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**DHSC Response to Fleming Fund Phase I Summative Evaluation**

In 2016 the Department of Health and Social Care commissioned Itad to undertake an independent evaluation of the Fleming Fund grants programme. The focus of the evaluation was on how far the outputs of the portfolio of Country, Regional and Fellowships grant have contributed to the expected outcomes. Within this broad purpose six Evaluation Questions (EQs) were set:

1. What has been the increase in the quantity and/or quality of data on antimicrobial resistance (AMR) at country level and to what extent has the Fleming Fund contributed to this increase?
2. To what extent have the Fleming Fund's investments been aligned and coherent with other relevant investments at country level?
3. How likely are the Fleming Fund's country level results to be sustained?
4. Has, or is it likely that, the increase in AMR data influenced: (a) changes in national policies/regulations? and/or (b) changes in practice and attitudes in country?
5. What has been the increase in quality data shared and reported internationally and has the Fleming Fund contributed to this?
6. Did the Fleming Fund's investments at country level offer value for money?

The purpose of the evaluation was both formative and summative[[1]](#footnote-2). In the period 2016-2020, the evaluation focused on generating learning to enhance the quality of implementation. In 2021, the balance shifted to provide a summative judgment that answered the EQs.

DHSC accept the full range of strategic, design and implementation level findings. The lessons from these findings have already been incorporated into the design of phase II of the programme.

DHSC agree the Fleming Fund has delivered significant laboratory capacity and enhance surveillance systems outputs across the 23 countries. These outputs have contributed to stronger laboratories and workforces to a varying degree across all our focus countries, predominately at the foundation level. Itad have judged that the Fleming Fund has made a vital or important contribution to most key drivers for increased quantity and quality in both human and animal health AMR data, albeit to variable extents. We welcome Itad’s acknowledgement that building the foundations for AMR surveillance, is an incremental process that takes time. It is for this reason that phase II will, leverage data produced from systems established in phase I increasingly to deliver strategic outcomes, such as use of AMR data and analysis to drive or inform policy and/or practice.

DHSC are content that the evaluation was effectively conducted with robust methodological rigour. Itad successfully flexed and adapted data collection methods during Covid-19 with minimal effect on the quality of evidence generated and provided comprehensive responses to all the 6 EQs.

DHSC welcome the evaluation recommendations and will take forward those recommendations which are within the programme’s scope for phase II.

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| **Evaluation recommendation** | **DHSC Response** | **Phase II plans** |
| 1. DHSC and the Management Agent should ensure that clear, ambitious, realistic goals for phase 2 are in place from the outset, with targets to track progress. These should be established at the country and portfolio levels, based on understanding the current status of AMR surveillance systems and their use as developed during phase 1. | Accept | **Country Investment Strategies (CIS)** will be developed for each country in phase II following stakeholder consultation and political economic analysis (PEAs). They will be agreed with national government counterparts.  The CIS will lay out the expectations for the portfolio-wide investment in the country, allowing improved alignment and coordination.  The CIS combined with **political and economic assessments** will enable in-depth understanding of the AMR surveillance system and landscape of donors/stakeholders to support greater alignment, coordination, and sustainability of FF investments.  Expectations will be set, and progress tracked via **a programme-wide results framework.** The CIS will be clearly linked to the results framework and include clear long terms targets.  **Global strategy on sustainability and exit planning** is in development in consultation with delivery partners to maximise sustainability of programme.  Greater emphasis on supporting the **use of data at both national and facility level** to better embed Fleming fund investments in AMR surveillance system.  Phase II **builds on lessons from phase I.** Any new activity will be aligned to an assessment on the absorptive capacity of target countries/systems - helping to manage expectations/transactional costs. |
| 1. The DHSC and MA should ensure that systems and processes for establishing expectations and tracking progress are proportionate, timely, and sufficiently flexible to deal with uncertainty and the need for strategic adaptation. These must strike the right balance between strategic reflection and accountability and avoid focusing too heavily on tracking the implementation of inputs and activities. | Accept | **A Programme wide results framework** developed to (i) enable systematic and timely tracking of progress at all levels of the Theory of Change - output, intermediate outcome, long term and impact level and (ii) to support flexible/adaptive management and managing for effectiveness.  DHSC will conduct a review of **adaptive management** approach to identify suitable processes for workstreams where there are higher levels of uncertainty. DHSC will develop clear guidance on adaptive management approach, mechanisms and processes for Phase 2 and disseminate across all partners by December 2023. Review guidance annually to ensure relevant and up to date.  DHSC will ask the Management Agent to consider opportunities to **increase workplan flexibility** guided around the delivery of outcomes rather than outputs.  DHSC will hold a **learning summit** with grantees in 2024 to disseminate practices and approaches that support adaption. |
| 1. The process of establishing goals at the country level should be focused on understanding the priorities and needs of key decision makers on AMR, recognising inter alia that    1. AMR action will take place through multiple policy processes and that differentiation between HH and AH is of fundamental importance; and    2. achieving higher-level goals requires action by other actors and therefore effective collaboration with key stakeholder groups. | Accept | Phase II will engage more politically having a greater emphasis on promoting the use of AMR data by both policy makers and practitioners e.g., providing support for additional costing and  implementation of the NAPs, influencing governments to establish a policy framework that encourages action based on the generated data, supporting practitioners to ensure the effective application of the data.  DHSC will develop the **Phase II economic strategic shift** to support discussions on AMR resources, investments, and finances with key donors.  DHSC will refresh the **FF stakeholder engagement strategy and align with global strategy on sustainability and exit planning** to increase to increase engagement with priority stakeholders, leverage key opportunities and enhance sustainability.  The Fleming Fund will look to inform and **influence global policy dialogue** on AMR, including at the UN HLM, G7, G20 and other key fora.  **Goals at country level will be determined as part of country investment strategy process.** This process will entail consultation with key stakeholders, alignment with NAP and government priorities, comprehensive country context analysis of the AMR surveillance landscape (e.g., PEA, CSA), understanding of donor community to support alignment and coordination.  However, **FF recognises that it has limited locus to engage and influence directly other donors/ decision makers linked to non-AMR specific interventions / AMR relevant policy agendas** (e.g., IPC, AMS, Lab, or broader health systems strengthening). This reinforces the importance of a robust process of stakeholder engagement that targets intermediate agencies that can influence policy and investment. |
| 1. The Fleming Fund should make adaptations to or emphasise specific aspects of its technical approach for phase 2, that are supported by experience from phase 1. These should include focusing on AMU and other data sources, identifying informal approaches to One Health multisector collaboration, and maximising the prospects for sustaining laboratory functions. | Partially accept | DHSC will continue to define its technical approach and build on **lessons from Phase** **1** in phase II. This will be developed through strategic shift workshops.  A **global strategy for sustainability and exit planning in phase II** is underdevelopment to set expectations across FF portfolio and ensure investments are sustained.  Phase II will **build the evidence base for investing in AMR** to demonstrate the economic advantage in both human and animal health and imperative to sustain investment in AMR to partner governments.  However, DHSC can only partially accept this recommendation at this stage as further consultation with partners is needed over next 6 months for Fleming Fund to confirm approach to One Health across the programme. |
| 1. The Fleming Fund should place greater emphasis on internal and external coherence and coordination from the outset of phase 2, including strengthening AMRCCs and NAPs to play this role and their linkages to institutional homes. | Accept | Through Country Investment Strategy, FF will place greater emphasis on coherence and coordination. The **CIS will combine three major grant streams under a single Investment Strategy to allow a greater degree of coherence** to the Fleming Fund’s approach in each country and allow grantees to have a common vision for what should be achieved.  DHSC will support **greater synergy with all Fleming Fund partners and CIS,** through collaborative workshops/engagements over the course of the year and identifying opportunities through quarterly/biannual reporting.  CIS will also identify key stakeholders in the donor community to avoid duplication and promote coordination.  CIS will seek to **align phase II plans with NAP, and will identify where support with NAP development and AMRCC is relevant and feasible** e.g. This may involve the grantee carrying out sensitisation or capacity building among key stakeholders or groups such as AMRCC technical working groups.  WHO and WOAH will also provide support to accelerate and sustain implementation of **evidence-based NAPS** e.g., developing a costed NAP operation plan. |

1. Formative evaluation is typically conducted during the development or improvement of a program. Summative evaluation involves making judgements about the efficacy of a program at its conclusion. [↑](#footnote-ref-2)