Department of Health & Social Care

# UK Public Health Rapid Support Team Annual Review

## Global Health Security Programme

Published 05 November 2018

# Clearance Checklist

| Sign off | Name | Date |
|---|---|---|
| **NIHR CCF sign off** | Dr Mike Rogers<br><br>Assistant Director, Infrastructure and Faculty / CCF Lead for Global Health<br><br>National Institute for Health Research | 13/07/2018 |
| **External Assurance** | Dr Cathy Roth<br><br>Senior Research Fellow<br><br>Department for International Development | 12/07/2018 |
| **Public Health England formal** | Paul Cosford<br><br>Director for Health Protection & Medical Director<br><br>Public Health England | 12/07/2018 |
| **Global Health Security Programme Board** | Emma Reed<br><br>Director of Emergency Preparedness of Health Protection Policy<br><br>Department of Health and Social Care | 19/07/2018 |

# ABBREVIATIONS AND ACRONYMS

| ABBREVIATION | MEANING |
|---|---|
| AFRO | WHO African Region Office |
| COMAHS | College of Medicine and Allied Health Sciences, Freetown, Sierra Leone |
| CREDO | Clinical Research During Outbreaks |
| DFID | Department for International Development |
| DHSC | Department of Health and Social Care |
| FCO | Foreign and Commonwealth Office |
| GHS | Global Health Security |
| GOARN | Global Outbreak Alert and Response Network |
| ICRC | International Committee of the Red Cross |
| IDP | Internally displaced person |
| IPC | Infection prevention and control |
| KCL | King's College London |
| LMIC | Low and Middle-Income Countries |
| LSHTM | London School of Hygiene and Tropical Medicine |
| LSTM | Liverpool School of Tropical Medicine |
| MOU | Memorandum of understanding |
| NGO | Non-governmental organisation |
| NIHR | National Institute for Health Research |
| ODA | Official Development Assistance |
| PHE | Public Health England |
| ToC | Theory of change |
| UK-PHRST | United Kingdom Public Health Rapid Support Team |
| VfM | Value for money |
| WASH | Water, sanitation, and hygiene |
| WHO | World Health Organization |

# Introduction

## Outline of programme

In the last spending review the 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 Department of Health and Social Care (DHSC) ODA funding. The programme is made up of five projects; Fleming Fund, Global Antimicrobial Resistance Innovation Fund (GAMRIF), UK Public Health Rapid Support Team, International Health Regulations Strengthening project and Vaccines Project. Through delivery of each of these projects the programme aims to support ODA eligible countries to:

- prevent and reduce the likelihood of public emergencies such as disease outbreaks and antimicrobial resistance (AMR);
- detect health threats early to save lives; and
- provide rapid and effective response to health threats

## Outline of project in relation to the programme

The UK-PHRST programme objectives are to:

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

Given the need to rapidly initiate the programme, interim arrangements were put in place Nov 2016 – September 2017 to create a functional administrative framework and core deployable team while a permanent structure was being developed and a permanent director recruited.

# Outline summary of project's last year annual review

| | | |
|---|---|---|
| 1. | Project Management | N/A |
| 2. | Finance | N/A |
| 3. | Theory of Change | N/A |
| 4. | External Engagement | N/A |
| 5. | Overall Delivery Confidence RAG rating from last annual review: | N/A |

This is the first annual review for the UK Public Health Rapid Support Team.

# Key successes

## Key achievements include:

- Building a foundation for partnership and finalising a Joint Proposal between PHE and LSHTM
- Recruiting interim core administrative and deployable teams
- Implementing a full deployment support package, including equipment, communications and Standard Operating Procedures (SOPs).
- Developing, implementing and reviewing the initial training programme
- Completing a Training Needs Analysis
- Initiating an interim research programme
- Initiating capacity building/training in West Africa through delivery of an Masters of Public Health course in Sierra Leone and seven bursaries to support Sierra Leone health workers for short-term training in the UK
- Completing initial phases of developing the UK International Emergency Public Health Register
- Preparing the key documentation to enable the transition to permanent UK-PHRST arrangements

# Project Management

Risk Rating: Amber (Medium)

Risk revised since last annual review: N/A

# 1. Evidence of managing the delivery of project

| Q3 16/17 | Q4 16/17 | Q1 17/18 | Q2 17/18 | Q3 17/18 | Q4 17/18 |
|---|---|---|---|---|---|
| Amber | Amber | Amber | Amber | Amber-Red | Amber-Red |

Overall delivery RAG rating over the reporting period: Amber

**Key Points: Delivery Management Approach**

Management challenges in setting up the UK-PHRST have included:

- The transition from an interim to full-time team, which could only occur after the recruitment of a permanent director. Recruiting, interviewing, and selecting personnel for the ~25 positions took 3-4 months

- Working through processes, including reporting, financial management, and line-management in the “unchartered waters” of a new programme attempting to meld government with academia. PHE and LSHTM have drastically different institutional cultures, processes, and expectations.

- As described below, the UK-PHRST has been deploying very frequently since its inception, which means that the aforementioned challenges had to be confronted while simultaneously managing complicated outbreak responses in the field. This inherently leads to delays.

The project has nevertheless delivered consistently and effectively over the past 18 months despite the difficulties of setting up a new project, managing the different delivery partners and responding to deployment requests. Reasons for this include:

- With time, arriving a full staffing, which also allows for more stable budget projections

- Team building exercises, induction day workshops, and away days to build cohesiveness (see below). We plan to continue these

- Continued development and elaboration of a 4-year Strategic Framework and Implementation Plan to set the UK-PHRST on more stable and transparent course.

### UK-PHRST Project Board

We are presently nearing finalisation of the Project Board Terms of Reference (Appendix A) and plan to hold the first meeting in June 2018.

### Academic Steering Committee

An Academic Steering Committee of expert scientists from participating UK-PHRST institutions was assembled and established processes for soliciting applications for operational research proposals for the interim phase, to which 14 proposals were submitted and nine short-term (~6 months) research projects selected. The proposals covered a broad range of disciplines relevant to the UK-PHRST and involve all four UK-PHRST collaborating institutions. The ASC has met nine times over the 18 months covered in this review, with the last meeting being 26 March 2018.

### Team building and maintaining cohesiveness

To enhance team building and ensure that the UK-PHRST functions as a cohesive unit we have conducted the following:

- An ‘Induction Day’ providing an overview of the UK-PHRST project for both internal and external stakeholders. This was held at the Imperial War Museum on 13 October 2017.

- An annual UK-PHRST ‘Away Day and Innovations Workshop’ held in Salisbury 31 January 2018.

The core management team also uses the following delivery management approaches:

- Fortnightly Senior Management Team meetings involving lead personnel and administrators from both PHE and LSHTM

- Weekly core management team meetings to track activity and areas of risk

- Monthly in-person meetings of all UK-PHRST staff

- An active risk register in which risks and mitigating actions are reviewed and assessed for requirement for escalation as appropriate

- An active issues register in which key issues are reviewed and monitored to ensure that actions are taken as needed to address and finalize them

- A programme delivery tracker to monitor high-level actions across the programme and track all major activities alongside target dates

- Quarterly reporting of key activities and risks to the Global Health Security (GHS) Programme Board

# 2. Evidence of meeting milestones/deliverables

**Key Points:**

Overall, the project has successfully delivered against its deployment objectives but less so with its project management. Prioritisation has rightly meant that management and team efforts have been focussed on ensuring that the main aims of the UK-PHRST are met namely:

(From the UK-PHRST logic framework)

- More effective UK response to outbreaks, including established operational capacity and processes to support rapid deployment for optimal field performance and assess value for money.

- Research to build an evidence-base for optimum prevention and response conducted before, during and after outbreaks. Knowledge sharing and external funding to maximise benefit.

- Improved capacity for prevention, detection and control of outbreaks in ODA-eligible countries

Now that these deliverables are in steady state progress is being made on ensuring that the quality of administration matches the high success of deployment activity.

Although inevitable logistical challenges have been encountered in establishing this new and novel programme, the first 18 months has shown that the programme is operationally effective and on-track to achieve its short-, medium-, and long-term objectives. The UK-PHRST is also now progressing toward increasing field engagement and establishment of the permanent infrastructure for programme maintenance and growth.

**During the implementation phase the deliverables were:**

1. UK-PHRST responds to >50% of appropriate requests within 48h of approval with appropriate skill mix

All UK-PHRST deployment requests to date have received approval within 48h, showing the functionality of the system. In some cases, actual deployment was delayed due to issues outside of our control, such as delays in granting visas or operational delays from WHO/GOARN.

2. ≥ 80% of core team in post and ready for deployment; draft reservist development plan; 33% (2/6) FETP fellows trained and available to deploy

As of March 2018, all but one (i.e. > 95%) of core position were filled and ready for deployment. The one position not filled was because no suitable candidate was identified in the first round of interviews. A suitable was, however, identified, in the second round. A draft reservists plan is in place and will undergo final review and sign-off in the coming weeks. Three of the six FETP fellows have been trained and have already deployed with the UK-PHRST.

3. Engagement with key stakeholders in ODA-eligible countries

There have been seven UK-PHRST deployments to date through a number of routes. Each deployment has contributed to achieving the UK-PHRST long-term aims of supporting countries to prevent and reduce the likelihood of infectious disease outbreaks and respond rapidly and effectively to public health emergencies. The UK-PHRST team have worked closely alongside WHO, Ministries of Health, MSF, and other stakeholders during all deployments and implemented the design, development and delivery of accessible tools and solutions during their deployments. In addition, the UK-PHRST has met with the leadership of WHO AFRO in Brazzaville, Africa CDC in Addis Ababa to explore collaborations with these groups to enhance outbreak response. Discussions are ongoing.

During the interim phase, the UK-PHRST also contributed funding and expertise to a training curriculum entitled Clinical Research during Outbreaks (CREDO), developed and piloted in collaboration with WHO/Tropical Diseases Research (TDR), linking to the WHO/TDR's global competency framework for clinical research. The delivery of the curriculum, and the assessment of learning achieved, builds capacity overseas for an improved and rapid national research response to disease outbreaks. Activities and achievements of the CREDO initiative to date include:

- Four multi-disciplinary teams comprised of eighteen participants were selected for the CREDO pilot. The teams are based at University of Gondar, Ethiopia; PACCI Research Programme, Ivory Coast; Kumasi Centre for Collaborative Research, Ghana and MRC Uganda.

- Pilot workshops took place in March and July 2017 in Entebbe, Uganda and Addis Ababa, Ethiopia

- CREDO received accreditation from the African Academy of Sciences.

- All of the pilot participants completed the CREDO eLearning modules and the final assignment and were issued with CREDO certificates.

- The pilot participants completed a final course evaluation and their feedback was used to refine and improve the course materials.

- CREDO materials are available from https://isaric.tghn.org/credo/

- A CREDO poster was presented at the 10th European Congress on Tropical Medicine and International Health, 16-20 October 2017, Antwerp, Belgium.

- A CREDO manuscript has been submitted to the Emerging Infectious Diseases journal.

This phase ended once the Director was recruited. The project team worked closely with the DHSC programme management team to ensure alignment with the wider GHS Programme Board theory of change to develop the delivery phase properly.

**Milestones to be delivered during the period covered by this report are:**

1. ≥ 80% of core team in post and ready for deployment; training needs of reserve cadre identified, logistics of contracts considered; 33% (2/6) FETP fellows trained and available to deploy

2. Procurement of case lab equipment completed and in use.

3. All deployments with formal debrief and lessons learnt; response rota for incidents on deployment established.

4. Research strategy established; > 1 research protocol developed/adapted to guide early, mid- and end-of-outbreak investigation; review of existing tools started. Conducting rigorous research to aid epidemic preparedness and response and improve future response is a key objective of the UK-PHRST.

5. Research projects commenced; >3 presentations on UK-PHRST or its work at meetings and conferences where audience includes key stakeholders.

6. Engagement with key stakeholders in ODA-eligible countries; potential hub sites visited to support capacity for improved prevention, detection, and control in ODA-eligible countries; West African hub site identified and capacity development plan made; implementation commenced.

7. Training supported in >1 ODA-eligible country.

8. Competency framework agreed upon by all collaborative institutions.

Five research streams were defined in the UK-PHRST PHE/LSHTM Joint Proposal:

- Epidemiology and population sciences
- Patient-centred research
- Microbiology and laboratory sciences
- Social sciences and community engagement
- Mental health and wellbeing

With the elaboration and approval of the UK-PHRST Strategic Framework, we are now transitioning to a preferred model of funding fewer but longer-term multidisciplinary research projects with over-arching comprehensive themes. Recently, through regular research strategic development meetings, meetings of the ASC and ongoing dialogue with key academic partners, we have identified five long-term focus areas. These are based on recognized knowledge gaps in the field of outbreak response and outbreak-prone disease, expertise of the UK-PHRST team and

collaborators, and feasibility of implementation. For each area, we have formed a small working group (4-5 members) led by a UK-PHRST scientist but incorporating expertise from across the UK.

The five topics/working groups and their leads are:

- Multidisciplinary research on Lassa fever in West Africa (Alex Salam, Oxford)
- Field diagnostics, genomics, and sequencing during outbreaks (Ben Gannon, PHE/Porton Down)
- Community approaches to outbreak response and research (Hana Rohan, LSHTM)
- Data capture methods, analytics, and real-time outbreak modeling (Patrick Keating, LSHTM)
- Approaches to transmission of respiratory diseases (Olivier le Polain, PHE)

The focus areas are designed to be crosscutting. For example, the approach to Lassa fever includes clinical research to better understand the pathogenesis of the disease, possibly leading eventually to clinical trials, epidemiologic research to better understand the dynamics of Lassa virus transmission, and social science research to understand barriers to care-seeking and to enhance case-finding and presentation of persons with Lassa fever. Such an approach is designed to not only provide valuable data and insights on Lassa fever, but also to created broad design templates that can be applied to other important disease systems.

Working groups are charged with developing a detailed research plan for their focus area. They allow for a collaborative approach to research development and also ensure that research activities are less reliant on a single individual for delivery. This will help ensure progress of the research project even when key staff are deployed or focusing on other key UK-PHRST deliverables.

### >1 funding applications submitted (to complement UK-PHRST budget) for research or capacity building projects from external sources (named UK-PHRST investigator included).

In the first 18 months of operations, the UK-PHRST has focused primarily on short-term research projects in order to work through the necessary processes to establish itself as an operational unit for research and develop a foundation for a long-term programme integrated with the UK-PHRST's outbreak response and capacity building research remit.

Through a gradual process of monthly meetings to brain-storm and discuss strategic directions that both fit with the UK-PHRST remit and play to the strengths of the UK-PHRST team and partner institutions, we have recently identified the following longer-term and cross cutting focus areas:

- Real-time outbreak modelling
- Real-time sequencing during outbreaks
- Behavioural science and mental health
- Respiratory disease

- Lassa fever

For each focus area, a task force of experts is being assembled, organized by a member of the UK-PHRST core deployable team, that will elaborate a detailed research agenda for the UK-PHRST.

**Research projects commenced; >3 presentations on UK-PHRST or its work at meetings and conferences where audience includes key stakeholders**

There was a considerable delay (~2 months) as the protocols underwent review. This impacted the research start dates. This also posed challenges in spending allotted funds within the ODA budget cycle. In response to this delay that was out of our control we now plan to implement a rolling cycle of research that will ensure time gaps between streams are removed. The nine projects progressed and all are now completed or in the final stages, as shown in the table below:

| Principal Investigator (home institution) | Study | Amount | Status |
|---|---|---|---|
| Amanda Semper (PHE) and Martin Hibberd (LSHTM) | Real-time pathogen sequencing | £62,275 | Completed December 2017. Actual expenditure £42,626 |
| Alison Beck (KCL) | Cognitive behaviour therapy of Ebola responders | £43,620 | Completed June 2017. Actual expenditure £46,492 |
| Peter Horby (Oxford) | Rapid clinical characterization of outbreak syndrome | £25,175 | Completed December 2017. Actual expenditure £17,012 |
| Karl Blanchet and Shelley Lees (LSHTM) | Social research in a Rapid Support Team | £34,978 | Completed March 2018. Actual expenditure £34,978 |
| Peter Horby (Oxford) | Rapid research needs appraisal | £10,900 | Completed March 2018. Actual expenditure £4,354. |
| Judith Glynn (LSHTM) | Contact patterns in acute illness | £56,800 | Completed March 2018. Actual expenditure £56,800 |
| Oliver Cumming (LSHTM) | Real time evaluation of WASH in outbreaks | £39,879 | Completed July 2017. Actual expenditure £39,259 |
| Peter Horby (Oxford) | Patient data quality improvement in epidemics | £13,914 | Completed December 2017. Actual expenditure £9,036 |
| Hilary Bower (LSHTM) | Severe undifferentiated febrile illness outbreaks in Sudan | £55,100 | Completed December 2017. Actual expenditure £27,000 |
| | Total Amount Funded | £342,641 | |

* In addition to those noted in the table, a study of the pharmacokinetics of favipiravir in severe influenza was started in February 2017 and will continue until December 2018 as a collaboration between the China-Japan Friendship Hospital, Beijing and the UK-PHRST. This is a study with full external funding, with our expenditure amounting to £1,875 for training and capacity building. The lead investigator is Peter Horby (Oxford). The study is on track and patient recruitment will be completed in October 2018.

Progress reports for all projects were submitted to NIHR in April 2018. A second call for research proposals went out in December 2017 and 7 research projects were approved. All projects are now underway, with the majority of these activities now likely to take place during the 2018-19 financial year. Numerous manuscripts are being prepared for publication and one has been published1.

In addition, UK-PHRST staff have presented, including preliminary research results, at a number of national and international conferences, including the annual meetings of the Royal Society of Tropical Medicine and Hygiene (London), American Society of Tropical Medicine and Hygiene (Baltimore, USA), Communicable Disease Control Conference (Melbourne, Australia), among many others.

## Engagement with key stakeholders in ODA-eligible countries; potential hub sites visited to support capacity for improved prevention, detection, and control in ODA-eligible countries; West African hub site identified and capacity development plan made; implementation commenced

The UK-PHRST has embarked on various training endeavours in Sierra Leone, where PHE and LSHTM have been historically engaged and where many interim UK-PHRST team members worked during the 2013-16 Ebola virus outbreak.

At their request, contributing to two courses run by COMAHS in Freetown, Sierra Leone:

- The establishment of a new Masters of Public Health degree course that will help provide future local expertise in outbreak preparedness and response for Sierra Leone.).

- UK-PHRST been contributing lectures in the COMAHS Bachelors of Laboratory Science course, as well as providing informal hands-on training to the laboratory technicians at the national reference laboratory at Connaught Hospital, which was recently refurbished by the PHE Resilient Zero Project, and where the UK-PHRST is engaged in various research projects.

In addition to contributing to courses, the UK-PHRST provided seven training bursaries for health workers from Sierra Leone to attend courses in the UK. To date, four recipients have attended courses at LSHTM and three at LSTM.

Moving forward the UK-PHRST aim to create stable and sustainable overseas platforms for research and capacity building for outbreak response, which has an important added benefit of contributing to strengthening local capabilities to meet IHR. We are engaged with WHO Geneva

[1] Clinical assessment is a neglected component of outbreak preparedness: Evidence from refugee camps in Greece. Rojek et al. BMC Med. 2018 Mar 19;16(1):43

and AFRO, GOARN, and Africa CDC, among others, regarding capacity building for rapid outbreak response in Africa.

**Training supported in >1 ODA-eligible country**

As noted above, the UK-PHRST has contributed to MPH and laboratory training at the Sierra Leone College of Medicine and Allied Health Sciences and training on outbreak response with Africa CDC in Ethiopia.

**Competency framework agreed upon by all collaborative institutions**.

| | |
|---|---|
| RAG rating for deployment: | Amber/Green |
| RAG rating for research: | Amber |
| RAG rating for capacity building: | Amber |

# 3. Evidence of managing risks

The UK-PHRST has instituted a thorough and systematic risk management structure in terms of both corporate strategic and operational risks. This process ensures that the risks associated with the UK-PHRST are systematically and formally identified, assessed, and mitigated within acceptable levels.

**Strategic Risk**

The UK-PHRST team maintain a risk register for the project that is reviewed and updated quarterly. The register explores all possible identified risks and issues and clearly outlines the causes and potential impacts. For each risk a number of mitigating actions are identified with each action assigned to an individual within the team. During each quarterly review, a decision is made as to whether the risk is closed, remains open or should be escalated. This is also an opportunity to review the mitigating actions and identify further actions to reduce the risk. Quarterly risk register updates are shared with DHSC as part of the routine highlight report. Significant risks (i.e. those with a red RAG status) are escalated internally and to the GHS Programme Board via the agreed DHSC process. Significant risks will be then included on the GHS risk register as appropriate.

**Operational Risk**

Once a deployment has been approved and accepted, a comprehensive health, safety and security risk assessment is carried out. This risk assessment is country and outbreak specific and focuses on protecting the health and wellbeing of deployed UK-PHRST staff members. The assessment is produced using PHE Safety Organiser software and covers a range of common hazards relating to travel, accommodation, health in the field, personal safety and communication. Most mitigating measures have been considered, adopted in advance and communicated to the deploying individuals as part of their induction, training and briefing processes. Other bespoke measures are also agreed as part of the risk assessment process. The risk assessment is approved and signed off by the Director of the UK-PHRST.

## Current risks and mitigating actions:

As a result of a failure to finalise contract proposals, launch adverts and recruit widely in time, there is a risk of not having reservists available to support operational deployment. This would impact on the ability of UK-PHRST to provide support to outbreaks, meet needs of research and capacity and affect UK-PHRST reputation.

**Mitigating actions:**

- Oversight by programme managers at both PHE and LSHTM to ensure high-level deliverables are being met. Line management of each deployable team member to ensure individual project research deliverables are being met. Prioritisation of reserve cadre so that additional capacity for deployments can allow core team to focus on research and capacity building activities.

- A detailed process and proposal for each recruitment stage is written in full and agreed by all UK-PHRST partners (and their HR departments). Senior level engagement at all partner organisations detailed project plan maintained for reserve cadre.

As a result of underspend there is a risk of UK-PHRST not operating in line with ODA targets or not demonstrating value for money. This may impact on UK-PHRST reputation and a reduced budget in future years.

**Mitigating actions:**

- Any underspend is identified early and escalated internally and to DHSC as appropriate

- Budgets re-profiled for future years to ensure any delayed activity carried over from previous financial years can still be delivered within budget.

- Enhanced guidance on T&S expense claims developed and shared with team to ensure compliance with organisational policy and ODA spending

- Regular finance meetings between Programme Managers (PHE and LSHTM) and finance representatives

- Quarterly highlight report submitted to DHSC with integrated finance report of spending

- Detailed finance tracker maintained to track spending

- Detailed financial forecast developed for 2018-2019

As a result of NIHR not approving the research proposals in time and/or loss of key research staff due to deployment, sickness or leaving organisation, there is a risk of not completing the research

projects by Q4 2018-19. This may impact in failure to answer outbreak related research questions with the potential to inform and improve future responses and UK-PHRST reputation.

**Mitigating actions:**

- Regular meetings with NIHR to ensure comments and drafts are approved by agreed timelines
- All research projects have a minimum number of dedicated staff so any loss of staff will minimise the impact on the research project
- Re-profiling of activities for 2018-19 to absorb research activity carried over due to delays in 2017-18.
- Movement away from small scale short term research projects to larger scale thematic areas of research that will be more “robust” at absorbing delays or pauses in activity.
- Support to establish reserve cadre so deployments can draw on additional expertise

As a result in the delay to finalising the in-country logistical support for a bilateral deployment, there is a risk of inadequate logistical support for a bilateral deployment (e.g. approved transport and accommodation for team). This would lead to a reduced ability for the deployed team to undertake their roles in supporting an outbreak.

**Mitigating actions:**

- Explore opportunities for provision of logistics through a third party provider as per formal procurement processes.
- FCO bilateral agreement in place for logistics support and shared with FCO post when deploying.
- Explore existing options via other government departments – including reviewing current travel agent provision.

# 4. Evidence of delivery partner management

**Key Points:**

Both the University of Oxford and KCL are UK-PHRST subcontractors and have contributed considerably to the operational research remit of the UK-PHRST.

The University of Oxford’s contributions to date have included developing a rigorous, transparent and replicable methodology for conducting an accelerated evidence review at the early stages of an epidemic, research on assessing data quality in epidemics, and a review of outbreak surveillance systems.

KCL has carried out research looking at the training of Sierra Leonean responders to the Ebola epidemic in providing Cognitive Behaviour Therapy, identifying that this therapy may have positive impact on depression and anxiety in humanitarian workers.

# 5. Relationship management with stakeholders / delivery partner(s) / supplier(s) or sub-contractor(s).

### Research sub-contractor(s):

The UK-PHRST Senior Management Team members have implemented monthly face-to-face meetings with UK-PHRST staff at both Oxford University and KCL to discuss project progress, research activities and review any financial or reporting queries. In addition, the Senior Programme Manager has also attended regular meetings with both partners to ensure overall consistency and oversight across all organisations involved in UK-PHRST delivery. Both partners are also invited to attend and contribute to monthly UK-PHRST staff meetings, pre- and post-deployment briefings, and other key UK-PHRST meetings as appropriate (for example, on the development of the communications strategy or HR and security polices). This ensures transparency, knowledge sharing and maximises the opportunity for collaboration across all aspects of the UK-PHRST.

**Reporting risks**

Both Oxford University and KCL have limited capacity, as well as no contractual obligation, to provide monthly financial updates to LSHTM. So while updates have been received, figures have been based on estimates rather than actuals. This creates a risk around the relevance of these monthly reports, the perceived accuracy, and an issue around if producing these is a good use of the team’s capacity.

### In-country partners:

During this reporting period initial discussions took place with the COMAHS around how the UK-PHRST could work with them to undertake capacity building work within Sierra Leone. A project to support delivery of the COMAHS MSc in Public Health is in the development phase, with some teaching and workshops supported by UK-PHRST to take place in April 2018.

### External Stakeholders:

The UK-PHRST also works closely with a number of external stakeholders, most notably WHO/GOARN. This work is facilitated by the UK-PHRST Director’s significant past experience working at and with WHO as well as present position as the UK delegate on the GOARN Steering Committee and Co-Chair of the GOARN Research Working Group. UK-PHRST and GOARN teams have met periodically in both London and Geneva to discuss ways of working to enhance operational effectiveness of both groups. UK-PHRST team members have similarly met with representatives of WHO AFRO, Africa CDC, and ICRC.

# 6. Value for Money

**Key Points:**

The UK-PHRST is a small team of highly qualified and experienced professional staff who have already demonstrated their adaptability to contribute to disease control in a number of different scenarios. In addition to the deployments described earlier in this document, all members of the team are expected to carry out research and contribute to capacity building for rapid response in LMICs. This is in contrast to other similar teams elsewhere in the world, which generally focus on outbreak response, research, or capacity building. The UK-PHRST research programme will build progressively on results from previous studies and years. As such, it represents an efficient development of a collective knowledge base. This approach has the potential to rapidly conduct research and integrate the latest results into operations to enhance effectiveness of the outbreak response. UK-PHRST capacity building efforts promote the sharing of this knowledge with partners from LMICs, enhancing their effectiveness and self-sufficiency in responding to outbreaks, ultimately translating to a diminished need for support from the UK.

The UK-PHRST has access to a range of information sources that enables the team to identify possible situations that might arise in the near future, and establish where their time can be best spent to maximise the impact they can have in areas of possible outbreaks. The team is looking to establish bases in East and West Africa from where they would be in a position to deploy locally more quickly, and benefit from access to local research and capacity building opportunities. This would further help to enhance the hands-on capabilities of the team and the effectiveness of the response in areas of significant need.

A number of factors supported the decision to deliver the project through a partnership between PHE and an academic (research) organisation, drawing on resources from across both. The benefits of this approach are as follows:

- Cost-effective access to and involvement of the broad spectrum of specialist expertise, rather than requiring step cost of additional specialist headcount.

- Access to some experts will come at no cost to the project as PHE/LSHTM recognise the value and benefits of improving global health security to the UK through reducing the risk of future outbreaks.

- Global public health engagement, includes investing in our own capacity and experience that, ultimately, will contribute to the health security and safety of the UK population while enhancing the UK’s credibility internationally, strengthening global influence.

- Staff costs are fixed, established using the HMT model and guaranteed for the life of the project; overhead costs are typically 25% lower than would be the case for using 3rd party experts such as US CDC.

- Access to specialist Public Health trainee resources at minimal cost (expenses only). Staff on these training programmes contribute valuable skilled manpower to the project at minimal direct cost due to the clear benefit to their training gained from project participation.

Through collaborating on UK-PHRST research activities with colleagues at the University of Oxford, KCL, PHE and LSHTM, the UK-PHRST has benefited from significant “in kind” contributions from sector experts, representing good VfM.

Lastly, thorough review of the job descriptions and recruiting process of the permanent UK-PHRST team has assured that each post is filled with personnel at a level commensurate with the work required, and therefore represent good VfM in terms of the work that each member of the team will do. We have a process to ensure the money spent is always ODA eligible and open to internal challenge to ensure value for money. Budgets are reviewed internally on a monthly basis with quarterly reviews being reported to the GHS Programme Board at the DHSC.

## Summary of project's progress towards last year's issues and recommendations that were made.

N/A

## List of Recommendations

- Deployments to outbreaks to be balanced with capacity building activities and outbreak-related research.

- Steps to simplify and streamline the approval process from DHSC/NIHR are required to expedite future research proposals and spend appropriately within prescribed budget cycles. We will assist this process by implementing a rolling programme of research, ensuring no break between streams and longer lasting research activities.

- An evaluation and analysis of the training programme to take place each year to make sure that the training achieves the main objectives of the UK-PHRST.

- Conduct an evaluation of teaching opportunities and the bursaries programme in Sierra Leone to determine what role these should take in the UK-PHRST's training and capacity building programme moving forward.

# Finance

Delivery confidence assessment for projects finance: Red (High)

Risk revised since last annual review:  N/A

# 7. Evidence of meeting ODA funding eligibility

**Key Points:**

The UK-PHRST will only deploy, conduct research or engage in capacity building activities with countries that are eligible for ODA funding (as defined by OECD). In addition:

- The UK-PHRST core management team uses a number of processes to ensure the money spent is always in support of ODA eligible countries and open to internal challenge.
- Although the administration costs are essentially fixed the number of deployments cannot be predicted.
- Budgets are reviewed internally on a monthly basis with quarterly reviews being reported to the GHS Programme Board at DHSC.
- Each institution is responsible for ensuring that all expenditure recorded against the programme is eligible under ODA rules and is a legitimate expenditure under the programme of work.
- All research activities to date have been approved for ODA-eligibility by NIHR before starting, with modifications made to strengthen the value to ODA-eligible countries when required.

# 8. Evidence of meeting the target given by HMT on annual returns

**Key Points:**

The original budget for the operational team included allocating funds each period for deployments. However, not all funds recently allocated for deployments have been spent because;

- Financial management and forecasts as the UK-PHRST was being initially set up and then in an interim phase took time to become more efficient.
- Deployments during the interim period occurred less often than anticipated and,

- Three deployments were in support of WHO-GOARN, who significantly contributes to travel costs in these situations.

The team prioritise operational research plans as essential or subject to contingency. Such flexibility accommodates for 8-9 deployments per year (about £400,000 per year for a bi-lateral deployment).

Bringing the two institutions (PHE and LSHTM) together into one programme initially posed challenges for financial management, although many of these are now being worked through. Financial management has been carried out by the respective financial functions in each of the partners. PHE and LSHTM demonstrate proper stewardship by conforming to the requirements of their institution's financial policies and procedures (using the Standing Financial Instructions and London School Equivalent, respectively). Each institution is responsible for ensuring that all expenditure that is recorded against the programme is eligible under ODA rules and is a legitimate expenditure under the programme of work. This has been done by regularly reviewing all of the actual transactions within the general ledger systems, and ensuring that any incorrectly recorded transactions are moved to the right budget area. The regular review also identifies transactions that are missing from the ledger, and gives the management team the opportunity to correct these omissions as well. Senior finance representatives from each institution are responsible for reviewing forecast and actual expenditure. Forecast and actual expenditure is then reported to the DHSC and NIHR on a quarterly basis.

The UK-PHRST Senior Management Team (Director, Deputy Directors from both PHE and LSHTM, Microbiology Lead, Programme Manager, and Programme Manager for LSHTM) meets every two weeks to discuss activities and review finances, including allocation of the non-staffing budgets between different activities. This process enables joint reporting of financial information across the entire programme, with the Programme Manager based at PHE acting as the person with overall responsibility to report all financial activity. Approaches to underspends, with reallocation of unused funds to other UK-PHRST priorities, are being developed to maintain the VfM of the operation. Debriefing events after deployments, including discussing financial management, enable all members of the team to better understand the costs of deployments to effectively manage at minimal cost with maximum gain.

The overall budget shows an underspend for the first year. However, this is unlikely to be representative of the cost for future years because deployments drastically increased in frequency as the UK-PHRST developed (zero deployments in the first half of the project period, followed by three in the last half), and spending started to increase.

- Other factors that contributed to the underspend were:

- Delays in approval of research projects (resulting in delays in project implementation and thus, spending) and stagnation between phase 1 and 2 of research,

- Key research staff frequently being deployed (a problem that should be alleviated to some degree with the recruitment of reservists),

- The challenge of setting up contractual and administrative systems for multiple small-scale research projects.

- Research taking place within unpredictable contexts and conditions leading to in country delays in activity.

- Delays recruitment of the permanent deployment team had an impact on training and occupation health costs
- Delays in the recruitment of the reservist cadre
- The number of bilateral deployments was less than anticipated
- The inherent challenge of accurate forecasting regarding outbreaks, for which the frequency and size cannot be accurately predicted in advance.

We expect to see a significant increase in both research and capacity building activities moving forward as UK-PHRST SOPs fall into place and the programme grows. Looking forward, the UK-PHRST will move towards larger scale, longer-term crosscutting areas of thematic research that, once approved, should be less affected by delays than the current smaller scale projects. The development of the first UK-PHRST centre/hub in Sierra Leone will also lead to an increase in capacity building activity in particular reducing the likelihood of underspend in that area.

An annual review summary of expenditures is available in Appendix B.

# 9. Evidence of progress and actions to meet IATI transparency standards

**Self-assessed score against the IATI transparency standards.**

| | | |
|---|---|---|
| 0 – 19% | Very Poor | ☐ |
| 20 – 39% | Poor | ☐ |
| 40 – 59% | Fair | ☒ |
| 60 – 79% | Good | ☐ |
| 80 – 100% | Excellent | ☐ |

**Key Points:**

ODA funding was new to DHSC in 2016 and as such, the department as a whole is beginning the process of ensuring it meets IATI transparency standards. As part of this work, the department is aiming to meet the ‘Good’ standard (60%-79%) by March 2019.

To move toward this target for the UK-PHRST Project, the GHS Finance Lead has uploaded information to meet some aspects of the “Finance and Budgets”, “Project Attributes” and “Joining-up Development Data” components of the 2018 Aid Transparency Index Indicators onto a publishing tool called AidStream. This information was published w/c 17th April 2018. Further work will be undertaken in 2018/19 to increase this score further, with a particular focus on publishing end-of-mission reports. Other planned activities with regard to this aim are listed in the recommendations below.

Following publication of the information in April has increased the UK-PHRST score to 49% overall (through self-evaluation).

## Summary of project's progress towards last year's issues and recommendations that were made.

N/A

## List of Recommendations

- Agree funding allocation and updated commercial documentation at first opportunity
- Review budget quarterly and repurpose accordingly to allow the balance between research, response and capacity building and to increase DHSC confidence in the in-year monitoring returns submitted to DFID/HMT
- Continue to ensure all expenditure is ODA eligible and VfM, and conduct regular internal audits on spend
- Attend the DHSC Transparency Workshop, which is scheduled to be hosted in early summer 2018, to ensure that the UK-PHRST meets transparency requirements and formulate project plans to become transparent.
- Create a UK-PHRST webpage and publish documents on Gov.UK to increase the project transparency score. DFID have a list of 12 recommended documents to publish (if available), which include: Business case, Logframe, MoU/MoU amendments, Annual Review and Evaluation report.

# Theory of Change

The UK-PHRST ToC approach considers the project's short- and long-term objectives and outcomes in the context of the overall HMG GHS programme. The UK-PHRST evaluations will be structured around the ToC and monitored through the UK-PHRST logical framework (Log frame) to assess the causal logic of the intervention and determine whether all external factors affecting outcomes, impact, sustainability and up-scaling have been carefully considered.

The UK-PHRST is a new project for which the 4-year Strategic Framework and ToC (Appendix C) were only finalised and approved in February 2018 by the DHSC Programme Board We note no changes in the accuracy of the ToC assumptions since that time, but recognize that only a few months. Continued scrutiny of the ToC assumptions is clearly warranted moving forward.

**Assumptions in the Theory of Change:**

- Necessary human and financial resources are available for the UK-PHRST and partners
- LMICs request/accept support for outbreak response, related research, and capacity building
- Early outbreak detection and response reduces case counts, morbidity and mortality
- Response activities are effective in minimizing the impact of infectious disease outbreaks and emergencies on affected populations
- Research is feasible and acceptable within the context of outbreak response
- Trained staff in LMICs remain in the pool of experts and engaged in outbreak response efforts in their home countries and regions

### Summary of project's progress towards last year's issues and recommendations that were made.

N/A

### List of Recommendations

- Continue to annually test the UK-PHRST ToC and assumptions to develop and underpin the evaluation strategy.

# External Engagement

Risk Rating: Amber/Green (Medium Low)

Risk revised since last annual review: N/A

## 10. Evidence of use and success of the communication strategy.

An internal communications protocol has been developed by the communications teams at LSHTM and PHE in conjunction with the UK-PHRST SMT and with input from UK-PHRST subcontractors, University of Oxford and KCL. The aim of the document is to ensure that:

- A co-ordinated approach is taken to UK-PHRST communications
- All communication activity is timely, accurate and relevant for all parties and;
- A consistent, pre-agreed approval process is followed by all partner organisations

A comprehensive communications strategy has been developed to aid external communications. Key objectives include:

- Increase national and international public awareness of UK-PHRST, its role and why it is unique.
- Highlight the team's work and learnings during outbreak responses to internal (LSHTM/PHE/Oxford/KCL) and external stakeholders, including public audiences.
- Highlight the team's work in conducting outbreak related research to improve epidemic preparedness and training a group of public health reservists to internal and external audiences.
- Showcase UK-PHRST to potential recruits as a world-leading team.
- Demonstrate the UK's global role in actively responding to international public health incidents.
- Any specific communications objectives developed for a particular outbreak.

A communications steering group has been established, comprised of senior communication representative from PHE, LSHTM and DHSC, with KCL and the University of Oxford to join when relevant. The steering group's role is to:

- Oversee the implementation of this protocol and agree any subsequent changes
- Agree protocols for media engagement on deployment
- Agree key messaging for deployments
- Review media coverage during a response and adjust strategy/approach if required

Any proposals by UK-PHRST partners for media activity relating to the team (including media releases, feature pitches, comment pieces or interview pitches) must be agreed by PHE and LSHTM communications teams in advance of publication or broadcast. To date this process has been followed for all UK-PHRST media outputs.

# 11. Evidence of external engagement

### Stakeholders

As an HMG asset, there is coordination across UK government prior to, during and following a deployment. Key departments involved in the decision to deploy the UK-PHRST include DHSC, NIS, DFID and FCO. However, closer working relationships still need to be cultivated with these partners as well as other partners across the UK (e.g. universities, devolved administrations) to ensure that the UK-PHRST comprises the fullest extent of UK expertise. To help accomplish this goal, the UK-PHRST director will schedule visits and presentations on the UK-PRHST with representatives of each of these HMG and academic entities. We are also planning a “UK-PHRST Research Day” to be held during LSHTM Week (17-21 September 2018) to highlight the UK-PHRST research programme, present results, and engage new collaborators.

During a deployment, the UK-PHRST work alongside and engage with a wide range of national, international and local stakeholders within the host country. This often includes (but is not limited to) national government departments such as the ministry of health (and /or sanitation), national / international centres for disease control, WHO, other UN agencies, non-government organisations, local organisations, community groups, universities and logistics providers. The team maintain contact and communication with the FCO and DFID in country throughout the deployment. Weekly SitReps are also circulated across HMG to update key departments on progress.

We are also sponsoring an international meeting in Freetown, Sierra Leone, entitled “Partnering for Outbreak Preparedness and Response” September 24-25, 2018 in which we will present research results, identify needs, and discuss collaborations with a broad range of existing and potential partners from across sub-Saharan Africa. We have recently engaged in discussions on collaborative projects with MRC Gambia (now under LSHTM administrative oversight) and the Institut Pasteur de Dakar. These would be in the domains of both research and training. With regard to training, discussed plans are for a 2-week training module in “Tools for Outbreak Response” that would be oriented to the needs of colleagues in sub-Saharan Africa but also open to students from LSHTM. The course would be given each summer, alternating between Banjul, Gambia, and Dakar, Senegal, alternating also between English (Banjul) and French (Dakar).

Regular UK-PHRST interest group seminars are held at LSHTM. These are an opportunity for members of the UK-PHRST, or those with work that relates to the activities of the UK-PHRST to present their work informally, build linkages and engage with other academics, health and humanitarian workers within the sector.

**Topics to date have included:**

- Detecting and assessing public health risks around the clock: how the WHO Health Emergencies Programme is keeping the world safe- Dr. Oliver Morgan, Director Health Emergency Information & Risk Assessment, Health Emergencies Programme, World Health Organization

- Experiences of computer simulation modelling in outbreak prediction, response and research-: Sebastian Funk (LSHTM) and Thibaut Jombart (Imperial College)

- Experiences of molecular sequencing in outbreak response and research-Martin Hibberd (LSHTM), Ian Goodfellow (University of Cambridge) and Stephen Hue (LSHTM).

- The UK-PHRST has also begun to engage with other projects working within the same geographical or thematic areas including the RECAP and EBOVAC projects at LSHTM and through joining the Sierra Leone Interest Group.

## Public Audience

The communications protocol has been effective in facilitating media coverage. The LSHTM media monitoring service picked up 210 results linked to the UK-PHRST in 2017 and 400 already in 2018. A few examples of the media engagement are included below:

- In November 2016, Hilary Bower gave interviews to BBC Breakfast and BBC Radio 5 Live. LSHTM Director Peter Piot provided interviews with BBC Radio 4 Today and BBC World Service's Newsday. Jimmy Whitworth was interviewed by BBC Radio Wales.

- For the deployment to Sierra Leone the UK-PHRST Director, Dan Bausch, was interviewed for both pre-record and live for BBC World Service's Newsday.

- Prior to the deployment in Nigeria the UK-PHRST Director, Dan Bausch, spoke to BBC World Service Radio's Health Check on the signs of a Lassa fever outbreak and, Hilary Bower gave an interview from the field to BBC World Service Radio's Newsday.

A UK-PHRST website is in the final stages of development and will launch in the coming months. This will contain content on UK-PHRST deployments, ongoing research projects, capacity building work and profiles of all members of the UK-PHRST team.

## Summary of project's progress towards last year's issues and recommendations that were made.

N/A

## List of Recommendations

- The UK-PHRST Communications Steering Group should continue to meet on a regular basis to ensure that it becomes a key part of the UK-PHRST's communications strategy and monitoring and approval mechanism.

- Media training for the deployable team has provided valuable skills for the core deployable members of the team who have undertaken this training to date and should be rolled out to any new starts and other relevant staff in the coming year.

The UK-PHRST website should be launched and material illustrating the breadth of UK-PHRST activities should be externally available on this site.

# Lessons Identified

**Key Points:**

The UK-PHRST core management team maintains a deployment-specific 'lessons identified' log aimed at capturing areas for strengthening related to the deployment process. Recommendations are developed and, when appropriate, SOPs created or revised to improve future deployments. Improvements that have resulted from this process to date include:

- Expansion and refinement of the existing pre-deployment risk assessment, with a template created for future deployments

- Certain occupational health activities (e.g. vaccinations) brought in-house, reducing the reliability on third-party providers, and thus increasing control and ownership over health and wellbeing of UK-PHRST staff

- Pre-travel medical assessments commenced on all UK-PHRST staff by specialists at the Hospital for Tropical Diseases (University College London Hospital)

- Creation of a suite of documentation to strengthen communications internally, assist staff in travel and subsistence claims, ensure a systematic travel health process and guide the provision of cash on deployments

- Development of a comprehensive pre-deployment checklist to capture the key management actions required prior to a deployment, with the aim of streamlining processes and allowing new staff to engage in the process.

- Identification, procurement and issuing of new IT equipment to ensure access to communications (including dongles for wifi access, battery packs, and robust smartphones that can take a range of SIM cards).

- Working closely with WHO/GOARN to build a profile of all the paperwork required by team members in advance of a deployment. This will streamline and speed up the administrative process and ensure rapid deployments when working through WHO.

- Multiple small scale operational research projects provide a good opportunity to developed work across a range of academic areas-however these can create a significant management and administrative burden for the core management team and larger scale longer term areas of research may be more effective moving forward.

- The unique nature of the UK-PHRST, with staff deployed at short notice, can have a significant impact on other deliverables, particularly operational research and capacity building work. This should be factored into project planning and delivery expectation when possible.

- Underspend in the previous reporting period, especially with regard to funds allocated for research, has highlighted the need for closer scrutiny in this regard. The UK-PHRST SMT is now having monthly meetings specifically devoted to review of finances, providing regular updates to NIHR.

It is anticipated that the monitoring and evaluation process that the UK-PHRST is planning to soon implement will also identify lessons, the response to which will further enhance the unit's efficiency.

# Overall Project Delivery and Recommendations

| | |
|---|---|
| Project Management | Amber |
| a. Deployment | Amber/Green |
| b. Research | Amber |
| c. Capacity building | Amber |
| Finance | Red |
| Theory of Change | N/A |
| External Engagement | Amber/Green |
| Overall Delivery Confidence rating | Amber/Red |

## List of Recommendations

### Section 1. Project Management

- Continue to engage on deployments, planning > five deployments per year.
- Maintain the lessons identified log and revise SOPs and guidance documentation as necessary.
- In addition to deployment with WHO-GOARN, explore opportunities for increasing the number of bilateral deployments, as well as through other international organisations, such as ICRC.
- Balance deployments to outbreaks with capacity building activities and operational research. If there are fewer deployments than expected over one year then the team will increase activities around research and capacity building.
- Continue to identify areas to refine and improve the pre-, during and post-deployment phases to ensure a rapid and efficient deployment of the UK-PHRST.
- Produce an implementation plan and logframe for Apr 2018-Mar 2019 to support project progression and aid delivery assessment.

- Engage and consult with DFID in country health advisors before UK-PHRST deployments.

- Invite feedback from partners' post-deployments through debriefing and evaluation, including face-to-face meetings with in-country collaborators.

- Conduct regular face-to-face meetings with NIHR and DHSC to review progress and budget expenditures and forecasts.

- Begin quarterly UK-PHRST Project Board meetings to communicate with and receive input from a broad range of internal and external stakeholders.

**Section 1b. Research**

- To enhance the pace and to enable greater oversight and engagement with the research activities, increase frequency of ASC meetings from quarterly to monthly.

- Invite external experts to join the ASC to ensure outside perspectives.

- Continue the transition from short- to longer-term research projects, while reserving some funding for research needs arising during outbreaks and to fund occasional short-term pilot projects that offer innovation and promise.

- Continue to seek wider collaborations in future research projects, including but not limited to, other academic as well as private-sector partners in the UK and overseas partners such as the MRC Units in Gambia and Uganda (now administered by LSHTM) and the Institut Pasteur de Dakar.

**Section 1c. Capacity Building**

- Continue to contribute to training in Sierra Leone in partnership with COMAHS and with Africa CDC in Ethiopia

- Continue discussions and development of field courses relative to outbreak response with MRC Gambia and Institut Pasteur de Dakar

- Develop process for including partners from LMICs in the UK-PHRST deployable team and deploying them with our CDT during outbreaks.

- Continue to contribute to CREDO

- Continue to shape and improve the international response to outbreaks by contributions to WHO GOARN Steering Committee and GOARN Research Working Group.

**Section 2. Finance**

- Review budget quarterly and repurpose accordingly to allow appropriate balance and spend between research, response and capacity building and to increase DHSC confidence in the in-year monitoring returns submitted to DFID/HMT.

- Continue to ensure all expenditure is ODA eligible and VfM, and conduct regular internal audits on spend.

- Attend the DHSC Transparency Workshop, which is scheduled to be hosted in early summer 2018, to ensure that the UK-PHRST meets transparency requirements and formulate project plans to become transparent.

- Create UK-PHRST webpage and publish documents on Gov.UK to increase the project transparency score. DFID have a list of 12 recommended documents to publish (if available), which include: Business case, Logframe, MoU/MoU amendments, Annual Review, and Evaluation Report.

**Section 3. Theory of Change**

- Continue to annually test the UK-PHRST ToC and assumptions to develop and underpin the evaluation strategy.

**Section 4. External Engagement**

- The UK-PHRST Communications Steering Group should continue to meet on a regular basis to ensure it becomes a key part of the UK-PHRST's communications strategy and monitoring and approval mechanism.

- Media training for the deployable team has provided valuable skills for the core deployable members of the team who have undertaken this training to date and should be rolled out to any new starts and other relevant staff in the coming year.

- The UK-PHRST website should be launched and material illustrating the breadth of UK-PHRST activities should be externally available on this site.

- Conduct quarterly UK-PHRST Project Board meetings.

- Conduct after action reviews of field deployments, including stakeholders from the field, such as members of ministries of health, WHO/GOARN, NGOs, and research partners overseas.

# Appendix A

**UK-PHRST PROJECT BOARD TERMS OF REFERENCE**

UK Public Health Rapid Support Team

Project Board Terms of Reference

**Acronyms and Abbreviations used in the document**

ASC: Academic Steering Committee

DFID: Department for International Development

DHSC: Department of Health and Social Care

FCO: Foreign and Commonwealth Office

GHS: Global health security

LSHTM: London School of Hygiene and Tropical Medicine

NIHR CCF: National Institute for Health Research Central Commissioning Facility

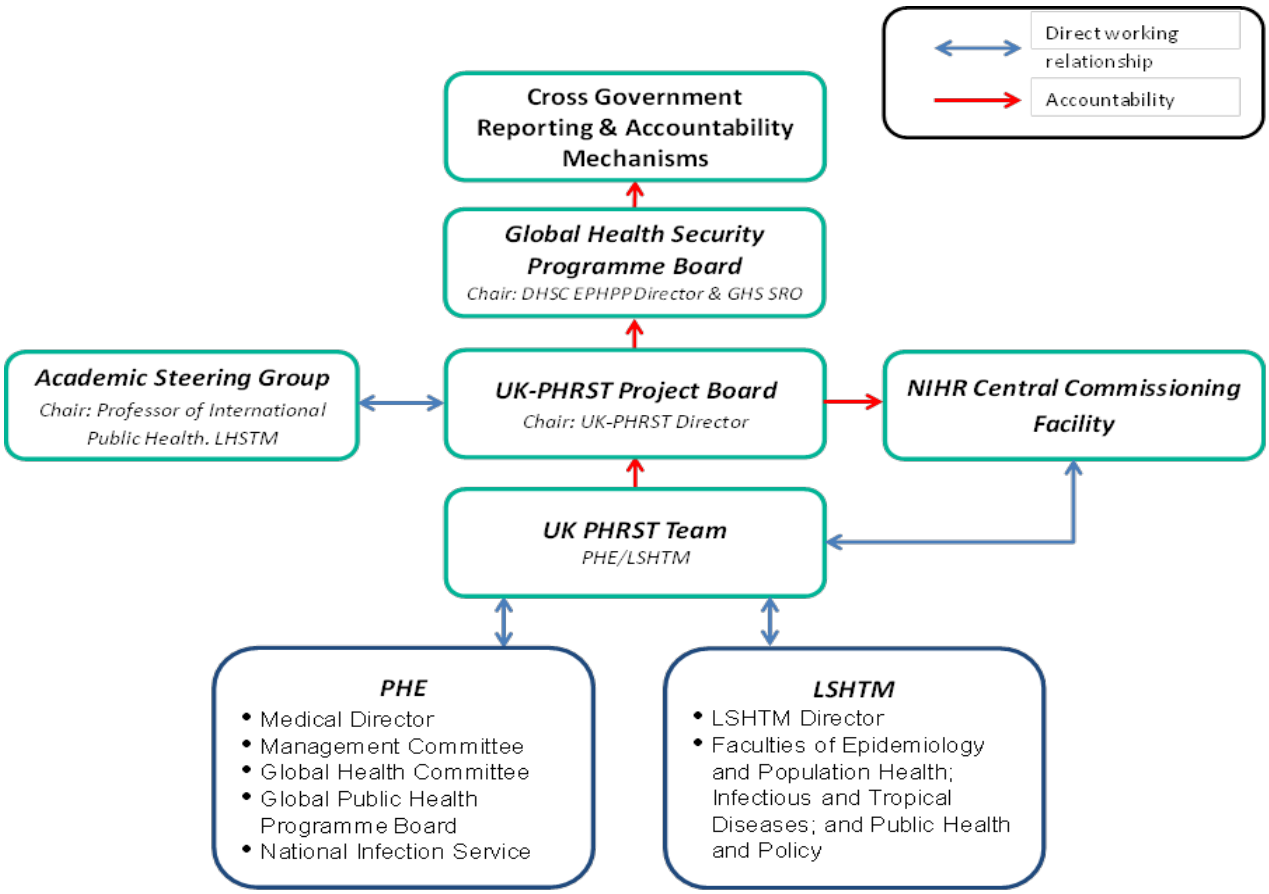
PB: Project Board

PHE: Public Health England

UK-PHRST: United Kingdom Public Health Rapid Support Team

## 1. Background

Public Health England (PHE) and the London School of Hygiene and Tropical Medicine (LSHTM) have recently established an innovative partnership to develop and maintain a UK Public Health Rapid Support Team (UK-PHRST). The University of Oxford and King's College London are key partners through an academic consortium. The UK-PHRST's triple mandate is to integrate outbreak response, innovative research to generate evidence on best practices for outbreak control, and capacity building for outbreak response in countries eligible for UK Official Development Assistance (generally low- and middle-income countries). The governance, reporting, and feedback structure of the UK-PHRST is illustrated in the figure on page 2. The Partnership Agreement establishing the UK-PHRST and the UK-PHRST Strategic Framework can be found in Appendices I and II, respectively.




**Governance, reporting and feedback structure for the UK-PHRST.**

The UK-PHRST is a partnership between PHE and the LSHTM. The UK-PHRST Director who, like all UK-PHRST members, has joint appointments at PHE and LSHTM, is accountable for internal governance and direction. The Director is accountable both to the DHSC GHS Programme Board and to the NIHR CCF. Reporting, feedback and guidance is provided and received by a broad number of partners and stakeholders in PHE, other UK Government stakeholders and LSHTM.

## 2. Purpose

The purpose of the UK-PHRST Project Board (PB) is to advise and provide recommendations on the development and implementation of the Strategic Framework that reflects the vision and objectives of the UK-PHRST.

## 3. Chair and Membership

The PB will be chaired by the UK-PHRST Director. Board members will be from a broad range of UK Government and academic institutions, as well as other international stakeholders, such as the World Health Organisation and MSF. Members will hold terms through the present funding period of the UK-PHRST of 2021. Members will be selected based on their experience and expertise in the key components of the UK-PHRST: 1) Outbreak response, 2) outbreak and infectious disease-related research, 3) capacity building/training for outbreak prevention, preparedness, and response, and 4) policy and management expertise.

## 4. Reporting

PB members shall receive reports on a quarterly basis to inform on the PB's standing agenda items. These will include:

- Progress reports from the Director
- Financial reports
- Risk management reports

The PB will provide quarterly highlight reports to the DHSC GHS Programme Board that will include:

- Key achievements and forward look priorities
- Financial forecasts and spend confidence
- Risks and issue updates and escalations
- Overall project status (red-amber-green) for finance, resources, and activity against stated plans
- The director will also report progress as the internal accountability arrangements in each institution (i.e. PHE and LSHTM).

## 5. Responsibilities

The project board will:

- Provide expert technical advice and challenge
- Contribute to strategic and operational discussions
- Assist the UK-PHRST in addressing any management or operational obstacles that may arise
- Review budget expenditures and forecasts
- Ensure that appropriate links and alignment are made with other key elements of the HMG GHS agenda and that interdependencies with other planning processes are managed effectively
- Support and advise on the monitoring and evaluation of the success of the project against indicators in the UK-PHRST log frame.

- Review the risk and issues register on a regular basis, and assist with resolving strategic level risks and issues as raised by the UK-PHRST Director and Senior Responsible Owner of DHSC's GHS Programme

- Serve as liaisons to their respective boards and organisations to ensure that they are appropriately informed on UK-PHRST progress

Project board members will:

- Bring advice and expertise from their organisations and personal experience

- Act as necessary to facilitate the success of the UK-PHRST by addressing barriers or blockages if they arise

- Ensure that their organisations and boards are appropriately briefed on UK-PHRST progress

- Promote the work of the UK-PHRST and work to secure its success

- Consider and offer solutions to potential and existing barriers or blockages encountered during UK-PHRST responses to outbreaks

The PB will also be advised by the UK-PHRST Academic Steering Committee (ASC), which is chaired by the UK-PHRST Deputy Director for Research. Created in 2016, the UK-PHRST ASC is comprised of a group of expert scientists from participating UK-PHRST as well as external UK institutions to provide guidance on the research programme. The ASC's primary purpose is to develop, shape, and align the research programme with the UK-PHRST objectives to conduct rigorous research to generate an evidence base for best practice in outbreak preparedness and response in LMICs. A major role of the ASC is to review research proposals. ASC members include both internal and external UK-PHRST stakeholders and are expected to declare all conflicts of interest in reviewing propels. Specific ToRs for ASC members are being developed.

## 6. Decision taking

The role of the PB is to input and provide recommendations on the development and implementation of the Strategic Framework that reflect the vision and meet the objectives of the Project. Decision power on PB recommendations rests with the UK-PHRST Director, who is accountable to the DHSC GHS Programme Board through the PHE Medical Director.

## 7. Conflicts of interest

Any member of the PB with a potential conflict of interest shall be expected to declare that interest and recuse him/herself from relevant discussions.

## 8. Meetings and quorum

The PB will meet quarterly. The frequency will subsequently be reviewed by the group. A quorum shall be 50% of the members. It is expected that members will generally be able to:

- Attend four meetings per year, ideally in person but through remote communications when necessary
- Participate in ad-hoc discussions via e-mail or telephone when necessary
- Provide timely feedback and response as per the main responsibilities listed above
- Follow through with actions and activities as committed

## 9. Administrative support

The PB shall be supported administratively by the UK-PHRST core management team:

- The Project Administrator will administer meetings of the Board
- Agenda and papers for review will be circulated at least five working days prior to meetings
- Minutes will be taken, including key decisions reached in meetings and any agreed action points, and distributed to PB members within a week

## 10. Method of Working

- Direct discussion at the meetings under the assumption that members have read documents
- Members are expected to attend in-person or via teleconference, for which call-in numbers will be provided. Deputies may attend by advance agreement only.
- In addition to declaring any potential conflicts of interest, members will also be responsible for ensuring the strict confidentiality of all commercially sensitive information about the UK-PHRST Project.

# Annex B

## UK-PHRST Integrated Financial Report 2016 – 2018

| | Annual Review Summary of expenditure | 2016 | | 2017 | | | | | | 2018 | | | | Institutional totals | | Total for period 1 Nov '16 - 31st March '18 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Oct-Dec 31 | | Jan 1 -March 31 | | Apr 1 - June 30 | | July1 - Sept 30 | | Oct 1 - 31 Dec | | Jan 1 - Mar 31 | | | | |
| | Oct 2016- Sept 2017 | LSHTM | PHE | LSHTM | PHE | LSHTM | PHE | LSHTM | PHE | LSHTM | PHE | LSHTM | PHE | LSHTM | PHE | TOTAL |
| COMBINED | RST payroll Costs (All) | 0 | 158,095 | 65,316 | 134,300 | 125,535 | 123,660 | 87,510 | 103,404 | 59,869 | 176,837 | 269,167 | 213,681 | 607,397 | 909,977 | **1,517,374** |
| COMBINED | Overheads (All) | 0 | 56,944 | 19,595 | 54,230 | 37,661 | 46,670 | 26,253 | 42,992 | 16,907 | | 85,864 | | 186,280 | 200,836 | **387,116** |
| COMBINED | Consumables (inc. Microbiology) | 0 | | 2,911 | | 2,733 | 375 | 2,630 | 560 | 3,445 | 136 | 112,342 | 138 | 124,061 | 1,209 | **125,270** |
| COMBINED | Comms | | | | | | 2576 | | 1869 | | 2332.51 | | 1361.45 | 0 | 8,139 | **8,139** |
| COMBINED | Contingency | 0 | | 0 | | 0 | | 0 | | | | | | 0 | 0 | **0** |
| LSHTM | Travel, Subsistence and conference costs (LSHTM) | 0 | | 3,199 | | 1,438 | | 1,383 | | 8,295 | | 5,073 | | 19,388 | | **19,388** |
| LSHTM | LSHTM Operational Research & Capacity Building costs | 0 | | 10,639 | | 78472 | | 14605 | | 13,227 | | 26,437 | | 143,380 | | **143,380** |
| LSHTM | LSHTM Subcontractors ( King's and Oxford) | 0 | | 235,430 | | 126482 | | 80481 | | 119,442 | | 192,471 | | 754,306 | | **754,306** |
| PHE | Training | | 15692 | | | | 5,298 | | 12,103 | | 13,552 | | 10,453 | | 57,098 | **57,098** |
| PHE | Deployments and capacity building (inc T&S) | | 12,395 | | | | 3,612 | | 8,398 | | 22,430 | | 31,354 | | 78,189 | **78,189** |
| PHE | UK Operations (T&S) | | 3,525 | | 1,724 | | 25,896 | | 10,000 | | 5,110 | | 2,545 | | 48,800 | **48,800** |
| PHE | Occupational Health | | 16200 | | | | | | | | 6,950 | | 3,857 | | 27,007 | **27,007** |
| PHE | Microbiology (consumables/capital spend) | | | | | | 1,679 | | 11235 | | | | 326895.94 | | 339,810 | **339,810** |
| PHE | FETP Training (staff costs and training prog) | | 32,993 | | 47,679 | | 32952 | | 40863 | | 23809.4 | | 19,961 | | 198,257 | **198,257** |
| PHE | PHE Other Direct Costs | | | | | | | | | | | | | | 0 | **0** |
| | | | | | | | | | | | | | | | | |
| | **Quarterly Totals** | 0 | 295,844 | 337,090 | 237,933 | 372,321 | 242,718 | 212,862 | 231,424 | 221,185 | 251,157 | 691,354 | 610,246 | **1,834,812** | **1,869,322** | |
| | | | | | | | | | | | | | | | | |
| | **TOTAL COMBINED Spend** | 295,844 | | 575,023 | | 615,039 | | 444,286 | | 472,342 | | 1,301,600 | | **3,704,134** | | 3,704,134 |

# Annex C

## UK-PHRST Theory of Change