Department of Health & Social Care

Research and Innovation for Global Health Transformation [RIGHT]

Call 3: Multimorbidity

Annual Review 1 2021/22

Published 2023

NIHR Global Health Research Portfolio

Contents

Clearance Checklist

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Table 1: Acronym and Abbreviation List

Acronym/Abbreviation	Expansion/Definition
AFR	Annual Funding Review
APR	Annual Progress Reporting
CAB(s)	Community Advisory Board(s)
CEI	Community Engagement and Involvement
CHAIN	Child Health, Agriculture and Integrated Nutrition
DAC-list countries	Countries and territories eligible to receive official development assistance
DHSC	Department of Health and Social Care
DPOC	Designated Point of Contact
DSP(s)	Down Stream Partner(s)
EAB(s)	External Advisory Board(s)
ECR(s)	Early Career Researcher(s)
FTE	Full-Time Equivalent
GHR	Global Health Research
HEI	Higher Education Institution
HIC	High-Income Country(ies)
HIV	Human Immunodeficiency Virus
HOPE-SAM	Health Outcomes, Pathogenesis and Epidemiology of Severe Acute Malnutrition
IATI	International Aid Transparency Initiative
INGO(s)	International Non-governmental Organisation(s)
LMIC	Lower Middle-Income Country
LOT	List of Transactions
MEL	Monitoring Evaluation and Learning
MLTC-M	Multiple Long-Term Conditions
NCD(s)	Noncommunicable Disease(s)
NGO(s)	Non-governmental Organisation(s)
NIHR	National Institute for Health and Care Research

ODA	Official Development Assistance
PI	Principal Investigator
PPDA	Proposal and Partnership Development Award
QSTOX	Reporting template which reflects actual spend and forecasts
RIGHT	Research and Innovation for Global Health Transformation
SAM	Severe Acute Malnutrition
SOP(s)	Standard Operating Procedure(s)
TB	Tuberculosis
UK	United Kingdom
WHO	World Health Organisation

1. DHSC summary and overview

1.1 Brief description of funding scheme

RIGHT Call 3 supports equitable partnerships between LMIC and UK researchers to generate new research knowledge and evidence on interventions to improve outcomes for those affected by multimorbidity in ODA-eligible countries.

The aims of the call are to:

-Deliver applied health research for the direct and primary benefit to the health and wealth of people living in ODA-eligible countries affected by multimorbidity

-Ensure that the research funded through this call strengthens capacity for research and knowledge exchange through development of equitable partnerships between researchers in the ODA-eligible countries and the UK

-Promote interdisciplinary approaches to working, by specifically encouraging applications necessitating expertise and activities associated with a broad range of health-science disciplines, including but not limited to: clinical, health economics, statistics, qualitative and social sciences

NIHR encouraged applications for RIGHT Call 3 that addressed research in (but not limited to) the following areas:

1. Development and evaluation of interventions and strategies for improved management of multimorbidity, including but not limited to:

- interventions to prevent stepwise progression of multimorbidity once one long-term condition or infection has been diagnosed

- interventions to improve treatment, management and care of patients with infections prevalent in LMICs that have a known association with development or exacerbation of NCD

- interventions for the treatment and prevention of the development of multimorbidity in children and young adults driven by malnutrition, multiple chronic infections and poverty

- scalable treatment and care approaches that integrate the management of multimorbidity/disease clusters associated with infection(s) and/or NCD(s)

- new treatment packages, or new models of care and community-based interventions.

2. Healthcare systems strengthening in ODA-eligible countries: research into health care system improvements for improved treatments, management and care for those affected by multimorbidity in LMICs, including capacity building in the primary care setting.

Building on learning from RIGHT Call 2 which mandated a LMIC organisation must be either a co-applicant or Joint Lead, this was the first NIHR call that mandated two Joint Lead Applicants (one from an ODA-eligible country -LMIC Joint Lead Applicant - and one from a UK institution -UK Joint Lead Applicant), with contracting via the UK lead organisation.

1.2 Performance of delivery partners

This is the third ODA-funded NIHR delivered Global Health Research theme under the RIGHT Programme, and therefore also the third call under this programme to adapt to the volatile circumstances of the COVID-19 pandemic. NIHR have been effective in managing this programme through ongoing effects of the pandemic, adaptive when needed and working closely with DHSC to maintain support to projects in the context of these challenges.

The NIHR team has continued to offer effective support to award holders to navigate continuing disruptions both from COVID-19 and local environments through setting up their projects. For example, RIGHT Call 3, like previous RIGHT Calls, was a two-stage application process with the opportunity for shortlisted Stage 1 applicants to apply for Proposal and Partnership Development Awards (PPDAs). NIHR adjusted the permitted costs for the PPDA, to enable funds to be used for virtual partnership developing activities to partially mitigate the limitations of the ongoing COVID-19 pandemic and associated restrictions on travel. NIHR also provided virtual drop-in sessions to support understanding of key reporting templates and remotely attended formal project meetings such as project steering committees.

NIHR uphold a strong approach to risk management, monitoring risks at the portfolio level which are then reported on at the quarterly monitoring meetings with DHSC. During the period a number of change requests were appropriately share with DHSC with clear recommendations in line with the Escalation Policy.

1.3 Lessons learned both on the challenges of supporting contracting and collaboration agreements and the success of the joint LMIC based lead model should be reflected in the relevant thematic After Action Reviews and activities of the NIHR working groups and shared across other GHR programmes. DHSC to summarise key recommendations/actions for the year ahead, with ownership and timelines for action

Recommendation	Owner	Timeline
Develop a programme-level theory of change for RIGHT	NIHR	Summer 2023
Feed in evidence of the success of the joint lead model in encouraging LMIC authorship into the AAR and activities of the NIHR working groups	DHSC and NIHR	Summer 2023
Consider ways in which RIGHT 3 award holders could be brought together as a cohort to share learnings (including those related to CEI) and equitable partnerships mentioned above) or in drop in sessions, similar to those implemented for key reporting templates.	NIHR	Across 2023/2024
Consider ways to support UK and LMIC partners overcome persistent delays in negotiation of contracts and collaboration agreements for future calls. Including; (i) Make more of an issue about it in commissioning phase call webinars (ii) Write a piece for the website about the delays and issues likely to be encountered (iii) Encourage the use of PPDA to explore the capability and process within all LMIC partners for contract review and signature.	NIHR	Across 2023/2024
To reiterate the requirements for collaboration agreements in all future call guidance, signposting award holders to the NIHR GHR Contract, and noting the opportunity to use PPDA funds to explore the capacity and preparedness of potential partners for reviewing and signing up to collaboration agreements	NIHR	Across 2023/2024

2. Summary of aims and activities

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

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. Although the theme of each RIGHT call is different, all calls aim to deliver applied health care research evidence and interventions in areas where targeted investment has potential to deliver transformative impact.

RIGHT Call 3 was established to generate new research knowledge and evidenced interventions to improve outcomes for those affected by multimorbidity in ODA-eligible countries. Further, the Call was also devised to provide targeted investment in support of equitable partnerships between LMIC and UK researchers.

RIGHT Call 3 was launched in October 2019. Fifty-nine (59) applications were received at Stage 1. Twenty (20) of these successfully progressed to Stage 2 and four (4) applications were ultimately awarded between £3M and £5M per award (a total of approximately £20M for the portfolio) for multidisciplinary applied research projects over four years. The funded awards commenced activity in autumn 2021. This report is the first progress report for the RIGHT Call 3 portfolio. Content reflects delivery of activities from all funded projects from their start date to June 2022.

Each project is a partnership between a UK HEI lead 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
NIHR201708 RIGHT 3: Intervention to screen and treat multimorbidity in high-risk patients.	A UK and low-and-middle-income-country (LMIC) research partnership that aims to design and test a system which identifies patients suffering from multiple diseases (multimorbidity) when they seek emergency care in hospitals in Malawi and	Tanzania Malawi

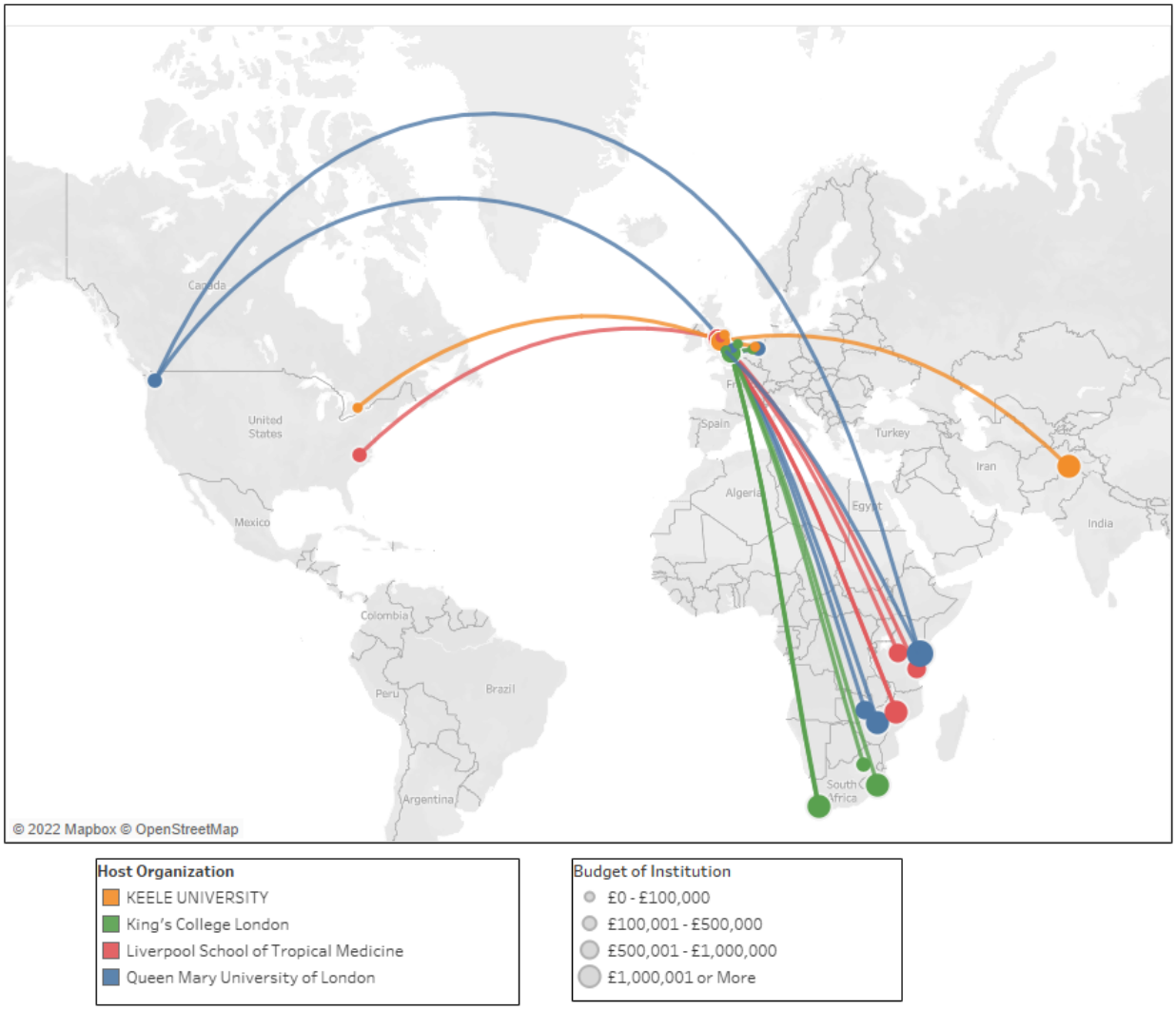
	Tanzania.	
NIHR201773 RIGHT 3: The CONTROL-Cognitive therapy for depression in tuberculosis treatment.	A UK and low-and-middle-income-country (LMIC) research partnership that aims to improve outcomes for depression and tuberculosis (TB) in Pakistan, Afghanistan, and the Afghan refugee population in Pakistan.	Pakistan
NIHR201813 RIGHT 3: Multimorbidity of HIV and severe acute malnutrition in sub-Saharan Africa	A UK and low-and-middle-income-country (LMIC) partnership that aims to improve the recovery of children with human immunodeficiency virus (HIV) infection and severe acute malnutrition (SAM) after they leave hospital by tackling underlying medical and social causes of ill-health.	Kenya Zambia Zimbabwe
NIHR201816 RIGHT 3: Integrated, person-centred approaches to multimorbidity in South African primary care	A UK and low-and-middle-income-country (LMIC) research partnership will identify the most common patterns of multiple long-term conditions (MLTC-M) in South Africa where high burdens of communicable diseases (HIV, TB, COVID-19), non-communicable diseases and mental health problems are colliding and disproportionately affecting people of working age.	South Africa UK

Within this portfolio there are currently 32 institutes involved in research across seven ODA eligible countries (Tanzania, Malawi, Pakistan, South Africa, Kenya, Zimbabwe, and Zambia). The portfolio is therefore mainly Africa-focussed, but these were the projects prioritised by the independent international funding committee.

Figure 1 displays the networks of project participants and expected distribution of project funding (as per current contracts). The four UK-based contractor organisations are connected by project-specific-coloured lines to each of the locations of institutions with which they expect to partner via this project. The size of the location point for each participant provides an indication of expected funds for that recipient over the course of the project. The project activities and anticipated benefits of the research in all four projects occurs in LMICs. All projects include collaborators within HICs including three of the projects which have a collaborator based in the USA, and the fourth which has a collaborator based in Europe.

The HIC collaborators were justified by the applicant as bringing specific expertise to the projects.

Figure 1: Map Presentation of RIGHT Call 3 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.

RIGHT award holders are expected to complete quarterly finance (QSTOX) and activity status reports on a quarterly basis, coupled with a more detailed annual progress report (APR). The content of this RIGHT Call 3 Annual Review is drawn from details provided by RIGHT Call 3 award holders in quarterly reporting updates between their project start date (ranging from September 2021 – November 2021) and from their first APR submitted in July 2022.

Across this reporting period, agreed project milestones and deliverables were centred on the establishment of project teams, formal collaborations, the development of critical project specific governance structures, and the finalisation and approval of detailed research plans.

RIGHT Call 3 proposals were developed during of the first part of the COVID-19 pandemic. Having to define research plans in the context of major disruption facilitated insight into running research activities during a period of significant upheaval. In turn, this provided further opportunity for the planning and development of mitigations that were not seen in previous RIGHT calls. The Call opened in October 2019 and closed in September 2020. The Funding Committee met virtually in February 2021 due to ongoing pandemic-related restrictions. This was the first time that a RIGHT Funding Committee had to be adapted to take into consideration ongoing impacts of the pandemic. At the time a virtual meeting was the only feasible option due to travel and social interaction restrictions in place in the UK and elsewhere. This adaptation from face-to-face to a virtual format along with the varying impacts on institutions led to a three-month extension to September 2020 (previously October 2019 to June 2020).

Three RIGHT Call 3 projects started in September 2021 and one award was rescheduled to commence in November 2021. Due to the potential for disruption and uncertainty following the Taliban coming to power in Afghanistan in late August 2021, activities originally planned for delivery in Afghanistan in project NIHR201773 were rapidly reviewed and rescoped for delivery in Pakistan. However, to ensure consistency with the original project plans, provisions were made to keep the Afghan connection in this work via involvement of Pakistan-located Afghan refugee populations and retaining specific Afghan-relevant capacity building initiatives throughout the lifetime of the project. The changes were reviewed and approved by the Funding Committee on 6 October 2021. This unexpected last-minute revision ultimately necessitated a rescheduled commencement date of 1 November 2021 for this project.

At the time of reporting, projects NIHR201708, NIHR201813 and NIHR201816 have been active for 9 months, while project NIHR201773 has been active for 7 months.

Project delivery began amidst intermittent but ongoing pandemic related restrictions and variable epidemiological contexts, and this has been reflected as challenging position to start in by all award holders. However, overall, there have been relatively limited pandemic-specific effects noted for any of the projects over their first months of activity. Moreover, delays experienced by the award holders are relatively commonplace issues in research management that can occur in the absence of a public health emergency. Whilst the pandemic is clearly a factor, it is not solely attributable for delays, as some of these delays are fundamentally associated with the time it takes research teams and their contract offices to properly develop and navigate new research partnerships. For example, an underestimation of the amount of time required to make sufficient arrangements by the UK-based award holder along with pre-existing differences in resource-levels between UK and LMIC-based research management offices is a factor in most of the recorded delays. The varied ability to secure appropriate collaboration agreements as per agreed timelines has had knock-on effects to spend profiles, due to lead organisations being unwilling to distribute funds without an appropriate legal framework (collaboration agreement) in place. Nevertheless, by the end of this reporting period, two of the awards have signed collaboration agreements in place, and one other was approved but pending signature. The other award has remained proactive in award reporting administrative delays to the dispatch of the agreements and has noted productive ongoing discussions with their institutional contracts team to resolve the issue.

In terms of delivery of research activities, the inevitable delays attributable to ongoing pandemic related disruptions have been managed well by award holders, through agile and simple rescheduling to expected milestones and deliverables. To date, there has been no indication from award holders that original objectives and/or partnerships are no longer viable, and award holders have not reported any anticipated change in the likelihood of project completion within originally agreed timeframes. Additionally, there have been no changes to programmes undertaken or reported as part of this reporting period.

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 Localisation: 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?

All NIHR-funded global health research is expected to be undertaken in collaboration with communities most likely to be affected by the relevant research themes. Such communities are expected to be the direct and primary recipients of the benefits and/or outcomes from the research. Award holders are required to plan for and engage in active and participatory Community Engagement and Involvement (CEI), including designing their CEI approaches to ensure that potentially vulnerable and marginalised stakeholders have a meaningful voice at all stages throughout the lifetime of the award.

The proposals and research concepts for RIGHT Call 3 were developed during the first year of the pandemic, with projects commencing activity in autumn 2021 despite COVID-19 related restrictions still in place. As a result, uncertainty and in some cases a lack of opportunity to directly explore the locations/contexts during proposal development as part of PPDA, was a hinderance to CEI plans. Pandemic related restrictions have limited award holders' ability to carry out the more traditional CEI activities: involving face-to-face interaction and bringing together social groups. Despite this, reporting shows that all award holders have worked towards delivering on their CEI objectives. The adoption of technology-based communication during this period has been positive in enabling interaction at a time when face-to-face contact was not possible/limited. However, this adds complexity and potential barriers for CEI when considering issues of access across vulnerable/remote communities. The challenges reflected as part of this reporting period have been commonplace throughout the RIGHT programme during the pandemic, but for RIGHT call 3 awards in particular this may have been exacerbated by discrepancies in the ability to utilise PPDA as originally intended. The RIGHT Call 3 proposals were developed during the pandemic, which allowed for better insight into prospective impacts upon milestones and

deliverables. However, the pandemic hindered award holders getting a head-start in understanding the communities and contexts in which they would ultimately have to deliver their research. Due to pandemic associated restrictions, only those award holders with existing resource in their beneficiary countries were able to make use of the PPDA to host in-country meetings and use that contextual knowledge to refine their plans for CEI.

Since starting their projects, RIGHT Call 3 award holders have successfully identified and engaged key community stakeholders, seeking their input to understand the local contexts, and to inform and enhance research designs. Project NIHR201773 provided detail of inclusion of key community stakeholders as part of their project specific governance structures. Key community stakeholders can provide invaluable insight into experiences of equity issues including those at an individual, local, national and international level. Project specific structures established to assist in the design and governance of research included three steering committees; two management boards; three district-specific committees; and the inclusion of other bodies focused on data and ethics and guidance oversight. Only two of the above structures explicitly mentioned the involvement of a person with lived experience, even though all funded applications included plans for appropriate engagement with people with lived experience. Plans included the establishment of specific community advisory boards/bodies that bring community perspective and knowledge to other bodies, including the research team. There have been no reports specifically indicating reasons for the relative lack of involvement of people with lived experience within governance structures; nor have award holders specifically noted a fundamental inability to undertake community-level engagements. However, the pandemic continues to play a role in what is achievable, and the award holders have continued to routinely make amendments to their delivery plans for certain meetings e.g., using a hybrid format (a mix of remote and in-person) of meetings in lieu of larger face-to-face interactions where public health and travel restrictions were still in place. Minor amendments made to the frequency of meetings or format (also due to accessibility requirements) were largely driven by the contribution of community members and/or patients. Any changes or delays to the establishment and/or composition of representative groups were acknowledged in reports, with ongoing/future milestones reflecting an intention to continue to work toward the original research plans. Moreover, award holders have expressed no concerns regarding their ability to adhere to original objectives surrounding community engagement and involvement during the initial stages of awards.

All award holders defined and provided detail about their target CEI populations. Specifically, project NIHR201773 includes women from rural areas in Pakistan and Afghan refugees who are already living in specific refugee camps currently residing in Pakistan. The recent socio-

political developments in Afghanistan have led to an inability to carry out many aid and development activities directly in-country. The disruption caused by the sudden withdrawal of international support infrastructures from Afghanistan is reported to have exacerbated the impact of an already high burden of disease (notably TB and depression), amongst the approximately 1.3 million Afghan refugees in Pakistan[1] The risk of treatment failure in conditions like TB and other chronic disease is pertinent due to an inability to access treatment, particularly among female refugees[2]. Therefore, the involvement of these women is significant in that they can bridge known gender disparities within the population, and facilitate the involvement of Afghan refugees, specifically to enhance inclusion of women in the study. Their involvement ensures key perspectives are represented and utilised to ensure research activities remain relevant and aligned to community identified needs.

Project NIHR201813 includes families with HIV-positive mothers and/or children, and children who have been hospitalised with severe acute malnutrition (SAM) along with their caregivers to appropriately tailor the intervention. Specifically, one intervention arm of the project involves the training of SAM champions and HIV-positive mentor mothers in Zimbabwe as intervention facilitators. These women have a wealth of varying lived experience of HIV-SAM e.g., some are mothers or caregivers whose children had been hospitalised with SAM, living with HIV, or have previous experience of being peer mentors for other women. The effect of the emotive content and sensitive nature of the subject matter has remained a priority in considering how to encourage community involvement as part of research activities.

"*We know that it is not just a case of inviting everyone…and hoping for the best, but really identifying who is saying no and what the reasons are, so that we can adjust our outreach and not involuntarily exclude certain groups."*

Project NIHR201708 highlighted patients with acute conditions and patients with NCDs/multimorbidity as their communities of focus, for intervention development and delivery. Patients with acute conditions are informing the cohort study design, while patients with NCDs/multimorbidity participate in community forums along with their care givers, leaders of peer support groups, and members of the community research advisory board. This approach serves to amplify the team's understanding of the different stakeholders' experience of multimorbidity support and care.

[1] UN HCR data for Pakistan
[2] Malik *et al*, Front Public Health. 2019; 7: 185

Project NIHR201816 has persons with physical disabilities, older persons and people living with stigmatising conditions involved in the two-project specific initiative: the Advocacy Academy and Lived Experience Group. These groups have been set up to provide a forum for capturing the perspectives of these members, not only to better understand barriers experienced because of living with multimorbidity, but also to determine what support is needed to overcome this. Specifically, the Advocacy Academy was established to support a network of peers with multimorbidity, grow empathy across condition clusters, support informal skills development in advocacy and create a platform for voicing recommendations for improved service delivery. Engagement involves quarterly workshops, reflections using a 'living diary' between workshops and co-development of an informal advocacy training programme to build capacity and skills for acting as patient advocates for MLTCs in South Africa.

Project Specific Example of Community Engagement and Input to Research Activities [1]

Project NIHR201813 has been collecting qualitative data from mothers enrolled in the associated pilot study. Their findings confirmed the benefit of having intervention facilitators with relatable experience involved in the research. Once trained, these women will be involved in delivering the psychosocial intervention in the adaptive trial, as well as being involved in advisory boards and co-design workshops. Their inclusion aims to understand key issues in the population that may affect trial enrolment, retention, and satisfaction. Additionally, the team has piloted the Tamba-SAM (psychosocial) intervention in Harare (Zimbabwe) amongst 29 families. These families have had access to a new holistic psychosocial package which introduced child play, stimulation, caregiver problem-solving and mental health via a new cadre of trained lay workers. The award holder has noted that this approach has: -:

"… led to a measurable impact among the 29 enrolled families, as captured in our qualitative and quantitative endline data, which includes significant improvements in maternal mental health, and maternal-child interaction."

Outputs and outcomes

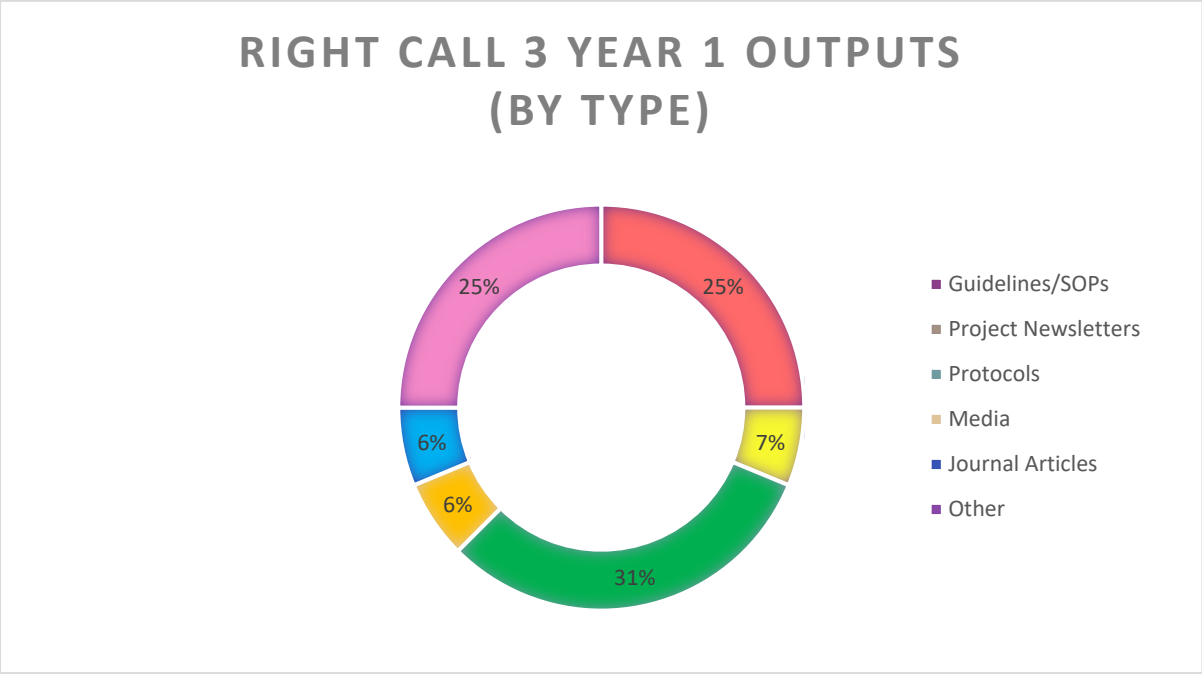
High quality policy/practice relevant research and innovation outputs

2.4 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).

As expected, results-based output generation is relatively low within the first year of any research project, including those in the RIGHT Call 3 portfolio. First year project activities are dominated by work aimed at establishing key project governance structures, recruiting key staff members and the refining of research plans. Data generation and the consequent use of that data for outputs or products does not begin in earnest until later in the project timeline. Nevertheless, award holders were able to report generation of 23 individual outputs in the first year of activity. These outputs are summarised in Figures 2 and 3.

Figure 2: Reported Outputs (by type) from the RIGHT Call 3 Portfolio (Year 1)



Of the 26 categorised outputs, 22 per cent (5) were study-related protocols, 13 per cent (3) of outputs were guidelines/SOPs devised to assist with planned focus group discussions and prospective interviews.

Despite projects being at an early stage, this intake of reports has highlighted the creation of frameworks for research activity via protocols and guidelines, documents that are integral to ensuring the progression of research activity is reflective of findings and stakeholder input.

2.5 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.

As noted in Section 2.4, a limited number of outputs were generated by award holders during this reporting period. From these outputs the award holders have noted the generation of protocols, guidelines and related SOPs to be the most significant or impactful. This is understandable as these sorts of outputs are critical enablers of research delivery.

During this reporting period, project NIHR201773 reported publishing a peer-reviewed journal article. This systematic review was developed and drafted during the proposal development period for the award, and therefore not funded directly by this award. However, the award holders noted that the publication should be associated (but not attributed) to this award as it was developed and conceived with this work in mind. Specifically, the review contributes to the understanding of evidence-based approaches to treat mental health issues among tuberculosis patients by focusing on pharmacological and low-cost non-pharmacological interventions that can be scaled up with relative ease, even in cost-constrained settings such as LMICS.

2.6 Lead/senior authorship

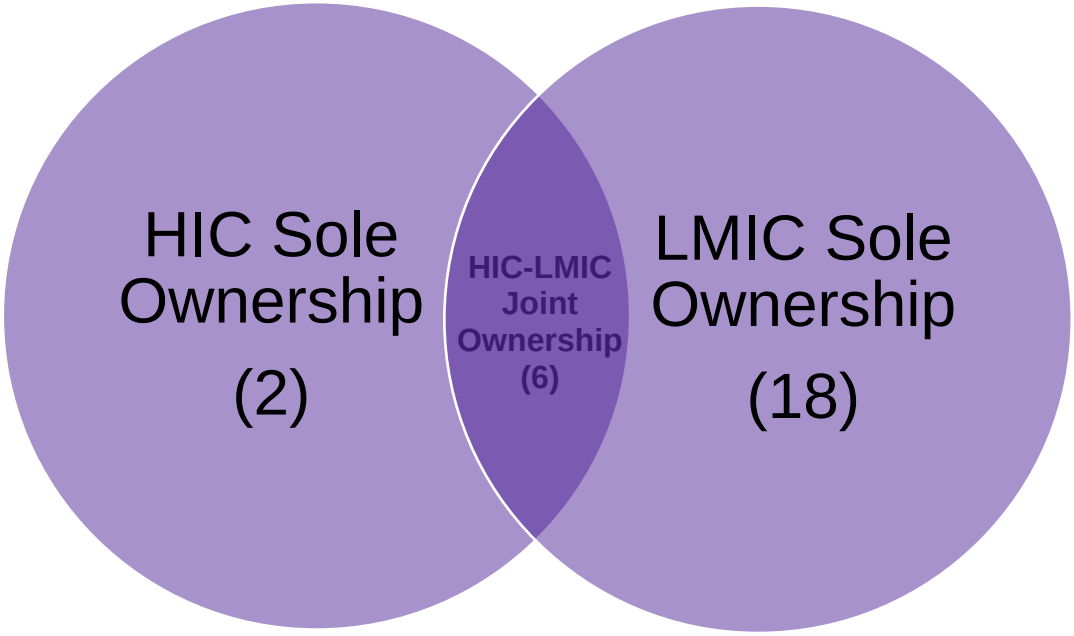
All RIGHT Call 3 awards are contractually managed by a UK based lead HEI. However, unlike previous RIGHT calls, RIGHT Call 3 was deliberately structured to mandate a joint LMIC based lead. In addition to the 69 per cent of committed funds being allocated to LMICs, a total of 39 out of 65 lead authors (60 per cent) are based in LMICs, reflecting a total of 22.47 out of 30.19 (74.43 per cent) of the total funded researcher FTE.

It is therefore expected that a similar percentage of the academic outputs would be attributable to LMIC based authors, to reflect consistency with the RIGHT requirements for

equitable partnerships. This emphasises shared responsibility and credit for dissemination of the project findings which is integral to a project's equity. During this first reporting period there have been 26 outputs arising from the RIGHT Call 3 portfolio, including one published peer reviewed academic paper.

Specifically, of the 26 reported outputs, 69 per cent of these were solely attributable to LMIC-based staff, 8 per cent indicated ownership by the UK partner organisation, while 23 per cent reflected joint ownership between the UK partner organisation and LMIC-based organisations. This is reflected in Figure 3. Regionally, 74 per cent of outputs had ownership based in Africa (South Africa, Malawi and Zimbabwe), and 4 per cent of outputs were solely attributed to affiliated partners in Pakistan. This regional variation is expected due to three out of four projects involving entities based in Africa, compared with one project with activities based in Pakistan. Evidence of a significant proportion of output ownership in LMICs suggests positive outcomes from mandating a joint lead.

Chart 1: Attribution of Reported Outputs from the RIGHT Call 3 Portfolio in Year 1



Informing policy, practice and individual/community behaviour in LMICs

2.7 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)

It is currently too early in the delivery phase to expect evidence of specific policy, practice or behavioural outcomes. Key activities in this reporting period were centred on the identification of key stakeholders including cross-level government decision-makers; academics; health professionals; health service providers and community representatives. This also included the establishment of governance structures and development of relationships key to facilitating dialogue and impact.

Structures and relationships have been established in all projects to maximise the likelihood of impact through two-way dialogue between research teams and key stakeholders. Projects NIHR201773, NIHR201813 and NIHR201816 have established external advisory groups including a cross-section of academics, senior health professionals and senior decision makers at district and national levels. External Advisory Boards (EABs) and forums are expected to provide additional independent expert advice to project leaders, and the presence of notable decision makers at a local and national level brings valuable context-specific knowledge. The EABs meet on a bi-annual basis as a minimum. Two projects have further established structures focused on bringing together ‘people with lived experience’ and policy makers (as reflected in Section 2). This is done with the objective of bridging the gap between policy officials, relevant health care professionals and communities that the research is seeking to benefit and working to influence existing and prospective policy.

Across the four projects there are 14 governance structures. Five out of 14 established governance structures include representation from local and national level policy makers, health service providers and/or practitioners. This not only emphasises the successful identification of key influencers, but also the key relationship building that research teams have been able to undertake as part of objectives to drive project impacts.

Project Specific Examples of Influencing Policy, Practice and Communities [1]

Project NIHR201816 has involved district and provincial stakeholders from KwaZulu-Natal (South Africa) in the co-development of a theory of change map. In turn, this has enhanced the capabilities of the province and district to enact similar processes in future health systems strengthening work, as well as assisting in the identification of other interventions needed to achieve overarching objectives regarding the empowerment of more self-reliant patients and communities.

Project Specific Examples of Influencing Policy, Practice and Communities [2]

Project NIHR201708 held an introductory country-specific engagement meeting with Ministries of Health (MoH) officials in both Malawi and Tanzania. In Malawi, a meeting with the Director of Non-Communicable Diseases (NCDs) focused on prevalent NCDs to be considered in the cohort study. The same was done in Tanzania with both the Tanzanian NCD Alliance and MoH representatives at regional and national levels. Not only did these meetings serve to establish working relations at the policy-level, but it has also allowed for a better understanding around how better to engage the Ministry moving forward.

LMIC and UK researchers trained and increased support staff capacity

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

RIGHT Call 3 projects have contributed to the employment of a total of 188 individuals (102.09 FTE) across 11 countries. These figures include a group of individuals that are receiving support to undertake professional training or academic programmes of study.

The NIHR Academy defines GHR Academy Members 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 per cent NIHR award funding”. As of 30 June 2022, two of the RIGHT Call 3 projects had identified eight (8) individuals that met the definition of GHR Academy Member. All these Academy members are directly employed by an LMIC partner organisation and are undertaking the main body of their study in an LMIC location. Seven (7) of these individuals are being supported to undertake Ph.D. qualifications, with the eighth (8) individual undertaking post-doctoral training in a discipline relevant to the research topic.

Table 3 (see below) presents the type of training undertaken by NIHR Academy Trainees from RIGHT Call 3 awards during Year 1, along with the primary location of Academy Members (employer location or site training activity).

Table 3: Summary of NIHR Academy Members from RIGHT Call 3 Awards

Training level	Total number who are currently undertaking or have completed during the award period	% LMIC Nationality	% Female
MSc/MA	0	0%	0%
PhD	7	86%	57%
Postdoc	1	100%	100%
Professional training for non-research support staff (e.g., research manager, finance, admin, community engagement practitioners etc)	0	0%	0%

Two of four projects are yet to recruit or appoint trainees that meet the definition for NIHR Academy Membership, however all four of the original applications indicate the intention to instil individual capacity strengthening elements across the course of the award. Where posts are filled by non-LMIC researchers, such positions are not supported by RIGHT funding. However. these are included due to their >0.25 per cent FTE allocation and participation in formally recognised training programmes. Further, it is expected that students will contribute to capacity strengthening objectives of the RIGHT programme, coupled with opportunities for peer-to-peer knowledge exchange. Based on original application forms, it is anticipated that NIHR201773 will appoint five Ph.D. students and eight Master's students, and NIHR201813 will recruit three students. However, delays to the signing of collaboration agreements have impacted the timely recruitment of students to expected posts, such that none of these projects have been able to complete student recruitment during this reporting period However, all project leaders remain optimistic that that longer-term impacts on project timelines are manageable and studentships remain a key component of project delivery ambitions.

LMIC institutional capacity strengthened

2.9 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

There are numerous activities integrated within each project plan on an institutional level that aim to build research and service capacity and capabilities in the LMIC partner organisations. All four projects in the RIGHT Call 3 portfolio reported a variety of capacity strengthening initiatives that were undertaken during Year 1 of research activity.

Altogether, 20 training events were specifically reported as capacity development activities. The majority of these events were to deliver qualitative research training, including development of skills for focus group discussions, semi-structured interviews and data management and processing. These events are examples of learning opportunities for project supported researchers. Each event provided training for between 1 and 35 individuals. In total, the number of individual learning experiences supported by RIGHT call 3 in this period was 140. The training events were undertaken in a variety of formats ranging from webinars, face to face trainings, and some cross-country learning opportunities. All these events were aimed at LMIC trainees.

Award holders also reported participation in the NIHR Global Health Research Training Forum. Feedback from this event deemed the Forum as an opportunity to inform wider training needs, while specifically providing opportunities for non-project/research team staff to benefit from knowledge and opportunities offered elsewhere within the NIHR GHR portfolio.

Project Specific Example of Institutional Capacity Strengthening Activities and Outcomes [1]

The CONTROL team (Project NIHR201773) conducted qualitative research methods training for research assistants. This was done to develop their capabilities in a cross-section of key skills integral to project delivery. The training workshop aimed to establish the

foundation elements of CONTROL's Work Package 1 around ethnography, focus group discussions and semi-structured interviews through bolstering their understanding of research ethics, qualitative research methods, qualitative research tool, qualitative data collection and data management. Research assistants were trained on participant recruitment, taking informed consent, and anticipating any related issues. The capacity development of research assistants strengthens the contribution to the award, while working to expand LMIC-based expertise.

Project Specific Example of Institutional Capacity Strengthening Activities and Outcomes [2]

The Multilink project: (NIHR201708) reported the training of all project staff on safeguarding in Malawi. This was done to empower clinical, research and administrative staff to understand their responsibilities in safeguarding and protecting communities, research participants and patients with whom the Malawi-Liverpool-Wellcome Trust Clinical Research Programme is working. This work is a positive example of individual and institutional capacity development, covering key areas of knowledge integral to undertaking research such as safeguarding.

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

All RIGHT Call 3 projects include administrative programme management and financial management support. There is a total of 84 reported support personnel (non-research staff), representing 56.86 (67.7 per cent) as FTE. Of the 56.86 FTE personnel, 53.65 (94.35 per cent) %) are based in an LMIC.

Table 4: Research Support Staff Resource supported by RIGHT Call 3 Funding

	Total number of FTE support staff (research managers, finance, admin, community engagement practitioners, other) in post during the last 12 months
Employed in LMICs	53.65
Employed in UK	2.6
Employed in other HIC	0.61

Equitable research partnerships and thematic networks established/strengthened

2.11 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
- Assessment across awards of how collaborations have been managed and UK/HIC/LMIC research partners have been equitably engaged in identifying research priorities, design/planning, implementation, analysis, and reporting and dissemination. Any examples of good practice?
- Any evidence across awards of thematic networks being established or strengthened?

Partnership requirements were strengthened following an after-action review of RIGHT Call 1 and 2, to mandate the inclusion of LMIC based researchers in leading positions within RIGHT Call 3 applications. By doing so, NIHR aims to shift the balance of power in awards to promote greater leadership from LMICs. Moreover, all RIGHT calls include a requirement for equitable partnerships. The composition (expertise, relevance and balance) of proposed partnerships is one of the selection criteria for the RIGHT calls. This helps to ensure that funded projects, even if contracted through a UK based organisation, include LMIC based researchers in meaningful roles with appropriately recognised responsibilities.

Projects within the RIGHT Call 3 portfolio feature between 11 and 15 LMIC based co-applicants (research leaders with specific expertise). This represents between 40% and 60% of the total number of named co-applicants in each individual proposal. Each application included statements of intent around equitable partnerships with emphasis placed upon the allocation of responsibility for the delivery of specific elements of research by LMIC partners. Assessment of the percentage of co-applicants based in LMICS in all RIGHT calls suggests there is no significant difference between the number of LMIC co-applicants in previous calls (and stages) and the number of co-applicants from LMICs in RIGHT Call 3 awards following the introduction of a requirement for an LMIC joint lead.

RIGHT call 3 award holders have reported establishment of forums and development of professional networks that strengthen the ownership and sustainability of multimorbidity research capacity across LMIC partners. The networks of stakeholders include community members, research staff and in some cases, policy makers which demonstrates efforts to bridge an identified gap between researchers and policymakers. As a result, this presents an opportunity which establishes the dialogue and relationships often deemed instrumental in ensuring a project's sustainability once the award has concluded. This, coupled with the inclusion of patient and/or public voices, allows for a sense of ownership by those directly or indirectly (carers, family members etc.) affected by multimorbidity, and facilitates improved community advocacy.

Project Specific Example of New Networks and Partnerships [1]

Project NIHR201708 have formed an interdisciplinary working group known as The Africa Multimorbidity Alliance. The group is currently being coordinated by the project's LMIC lead investigator, based at the Malawi-Liverpool Wellcome Trust. The group is comprised of researchers studying multi-morbidity in sub-Saharan Africa and aims to respond to growing recognition of the need for holistic, integrated and coordinated research to inform policy and practice in a fast-evolving field. Activities carried out to date include a three-day workshop conducted in Malawi, involving over 50 researchers, clinicians and policymakers representing nine African countries. The aim of the workshop was to identify recurring and cross-cutting themes which are common to a variety of projects on MLTC which are active in this region. The meetings led to the formulation of concepts for future papers and supported development of working groups integral to the delivery of this RIGHT project.

Project Specific Example of New Networks and Partnerships [2]

The CONTROL team (Project NIHR201773) presented an example of cross-award synergy via engagement with another recipient of a RIGHT Call 2 NIHR award. Both projects focus on Pakistan, with the link between the two awards centred on a shared focus on mental health. There have been four meetings between respective programme leads during the reporting period, and ongoing meetings planned every two months with the objective of aligning capacity strengthening initiatives and providing a common platform for young researchers to benefit from resources available to both programmes. In addition, this team have also initiated contact with the NIHR Global Health Research Centre for Improving Mental and Physical Health Together led by Professor Kamran Siddiqi and Professor Zainab Samad, who will join capacity strengthening and joint dissemination and policy maker engagement activities

Project Specific Example of New Networks and Partnerships [3]

The NIHR201813 project team have created a partnership between two networks of researchers in southern Africa: Health Outcomes, Pathogenesis and Epidemiology of Severe Acute Malnutrition (HOPE SAM) and eastern Africa: Child Health, Agriculture and Integrated Nutrition (CHAIN). This new partnership establishes a network of African sites for research delivery and training, enabling a more extensive portfolio of science than is possible through any sole institution while working to expand a southern cluster of malnutrition expertise. In addition to providing an opportunity for scientific discussion, there is a practical benefit to the network as access to resources such as laboratory equipment can be shared. There is also benefit in broader knowledge gained from sharing clinical trial experience across a much larger geographic area. For example, the network has compared data collection processes, allowing for the optimisation of data collection tools and compliance documents which works towards aligning or standardising common laboratory methods.

Table 5: Distribution of committed funds across all RIGHT Call 3 awards

	Total committed amount (GBP) allocated to:	% Of total committed amount to all institutions:
UK/HIC institutions	£6,018,668.00	31%
LMIC institutions	£13,291,143.00	69%
All institutions	£19,309,815.00	100%

3. Value for money

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

3.1 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.

All 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.

Assurance assessments are conducted by NIHR in order to monitor award expenditure. During the contracting process, this is conducted via thorough due diligence checks prior to issuing the contract for signature. This process includes the review of the contractor's key policies including travel and subsistence, procurement, human resources, finance, staff salaries, and assurance inclusive of safeguarding. Contractors are also expected to conduct due diligence on all downstream partners and/or subcontractors within the six months following the award commencement date.

During project delivery, quarterly reporting is intended to support the timely monitoring and awareness of project specific expenditure. Specifically, QSTOX templates include a requirement for providing Lists of Transactions (LOT) each quarter. NIHR Finance colleagues review QSTOX and LOT submissions, providing feedback to award holders on content and outlining any concerns and actions required when necessary.

In addition to routine QSTOX reporting, 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. Two out of the four contractor organisations involved in RIGHT Call 3 have been assessed via this process within the last five years (between 2018-2022). Feedback from the AFR process is given to award holders to support contractors to comply with NIHR finance expectations and demonstrate value for money in management of their award.

All RIGHT award holders are encouraged to share good practices throughout the delivery chain, to support downstream partner compliance with contractual requirements. Where

there are no or inadequate policies, downstream partners have agreed to follow the policies of UK-based contractors. This position is outlined further in the collaboration agreements which are expected to propagate the terms of NIHR funding throughout the delivery chain, including supporting the award holder to evidence value for money considerations to justify reported expenditure.

3.2 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 that are designed to maximise the outputs from funded awards. These include workshops designed to encourage award holders to plan for impact, and opportunities to apply for Proposal and Partnership Development Awards (PPDA), both of which are aimed at supporting pre-award partnership development and planning activities. The impact of PPDA has been cited by awardees as important in the initial development of relationships between key partners.

Three of the four funded projects in RIGHT Call 3 initially applied for PPDA but only two of the three were able to utilise the funding. This is primarily due to the limitations to expected PPDA activities induced by the COVID-19 pandemic. As it became apparent that overseas travel or indeed in-country travel was not going to be possible in the timeframe available for use of PPDA funding, NIHR made adjustments to the permitted costs for PPDA. Information on revised eligible costs was circulated to award holders. Specifically, award holders were permitted to repurpose PPDA funds initially intended to support travel, to purchase 4G dongles/data bundles and airtime costs for key LMIC stakeholders/applicants. This enabled co-applicants and representatives of the planned partnerships to participate in virtual meetings and workshops. However, the infrastructure and existing networks to make virtual meetings a viable proposition was not in place for two of the awards, meaning only those with existing connections were able to make use of the funding. Reflections on the value of PPDA funds during RIGHT Call 3, while positive, were therefore largely contingent upon the presence of the two award PIs being already located in an LMIC during this period due to the ongoing impact of the pandemic. Where PIs were not located in the country or region in which their research was to be set, (e.g.: PI based in the UK during the PPDA period) the scope for use of PPDA funds particularly for partnership building was significantly reduced.

With only two of the awards being able to benefit from the PPDA process, there is no evidence (despite small sample size) of this having a detrimental impact of their ability to win funding. While this sample size is too small to make a generalisable assessment, it may have had an impact on the rapidity with which these two awards were ability to commence their project. To substantiate this further, NIHR staff will continue to assess this as the RIGHT portfolio grows and more PPDA evidence is available.

Project NIHR201708 used its PPDA funding in both involved LMICs (Tanzania and Malawi) in order to undertake key stakeholder mapping and needs analyses with policymakers. In-person activities were reported as playing an important role in the identification of key stakeholders that have since been incorporated into CABs and national advisory groups. This was feasible during this period due to key staff being in both LMIC locations and no additional travel being required. Additionally, PPDA funds also allowed for community forums to be conducted with patients with NCDs, care givers, leaders of peer support groups and members of a community research advisory board. Off the back of PPDA funds, forum-based activities served as a catalyst for acquiring better insight into the experiences of multimorbidity in their homes, existing barriers, and proposals for improvement in the areas of diagnosis, treatment and care for multimorbidity in health facilities, which is expected to be part of further intervention development and implementation.

Project Specific Example of PPDA Value [1]

Project NIHR201708 undertook a needs analysis exercise, led by Dr Marlen Chawani and colleagues from the Health Economics and Policy Unit which is based at the College of Medicine, the Malawi Ministry of Health, and the Malawi-Liverpool-Wellcome Trust Clinical Research Programme. This was done to map stakeholders, review local literature and conduct available “policy lab” meetings with key policymakers including the Directorate of NCDs at the Ministry of Health in Malawi and MoH officials in Tanzania. The needs analysis has been beneficial in determining core national indicators for monitoring progress of NCDs and the status of their ongoing progress. This coupled with determining community, local and national structures for governing and managing NCD and multi-morbidity services including current NCD policies, programmes and implementation strategies is expected to better inform protocol and intervention development across the award lifetime.

Project Specific Example of PPDA Value [2]

Project NIHR201816 had intended to use funds to convene a four-day meeting of the research team, policymakers, service providers, and patient and community representatives. However due to lockdown and the protracted impact of the COVID-19 pandemic upon local health systems, this was not feasible, and efforts were recalibrated to

focus on in-country preliminary community engagement. This was done in parallel with developing a full-stage proposal through a series of online meetings and engagements as part of a short residential writing workshop attended by the two principal investigators and Work Package 3 Lead. The use of PPDA funds to leverage this capacity building initiative led to skill development in the area of hybrid meetings which has proven beneficial in ensuring the communication was not completely untenable due to pandemic-related restrictions.

Project Specific Example of PPDA Value [3]

Project NIHR201816 conducted preliminary community engagement with their PPDA funding through 8 individual in-depth interviews with people living with MLTC-M. This was done to help inform the development of the full proposal by better understanding the lived experience of MLTC-M, challenges encountered in managing their multiple conditions that may have been exacerbated by the COVID-19 pandemic, individual needs for managing their needs and feedback on the draft form of treatment literacy content. As a result, interviews cemented lived experience into the project as well as leading to the development of the CEI work package. Participants expressed interest in further involvement and are now members of the Advocacy Academy and have been effectively engaged in the project for two years.

have delivered and/or contributed to cross-NIHR activities and initiatives in an attempt to support knowledge translation, facilitate network development and partnerships, as well as working to minimise duplication across NIHR. In order to bolster standards of compliance, the cross-NIHR Intellectual Property (IP) team, supported by staff, conducted a workshop in November 2021 to support RIGHT Call 3 award holders to understand IP and assurance-related issues and expectations. Guidance on IP and Commercialisation and NIHR Guidance on Preventing Harm in Research was also provided to RIGHT Call 3 award holders following initial contracting. To minimise bureaucracy, an updated due diligence template was issued to award holders for completion by award holders. During this period, the Assurance Policy was also reviewed and updated to reflect and refer to the various guidance documents and SOPs which provide guidance on NIHR assurance requirements. Further, NIHR updated and circulated the NIHR Incident Reporting Form to all contractors, enabling any incidents to be reported by all stakeholders including contractors, whistle-blowers and research participants. This was complemented by the NIHR SOP Guidance on Incident Reporting which provides clear guidance to all NIHR Designated Point of Contacts (DPOCs) on processes involved in the case of reported incidents.

NIHR staff conducted voluntary drop-in sessions aimed at providing award holders, specifically, Joint Lead Researchers and Programme Managers, with an opportunity for support from the Monitoring Lead and other programme team colleagues to understand the Annual Report template and the funder expectations for content. Delivery Chain Risk Map Guidance was also generated and circulated to award holders to ensure clear and consistent information on NIHR's approach and expectations concerning mandatory delivery chain risk map reporting.

3.3 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.

Quarterly reporting supports the timely awareness of project-specific issues or delays, and where appropriate, escalation to DHSC Policy Leads. Annual reporting is a contractual obligation for award holders, while concurrently providing NIHR with data and evidence to assess award holders' progress towards pre-established objectives. All RIGHT Calls are expected to deliver benefits relevant to DHSC GHR Theory of Change. Progress is monitored via the collection of specific data prescribed in the GHR Standard Data and Core Indicators Framework.

The data and evidence acquired from these reports undergoes review and analysis from a cross-section of NIHR specialist functions i.e., Finance and Assurance; CEI and the NIHR Academy before being synthesised by NIHR staff as part of generating a portfolio-level overview.

Following the completion of each annual review, the NIHR Monitoring Team undertakes discussions around continuous improvement to establish a more efficient and effective reporting process, reduce the reporting burden on award holders, and work to increase internal efficiency as part of the review process by the NIHR Monitoring Team.

3.4 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.

The NIHR Commissioning/Assessment process for RIGHT awards gives consideration to the composition of the Funding Committee and selection of peer reviewers with regards to geography, nationality and gender.

Further, there is a strong emphasis placed on the meaningful integration of CEI. The selection criteria for funding includes an assessment of evidence of how marginalised and vulnerable communities have been involved in the development of the research application. Demonstrative evidence on how this is done throughout the lifetime of the award is expected to be reported as part of the generation of the milestones and deliverables document (MD1), coupled with quarterly and annual reporting processes.

Additionally, award holders have worked to engage with key stakeholders that represent marginalised or vulnerable communities through engagement and outreach activities. This, coupled with positive management actions demonstrated by award holders (such as NIHR201813), emphasises the importance of acknowledging and including as many participants as possible from diverse backgrounds in the study, regardless of the level of complexity surrounding their engagement. Additional consideration around both physical and financial accessibility and reducing the burden of geographical distance establish a foundation for equitable involvement across study enrolment and, more notably, study retention, particularly for groups that may be more difficult to reach.

While only one award integrated community representation into co-applicants, the portfolio reporting indicates that all projects have included community representatives (persons with lived experience of multimorbidity) at early stages of the research via governance frameworks and development of key guidance integral to ensuring sustained involvement across the planning, design, development and implementation of research activity.

The inclusion of anonymised quantitative demographic data on the research team and support staff is required as part of the RIGHT APR template. This seeks to elicit information about the nature of communities involved, engaged with and/or impacted by the research activity, while also enabling NIHR staff to monitor the gender and nationality balances in each project over time. NIHR monitoring efforts work to facilitate supportive and communicable dynamics between respective DPOCs and research teams in order to promote expectations of equity, and when appropriate, share anonymised examples of good practice. This level of engagement, along with data received as part of APR and quarterly

reporting, enhances NIHR's understanding of project equity issues and serves to inform future iterations of guidance and/or the continuous improvement of processes.

- 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.

The application assessment process includes the review of the ODA-eligibility of applications inclusive of evidence-checking proposed benefit to the most vulnerable groups. Both peer reviewers and committee members are required to comment on whether ethical, safeguarding and gender issues have been considered, as well as whether an appropriate sample selection, community engagement and involvement and the potential for impact and scalability has been included.

RIGHT awards are required to contain CEI. In turn, the CEI approach facilitates a bottom-up approach towards information sharing and opinions, as well as supporting the inclusion and representation of marginalised and vulnerable communities affected by the call-specific themes. The benefits and outcomes are tracked throughout lifetime of the award as part of NIHR reporting and monitoring processes, with the APR template requiring award holders to provide specific details of involved groups that are included and engaged throughout the funding, in order for NIHR staff to track engagement and empowerment of these individuals throughout the award.

The use of PPDA is considered a positive element of the RIGHT application process. However, the RIGHT Call 3 portfolio was not able to utilise this to the full extent due to restrictions imposed by the COVID-19 pandemic. As a result, it was not possible to use PPDA to bring representatives from every proposed partner organisation together in one location. Instead face to face interactions were limited to permissive locations where co-located research teams were still able to interact directly with each other, and occasionally with local communities, but the more distantly located partners had to be consulted remoted. Whilst PPDA in this context was still considered helpful, the lack of opportunity for all parties to undertake real world interaction limits the opportunity for comprehensive shared learning about operational context, and likely challenges or differences between partners expectations, systems and practices that has been anecdotally noted to be useful from previous PPDA experiences. As a result, the robustness and realism of initial CEI plans,

including the ability to identify and accommodate vulnerable groups was limited and may have increased the risk of oversights. ~~, was dependent~~

3.5 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)

One project has reported that LMIC-based partners have secured additional funding related to the project subject themes during the course of this reporting period (See Table 6: Additional Funding for RIGHT Call 3 Award LMIC Partners).

Table 6: Additional funding for RIGHT Call 3 Award LMIC Partners

RIGHT Project	Funding Recipient	Funding Source	Funding Committed	Title or Reference Details for Funded Award
NIHR201773	Zohaib Khan	National Health Challenge Grant funded by the Health Research Institute of the National Institute of Health-Pakistan.	2 million PKR	Mental Health in Transgenders (MENTRA)

4. Risk

4.1 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 7: Most significant risks

Risk	How is the risk being managed/mitigated?	Current status
Risk category: Delivery and Managerial Intellectual property (IP) issues necessitate changes to originally planned programme of work	Research contracts include clauses that necessitate appropriate IP arrangements. NIHR IP Team can work with award holders in a supportive function to assess and ensure compliance. If a change to programme is deemed necessary, there are existing processes in place.	ACTIVE: Medium Risk
Risk category: Financial and Operational Global economic downturn makes project plans unaffordable	Project budgets are reviewed at the outset of submission with award holders responsible for the financial management of the award. NIHR Research Funding Good Practice Guide is available in addition to Finance Guidance for NIHR GHR Programme Contract Holders: Exchange Rates.	ACTIVE: Medium Risk
Risk Category: Delivery and Managerial Rapid requirement for change to NIHR201773 programme increases risk to delivery.	Project NIHR201773 includes activities involving fragile operating contexts. NIHR SPOC meets with the team on a 6-weekly basis in order to discuss any changes to risk levels/impacts on deliverables.	ACTIVE: Low Risk
Risk category: Feasibility of Research; Delivery and Managerial	The feasibility and practicality of awards are assessed by a Funding Committee as part of the commissioning process. Equally, award holders are suitably experienced and can be supported	ACTIVE: Low Risk

Trial delivery cannot be done as per original proposal	by a change to programme process should it become necessary.	

All RIGHT Call 3 award holders commenced their research aware of having to navigate the COVID-19 pandemic. The benefit of this is that award holders have been better-abled to pre-empt likely problems and consider appropriate mitigations in contrast to previous RIGHT calls. With this, award holders have still had to manage varying national restrictions which have impacted the timeliness of agreed milestones and deliverables. In the face of intermittent restrictions, RIGHT Call 3 project teams have been able to successfully establish remote working arrangements developing the key dynamics and structures during the start-up period of work. RIGHT 3 award holders have been able to travel to their research sites at least once during the first reporting period, and this is a significant improvement on the operational context previously reflected by other RIGHT Call award holders. Further, a proactive approach to risk and issue communication has characterised the RIGHT Call 3 portfolio during this reporting period. This has facilitated NIHR's ability to support award holders in making timely changes to workplans where appropriate. The RIGHT schemes' quarterly reporting requirements further ensure NIHR can make regular snapshot assessments of the likelihood of delays and limitations to scheduled milestones and deliverables, and changes to risk levels. This process can be augmented for projects deemed high-risk to enable more frequent check-ins with the award holder. This involves a bespoke assessment to determine whether additional monitoring requirements or support is required. This is not limited to projects working with sensitive research content, but also includes those operating in areas affected by sporadic or long-standing conflict(s) such as project NIHR201773. These elements and processes are instrumental to embedding both proportionality and agile management as projects move further towards data collection, field-based activities or other periods of increased risk.

4.2 Fraud, corruption and bribery. Delivery partner to summarise:

- Any changes in the last year to the anti-corruption strategy applied to managing NIHR funded awards

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

Anti-Fraud, Bribery & Corruption policies are expected from all RIGHT Call 3 award holders. The policies of the contracted award holder are checked as part of the NIHR Due Diligence process. Where there are no policies, or improvements are required, milestones are included in project activity schedules to ensure their delivery at an agreed upon date.

This is extended to include the requirement that contractors check and ensure that their downstream partners (sub-contractors or collaborators) have these policies in place. Again, where there are missing or inadequate policies, the contractor is expected to support the partner in the development of appropriate policies and/or mitigation measures. Collaboration Agreements work to expedite partner agreements to the Head Terms which is important in cases where policies are absent or not considered fit for purpose. In 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.

4.3 Safeguarding

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

The APR template requires contractors to provide information on any safeguarding incidents or issues which have occurred during the reporting period. As such, there were **no incidents** from the RIGHT Call 3 portfolio during this reporting period. NIHR has further observed evidence of capacity strengthening from award holders in the area of Safeguarding management as reflected in the Project Specific Example of Institutional Capacity Strengthening Activities and Outcomes [2].

NIHR supported DHSC with the development of NIHR Safeguarding Guidance for contractors. This was made available to RIGHT Call 3 award holders as part of the contracting process, in conjunction with the NIHR Policy on Preventing Harm in Research. Designated NIHR Safeguarding Leads have become standard practice as part of award management and remain key to safeguarding policy implementation, facilitating award holders' understanding of policies, and ensuring appropriate processes and action in response to incidents or risks.

Safeguarding policies for all contracted award holders are checked during the due diligence process. Where there are inadequate or no policies in place, milestones are included in project activity schedules to ensure delivery of appropriate policies. This is extended to

include downstream partners (collaborators and sub-contractors) and is the contracted award holder's responsibility to ensure the terms of the contract are propagated via any sub-contracts and/or collaboration agreements. The NIHR Funding Good Practice Guide is also shared with award holders to bolster compliance. Collaboration Agreements are reviewed by NIHR staff ahead of being sent for signature while providing support to award holders to make sure that agreements are aligned to the Head Terms inclusive of safeguarding definitions and expectations.

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

Most award holders have referenced the benefit of virtual engagements to reduce carbon footprint levels via the minimisation of non-essential travel. However, no significant amendments to organisational travel policies since the COVID-19 pandemic have been reported. In some cases, award holders have reflected upon an assessment process to determine which meetings require in-person engagement and which meetings online engagements will suffice. This highlights award holders' awareness of the need to consider both the positives and negatives of varied methods of engagement to ensure the maximum benefit and best outcome is achieved for all those concerned.

Project NIHR201813 explicitly highlighted downstream partner initiatives including an implemented reduce, reuse, recycle policy, coupled with a conscious decision to use paper products over plastic wherever possible. Additionally, where such policies are not yet in operation or adequate in downstream partner organisations, reflections have indicated plans to help partners develop policies and guidelines related to research associated with carbon footprint minimisation. An example of conscious resource use is via efficient study designs that consider time, attempts to avoid unnecessary data collection and measuring outcomes remotely where possible.

5. Delivery, commercial and financial performance

5.1 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.

During this reporting period, all award holders have complied with NIHR reporting requirements. Deliverables required by NIHR within the first year of activity commencing for each project included due-diligence related documentation, collaboration agreements, project specific risk registers, project-level theory of change, delivery chain risk maps and organograms, ethical approval documents, IP-related documentation and any terms of reference for governance structures. At the time of reporting there was at least one outstanding deliverable in each project including collaboration agreements, personnel organograms and the project-specific theory of change. The timeline for all outstanding deliverables has been renegotiated. The type of product that is delayed and the duration of delays is not atypical based on evidence from previous RIGHT Calls. The delays are attributable to administrative resource shortages within contracting institutions, and routine underestimation of the negotiation required to secure collaboration agreements. Although the delays do not appear to have had considerable effects on project activity and progress, this is because researchers are willing and able to progress some research activity in the absence of finalised collaboration agreements. However, although activity is not always significantly impeded by delays to establishing collaboration agreements, there can be notable detrimental impacts to downstream partners because of a delay to funding dispersal. In situations where the DSP lacks the financial capacity to support activity in the absence of receiving funds from the lead organisation, such delays can reinforce structural hierarchical differences, and undermine ambitions for equity in partnerships. The criticality of early

establishment of collaboration agreements is reinforced in NIHR RIGHT award management by making this a mandatory deliverable for the first six months of the project. Nevertheless, stronger advice to award holders to begin early negotiations as part of future webinars or guidance for applicants may be useful to bolster awareness of this reoccurring issue.

With regards to expenditure, all projects are underspent compared to initial planned budget allocations. On an administrative level can be directly linked to delays to the generation and signing of collaboration agreements and is not expected to continue within the subsequent reporting period.

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

YES

Award holders are expected to report on ODA compliance as part of their Annual Report submission. In addition to undertaking the due diligence process, award holders such as NIHR201816 have evidenced ODA compliance through a rigorous financial management plan inclusive of five audits on 20 per cent of expenses conducted within the reporting period. Relevant rules around spending have been clearly outlined and the team has noted assurance that all partners are following this guidance**.**

If no, please provide details.

N/A

5.3 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 (https://iatistandard.org/en/iati-standard/). Yes/No
- If these are not yet met, please outline the reasons why.

All RIGHT Call 3 award holders acknowledged the need to comply with the IATI requirements outlined in the NIHR GHR contract. NIHR201816 confirmed reporting via AidStream, while all other award holders outlined progress towards putting in place institutional resources that would enable them to meet these obligations. The NIHR201708

CONTROL team highlighted their development of specific IATI guidance, but another project flagged ongoing institutional capacity issues due to a restructure of the university's research management office, noting that it would take time before organisational-level systems are operational. Project NIHR201708 shared their plans to conduct training sessions on IATI reporting with all downstream partner sites. This also reflects a proactive research management capacity strengthening approach. General reflections from across the RIGHT portfolio suggest that award holders would all benefit from further guidance from the funder or signposting to resources that support training on IATI.

6. Monitoring, evaluation and learning

6.1 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.

RIGHT Call 3 monitoring is characterised by proportionate and risk-based reporting processes. This includes a quarterly update of delivery activity and project risk, in conjunction with financial reporting using QSTOX: a reporting template which reflects actual spend and forecasts which is completed on a quarterly basis. Overall progress towards pre-established objectives via qualitative and quantitative data is reviewed as part of the annual APR process.

A DPOC within NIHR is assigned to each RIGHT award. The aim of this is to provide a suitably experienced Programme Manager to monitor the award and provide NIHR support as and when required. The DPOC is responsible for monitoring contractual compliance, review of reporting submissions and change requests, as well as playing a central role in coordinating input from key support functions e.g., Finance, Community Engagement and Involvement, Impact and Communications where appropriate. The original plans for monitoring RIGHT awards included scheduled site visits to the UK contractor during the contracting process. This was intended to continue throughout the first year of activity with the intention of supporting relationship building between the DPOC and award holder via a more interactive and less process-driven mechanism, to build mutual understanding of issues affecting each project. DPOC attendance as observers at key project meetings, inclusive of the requirement which includes representation from LMIC partners has been limited to virtual engagements due to the contracting process for RIGHT Call 3 awards under ongoing and varying limitations inclusive of travel restrictions and non-essential face-to-face interaction. Consequently, award holders and LMIC partners have been encouraged to proactively reach out directly to the DPOC for support and/or input as required. As restrictions are relaxed, it is expected that DPOCs will visit either the contracted UK-based institution, and/or to identify opportunities for visits to LMIC-based contractors/project partners over the remaining lifetime of the award.

To date, there have been have no face-to-face visits between DPOCs and RIGHT Call 3 project teams. However, DPOCs have been able to remain appropriately involved including the remote observation of formal project meetings such as project steering committees and

project team meetings. Involvement and interaction between LMIC partners and DPOCs also amplify the importance of the NIHR values and messaging around establishing and working in equitable partnerships. Observations have indicated differences across the RIGHT Call 3 portfolio with clear and positive signs of joint leadership visible in some awards, while an equitable structure is less visible to NIHR in others. Further detail is provided in *Section 2.11: Equitable research partnerships and thematic networks established/strengthened;* however, this presents an opportunity for NIHR to bolster award holder advice in this space moving forward.

All four awards submitted their Annual Report on time, however all reports required some follow up support from DPOCs to clarify content or provide missing input. NIHR staff have worked to improve the quality of reporting following each RIGHT Call Annual Report submission. Specifically, NIHR staff held voluntary AR1 drop-in sessions for award holders to provide opportunities for any questions or queries that award holders had following the receipt of their first annual reporting template. Additionally, feedback is provided to award holders following the review of their reports to encourage improvement in their future submissions.

6.2 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.

Like RIGHT Call 1 and 2, RIGHT Call 3 APRs serve as key evidence for whether the funding is delivering against the NIHR Global Health Theory of Change, and the expectations set out in the funding call. Award holder progress towards project and scheme specific objectives is summarised in Section 2 of this report. As mentioned previously, due to the fledgling nature of the RIGHT Call 3 portfolio there is relatively limited data to evaluate at this stage. However, projects have started well and remain on track to deliver their stated aims.

6.3 Learning

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

Cross-centre activity with colleagues from NETSCC and the NIHR Academy have continued to update and standardise cross-centre documentation. Specifically, NIHR has continued working with the other coordinating centres via GHR cross-NIHR Working Groups. These groups have focused on assurance, safeguarding, outcomes and impacts, as well as bolstering consistency of data and reporting. Specialist function teams inclusive of CEI, Finance and Intellectual Property have also supported work in these groups in the development of specific training or guidance materials for RIGHT Call 3 award holders in order to strengthen their understanding of reporting and management requirements, e.g., the delivery of IP and Assurance (including Safeguarding) workshops to introduce and refresh award holder knowledge of NIHR IP and Assurance expectations.

As highlighted in Section 2.3, the pandemic caused a change in usage of PPDA from in-country activities to more virtual facilitative interactions. PPDA was originally designed to support face-to-face engagement and exploration of proposed working arrangements and contexts. It is not yet possible to tell whether this shift to the virtual will have long-term impacts on awards. Notably, the changes to call requirements to necessitate a co-lead PI based in an LMIC for these RIGHT call 3 awards has made it more likely that PPDA could be used for some direct engagements, depending on the regulations around in country during the relevant time period. Although the UK and other international collaborators were unable to travel, LMIC-based PIs were able to use their local knowledge to identify stakeholders and determine locally appropriate platforms or mechanisms for delivering the PPDA activities, thus maximising the possibilities for use of the funds in that context. Award holders have noted the positive benefits of PPDA on proposal development, but it remains too early to tell whether activities undertaken in PPDA (in virtual or direct formats) have a measurable effect on the outcomes of the projects.

To date, NIHR have noted the delay to the finalisation of key RIGHT mandatory documentation such as collaboration agreements (as reflected in Section 2.2). The lack of signed legally binding sub-contracts or collaboration agreements often has significant knock-on effects to other elements of the project e.g.: contractor organisations being unable to disperse funds to partners or partners being unable to recruit key staff which ultimately create delays to the project activities. NIHR discussions with award holders and their partners indicates that the delays are often rooted in differential resourcing and expectations between a UK based contractor organisation and their LMIC based partners. The latter do not always have a dedicated contracts management team to review these agreements. Moreover, the impact of potential delays is not always understood or foreseen by the principal investigators until the effects become apparent. Hence, NIHR recommends reiteration of the requirements for collaboration agreements in all future call guidance,

signposting award holders to the NIHR GHR Contract, and noting the opportunity to use PPDA funds to explore the capacity and preparedness of potential partners for reviewing and signing up to collaboration agreements. Findings from such explorations can be used to inform more realistic timelines for project activity, and budget for appropriate resources (subject to eligibility criteria).

NIHR colleagues produced a 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 3 applicants were able to participate in these event and benefit from the opportunity to gain improved understanding of the NIHR GHR requirements and expectations for CEI within awards.

As part of the learning series, resources, and guidance documents on what meaningful, ethical, and inclusive research means to CEI practitioners in the field were produced. These offer theoretical and practical guidance to researchers. The resources, which included a podcast: '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. The materials were made available via the NIHR website to facilitate dissemination.

NIHR proactively engages with continuous improvement in order to support and enhance the delivery of the RIGHT portfolio. Iterative evidence-based reflection and after-action reviews (e.g., post-panel wash up meetings and surveys) are designed to foster a culture of continuous improvement while facilitating proportionate change to processes, templates and guidance documents used throughout the lifetime of RIGHT awards.

- Award holder reflections on lessons learned

The RIGHT APR template encourages award holders to reflect on lessons identified/learned during the reporting period. These contributions are used by NIHR, to inform and improve the approach to monitoring and support we offer to award holders. One project reflected difficulties in determining the remits of different staff members across involved institutions, and where there have been vacancies, who has been appointed. This has been pertinent to pre-award contracting or finance interactions where support staff who are not named on the grant must be identified and communicated with under pre-established time constraints. This

suggests a need for strengthened guidance for applicants around project management requirements for RIGHT and other global health awards which has been previously generated to ensure the text's relevance/adequacy.

Reports have reflected heightened engagement from stakeholders within projects. While this has been signalled as a positive opportunity, award holders have commented on intensified expectations surrounding the delivery of innovations, interventions, and evaluations which, at times, is well beyond the scope of the funded work. Moving forward, examples of strategies such as tailored communication designed to manage stakeholder expectations provide an opportunity to be shared cross-portfolio or for newly contracted awards as both a lesson learned and something to keep in mind.

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

In response to previous learnings established from the analysis of reports, NIHR has introduced drop-in sessions for key reporting templates. This was done to provide the opportunity for award holders to resolve any queries and/or points for clarification with regards to the template requirements. Two of four award holders attended and provided positive feedback regarding the drop-in sessions.

Over the course of the reporting period, recurring award holder queries about a particular reporting or process area were captured and used to inform further iterative improvements to the NIHR monitoring and support offer. NIHR practices and processes were updated and adapted to ensure that DPOCs were able to provide timely and consistent guidance and support to award holders, as part of initial discussions and throughout the reporting year to support award holder understanding and compliance.

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

All awards in the RIGHT Call 3 portfolio have outlined plans to undertake qualitative and/or quantitative data collection including interviews, focus group discussions, surveys and/or ethnographic observations. Recruitment is expected to progress including patients, and where applicable, key capacity building posts such as Ph.D. and/or post-doctoral students. For data that has already been collected, award holders have indicated ongoing analysis and evaluation.

Where milestones/deliverables have been delayed or amended to mitigate significant impacts on award timelines, it is expected that these will commence and/or continue in the coming year. An increased production of outputs is also anticipated. With travel and other pandemic-related restrictions no longer as prominent, award holders are anticipated to proceed with establishing key governance structures and, where these are already in place, conducting meetings and site visits as planned.

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