Research and Innovation for Global Health Transformation [RIGHT] Call 1, Annual Review 2019-2020

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NIHR Global Health Research Portfolio

Contents

Annual reporting and review process

The Annual Reporting and Annual Review templates are part of a continuous process of monitoring, review and improvement within NIHR's Global Health Research portfolio. These are an opportunity for DHSC and partners responsible for delivering a funding scheme to reflect critically on the performance and ongoing relevance of awards.

The main sections of the template have been developed in accordance with cross-funder common reporting practice and will be used to provide accountability for the use of public money, meet Official Development Assistance transparency and compliance requirements. Within these common sections, sub-sections have been included to enable us to monitor progress against planned activities, test our portfolio Theory of Change using evidence collected on outputs and outcomes in accordance with the NIHR GHR portfolio results framework. There are also sections on value for money, risk management, financial reporting, monitoring, evaluation and learning updates and diversity and environmental sustainability.

The process for completing this template involves the following steps:

1. DHSC works with partners responsible for delivering a funding scheme to ensure that the relevant monitoring information is collected at the award level (as set out in the NIHR Global Health Research results framework). This information will be collected using existing reporting mechanisms wherever possible, before bespoke reporting is considered.

2. Delivery partners collate a synthesis of the award level monitoring information and present aggregated funding scheme level findings (and award level wherever specified) within this template.

3. This report is then shared with DHSC for comment and feedback.

4. Once the content of the report has been reviewed and finalised, DHSC will then use the annual report and additional information gathered through meetings, field visits and any other documentation to complete the annual review template - relevant sections are highlighted with green boxes. This will include an assessment of overall funding scheme performance over the last 12 months, identify lessons learnt, time-bound recommendations for action consistent with key findings and will be used as an evidence base for future funding decisions.

5. Annual review signed off and published.

Table 1: Acronym and Abbreviation List

Acronym/Abbreviation	Expansion/Definition
APR	Annual Progress Reporting
BU	Buruli Ulcer
CAB(s)	Community Advisory Board(s)
CAG(s)	Community Advisory Group(s)
CCF	Central Commissioning Facility
CEI	Community Engagement and Involvement
CL	Cutaneous Leishmaniasis
COP	Community of Practice
DAC-list countries	Countries and territories eligible to receive official development assistance
DHSC	Department of Health and Social Care
DPOC	Designated Point of Contact
ECR(s)	Early Career Researcher(s)
EBV	Epstein Barr Virus
GHR	Global Health Research
INGO(s)	International Non-governmental Organisation(s)
LMIC	Low or Middle Income Country
NETSCC	NIHR Evaluation, Trials and Studies Coordinating Centre
NGO(s)	Non-governmental Organisation(s)
NIHR	National Institute of Health Research
ODA	Official Development Assistance
QoL	Quality of Life
RIGHT	Research and Innovation for Global Health Transformation
SOP(s)	Standard Operating Procedure(s)
SSSD(s)	Severe Stigmatising Skin Disease(s)
UK	United Kingdom

1.DHSC summary and overview

1.1 Brief description of funding scheme

The first Research and Innovation for Global Health Transformation (RIGHT) call was launched in 2018 to provide funding to support cutting-edge interdisciplinary applied health research that addressed health issues faced by countries on the Organisation for Economic Cooperation and Development's (OECD) Development Assistance Committee (DAC) list.

The aims of the programme are to fund research in key areas where a strategic and targeted investment can result in a transformative impact.

The first call under this scheme had specific aims to:

- deliver research for the primary benefit to the health and wealth of the poorest individuals living in DAC-list countries, typically through research for the prevention of ill health and optimal disease management
- strengthen capacity for research and knowledge exchange through equitable partnerships between researchers in the UK and LMICs
- promote interdisciplinary approaches to working (including, but not limited to: clinical, health economics, statistics, qualitative and social sciences), to ensure that research objectives can be delivered in three research areas:
-

    1: Epilepsy
    2: Infection-related cancers
    3: Severe stigmatising skin diseases

The call was run as a two-stage application process with the opportunity for shortlisted Stage 1 applicants to apply for a newly established Proposal and Partnership Development Award (PPDA). These awards were set up specifically for the RIGHT scheme in recognition that the targeted areas for research applications were likely to require development or strengthening of partnerships. Up to £10,000 could be applied for to support partnership development activities ahead of the stage 2 application submission.

This report focuses on the progress of the eight projects funded under this new scheme in the first year of contracted activities. A full list of projects funded is in Table 2.

1.2 Summary of funding scheme performance over the last 12 months (general progress on activities, early outputs, outcomes, impacts across all awards)

New research was funded against each of the call's themes ranging from five focussed on Severe Stigmatising Skin Disease(s) (SSSDs), two on epilepsy, and one on infection-related cancers. Projects cover a range of activities from prevention, diagnosis, improvement of treatment, health education, and health system strengthening across DAC-list countries in South America, East and West Africa, and South Asia.

The Covid-19 global pandemic struck during the first quarter of contracts which has severely impacted achievement of planned aims across all awards. At the end of the first year projects had reported completion of between 50% and 90% of their original agreed milestones and deliverables. Global lockdowns in the UK and partner countries forced international travel and face-to-face meetings to halt, clinical staff were deployed to the frontline, access to administrative and financial support services was reduced, and delays in core activities for study set-up such as securing ethical approvals were widespread. Some award holders that had worked together previously were more resilient having pre-existing Collaboration Agreements in place, but regardless all projects in the portfolio reported delays to planned milestones and a year 1 programme underspend is expected.

Despite these challenges, there are some strong examples of how award holders have flexed their approach to continue working through the pandemic, including adaptations to planned activities, with highlights in this report that good progress has still been made. The Central Commissioning Facility (CCF) report that all award holders remain optimistic that their funded aims can still be met over the timeline of their contracts. CCF are tracking impact of the pandemic as a red-rated risk, managed via regular communication with award holders, formal quarterly reporting, and working with researchers to identify where workplans can continue to be flexed.

To date academic outputs have been limited which is to be expected in the first year of activity and particularly in light of the pandemic. However, its notable that the award holders on the project to reducing the burden of SSSDs through equitable approaches to health systems strengthening contributed to a WHO toolkit for health researchers: *Incorporating intersectional gender analysis into research on infectious diseases of poverty*, and another project have developed a new app to help primary health care workers diagnose patients with epilepsy in Kenya, Tanzania and Ghana. Across the other awards there are a range of output types being reported including presentations and press releases.

Throughout the report there are several examples of effective and equitable relationship management across partnerships, and there is good potential for strong intra-award partnerships to form as a result of this NIHR funding through the recently formed network of SSSD award holders. The progress of this new network will be monitored and reported on in the next period.

1.3 Performance of delivery partners

This was the first ODA-funded NIHR Global Health Research funding scheme managed by CCF. Overall, it has been delivered successfully despite the severe impact of the pandemic. Through the first year there have been significant areas of learning which are reflected throughout the report and are summarised in the section on lessons learned for NIHR.

There is a strong approach to risk management and a number of risks are monitored at the portfolio level. Risks are all actively monitored and reported on at the quarterly monitoring meetings with DHSC.

During this reporting period, the onset of the COVID-19 pandemic led to several challenges with regards to managing the portfolio. Both DHSC and CCF have worked closely to maintain flexibility to continue to support projects. In the context of these challenges the relationship continues to work well. Both CCF and DHSC teams collaborate to agree timelines for deliverables which accommodate, as best possible, existing commitments and resources.

1.4 What are the key lessons identified over the past year for wider DHSC/NIHR global health research

Significant learning across the RIGHT Call 1 portfolio has been reported during its first year which has helped inform a continuous process of improvement and learning. This was the first funding call to embed NIHR's newly developed expectations on Community Engagement and Involvement (CEI) in the global health context. CCF developed a range of resources and worked collaboratively with other Co-ordinating Centres to ensure these were made appropriate for use across all NIHR global health programmes. A theme running through this report is a recognition that meaningful CEI requires engagement with communities at a local level to ensure relevance, reflecting early evidence of impact of the new guidance.

Several lessons have been learned by CCF during the first year of award monitoring, including establishment of an enhanced quarterly reporting system beyond just the Quarterly Statement of Expenditure (QSTOX) which is being adopted across other programmes. Following identification of fluctuations in exchange rates being a financial risk to the portfolio, CCF developed guidelines which are now published on the NIHR website. Further, the CCF due diligence process has addressed the risk of cash flow issues affecting project delivery.

Further areas of learning for year two have been identified and will be reported on in the next Annual Review.

1.5 DHSC to summarise key recommendations/actions for the year ahead, with ownership and timelines for action

Recommendation	Owner	Timeline
Monitor progress against milestones and spend as the effects of the pandemic continue to affect delivery and report through quarterly meetings	CCF	Quarterly
Deliver shared learning opportunities for CEI leads	CCF	Q4 21/22
Continue to evaluate the effectiveness of the RIGHT monitoring processes as the programme matures ensuring it captures key project information whilst remaining proportionate and avoiding researcher-burden.	CCF	Q3 2021
Share anonymised learnings on working through pandemic from APRs with current and future RIGHT award holders	CCF	Q4 21/22
Strengthen guidance to award holders for completing Annual Progress Report to ensure consistent and high-quality information is received across all projects.	CCF	Ahead of next APR round for RIGHT 2
Follow up on suggestions from award holders where CCF/NIHR can provide increased support, working across Co-ordinating Centres where relevant to deliver a standard approach to contract monitoring across the portfolio.	CCF	Within 12 months
Embed learnings and best practice examples from CCF collaboration with IDS across the portfolio	CCF	Following completion of the work programme
Report on activities of the newly formed SSSD network of award holders	CCF	Next Annual Review

2.1: Brief outline of each award's/funding call aims

Research and Innovation for Global Health Transformation (RIGHT) is an NIHR Global Health funding scheme, delivered and managed by the NIHR Central Commissioning Facility (CCF). The RIGHT scheme is delivered through thematically defined funding calls. The theme for each RIGHT call is different but each aims to deliver applied health care research evidence and interventions in areas where targeted investment has potential to deliver transformative impact.

The aims of the NIHR RIGHT Programme – Call 1 are to:

(1) Deliver research for the primary benefit to the health and wealth of the poorest individuals living in DAC-list countries, typically through research for the prevention of ill health and optimal disease management;

(2) Strengthen capacity for research and knowledge exchange through equitable partnerships between researchers in the UK and LMICs;

(3) Promote interdisciplinary approaches to working (including, but not limited to: clinical, health economics, statistics, qualitative and social sciences), to ensure that research objectives can be delivered in three specified research areas: Epilepsy, Infection-related cancers, and Severe stigmatising skin diseases (SSSDs)

RIGHT Call 1 was launched in June 2018. Twenty-five applications were received at stage 1. Thirteen of these successfully progressed to stage 2 and eight applications were ultimately awarded between £3M and £5M per award (a total of approximately £34M for the portfolio) for multidisciplinary applied research projects over four years. The funded awards commenced activity in autumn 2019. This report outlines progress and results from the first full year of activity from each of the eight funded awards. Content reflects both the CCF management of the RIGHT scheme, and award holder delivery of activities carried out between 01 September 2019 to 31 December 2020.

Five projects in this portfolio focus on SSSDs, two projects focus on Epilepsy, and one focusses on Infection related cancers. Each project is a partnership between a UK HEI and a number of LMIC based partners. The specific aims and objectives of each individual project are summarised in Table 2.

Table 2: Award level aims and objectives

Project Title	Project summary	Beneficiary countries
NIHR200125: Improving experiences of severe stigmatising skin diseases in Ghana and Ethiopia	A UK and low- and middle-income country (LMIC) research partnership that aims to improve outcomes for individuals with leprosy, yaws, Buruli ulcer and cutaneous leishmaniasis. The Skin Health Africa Research Programme (SHARP) is an interdiscplinary partnership of clinicians, social scientists, epidemiologists, statisticians and laboratory scientists working with communities affected by severe stigmatising skin diseases.	Ethiopia, Ghana
NIHR200129: Reducing the Burden of Severe Stigmatising Skin Diseases through equitable approaches to health systems strengthening	A UK and low- and middle-income country (LMIC) research partnership that aims to reduce illness, stigma, mental distress, social exclusion and poverty caused by severe stigmatising skin diseases (SSSDs) in Liberia.	Liberia, Ghana
NIHR200132: Transforming the Treatment and Prevention of Leprosy and Buruli ulcers in Low and Middle-Income Countries (LMICs)	A UK and low- and middle-income country (LMIC) research partnership that aims to improve care and reduce stigma and social isolation for Leprosy and Buruli ulcer in Nepal, India and Nigeria.	India, Nepal, Nigeria

Project Title	Project summary	Beneficiary countries
NIHR200133: Evaluation and Transfer of precise diagnosis for improved outcomes of children and young adults with Epstein Barr Virus-driven lymphoma	A UK and low- and middle-income country (LMIC) research partnership that aims to test two new diagnostic technologies that can help provide fast and reliable diagnosis for Epstein-Barr virus (EBV) in sub-Saharan Africa	Uganda, Tanzania
NIHR200134: Epilepsy Pathway Innovation in Africa (EPInA)	A UK and low- and middle-income country (LMIC) research partnership that aims to address the diagnosis, treatment and understanding of epilepsy in Ghana, Kenya and Tanzania	Kenya, Tanzania, Ghana
NIHR200135: Empowering people with Cutaneous Leishmaniasis-Intervention Programme to improve patient journey and reduce Stigma via community Education	A UK and low- and middle-income country (LMIC) research partnership, Empowering people with Cutaneous Leishmaniasis: Intervention Programme to improve patient journey and reduce Stigma via community Education (ECLIPSE) is a four-year healthcare programme which aims to improve the cutaneous leishmaniasis (CL) patient journey and reduce stigma in the most marginalised and underserved communities in Brazil, Ethiopia and Sri Lanka.	Brazil, Ethiopia, Sri Lanka

NIHR200140: Social Sciences for Severe Stigmatising Skin Diseases (the 5S Foundation)	A UK and low- and middle-income country (LMIC) research partnership, Social Sciences for Severe Stigmatising Skin Diseases (5S) Foundation aims to fill gaps between knowledge, treatment and practice around three diseases, podoconiosis, mycetoma and scabies, working in Ethiopia, Sudan and Rwanda	Ethiopia, Sudan, Rwanda
NIHR200144: Prevention of epilepsy from birth-related brain injury	A UK and low- and middle-income country (LMIC) partnership that aims to examine if a simple, pragmatic, evidenced based and generalisable intrapartum care bundle for labour involving birth companions and empowering mothers, will reduce perinatal brain injury and thus prevent epilepsy in India.	India

Across the portfolio there are currently 28 institutes involved in research across 13 ODA eligible countries. Figure 1 displays the location of the beneficiary countries and the number of projects with partnerships based in that country. Figures 2 shows the theme and type of research based on HRCS coding. Across the portfolio RIGHT funding is supporting a broad range of research disciplines, from clinical practice through to social anthropology, evaluation of therapeutic and diagnostic interventions, health and social care systems and services research, qualitative and quantitative methods in social sciences.

Figure 1: RIGHT call 1 research themes in each participating ODA eligible beneficiary county

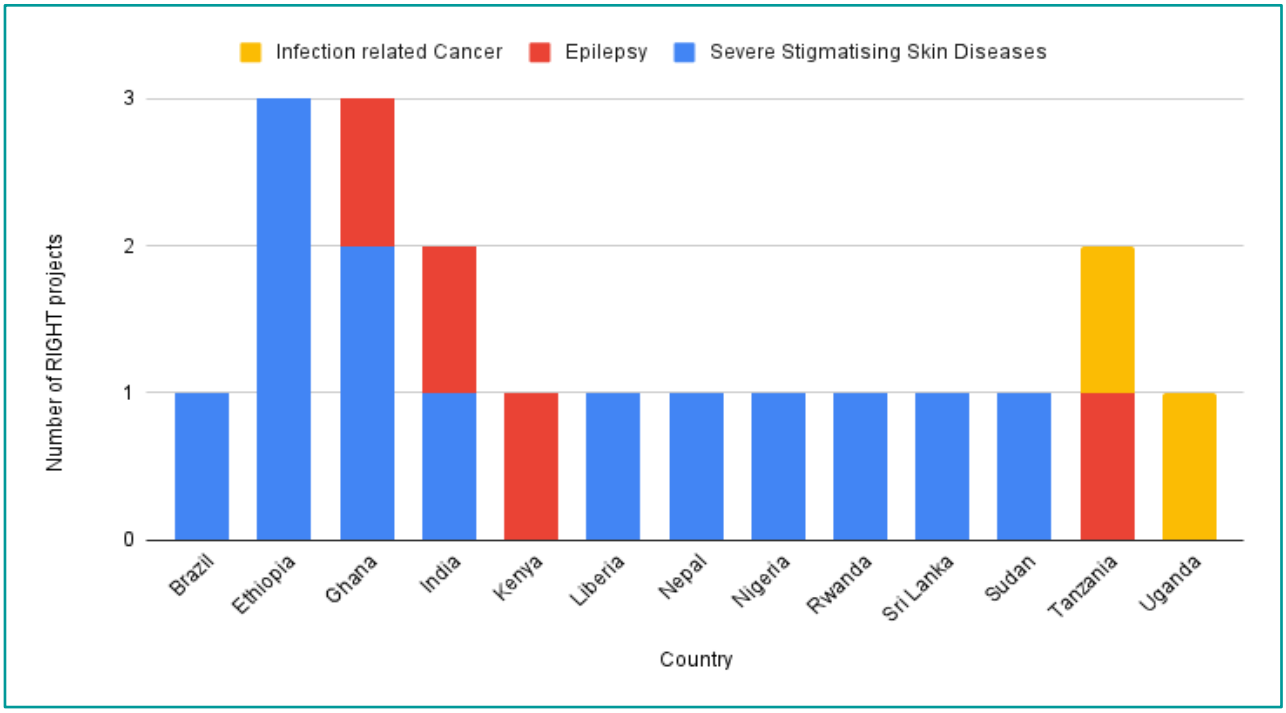
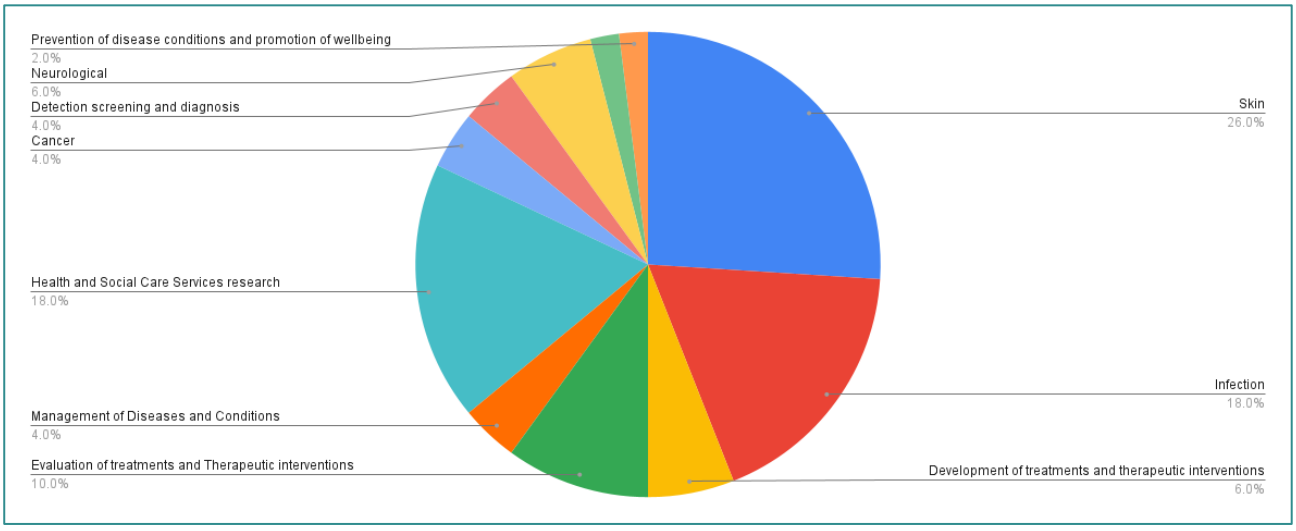


Figure 2: Principle research themes and type of research activity by UKCRC Health Research Classification System (HRCS) coding



2.2: Is the funding scheme on track with delivery of milestones? Please summarise progress against any critical milestones and if they were achieved or delayed.

All RIGHT award holders are expected to complete quarterly finance and activity status reports, and a more detailed annual progress report (APR).

At the commencement of a RIGHT award NIHR CCF appoints a suitably experienced programme manager to work with award holders. This person is the NIHR Specific Point of Contact (SPOC) for the award. The SPOC works with the principle investigator (PI) and/or the project management team to develop a schedule of milestones and deliverables covering at least the first year of expected project activity. The status of these milestones and deliverables and the project's financial expenditure is then checked on a quarterly basis, via a mandatory but relatively light touch report from the award holders. At the close of each quarter the award holders are asked to report on the status of milestones or deliverables scheduled for delivery in that and the subsequent quarter. A separate financial report provides details of actual expenditure to date and a forecast for expenditure across the remainder of the financial year. These relatively simple snapshot reports provide a regular assessment of whether agreed activities have been achieved and whether those scheduled for the immediate future remain on track. This enables CCF SPOCs to proactively intervene when appropriate to find out more about emerging issues or delays that are anticipated in the coming quarter. The SPOC is then able to work with the award holders to agree revised deadlines and / or timely alternative actions or mitigations for emerging issues.

In addition to quarterly reporting, annually the award holders are expected to complete a more detailed progress report (the Annual Progress Report - APR). Further details on the reporting processes for RIGHT are provided in section 6 of this report.

The content of this RIGHT call 1 portfolio Annual Review is drawn from details provided by RIGHT call 1 award holders in quarterly reporting updates over the course of their first year of activity and from their first APR.

In year one, the majority of agreed project milestones and deliverables related to establishment of project teams, establishment of formal collaborations and development of critical project specific governance structures, and the finalisation and approval of detailed research plans. RIGHT call 1 projects had been active for between one and three months when the first news of COVID-19 began to emerge. Up until that point progress was as expected across the portfolio with some projects making excellent headway and others experiencing relatively commonplace delays to securing signed collaboration agreements with partner institutes and associated recruitment of staff. In March 2020 the WHO declared the outbreak to be a pandemic, and healthcare systems, businesses and institutions worldwide began to adjust and reprioritise their activities. Measures put in place to limit social interaction and preserve functionality of healthcare systems, and the wide scale reprioritisation of activities and resources in healthcare and research settings to

focus on COVID-19 associated issues, resulted in disruption and delay to activities at all levels across all projects. Closure or reduction in capacity in the administrative and legal offices of HEIs halted progress with drafting and signing of collaboration agreements, and recruitment of staff and students. Reduced capacity or re-prioritisation by Ethical Review Boards meant final approvals for research plans was put on hold. Local, national and international restrictions on travel and social interaction necessitated a stop to all planned face to face meetings both within projects and between project teams, clinicians, patients, and communities. Projects across the RIGHT call 1 portfolio were affected, but the degree to which each project was affected depended on the specific attributes of the project, partner organisations and local context. Throughout 2020 all project teams made significant effort to develop new ways of working, and/or to adjust their project plans and schedules to enable some work toward their original objectives. Thus, at the end of the first year projects had reported **completion or achievement of between 50% and 90% of their original agreed milestones and deliverables**. At the lower end of this continuum are the projects that were unable to secure critical agreements and approvals ahead of the pandemic, and/or projects with activity planned for year one that had to be directly delivered in a healthcare setting (i.e.: projects reliant on access to clinical care or laboratory settings). In these cases, project teams have been unavoidably delayed as the supporting structures and systems adjusted to manage the demands of the pandemic. At the other end of the spectrum were the projects that had pre-existing collaboration arrangements, and/or had planned activities that did not required any immediate interaction with the health and social care structures of the partner countries. These project teams were better able to make tailored adaptations to schedules and/or working practices to enable delivery of planned first year activities.

At the end of year 1 of activity all projects have incurred at least some delay to expected progress. However, none of the projects have been so significantly disrupted that the award holders have suggested their project is no longer tenable. On the contrary, **award holders have reported that all original objectives remain achievable albeit with caveats around possible further pandemic associated disruption.**

NIHR CCF DPOCs and award holders continue to work together to understand the consequences of incurred delays and emerging barriers to activities.

2.3 Delivery partner's assessment of how individuals/communities (including any relevant sub-groups) have been engaged and their needs reflected in identifying research priorities, design/planning, implementation, analysis, and reporting and dissemination

The COVID-19 pandemic has had a significant impact on the ability of a number of projects to deliver the planned Community Engagement and Involvement (CEI) activities that support inclusion, participation and empowerment objectives. Nevertheless, despite the enormous challenge of bringing people together in the context of a global pandemic,

the majority of RIGHT 1 award holders have begun to deliver on the CEI commitments outlined in their original research plans.

All projects have reported difficulties, and none have completed every activity scheduled for their first year. However, 5/8 projects have reported the establishment of project specific CEI structures, and 7/8 projects report engagement with relevant vulnerable and at-risk communities. To date, those identified and involved are mainly reported to be individuals directly affected by or at risk from the conditions addressed by the call, i.e.: SSSDs, epilepsy or infection-related cancer. In one of the projects, the commitment and approach to conducting each stage of the research *with* people affected by cutaneous leishmaniasis and the impact of this on the communities involved is particularly evident.

A member from one of the ECLIPSE communities in Brazil said

"I was expecting people [the research team] to come here wearing ties. When you hear 'Salvador' [the province's capital city] and 'university', [you think of someone] […] with a straight posture and a way of being, a greater formality (…a postura, o modo de ser, aquela formalidade maior). But what I see are people [the ECLIPSE researchers] who came here and humanized us. People who reached out to us about a problem that we have, and therefore, we want to be part of finding a solution."

One of the co-leads of the research project, Dr Price added:

***"On all the methods that we're using, we're going back to the community to ask if it's appropriate before we do it. For example, with the questionnaire about stigma and the impacts of CL, we're asking the community whether the questions are appropriate, before we start doing the work"*.**

[NIHR200135]

There are also good examples of projects specifically seeking to engage specific project relevant groups including pregnant women from low socio-economic groups, migrant populations, disabled people, mental health service users and minority ethnic groups.

Individuals and communities have been engaged through online surveys, virtual meetings and some face to face public events. In the majority of cases these activities have largely focussed on introductory awareness raising and information sharing, as opposed to active involvement in research activities. When COVID-19 restrictions are lifted, significant scale up and a return to CEI in the everyday places where people live and experience the most marginalisation, will be required across the projects.

An overarching theme reflected in the first year reporting is a recognition that meaningful and sustainable CEI in the context of global health research requires a bottom up approach. Excellent examples of this include a local level Community Advisory Group (CAG) established across three country sites bringing together patients living with SSSDs, community/faith leaders, representatives from women's associations and local government. The CAGs connect to regional Community of Practices (COPs) that include policymakers, health care professionals and civil society. Another includes a national level Community Advisory Board (CAB) chaired by the community co-applicant (a patient living with a SSSD) - members include patients living with SSSDs, Mental Health Service User Organisations and the National Union of the Disabled. The CAB connects to local communities through the Village Health Committees. In another example, pre-existing relationships with INGOs/NGOs have also proved fruitful, enabling one project to connect to a wider network of organisations to broaden reach.

The complexities of navigating these relationships cannot be underestimated. Those that have taken an open and reflective approach to power sharing have been able to put communities at the centre of research activities. Highlights include

- People affected by leprosy co-produced guidelines for leprosy and health centres to promote and support self-care.
- At the request of patient advocates, research themes related to violence experienced by people affected by SSSDs have been included in the research design.
- The inclusion of peer researchers affected by SSSDs in data collection activities within the very communities where they face stigma, discrimination and marginalisation

One of the awards has a community co-applicant who is a leprosy survivor which has added significant value to the research so far, as described by the co-applicant Jayashree P. Kunju:

"When Professor Richard Lilford from the University of Birmingham invited me to be part of the research proposal to NIHR's project on Transforming the Treatment and Prevention of Leprosy and Buruli ulcers in Low and Middle Income Countries (LMICs), the opportunity to be involved in research that will help improve outcomes for people with leprosy was too good to pass up.

I recognised immediately that my first-hand experiences of living with leprosy would bring a completely different, but very important, perspective to the project. I'm a key member of the team, and I feel like my contributions are a valuable input, alongside contributions from medical professionals, research academics and other experts. Being able to contribute to the design of principles, policies and processes for this project has been an enriching journey so far".

[NIHR200132]

2. Outputs and outcomes

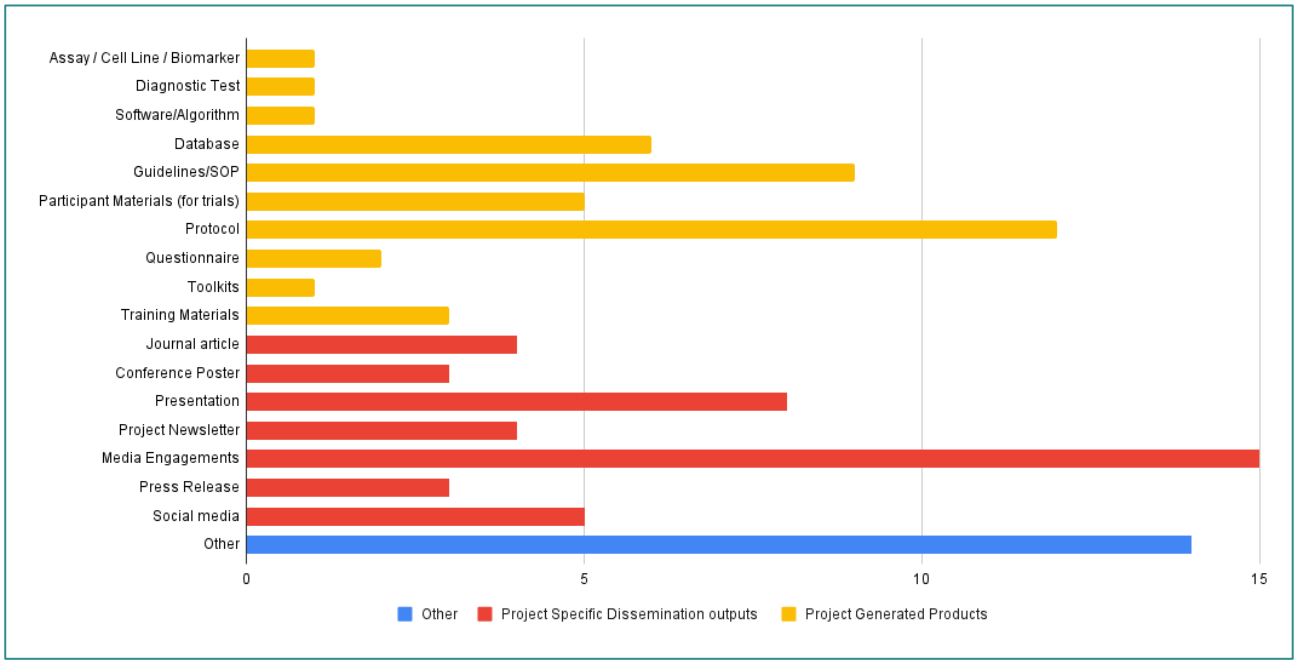
3.1 High quality policy/practice relevant research and innovation outputs

3.1.1 Aggregated number of outputs by output type.

As this is the first year of activity for RIGHT call 1 awards, the level of results-based output reporting was expected to be relatively low. Project activities in the first year addressed establishment of key project structures, recruitment of project teams, and refinement of research plans, rather than delivery of specific data, outputs or products. Moreover, the generation of any anticipated early results and associated outputs has also been impacted by the global pandemic. Some projects did not report any outputs for 2019/ 2020. Nevertheless, across the portfolio, award holders were able to report generation of 97 individual outputs in the first year of activity. The outputs are summarised in figure 3.

At this stage the majority of reported outputs are internal non-public documents and study protocols. Reporting is also somewhat subjective or selective, with some award holders providing very comprehensive lists of project achievements, and others reporting only a very narrow selection of traditional academic outputs. NIHR CCF intend to address this via providing additional guidance as part of our Annual Progress Reporting (APR) feedback processes. As project delivery continues, and award holders become more familiar with NIHR definitions and reporting requirements, it is expected that the number of outputs will increase and that they will be publicly available therein supporting wider knowledge dissemination.

Figure 3: Reported outputs from the RIGHT call 1 portfolio in year 1



3.1.2 Research and innovation outputs produced that are considered by award holders to be most significant in contributing towards high quality applied global health knowledge with strong potential to address the needs of people living in low and middle income countries.

The reported outputs include project specific products such as diagnostic tests and software algorithms, databases, guidelines/SOPs and protocols and participant materials that support delivery of the planned clinical or community based evaluation of interventions, and more outward facing publicity or dissemination products such as journal articles, conference presentations, and press releases announcing the award of funding and start-up of the projects. The publicly available outputs include five four peer reviewed publications and a number of significant and potentially influential training materials or tools developed by the award holders. There have also been three specific press releases and a total of 15 reported media activities to raise awareness of intended project activities and/or the conditions and issues those projects are seeking to address. The media engagements also demonstrate innovative outreach to a variety of non-academic stakeholders, including affected communities and policy makers, for example via radio interview and through music performances. Five projects have also developed their own websites or webpages and the majority have active social media profiles promoting their activity. Three of the projects have created a project specific newsletter. Table 3 lists the

most significant specific outputs as highlighted by the award holders in their Annual Progress Reports. Details of selected examples are provided in the highlight boxes.

Table 3: Award holder highlighted specific outputs generated in 2020

Award	Output title	Authors	Output type	DOI or weblink (where applicable)
NIHR-200129	Psychological resilience, fragility and the health workforce: lessons on pandemic preparedness from Liberia and Sierra Leone	Dean L, Cooper J, Wurie H, et al	Article	BMJ Global Health 2020;5:e002873.
NIHR-200129	Skills building training webinar – Safeguarding	P. Tubb/J Cooper, D. Kwedeh	Training materials	N/A
NIHR-200129	A toolkit for health researchers: Incorporating intersectional gender analysis into research on infectious diseases of poverty.	Dean, L et al	Toolkit	https://www.who.int/tdr/publications/year/2020/tdr-intersectional-gender-toolkit/en/
NIHR-200132	Protocol for evaluations of the self-care/self-help for people affected by leprosy, delivered through NGOs.	Dr. Indra Napit The Leprosy Mission Nepal	Protocol	N/A
NIHR-200132	Protocol for the TABLE study "Trial of Autologous Blood products to promote ulcer Healing in LEprosy"	Dr. Indra Napit The Leprosy Mission Nepal	Protocol	N/A
NIHR-200133	Clinical protocol for anti-CD20 antibody administration	Prof Anna Schuh, Dr Lulu Chirande MUHAS	Protocol	N/A
NIHR-200133	Nanopore-based sequencing assay to screen for sickle-cell disease and beta-haemoglobinopathies	Dr Adam Burns University of Oxford	Assay	N/A
NIHR-200134	EPInA Diagnostic Companion (EDC). An app developed by the EPInA team to help primary health care workers in the diagnosis for patients with epilepsy.	EPInA study team University of Oxford	App	N/A
NIHR200134	Online survey on Epilepsy risk and COVID-19	EPInA study team The University of Oxford, and SUDEP Action	Questionnaire	N/A
NIHR-200135	ECLIPSE project introduction on local radio programme: Rajarata Sewaya by Sri Lanka Broadcasting Corporation	ECLIPSE Sri-Lanka team Rajarata University of Sri Lanka	Media	N/A
NIHR200135	ECLIPSE project introduction video(s)	ECLIPSE project team University of Keele	Media	https://www.eclipse-community.com/

NIHR-200135	ECLIPSE multilingual website and twitter feed	ECLIPSE team University of Keele	Media/Social media	https://www.eclipse-community.com/
NIHR-200140	Presentation at "Power the partnership: End the neglect" event	Ursin Bayisenge University of Rwanda/ BSMS	Presentations	Part of the 'Uniting to Combat NTDs' event.
NIHR-200140	Project specific webpage on LMIC partner (OSSREA) website	OSSREA	Media	http://www.ossrea.net/index.php/about-5s-ethiopia -
NIHR-200140	Severely Stigmatised Skin-NTDs: A protocol for social science engagement	Zaman, S et al BSMS	Journal article	https://doi.org/10.1093/trstmh/traa141

"Psychological resilience, fragility and the health workforce: lessons on pandemic preparedness from Liberia and Sierra Leone"

The REDRESS [NIHR200129] project team have noted this BMJ Publication as a significant output, contributing to the knowledge and skills of the global health community, and highlighting stresses to the health workforce in fragile settings that are exacerbated in times of crisis, and outlining recommendations for building resilient health systems and strategies for rapid support, systemic change, and stigma reduction.

Project NIHR200134 reported the "EPInA Diagnostic Companion (EDC)" as their most significant output. This is an app developed by the EPInA team to help primary health care workers in Ghana, Kenya and Tanzania diagnose patients with epilepsy. The EDC will be freely shared with healthcare workers and will provide a more powerful tool for healthcare workers in remote areas to diagnose epilepsy. Once diagnosed, a medication regimen would be prescribed to provide temporary relief of the symptoms, thereby giving more agency for people with epilepsy to contribute economically and socially in their communities, where they may have previously suffered stigma for their undiagnosed epilepsy.

This team have also noted the value of the "Epilepsy Risks and COVID-19 survey" for people with epilepsy which has provided much needed "quality of life" data from people living with epilepsy under COVID-19 restrictions. The survey was available globally online. Data was collected from many countries (including LMICs) and will be aggregated and analysed to understand the short-term and long-term impacts of a global pandemic on people with epilepsy's access to healthcare, medication, and overall well-being. Such results may help contribute to a more efficient and targeted response when/if another pandemic emerges.

3.1.3 Lead/senior authorship

Table 4: Peer reviewed publication authorship metrics

Total **number across all NIHR funded awards (cumulative number since funding began)**		% of total number of externally peer-reviewed research publications
Number of externally peer-reviewed research publications	**4**	**100%**
Number of externally peer-reviewed research publications with a lead or senior author whose home institution is in an LMIC	**3**	**75%**
Number of externally peer-reviewed research publications with a female lead or senior author	**3**	**75%**
Number of externally peer-reviewed research publications with a female lead or senior author whose home institution is in an LMIC	**1**	**25%**

All RIGHT call 1 awards are contractually managed by a UK based lead HEI. However, the award holder is required to include LMIC based partners in equitable partnerships. Shared responsibility and credit for dissemination of the project findings is an important objective measurement of a projects approach to equity.

Of the four externally peer reviewed research articles that were published (available in the public domain) in 2019/2020, three of these (75%) featured a lead or senior author whose home institution is in an LMIC. This reflects appropriate shared responsibility and credit for dissemination of project data within their UK–LMIC partnerships so far.

On gender it was noted note that three of the articles (75%) were authored / led by women. Two of these were based in UK HEIs and the third within an LMIC based partner institute.

3.2 Informing policy, practice, and individual/community behaviour in LMICs

3.2.1 Delivery partner's summary of the most significant outcomes of any award level engagement and/or influence of policy makers, practitioners and individual/community behaviour

It is currently too early in the delivery phase of RIGHT call 1 projects to expect evidence of theme specific policy, practice or community behaviour outcomes that are attributable to efforts being made by the award holders to engage relevant policy makers, practitioners and communities. The establishment of the enabling structures and relationships that support policy engagement and drive impact was the key activity expected from award holders during this reporting period. Despite the notable difficulties associated with delivery of such endeavours during a pandemic, the majority of projects are demonstrating appropriate progress toward establishing these structures and networks and are therefore mostly on target in relation to plans. Many have been able to utilise pre-existing networks (established during previous collaborations and/or associated with other non-NIHR projects) to identify and invite appropriate contributors to their steering groups, and/or those that were able to establish their project governance structures pre-pandemic, have mostly been able to adapt and continue to meet via remote or virtual methods.

Most projects have reported at least one initial engagement with a policymaker in their LMIC context e.g. through invitation and attendance of a relevant official at project launch or inception meetings, or obtaining a commitment for future attendance at a regular project specific advisory or steering group. Where these engagements have been formalised to ensure repeated engagement throughout the project life time, they have potential to create a lasting impact via ensuring the project activities are understood and appropriately contextualised in terms of local policies and priorities by enabling a two way dialogue between project teams and key policy makers. In one notable example of adaptation to maximise impact, the REDRESS [NIHR200129] project team have refined their study plans to include work with policy makers to understand how the current pandemic will ultimately impact on the Liberian healthcare system’s capacity for management of SSSDs. Through this initiative the team have been able to make recommendations regarding policy dialogue and best practices to support the ongoing delivery of routine services during shocks and crises like the current pandemic.

3.3 LMIC and UK researchers trained and increased support staff capacity

3.3.1 Aggregate level summary across awards of individual capacity strengthening supported by at least 25% NIHR award funding

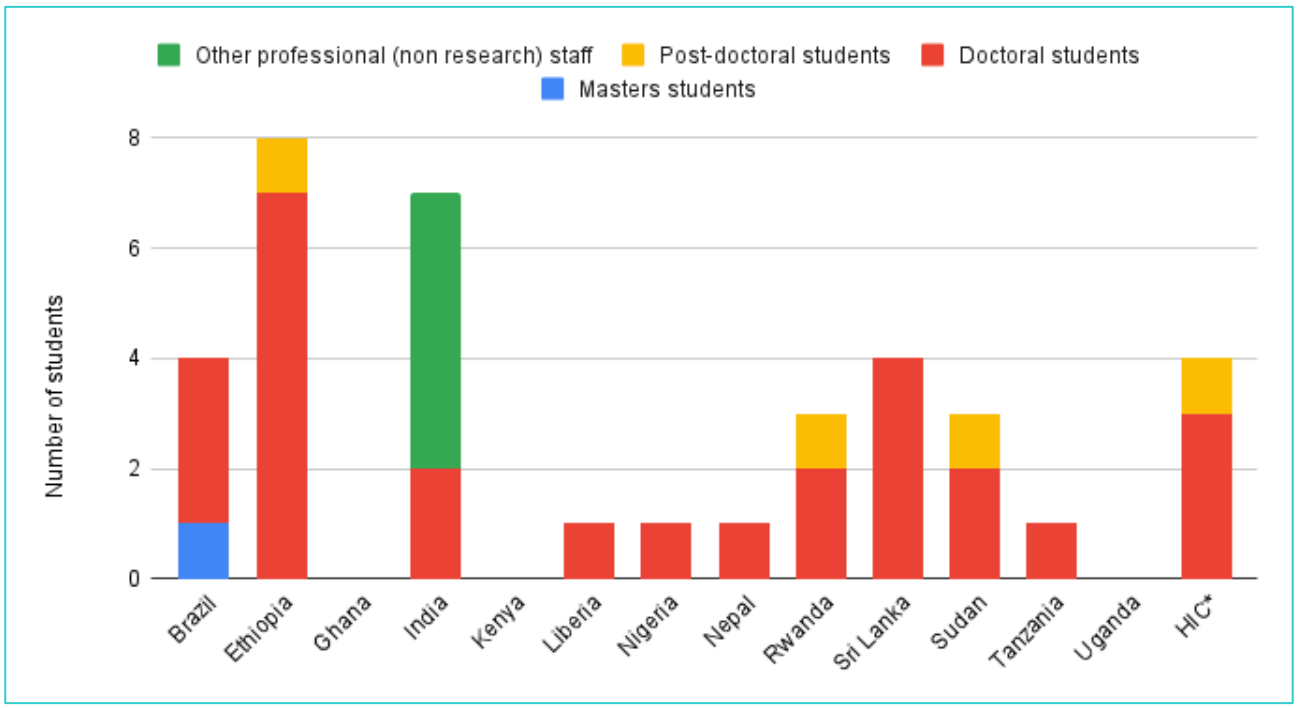
The NIHR Academy defines trainees as individuals undertaking formal training/career development awards that are competitive, include a training plan, have a defined end point and who are in receipt of at least 25% NIHR award funding. A breakdown of the type of higher degrees undertaken by NIHR Academy Trainees from RIGHT call 1 awards is shown in Table 5 below

Table 5: Summary of NIHR Academy Members from RIGHT call 1 awards

Training level	Total number who are currently undertaking or have completed during the award period	% LMIC nationality	% female
MSc/MA	1	100%	100%
PhD	26	92%*	58%
Postdoc	4	75%*	25%
Professional training for non-research support staff (e.g. research manager, finance, admin, community engagement practitioners etc)	5	100%	60%

*NIHR RIGHT funding is restricted to support only LMIC-based student fees and stipends. However, two of the RIGHT call 1 projects have secured matched funding from the UK institutions that is used to support project funded UK based research assistants (project staff) to undertake formal training in association with their participation in the project. Although RIGHT funding does not pay the fees for these particular PhD and post-doctoral trainees, these students meet the definition of NIHR Academy member because they are >25% FTE engaged on their respective projects and are undertaking formal recognised programmes of training. Notably, these students are expected to contribute to overall capacity strengthening aims of the RIGHT programme, providing important opportunities for peer-peer mentoring and shared learning with their LMIC counterparts.

Figure 4: Location and career stage of NIHR Academy Members and other trainees supported by RIGHT call 1 awards



3.4 LMIC institutional capacity strengthened

3.4.1 Delivery partner's summary of evidence of activities and outcomes from across awards demonstrating how NIHR funding has helped to strengthen LMIC institutional capacity to contribute to and lead high quality research and training within a national research ecosystem.

The RIGHT call 1 funding is contributing to the employment of a total of 196 (~108.25 FTE) researchers, and 63 (~42.75 FTE) support or administrative staff. Of these, 119 (~76.50 FTE) of the researchers, and 45 (~30.25 FTE) are employed within LMIC based institutions. This demonstrates that in terms of total personnel resourcing approximately 64% of these individuals or 70% of total FTE resource is located in LMIC settings and is contributing to LMIC institutional resource and capacity. Within this overall resource, each RIGHT call 1 project includes provision for formal post-graduate LMIC based trainees. At present the awards are supporting a total of 26 PhD students, 1 Masters level student, in addition to a number of project staff that can be defined as post-doctoral early career researchers Four of these researchers are engaged in formal training (and meet the definition of NIHR Academy member). However, it should be noted that NIHR Academy Members are not the only individuals whose professional development is directly

supported by RIGHT scheme funding. A number of projects are known to include post-doctoral level staff that are at an early stage in their career, as members of the project team. These researchers do not meet the definition of NIHR Academy member (having <25% FTE commitment to the project, and/or not registered for a formal programme of study), and as such are not specifically captured in current reporting from award holders. However, their continuing professional development is supported through engagement with their RIGHT project and the wider networks fostered by their work. For example, the ECLIPSE project [NIHR200135] currently lists more than 50 early career researchers as part of the wider ECLIPSE family.

All RIGHT call 1 awards are expected to deliver sustainable improvements to local capacity for research and/or healthcare systems delivery in the areas of study focus. In this reporting period the majority of activity has centred around the recruitment of ECRs and students, securing formal registration of trainees into academic training programmes (PhD and MA), securing supervisors and mentors for the trainees, the identification of training requirements for project personnel, development of training plans or strategies, and delivery of immediate training critical for fulfilling the project objectives.

At the level of the individual, the RIGHT call 1 awards have provided training to both researchers and administrative support staff that is critical to the delivery of their immediate respective research aims, and also builds transferable skills and capabilities in research and or healthcare practice for respective home institutions. Projects with a social sciences focus have produced and delivered research skills building webinars, workshops, and tools covering cross-cutting research issues such as Safeguarding, Intersectional Gender Analysis, medical anthropology, and situational awareness. Training materials were produced by the expertise within the teams, and delivered across the teams, thereby supporting an increase of the skill set of the individual trainees and building the overall expertise base of the organisations and institutions involved. The majority of the training materials for these events have been made publicly available thereby supporting wider knowledge dissemination and are recognised by the award holders as significant outputs in this reporting period.

In the REDRESS project [NIHR200129], the project team have established a monthly webinar series to share learning and discuss project progress. They have recently invited the Liberian Ministry of Health Research Unit to participate in the event. This enables project specific training materials to reach a wider local audience and therein supports development of skills at the national as well as local project specific level. In particular, the webinar and workshop on Safeguarding was noted as important in creating a reflective space for health systems actors and researchers in Liberia to come together and consider how to strengthen safeguarding processes within their routine practice. Special attention to protecting the rights of women and children in fragile states was reflected within the scenarios discussed at the workshop and webinar.

The REDRESS team have also produced a toolkit for health researchers “Incorporating intersectional gender analysis into research on infectious diseases of poverty”. An introductory video to the toolkit can be accessed online. The tool kit aims to strengthen the capacity of researchers working on infectious diseases of poverty by incorporating an intersectional gender approach. Intersectional gender analysis is considered critical in shaping the development of more inclusive health systems globally and this tool is designed to support researchers and practitioners to enhance skills in this area. The toolkit is expected to have impacts beyond the immediate objectives of this SSSDs focused project as the approaches outlined are relevant to a multitude of health research topics and interventions.

Other projects (with a more direct clinical or laboratory focus) have reported delivery of critical technical training. Examples include; the set-up of regular training for clinical staff and discussion groups to build technical skills in neurological examination in an epilepsy focused project, and the training of laboratory personnel in a range of key molecular diagnostics methods, and of nurses in administration of the treatments being supported through the cancer study.

In addition to the specific training opportunities developed within projects, RIGHT funding has also been used to support individuals to access training provided by external sources. For example, RIGHT funding has enabled researchers, clinical staff and where appropriate administrative support staff from three of the projects to be trained in the use of the REDCap database systems that will be used in management of trial activity. Project staff have also been supported to complete courses in Good Clinical Practice, and data management for clinical research. This supports and enhances development of clinical trials expertise in each of the participating institutions.

Across the portfolio, project staff registered for formal academic training have also been supported to access generic research skills training provided by their home institutions and /or collaborating institutes, aimed at building critical thinking skills, managing references, maintaining research diaries and records, carrying out literature reviews, and ethics. Each of these activities support the immediate needs of the projects but also contribute towards continuing professional development (CPD) approaches for the individuals carrying out the research. In addition to the direct funding support and training opportunities provided by the project, 36 project staff currently qualify for NIHR Academy Member status making them eligible to apply for opportunities provided through the NIHR Academy Global Health work. For example, one of the RIGHT call 1 Academy Members (from project NIHR200144) has been awarded an NIHR Academy SPARK award that will support a student to travel to a project partner institution for specific skills training.

The SEREN Initiative

RIGHT funding is contributing to the sustainable development of novel institutional concepts, structures or initiatives in LMIC partner countries. For example, RIGHT project NIHR200133 has contributed to the establishment of a social enterprise called SEREN, that aims to deliver DNA-based diagnostics that improves outcomes of children and young adults with blood diseases in sub-Saharan Africa. SEREN has been established at the MUHAS site in Dar es Salaam, Tanzania. Through planned advocacy work this new social enterprise is expected to engage relevant policy makers and drive sustainable support for wider regional, national diagnostics initiatives. The SEREN initiative received the Oxford University Vice-Chancellor's Innovation Award for Team Work in 2020.

3.4.2 Aggregated distribution of support staff (for the purposes of understanding how wider research support responsibilities are divided between LMIC and HIC institutions)

Table 6: Research support staff resource supported by RIGHT call 1 funding

	Total number of FTE support staff (research managers, finance, admin, community engagement practitioners, other) in post during the last 12 months
Employed in LMICs	30.25
Employed in HICs*	12.50

*Next years' data will be reported on at UK level.

3.5 Equitable research partnerships and thematic networks established/strengthened

3.5.1 Delivery partner's assessment of the extent to which this NIHR funding has contributed towards building or strengthening equitable research partnerships/collaborations and thematic networks (where applicable, including engagement with communities).

CCF have encouraged award holders to plan and deliver equitable partnerships throughout the funding cycle. At application stage the delivery of research through equitable partnerships was defined as a key requirement for RIGHT call 1, and applications were assessed against this criterion. Selected applicants to RIGHT call 1 (those that progressed to stage 2) were encouraged to apply for a specific Partnership and Proposal Development Award (PPDA), which have been reported to have supported advancement of the relationships between the UK lead applicants and their selected LMIC

partners. CCF promote messaging around equity expectations during active monitoring of the awards.

In their first RIGHT call 1 APR submissions, award holders have refined or re-articulated their approach to ensuring equity in their partnerships, and all have started building appropriate networks to support their projects.

Highlights reflecting the status of the partnerships include; evidence of appropriately balanced inclusion of project staff from each of the partner countries in the key steering groups and /or governance structures of all awards, establishment of a variety of project discussion and decision making groups that facilitate relevant engagement and ownership at all career levels and all locations, specific measures put in place for financial management that recognises and seeks to mitigate the inherent power imbalances associated with the contracting and funding disbursement structures, development and agreement of a project publication policy that necessitates LMIC lead authorship and recognition, arrangements for material and data management that ensure LMIC derived samples and results remain owned and controlled by the LMIC organisation, and the submission of specific applications for further collaborative funding supporting continued engagement between the UK and LMIC based project partners in projects.

All of the RIGHT call1 awards are led by experienced senior researchers with an established network of contacts relevant to global health and their specific field of expertise. The year 1 reports indicate that they have been able to link their project LMIC based partners with these networks, most notably via inclusion of relevant contacts in project steering committees, and /or supporting their LMIC partners to join and participate in the work of relevant established thematic networks or groups.

The 5S Foundation [Project NIHR200140] reported that enduring equitable partnerships as essential to their vision of ending neglect of podoconiosis, mycetoma and scabies, and ending neglect of the social sciences as a vital global health discipline.

Examples of positive steps taken to ensure an equitable partnership include:

(a) The day to day management of the project is via a Programme Management Board (PMB) which meets on a quarterly basis. The PMB includes key members of the UK administrative and research teams and importantly, representatives from each of the LMIC partner country leads to their representation in the management of the award. Responsibility for PMB meetings is shared and rotates between project co-ordinators/countries.

(b) Establishing a strategic advisory board (SAB), that is directly proportionally balanced to include two representatives from the UK and two from each of the three partner countries (Sudan, Rwanda and Ethiopia). The intended role of the SAB is to provide strategic direction to the Foundation and to assess its overall success. The SAB are also expected to be instrumental to building a sustainable network of partnerships.

(c) To address the recognised issue of a perceived power imbalance associated with project funding being routed through the UK based organisation, the project team have established a system for quarterly financial transfers to LMIC partners. Via this mechanism LMIC partners are granted a relatively high level of financial independence whilst being subject to the same risk based monitoring, regulations and controls as the UK lead.

(d) Encouraging local ownership for the capacity building elements of the work. Notably, the LMIC partners were independently responsible for recruiting the six PhD students and three post-doctoral research fellows based at their institutes. Recruitment followed local processes, and a collaborative cross project approach was used for the selection of research questions on which the students will focus. To ensure that students benefit from the full range of expertise and networks available the supervisory teams for each of the PhD students includes representatives from both the UK and relevant LMIC partner countries.

3.5.3 Delivery partner's summary of any other noteworthy outcomes beyond those captured above (note that these may include unanticipated outcomes (both positive/negative), outcomes outside health, and any other secondary benefits to the UK or any other countries)

The five RIGHT call 1 awards focused on addressing SSSDs holders have recently established an informal discussion group to encourage information sharing and provide peer to peer support in delivery. The first meeting on the group is scheduled for early 2021. CCF programme managers will be invited to these meetings, which are expected to provide a valuable opportunity to understand cross-cutting thematic issues and highlight requirements or opportunities for additional support.

4.Value for money

Delivery partner to summarise their approach towards ensuring value for money in how the research is being undertaken.

4.1 Economy

- how are you (the delivery partner) ensuring that funding is being spent on the best value inputs?

Applicants for RIGHT funding are required to submit a detailed budget alongside their proposal. The budget form is scrutinised as part of the funding decision process, to ensure all proposed costs meet eligibility criteria and are appropriately justified.

NIHR CCF conducts a very thorough due diligence for the lead award holder (the contractor), and further expects the contractors to conduct due diligence on all downstream partners (subcontractors) and report back. Due diligence includes review of contractor's key policies such as procurement, travel and subsistence, HR, finance staff inputs include value for money considerations.

The quarterly reporting system is intended to support timely monitoring and awareness of project specific expenditure. NIHR CCF will also be undertaking sample quarterly expenditure verification checks, for all contracts which have completed one year of delivery. NIHR CCF has already conducted transaction level checks for spend relating to proposal and partnership development awards (PPDA), and the same approach will be used for detailed quarterly reviews and annual review for selected organisations; selection will follow a risk-based approach.

All contracted organisations may also be selected as part of the Annual Funding Review (AFR) process and assurance visits. AFR focuses on governance arrangements, financial controls, finance management, finance systems, and compliance and risk management.

As a notable example of Economy and Efficiency from award holders delivering RIGHT awards, the NIHR200133 project team has negotiated a substantial discount for the treatment used in this study. As part of the original application the project team had stated that children identified with lymphoma, regardless of whether they were able/willing to be involved in the research should have access to and be given the standard treatment with anyi-CD20 antibody. The negotiated price reduction will enable the team to offer treatment to more patients than anticipated. As the discount applies to all study sites, treatment can also be offered to adult patients, as well as children.

4.2 Enhanced efficiency

- how are you (the delivery partner) maximising the outputs (research and innovation outputs, knowledge exchange, strengthened researcher and support staff capacity, strengthened partnerships/networks) for a given level of inputs

CCF have incorporated specific initiatives into the RIGHT application process designed to maximise the outputs from funded awards.

- RIGHT call 1 applicants successful at stage 1 and invited to submit a stage 2 application, were invited to attend an 'Impact workshop', designed to assist applicants to consider the pathway to impact for their research. This enhances the quality of the applications received by encouraging a more consistent and objective articulation of impact across the different proposals. This in turn supports the funding committee to better assess the likelihood for achieving intended impacts and meeting the aims of the call.

- Applicants invited to submit a stage 2 application were also eligible to apply to a Proposal and Partnership Development Award. The award provides up to £10,000 to support applicants to undertake exploratory meetings, scoping visits and workshops with their potential partners. This helps to refine project plans, reveal requirements for specific support within a project, and/or enables teams to better understand context specific issues. In this way the award supports award holders to identify barriers or potential problems ahead of contracting and encourage better planning and resource allocation for management of collaborations. In this way the use of PPDA is expected to increase the efficiency of contracting, project start up and delivery.

CCF have delivered and/or contributed to cross NIHR activities and initiatives to support knowledge translation, facilitate partnerships and network development and minimise duplication across NIHR. For example, the cross NIHR IP team, supported by CCF staff, ran a workshop in October 2019 supporting award holders to understand IP and assurance issues and expectations. The UK based contracted organisations (award holders) for RIGHT call 1 were invited to send appropriate project management and research staff to this event.

Similarly, CCF worked with colleagues at the NIHR Academy to ensure that relevant RIGHT call 1 staff were able to attend the NIHR Academy Training Forum events, and able to access NIHR Academy funding scheme's including SPARC (Short Placement Award for Research Collaboration) and PTTA (Presentation and Training Travel Award).

In addition, there is a cross NIHR Global Health Research Finance Working Group which has developed finance guidance outlining the expectations for financial

management by award holders, which supports efficiency via standardising processes and procedures, and ensuring consistent ways of working and reporting.

This call being the first in a completely new programme, a number of areas were identified in the commissioning process where efficiencies could be made in future calls in the programme. These are outlined in more detail in section 7 of this report.

4.3 Effectiveness

- How are you (the delivery partner) assessing that the outputs deliver the intended outcomes?

The quarterly reporting system is intended to support timely awareness of project specific delays and issues, thereby improving the efficiency of CCF interventions, escalation to DHSC policy leads, and/or decision making.

RIGHT call 1 awards are expected to deliver benefits (outputs, outcomes and impacts) relevant to the DHSC GHR Theory of Change. The evaluation metrics for these awards are defined by key indicators outlined in the GHR Indicators framework. Relevant data is collected from each award throughout the funding cycle with some key metrics collected via the application form, some collected and updated regularly through quarterly reporting, and others collected via APR processes.

In 2020 NIHR CCF developed a bespoke RIGHT APR template, which seeks to capture data on the key evaluative objective metrics from the DHSC GHR theory of change (that are not addressed at application stage or via quarterly reporting), but also enables award holders to reflect against their own project level theory of change, so as to contextualise progress for each individual project. Award holders are contractually obligated to complete an APR. Their report provides us with relevant data and evidence to inform our assessment of the award holder's progress toward intended impacts. This report reflects summarised data from the first year submissions of APRs from the RIGHT call 1 awards.

4.4 Equity

- Please summarise any activities that have taken place to ensure everyone is treated fairly as part of the application process and within funded research teams, regardless of gender, gender identity, disability, ethnic origin, religion or belief, sexual orientation, marital status, transgender status, age and nationality.

As part of the commissioning/assessment process for RIGHT awards, gender, nationality and geographical consideration is given to the composition of the Funding Committee and the selection of peer reviewers.

RIGHT has demonstrated that it is possible for funders to design equity into the application process through the meaningful integration of CEI. This has included the inclusion of community co-applicants as well as a standalone CEI question at Stage 2 that asks applicants to evidence how marginalised/vulnerable communities have been involved in shaping the research proposal. With regards to the latter, a number of RIGHT 1 co-applicants are experienced patient advocates with a long history of championing equity issues locally, nationally and globally. In addition, RIGHT 1 established a model for integrating CEI into the funding decision process for the GHR portfolio and beyond, with the inclusion of public committee members with lived experience as equal partners.

The RIGHT APR template demands basic anonymised quantitative demographic data on the research team and support staff, enabling us to monitor the gender and nationality balances in each project over time. In addition, the RIGHT project monitoring approaches support the attendance of CCF officials as observers at relevant project steering groups or management meetings. This affords an opportunity to gain a more qualitative insight by directly observing the interaction and power dynamics of the project participants. It also supports the project partners (other than the UK based lead or contracted organisation) to directly engage with the UK funding administrator and to provide their feedback and insight on how the award management impacts them, and provides us with opportunities to reinforce the underpinning RIGHT scheme values of equity and balance. NIHR CCF expect to continue to use these platforms to promote messaging around equity expectations, share appropriately anonymised examples of good practice, and seek information on award holder requirements for support on this issue, as these awards progress.

The APR template also seeks to elicit information about the nature of communities involved, engaged and /or impacted by the research. This data supports us to identify and understand the equity issues of the projects, and to take these issues into account when reviewing processes or developing support packages.

- How are you (the delivery partner) ensuring that the funded research benefits vulnerable groups to improve health outcomes of those left behind?

During assessment of RIGHT applications, two members of the CCF secretariat independently assess the ODA-eligibility of applications, part of which includes checking for evidence that the research will benefit the most vulnerable groups. The funding

committee members and peer reviewers are asked to comment on whether the applicants have considered ethical, safeguarding and gender issues. They are also asked to comment on whether the application includes appropriate sample selection, community engagement and involvement and the potential for impact and scalability of the project to improve health outcomes for vulnerable populations.

The requirement for CEI in the RIGHT awards also facilitates a strong bottom up approach, supporting the inclusion and representation of marginalised and vulnerable communities affected by the themes addressed in the call. The APR template seeks specific details on the groups included and engaged through RIGHT, enabling us to track the engagement and empowerment of these individuals throughout the lifetime of the award. The CCF CEI team have recently partnered with the Institute of Development Studies, experts in international development research and citizen participation, to develop a learning package to support NIHR GHR applicants and award holders to achieve real and sustained engagement with communities and stakeholders. Topics to be explored include: Ethics of CEI in Global Health Research: Approaches that Enable Shared Health Governance; The **"Leave No One Behind"** Agenda as Applied to CEI: Dynamics of Power and the Pursuit of Inclusivity. The series will be co-created with input from RIGHT award holders and RIGHT/GHR Centres applicants. Further details can be found on the *NIHR website*

As RIGHT progresses, CCF expect to use the reported data and work with Award Holders to generate examples of best practice that can be shared with the wider Global Health community.

4.5 List of any additional research awards secured **by LMIC partners** during the course of this NIHR funding - including value, funding source, lead institution and country, what % of additional funding allocated to LMIC partners, HRCS code. (leave blank if not applicable)

The UK based award holders have reported submission of joint applications for funding with their LMIC partners, but at this early stage of partnership and project delivery there is **no evidence for LMIC led applications**. Award holder examples of additional funding secured or leveraged to support their research areas include; -

- NIHR200129 linking to an award of **£25,000** from a strategic research funding forum via the Health Protection Research Unit at the University of Liverpool. This work

enables them to understand the impacts of the current pandemic on their research and has enabled the inclusion of an additional specific outcome objective in this project.

- NIHR200132 making efficient links to relevant initiatives and research projects funded by Kindermissionswerk Aachen Germany and the German Leprosy and Tuberculosis Relief Association (DAHW) for a project titled 'Combating BU and selected skin NTDs in Nigeria: an integrated approach.' Their WP2 (HABU studies) will be relying on this project for patient recruitment.

- The UK based NIHR200134 leads have been awarded **£1.2M** from the Oxford Martin Programme on Global Epilepsy, for the AGENDA study. This study is expected to complement the EPInA study, leading to new technologies being tested in more and varied sites (Brazil, India, South Africa, and Zimbabwe).

- Two PhD additional studentships have been funded by local organisations as a direct consequence of the NIHR200135 award, one at the Federal University of Bahia, Brazil and one at the Rajarata University of Sri Lanka.

- The UK leads for project NIHR200135 are collaborators in a project on visceral leishmaniasis in India in a collaboration led by Durham. This project was awarded **£906,252** GCRF/EPSRC funding.

- The NIHR200135 UK leads have also secured internal funding from Keele University (GCRF QR funds) to further develop partnerships with artists and research teams across the Mediterranean basin with an interest in cutaneous leishmaniasis.

5. Risk

5.1 Risk

- Delivery partner to summarise the five most significant risks (both in terms of potential impact and likelihood) across awards within the last year.

Table 7: Most significant risks

Risk	How is the risk being managed/mitigated?	Current status
Risk category: Delivery & financial. Disruption of project delivery due to the global COVID-19 pandemic	CCF manages and monitors RIGHT call 1 through a system of ongoing communication with award holders, quarterly reporting and re-profiling of scheduled activities and spend where appropriate. Quarterly reporting from award holders provides regular assessment of whether award specific deliverables are at risk. Where appropriate, these risks are also reflected in CCF generated risk registers. As the global situation has evolved and the likely duration and consequences of local response measures have become clearer, award holders have been permitted to redesign their engagement activities to remote platforms wherever appropriate, and/or to renegotiate and reschedule affected project specific milestones.	**ACTIVE (High Risk)** The Global response to the COVID-19 pandemic continues to impact project delivery. All risk registers from award holders reflect this as both a current issue that requires active management and/or an enduring risk. Until the pandemic is resolved there is an ongoing risk that changes to the local situation for one or all project partners affects their ability to deliver planned work (due to reallocation of critical resources, or local response.
Risk category: Delivery Deterioration of local LMIC political and/or security situation prevents delivery	CCF generates project level risk assessments ahead of contracting, utilising information from publicly available sources (eg: FCDO travel advice, and Transparency International's corruption perceptions index to create a baseline assessment of the security and political volatility of each partner country. These assessments are reviewed quarterly. Intelligence from news and situational reports is also taken into account, as well as the award holders processes for risk identification, mitigation and management, and	**ACTIVE (High risk)** All RIGHT call 1 projects are delivering work in places with some degree of volatility. E.g. : Three of the RIGHT call 1 projects have partner organisations and activities based in Ethiopia. One of these projects has partners and activities based in Tigray.

	escalation. CCF reserves the right to increase the frequency or detail of reporting from the award holder in the event of a change in risk (particularly a decrease in stability and increase in the likelihood of no notice events).	
Risk category: Financial Cash flow issues prevent delivery by overseas partners	Standard NIHR practices involve payment in arrears to the contracted organisation. NIHR pays the UK lead contracted organisation and that organisation is responsible for onward disbursal of funds to LMIC partners. These expectations are defined in the contract and in guidance given to applicants. The CCF Due Diligence processes provide assurances on the financial stability of the award holder. The UK lead is at liberty to pay LMIC collaborators an advance of funds at their own risk. They are responsible for completing appropriate due diligence and required to put in place effective processes for dispersal and oversight of the funds to each of their downstream partners.	**ACTIVE (Low risk)**
Risk category: Financial Exchange rate fluctuations result in insufficient overall budget to deliver all planned work	A document "Financial Guidance for NIHR Global Health Research Programme Contract Holders - Exchange Rates", explains to contractors NIHR's expectation on exchange rates.	**ACTIVE (Medium risk)**

It should be noted that all RIGHT call 1 award holders have had to adapt their activity plans due to COVID--19, not only to mitigate the impact of delays and limitations to their immediate plans, but also to assess and consider the likelihood of longer term consequences to the feasibility of their work and expected impacts. Project teams have done well to ensure continued communication with partners during the crisis and to put in place plans for resumption of activity as and when the local context permits. However, the full extent of the impacts of the pandemic on health and social care systems, and wider societal and economic development remains unknown at this time. It is likely that longer term consequences to specific contexts that will challenge each project's specific theory of change assumptions will not fully emerge until the response phase of the pandemic is over and the affected institutional, national and international systems have greater capacity to

assess consequences. NIHR CCF will endeavour to maintain timely awareness of likely impacts and requirements for change via the established reporting and communication mechanisms that underpin RIGHT award management.

Table 8: Distribution of committed funds across all RIGHT call 1 awards in year 1

	Total committed amount (GBP) allocated to:	% of total committed amount to all institutions:
UK/HIC institutions	3,824,116	47%
LMIC institutions	4,275,772	53%
All institutions	8,099,888	100%

The budget allocations for the projects indicate that over 50% of allocated funding is expected to be disbursed by the UK award holder directly to LMIC partners. However, reported actual spend by both the UK and LMIC parties for the first year was considerably lower than anticipated. This is one of the more tangible effects of the pandemic. The temporary but sometimes protracted closure of key administrative functions in both UK and LMIC institutions as a result of local and national response plans (lockdowns) meant that completion of legal contracting arrangements, and the agreement of finance dispersal mechanisms between the UK lead and their LMIC partners was delayed. This had an obvious effect on spend for all parties but was more noticeable in LMICs. In many cases sudden unexpected disruption to project set up activities meant that LMIC partner was unable to start work, and /or request or accept funds from the UK lead. In addition, the reprioritisation or redeployment of key LMIC personnel to support national COVID responses meant that spend on salaries was not requested and /or specific recruitment of planned LMIC based staff had to be delayed. Each of these issues contributed to a 'slow start' to both UK and LMIC spend profiles. As the various national, international and local pandemic restrictions were lifted and/or business operations returned to normal the UK and LMIC partners were able to complete the key processes and begin to spend their allocation. At the time of reporting all award holders reported an expectation for spend to increase significantly as the various restrictions and impediments to their operations resolved.

5.2 Fraud, corruption and bribery.

- Delivery partner to summarise any changes in the last year to the anti-corruption strategy applied to managing NIHR funded awards

This is the first year of activity for all RIGHT schemes. Processes for assurance have been developed and implemented in this period.

All RIGHT call 1 award holders' downstream partners are required to have Anti-Fraud, Bribery & Corruption policies. The policies of the contracted award holder are checked as part of due diligence. Milestones are included in the project activity schedules for delivery of appropriate policies where there are none, or where improvements are required. Award holders are required to check and ensure that their downstream partners (sub-contractors or collaborators) also have these policies in place. A number of RIGHT call 1 award downstream partners are yet to finalise their fraud policies, and this will be prioritised in the coming year.

As part of their APR submission award holders are also asked to report any fraud bribery corruption and/or misconduct issues. There were no issues reported.

5.3 Safeguarding

- Please detail and highlight any changes or improvements you (the delivery partner) have made in the past year to ensure safeguarding policies and processes are in place in your project and your downstream partners.

Safeguarding policies for all award holders are checked during due diligence processes. Milestones are included for award holders without policies, or where these require improvements in line with good practice. Award holders are reminded of their contractual obligation to ensure that terms of the contract (including all requirements for safeguarding) are propagated throughout the delivery chain, via appropriate sub-contracts and collaboration agreements.

There is also a requirement as part of the APR for contractors to provide information on any safeguarding incidents or issues which have occurred in the past year. There were no incidents reported for this year.

NIHR CCF supported DHSC with the development of NIHR Safeguarding Guidance for contractors. This was issued to all RIGHT award holders on 23/10/2020. Although this advice was not developed in time to inform content of these first APR submissions, it is expected to support award holders to appropriately manage and report on safeguarding issues for the remainder of the award. In addition, NIHR Safeguarding Leads have been appointed at CCF, and initial training to enable them to better support award holders and manage safeguarding has been undertaken.

5.4 Environmental Impact

Please summarise any activities that have taken place to minimise carbon emissions and impact on the environment across this funding call.

The impact of the global pandemic has forced a reconsideration of activities that normally necessitate travel. This is expected to have significantly reduced the anticipated carbon footprint of the scheme during the course of the reporting period.

RIGHT call 1 award holders have organised remote or virtual events to ensure continued interaction between project teams, and to facilitate some basic outreach and involvement of the beneficiary communities.

All of these forced changes have been delivered as a 'best efforts' alternative to planned face to face to engagements and the effectiveness of these formats has yet to be proven. Early anecdotal evidence suggests there have been both advantages and disadvantages to forced adoption of technological alternatives to travel, that will influence how future activities are planned and delivered and may support modest longer term behaviour changes. Virtual delivery of some academic training events has enabled greater access and participation that could otherwise have been afforded. However, it is considered unlikely that the virtual or remote formats will be able to entirely replace the need for direct engagement in international collaborative research. The benefits of direct interaction to support critical situational awareness, foster shared understanding and ownership of issues, and develop influential and impactful relationships that build capacity and capabilities of the participants, cannot be fully replicated by a virtual format.

6. Delivery, commercial and financial performance

6.1 Performance of awards on delivery, commercial and financial issues

Award holder expenditure has been lower than initially anticipated over the first year of delivery. The advent of the global pandemic and associated shutdown or de-prioritisation of work unrelated to COVID-19 occurred at a critical time for these awards. Throughout 2020, projects were limited in their ability to spend. All activities involving direct interaction with patients and the community was paused, at least temporarily, as health care systems across the globe introduced restrictions on social interaction and reprioritised available resources toward pandemic response. Redeployment of clinical staff, or closure of healthcare settings to non-COVID-19 related research activities, had a material effect on the ability of award holders to spend as originally forecast. In some cases, critical enabling activities such as the finalisation of contracting arrangements agreements between the UK award holder and their downstream partners were disrupted, preventing onward disbursement of funds even in cases where work could be continued. Nevertheless, all RIGHT call 1 projects remained active throughout this period, and many were able to adjust their plans to support remote virtual engagements in an effort to maintain some project momentum. Spend was naturally reduced as the cost of supporting web-based platforms for remote meetings is considerably less than the budgeted costs for partner travel and subsistence, meeting organisation and management. All award holders are expecting an increase in spending as and when restrictions are lifted in project locations and delayed activities are able to resume, but it remains difficult to predict the course of the pandemic with sufficient accuracy or detail to support planning. Overall, award holders have been working to contain delays and revise activities and associated expenditure such that objectives can be delivered to the original time and /or budget. Where changes to agreed activities or deliverables have been unavoidable CCF has been working with award holders to understand the issues and determine an appropriate course of action.

6.2 Have NIHR funded awards continued to meet ODA funding eligibility:

Yes

6.3 Transparency

- This question applies to funding schemes which include transparency data reporting obligations within their contracts .
    - Delivery partner to confirm whether or not International Aid Transparency Initiative (IATI) obligations have been met (https://iatistandard.org/en/iati-standard/). Yes/No
    - If these are not yet met, please outline the reasons why.

RIGHT call 1 contracts do not include a requirement for award holders to make a direct submission to IATI.

CCF worked with award holders to generate suitable summary descriptions of each award for the DHSC submission to IATI.

7. Monitoring, evaluation and learning

7.1 Monitoring

- Delivery partner to summarise their monitoring activities across awards throughout the review period (field visits, reviews, engagement with stakeholders including beneficiary feedback) and how these have informed programming decisions.

Routine monitoring of RIGHT call 1 awards is based upon proportionate and risk based reporting. At present NIHR CCF insist on mandatory quarterly financial reporting via QSTOX (reflecting actual spend and forecasts) and a quarterly update of expected delivery activity and project risk. In addition, the award holders are expected to complete an APR that provides relevant qualitative and quantitative data reflecting their progress toward their key objectives. In line with other NIHR awards, RIGHT award holders are expected to provide advance notification of significant publications / outputs, as and when these occur.

Award level finances have been monitored throughout this reporting period via the quarterly QSTOX process. A number of RIGHT Call 1 award holder organisations have also participated in the NIHR Annual Funding Review (AFR) during this reporting period. AFR focuses on governance arrangements, financial controls, finance management, finance systems, and compliance and risk management processes in the contracted organisations, and is not award specific.

Each RIGHT award is assigned a designated point of contact (DPOC) within CCF; a suitably experienced programme manager responsible for monitoring the award. This DPOC monitors contractual compliance, reviews reporting submissions and change requests, coordinates input from supporting functions (Finance, CEI, Impact, Comms) within CCF where appropriate, and provides direct timely support to the award holder. During the early stages of contracted delivery for RIGHT call 1 awards, the DPOCs visited each of the UK based contracting organisations to meet with the project teams and provide advice and information relating to reporting and communication expectations. Our initial intention was to visit each of the contracted organisations at least twice during the first year of delivery. All UK contracted organisations received at least one in-person visit and DPOCs were able to attend project start up meetings that included representation from downstream partners. Notably, for two awards the DPOC was able to attend project start up meetings hosted by LMIC based downstream partners in Kenya and India. These in-country visits not only facilitated direct engagement with LMIC based downstream partners but also provided valuable situational awareness that improves the support the DPOC is able to offer to these award holders, and informs some of our thinking around changes to

practice that may be beneficial when/if direct contracting with LMIC organisations is required in future RIGHT calls. Plans for second or subsequent visits to the contractor during the first year were disrupted by the advent of the COVID-19 pandemic and associated limitations to travel and interaction. Nevertheless, the move to remote or virtual meeting spaces has ensured that DPOCs have been able to attend a number of relevant project meetings and steering group meetings (in an observer capacity) where these have been able to continue. For the most part this has enabled us to maintain a supportive and contextually tailored relationship with the UK based leads for these awards, which has been of considerable benefit to support our understanding of current status in this time of unprecedented uncertainty. NIHR CCF DPOCs have been able to draw on these relationships to seek clarifications and supplementary data from our more formal quarterly reporting processes to inform our overall assessment of the impacts of COVID-19 on each award. However, the original objectives of the follow-up visits to understand award holder's experiences and requirements for support with CCF reporting processes could not be progressed. The pressures on the academic community (including CCF) to adapt processes to ensure business continuity and to provide their resources and expertise to various elements of the national COVID-19 response has been significant. Consequently, the capacity for non-essential engagements and value-added contributions has been limited.

Overall, it remains too early to fully assess the effectiveness of the RIGHT monitoring processes. However, since the onset of the pandemic the quarterly activity status updates have provided important insight into both the immediate and more progressive impacts of the COVID-19 pandemic on each award. These regular activity status reports enable us to better contextualise expected delays to overall objectives and low spend rates and assess project risks. Under more 'normal' circumstances, the forward forecast element of these reports also enable CCF to identify issues that require rapid intervention, and work with the award holder to seek resolution (wherever possible) in a more timely manner. The volatility of the current pandemic has meant that immediate action on identified issues during the course of this year has not always been advisable or feasible. Nevertheless, the information gained from the reporting has been critical in informing the decision to take forward or defer actions on these issues.

7.2 Evaluation

- Delivery partner to summarise any evaluation activities that have taken place during the review period (that have not already been covered in section 4.3). Please summarise any key issues and recommendations that have been raised within the evaluation/s.

The award holder APRs are the key evidence that NIHR CCF use to assess and evaluate award holder performance over the reporting year. The CCF analysis of APR content outlining award holder progress toward project and scheme specific objectives, is included in this report.

As noted elsewhere in this report, it is too early in the delivery of the RIGHT scheme for sufficient evidence on the effectiveness of CCF processes and practices. NIHR CCF will undertake an internal review of RIGHT monitoring processes in FY21/22.

7.3 Learning

- What learning processes have been used by the delivery partner over the past year to capture and share lessons, new evidence and know-how (either across awards or at the award level)?

Delivery partner processes and learning

NIHR CCF has worked with colleagues from NETSCC, and NIHR academy to establish uniform SOPs, including commissioning, escalation policy, ODA relevant documentation, core guidance for NIHR global health programmes and standardised application forms. The CCF team has also worked with these colleagues to streamline the standard application form as part of a cross government push to reduce bureaucracy within research commissioning and monitoring processes.

RIGHT is also the first GHR programme to look at direct funding of LMIC organisation. Members of the CCF team have held meetings with colleagues at NETSCC and the NIHR Academy to share processes that are being established to support this.

CCF recruited a finance and assurance specialist to support development and implementation of GHR assurance processes. This role has subsequently been expanded to support a cross NIHR remit. The CCF finance and assurance staff developed and implemented a due diligence process, which is now being used by all centres. Learning on the use of the process has been shared across centres via the Assurance Working Group led by the Cross-NIHR Assurance lead. A tracker which compiles data on due

diligence reviews from the GHR portfolio across all centres, has also been developed. This is a resource for all centres to use, when making decisions to fund organisations. Similarly, a GHR Risk Log has also been developed to share information and intelligence on project related high risk issues across GHR coordinating centres.

On finance matters, the findings from the AFR are now shared across NIHR, and experience has demonstrated that organisations that have completed due diligence and participated in AFR have taken on board constructive feedback to improve its processes and reporting back to NIHR.

RIGHT processes are regularly reviewed and revised, through a process of iterative evidence based reflection and after action review (eg: post panel wash up meetings and surveys), designed to foster a culture of continuous improvement. This process supports proportionate change to processes, templates and guidance documents used in the management of RIGHT awards.

Award holder reflections on lessons learned

The RIGHT APR template includes provision for award holder reflections on lessons identified and/or learned. CCF intended to use this input in consideration alongside other details in their reports to inform our approach to monitoring and inform our understanding of requirements for additional specific support to award holders. Award holder reflections from their first APRs were dominated by reflections on the difficulties associated with establishing project management structures and /or delivering activities during the current pandemic. Suitably anonymised reflections will be shared with current and future RIGHT award holders via communication and discussion with DPOCs where appropriate. Sharing these insights into known difficulties will support delivery and/or better manage expectations and project ambitions during this ongoing crisis.

- What are the key lessons identified over the past year that have not already been covered above for this funding scheme? What worked well and what did not? Where something was not successful what lessons have been learned?

In partnership with the Institute of Development Studies, the CCF CEI team are developing a CEI learning package to support award holders as they develop their approaches to achieve real and sustained engagement with communities and stakeholders. As an example of continuous improvement, in response to feedback from RIGHT award holders,

CCF also have plans to set up a shared learning group for CEI leads in the RIGHT awards, CCF are aiming to convene the first exploratory meeting by the second quarter of 2021 with the view to co-create with the group the best way in which to foster sustainable and impactful CEI knowledge sharing.

7.4 Outline key milestones/deliverables for the awards for the coming year

All award holders were asked to outline their key activities for the coming year in their APR, and to provide an updated schedule of milestones and deliverables for the next 12 months. Delivery of the agreed milestones and deliverables will be tracked by the RIGHT quarterly reporting processes, enabling timely awareness of any issues or barriers to delivery throughout the year. Detailed evidence of progress toward overall project objectives and the underlying GHR theory of change will be collected in the Year 2 annual report (covering all activities in 2021).

The agreed milestones and deliverables for RIGHT call 1 award holders during the coming year RIGHT call 1, reveal that project activity is expected to change from being primarily about establishing key governance structures and obtaining the necessary permissions for project activities, to delivery of those activities. Projects with clinical or community-based evaluation of interventions are expected to commence or continue recruitment of study participants. Data collection and analysis is expected to increase, with a commensurate increase in the generation of project specific outputs from all projects. More generally, all projects are expected to continue to identify and engage relevant stakeholders, raising awareness of issues covered in their projects and encouraging context relevant consideration or uptake of project evidence into policy and practice. Capacity strengthening activities are expected to continue with general and bespoke project specific training being undertaken by project based NIHR Academy members and other ECRs. These activities will be evidenced by an increase in project generated outputs and other objective metrics collected via the APR process.

The extent to which planned work may be disrupted by the enduring COVID-19 pandemic remains unpredictable. The ability to undertake face to face CEI activities, and/or to facilitate meaningful engagement with key stakeholders including local policy makers, will continue to be determined by restrictions on social interaction and the diversion of key resources and influencers to support the COVID-19 effort. Projects with activity delivered within healthcare settings remain highly likely to experience disruption, dependent upon both local COVID-19 epidemiology and the impacts on the resource availability and capacity of the local systems. At the time of compiling this report, award holders had

made significant effort to develop online and remote mechanisms to progress various aspects of their project. Thus ensuring that progress toward the overall objectives can continue during this difficult time. However, it is impossible to shift every project activity to an online setting and therefore further disruption and delay cannot be ruled out. CCF DPOCs will continue to work with award holders to understand the issues affecting immediate, short term milestones and deliverables and the longer term aims and objectives of the projects. Moreover, CCF DPOCs will endeavour to share insights with RIGHT award holders and other NIHR coordinating centres to support a consistent approach to management of GHR awards during the ongoing pandemic.

7.5 Any other comments/feedback/issues to flag to NIHR/DHSC?

- This could include any suggestions on anything the delivery partner could do to improve its support for award holders, or on anything that DHSC could do to better support the delivery partner.

The following have been identified as areas where increased support from CCF to award holders would be beneficial. These reflect a mixture of award holder suggestions and CCF observation of current gaps in practice and /or support provision.

(a) Training in grantsmanship and guidance in other languages to increase diversity of applications from non-English speaking leads.

(b) Increased provision for project teams on creating and using a "theory of change" once funding has been allocated, rather than just at the initial application stage.

(c) Additional support and/or training materials to support award holders to build capacity for research and financial management for downstream partners.

(d) Further support and guidance for award holders on Safeguarding. Especially in relation to NIHR expectations for safeguarding policies and behaviours in overseas settings where local law and culture may differ to the NIHR safeguarding policy.

(e) Provision of additional opportunity for meetings between award holders to foster shared learning and support.

(f) As CCF review our monitoring and reporting approaches in the coming months, we expect to identify requirements for refining templates and guidance, or opportunities for providing additional support to award holders about report content and communication of activities to NIHR.

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