Department of Health & Social Care

Research and Innovation for Global Health Transformation [RIGHT] Call 1, Annual Review 2020-2021

NIHR Global Health Research Portfolio

Published April 2023

Contents

Clearance checklist....3

1. DHSC summary and overview 5

2. Summary of aims and activities....8

3. Outputs and outcomes 20
   - High quality policy/practice relevant research and innovation outputs....20
   - Informing policy, practice and individual/community behaviour in LMICs....25
   - LMIC and UK researchers trained and increased support staff capacity....29
   - LMIC institutional capacity strengthened....32
   - Equitable research partnerships and thematic networks established/strengthened 36

4. Value for money 41

5. Risk 49

6. Delivery, commercial and financial performance....53

7. Monitoring, evaluation and learning 56

Clearance checklist

	Name	Date
Annual Report sections completed by (within delivery partner organisation)		May-Sept 22
Annual report read and annual review sections completed by (DHSC) with input from transparency sub-team		Oct 22-Feb 23
Annual review shared and signed off by (within delivery partner organisation)		27-02-2023
Annual review signed off by (DHSC)		24-03-2023
SRO sign off for publication		30-03-2023

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)
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
EEG	Electroencephalogram
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
NTD	Neglected Tropical Diseases
OBG	Obstetrician Gynecologist
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

This report focuses on the progress of the eight projects funded under this new scheme in the second 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)

RIGHT 1 awards started year 2 with varying delays caused by the COVID-19 global pandemic. All awards were behind on their original plans, although some had been more affected than others.

Throughout Year 2, award holders have continued to adjust their project plans to mitigate further delays. All projects now have appropriate Collaboration Agreements and most expected staff are in place. Moreover, there has been a gradual but consistent increase in the level of activity being undertaken over the reporting period. However, at the end of this second-year reporting period, the assessment of progress against milestones and deliverables across the portfolio reveals a broadly similar level of delay and disruption to that reported at the close of year one. In December 2020, milestone monitoring revealed a varied picture with awards reporting between 50% and 90% of agreed milestones and deliverables completed. In November 2021, completion rates were between 50% and 100% of the expected milestones and deliverables.

Overall, there has been a gradual improvement upon milestones that were delayed in Year 1 and research activities are steadily progressing despite initial challenges.

To be noted is that this cohort of award are particularly active in terms of Community Engagement and Involvement activities and there are also several examples of inter-award working, with development of networks and collaborations across projects.

1.3 Performance of delivery partners

NIHR have been effective in managing this programme in the second year of activity as the effects of the COVID-19 pandemic continued. NIHR uphold a strong approach to risk management and monitoring risks at the portfolio level, which are then reported on at the quarterly monitoring meetings with DHSC. NIHR have also acted upon feedback with regular engagement and refreshers for award holders, e.g., the regular delivery of IP and assurance workshops, and the development of specific documentation outlining the finance management expectations and examples of good practice for award holders.

NIHR have demonstrated clear adherence to the escalation policy when dealing with requests for changes.

Both DHSC and NIHR have worked closely to maintain flexibility to continue to support projects. In the context of these challenges, the relationship continues to work well.

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

The disruption caused by the COVID-19 pandemic and the resulting adaptations have highlighted some lessons for researchers as well as NIHR as a delivery partner. Remote delivery is not possible for all aspects of the planned RIGHT 1 awards, however, the past two years have demonstrated that much can be achieved through remote engagement

and other virtual means. Media engagement and campaigns, for example, were able to continue largely unaffected.

However, the importance of face-to-face engagement and fieldwork cannot be understated. As such, DHSC look forward to seeing how the awards progress as COVID-19 restrictions are eased, and research activities gradually resume to normal levels. NIHR and DHSC will continue to closely monitor progress and respond accordingly to facilitate timely delivery and impact.

NIHR have been proactive in identifying lessons learned throughout the reporting period using tools such as After-Action Reviews and an iterative reflection process to note any emerging requirements or changes to policy that will impact future reporting processes.

The development of the cross-centre Incident Reporting Process for raising safe-guarding concerns was also noted in this period, with this review highlighting learning from its implementation.

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

Recommendation	**Owner**	**Timeline**
Roll out and monitor IATI standard	NIHR	Ongoing
Continue to support awards as the recover from the impact of the pandemic	NIHR	Next 12 months

2. Summary of aims and activities

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. The RIGHT scheme is delivered through thematically defined funding calls. Each theme is different and 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 second full year of activity from each of the eight funded awards. **Content reflects both the NIHR management of the RIGHT scheme, and award holder delivery of activities carried out between 01 October 2020 to 30 November 2021.**

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 Higher Education Institution (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 (SHARP)	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 interdisciplinary 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 (REDRESS)	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 and Ghana.	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
NIHR200133: Evaluation and Transfer of precise diagnosis for improved outcomes of children and young adults with Epstein Barr Virus-driven lymphoma (AI REAL)	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 (ECLIPSE)	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 (PREVENT)	A UK and low- and middle-income country (LMIC) partnership that aims to examine if a simple, pragmatic, evidence-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 institutions involved in research across 13 ODA eligible countries. Figure 1 displays the partnership arrangements for each award, with the UK-based lead organisation connected via coloured lines to their overseas partners. The size of the node indicates the total funding value expected to be dispersed to each organisation. Figure 2 shows the theme of the research based on Health Research Classification System (HRCS) coding. The HRCS is a bespoke system for classifying the full spectrum of biomedical and health research, from basic to applied, across all areas of health and disease. Across the portfolio, RIGHT Call 1 funding is supporting research into three conditions associated with stigma: epilepsy, infection-related cancer, and severe stigmatising skin conditions. The projects cover 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 2: RIGHT Call 1 Research Themes in Participating ODA-eligible Beneficiary Countries

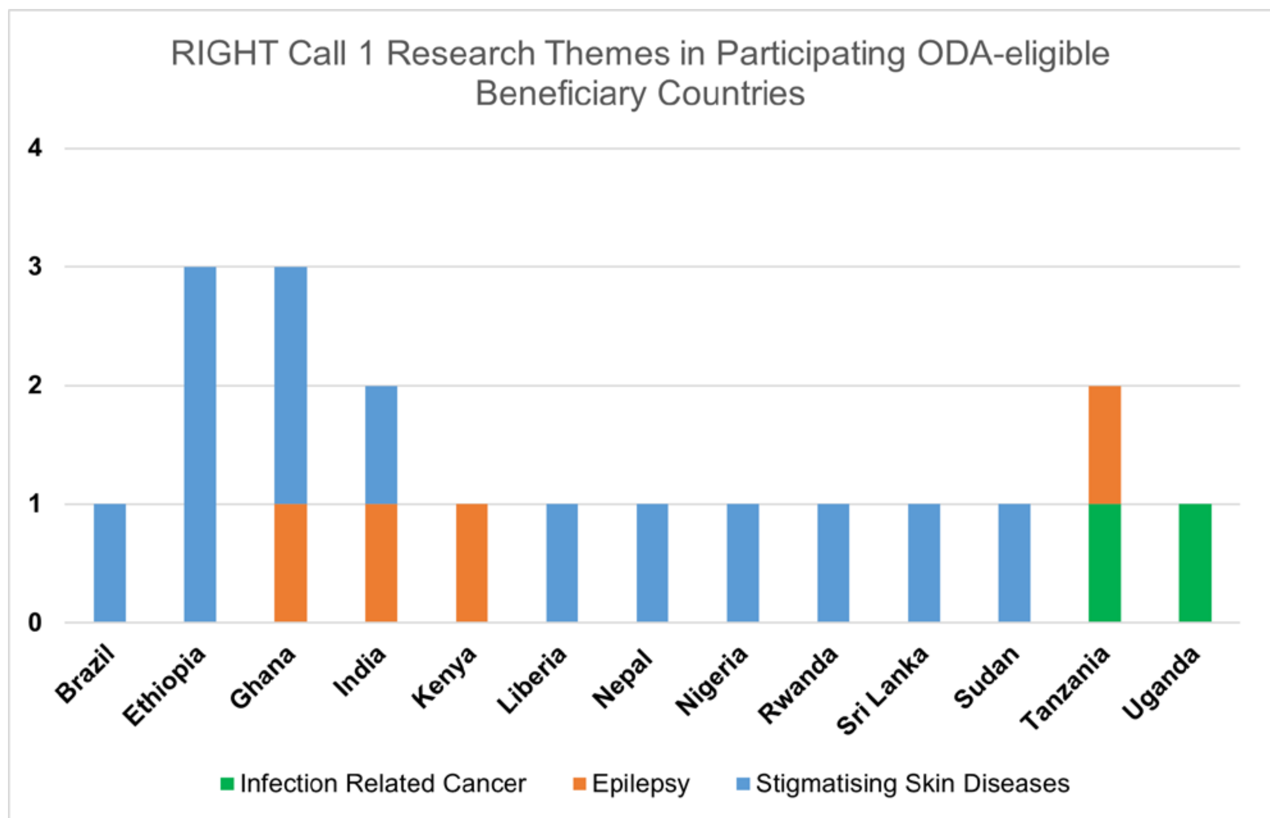
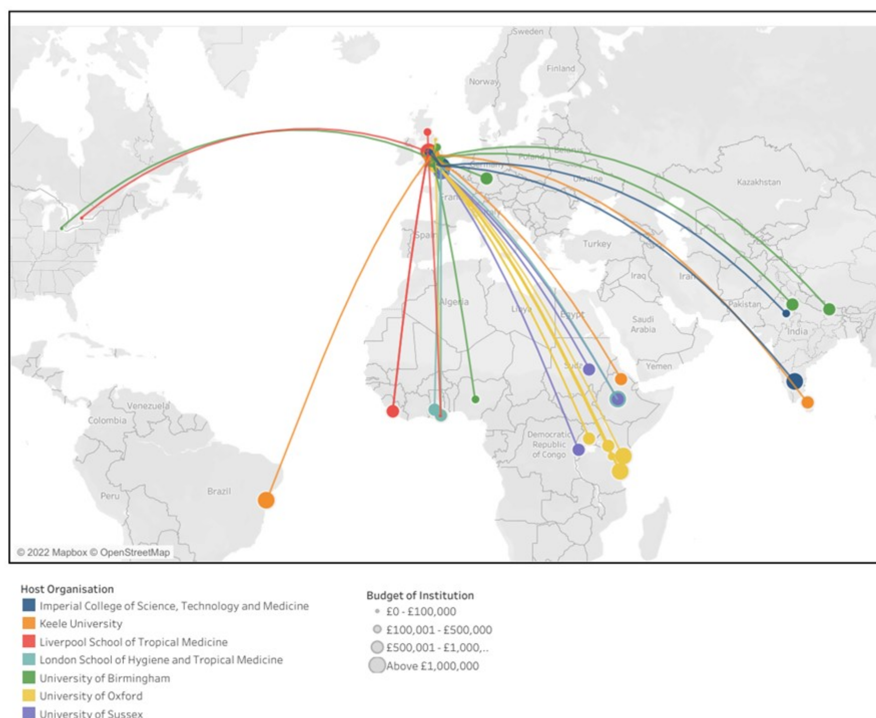


Figure 1: Map presentation of RIGHT Call 1 project participants and connections



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, along with a more detailed annual progress report (APR). 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 and their second APR covering activities undertaken between 01 October 2020 and 30 November 2021. The reports reflect activities up to the midpoint of the current contracted timeframes. During this second year of activity, the majority of agreed project milestones and deliverables have centred on the delivery of initial feasibility work in order to agree interventions, and/or the commencement of intervention evaluation activities. Five out of the eight award holders continued to report delays to outstanding milestones for staff/student recruitment, as a consequence of the ongoing pandemic.

It is evident that there has been an increase in the number and pace of activities delivered compared to the previous reporting year. However, this largely reflects award holders attempting to regain lost ground. The COVID-19 pandemic had a significant impact on delivery for RIGHT Call 1 awards, with many critical early project activities forced to pause for a significant time in 2020 and 2021. The reduced access or availability of key functions and resources lead to delays finalising collaboration arrangements between partners, and knock-on delays to staff and student recruitment. The inability to access study sites and/or work directly with on the ground staff resulted in delays to the agreement of workplans and subsequent start-up of field or clinic-based activities, originally expected in the first year of the project. Thus, as restrictions were lifted, award holders have been working at pace to deliver previously paused commitments and make up for lost time.

The pandemic and associated response measures continued to be a major disrupting factor. At the start of the reporting period (FY20/21 Q3), award holders had already incurred delays with between 50% to 10% of their previous years targets unmet. At this point restrictions were still widespread with many activities still postponed, and/or award holders beginning to consider more significant revisions to their original plans because certain activities were no longer feasible in the face of continued restrictions. Towards the end of the reporting period (FY21/22 Q2 / 3) the situation was improving with many countries making moves to lift restrictions, promoting a more optimistic outlook for delivery of certain types of activity with forecasts for increased spend and a ramp up of previously delayed initiatives. However, the emergence of the Sar2-CoV Omicron variant in FY21/22 Q3 saw a reimposition of restrictions and further uncertainty for the revised plans of award holders.

Throughout this reporting period award holders have continued to adapt elements of their work to remote or virtual formats, and/or to adjust their project plans and schedules to contain or mitigate further delays. Notably, all projects now have appropriate collaboration arrangements in place and most expected staff are in place. Moreover, there has been a

gradual but consistent increase in the level of activity being undertaken over the reporting period. However, at the end of this second-year reporting period, the assessment of progress against milestones and deliverables across the portfolio reveals a broadly similar level of delay and disruption to that reported at the close of year one. In December 2020, milestone monitoring revealed a varied picture with awards reporting between 50% and 90% of agreed milestones and deliverables completed. In November 2021 the same analysis showed **completion or achievement of between 50% and 100% of the expected milestones and deliverables**. Since a greater number of the planned activities for 2021 were contingent upon the ability to travel to undertake field-based data collection, and/or on to directly engage with key stakeholders, the fact that the overall picture has not deteriorated is a positive testament to the efforts of the award holders to contain delays and maintain progress.

As in previous years, award holders reflecting milestone completion rates at the lower end of the continuum (~50%) are those with significant field, clinic or laboratory-based activities where social interaction is a key part of the work. Restrictions in place throughout the reporting period have meant these activities could not progress to the intended schedule or in the intended format. Where award holders had already started a particular programme of work in the field or clinic or were unable to make further adaptations supporting remote delivery, the disruption has been more significant. For example, awards pursuing clinical trials have endured temporary but recurrent pauses to recruitment and other activity, The compound effect of delay upon delay means they have not been able to regain all of the previously lost time.

As well as the pandemic affecting all projects, three of the RIGHT call 1 awards are also managing volatility and uncertainty as a result of the location of their partnerships. Specifically, these awards have partnerships with organisations and individuals in Ethiopia where ongoing civil war has limited the abilities to progress work in specific regions. This has resulted in a need to postpone some activities due to issues around access and safety. Furthermore, one of these projects reported an emerging risk to activities with another partnership located in Sudan following the October-November 2021 military coup. Despite these significant contextual challenges, at the close of the reporting period, none of the affected projects had signalled an inability to continue with the immediate plans for their work.

It is notable that none of the RIGHT call 1 award holders have flagged any significant changes to the assumptions that underpin their project specific Theory of Change models. Moreover, none have suggested that their original objectives and aims are fundamentally unachievable because of pandemic or other context specific disruptions. Nevertheless, it is now apparent that despite award holders' efforts to contain delays, additional time will be required to complete the remaining work and deliver against all project objectives. Two of the eight award holders specifically stated a requirement for a no cost extension in their

APR narratives, and six of the eight have reflected this as part of quarterly reporting submissions during FY21-22.

NIHR Designated Point of Contact (DPOC) 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 - to include:

(a) Inclusion: Which vulnerable and/or at-risk groups have been identified through community engagement and mapping exercises?

(b) Participation and two-way Communication: Type and no. of community engagement and involvement activities (e.g., Community Advisory Group, meetings with community leaders or civil society groups, community theatre performances, community media activities etc) in past 12 months and no. of people involved/reached (where possible broken down by relevant vulnerable and/or at-risk sub-groups identified under 'Inclusion')

(c) Empowerment, Ownership, Adaptability and Localization: How have the projects changed as a result of community engagement and involvement and been adapted to the local context and the needs of vulnerable groups?

The COVID-19 pandemic has continued to impact the award holders' ability to conduct face-to-face activities and deliver their planned CEI activities. As noted in previous reporting, plans for RIGHT call 1 projects were developed and initiated pre-pandemic, and consequently heavily predicated on direct social interaction to both identify and then engage with relevant community stakeholders. All projects have endeavoured to progress this element of their work by adapting at least some of their planned engagements to a remote or virtual platform. At the close of this reporting period, there has been promising progress with all awards now reporting a number of activities and interactions with communities and individuals relevant to their work. Although the pandemic continues to create significant challenges, there are notable examples of award holders delivering against their original CEI plans.

Five of the eight awards were able to provide quantitative data about the number of meetings held and individuals involved. These projects have hosted between 5 and 30 individual meetings for the purposes of CEI over the course of the reporting period, targeting a variety of different community stakeholder groups. Most of these reports

provide an 'estimate' figure for the number of meetings and the reporting noted the difficulty of acquiring accurate metrics on meetings and attendance due to devolved responsibility for delivery and remote formats used for participation. Thus, the award holders and NIHR’s ability to accurately assess or compare these metrics as objective quantitative indicators for progress towards inclusion, participation and empowerment values is more challenging.

The level of disruption to planned CEI activities is also reflected in the reported expenditure for this element of each project's budget. The portfolio level cumulative reported expenditure for CEI activities across Year 1 and Year 2 is 39% of the original budget, with 61% of allocated budget for this time period still unspent. At the individual award level, reported expenditure for Year 2 CEI activities is between 0 and 72% of the expected spend. At the lower end of the range are projects that have been unable to deliver planned cost-incurring community events or have transitioned all engagements to date to a remote format, incurring minimal costs. Where projects have indicated higher CEI spend, this is because they were able to plan and deliver direct face-to-face community events and meetings in LMIC settings (mostly toward the end of the reporting period). The ability to do this is dictated by the readiness of the project team and the pandemic-related measures in place in a particular location at a particular time. Since RIGHT call 1 activity spans 13 different LMIC countries, each of which has a unique pandemic experience, there is understandable variation in reported activities across the portfolio. There is also evident variation within individual projects, i.e.: reported differences in the ability to progress CEI activities at different sites, regions and countries within each project.

In terms of inclusion and participation, year 2 reporting reflects that CEI focussed structures within projects mostly involve individuals directly or indirectly affected by the conditions addressed in this RIGHT call, for example, people with SSSDs, epilepsy or cancer, and /or their care givers. Some CEI groups are also reported to include religious and cultural leaders for the community, locally active NGOs or advocacy groups, service providers, and community-based health workers. Most award holders have identified the people with these conditions and/or their carers to be their principle, at risk, vulnerable or marginalised, target group for CEI. The vulnerability is fundamentally linked to the stigma associated with those conditions, and the deleterious effect to economic and social prosperity. Four of the eight award holders provided some further specific demographic details for these stakeholders, noting characteristics such as gender, age, class and race, the presence of comorbidities, disabilities, poverty, drug and alcohol dependency, environment, and specific geopolitical contexts to also be contributing factors to an individuals' vulnerability and overall experience of the condition. These award holders have specifically ensured that their CEI group membership and interactions facilitate the inclusion of those vulnerable groups and consider their accessibility needs.

Project specific example 1 (Identification and inclusion of vulnerable groups):-

The **ECLIPSE** project (NIHR200135) is active in three different LMIC settings Brazil, Ethiopia and Sri Lanka. Their analysis of the CL affected communities in Brazil revealed four distinct at risk or vulnerable groups: **"Black men, Caregivers, Older adults, and People with comorbidities**". Whereas in Sri Lanka "**Young people, Older adults, Poverty stricken daily wedge workers (local terminology), and disabled persons**" were determined to have specific vulnerabilities. Representatives from these groups have been included in the projects community advisory groups (CAGs) and are active in various project meetings specifically tailored to the local context. The CAG members act as ambassadors for the ECLIPSE programme within their respective communities.

The **REDRESS** project (NIHR200129) identified people affected by SSSDs, people affected by other stigmatising conditions (eg: Ebola, mental illness and physical disability) and informal providers as important community stakeholders with particular vulnerabilities. The approach taken by the team has ensured that representatives from these potentially marginalised communities have a meaningful role in the project with access to and potential to influence senior decision makers. In relation to the informal providers group the team provided the following reflections:

"While perhaps not a vulnerable group, informal providers (traditional healers and faith healers) often have unheard voices, despite the critical role which they play in supporting people affected by SSSDs. They described often feeling unable to engage with more formal health actors, despite a desire for greater collaboration….

….Informal providers have been included in a range of ways, including involvement with participatory approaches during the formative phase including vignettes, photovoice research. They have also been involved with presenting their insights during dissemination meetings carried out at county and national level".

From the five awards that reported figures for attendance at CEI related events, the reported attendance per meeting ranges from 3 to 1000 individuals, with a median average of 30 persons per meeting. The size and format of meetings varies per project with cumulative totals indicating between 250 to 1,500 recorded individual meeting attendances per project. Larger meetings are more usually remote or virtual type events.

Most of the reported meetings are initial awareness raising and sensitisation meetings, informing communities about the work of the project and outlining the expectations and mechanisms for their continued involvement. There is also evidence that these are not one-off events, with specific groups reconvened or contacted through other means to ensure regular updates on project status to the community, or opportunities for ongoing

dialogue with researchers. Reports also reflect meaningful two-way dialogue, with the meetings being used to obtain insight into patient and community needs and the local culture and systems that define their experience. The input from the community-based stakeholders is being used to inform research direction and decision-making in a number of projects, as shown by examples below. In addition to the specific events and meetings some award holders have indicated WhatsApp groups, interactive discussion forums on websites and social media platforms like Twitter as mechanisms used to facilitate ongoing contribution of community-based stakeholders to the project. Award holders are also sharing their experiences and approaches to CEI through project and subject specific social media channels, via blogs and video stories, and specific focus publications.

Project specific example 2: sharing good practice in CEI

The **REDRESS** project (NIHR200129) has worked hard to ensure that people affected by severe stigmatising skin diseases (SSSD) are integral to all their research activities, with every key phase of the study adopting a person-centred approach that prioritises active and meaningful involvement of patients and communities. Within each county, community health workers and persons affected by SSSDs act as 'peer-researchers' within data collection teams. The team have produced a thoughtful video featuring two community healthcare workers who reflect on their participation as peer researchers working with the affected community.

Similarly, to showcase good practice for CEI in global health, NIHR has worked cooperatively with **project NIHR200132** to elicit and publish a blog from Jayarshee P Kunju, outlining her experiences of involvement in research and the value of including people with lived experience in research decision making. The article is called "My journey from leprosy patient to supporting communities and shaping research"

Award holders have also reported specific mass media community outreach campaigns designed to raise awareness of their research and/or the conditions and issues they are tackling. Broadcast radio messaging is valuable tool for conveying messaging to a broad mix of stakeholders, raising awareness and potentially sparking interest in engaging with the projects. Radio broadcasts from **AI-REAL** (NIHR200133) and **EPinA** (NIHR200134) are estimated to have reached over a million people in each of the areas where the projects are active and have already had potential impacts on the projects' delivery and direction, with increased rates of recruitment to the studies observed after the commencement of the campaigns.

There are also emerging examples of context relevant adaptation or localisation, and mechanisms supporting local ownership and empowerment.

Project specific example 3: Adaption, Localisation, and Empowerment

The **ECLIPSE** (NIHR200135) team have an overarching principle to ensure meaningful inclusion and empowerment remain central to their actions. This is embodied in their Community Advisory Group (CAG)s' motto of

"no research about us, without us"

The ECLIPSE team have also made considerable effort to tailor their approach to the different and changing contexts in which they operate: -

"The ethos of our engagement in Brazil is informed by Ubuntu principles that have roots in African philosophy and uphold the cultivation of values such as collaboration, respect, tolerance, empathy and unity. Our plans for the initial CAG meetings in Brazil were disrupted by pandemic restrictions. Following discussion with community members, we decided to move our engagement activities online since most residents had internet access".

Recognising that the remote platform for engagement may be sub-optimal, the team then engaged artists to use innovative creative practices to promote connectivity between CAG members. These included a co-production of short videos to which both CAG members and the research team contributed by creating a short clip, filming the world just outside their window accompanied by a brief reflection. The co-production process for the video was noted to be crucial in laying the foundations of the relationship between the researchers and CAG members and creating the desired sense of ownership within the community. This *ad verbatim* from quote CAG members demonstrates the impact of this approach:-

"ECLIPSE is different from all the projects here (O ECLIPSE é diferente de todos os projetos que passaram por aqui). You do not have an attitude of superiority. For the first time, we felt we were really participating. Not just giving our opinion but acting. [...] When we saw the result of the videos we made with the [ECLIPSE] arts group, we felt powerful (nos sentimos poderosas). It was the result of our work. We realized that we were able to make that beautiful thing. We often feel tired of fighting alone, without the support of government officials. Now we feel we can count on you. (Community health worker, Brazil)"

In Sri Lanka, online engagement with community members during the pandemic was determined to be unfeasible, primarily due to poor internet access and low digital literacy in the participating villages. Instead, when physical meetings were possible the Sri Lankan CAG meetings took the shape of an open discussion. Again, the reporting demonstrates context relevant adaptation and localisation.

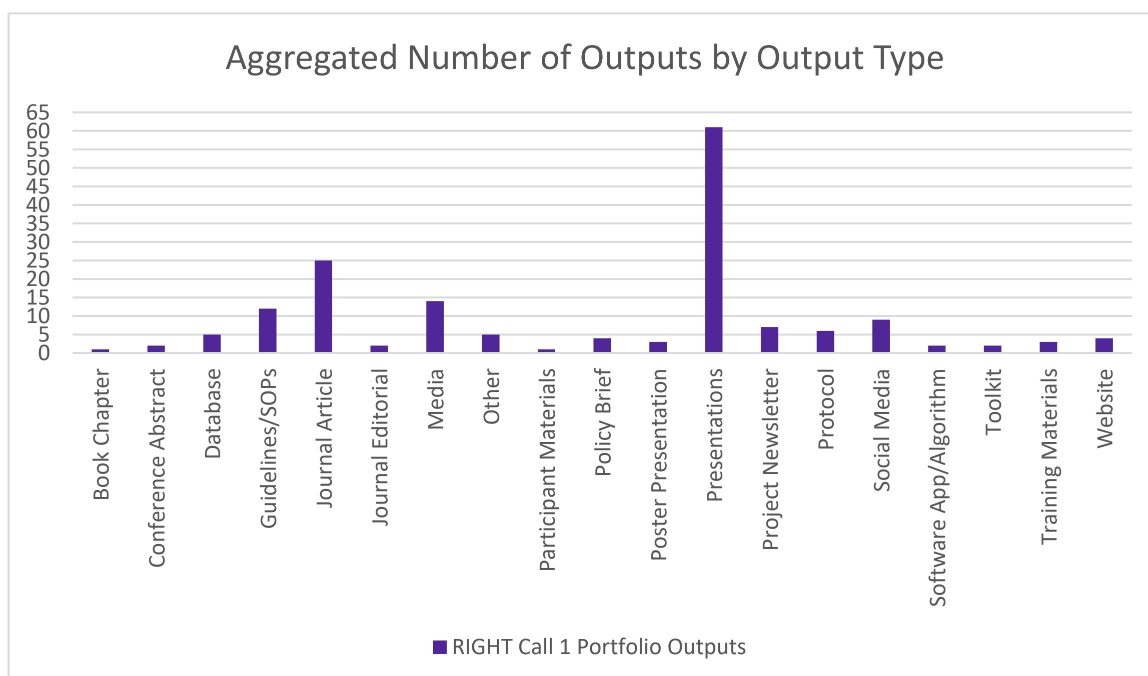
> *“Following local customs, meetings informally start with refreshments and sharing food. CAG meetings commence with a Buddhist ritual of laying a white cloth on the priest’s chair, which symbolize purity and is an expression of respect. Religious observances are then led by a Buddhist priest, who is a CAG member, which formally signals the start of the CAG meeting. Participatory methods are employed as a way to facilitate team building and collaborative knowledge production. For instance, CAG members collectively drew large maps of their villages highlighting where they seek health care and localities significant in relation to CL”*

3. Outputs and outcomes

High quality policy/practice relevant research and innovation outputs

3.1 Aggregated number of outputs by output type. Note that we are interested in a broad range of outputs (e.g. assay/cell line/antibody/biomarker, book chapter, whole book, checklists/scales, Cochrane review, conference abstract, conference poster, database, diagnostic test, feature article, guidelines/SOPs, journal abstract, journal article, journal editorial, media, medical device, other, patent licensed, participant materials, policy brief, presentation, press release, project newsletter (self-generated), protocol, questionnaire, service delivery model, service innovation, social media, software/algorithm, therapeutic product, toolkits, training materials etc).

Figure 3: Aggregate number of outputs generated in year 2



This reporting period has seen a significant increase in the generation of research outputs, as defined in the NIHR research outputs and publications guidance. Since 2019/2020 reporting period, the total number of outputs has increased from 97 to 168 reflecting the fact that projects have transitioned from set-up phase to activities that generate data and tangible outputs.

Comparing year 1 and year 2 outputs, the traditional academic outputs such as peer reviewed journal articles and conference or meeting presentations have increased from five (journal articles) to 25, and from seven (presentations) to 53. The data also shows an increased number of guidelines, toolkits, SOPs and protocols, reflecting the expected progress toward finalisation of specific research plans and methodologies. A steady rate of production of training materials is also evident, indicating continued delivery of commitments to research capacity strengthening and the preparation (through training of staff and students) for delivery of project specific tasks.

All projects have an online presence, with over half having a standalone dedicated website for the project and the remainder having project specific detail embedded within project partner organisation websites. The websites provide access to many of the reported outputs.

Project specific example 4: Project specific websites

Website links

NIHR200125 SHARP https://www.lshtm.ac.uk/research/centres-projects-groups/sharp

NIHR200129: Redress https://www.redressliberia.org/

NIHR200132: https://www.birmingham.ac.uk/staff/profiles/applied-health/lilford-richard.aspx

NIHR200133 AI REAL https://www.ai-real.org/index.php/en/

NIHR200134 EPinA https://epina.web.ox.ac.uk/about-epina

NIHR200135 ECLIPSE https://www.eclipse-community.com/

NIHR200140 The 5S Foundation https://www.bsms.ac.uk/research/global-health-and-infection/nihr-5s-foundation/nihr-5s-foundation.aspx

NIHR200144 PREVENT https://www.preventstudy.org/what-is-prevent

3.2 List of 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. This list should include up to 3 outputs per award - i.e., if the programme includes 10 awards, the following table should contain up to 30 outputs.

Table 3: Award holder highlighted specific outputs generated in 2021

Award	Output title	Affiliation of Authors	Output type	DOI or weblink (where applicable)
NIHR-200129	Principles for promoting Resilient Health Systems in the Context of Covid-19. Learning from Merseyside, UK	LSTM, ULPIRE, ACTs	Policy Brief	https://www.redressliberia.org/wp-content/uploads/2021/06/Merseyside-Policy-Brief.pdf
NIHR-200129	Principles for promoting Resilient Health Systems in the Context of Covid-19. Learning from Liberia	LSTM, ULPIRE, ACTs	Policy Brief	https://www.redressliberia.org/wp-content/uploads/2021/02/Principle-Comparison-Policy-Brief-Proof-2.2-2.pdf
NIHR-200129	Quantitative Toolkit on participatory health research methods	LSTM, ULPIRE, ACTs	Toolkit	https://www.redressliberia.org/wp-content/uploads/2021/11/PHR-Toolkit-November21-Edits-Proof-1.pdf
NIHR-200134	The Epilepsy Diagnostic Companion mHealth app.	University of Oxford	App	N/A
NIHR-200134	The #KilifiEpilepsyAwareness month-long social media campaign	KEMRI-Wellcome Trust Research Programme	Social Media	N/A

NIHR-200134	Dare to Be: Angaza Kifafa (Experiences of people with epilepsy)	National Epilepsy Coordinating Committee	Media	https://www.youtube.com/watch?v=FPo46jq1qkQ
NIHR-200135	'Beyond qualitative studies: Anthropology and ethnography in public health research' at the 26th Annual Academic Sessions of Sri Lanka	College of Community Physicians, Sri Lanka	Seminar	N/A
NIHR-200135	ECLIPSE Newsletters Special Issue for International Women's Day)	Keele University	Media	https://www.eclipse-community.com/multimedia/newsletters/
NIHR-200140	Presentation at Consortium of Christian Development and Relief Associations' Health Forum	OSSREA	Presentation	N/A
NIHR-200140	Social Sciences for Severe Stigmatising Skin conditions- an NIHR funded project working toward context-appropriate interventions – PROSPER network presentation	BSMS/ OSSREA/ UoR/ MRC	Presentation	N/A
NIHR-200140	Opinion Piece: We must go beyond drugs and therapies to overcome neglected diseases	BSMS	Media	https://news.trust.org/item/20210128103812-gtemh/
NIHR-200144	Educational posters, documentaries and Reference manuals for each care bundle were developed	Imperial College London	Toolkits	N/A

Amongst the outputs noted as significant by award holders there a range of academic publications and policy briefs, training materials and toolkits. These are each reported as successful in influencing their respective target audiences and/or supporting the overall aims of the project.

There have been a number of notable media related outputs, including mass media campaigns designed to propagate specific messaging to a particular target population, and press articles about the projects. Reporting also reflects the continued generation of short films, videos and blogs on social media platforms to support awareness raising and dissemination of project specific data. These mechanisms for dissemination are noted as particularly valuable for reaching, building or maintaining networks of stakeholders in the context of the pandemic, when traditional direct outreach and face to face dissemination and data sharing have been disrupted. The mass media campaigns for projects **AI REAL**

(NIHR200133) and **EPinA** (NIHR200134) have already achieved their important outcomes or benefits for the research as exemplified in outcome examples 8 and 9 in section 3.4 of this report.

Project specific example 5: Video or short film outputs

The 5S Foundation [Project NIHR200140] produced a short film called **'Barefoot'** which presents information aimed at transforming the health and wellbeing of people affected by podoconiosis and scabies.

The EPinA team shared media reports of their work in Ghana. The film clip reviews the work of the team, and serves to raise awareness of Epilepsy and the stigma faced by people with Epilepsy "PramPram: Stigmatisation of persons with Epilepsy" Similarly, work in Kenya was showcased in a NTV news item 'Unlocking Kilifi's Epilepsy Situation' aired at the start of this reporting period in November 2020. The project team were also involved in the production of 'Dare to Be: Angaza Kifafa' , a film about the experiences of people with epilepsy.

This year's reporting also includes finalisation of specific tools or supporting technologies for the studies including the **Epilepsy Diagnostic Companion mHealth app** from the EPinA project (NIHR200134): -

Project specific example 6: New Technology solutions

"The Epilepsy Diagnostic Companion mHealth app will address the needs of people with epilepsy in LMICs, many of whom are still not diagnosed accurately. With a 91% accuracy rating, and working on 99.8% of Android devices, the diagnostic app will provide trained health care workers with an important tool to identify new cases of epilepsy and provide them with suitable guidance and medication".

3.3 Lead/senior authorship

There were 20 peer reviewed publications attributable to RIGHT funding generated in year 2, with an estimated 60% arising from a LMIC, 40% from a female author, and 15% from a female author based in an LMIC. The number of externally peer-reviewed publications produced by RIGHT call 1 award holders in year 2 has tripled since the last report, bringing the cumulative total up to 25.   The data indicates consistency in the gender balance and attribution of leadership between year 1 and year 2 reporting.

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**
Total number of peer reviewed publications	25	100%
Number of externally peer-reviewed research publications with a lead or senior author whose home institution is in an LMIC	12	48%
Number of externally peer-reviewed research publications with a female lead or senior author	8	32%
Number of externally peer-reviewed research publications with a female lead or senior author whose home institution is in an LMIC	3	12%

Although all RIGHT call 1 awards are contracted with UK based HEIs, the underlying expectations for the RIGHT scheme include a requirement for the award holder 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 project's approach to equity. Including the validated peer reviewed publications, there were a total of 168 recognised outputs in this reporting year, of which 58 (34.5%) are credited solely to UK-based lead HEI or HEI-based institutions, 57 (34%) outputs were solely linked to an LMIC, while 51 (30%) outputs were reflected as co-owned between UK-based lead HEIs and LMICs.

Informing policy, practice and individual/community behaviour in LMICs

3.4 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 e.g., participating in meetings with policy makers/practitioners/community; research cited in policy debates, policy

documentation, legislation, clinical guidelines, health professional education material, patient advocacy publications, media citations.

For each outcome, please indicate:

- which stakeholder group has been engaged with/influenced (i.e. policymakers, practitioners and/or community-level)
- which level the engagement and/or influence has occurred at (i.e., sub-national, national, international level)

Evidence of theme-specific policy, practice or community behaviour outcomes vary across the RIGHT 1 portfolio. It remains too early in the delivery phase to expect quantifiable evidence of policy or practice changes that can be directly attributed to the actions of RIGHT award holders and their collaborators. Moreover, due to the long-term nature of research derived impact it is likely that most anticipated impacts will only be visible once a full analysis within the post-award period has been undertaken.

Most award holders have reiterated that is remains too early to expect measurable outcomes for their work at this point in the project lifecycle. However, there is evidence throughout reporting of structures and relationships that enable engagement with stakeholders deemed critical to the overall success and future sustainability of any successful project derived interventions. All eight awards have reported the establishment of a project steering board which is a mandatory requirement for NIHR GHR programmes. These boards meet at least annually to oversee strategic direction. Many of these include the direct involvement of contextually relevant policy and practice specialists or officials as part of their membership (see examples below).

In addition, as noted elsewhere in this report (sections 2.1 and 3.1) all eight awards have reported CEI-focussed structures, events and outputs that target relevant officials and influential stakeholders. Many of these address a significant unmet need by providing a novel direct link or opportunity for dialogue between individuals directly impacted by the conditions of the call theme, and the healthcare professionals and /or senior influencers or decision makers for the respective health and care systems. Moreover, reporting from this period demonstrates promising early signs of emerging impacts and outcomes associated with increased awareness of conditions at both community and decision maker levels.

Project specific example 7 (outcomes): Increased awareness

The **5S Foundation** Rwanda team [Project NIHR200140] held a public engagement event which had both physical and virtual attendance. The event was attended by notable guests such as officials from the Ministry of Health (MoH), Vice Chancellor of the University of Rwanda, local government officials, representatives from NGOs and the media.

The outcome of the event was increased media coverage, with the work being referenced on Radio Kinyarwanda and covered in articles in Kigali Today (KTPress) in both local language and English. The articles talk about podoconiosis in Rwanda, noting the contribution of this 'new' funding and highlighting the intentions of the 5-S Foundation to use social sciences to end stigma around podoconosis and other NTDs in society. This national level event exemplifies how the project has established a strong network of interested and engaged stakeholders by facilitating multi-sectoral collaboration and decentralisation of the community and local leadership engagement.

Project specific example 8 (outcomes): Increased awareness

The community outreach and awareness raising campaigns of the **EPinA** team (NIHR200134) were picked up by local TV networks in the articles “PramPram: Stigmatisation of persons with Epilepsy”, and 'Unlocking Kilifi's Epilepsy Situation'. Thus, successfully raising the profile of the research project and amplifying the messaging that aims to reduce stigma and encourage dialogue with the community. The project also reported radio features on epilepsy broadcasted to an estimated audience of nearly 1 million listeners in the Kilifi County area in Kenya.

"The #KilifiEpilepsyAwareness social media campaign uses Facebook, Instagram, Twitter, and local radio stations in Kenya to maintain a continuous discussion about epilepsy with the general public to destigmatise the condition, and in turn improve outcomes of people with epilepsy ".

Project specific example 9 (outcomes): Increased awareness

In the **AI REAL** project (NIHR200133) the potential contribution of their media campaign in relation to patient outcomes is significant, with the team having noted a significant increase in referrals for cancer diagnosis amongst populations in Tanzania and Uganda.

The KCMC team conducted a Prev A Camp (Prevention and awareness campaign) event attended by over 500 people. The event aimed to educate the population about cancer diseases in Hai District (Kilimanjaro Region) and included sessions on childhood cancer and lymphoma, and early symptoms. The messaging was creatively reinforced by a cancer focussed pop song “Usiogope Saratani” (Don't fear cancer), and radio spot messages translated into local languages. Over a period of six months this initiative is reported to have reached a target audience of over five million people in the region, and to have contributed to a three-fold increase in the number of patient referrals

“Collectively our cancer awareness campaigns especially radio spot campaigns in Lacor and KCMC regions have reached a target audience of over 5 million people. The result is increased patient numbers, which supports early diagnosis and better outcomes. The

President of Tanzania lauded the efforts to educate the population on cancer awareness during her speech on the 50th anniversary of KCMC."

Project specific example 10 (outcomes): Positioning for future sustainability

REDRESS project continues to ensure extensive direct involvement of Liberian Ministry of Health (MoH) systems, for work addressing service delivery for those affected by SSSDs.

"Workshops during the reporting period included a two-day clinical flow workshop, three-day mental health workshop, a three-day tool validation and budget planning exercises. These workshops have led to the development of a number of different tools, guides and resources, which are now being converted to form the intervention manual for use by providers at community, mid-level facility level and by supervisors across the health system. By working with members of Ministry of Health across divisions and with other relevant NGO actors the REDRESS intervention is integrating into the existing MoH referral pathways, adapting tools and approaches (where these exist) and developing new tools which integrate, rather than creating parallel tools and structures "

Project specific example 11 (outcomes): Increased understanding of the patient experience

The **PREVENT** project (NIHR200144) aims to prevent epilepsy caused by neonatal encephalopathy in India by implementation of a pragmatic intrapartum care bundle. A key component of the approach is the seeking to empower the parents and educate health care professionals to drive more respectful care. As part of this approach audio-visual aids including interactive posters and videos have been developed to improve the awareness of health care providers, mothers, and families about the importance of birth companions, their rights, roles, and responsibilities, emphasising the importance of respectful maternity care. Educational 'Dignity' games have also been piloted among health care professionals leading to improved knowledge and awareness about the experiences of the parents and establishing the requirements for respectful maternity care.

Project specific example 12 (outcomes): Access to services

Participation in the **AI-REAL** (NIHR200133) study has provided an opportunity for patients suffering economic hardship. They have had a greater opportunity to access to advanced molecular diagnostics, and radiologic studies (CT scans) as well as treatment with monoclonal antibodies.

As noted elsewhere in the report, the pandemic continues to play in a role in the ability of award holders to carry out their work and deliver expected outcomes. Some award holders noted that securing meetings with policy officials involved in related health issues was

difficult, partly due to capacity issues and priority being given to COVID-19 response. Conversely, some award holders noted an unexpected benefit to the necessity of virtual engagement forums, as this enabled wider involvement and enhanced accessibility at a time where travel and face-to-face communication has been limited. Where meetings have been held online, award holders have sometimes been able to extend the invitations to more members of the team than would have been possible in a face-to-face format.

LMIC and UK researchers trained and increased support staff capacity

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

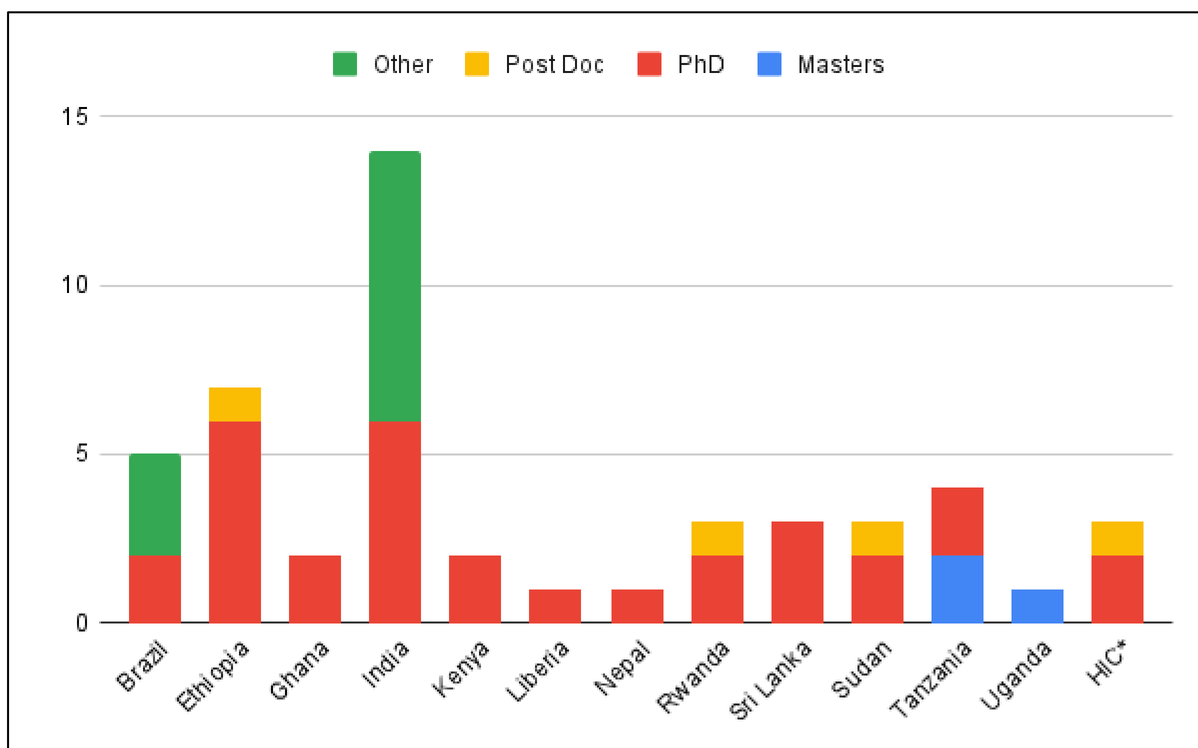
The NIHR Academy defines trainees as individuals undertaking formal training/career development awards that are competitive, include a training plan, have a defined end point and who are in receipt of at least 25% NIHR award funding. A breakdown of the number and type of higher degrees undertaken by NIHR Academy Trainees from RIGHT call 1 awards is shown in Table 5 (see below). The RIGHT call 1 portfolio is currently supporting a total of 49 trainees that meet the agreed criteria for GHR NIHR Academy membership across 12 LMICs and 3 HICs.

Table 5: Summary of individual capacity strengthening / trainees supported by RIGHT call 1 project funding

Training level	Total number who are currently undertaking or have completed during the award period	% LMIC nationality	% Female
MSc	3	100%	100%
PhD	31	93%	48%
Postdoc	4	75%	25%
Other	11	100%	64%

A summary of the types and location of the trainees is provided in Figure 4.

Figure 4: The location and training type for current NIHR Academy members supported in the RIGHT call 1 portfolio



NIHR RIGHT funding is designed to support LMIC-based student fees and stipends. However, two RIGHT Call 1 projects have secured matched funding from the UK institutions that is used to support project funded HIC-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.

There has been an increase in the overall number of trainees within the RIGHT call 1 portfolio over the course of the reporting period, with additional Masters level students, and five further Ph.D. students being supported by the project. There are also 11 individuals reflected in reporting as 'other'. These include individuals within the **PREVENT** (NIHR200144) project, who are undertaking a specifically created programmes of professional training (fellowships) related to the work.

Project specific example 13: Bespoke fellowships for RIGHT project staff

The **"Intrapartum Foetal Monitoring Fellowship for Nurses",** is a one-year fellowship that provides an opportunity for nurses to learn in-depth about intrapartum foetal monitoring. Training is both theoretical and hands-on and they are supervised by site PREVENT study site research Assistants, OBG (Obstestrician/Gynecology) Coordinators, and Clinical Research Fellows in Obstetrics.

The "**Neonatal EEG Clinical Research Fellowship for EEG (**electroencephalogram)**Technicians**" is a 2-year fellowship aimed at providing neurophysiology technicians with the opportunity to advance both clinically and academically in the area of neonatal EEG. Training is led by the award's principal investigator Prof Sudhin Thayyil and collaborating partner Dr Ronit Pressler, with support from the Neonatal Neurology Clinical Research Fellows at each site.

The project newsletters include a number of articles about individual trainees associated with the programme and their professional development histories.

During the reporting year, RIGHT awardees have also actively engaged with NIHR Academy initiatives. The **PREVENT** (NIHR200144) project was able to secure SPARC (Short Placement Award for Research Collaboration) and PTTA (Presentation and Training Travel Award) funding as additional support for their research fellows. The **5-S Foundation** won first prize in the NIHR GHR 2021 Training Forum event for their poster *"What works to keep a project running in a pandemic?"*, and all projects have identified training leads or individuals with responsibility for training in specific contexts.

Project specific example 14: Maximising the opportunities and benefits of training for LMIC project participants

The **AI REAL** (NIHR200133) project manager from Muhimbili National Hospital was selected as the study's NIHR training lead. Her ongoing contribution to the project has been instrumental in discussions regarding research capacity strengthening and effecting research leadership in LMICs, in addition to being able to reflect and inspire early career researchers about her experiences as both a leader and female in research.

"She presented to other trainers about north-south dynamics and participated in a panel discussion on research capacity strengthening in LMICs. She led a breakout session for the NIHR training on effective research leadership in Africa… and is now a member of the NIHR's Task and Finish Group to take forward issues raised during the forum while preparing recommendations and proposed solutions for Strengthening Research Capacity in Leadership."

LMIC institutional capacity strengthened

3.6 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. For example, this might include (but is not limited to):

- Funding support staff and staff training (that has not already been covered in 3.5)
- Helping to generate sustainable support for locally initiated and led efforts
- Facilitating integration of locally driven initiatives into broader national programmes
- Integrating product development as part of larger health systems strengthening work

Over the course of the reporting period funding from RIGHT Call 1 contributed to the employment of 190 individuals across 15 countries. An estimated 79% of the project supported FTE resource is in LMIC countries which is subsequently contributing to LMIC institutional capacity.

Over the course of Year 2, there were a total of 229 specific training and capacity building activities were carried out across the portfolio. This included specific training for the NIHR Academy member staff within the project teams, and trainings for other research and support staff that did not meet the definition for Academy membership. For research focussed staff these included training courses, workshops or seminars to teach individuals generic transferable research skills. Five of the eight awards reported delivery of training aimed at developing qualitative research skills, four provided specific training on academic /scientific writing, and four mentioned trainings specific to data management, including work to prepare team members for data collection using the REDCap database system. All projects also reported providing training in the specific skills and practices directly relevant to the research project delivery, aimed at enhancing the skills of both researcher and supporting services staff members.

Few events involving all project participants in one location took place in this reporting period. Continued pandemic restrictions meant that many of the training events continued to be provided remotely or in a hybrid format, with some attendees physically co-located whilst others joined via virtual online platforms. Nevertheless, over 50% of the reported courses included at least an element of face-to-face interaction with a proportion of the participants physically present in the same location. Reporting reflects training to be a mix

of training provisioned directly via in-house expertise within projects, and specific courses provided by an external provider.

Project specific example 15 (Individual Capacity Strengthening): In house training for project specific skills

There were a significant number of trainings reflected in RIGHT call 1 year 2 reporting, including, but not limited to, the following examples:

Project **SHARP** (NIHR200125) provided training to Community Based Surveillance Volunteers (CBSVs) in effective community engagement, case identification and proper referral systems to build capacity in clinical suspicion of skin diseases of interest to the trial.

Project **PREVENT** (NIHR200144) have ensured the various trainees in their programme have weekly opportunities to meet and discuss MRI, EEG and neonatology. The sessions are held online and chaired by senior experts from the project team. They provide an opportunity for the trainees to discuss the MRI and EEG data from cases recruited to PREVENT and improve research skills and knowledge in neonatology.

Similarly, the **AI-REAL** project (NIHR200133) provides weekly online meetings and sub-group specific meetings and trainings on selected study protocols and procedures e.g., DNA SOPS, Pathology SOPs, Bioinformatics and genome data analysis. These are attended by over 20 individuals and build local expertise and capacity for DNA diagnostics.

The **ECLIPSE** (NIHR200135) team have devised 25 academic courses delivered to ECLIPSE early career researchers during this reporting period. The majority were aimed at supporting individual knowledge gain in project relevant social science and anthropology concepts such as 'Syndemics: structural and biosocial factors in health' and 'Stigma in Global Health' and 'Adapting CEI and qualitative research during the COVID-19 pandemic.'.

These examples not only support individual researcher or support staff capacity development but are also expected to contribute to the local host institution's capacity for research and/or services or systems.

The outputs from RIGHT project derived training initiatives are becoming more widely available in the public domain, and thus provide an opportunity for the training to be accessed and used by other researchers and organisations. There are also notable examples of RIGHT researchers collaborating and disseminating findings from capacity development activities, to maximise the benefits from their endeavours.

Project specific example 16 (capacity strengthening): Sharing good practice and expanding capacity development opportunities

The **REDRESS** team (NIHR200129) use a technique called Photovoice in their research. Photovoice is a visual research methodology that puts cameras into the participants' hands to help them to document, reflect upon, and communicate issues of concern. In addition to training members of their own team they conducted photovoice training for the 5-S Foundation, the NTD PROSPER network, and PhD colleagues.

"The event gave research fellows the opportunity to plan and deliver training, build networks across the Skin NTD community. It also allowed other Skin NTD groups to learn from the experience of the research fellows in the field of photovoice."

This team have also contributed methodological case studies from REDRESS to co-develop a toolkit on participatory health research methods with other health systems research consortia. This toolkit has been shared widely and has been well received and used to support teaching in different contexts. It contains practical examples and distils learning from our REDRESS research activities including photovoice, vignettes and steppingstones. Methods can be selected and applied by researchers aiming to maximise inclusion, participation, and the achievement of more equitable research partnerships.

Across the portfolio there is evidence of award holders tailoring their capacity strengthening offer, for both the individual researcher trainees within their awards and at the institutional (local) level following feedback from stakeholder engagement exercises as outlined in section 2.1.

Project specific example 17 (Individual Capacity Strengthening): Tailoring the capacity strengthening offer

Within the **REDRESS** project (NIHR200129) research staff were supported to create individual professional development plans (PDPs). Doing this enabled common areas for capacity strengthening to be identified and subsequent capacity building activities tailored to meet those needs. For example

"*Building paper writing skills was identified as a research capacity gap; therefore, a two-day academic writing workshop was organised with mentoring for research fellows provided by assigned mentees "*

The **5-S foundation** (NIHR200140) adapted a workshop on Medical Anthropology for their Public Engagement Officers (PEOs). This was a shorter version of a workshop previously delivered to the PhD students and Post-Doctoral Research Fellows (PDRFs) and served to provide an orientation about the fundamental concepts of medical anthropology as well as the objectives of 5S foundation. Training for the PEOs also included a short course run by

project partner IDS, called "Shaping policy with evidence". The report notes the purpose of the trainings to be:

"*To equip them with the concepts, skills and competencies required to operate effectively at the interface between policy and research. To enable them to design achievable plans to produce, review and communicate research and to enhance their capacity to deliver rigorous compelling evidence-based policy offers*".

There are two notable examples of RIGHT award holder contribution to institutional capacity development.

Project specific example 18: (Institutional Capacity building)

AI REAL (NIHR200133) has contributed to establishment of the first clinical trial unit in Tanzania. To do this the UK team delivered 1:1 virtual training on the requirements for setting up a clinical trial unit, sharing materials and guidance on regulatory and quality assurance issues and other key documents concerning risk management. The new Unit will enable international researchers to engage with a single point-of-contact to conduct high-quality health research in Tanzania that is entirely African-led and delivered.

“The Clinical Trial Unit independently delivered and certified the training of a new site for the study (Bugando) and is on-boarding them (arranging ethical approval, study paperwork due diligence etc.). With the CI’s support, they have succeeded in being selected as a Centre responsible for delivering a pan-African Covid Vaccine Effectiveness Study, to start in 2022.”

Project specific example 19: (Institutional Capacity building

The **EPInA** team [Project NIHR200134] have trained over 120 Kenyan and Ghanaian health care specialists in the epilepsy module of the mental health Global Action Plan guidelines set out by the WHO. These trained healthcare workers are now able to provide a support service that was non-existent for people with epilepsy prior to EPInA training activities.

“These trainees can now independently manage people with epilepsy, be able to prescribe anti-seizure medication for people with epilepsy and refer patients to neurologists".

Table 6: Aggregated distribution of support staff (collected for the purposes of understanding how wider research support responsibilities are divided between LMIC and HIC institutions)

	Total number of FTE support staff (research managers, finance, admin, community engagement practitioners, other) in post during the last 12 months - note that this may not be a whole number depending on institutional employment policies*
Employed in LMICs	30.75 (81%)
Employed in HICs	7.05 (19%)

*e.g., if an institution employs 5 support staff, of which 3 work full time for 12 months, 1 works full time but leaves after 6 months, and 1 works 1 day/week for 12 months, the total reported would be: 3 + (1*0.5) + 0.2 = 3.7 FTE

The figures in the table represent a minor increase in research support staff resource across the portfolio. There has been an increase of 0.50 (1.3%) the total number of FTE support staff employed in LMICs during the last 12 months.

Equitable research partnerships and thematic networks established/strengthened

3.7 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). This may include:

- Outline of how delivery partner seeks to encourage equitable research partnerships/thematic networks
- Any examples of innovative practice of managing equitable partnerships at the award level throughout the research life cycle?
- Any evidence across awards of thematic networks being established or strengthened?

The second APR submissions report that projects all now have established thematic networks that support on-going project activities and equitable delivery. Reports included

reflection of an ongoing collaborative approach to intervention design and a clear emphasis on meaningful inclusion of staff from partner countries across multiple areas. LMIC participants are noted to have significant roles in some of the established governance structures. In particular, LMIC leadership in capacity strengthening was well reflected in the reports with five of the projects mentioning LMIC owned processes for recruitment and training of Ph.D. students, and /or the provision of joint supervision from both UK and partner institutions.

There are some notable examples of Good Practice for equity in collaborative research within the portfolio.

Project specific example 20 (Equitable partnerships): Underpinning value frameworks

The **REDRESS** project [NIHR200129] has a clearly defined value framework established in year 1 which works to facilitate equitable management of the award. There are seven core values, each of which emphasise and prioritise equitable partnerships. These are summarised as:

Value 1: Collaboratively Agreeing our Research Agendas.

Value 2: Promoting Mutual Learning and Enhancing Capacities to Produce Relevant Research.

Value 3: Maximise the Sharing of Networks, Pooling of Metrics and Outputs. In this area the project team have created clear publication and output guidelines that prioritise equity, junior researchers and LMIC partners.

Value 4: Equitable Decision Making. In this area the team use their established governance structures to ensure that priorities of all partners are respected and considered. Each of the meetings showcased in the reporting include representation from research and programme management leadership roles across the partnership. The project's research fellows have also been proactively included to facilitate the promotion of junior leadership within project management structures and to support the formation of a strong and coordinated cohort of REDRESS fellows. Intervention pathway meetings and participatory workshops are used to ensure a wide range of research and community-based stakeholders are involved in decision-making regarding research direction.

Value 5: Feedback and Accountability with Public Partners.

Value 6: Transparency, trust and respect: Here the team noted:-

" Communication structures that focus on understanding and appreciating one another and the expertise we bring to the consortium and aligning our individual motivations with the shared vision and values of the project "

and the development of shared policies and plans for data management, risk mitigation and a shared set of safeguarding principles, monitoring and reporting processes.

Value 7: 'Fair Use and Distribution of Resources.

Other projects have provided examples of devolution of responsibility for specific elements of the work across their partnerships

Project specific example 21 (Equitable partnerships): Local ownership and south-south collaboration

The **EPinA** team (NIHR200134) have reflected on the value of facilitating engagement between the WHO and the collaborator researchers to promote local ownership and sustainable engagement surrounding the implementation of the mental health Global Action Plan (mhGAP).

“The schedule of work and the roles/responsibilities are discussed with [our] collaborating PIs who take ownership therefore, of the schedule and the decision-making when the work starts. Of special note, are the remote meetings held in partnership with the WHO to implement the mhGAP epilepsy diagnosis application training of health care workers with [our] collaborators in Ghana and Kenya. These calls were organised by [our] collaborating PIs directly with the WHO which has created a strong network of research, where the WHO directly shares equally with [our] collaborators in their expertise in training capacity"

Project **ECLIPSE** [NIHR200135] has reiterated the importance of local team ownership by providing all Country Leads/Co-Leads with the responsibility for the recruitment, line management and development of members in their respective country teams. This prevents a UK-led top-down approach and ensures the experience and expertise of team members in each country is properly understood and utilised to guide that country's ECLIPSE activities.

"Such local team ownership is paramount to ensure equitable research and to successfully deliver ECLIPSE. As a general rule, we encourage communication/discussion around topics to take place first within each country team, rather than immediately with the UK-based leads/researchers."

AI-REAL (NIHR200133) is creating a strong partnership between the study sites:-.

"We are encouraging peer-to-peer exchange and SOUTH- SOUTH learning e.g., asking MUHAS laboratory staff to train the CPHL staff. We have signed data sharing agreements between sites so that patient samples and data may be shared. Exchange of laboratory knowledge, in particular, between MNH and KCMC has contributed to better reflection on the data and laboratory methods".

There are also many examples of thematic networks and connections arising from the RIGHT call 1 portfolio.

Since its establishment in the first year of activity, **the PROSPER network**: comprised of five RIGHT Call 1 awards focused on addressing SSSDs, have continued with their objective to encourage information sharing and provide peer to peer support in delivery. There have been five PROSPER meetings since inception, and there are examples discussed elsewhere in this report of the network supporting capacity strengthening and knowledge sharing across the portfolio. NIHR programme managers have been invited to these meetings which provide a valuable opportunity to better understand cross-cutting thematic issues and highlight emerging requirements for support or intervention.

There has also been cross-project engagement reported between the two epilepsy-focussed RIGHT projects, **EPInA** [NIHR200134] and **PREVENT** [NIHR200144]. Initial meetings have resulted in the establishment of an ideas-sharing platform thus creating new connectivity or networks for the researchers in each project. The EPinA team reported that these wider engagements have led to the development of new partnerships with key institutions in India, Bangladesh and Nepal which aim to work towards strengthening South-South collaborations and enhance local leadership in epilepsy.

Researchers in the **PREVENT** project are also known to be collaborators in the NIHR funded Global Health Research Unit on the prevention and management of stillbirths and neonatal deaths in Sub-Saharan Africa and South Asia (NIHR132027). Similarly, the **5-S Foundation** team are also involved with the NIHR Global Health Research Unit on Neglected Tropical Diseases at Brighton and Sussex Medical School, via participation in the original project (Ref- 16/136/29) and follow-on Phase 2 award (NIHR131996).

3.8 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

Project specific example 22: Secondary outcomes and benefits

The UK based principal investigator for **Project NIHR200132** presented details of their research at the UK Government All Party Parliamentary Group (APPG) on Malaria and NTDs. The UK based principal investigator was part of the Panel that guided the discussion. The webinar explored the vital role of British-backed science in the fight against malaria and NTDs and provided an opportunity for the team to emphasise the importance of continued long-term investment by the UK government. It also provided an opportunity for award holders to share key learnings from South-South engagements and facilitate further discussion around LMIC-developed initiatives that could inform approaches in the UK.

There were no further additional activities or outcomes reflected for this reporting period.

4. Value for money

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

4.1 Economy - how are you (the delivery partner) ensuring that funding is being spent on the best value inputs? This may, for example, include contractual requirements, spot checks and audits to ensure that any equipment or supplies of the required standard are being purchased at competitive rates.

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 conduct several assurance assessments to monitor award expenditure. This starts with very thorough due diligence for the lead award holder (the contractor) ahead of contract issue. NIHR further expects the contractors to conduct due diligence on all downstream partners (subcontractors) and report back. Due diligence includes review of the contractor's key policies such as procurement, travel and subsistence, HR, finance, and staff salaries. This review includes value for money considerations.

Any contracted organisations may also be selected as part of the NIHR Annual Funding Review (AFR) process and assurance visits. AFR focuses on governance arrangements, financial controls, finance management, finance systems, and compliance and risk management. Six of the eight contractor organisations involved in RIGHT call 1 have been assessed via the AFR process within the last five years (between 2017 and 2021). AFR feedback to the contractors supports them to put in place policies and practices that comply with NIHR finance expectations and demonstrate VfM in their expenditure.

The quarterly reporting system is intended to support timely monitoring and awareness of project specific expenditure. The QSTOX templates were updated during the reporting period to include a requirement for providing Lists of Transactions (LOT) each quarter. Examining LOTs enables NIHR Finance to provide further assurance that award holders' spend is in line with expectations and eligibility criteria. The initial request sought LOT information from the start of the project to the close of FY21/22 Q2. Some of the award holders struggled to comply with the deadlines for this initial request, noting the volume of data and differences in formats and practices across all partners as contributing factors. NIHR Finance colleagues worked with award holders to review LOT submissions, providing feedback on content and outlining any concerns and actions required as appropriate. LOT will now be a permanent feature of QSTOX reporting and NIHR, and NIHR Finance have created a LOT receipt log to help track submissions from award holders. Although this represents an increase in the amount of detail required each quarter

it should save time and burden in the longer term. LOT has always been a mandatory requirement at project close, and this initial experience confirms that award holders consider it preferrable to collect and collate data each quarter rather than providing a single larger return covering a greater time span.

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? This may include measures adopted to speed up the R&D process and/or knowledge translation, facilitating partnership and network development to support joint activities and minimise duplication.

NIHR have incorporated specific initiatives into the RIGHT application process designed to maximise the outputs from funded awards. However, at this stage in the life of RIGHT call 1 awards, when the programmes are only halfway through their intended delivery phase, it is too early to accurately assess the efficiency of conversion of inputs (funding) into outputs, outcomes and impacts (results).

NIHR have delivered and/or contributed to cross-NIHR activities and initiatives to support knowledge translation, facilitate partnerships and network development and minimise duplication across the NIHR. As part of continued commitment to raising standards of compliance and assurance the cross-NIHR IP team, supported by NIHR staff, ran a workshop in March 2021 supporting award holders to understand IP and assurance issues and expectations. The UK-based contractor organisations for all active RIGHT awards (including this RIGHT call 1 portfolio) were invited to send appropriate project management and research staff to this event. Similarly, NIHR worked with NIHR Academy colleagues to ensure RIGHT participants were aware of opportunities for additional funding and support, via SPARC and PTTA schemes, and attendance at the GHR Training Forum events 2021.

During the reporting period, NIHR staff also helped develop public facing advisory materials including the NIHR GHR Safeguarding Policy, and a document outlining Financial Management Expectations for award holders. These documents were published on the NIHR website in October 2021 towards the end of the reporting period.

Between June 2020 to September 2021, the NIHR CEI team developed a three-part CEI learning series in conjunction with the Institute of Development Studies (IDS) on meaningful, ethical and inclusive considerations of community engagement and involvement. The series provided information about NIHR's approach to CEI and examples of best practice in CEI. RIGHT award holders were invited to participate in these events. Resources and guidance documents were produced outlining meaningful, ethical, and inclusive means to CEI practitioners in the field and offering theoretical and practical guidance to researchers. The resources, which included a podcast on 'what does

it mean to take a 'leave no one behind' approach to community engagement and involvement in global health research?, is a collective reflection on what the practitioners have learned in practice when seeking to meaningfully engage groups and individuals who experience multiple and intersecting forms of marginalisation and vulnerability. All key resources were shared with RIGHT award holders via links to the NIHR Website as a means of effective and efficient dissemination of support.

Similarly, NIHR invited experienced **ECLIPSE** (NIHR200135) investigators to provide insightful reflections on their CEI approach during an NIHR Global Health Research workshop, for Centres stage 2 applicants. The workshop aimed to support applicants to develop meaningful CEI plans and reflects C's continued efforts to share learning from good practice examples of existing award holders.

4.3 Effectiveness - how are you (the delivery partner) assessing that the outputs deliver the intended outcomes? This may include a summary of your impact evaluation approach.

The quarterly reporting system is intended to support timely awareness of project specific delays and issues, thereby improving the efficiency of NIHR 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. Award holders are contractually obligated to complete an APR.

In 2020, NIHR 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, to contextualise progress for each individual project. APR reports provide relevant data and evidence to inform our assessment of the award holder's progress toward intended impacts. The data from award holder APR reports is analysed and synthesised (along with information from the quarterly reports) to generate this Annual portfolio level review. In June 2021, the APR template was revised following an after-action review looking at the returns from the first round of RIGHT call 1 APRs (see section 7 for further detail). Modifications were made to question format and guidance notes with the intention of improving the clarity of the questions for award holders, and to encourage the reporting of key quantitative data for specific questions. The intention was to create a more efficient and effective template, therein

reducing the burden of reporting for the award holder, and the efficiency of review and synthesis by the NIHR monitoring team.

Award holders are encouraged to reflect progress and effectiveness in their annual reports in terms of their theory of change, reflecting their status against their self-defined targets or metrics for outputs, outcomes and impacts. Reporting from award holders at the close of year 2 indicates that despite the disruption of the pandemic, the underlying assumptions of each project's theory of change remain valid. Moreover, as evidence of effective delivery, projects have been able to report potentially impactful outputs. As evidenced in section 3.1 and 3.2 of this review, RIGHT call 1 award holders have generated 168 outputs in the last reporting year. Many of these are being systematically and effectively disseminated to key target groups to ensure that the message is directly (and rapidly) received by those empowered to act on it. Also, within this report there are examples of early outcomes from ongoing activities, evidence of productive thematic networks, and emerging evidence of south-south collaborations arising from the projects and becoming productive.

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. This may include, for example, how equality and diversity considerations are factored into the application process and assessment, research team composition and ways of working, and how this is monitored.

As part of the commissioning/assessment process for RIGHT awards, NIHR consider gender, nationality and geographical in composing the Funding Committee and selecting 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. All Stage 2 funding applications are assessed by the funding committee (including CEI specialists and /or people with lived experience) for evidence of how marginalised/vulnerable communities have been involved in shaping the research proposal.

The RIGHT APR template requires 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. Of the eight individual projects in RIGHT call 1, 50% are directly led by a female principal investigator. Current reporting indicates that 46% of the total FTE resource associated with this portfolio identifies as female. Reporting does not currently require award holders to provide details of any disabilities or other protected characteristics of those staff and students supported by RIGHT funding. However, over the course of the RIGHT programme NIHR has put in place systems and processes to support meaningful CEI, and our routine monitoring processes ensure that we are able to assess

inclusivity within awards. The APR template collects data about the nature of communities involved, engaged and /or impacted by the research. Reporting shows that RIGHT call 1 projects have put in place structures that actively engage with people with lived experience of the conditions covered in the call. Some award holders have gone further and noted additional characteristics associated with age, gender and ethnicity that affect vulnerability. These people are recognised to suffer stigma and marginalisation as a result of their condition, and meaningful inclusion is a key facet of the RIGHT approach to equity. Over the course of 2021 the NIHR team have also developed or delivered guidance materials to support award holders with this aspect of their research (see comments in section 4.2 above). To supplement the passive dissemination of guidance materials, the RIGHT project monitoring approaches facilitate supportive dialog between NIHR DPOCs and project teams to promote messaging around equity expectations and share appropriately anonymised examples of good practice.

Together, the APR data and quarterly engagement between NIHR DPOC and award holders helps 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? This may be assessed as part of the application review (sample selection, community engagement and involvement, ethical reviews, accessibility of research outputs to intended beneficiaries) and may form part of ongoing monitoring.

During assessment of RIGHT applications, two members of the NIHR 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. These elements of delivery are subsequently monitored during programme delivery through established progress reporting processes.

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 engagement, inclusion and empowerment of marginalised and vulnerable groups is tracked throughout lifetime of the award as part regular reporting and monitoring processes.

As noted elsewhere in this report, during this reporting period the NIHR CEI team partnered with the Institute of Development Studies (IDS) to develop support tools for

award holders to ensure their research provides benefits to vulnerable groups. (links to the materials are provided in Section 4.2). As well as inviting RIGHT call 1 award holders to participate in the NIHR-IDS co-led events and sharing the resulting resources, the NIHR based SPOCs and CEI team have also offered on-going trouble-shooting type support to all RIGHT award holders throughout the reporting period. They have supported award holders by answering CEI related queries, sharing ideas for best practice, and signposting to relevant resources.

4.5 List of any additional research and infrastructure grants 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)**

Two of the eight projects reporting additional funding secured by their LMIC partners, related to the work of the RIGHT programme. Funding secured by Muhimbili University Hospital is a valuable outcome reflecting the achievements of the **AI- REAL** (NIHR200133) investigators in developing and operationalising a sequencing capability and clinical trials unit in Tanzania (See project specific example 16).

Table 7: Additional funding secured by LMIC based project partners during the reporting period

RIGHT Project Reference	Organisation receiving funding	Funding Source	Funding Committed	Title or reference details for funded award
NIHR200125	Kumasi Centre for Collaborative Research in Tropical Medicine	World Health Organisation	GHS 290,000 ($50,000)	WHO reference: 2021/1126815-0 Implemented active case finding in Ga West District (Ghana) to enhance case finding toward the clinical trial (July 2021- December 2021)
NIHR200133	Muhimbili University of Health and Allied Sciences	International Workshop on Chronic Lymphocytic Leukaemia (iwCLL)	USD $150,000	A Global Health Outreach Pilot: iwCLL Partnership with Muhimbili University of Allied Sciences (MUHAS) to improve outcomes of patients with chronic lymphocytic leukaemia in sub-Saharan Africa
NIHR200133	Muhimbili University of Health and Allied Sciences & Muhimbili National Hospital	Coalition for Epidemic Preparedness Innovations	GBP £1,200,000.	A COVID19 vaccine efficacy study and DNA sequencing survey
NIHR200133	Muhimbili University of Health and Allied Sciences	Illumina Corporate Social Responsibility Fund	GBP £500,000 in-kind donations	Accelerating diagnosis of children and adults with blood cancer

Additionally, a total of £8,234,233 has been acquired by lead contracting or HEI-based institutions, related to the work of the RIGHT programme. Across the portfolio five of the eight award holders have reported obtaining further funding for research targeted at ODA eligible LMIC development issues and project specific themes.

5. Risk

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

Note that a 'risk' is an uncertain event or condition that could impact on an award achieving its objectives - this is distinct from an 'issue' which is an event or condition that has already occurred and impacted on award objectives. Risks can be operational, scientific, technical, organisational, managerial or financial and summarise the strategies to manage and mitigate these risks.

Table 8**. Most Significant Risks**

Risk	How is the risk being managed/mitigated?	Current status
Disruption of project delivery due to the global COVID-19 pandemic including the recruitment and maintenance of staff	NIHR 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. 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. .
Deterioration of local LMIC political and/or security situation affecting region prevents delivery	NIHR generates project level risk assessments ahead of contracting, utilising information from publicly available sources. These assessments are reviewed quarterly. Intelligence from news and situational reports is also taken into account, as well as the award holders reporting on risk identification, mitigation and management, and escalation. NIHR 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).	ACTIVE (High Risk) All RIGHT Call 1 projects are delivering work in places with some degree of volatility. More specifically, 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. Additionally, one project has flagged ongoing instability in Sudan.
Supply chain and procurement issues affecting	Award holders' procurement and risk management policies are checked during due diligence assessments. Any	ACTIVE (Medium Risk)

ability to deliver as planned	identified risks are reflected in NIHR-risk registers and monitored accordingly. Operationally, this is the award holder's risk to manage. NIHR monitor through standard quarterly reporting and escalate where necessary. Quarterly reporting from award holders provides regular assessment of whether award specific deliverables are at risk. Changes to programme may be required where risk is realised for delivery critical equipment. .	
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 NIHR's expectation on exchange rates to award holders.	ACTIVE (Medium Risk)

5.2 Committed funding for the reporting period

Table 9: Distribution of committed funds across all RIGHT Call 1 awards reporting year (01/01/2021 to 31/12/2021)

	Total committed amount (GBP) allocated to:	% of total committed amount (GBP) to all institutions:
UK/HIC institutions	12,873,555	44%
LMIC institutions	20,886,840	56%
All institutions	33,760,394	100%

5.3 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

All RIGHT Call 1 award holders are required to have Anti-Fraud, Bribery and 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. Where policies are missing or considered inadequate, the

contractor is expected to support the partner in developing appropriate policies and mitigation measures. In some cases, as a means to expedite a workable solution for the start of the project the partner agrees, to adopt the current policies of the contract via the terms of the collaboration agreement. This way, the partner is able to demonstrate compliance with project requirements and can work towards developing their own institution-specific policy in due course.

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

5.4 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.

While the NIHR Safeguarding Guidance for contractors is expected to support award holders to appropriately manage and report on safeguarding issues throughout the course of their award, NIHR staff have continued to support award holders through answering specific queries around safeguarding expectations. 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, collaboration agreements and webinars. This is particularly relevant to awards that amended their delivery partners via the substitution or addition of a new partner.

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 was one incident reported for this year,** which was reviewed as part of internal NIHR Safeguarding Processes. In turn, this led to collaborative efforts between NIHR and DHSC to develop an Incident Reporting Process to further embed Safeguarding principles into existing monitoring and reporting processes. Additionally, the development of the Incident Reporting Process has allowed for a structured and adept framework to address future incidents, drawing on key learnings from this instance to ensure that interactions between complainants and NIHR staff are efficient and constructive.

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

All award holders reiterated their commitment to minimising any negative impact on the environment. Specifically, six of the eight projects explicitly reported efforts to tackle

carbon emissions via reducing travel and increasing their use of teleconferencing. Two emphasised a transition, where appropriate, to digital data collection to assist in reducing the use of printed material. Two projects also included further detail of institution-level commitments to environmental sustainability.

Emerging or anecdotal evidence continues to reflect both advantages and disadvantages to forced adoption of digital alternatives to travel. The overall effectiveness of these digital alternatives is not yet completely understood as the effects of the pandemic-induced transition to 'virtual' on overall project outcomes has yet to be measured. However, it is unlikely that virtual/remote formats will entirely replace direct engagement moving forward due the known benefit of direct interaction, particularly in the development of influential and impactful relationships and shared ownership of issues and interventions.

Project specific example 23 (environment): organisational approaches to environment and sustainability.

The **SHARP** project (NIHR200125) highlighted the commitment of London School of Hygiene and Tropical Medicine in achieving net zero carbon emissions by 2030. This ambitious objective has meant that minimising carbon emissions and /or the impact on the environment is automatically incorporated ethos within the project. This plan examines all LSHTM's areas of work, providing a clear pathway to ensure that the necessary reductions are achieved via changes to the some of the usual ways of working, the processes and operations as well as important infrastructure upgrades.

Project NIHR200140 (**The 5 S foundation**) reported guidance on air travel for the BSMS Department of Global Health and Infection which highlights additional assurances to assist in both the project and institution’s commitment to environmental sustainability. The guidance reiterates the commitment to sustainable measures and encourages more thought around travel within the project life. As such, the guidance proposes:

“Reducing travel through the increased use of teleconferencing, only using airlines which have reduced actual emissions, and do not use ‘fuel tankering’, flying economy class rather than business class and encouraging staff to justify the need to travel with ‘three good reasons.’ If a trainee is presenting at a meeting, can they also visit a lab, meet a potential collaborator, or attend a short course? If a PI is travelling to recruitment interviews, can they also offer a seminar or meet with policy makers"

6. Delivery, commercial and financial performance

6.1 Performance of awards on delivery, commercial and financial issues

- Delivery partner to complete the finance template comparing actual expenditure by budgeted expenditure at the award/call level for the last two years – explain any variances of more than 10% in any category of expenditure below.
- The level of detail required here will depend on the nature of the funding mechanism (i.e., whether NIHR/DHSC are funding at the call or award level). If unclear, please discuss with your NIHR/DHSC lead.
- Outline any major changes that took place and/or are planned and why budgets were over or underspent. As a rule of thumb, the level of detailed explanation required should be proportionate to the level of under or overspend.

Award holders have complied with NIHR reporting requirements throughout the reporting period. Overall, award holders have provided timely quarterly QSTOX and activity reporting and the mandatory deliverables that remained outstanding at the close of year one. Agreed milestone and deliverables for each award included between 9 and 12 mandatory deliverables, including commencement notifications, due diligence related documents, project specific risk registers, project level theories of change, delivery chain risk maps and organograms, ethical approval documents, IP related documentation, and terms of reference for project steering groups or advisory boards. Delays incurred as result of the pandemic meant that at the start of this reporting period a number of these expected and critical deliverables were still outstanding. At the close of the reporting period (and/or following submission of confirmatory information in the APRs) all mandatory documentation had been delivered.

The majority of award holders have complied with all reporting requirements in this period in a proactive and timely manner. Occasional delays to report submissions were flagged early and /or easily explained by critical staffing absences brought about by the pandemic during the year. Proactive communication from the majority of award holders ensured that any reporting delays could be accommodated and managed appropriately by NIHR. Two award holders proactively sought a short extension for their Annual Report submission, which was agreed. Five of the eight awards submitted their Annual Report on or ahead of their agreed deadline. A further two were received within one week of the original deadline. Only one was over three weeks late. In relation to quality of submissions, four of the submitted reports required immediate follow up communication from NIHR DPOCs to

clarify content or provide missing input. Where the information was available it has been provided. The process of understanding award holder experience of the APR template and reviewing how NIHR DPOCs provide support for this process is ongoing.

On finances, the RIGHT call 1 portfolio spent less than their budget allocation for the reporting period, with only 68% of allocated budget used in this period. This represents an improved annual spend to that reported at the close of year 1 where only 53% of the allocated budget had been used. The increased spend rate has largely been driven by the changes in the global pandemic context for project delivery.

At the individual award level, the picture is more variable. At the close of year 2, two of the projects were reflecting the expected level of expenditure (within 10% of the expected allocation for the year), reflecting an increase in project activity as the earlier reported barriers and restrictions imposed by the pandemic were removed. However, local epidemiology and response measures vary considerable across countries and regions and health care systems. In general, all the RIGHT call 1 projects have experienced a lessening or reduction in logistical barriers to engagement and travel, but this has not yet translated into a universal increased ability to spend or pick up the pace on every aspect of delayed objectives for every project. The research community and healthcare systems in which these projects operate continue to experience unpredictable disruption and a high demand for expertise, making an immediate increase in available resource for non-emergency research activities unlikely.

At the close of the reporting period six of the eight projects were reporting a significant (>25%) underspend compared to their planned budget profiles. The extent of the reported underspend ranges from 28 to 59% for the different projects. The various effects and impacts of the pandemic continue to be the underlying driver for this underspend, with previous delays to establishment of collaboration agreements, inability to recruit project staff and inability to commence high cost-incurring field or clinical work, cited as the reasons for the lowest spending projects in this period. Nevertheless, reporting from the award holders noted the overall trajectory for the pandemic and future project activity is positive and a further increase in the ability to spend is expected in the future.

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

YES. Review of submitted LOT confirmed expenditure to be in line with the agreed budget plans.

If no, please provide details.

N/A

6.3 Transparency - this question applies to funding schemes which include transparency obligations within their contracts.

- Delivery partner to confirm whether or not International Aid Transparency Initiative (IATI) obligations have been met (please refer to 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. By the close of the reporting period, one of eight awards provided evidence of having directly submitted information to IATI, while two of the awards reported that this was in progress and expected to be completed prior to the next reporting period. A further four awards acknowledged that while the requirement was not outlined in their contract, they were supportive of any data sharing required in order to meet IATI standards.

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 request quarterly financial reporting via QSTOX (reflecting actual spend and forecasts) and a quarterly update of expected delivery activity and project risk via QM1 reports. 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.

Each RIGHT award is assigned a designated point of contact (DPOC) within NIHR; a suitably experienced programme manager responsible for monitoring the award. The DPOC monitors contractual compliance, reviews reporting submissions and change requests, coordinates input from supporting functions (Finance, CEI, Impact, Comms) within NIHR where appropriate, and provides direct timely support to the award holder. The original plans for monitoring of RIGHT awards included scheduled site visits to the UK contractor, and (on occasions) the LMIC based partner organisations. The face-to-face approach is expected to provide a more interactive and less process-driven mechanism for monitoring delivery status, risks and issues, and providing feedback on reporting. At this stage in the award life cycle, NIHR were planning to have completed should have undertaken site visits to the majority of contracted UK institutions and a proportion of the LMIC settings, for more in-depth monitoring and assurance related visits. The original intention was to coincide these monitoring visits with larger award holder led events, enabling observation-based monitoring of key elements of programme delivery and carrying out assurance related checks in the margins. However, due to the pandemic there have been limitations or restrictions on both travel and non-essential person-to-person interaction, making site visits to either UK or LMIC study teams unfeasible at this time. Instead DPOCs have had to attend virtual project meetings and introduce enhancements to routine monitoring processes such as the requirement for LOT in QSTOX to explore assurance issues.

Throughout the year, NIHR DPOCs have attended a variety of virtual or remote format project meetings including external scientific advisory groups, project or trial steering committees, project management and progress meetings. NIHR DPOC attendance has enabled them to address immediate questions or concerns around reporting and changes to delivery plans. The shift to an online engagement has been positive in that DPOCs have

been able to attend more meetings than would have been possible with face-to-face arrangements. However, this format is unable to replicate the opportunity for DPOCs to interact extensively with project team members beyond the principal investigators, contractor project managers and those leading the meetings. Neither does it provide sufficient flexibility to delve into context specific issues or matters arising and elicit a nuanced understanding of challenges faced, and /or opportunities for wider support. It is envisioned that as the pandemic resolves and face face-to to-face options become viable, a hybrid risk-based model for DPOC engagement with award holders will be adopted, with remote participation in award holder led events continuing but specific face to face attendance for monitoring and assurance visits scheduled where appropriate.

All processes that support the delivery of RIGHT calls 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 throughout the management of RIGHT awards. Notable examples of review and learning this reporting period include:

(1) **review of the RIGHT Quarterly Reporting templates to remove the requirement for output reporting.** Output reporting was initially part of both Quarterly and Annual Reporting templates. It was decided to remove output reporting from one of the templates to reduce duplicative reporting burdens. Keeping the requirement in the APR rather than the Quarterly templates was considered appropriate to maintain similarity between the APR templates used across NIHR's coordinating centres, and more compatible with the change in policy that no longer requires 30 days advance notification of publications.

(2) . **Modifications of guidance notes and question format in the APR template designed to specifically elicit specific quantitative data around key indicators.** Following submission of the APRs for the 2019/20 reporting period, NIHR programme team undertook an internal evaluation / review of the APR template. Our main review findings were:

(a) there was significant variation in the quality of submissions from different award holders

(b) the format of questions in some sections made it difficult to pull out comparable quantitative data for analysis

(c) minor changes to the template were advised.

The main outcome of this review was an updated template containing links out to guidance advising on appropriate content and restructured to specifically elicit and clarify some of the more quantitative data that was hard to extract from the year 1 reports. A similar exercise reflecting on the effectiveness of the changes will be undertaken in the coming months.

(3) **A specific small-scale project undertaken to assess whether PPDA (Partnership and Proposal Development Award) had the intended benefits for proposal and partnership development**. A questionnaire seeking specific details about PPDA processes and award holder perceptions of its value was developed and sent to all those in receipt of PPDA funding (including those that did not go on to secure funding for a full-scale award). The project was undertaken by one of the NIHR Graduate Interns to ensure appropriate independence and separation from those responsible for managing and administering the PPDA process. The project concluded in August 2021 and generated five overarching recommendations. Recommendations have been acted upon leading to refinement of the APR template to enable evidence-based reflection from the award holders on the impacts of PPDA in relation to their first year of activity.

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.

As noted in Section 7. 1, NIHR undertaken regular internal evaluation of processes for the purposes of continuous improvement. Commissioning processes are reviewed through specific After Action Reviews at the close of each funding round. Monitoring processes include quarterly reflection on the status of awards and the content of all recently received reports and documentation, enabling iterative refinement of both processes and the support available to the award holders. Eg: Following the receipt of quarterly reports (and annual reports where scheduled) the NIHR programme team and specialists in Finance, Assurance, CEI, Comms and Operations meet to discuss the report content, overall progress and risks associated with the active awards. Through these meetings we are able to reflect on any common issues with compliance to expected reporting standards and provide timely feedback to award holders or make modifications to the advice and guidelines that underpin the reporting processes.

We also use iterative reflection process to note any emerging requirements or changes to policy that may impact future reporting processes. Barriers and solutions to common challenges are discussed and agreed collectively. This continuous improvement model has ensured we are able to make timely changes to templates and streamline processes wherever possible. For example, following the first set of Annual Reports from RIGHT call 1, a NIHR internal review advised changes to the structure of some questions in the Annual Reporting template to encourage better reporting of quantitative data relating to meetings and training events. These changes were built into the templates used for RIGHT call 1 year 2 reporting (and all other RIGHT calls currently in progress). The value of the changes will be discussed in future monitoring meetings enabling proactive iteration

of subsequent reporting templates an/or generation of revised advice and support to the award holders.

The most significant worry for all award holders in year 2 was caused by uncertainty about the timelines for delivery of awards and the likelihood of extensions to contracts. The volatility of the current pandemic remains a challenge to all award holders and forecasts about the feasibility of activities can change with little to no notice. Throughout the reporting period award holders had become increasingly concerned over their ability to recoup time lost to pandemic related delays and many flagged the likelihood of a requirement for an extension to their contract. In late 2020, award holders were informed that the funder will only consider a request for a no cost extension when the award had less than 18 months contracted delivery time. Whilst this position was understood by award holders, it became increasingly difficult for those projects that involve time-dependent clinical or field activities to plan or initiate work if it was unlikely to complete by the current contracted end date. The current RIGHT monitoring processes of regular quarterly reporting has been a crucial facet in helping DPOCs determine when the time is right to act on identified issues, and to manage award holder expectations.

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?
- 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?

NIHR has continued to work with colleagues from NETSCC, and NIHR Academy to establish and update cross centre SOPs, and to share learning from Award Holder reporting. NIHR ensure colleagues at the NIHR Academy have access to the full APR submission from the award holders rather than just the specific section on Individual Capacity Strengthening to provide full context for the award holder comments. NIHR Academy colleagues are also invited to provide feedback on the report contents for the award holders.

NIHR continues to work across the coordinating centres in the GHR cross-NIHR working groups, supporting consistency of data and reporting, assurance policy implementation, and development of agreed frameworks for collating information on outcomes and impacts. Specialist function teams (CEI, Finance, IP) have also supported work in these groups and developed specific training or guidance materials this year to support award holders to understand reporting and management requirements, e.g.; through the development of the CEI-IDS learning package (see section 4.1), the regular delivery of IP and assurance workshops to introduce and refresh award holder knowledge of NIHR IP and assurance expectations, and the development of specific documentation outlining the Finance Management Expectations and examples of good practice for award holders.

Award holder reflections on lessons learned

The RIGHT APR template includes provision for award holder reflections on lessons identified and/or learned on all elements of their work. NIHR 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. It is notable that at the close of year 2 the pandemic and associated disruption still dominates the award holder reported reflections of challenges and lessons learned. Many have seen repeated interruption to planned activities and interactions over the course of the year, with clinical or community-based activities started but then suspended on more than one occasion due to rising case rates and the imposing of specific response related restrictions. This has resulted in a number of activities being transitioned to a remote or hybrid format to ensure continuity. While some have noted benefits associated with remote trainings and some forms of community engagement (mainly awareness raising type events) such as greater accessibility and attendance at meetings, most have also noted

that remote engagement is not equivalent to face-to-face. Award holders have also reflected the value of mass media type outreach campaigns in their work as delivery of such campaigns has been largely unaffected by the pandemic.

Year 2 has seen some notable award holder outputs aiming to share methods and approaches for elements of their projects. These are in the public domain and will be helpful reference materials for DPOCs in discussions and troubleshooting discussions with other award holders. In particular, outputs highlighting resolution of pandemic related issues will help support delivery and/or better manage expectations and project ambitions during this ongoing crisis.

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. The analysis of the short-term plans for their work has been complicated by the fact that many awards are now contingent on the approval of a no-cost extension from NIHR. Within the next six months, all awards will reach the point (18 months until contracted end date) at which an extension can be requested, and NIHR expect at least six of the eight projects to require an extension in order to complete all agreed activities. As part of the extension request and approval process, award holders will be asked to provide an updated schedule of milestones and deliverables outlining the activities for an extended and non-extended scenario, i.e., a key objective for this coming year is thorough review and revision of delivery plans and overall timelines. Throughout the next year, the delivery of the agreed milestones and deliverables will be tracked by the established RIGHT quarterly reporting processes, enabling timely awareness of any new 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 next annual report.

Notwithstanding any extension and reprofiling approvals, activities for RIGHT call 1 award holders during the coming year are expected to reflect a shift from identifying or developing interventions to implementation and evaluation of the interventions. This is envisaged to be a productive era for the projects with data collection and analysis expected to increase, resulting in a commensurate increase in the generation of project specific outputs from all projects. More generally, all projects will 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. The engagement with stakeholders may shift from a relationship primarily about generating ideas and buy-in for activities and plans, to one focussed on the early findings of the research and supporting local actors to take responsibility for recommendations and

actions. Capacity strengthening activities will continue and some of the shorter formal training engagements are expected to complete within the year.

COVID-19 will continue to influence award holders' ability to deliver. RIGHT call 1 projects have been successful to date at making adaptations to enable them to monitor the local situation, deliver both face to face activities and establish some remote / virtual or hybrid mechanisms, and develop and maintain the involvement of key stakeholders (including both people with lived experience and relevant decision makers). Nevertheless, the extent to which planned work may be further disrupted remains unpredictable. Plans remain at risk of being affected by restrictions on social interaction and the diversion of key resources and stakeholders to support the COVID-19 effort. During this response-recovery transition period, NIHR will continue to monitor the situation to assess the lasting impacts of the pandemic on the underlying assumptions for the NIHR GHR Theory of Change, and the ultimate likelihood of achieving the overall aims of RIGHT call 1. NIHR DPOCs will endeavour to share relevant insights with RIGHT award holders and other NIHR coordinating centres to support a consistent approach to management of GHR awards.

© Crown copyright 2018

Published to GOV.UK in pdf format only.

[Directorate/Division/Branch]

www.gov.uk/dhsc

This publication is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit nationalarchives.gov.uk/doc/open-government-licence/version/3

Where we have identified any third-party copyright information you will need to obtain permission from the copyright holders concerned.