

# Executive Summary

## Background to the evaluation

**UK-PHRST was formally launched in November 2016, as a partnership between Public Health England (PHE) and the London School of Hygiene & Tropical Medicine (LSHTM), with Oxford University and King’s College London as part of the broader academic consortium.**

**UK-PHRST have a triple mandate** to ‘integrate outbreak response, innovative research to generate evidence on best practices for outbreak control, and capacity building for outbreak response in ODA-eligible countries’.

**Through this mandate, UK-PHRST are expected to contribute to the UK’s Global Health Security (GHS) priorities:** that is, to countries’ – in particular, lower- and middle-income countries’ (LMICs’) – capacity to successfully prevent, detect early and effectively respond to threats related to infectious disease outbreaks.

**Itad has been contracted by UK-PHRST to conduct an external performance evaluation and independent monitoring (PE&IM) of the programme from inception in late 2016 until April 2021.**

**The purpose of the evaluation is to ensure independent monitoring and quality assurance**

**of programme delivery, documentation of lessons learned, and robust tracking of results, providing assessment of the effectiveness of official development assistance (ODA) funds.**

**The PE&IM has consisted of two main phases:**

**A mid-point evaluation** was conducted between September 2019 and August 2020, to generate learning and support adaptive management during the current phase of the programme.

**An end-point evaluation** that took place between September 2020 and April 2021 has been timed to capture as much implementation of the current phase as possible, and hence support accountability. Findings, conclusions and recommendations generated by this evaluation, however, are expected to be useful also in the design and implementation of future phases of the programme.

**This is the revised end-point evaluation report,** based on data collection and analysis carried out between September and November 2020, including 74 key informant interviews (KIIs) conducted with UK-PHRST and their stakeholders. The report has been revised upon reception of feedback from UK-PHRST, and following a ‘co-creation of recommendations’ workshop that took place in February 2021.

**The report presents findings, conclusions and recommendations from the three evaluation workstreams:** [Workstream 1](#) focusing on design, [Workstream 2](#) on implementation and [Workstream 3](#) on performance issues.





## Evaluation findings

### Workstream 1: Design – Model and Strategy

#### *Appropriateness of the model*

UK-PHRST's triple mandate is still valid and greater integration has been achieved in the last year across the three strands. There is broad agreement that the consortium model adds value towards improving outbreak response through bringing together complementary expertise, experiences and partnerships. On balance, in light of the significant efforts already made to improve internal collaboration and communication and of the advantages provided by the consortium model, maintaining the PHE–LSHTM equal partnership and adding collaboration with additional academic and public health institutions seems the right way forward.

#### *Relevance and appropriateness of the strategic approach*

UK-PHRST's activities predominantly respond to partners' requests, organically ensuring their relevance and alignment with partners' strategic plans. Additionally, UK-PHRST have made efforts to better align activities with the programme Theory of Change (ToC). In terms of supporting sustainable outcomes, capacity development (as a cross-cutting component) is perceived to be the most strategic and relevant aspect of the triple mandate. Yet a need to further refine and embed awareness of UK-PHRST's approach to this work remains. Activities around development and strengthening of successful, collaborative LMIC partnerships (with a focus at regional level) are also seen as key to increasing UK-PHRST's ability to contribute towards programme outcomes.



### Workstream 2: Implementation – Delivery, Process and Partnerships

#### *Progress in delivering activities and outputs*

UK-PHRST-planned activities and outputs across the triple mandate have largely been achieved or exceeded, or are making good progress towards achievement. Despite some delays in the project's first four years, capacity development indicators are now on track against targets.

#### *Appropriateness of the human resourcing model*

UK-PHRST are considered a highly professional and experienced team, offering multidisciplinary expertise across the core pillars of outbreak response. While efforts to increase UK-PHRST's human resources have been made, the team remained overstretched in the last year of implementation due to retention issues, difficulties with hiring new staff given short-term funding, and challenges with accessing reservists. As a result, they did not have sufficient capacity to fully meet the demands without a high risk of burnout. Despite this, UK-PHRST have improved their ability to deliver across the triple mandate over time. The shift towards remote support brought about by COVID-19 helped to facilitate more integration across the triple mandate, but presented some challenges for all three components.



### *Appropriateness of the governance structure*

Governance structures are appropriate overall, although some coordination challenges still remain. Since mid-point, the team have endeavoured to strengthen their governance and reporting mechanisms. The oversight and management of the research portfolio improved significantly with the development of a clearer strategic vision and streamlining of approval and review processes. The need remains, however, to further clarify accountability mechanisms for capacity development as a cross-cutting component.

### *Consortium partnership and internal communication*

There is good collaboration across the different workstreams and organisational boundaries, and increasingly a sense of being unified as a team. COVID-19 and the shift to remote working

helped reinforce effective virtual communication practices independent of institutional affiliation or geographic location. Key reflections emerged as a result of challenges experienced during the collaboration with King's College London and Oxford University, which fed into plans to include a broader range of academic institutions to adequately counter research gaps across multiple disciplines in the next phase.

### *External communication*

UK-PHRST recently scaled up external communication activities through novel platforms such as the UK-PHRST Knowledge Hub. At regional and country levels UK-PHRST communicated effectively with a wide range of stakeholders during deployments and research projects. However, there is limited evidence of how UK-PHRST dissemination of research findings at country level informs national policy and decision making, and a research dissemination and uptake strategy is yet to be developed.

### *UK-PHRST and other UK ODA health security programmes*

UK-PHRST do not duplicate other UK ODA health security programmes at UK, regional or country levels, given their unique profile as a rapid response team offering support across the triple mandate.

UK-PHRST have made positive efforts to coordinate with other Her Majesty's Government (HMG) GHS programmes, especially at country level. There are several examples of how UK-PHRST collaborated with and aligned their activities to the PHE International Health Regulations (IHR) Strengthening project, the Foreign, Commonwealth and Development Office (FCDO) and World Health Organization (WHO) offices during deployments and research field visits. There is an opportunity to develop a more systematic approach for collaboration to maximise synergies and complementarity.

### *Coherence and collaboration at country, regional and global levels*

UK-PHRST have taken a proactive role in coordinating activities with other partners, especially during bilateral deployments, which has helped prevent duplication and overlap between UK-PHRST and other programmes at regional and country levels. UK-PHRST have a strong partnership with the Global Outbreak Alert and Response Network (GOARN). The programme has also enhanced collaborative partnerships with a number of regional institutions, such as Africa Centre for Disease Control (CDC) and Nigeria CDC, especially during the COVID-19 pandemic.



### Workstream 3: Performance – Results, Sustainability and Accountability

#### *Progress against programme goals*

There is evidence of the positive contribution of UK-PHRST, especially to short-term outcomes (STOs) on response and on capacity development. UK-PHRST work is likely to have made a positive difference to cholera and COVID-19 responses in Cox’s Bazar (Bangladesh), as well as to Africa CDC’s COVID-19 response, among others. There is also evidence of capacity having been developed as a consequence of UK-PHRST’s interactions with Africa CDC, Nigeria CDC and Cox’s Bazar. Evidence of UK-PHRST’s research findings being applied by the team and partners to influence response and/or policymaking in LMICs remains to date limited, with the exception of research on Personal Protective Equipment (PPE) for Lassa Fever influencing Nigeria CDC Infection Prevention and Control (IPC) for Viral Haemorrhagic Fever (VHF) guidelines. While it is plausible that the programme has contributed to intermediate and

longer-term outcomes, there is insufficient evidence to express a definitive judgement at this stage, a challenge shared by many programmes.

#### *Sustainability*

Despite early signs of progress in this area, sustainability concerns have not yet been fully embedded in UK-PHRST’s strategy or implementation plans. Prior challenges to sustainability still exist and are aggravated by the current HMG funding climate. Progress has been made on developing strategic partnerships, partly due to COVID-19 in 2020, which opened the way to more sustainable forms of engagement, including an increased focus on capacity development, the opportunity of longer-term engagement, and hybrid remote/in-person approaches. As for research, while UK-PHRST has made significant progress in creating and sharing Global Public Goods such as Massive Open Online Courses and research/tools made available on the Knowledge Hub, a greater emphasis on effective dissemination and a stronger link between research topics and response needs are required to maximise chances to contribute to sustainable results.

#### *Value for money*

**Economy (Good):** High-quality academic service providers were selected and contracted, with recent contracts being structured to incentivise achievement of project milestones.

**Efficiency (Good):** Despite actual spending having been consistently below the level of intended spending, there has been strong performance against output indicators, suggesting that the project has been implemented more efficiently than anticipated. Limited use of reservists, however, has constrained efficiency.

**Equity (Adequate):** Gender equality, equity and human rights have been considered in the project design, although there is still limited evidence that this has been translated into implementation practices. There is, however, evidence of a greater appreciation among UK-PHRST staff of the importance of integrating these considerations in UK-PHRST’s work.

#### *Measuring of results*

Monitoring, evaluation and learning (MEL) systems have been strengthened with support from the external evaluation team and through the work of a dedicated working group on learning. Operationalisation of new tools and processes is still ongoing.

#### **Photo credits, pages ix–xi**

**Bangladesh:** WHO Bangladesh/Tatiana Almeida  
**Nigeria:** Louis Leeson/LSHTM

## Evaluation conclusions

**UK-PHRST and the triple mandate originated from the lessons and insights of the West Africa EVD outbreak of 2013 and 2016.** It was designed to tackle the need for additional ‘research readiness’ and ‘expert readiness’ to strengthen UK and global response to epidemics in terms of speed and quality.

**Four years on, the UK-PHRST model is still valid and its relevance has increased in the current situation and given the fact that integration between response, research and capacity development has intensified.** The idea of combining disease outbreak response, research and capacity development in a readily deployable multidisciplinary team working in partnership with national and regional public health organisations has become even more relevant in today’s world, distraught by the COVID-19 pandemic. The idea is also increasingly aligned with current debates about the decolonisation of global health, especially given the enhanced focus on capacity development as a cross-cutting element.

**In terms of ‘expert readiness’, the programme has been successful in establishing a highly professional and reliable team of experts, ready to deploy in 48 hours and offering cutting-edge technical expertise.** In doing so, UK-PHRST have

developed positive relationships with GOARN and LMIC governments, who report improved speed and effectiveness of outbreak response when UK-PHRST are deployed.

**Despite limited human resources which have overstretched the team and inevitably restricted what they have been able to achieve, the programme is on track to achieve all its outputs, with some signs of positive contribution to STOs related to outbreak response and improved LMIC outbreak response capacity.** Little to no evidence was, however, available to demonstrate contribution to the STO on application of research findings, or to intermediate and long-term outcomes.

**UK-PHRST have also been successful in establishing good partnerships with some national and regional-level institutions in charge of outbreak response such as Nigeria CDC and Africa CDC, but more can be done to leverage partnerships for more sustainable outcomes and integrate a more well-defined capacity development approach.** COVID-19-related shift to more remote support in 2020 opened the way to more sustainable forms of engagement. The need, however, still remains for the programme to build on existing and new partnerships to complement its capacity development offer, with a view to improving sustainability.

**As for ‘research readiness’, the absence of a clear, overarching approach to research dissemination and uptake has hampered contribution to programme results related to the application of UK-PHRST research findings in response and policymaking.** A research uptake and dissemination strategy which sets out how to further systematically strengthen the link between research topics/questions and the needs of outbreak response, and how to work with partners (including DHSC) at country, regional and global levels to promote the application of research findings, is yet to be drafted.

**Despite considerable progress made in strengthening its MEL systems, more can be done to enhance learning and show contribution to higher-level results.** UK-PHRST MEL systems have been strengthened through constructive engagement by UK-PHRST, but progress has taken time and the operationalisation of new tools and processes is still ongoing. This has somewhat limited the extent to which this end-point evaluation could assess contribution to outcomes.



## Evaluation recommendations

This section presents six high-level recommendations. Following submission of the end-point evaluation report in January 2021, in the spirit of ‘Utilisation-Focused Evaluation’, the evaluation team facilitated a virtual co-creation workshop on 12 February 2021 with UK-PHRST SMT members and external stakeholders. The workshop aimed to foster intended users’ engagement and buy-in to the evaluation findings and recommendations, thereby maximising the chances of recommendations being useful and used.

The workshop involved a review of the priority evaluation findings and strategic implications, and interactive discussions on options for moving forward. These were then used by the evaluation team as an additional data point to frame the recommendations presented in this report. As such, while the recommendations are those of the independent evaluation team, and directly follow from the findings and conclusions presented in this report with no undue influence from UK-PHRST and its partners, it is intended that they reflect the views and priorities of the evaluation users.

These recommendations can be grouped into two categories, as summarised in **Figure 1**. The first three recommendations (‘act now’) are, in our view, the most critical to address as soon as possible. Recommendations 4-6 (‘continue and embed’) cover areas in which UK-PHRST have already made good progress in the right direction, but more can be done to maximise and embed improvements going forward.

Figure 1: Overview of recommendations

| Act now    | Continue and embed   |
|---|---|
| <p><b>Recommendation 1</b> – Ensure sufficient capacity to adequately meet the demands of programme delivery and maximising successful outcomes across the triple mandate, by advancing recruitment plans, using reservists and FETPs where possible, and clearly articulating a request for more human resources in any future phase.</p> <p><b>Recommendation 2</b> – Deepen in-country networks and partnerships to achieve programme objectives (particularly in relation to sustainability) through an updated approach to partnerships.</p> <p><b>Recommendation 3</b> – Put greater emphasis on ensuring that research is used to inform decision making and to guide policies in LMICs, including by articulating and implementing a research uptake strategy and by further aligning research questions and the needs.</p> | <p><b>Recommendation 4</b> – Further define and embed UK-PHRST’s scope of work and ways of working, especially within capacity development, and improve partners’ awareness and understanding of UK-PHRST’s mandate through an effective communications plan.</p> <p><b>Recommendation 5</b> – Continue to strengthen and implement UK-PHRST’s MEL approach to maximise chances to contribute to desired outcome level results and to be able to demonstrate contribution at this level.</p> <p><b>Recommendation 6</b> – Retain lessons learned during COVID-19 through a ‘blended’ approach combining in-person and remote support.</p> |