

# UK-Public Health Rapid Support Team (UK-PHRST) exploratory study of partnership and capacity strengthening

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**May 2024**

Produced by Ipsos for the UK-PHRST

## UK-PHRST Management Response

The UK-PHRST exploratory study on partnership and capacity strengthening was undertaken on our behalf by Ipsos. The review spanned two years (2021/2022 and 2022/2023) – Year 6 and 7 of the UK-PHRST’s operations.

We are pleased to publish UK-PHRST’s management response to the Ipsos study alongside the study. We thank Ipsos for the quality of their work and for an informative report. We are hugely encouraged that many of the recommendations of the study are already being implemented by the UK-PHRST and that the findings of the study as a whole affirm the UK-PHRST’s current direction of travel.

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## The study produced sixteen recommendations.

Recommendation	Management response
<p><b>1. UK-PHRST could undertake stakeholder mapping to understand how their partnership portfolio sits alongside other organisations.</b> This would help UK-PHRST understand which organisations are overrepresented and underrepresented and where UK-PHRST could partner to provide additional support. This would contribute to improving equity across North South partnerships.</p>	<p>The UK-PHRST regularly conducts partner stakeholder mapping in our operational sphere. We will continue to do this to ensure we avoid any duplication of activities, in line with the Ipsos recommendations. Additionally, for all new activities we engage in, we will with our partners, systematically identify, review and engage with relevant local expertise and institutions.</p>
<p><b>2. As UK-PHRST implements their partnership strategy, they should ensure the benefits of the previous relational process are embedded.</b> Partners consider UK-PHRST’s interpersonal skills, including the team’s ability to listen, collaborate, and build trust, to be a key strength of UK-PHRST, and are a key enabler to helping partners achieve outcomes. The team needs to ensure these values are embedded as the new approach to partnerships is implemented.</p>	<p>Feedback from the UK-PHRST &amp; Partners 2024 Learning Review suggests partners attach significant value to the UK-PHRST’s approach to partnership. We will continue to learn from and build on this approach. We will also continue to document and communicate our approach more widely.</p>
<p><b>3. UK-PHRST should explore ways to provide longer-term support within the parameters of their mandate.</b> Partnerships and capacities can be strengthened during “peace time” and then reinforced during crises. A few ways in which UK-PHRST could do this include allowing staff to be seconded for capacity strengthening activities which could act as a parallel mechanism to deployments; leveraging digital approaches, remote-training post-outbreak which partners were not opposed to; and organising regional conferences or ‘outbreak simulations’ with partners.</p>	<p>The UK-PHRST’s capacity strengthening portfolio of activities reflects the areas of activity suggested in the Ipsos study and we will continue to prioritise sustainability and longer-term support as appropriate. Recent examples of the sort of parallel support Ipsos suggests include the ongoing capacity strengthening support to partners which was delivered in parallel to deployments (such as 10 week MHPSS deployment to strengthen capacity in MHPSS at Africa-CDC HQ in Jan 2024), as well as following deployments, such as the Somaliland, Zambia and Zimbabwe outbreak deployments. Long-term (beyond the 8-12 week deployment limit) ‘secondments’ of staff to provide capacity strengthening support is outside the scope of UK-PHRST.</p>
<p><b>4. UK-PHRST could consider ways to improve the visibility of the team during deployments whilst operating under Global Outbreak Alert and Response Network (GOARN).</b> There was some confusion among partners as to the identity of the team, especially during deployments. Partners expressed that it would be helpful for them to know the affiliation of deployed staff, so they can have better oversight of who is doing what and make it easier to follow-up with the team post-deployment. Additionally, this could help to better-evidence impact by ensuring UK-PHRST activities and outputs are more easily identifiable, thereby linking this to potential outcomes and impact.</p>	<p>The UK-PHRST commits to raising our visibility particularly in our deployment pillar of work. Going forward, we will encourage staff on deployment to introduce themselves as UK-PHRST staff supporting another partner organisation (e.g., WHO, UK-MED, etc.). This requirement will be included in the next UK-PHRST deployment training.</p>

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<p>5. <b>Operationalise bidirectional exchange by identifying areas where UK-PHRST can learn from partners and enhance its own capacity.</b> UK-PHRST's partners offer a rich reservoir of knowledge, skills, and expertise, which go beyond simply providing contextual learnings. The team could identify where they lack skills and experience and be supported to improve on these through their partners.</p>	<p>The UK-PHRST already undertakes bi-directional learning in varying formats including the recently held UK-PHRST &amp; Partners 2024 Learning Review, the bi-monthly virtual learning sessions held by the UK-PHRST. More directly targeted bi-directional learning also occurs. One such example is engaging the clinical skills of the Chief Medical Officer Niger Delta University Teaching Hospital, Nigeria – a skillset which the UK-PHRST did not have. We will continue to expand these valuable areas of mutual learning to ensure that greater opportunities for sharing partner knowledge, expertise and experiences across our triple mandate, including in areas where this could address gaps in our skills and experience.</p>
<p>6. <b>Encourage staff to become “capacity strengthening practitioners” to move from conceptual discussions to practical implementation.</b> The complexity associated with defining and conceptualising the concept of capacity strengthening may have contributed to the feelings of frustration and/or disappointment reported by some participants in relation to its implementation by UK-PHRST.</p>	<p>Since the Ipsos study was commissioned in early 2023, capacity strengthening activities have more than doubled from 22 in 2022/23 to 54 in 2023/24. Additionally, the capacity strengthening team as the wider UK-PHRST team has increased in numbers releasing greater levels of resource/staff capacity to support this area of work. Capacity strengthening activities are delivered by staff across UK-PHRST both during and outside deployments, with each technical team benefitting from more skills and direction with their capacity strengthening practice, as well as each technical team leading capacity strengthening activities within their disciplines during 2023/24. The delivery of Capacity Strengthening activities represents a significant area of professional growth across UK-PHRST, that has grown and matured significantly since the Ipsos evaluation gathered its data.</p>
<p>7. <b>UK-PHRST could consider clarifying the term capacity strengthening as “mutual knowledge and learning” or simply refer to the actual activities or targets when related to exchanging capacity.</b> For example, framing capacity strengthening activities as “x organisation will be able to do y activity by the end of the partnership, measured by z” could help to provide better direction and ensure activities are effectively monitored and measured.</p>	<p>The UK-PHRST does not agree that changing the term capacity strengthening would be beneficial to either the UK-PHRST or our partners at this time. We do subscribe wholly to “mutual knowledge and sharing” and our approach to this is elaborated in recommendations 5 and 6 above. Following the UK-PHRST 2024 annual review the UK-PHRST aims to improve the way it monitors and measures capacity strengthening activity in line with the Ipsos recommendation. This will ensure that defined, measurable outcomes are identified for our capacity strengthening activities.</p>
<p>8. <b>Activities related to capacity strengthening should be more accurately defined and distinguished including whether they are short-term, longer-term, or enabling activities.</b> This includes clarifying whether these activities are part of a broader strategy and how they relate to partnership activities.</p>	<p>Capacity strengthening activities undertaken by the UK-PHRST are defined by their duration (i.e., short or long-term) and categorised according to five themes agreed with DHSC; and are reported accordingly. These definitions and categorisations are contained in the capacity strengthening proposal template. We will of course continue to monitor and refine these as further learning becomes available from our routine monitoring, evaluation and learning evidence. Additionally, the current UK-PHRST strategy specifies how capacity strengthening activities are integrated into the Project's overall approach in working with its partners and achieving its outcomes.</p>

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<p><b>9. Training activities should pivot towards a ‘Train the Trainer’ approach, which promotes the development of future training capabilities.</b> Alternatively, it is suggested to adjust the balance between the ‘Train the Trainer’ approach and one-time training sessions, where feasible.</p>	<p>Current capacity strengthening governance (not yet in place in early 2023 when this evaluation began) requires that all proposals demonstrate strategic relevance, impact and sustainability. “Train the Trainer” approaches are used where appropriate, sustainable and leading to impact.</p>
<p><b>10. Where possible, UK-PHRST should aim to engage in capacity strengthening activities which are embedded in relational approaches such as ‘on-the-job learning’, providing guidance and mentoring, and knowledge exchanges.</b> This is in contrast to one-off trainings and provision of resource, which, while addressing the needs of the project, tend to have a shorter-term impact.</p>	<p>The relational approach is already integral to UK-PHRST’s capacity strengthening strategic approach and captured in its new governance process. Where the UK-PHRST leads on a capacity strengthening activity there is greater scope to embed these relational approaches. Where we are delivering activities as part of a wider consortium of partners we will advocate for these approaches as appropriate. While one-off training is not a core capacity strengthening approach to delivering its mandate, we do not discount it if requested by a partner, if it is appropriate and if we have the subject matter expertise capacity available.</p>
<p><b>11. To achieve tangible results, there should be a greater emphasis on continued support and persistent mentoring following initial assessment and the first round of support or activity.</b> This approach would enable a consistent process of capacity strengthening, as opposed to focusing solely on “post capacity strengthening” activities.</p>	<p>The UK-PHRST is in agreement with a holistic and sustainable approach to capacity strengthening, led by our partners in accordance with their needs. This means that our partners define how our capacity strengthening efforts can best meet their needs; in turn implying that tangible results of activities are activity-specific, tailored to individual needs and in line with partner requests. This approach to sustainable results/impact is captured in the new governance process of capacity strengthening at the UK-PHRST.</p>
<p><b>12. Evaluation should be carried out to provide evidence as to whether the work on capacity strengthening is cumulatively contributing to the long-term change and resilience that forms the core of UK-PHRST’s definition of capacity strengthening.</b> This involves assessing the overall impact and effectiveness of the capacity strengthening efforts.</p>	<p>Evaluation is currently carried out immediately following the delivery of capacity strengthening activities. Plans are underway to re-assess longer term change at 3 months (that is, following the activity). The overall effectiveness and impact of capacity strengthening efforts will occur through the endline UK-PHRST project evaluation.</p>

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<p><b>13. Evaluation work should delve deeper into understanding whether the process of partnership and capacity strengthening has indeed bolstered UK-PHRST's capacities.</b> It is crucial to decipher whether this improvement forms an integral part of UK-PHRST's core work or if it is a result of their enhanced ability to be more effective partners and supporters of capacity building.</p>	<p>This recommendation speaks to the concept that capacity strengthening is a mutual exercise. It acknowledges that both the UK-PHRST and partners benefit and learn from collaboratively undertaking capacity strengthening activities, thereby enabling them to be better skilled practitioners. We endorse this view and have addressed it in recommendation 5.</p>
<p><b>14. UK-PHRST should engage in learning activities with their partners post-outbreak.</b> There are lessons to be learned from each outbreak, and these need to be embedded within the relevant institutions. For example, the Malawi case study demonstrated the limitations of the GOARN mechanism in responding to sub-regional outbreaks, and UK-PHRST could play a role in amplifying the voices of sub-national partners in Malawi. More broadly, UK-PHRST could work with partners to help ensure learnings are taken-up and use evidence from deployments to advocate for change amongst the teams' global network.</p>	<p>This recommendation was raised in the UK-PHRST &amp; Partners 2024 Learning Review. During pre-deployment engagement with partners the UK-PHRST will highlight the opportunity which our involvement in Inter-Action and After-Action Reviews presents to identify and respond to areas of need that fall within our remit and where we can strengthen deployments in a sustainable manner; and more broadly where we can advocate for change based on these lessons learned.</p>
<p><b>15. Where possible, UK-PHRST should work with partners to ensure activities delivered during deployments are embedded and sustained within the wider health system.</b> This could be identified during 'peace time' and involve updating preparedness. This would be further enabled via rapid deployment.</p>	<p>This recommendation was made during the UK-PHRST &amp; Partners 2024 Learning Review. The UK-PHRST's remit centres on response and readiness to respond. We will continue to support outbreak response national infrastructure strengthening where these activities clearly fall within our remit with a view to ensuring that we are working sustainably; and signpost appropriately where the activities fall outside our remit to other partners more able to conduct preparedness and health systems strengthening activities.</p>
<p><b>16. UK-PHRST should develop a Monitoring Evaluation &amp; Learning (MEL) framework for measuring long-term impact and sustainability of their activities.</b> There is an opportunity here for regular, 'light-touch' follow-up over a longer period with the key partner contact. This could be similar to what UK-PHRST is doing now, but at regular touch-points – for example, asking two to three questions about capacity strengthening activities to a partner during informal communications. This can be formally documented and inputted into UK-PHRST's larger MEL framework.</p>	<p>The UK-PHRST has an existing MEL framework for measuring change primarily at the outcome level. Recommendations on ensuring all capacity strengthening activities have a measurable outcome have already been incorporated into our governance and MEL processes. Feedback on every deployment, capacity strengthening or research activity is also undertaken by the UK-PHRST in the 'light-touch' follow-up manner recommended by Ipsos. We intend to continue this approach. The project endline evaluations measure long-term impact and sustainability of activities. A sustainability plan is also now in progress and this recommendation will be incorporated as part of its development.</p>

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