Intermediate Outcome 2.2: Public health technical systems enhanced and expanded in partner countries and regions

Output Indicator	Milestones / deliverables	Current status
2.2.1	Chemical Hazards System Strengthening Milestone: Presentation on poisoning at the annual Myanmar Medical Research Conference.	Completed
2.2.2	Stakeholder Engagement Milestone: Deliver ESTHER EFFECt assessment in Nigeria.	Completed
2.2.3	Surveillance System Strengthening Milestone: Bolstered and improved the Pakistan Health Information Systems and analysis by electing and training an additional 8 district units to link via the IDSR component of Digital Health Information System 2 (DHIS2) with national data hub at National Institute of Health (NIH)	Completed
2.2.4	AMR Surveillance Milestone: NCDC supported in planning, implementing and monitoring national AMR surveillance. This activity will continue into the 2020-2021 review period.	On Track
2.2.5	AMR Surveillance Milestone: IHR partnered with the International Society for Infectious Diseases (ISID) to design and deliver a new AMR Surveillance platform (ProMED-AMR).	Completed
2.2.6	Chemical Hazards System Strengthening Milestone: Deliver workshop on vulnerability assessment for chemicals in Ethiopia	Completed
2.2.7	Laboratory Strengthening Milestone: Joint training activities between animal and public	Delayed

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Output Indicator	Milestones / deliverables	Current status
	health professionals in Zambia. This has been delayed due to the COVID-19 pandemic.	
2.2.8	Surveillance Systems Strengthening Milestone: Deliver Community Based Surveillance (CBS) training in Pakistan and produce evaluation report.	Completed
2.2.9	Emergency Response Milestone: One Health exercise delivered in Myanmar	Completed
2.2.10	System Coordination Strengthening Milestone: Strengthening National Accountability and Preparedness for Global Health Security (SNAP-GHS) in-country pilot completed.	Completed
2.2.11	Chemical Hazards System Strengthening Milestone: PHE support to EPHI to develop a chemical incident response plan in Ethiopia	Completed
2.2.12	Chemical Hazards System Strengthening Milestone: Tabletop exercise on chemical incident response in Ethiopia.	Completed
2.2.13	Emergency Response Milestone: Establish a Public Health EPRR assurance process for Nigeria. This activity will continue into the 2020-2021 review period.	On Track
2.2.14	Emergency Response Milestone: Deliver summit on public health emergency preparedness with Ministry of National Health Service Regulation and Coordination in Pakistan (MoNSR&C), NIH, National Disaster Management Authority (NDMA) and partners in Pakistan.	Completed

Intermediate Outcome 2.2 key points:

- 3.11 Intermediate Outcome 2.2 has been revised to better align with the recommendations from the Mid-term Evaluation, and now specifically addresses how “Public health technical systems [are] enhanced and expanded in partner countries and regions”. This outcome is supported by the following outputs
- A functioning public health surveillance system capable of identifying potential events of concern for public health and health security
 - Preparedness: Emergency response operations plans are in place with adequate support of resources and capacities
 - Emergency response operations: Functional network of emergency operations centres and emergency response systems capable of addressing potential public health threats established, led by WHO
 - Laboratory systems enhanced and quality assured, with capacity increased for laboratory Quality Assurance (QA), and laboratory networks strengthened
 - Strengthened systems for detection and response to chemical-toxicological public health incidents
- 3.12 Work supporting the realisation of Intermediate Outcome 2.2 cuts across all technical areas, but due to the nature of the outputs outlined above there is a significant focus on the work around emergency response, surveillance and laboratory strengthening. While most work in Q1-3 progressed as expected, the majority of activities in Q4 were postponed or adapted to respond to the COVID-19 outbreak.
- 3.13 Work in the emergency response and laboratory strengthening technical areas was well suited for adaptation to COVID-19. The IHR Strengthening project has facilitated surveillance system strengthening in partner countries to directly enhance public health technical systems. This includes the implementation of the IDSR component of DHIS2 data management system in Pakistan and strengthened weekly epidemiology reporting skills in Nigeria. The recommendations that came as a result of Exercise Keep Pushing, such as training sessions to exercise the NCDC Infectious Disease Outbreak Response Plan and the promotion of better understandings of NCDC’s role and responsibilities during a public health incident, have been critical pieces of work contributing to the NCDC COVID-19 response. Emergency response strengthening work has centred around creating plans for emergency response with partner institutions, and then conducting exercises and workshops to support the embedding of plans and processes

Our PHE initiative prompted work that eventually led to the shaping and legal sanctioning of a Multi-Sector Outbreak Control Plan (MSOCP) in KP that continues to be of pertinence to the sub-national, national and international stakeholders working in Pakistan and beyond. A clear purpose of MSOCP was to form a high-level coordinating body within the government sectors that is key to contain any type of disease outbreak; thereby improving the effectiveness of the KP health sector in a rapid response situation. To build on the success of the process and the lessons learnt from it, it is hoped with the local nuances added to the MSOCP it will be replicated across other provinces in Pakistan.” Pakistan Milestones at project and programme level are regularly monitored and by observation from the DHSC team. The reporting of the above milestones is accurate and a true reflection of project activity.

DHSC Assessment

Milestones at project and programme level are regularly monitored and by observation from the DHSC team. The reporting of the above milestones is accurate and a true reflection of project activity.

4. Evidence of Risk Management

- 4.1 The IHR Strengthening project thoroughly revised its risk management framework during the review period given the increased complexity of the IHR Strengthening project. This work included a review of the initial risk management procedures which found room for improvement on risk logging practices, risk review processes, and documentation of mitigations. The revised framework details how risk management and logging would be made more accessible by the wider team. The IHR Strengthening project's updated risk review process involves four main steps, which form the mechanisms for establishing the IHR Strengthening project's risk appetite; identifying and defining the risks, risk categories and risk scoring (likelihood and severity of impact on the IHR Strengthening project or PHE should risks within these categories turn into issues); escalating risks and actioning mitigations/controls; and capturing evidence and lessons learned. The four steps are outlined below.

Risk tolerance establishment

- 4.2 Agreed definitions for each potential risk impact rating (from very low, low, medium, high to major), across delivery, cost, time, quality, reputational and health and safety risk categories. A threshold for escalation and mitigation of key risks depending on the risk outcome (calculated by impact x probability) has been identified by project managers and used as a reference point to trigger formal escalation of high-level risks to the SLT. Risks are also assessed on a case by case basis to ensure appropriate escalation and course of action for urgent mitigation.

Risk/intelligence gathering

- 4.3 The IHR Strengthening project uses a risk capture form, which is accessible to all personnel working across the IHR Strengthening project. The form enables country leads, in country support staff, the IHR core project team and technical delivery teams to formally notify the IHR Strengthening project managers of key potential risks arising – that is, to identify new risks or changes to existing risks (for instance if risks have become issues). The form includes guidance on risk capture processes and is structured to facilitate accurate categorisation and scoring of risks/issues, and review of mitigations and controls.

Risk validation

- 4.4 On a weekly basis, Project managers scrutinise the risk log to review the risks to be formally added to the IHR Strengthening project risk register, as well as to identify risks requiring mitigation and escalation to the SLT and/or DHSC. Every six weeks risks are escalated to SLT are reviewed ahead of the Programme Board.

Documentation/evidence of risk mitigation

- 4.5 Supporting evidence of risk mitigation is stored along with the risk register and shared along with the official risk register (Figure 3) during project board meetings. Risks are shared at each project board meeting, and minutes document agreed mitigations.
- 4.6 To support implementation of this risk management process. A designated risk officer was appointed for day to day monitoring and escalation.
- 4.7 The IHR Strengthening project Team has reviewed and revised its risk register process in the 2019-2020 review period. Risks are now recorded on a shared risk register, which is reviewed internally on a regular basis and shared with the IHR project board. Major risks are escalated to the GHS Programme risk register to be discussed. At the time of writing there are three major risks, one high risk, and three medium risks on the project risk register.

Summary of Issues

- 4.8 The ongoing COVID-19 pandemic is a major issue and has impacted on the timely meeting of project objectives and capacity to carry out activity in partner countries. The IHR Strengthening project team is exploring alternate modes of delivery and working X-HMG and with NPHI partners to provide support during the pandemic. Here are some examples of risks identified and resolved by the IHR Strengthening project in the 2019/2020 reporting period.

	Risk	Date Entered	Mitigation Actions	Result of Mitigation	RAG rating	Current Status / Update
3	There is a risk of low impact of project objectives regarding poisons capacity building in Ethiopia due to low absorption of poison centre capacity testing by key stakeholders.	06/02/2020	Conduct a review of the delivery approach/model for the IHR Strengthening project's chemicals work in Ethiopia with poisons/chemicals colleagues and monitor progress.	The relationship with Ethiopia re: poisons centre capacity has been moved to a 'lighter touch' approach and resource input from the IHR team is now minimal, until further notice.	Major	Resolved
5	There is a risk that the IHR Strengthening project logframe is not suitable to support M&E of activity by the technical teams.	27/02/2020	The IHR Strengthening project's M&E team are leading on coordinating sessions to finalise a revised logframe with oversight from the IHR Strengthening project's SLT. The IHR Strengthening project team continues to work with Itad to further develop the logframe.	A new project logframe that is more fit for purpose has been signed off by project SLT.	Medium	Resolved

DHSC Assessment

Risks have been managed appropriately and cross cutting issues quickly identified and escalated to the Head of Preparedness for discussion and to develop a collaborative solution.

Uncertainty around the spending review has affected much of government programming but the IHR Strengthening project has used the time wisely in developing a clear rationale to support changes to the delivery model for the next spending round.

5. Safeguarding

- 5.1 The IHR Strengthening project members abide to PHE 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.
- 5.2 The IHR Strengthening project also has access to the PHE Safeguarding Lead who will be able to identify potential gaps in the existing policy and consider different ways in addressing these.
- 5.3 To ensure staff members actively assess the risk of their travel, and that the appropriate considerations are given prior to travel, the IHR Strengthening project team promotes the use of PHE Overseas Travel Approval (OTA) forms, which require completion of traveller risk assessments prior to departure.
- 5.4 The OTA forms also require that staff complete occupational health checks and security training. The IHR Strengthening project has been systematically reviewing its risk assessments for long-term staff deployments and short-term delivery visits, in order to ensure that policies, SOPs and controls are appropriate, sufficient and actively implemented to maintain staff safety and wellbeing.
- 5.5 All members of the IHR Strengthening project must undertake the mandatory training on safeguarding and evidence this to their line manager at the end of their induction period..
- 5.6 There has been one incident of inappropriate behaviour flagged during the review period. This incident occurred following a workshop in the UK attended by delegates from IHR partner NPHIs. The IHR Strengthening project logged the incident formally, consulted PHE human resources and has since mitigated the risk of a recurrent event by ensuring all delegates sign an amended sponsorship form ahead of attending any Project organised events, which includes adherence to Civil Service behavioural standards. Increased training for Project colleagues on safeguarding beyond the mandatory training required by PHE. The UK Public Health Rapid Support Team (UK-PHRST) currently receives advanced safeguarding training prior to deploying, so something similar could be tailored for Project colleagues deploying overseas.

Summary of risk management recommendations for improvement

- 5.7 Increased training for Project colleagues on safeguarding beyond the mandatory training required by PHE. The UK Public Health Rapid Support Team (UK-PHRST) currently

International Health Regulations Strengthening Project

receives advanced safeguarding training prior to deploying, so something similar could be tailored for Project colleagues deploying overseas.

- 5.8 Explore what safeguarding materials and resources are available cross-HMG that PHE could use.
- 5.9 Further exploration of safeguarding resource availability with an international-facing component and a focus on harm prevention.

6. Finance

Delivery confidence assessment for reporting year RAG rating for this reporting year

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

How is the funding being used? Annual summary

Total Annual Budget for the reporting year	£6,631,000
Total annual spend for the reporting year	£6,687,715

- 6.1 The overspend that occurred during Q4 was the result of a rapidly changing and uncertain situation, resulting in unforeseen expenditure because of the COVID-19 pandemic. Overall, there was a 4% overspend during the 2019-2020 review period. The repatriation of staff at very short notice and quarantining some staff in hotels abroad incurred considerable costs. There were some unexpected COVID-19 related activities during March, including a One Health workshop in Zambia and purchase of equipment to support Pakistan's NIH with their surveillance network. There have been additional costs due to supplier delays in billing, which has resulted in expenditure taking place later in the year than expected (e.g. flights).
- 6.2 There were changes to spending plans from Q4 in light of new operational challenges stemming from the COVID-19 pandemic. The IHR Strengthening project team was asked by DHSC to update forecasts for Q4 – taking into consideration the impact of COVID-19 on planned and unplanned activity. Initially there was an expectation that staff costs would be considerably lower in Q4 due to the restrictions on travel and domestic COVID-19 responsibilities. However, although several activities were deferred, many technical support staff were required to spend time reviewing and adjusting Project workplans in light of COVID-19 and in some cases offering remote support to partners. Consequently, staff costs remained consistent with previous quarters.

7. Evidence of ability to administer ODA funding.

Process changes to finance reporting and monitoring to assure ODA eligibility

- 7.1 Several steps have been taken in FY19/20:
- Amended the IHR Strengthening project business case to enable better funding flexibility and more capital spending.
 - Sponsorship forms to improve the consistency of support provided to delegates attending Project funded events are now in use.
 - Created an asset register and an asset handover process with Project partner countries.
 - Ensured even more rigorous financial reporting and monitoring mechanisms.
 - A financial tracking tool has been used to facilitate easier reconciliation of spending and transaction reports.
- 7.2 The IHR Strengthening project remains under pressure to pay 'facilitation fees' in some of our project countries as an incentive for locally employed staff to participate in training and other capacity development activities. While this has been resisted, it has led to reduced engagement of staff in some countries. Support from HMG to advocate against these expectations through partner governments would be welcome.
- 7.3 The Mid-term Evaluation explored the extent to which the IHR Strengthening project is able to effectively administer ODA funding and align with other relevant UK ODA projects. Overall, the Mid-term Evaluation concluded that the IHR Strengthening project interventions were complementary to and aligned with interventions made by other partners with some room for strengthening.
- 7.4 In general terms, all project funds are directed towards technical expertise and system development in ODA eligible countries to support the current work programmes.

DHSC Assessment

The IHR Strengthening project monitors the status of the project funding utilising financial specialisms within PHE and report to the DHSC.

All parties meet on a quarterly basis to review spend and forecast to update the project budget and managing changes to the cost baseline. This involves reviewing performance data about what has actually been done in order to determine the work accomplished against the amount spent.

Generally forecasting and actual spend has much improved toward the end of the year.

ODA considerations are inherent in much of the delivery in that they are directly related to ODA eligible countries; however, when there has been doubt the team have always sought advice. Following such advice, it was agreed that the scope of the IHR Strengthening project should be clarified particularly with reference to the purchase of low value consumables. The business case was duly amended and approved by the Head of the Programme.

8. Evidence of activities to meet IATI transparency standards.

Self-assessed score against the IATI transparency standards

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

Steps taken to ensure transparency of activities

- 8.1 The IHR Strengthening project team have continued to build on the work undertaken in the 2018-2019 period to meet International Aid Transparency Initiative (IATI) Transparency Standards. This includes working closely with the PHE internal publications team to better understand the internal milestones that must be satisfied to publicly release a document. In line with the aims of the last annual review, the IHR Strengthening project team has now published the Business Case, the 2017-2018 Annual Report, the Lol for Africa CDC, the ESTHER EFFECT Evaluation Report, and the MoUs for Nigeria, Ethiopia (redacted) and WHO AFRO.
- 8.2 In the coming year, the IHR Strengthening project hopes to publish the Lol for Myanmar, MoU for Zambia, M&E Framework, ToC, logframe, and the 2018-2019 Annual Review.
- 8.3 The IHR Strengthening project team has sought guidance on what documentation is appropriate to submit and is currently awaiting further guidance in order to continue improving the IHR Strengthening project’s IATI Transparency Score.

9. Evidence of Value for Money (VfM)

Economy (minimising the cost of resources used or required inputs)

- 9.1 The IHR Strengthening project has provided significant economy during the review period. The IHR Strengthening project has adopted an operating model that uses internal PHE staff to deliver core project activities, like workshops or exercises. This reliance on internal capacity rather than external consultants is one that has proved particularly economical, allowing the project to deliver widely with stakeholders in partner countries.
- 9.2 This design has been validated by the Mid-term Evaluation. Itad specifically noted that when benchmarked against external consultants of a similar experience level (using FCDO guidelines on cost of external consultants), the costs associated with the onboarding and overheads of a PHE staff project team is lower. The annual saving by using this employment model is approximately £260,000, as calculated in the Mid-term Evaluation.

Efficiency (the relationship between the output from goods or services and the resources to produce them)

The IHR Strengthening project has worked to be more efficient during the review period. The model of using PHE staff rather than using external consultants has been a conscious decision by the IHR Strengthening project team and has proved to be a relatively efficient model when delivering the services and technical resource the project aims to deliver. This has been validated by the Mid-term Evaluation, which has shown that the cost of technical assistance (TA) delivered to partners accounts for approximately half of project expenditure, as compared with the IHR Strengthening project management spend which accounted for approximately 23% over the review period. The spend on TA varies by country, and includes travel, workshop delivery, and other TA activity. In the Mid-term Evaluation, Itad noted that the proportional spend outlined above was “reasonably high” and is a consequence of the IHR Strengthening project design where it is necessary to have a country presence and additional regional engagement

DHSC Assessment:

The PHE IHR Strengthening project model allows for international engagement on a relatively small budget with a limited number of dedicated ODA-funded technical experts. But with this model the reliance on pulling in domestic expertise when needed risks a significant drop in efficiency and effectiveness when domestic demands escalate e.g. Salisbury in 2018 and COVID-19 today and that is not possible.

Although adjustments were made following Salisbury and more IHR-dedicated technical staff were recruited to improve resilience, COVID-19 and global travel restrictions have meant that even IHR-focused resources are not deployable – this is something that a move towards bigger in-country and locally recruited teams in the new programme will address, as will an increased emphasis on digital/remote delivery mechanisms.

The COVID-19 pandemic has raised more questions about the risks of relying on domestic expertise when domestic demands are high. The reporting period of this review has not provided sufficient time to understand how the programme has managed these difficulties without compromising quality. The external reviewer suggested that it would be good to have an equity measure in the logframe; the suggestion is that this is taken forward in the next phase of the IHR Strengthening project.

Effectiveness

- 9.3 The IHR Strengthening project is committed to improving the effectiveness of its processes and delivery. The project has undertaken a thorough review of many elements of its project management, including; the risk framework, the M&E framework, the ToC and the project governance framework. These revisions have been developed and embedded during the review period.
- 9.4 The Mid-term Evaluation has given advice and support to the IHR Strengthening project team as they developed the revised ToC and the revised M&E framework. The following information about effectiveness of the project has been taken from the Mid-term Evaluation, the IHR Strengthening project has improved its effectiveness by holding a workshop to develop a more detailed ToC during the review period. This has enabled the project to better articulate how and where the activities will ensure that longer term outcomes are achieved. This has been accompanied by a revised logframe, which demonstrates project inputs, outputs, outcomes and impacts in significantly greater detail than previously documented.
- 9.5 The IHR Strengthening project team has been working to implement more agile ways of working within the team since undertaking Agile training. This includes practices like using Kanban boards to track activity that is completed or overdue, keeping the end user of the service in mind when planning, and using a daily stand-up to discuss team activity.

9.6 The IHR Strengthening project is now also using more robust data management procedures to track milestones and activity for the project, which allows for easy summaries of milestones that are complete, on track or overdue at any point in time.

Equity

9.7 The IHR Strengthening project has taken steps to ensure that project activity is run and recorded in a more equitable way during the review period. The way in which workshops and trainings are evaluated by the project has been reviewed to determine whether the impact of the trainings have been equitable, with two key changes being made as a consequence of that analysis. The first is the submission of evaluation forms electronically, in order to better record all data. The second is to change the forms so that they more effectively capture demographic data from participants. This allows the M&E team to disaggregate data more easily to show impact of the IHR Strengthening project on specific demographic groups (e.g. by gender or age). By disaggregating the data using demographic data, IHR Strengthening project is able to determine whether the impact of the trainings and workshops has been equitable and have create a robust evidence base to make more equitable project management decisions.

9.8 The governance structure of the IHR Strengthening project has been revised to better align and support project activity and objectives. The review of the governance structures of the project promoted better streamlining of meetings to ensure that key decisions could be made equitably through consultation with partners

DHSC Assessment

The majority of spend is incurred as fixed cost staff salaries. Additional costs for specific research projects are broken down into categories (consumables, T&S etc) within each project with an agreed budget allocation per category. The proposed budgets for activities are included in project proposals, and actual spend is recorded in the progress reports.

Scrutiny of research proposal budgets is part of the recently reformed TSC review processes.

Actual expenditure from the research budget is reported on a quarterly basis and scrutinised by the GHS delivery team.

10. External Engagement

Delivery confidence assessment for reporting year

Activity Area	RAG Rating	Change Since last year
Nigeria	Green	N
Ethiopia	Amber/green	N
Sierra Leone	Amber/red	N
Zambia	Amber/green	N
Pakistan	Green	N
Myanmar	Green	N
Africa CDC	Green	N
WHO AFRO	Red	NA

Overall RAG rating: Amber/Green

Evidence of use and success of the communication strategy.

- 10.1 The completion of the IHR Strengthening project Communication Strategy is contingent on progress towards the completion of the PHE global health security strategy, which has been delayed. As a result, the following is a summation of the activity areas realised during the review period:
- 10.2 Social Media: The project engages closely with the PHE communications team to promote understanding and awareness on social media of the activities it undertakes.
- 10.3 Publications: The project has produced a number of publications, both internally within PHE and to external stakeholders. Some have been entered into peer review journals, with further publications delayed in light of the COVID-19 outbreak. The project team members have played key roles as panel facilitators at conferences, and collaborators to organise networking events and peer learning events. Additional publications include blog posts, news pieces, brochures, and two-pagers.

- 10.4 Press releases: Press releases accompany high level events during the IHR Strengthening project and are public representations of the project's work and relationships with partners. [Follow link to the press release here.](#)

Nigeria

- 10.5 PHENet publication about the IHR Strengthening project's work with NCDC to enhance global health security. The article gives details about the 'biosafety and biosecurity' workshop and the training workshop on quality management systems for NCDC national reference laboratory staff.
- 10.6 PHENet publication outlining the collaborative efforts between the IHR Strengthening project and the Fleming Fund in Nigeria to enhance national AMR capacity and capability.
- 10.7 PHENet publication about the delivery of the 'Biosafety Cabinet Field Certifier' course delivered to NCDC staff and senior laboratory scientists from the University of Zambia. Trainees completed a week of intensive training followed by a week of assessment and accreditation.
- 10.8 Publication in the Lancet Infectious Diseases - [Outbreak of human monkeypox in Nigeria in 2017–18: a clinical and epidemiological report](#)
- 10.9 Publication in Clinical Infectious Diseases - [Clinical Course and Outcome of Human Monkeypox in Nigeria](#)

Zambia

- 10.10 Press release from ZNPHI detailing the "[new collaboration to increase health security between ZNPHI and PHE](#)". The release gives details about the two-day interactive workshop on disease surveillance methods delivered by PHE to colleagues at ZNPHI.
- 10.11 Facebook video published by ZNPHI publicising the outcomes of a meeting between Africa CDC and ZNPHI. The IHR Strengthening project provided technical input to inform discussions on ongoing engagement and collaboration for NPHIs in Southern Africa.
- 10.12 Press release from ZNPHI about [the work of the IHR Strengthening project across integrated surveillance and response, workforce strengthening and emergency response in Zambia since 2018](#).

Sierra Leone

- 10.13 IANPHI Insider publication about the [workforce development activity undertaken by the IHR Strengthening project in Sierra Leone](#). PHE's deputy director of workforce and global talent and leadership, and his team, have been working to develop an approach for developing the workforce for their proposed National Public Health Agency.

Ethiopia

- 10.14 PHENet publication on the Temrt Award that Ethiopia country lead received from the British High Commission and the African Union for his work on the IHR Strengthening project.
- 10.15 PHENet publication on the ‘enhancing biosafety and biosecurity’ workshop delivered by the IHR Strengthening project in Ethiopia. The workshop aimed to help the EPHI team strengthen their capacity of containment of level 3 laboratories used for the isolation and identification of high-risk pathogens, by introducing high containment work practices
- 10.16 PHENet publication on Duncan Selbie’s visit to Addis Ababa to formally launch the IHR Strengthening project and sign the MoU between EPHI’s director general and PHE.
- 10.17 Press release: The IHR Strengthening project country lead and Senior Public Health Advisor in Ethiopia has been presented with the [inaugural Temrt award by the British Ambassador to Ethiopia and Permanent Representative to the African Union](#).
Pakistan
- 10.18 Published article in Newsnod reporting on the [PHE delegation visiting the Pakistan National Institute of Health \(NIH\)](#). The article describes the half day workshop on “institutional organisation behaviour and change management” jointly facilitated by NIH and PHE. The article gives a brief history of the relationship between Pakistan and PHE, restating the commitment of PHE to learn with and support the NIH.
- 10.19 PHENet publication Award presented to the IHR Strengthening project on behalf of the Minister of Health, KP Province, Pakistan. This award was given in recognition of the leadership of the IDSR strengthening work and the support given to steer and develop the KP Province multisector outbreak plan.

Myanmar

- 10.20 PHENet publication on the AAR conducted with partners in Myanmar.
- 10.21 PHENet publication on the IHR Strengthening project workshop with the Myanmar Ministry of Health and Sports’ Central Epidemiology Unit (CEU) covering key areas including: reviewing the surveillance process for priority diseases; strengthening the current annual review process for priority diseases; improving the quality, timeliness and simplicity of the system for the year ahead.
- 10.22 Publication of poster titled “[Building Capacity of the National Poisons System in Myanmar – a collaborative project as part of Public Health England’s IHR Strengthening Program](#)” for the Department of Medical Research Annual Congress in Yangon, Myanmar.

Cross Project

- 10.23 PHENet publication and ISID publication about the partnership between the IHR Strengthening project and Communication Strategy is contingent on progress towards the completion of the PHE global health security strategy, which has been delayed. As a result, the following is a summation ProMED to strengthen global AMR. This collaboration will develop a new network called ProMED-AMR, which will collect information on resistance trends, newly identified cases and clusters of AMR using digital disease detection methods and non-traditional information sources in all WHO regions.

Evidence of external engagement (other).

- 10.24 The IHR Strengthening project has engaged with a number of external partners during the review period, both to reflect on the efficacy of the project and to continue to deliver against the project objectives. The IHR Strengthening project commissioned a Mid-term Evaluation and end-point evaluation from third party contractors, Itad, during the review period. The end-point evaluation will take place after the 2020-2021 review period. The results of the Mid-term Evaluation of the IHR Strengthening project's external engagement found that:
- 10.25 At the global and regional level, the IHR Strengthening project intended to work closely with international agencies and partners including relevant UN agencies, WHO and its regional offices, the African Union and other regional political blocs and the IANPHI, amongst others. There has been some progress in this area, for instance with PHE convening a workshop with these stakeholders and a range of UK, European and African schools of public health and NPHIs to raise understanding of different models and approaches to public health capacity development, and identify potential areas for future collaboration. While there have been some difficulties in establishing partnerships with some regional actors (e.g. with WHO AFRO, due to staffing issues and an ongoing focus on Ebola), other partnerships have been mobilised, such as with Africa CDC, to support a range of activities at the regional level. For instance, this has included sponsoring of stakeholders in partner countries to attend technical conferences and UK-based trainings, and also an exercise to map health emergency capacity across Africa CDC member states.
- 10.26 In 2019/20, Project engagement with regional partners accelerated. In May 2019, following discussions with Africa CDC's Director General, a Senior Public Health Advisor for the Africa Region, working specifically with Africa CDC, joined the IHR team in Addis Ababa. The post-holder was tasked with supporting Africa CDC and its member states progress mutually agreed objectives – such as strengthening continent-wide emergency response capacity through the creation of a database for African public health responders, and developing public health leaders, through the Africa CDC Institute for Workforce Development. These objectives were progressed effectively, and the success of the IHR project teams engagement with Africa CDC has been demonstrated through the response to the COVID-19 pandemic.

10.27 The database co-developed with the IHR Strengthening project has been put into use as part of the COVID-19 response, and PHE has been included among trusted partners contributing to the delivery of guidance and virtual learning to member states responding to the pandemic, alongside the UK-PHRST. Significantly, the IHR team's successful engagement with Africa CDC has also facilitated relationship building with other UK HMG departments, such as FCDO. In May 2020, FCDO invested £20m to the African Union's Anti-COVID-19 fund – a donation that demonstrates the trusting relationship established through IHR engagement with African Union and Africa CDC.

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The strength of the relationship was evident when Helen Tomkys joined Duncan Selbie and the team in a meeting with Dr John Nkengasong Africa CDC Director General – the Senior PH Advisor was clearly trusted and respected and able to provide technical advice effectively from the leadership down the organisation. In addition to funding, FCDO have also relied on team members to brief their ministers on Africa CDC

10.28 Relationships have been slower to develop with WHO AFRO, in part due to the Ebola outbreak in the Democratic Republic of Congo which has impacted on the capacity at AFRO HQ but also due to the ongoing COVID-19 pandemic. The joint FCDO-PHE meeting with WHO AFRO in May 2019 led to re-affirmations of commitment to work with PHE, and a renewed strategy to initiate joint work. An MoU was signed with WHO AFRO in May 2019. However, there has been no further engagement and the SLT continues to reflect on the IHR Strengthening project's delivery model and its suitability to meet the needs of WHO AFRO. The SLT will also recommend increased cross-HMG synergies (e.g. with FCDO and DHSC) to leverage improved engagement with WHO AFRO at a country and global level.

10.29 There have also been significant challenges in engagement with Sierra Leone due to political uncertainty and complex multifactorial issues. These were consistent with the reservations identified at the inception of the IHR Strengthening project. The SLT is exploring alternative approaches to collaborate with Sierra Leone that will be more impactful, while maintaining close links with the FCDO Sierra Leone Country Office to share information and ensure a joined-up strategy as the situation evolves. The IHR Strengthening project has achieved some success with workforce development activities, and the quality assurance work with Connaught Laboratories.

10.30 In the 2019/20 review period, the IHR Strengthening project continued to collaborate with the Centre on Global Health Security at Chatham House to lead the Strengthening National Accountability and Preparedness for Global Health Security (SNAP-GHS) Project, in close collaboration with National Public Health Institutes (NPHIs) and the IANPHI. Upon consultation with WHO the SNAP-GHS Project developed and piloted an approach with NPHIs in Ethiopia, Nigeria and Pakistan, to identify additional useful data for national and subnational decision-making and improve preparedness against public

health threats. Work came to an end in 2019-20 and publications stemming from this work are in progress.

- 10.31 In 2019/20 the team also began exploring new regional partnerships. Prior to the COVID-19 pandemic discussions had begun with FCDO to develop a joint approach to engagement with the West African Health Organisation, following requests for support to the IHR project team from the West African Health Organisation (WAHO) Director General. These discussions will be resumed when COVID-19 disruption eases.
- 10.32 Relationships with the Eastern Mediterranean Public Health Network (EMPHNET) have strengthened in 2019/20, with the signing of an MoU and plans to continue developing a collaborative relationship in the new review period.

ITAD Bilateral Findings:

The Itad analysis suggests that to date the IHR Strengthening project has been focussed on and been successful in building relationships with the NPHIs or departments within the ministry of health directly responsible for IHR functions. As highlighted in the 2019 Annual Review, the Country Leads/senior public health advisers have been critical to this progress, such as in Ethiopia where advocacy by the Student Public Health Association (SPHA) and IHR chemical hazards experts led to a strengthening of capacity for the chemical hazards workforce. However, in most countries the IHR Strengthening project has not yet facilitated significant engagement with other government agencies (e.g. agriculture, interior and defence) and/or advanced significant engagement at the sub-national level. For instance, in Ethiopia limited progress has been made in relation to One Health, which has been mainly supported by US CDC. This is due to end in 2020 and there was some uncertainty among the NPHI as to how and whether this area would be supported after that. There has however been more progress in Pakistan, where the IHR Strengthening project engages with the military health system (through cooperation with the UK military advisors based in Pakistan) and has supported the development of a multisectoral outbreak plan in one province. In recognition of the importance of promoting a One Health approach, the project has appointed a veterinary epidemiologist to ensure better linkages between animal and human health in the IHR Strengthening project.

- 10.33 The support provided by the IHR Strengthening project is often similar to the support provided by other donors and development partners in-country, most notably US CDC and WHO country offices. As such, it is important for IHR Strengthening project support to be harmonised and aligned to other country support, and country needs. There is mixed evidence of the project establishing good working relationships with US CDC and WHO. Our analysis suggests that these relationships work best where:
- 10.34 Partner NPHIs or IHR Strengthening project Country Leads/senior public health advisers play a proactive role in ensuring that approaches are harmonised, such as in Nigeria where NCDC and the IHR Country Lead play a strong role, and in Pakistan where PHE facilitated the set-up of 'Small Groups' (essentially Technical Working Groups) comprising NIH directorate chiefs, staff and partner representatives, which are reported to have led to much stronger coordination between partners and government.

- 10.35 Activities can be offered jointly and/or where the IHR Strengthening project can supplement the support provided by others, for instance where other donors fund commodities/equipment and PHE provides technical assistance on how to use it. For instance, in Myanmar, EPRR activities are jointly offered by PHE and WHO and workforce activities have been designed in collaboration with US CDC.
- 10.36 The achievement of milestones and progress across technical areas, set out above, contributed to strengthening bilateral relationships with all partners in 2019/20. The recruitment of locally engaged technical and project support staff in almost all project countries through the FCDO Platforms has enabled the IHR team to support NPHI partners even more effectively. The COVID-19 pandemic demonstrated the high levels of trust underpinning the IHR Strengthening project, with IHR Senior Public Health Advisors and locally engaged technical staff playing a central role in providing public health expertise and guidance during the pandemic, both in person and remotely. In Nigeria, the IHR lead has provided expert advice to NCDC leadership, while an IHR local technical advisor have initiated a raft of human resource support policies tailored specifically to maintaining workforce morale and safety during the COVID-19 outbreak. The IHR team also worked in partnership with UK-PHRST and Nigeria CDC to ensure Nigeria CDC labs were prepared for COVID-19 testing in February 2020. In Myanmar, the IHR lead has continued to be included in Ministry of Health and Sports planning and response meetings from the UK. The IHR Strengthening project has worked with both the Tackling Deadly Diseases in Africa Programme (TDDAP) implementing partner and the Fleming Fund programme to provide technical advice and situational intelligence.
- 10.37 External engagement with academic partners also progressed during 2019/20. In October 2019 a collaboration was initiated with ISID, to establish an AMR surveillance network, as part of the existing and globally acclaimed ProMED infectious disease surveillance system. This system will collect new information using digital disease detection methods and non-traditional sources. These sources will be vetted, analysed, and commented upon by a global team of AMR subject matter specialists. Reports on trends, new cases, or clusters of AMR will be disseminated in near real-time to an international audience, in an effort to enhance global AMR surveillance.
- 10.38 The collaboration initiated with the International Society for Infection Diseases (ISID) aligned with Project objectives (Intermediate Outcome 1), and also intended to increase Project visibility among academic/scientific communities. This high-profile partnership was due to have been launched officially in February 2020, at the International Congress on Infectious Diseases (ICID) but this was postponed due to the COVID-19 pandemic.

Summary of external engagement recommendations

- 10.39 There has been praise for the time and energy that has been invested in Project's partnerships from the Mid-term Evaluation, however it has also been stated that this must be maintained to result in "more effective and sustainable institutions". Further use of the ESTHER EFFECt will enable the IHR Strengthening project to understand better the ways in which relationships can be improved. Certain relationships that have proved challenging to progress (e.g. WHO), models of delivery will be reviewed, and opportunities for improved cross-HMG synergies for international engagement will be explored in order to increase leverage.
- 10.40 Development of a strategy for evidence generating activities to better centralise and coordinate the many strands of M&E work within the project. Strategy to be accompanied by a more operational action plan which clearly demarcates outputs and resource required for each strand of work. This will raise the visibility of the IHR Strengthening project amongst HMG and NPHI partners as well as other stakeholders.

"The IHR Strengthening project's aim was to develop an interactive online directory of rapid response personnel and teams, to assess and improve capacity for emergency response. This would be a secure database with individual and team-level profiles hosted on the internet with access through a web browser. Information collected would include cadre, place of work, education, training and skills. Individuals and teams will be able to populate their profiles and view and update their data. This would provide Member States with a tool to track their current and past rapid response workforce and to identify personnel for surge capacity. The platform provides a basis for collaboration between Member States through Africa CDC and because it is open source can also be made freely available to Member States for managing their own rapid response teams." – Africa CDC Case Study volunteer deployment

DHSC Assessment

The collaboration opportunity initiated with the International Society for Infectious Diseases was originally presented to GHS programmes Fleming Fund and was offered to the IHR Strengthening project where it was felt to be a better fit with the encouragement of the Former Chief Medical Officer (CMO) Dame Sally Davies.

In 2019/20 the IHR Strengthening project also formalised engagement with the London School of Hygiene and Tropical Medicine (LSHTM), sponsoring five places for candidates in Project countries to attend the Executive Programme for Global Health Leadership. The relationship with LSHTM through the Executive Programme contributes to Project objectives relating to leadership development (Intermediate Outcome 2.1) and facilitates access to world-leading academic resources.

11. Theory of Change

Summary of changes to the ToC:

11.1 There have been substantial changes to the IHR Strengthening project ToC (Annex 1) in the 2019-2020 reporting period, however it is worth noting that the original assumptions remain valid. The project team has made changes to the ToC, in response to recommendations from the Mid-term Evaluation. The change to the ToC can be summarised in the following points:

- Refined the three 'pillars' (long-term outcomes) of the IHR Strengthening project to be more specific, realistic and measurable. These pillars are: Support for Systems Coordination; Workforce Development; and Technological Support
- Adapted the intermediate outcomes and outputs to better support the long-term outcomes that the IHR Strengthening project hopes to achieve. Linkages between project activities and the logframe have been made clearer – taking into account the impact and purpose of activities.
- Indicators that sit under the outcomes and outputs have been revised to be more specific and measurable.

ToC: actions, outcomes and impact

11.2 The IHR Strengthening project has made substantial progress to ensure that it will meet the expected outcomes of the new ToC. This includes developing and implementing a new revised logframe to better collect M&E data, implementing JIRA and Confluence to collect data in a more effective way, and engaging with technical teams and project staff to ensure that there is sufficient awareness of the new ToC while creating project plans for the 2020-2021 period. This has been temporarily delayed due to the ongoing COVID-19 pandemic that is impacting project progress and activity.

12. Evidence of evaluation

Overview of evaluation activities

12.1 The IHR Strengthening project has benefited from both internal and third-party evaluation activity taking place during this period. This section will be split between internal activity and activity undertaken by the Itad team in their Mid-term Evaluation. Following the recommendations made in the Itad Mid-term Evaluation, it is worth noting that for the 20/21 review period significant improvements are being made to the project M&E strategy.

Internal Evaluation Activity

12.2 The M&E team was expanded during the 2018-2019 period, with the addition of a full-time Project focused role. This has allowed the M&E team to conduct more evaluation than in previous years of the IHR Strengthening project. The ESTHER EFFECt assessment was conducted in Nigeria during the 2019-2020 period. The ESTHER EFFECt is a tool that assists with understanding relationships between institutions, analysing the implementation of change, benefits, and best practice during collaboration. Activities on the ESTHER EFFECt taking place during the end of the 2019-2020 project period have been postponed due to the COVID-19 pandemic causing delays on all project activity. Plans to conduct the ESTHER EFFECt with other country partners during the 2020-2021 period may also be impacted by COVID-19.

12.3 The M&E team has undertaken a thorough review of all training evaluation practices currently existing within the IHR Strengthening project. This has led to improvements to evaluating training practices within the IHR Strengthening project, including more nuanced disaggregation of data by gender and age. The paper-based forms that were previously used for participants and evaluators are now online and can be stored in the JIRA software by the IHR Team.

Itad Mid-term Evaluation Activity

12.4 The Mid-term Evaluation took place throughout the review period, and the following data is drawn from the report. This evaluation focused on understanding the work of the IHR Strengthening project in three ways; if the scope of the project was appropriate (“Right Things”), if the methods used were appropriate (“Right Way”), and if the impact was what the project team had intended (“Right Results”). Mixed methods were used to conduct a process evaluation of the internal and external functions of the IHR Strengthening project. Recommendations were then co-created with the I project team with the intention to become ‘course correctors’ for the IHR Strengthening project as it entered its final full year of operation.

12.5 Itad collected data by performing key informant interviews with country partners and visited four out of six Project countries to conduct country case studies. Where this was not possible, interviews were carried out by phone. Itad conducted a document review and

collected data from JIRA to support the evaluation. This secondary data formed a large part of the Mid-term Evaluation due to the nature of the evaluation questions and sub-questions.

Evaluation recommendations and key issues

12.6 The following recommendations have been proposed:

- The IHR Strengthening project team pursue closer alignment with HMG partners and should continue to develop regional portfolios in Africa and Asia.
- Increase capital expenditure where appropriate in order to complement capacity building.
- Enhance project management focus on time-bound milestones and RAG rating planned activities.
- Implement new M&E dashboards to improve progress monitoring.
- Delegate greater financial responsibilities to in-country teams.
- Expand in-country technical and administrative teams to increase efficiency and sustainability.
- Develop a sustainability plan for the IHR Strengthening project.

13. Evidence of monitoring

Summary of monitoring activities

12.7 The IHR Strengthening project has benefited from both internal and third-party monitoring activity taking place during this period. This section will be split between internal activity and activity undertaken by the Itad team in their Mid-term Evaluation.

Internal Monitoring Activity:

12.8 The key piece of monitoring activity that took place throughout the review period was the shift of monitoring data collection onto JIRA and Confluence. This has enabled technical teams to cut down on the administrative burden of reporting on monitoring indicators and has ensured better quality data by virtue of using the JIRA system which codes the data and records attachments.

12.9 Following the recommendations of the Mid-term Evaluation, the IHR Strengthening project team and the monitoring and evaluation team have worked together to make substantial changes to the project's M&E logframe and the ToC. This has resulted in a more robust logframe that is fit for purpose, and able to effectively capture the work that will be undertaken in the 2020-2021 period.

Itad Mid-term Monitoring Activity:

12.10 A new results chain has been proposed following the results of the evaluation. The results chain better outlines the long-term outcomes, the short-term outcomes, outputs and indicators that will monitor and evaluate the project. These changes have increased the measurability and specificity of the data being collected and has allowed for clearer phrasing of the projects aims and desired long-term impacts. This results chain will need to be refined by the project team and approved by the SLT of the IHR Strengthening project prior to being used in the 2020-2021 period.

Changes to the IHR Strengthening project logframe

12.11 The logframe has been revised by Itad during the course of their contract with the IHR Strengthening project team. The primary changes can be summarised as follows:

12.12 Clear establishment of three long-term outcomes around key project workstreams such as: support for system coordination; workforce development; technological support.

12.13 The creation of outputs to sit underneath and support the long-term outcomes. These outputs are based around the activity that is delivered by the IHR Strengthening project and takes into account the Joint External Evaluation (JEE) indicators that measure IHR strengthening. This has allowed for a more robust understanding of how the activity of the project supports the strengthening of IHR in partner countries.

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- 12.14 The creation and refining of indicators to sit against outcomes and outputs. These indicators are sufficiently specific and measurable to clearly demonstrate whether the IHR Strengthening project is achieving its targeted impacts
- 12.15 The implementation of the revised logframe must be undertaken by the SLT and Project Team as a priority during the next review period, as this will be important in informing what data is collected during the final year of the IHR Strengthening project.

13. Evidence of learning

Summary of learning activities

- 13.1 The IHR Strengthening project team has made considerable progress on the Mid-term Evaluation recommendations and altered the project delivery processes accordingly. The IHR Strengthening project has worked closely with the PHE Global Public Health M&E team to revise and adapt the IHR Strengthening project logframe to reflect the changes made to the ToC.
- 13.2 The IHR Strengthening project team is working to evaluate the remaining recommendations of the valuation and implement them where necessary. There are currently plans to introduce the revised logframes to technical teams and country leads pending finalisation of the logframe. This will enable country leads and technical teams to align workplans with the revised outputs and indicators to further improve M&E of the IHR Strengthening project.

Summary of learning recommendations

- The implementation of new data collection processes with technical teams and in-country teams
- The recommendations of the Itad report must be reviewed, and actioned where relevant. This will encourage a more robust end-point evaluation and ensure that the IHR Strengthening project is able to adapt as it progresses
- Development of an evidence-generating activity strategy, coordinating how the strands of data collection come together in the IHR Strengthening project
- Development and implementation of a data collection tool to track all COVID-19 related activity and better understand the impact of COVID-19 on Q4

14. Diversity and sustainability

Summary of diversity, inclusion and sustainability activities

- 14.1 The IHR Strengthening project and its team remain committed to diversity and sustainability of practice in all its activities. The project team worked in conjunction with Africa CDC ahead of the International Conference on (Re-) Emerging Infectious Disease (ICREID) to deliver a panel discussion and networking event on the role of women leaders in global public health. This would include a panel of women leaders who work across various contexts. This event received endorsement from the Women in Global Health organisation. Unfortunately, the ICREID conference was postponed due to COVID-19.
- 14.2 The IHR Strengthening project team has undertaken work to improve reporting on diversity within its project activities. The M&E team has performed a deep dive on workshop evaluation forms, noting whether age and gender have been appropriately recorded. The evaluation form has been amended to better capture age and gender going forward. This will allow the IHR Strengthening project team to better understand the impact that workshops and training have on specific groups who attend the sessions.
- 14.3 The IHR Strengthening project aims to use Skype as a medium for conducting meetings with partner countries and stakeholders. This allows for reduced travel for the IHR Strengthening project team and helps to minimise carbon emissions while undertaking core project activities. The IHR Strengthening project also supports working from home for the IHR Strengthening project team, which also helps to limit travel.
- 14.4 When co-creating programmes of work within the IHR Strengthening project, consideration has also been given to sustainability of practice. One such example is the LMIC Partnership scoping, where one of the key parts of the training strategy centred around ensuring that past trainees can train others, and the creation of resilient regional networks, in order to reduce dependence on international donors.

15. Overall Project Delivery and Recommendations

Overall assessment RAG rating

Activity Areas	Rag Rating	Has the RAG rating changed since the last annual review?
Project Management	Amber/green	No
Finance	Amber	No
Theory of Change	Green	No
External Engagement	Amber/green	No
Overall Delivery Confidence Rating	Green	Yes

List of Recommendations

Project Management:

- Strengthen mechanisms for continuous improvement based on lessons identified through monitoring and evaluation
- Increase agile working within the IHR Strengthening project team
- Develop and implement communication strategy to inform and support a robust and reactive approach to external engagement
- Develop and implement a sustainability plan for the IHR Strengthening project
- Develop and implement active horizon scanning to identify and engage with potential partners
- Strengthen lessons learned process through publications in scientific journals and relevant conferences
- Strengthen mechanisms for continuous improvement based on lessons identified through monitoring and evaluation

Finance

- Improve forecasting tools
- Increased delegation of responsibility to in country teams

Theory of Change:

- Develop and implement the revised logframe to better collect M&E data
- Develop and implement data collection processes in order to collect data in a more effective way with all partners

External Engagement:

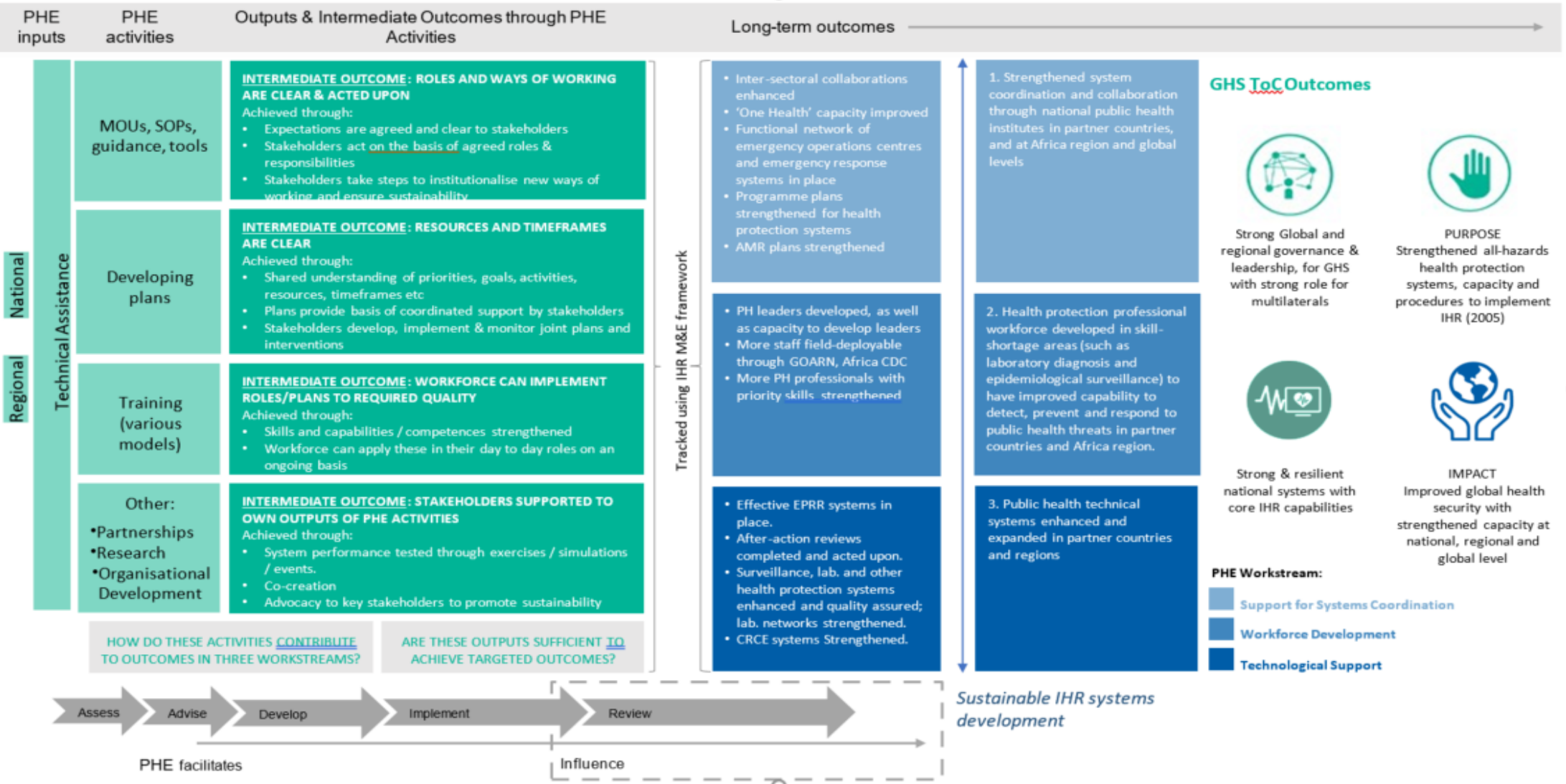
- Develop and implement adaptive approach to stakeholder engagement to mitigate the impacts of COVID-19 on external relationships and engagement
- Develop and implement strategies to create mutual understanding about what the IHR standards and how the working relationship between partners ensures that these standards are strengthened
- Develop and implement the ESTHER EFFECT to understand better the ways in which relationships can be improved

Monitoring, Evaluation, and learning:

- Ensure technical teams can uptake JIRA effectively.
- Ensure the project team can effectively use JIRA and Confluence to support project decision making and progress reporting.
- Ensure the recommendations of the Itad report must be reviewed, and actioned where relevant
- Strengthen understanding of the role of the country lead and how it has impacted on the IHR Strengthening project
- Ensure activities on COVID-19 response are captured effectively to demonstrate project adaptability and flexibility
- Link SLT and Project Management milestones with the revised logframe in order to better monitor project delivery

16. Annexes

Annex 1: IHR Strengthening Project Theory of Change



Annex 2: IHR Strengthening project Revised Logframe

Item	Number	New description	Proposed new indicator(s)	Disaggregation
Purpose	NA	Strengthened all-hazards health protection systems, capacity and procedures to implement the International Health Regulations (2005)	Avg. change in standardized JEE index score across partner countries between successive JEE exercises ¹	Geography
Longer Term Outcomes	1	IHR leadership, capacity, capability and coordination strengthened at regional, national and sub-national levels	Avg. change in prevention indicator scores across partner countries between successive JEE exercises Qualitative accounts describing the avg. change in indicator scores.	Geography
Intermediate Outcome	1.1	Strengthened system coordination and collaboration through national public health institutes in partner countries, and at Africa region.	A functional mechanism is established for the coordination and integration of relevant sectors in the implementation of IHR, including for chemical events. Measured by avg. change in C2.1 and C2.2 indicator scores across partner countries between successive SPAR exercises Capacity to prevent, detect and respond to human, animal, agricultural, food and environmental events of national or international concern (i.e. to implement a 'One Health' approach). Measured by avg. change in C3.1, C4.1, C5.2 and C9.2 indicator scores across partner countries between successive SPAR exercises	Geography

¹ Suggest use this approach: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6204750/>

Item	Number	New description	Proposed new indicator(s)	Disaggregation
Output	1.1.1	SOPs, Plans and Guidelines developed and available for IHR technical areas (EPRR, laboratory, surveillance, CRCE and AMR)	% of identified SOPs, plans and/or guidelines developed/ updated and disseminated, as supported by PHE (number required determined by scoping/baseline assessment to identify all SOPs, plans and/or guidelines requiring development/ update)	Geography Technical area
Output	1.1.2	Strengthened formal linkages between public health, animal health and security authorities, and those sectors responsible for chemical safety, industries, transportation and safe disposal.	# of 'One Health' action plans prepared, supported by PHE # of protocols, MOUs or other agreements established between national agencies, supported by PHE	Geography
Output	1.1.3	Strategy where PHE has supported development and operationalisation for surveillance, laboratories and other health protection systems based on risk assessments of threats and capabilities	# of strategies developed, supported by PHE	Geography
Output	1.1.4	MoUs, plans and/or processes are developed and implemented to facilitate One HMG alignment and engagement of regional bodies in IHR implementation	# of MoUs/plans/processes supported by PHE to facilitate engagement of regional bodies	Geography Technical area
Output	1.1.5	Plans are developed and	# of plans developed and disseminated, supported by	Geography

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Item	Number	New description	Proposed new indicator(s)	Disaggregation
		disseminated for AMR: detection and reporting; surveillance; healthcare associated prevention and control programs; and antimicrobial stewardship	PHE	
Longer Term Outcomes	2	Strengthened capacity to detect and respond to outbreaks and other public health hazards and events defined by IHR (2005)	Detect: Avg. change in C7.1 indicator scores across partner countries between successive SPAR exercises Respond: Avg. change in C7.1 indicator scores across partner countries between successive SPAR exercises Qualitative accounts describing the average change between indicators scores for C7.1.	Geography
Intermediate Outcome 2	2.1	Prevention, detection, and response activities conducted effectively and sustainably by a well-trained, coordinated, evaluated and occupationally diverse multi-sectoral workforce	Avg. change in C7.1 indicator scores across partner countries between successive SPAR exercises # of trained national and sub-national staff demonstrating improved management skills and competencies (measured from the point of training)	Geography Technical area
Output	2.1.1	Workforce needs assessments undertaken and toolkits available for workforce gap analysis	# of workforce needs assessments completed, supported by PHE	Geography
Output	2.1.2	Workforce strategic plan(s) developed & implemented and toolkits available for workforce strategy development	# of workforce strategic plans completed, supported by PHE	Geography

Item	Number	New description	Proposed new indicator(s)	Disaggregation
Output	2.1.3	Public health leaders formally trained and mentored to strengthen leadership capacity	% of selected public health leaders formally trained and/or mentored in leadership skills (number selected based on scoping/baseline assessment to identify public health leaders requiring trained and/or mentoring in leadership skills)	Geography Technical area Role/type Gender
Output	2.1.4	Number of professional's field deployable through GOARN, Africa CDC or other bilateral and national systems	Change in # of professionals supported by PHE, now able to be deployed to public health incidents at national and regional level.	Geography Technical area Role/type Gender
Output	2.1.5	All selected public health technical staff and/or frontline workers to receive targeted training and/or mentoring	<p>% of selected health professionals trained in identified area(s) (number selected based on scoping/baseline assessment to identify public health leaders requiring trained and/or mentoring in leadership skills)</p> <p>% of selected health professionals mentored (number selected based on scoping/baseline assessment to identify public health leaders requiring trained and/or mentoring in leadership skills)</p> <p>% of selected regional health professionals trained in identified area(s) (number selected based on scoping/baseline assessment to identify public health leaders requiring trained and/or mentoring in leadership skills)</p>	Geography Technical area Role/type Gender
Intermediate outcome	2.2	Public health technical systems enhanced and expanded in	Labs: Avg. change in C5.1 and C5.3 indicator scores across partner countries between successive SPAR	Geography Technical area

Item	Number	New description	Proposed new indicator(s)	Disaggregation
		partner countries and regions	<p>exercises Surveillance: Avg. change in C6.1 indicator scores across partner countries between successive SPAR exercises Preparedness: Avg. change in C8.1 indicator scores across partner countries between successive SPAR exercises Emergency response operations: Avg. change in C8.2 indicator scores across partner countries between successive SPAR exercises Chemical risks/events: Avg. change in C9.2 and C12.1 indicator scores across partner countries between successive SPAR exercises</p>	
Output	2.2.1	A functioning public health surveillance system capable of identifying potential events of concern for public health and health security	<p># of technical systems introduced/ revised, supported by PHE # of packages of TA delivered to ensure systems utilised in line with guidelines # of technical systems introduced/ revised, supported by PHE # of packages of TA delivered to ensure systems utilised in line with guidelines</p> <p>(Project targets set according to needs (in line with guidelines and best practice) vs. or what is feasible to implement)</p>	Geography
Output	2.2.2	Preparedness: Emergency response operations plans are in place with adequate support of resources and capacities	<p># of multi-hazard national public health emergency preparedness and response plans, including for chemical events, developed and disseminated, supported by PHE # of mapping exercises completed, supported by PHE</p>	Geography

Item	Number	New description	Proposed new indicator(s)	Disaggregation
			(Project targets set according to needs (in line with guidelines and best practice) vs. or what is feasible to implement)	
Output	2.2.3	Emergency response operations: Functional network of emergency operations centres and emergency response systems capable of addressing potential public health threats established, led by WHO	<p># of plans/processes developed for EOC activation and case management, supported by PHE</p> <p># of regional databases of experienced first responders developed</p> <p># of simulation exercises completed, supported by PHE</p> <p># of corrective action plans completed, supported by PHE</p> <p>(Project targets set according to needs (in line with guidelines and best practice) vs. or what is feasible to implement)</p>	Geography
Output	2.2.4	Laboratory systems enhanced and quality assured, with capacity increased for laboratory QA, and laboratory networks strengthened	<p># of labs supported to attain accreditation for quality standards</p> <p># of labs with international QA accreditation</p> <p># of technical systems introduced/ revised, supported by PHE</p> <p># of packages of TA delivered to ensure systems utilised in line with guidelines</p> <p># of plans completed to strengthen networks and improve the availability of point of care diagnostics at clinical sites, supported by PHE</p> <p>(Project targets set according to needs (in line with guidelines and best practice) vs. or what is feasible to implement)</p>	Geography
Output	2.2.5	Strengthened systems for detection and response to chemical-toxicological public health incidents	<p># of plans developed and disseminated to establish mechanisms for detecting and responding to chemical events or emergencies, supported by PHE</p> <p># of technical systems introduced/ revised for</p>	Geography

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Item	Number	New description	Proposed new indicator(s)	Disaggregation
			<p>detection and response to chemical-toxicological public health incidents, supported by PHE Packages of TA delivered to ensure systems utilised in line with guidelines</p> <p>(Project targets set according to needs (in line with guidelines and best practice) vs. or what is feasible to implement)</p>	

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