



Department
of Health &
Social Care

NIHR Global Research Professorships Annual Review - 2022/2023

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**NIHR Global Health Research
Portfolio**

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Annual reporting and review process

This activity has been supported by the UK aid budget (Official Development Assistance, ODA) as part of the Department of Health and Social Care (DHSC) Global Health Research (GHR) portfolio.

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

The main sections of the template have been developed in accordance with cross-funder common reporting practice and will be used to provide accountability for the use of public money, meet Official Development Assistance transparency and compliance requirements. The template has three main components:

- Section 1 captures DHSC's and the Delivery Partner's overall assessment of funding scheme performance over the last 12 months.
- Sections 2-3 focus on monitoring progress of awards against planned activities, outputs and outcomes (in accordance with the portfolio Theory of Change and results framework).
- Sections 4-7 focus on the delivery partner's management of value for money, risk, financial reporting, monitoring, evaluation and learning updates.

The process for completing this template involves the following steps:

1. Delivery partners ensure that the relevant monitoring information is collected at the award level (as set out in the NIHR Global Health Research results framework). This information will be collected using existing reporting mechanisms wherever possible, before bespoke reporting is considered.
2. Delivery partners collate a synthesis of the award level monitoring information and present aggregated funding scheme level findings (and award level wherever specified) within this template.
3. This report is then shared with DHSC for comment and feedback.
4. DHSC will then use the annual report and additional information gathered through meetings, field visits and any other documentation to complete the annual review template - relevant sections are highlighted with green boxes. This will include an assessment of overall funding scheme performance over the last 12 months, identify lessons learnt, time-bound recommendations for action consistent with key findings

and will be used as an evidence base for future funding decisions. Please write this summary with a public audience in mind, assuming no prior knowledge of the funding scheme.

5. Annual review signed off and published.

1. Programme Summary and overview

1.1 Description of the funding schemes aims and activities

The aims of the NIHR Global Research Professorships are:

- To fund leaders in the early part of their careers to lead research and to strengthen health, public health and care research leadership at the highest academic levels, and;
- To fund research leaders of the future to promote effective translation of research to improve the health and welfare of people in low- and middle- income countries.

By the end of the 5 year award, NIHR Global Research Professors will be expected to:

- Have demonstrated leadership at a national level;
- Have been developed and protected by their institutions, including being relieved of onerous administrative tasks at the local and regional level so that they can concentrate on their Professorship;
- Enhance existing collaborations with institutions in LMICs and establish at least two new major international collaborations, and;
- Support training and capacity development/mentorship within LMIC and UK (if applicable) institutions that enhances research capacity for global health and care.

The NIHR Global Research Professorships contribute to the intended outcomes and impacts of the NIHR Global Health Research Portfolio, represented by the [Theory of Change](#). More specifically, it contributes to the People activity strand of the Theory of Change that aims to support training and development of global health researchers and research support staff in LMICs and the UK.

The scheme is aimed at outstanding individuals undertaking research which aims to specifically and primarily benefit individuals in countries on the [OECD DAC](#) list. Applications must come through nominations of researchers and methodologists with an outstanding record of clinical and applied health, public health or care research. Such individuals should be on an upward trajectory to become research leaders within their field in the UK or abroad.

They should have a demonstrable record in effective translation of research into improved health or health care. Two nominations are allowed per host institution which must be a Higher Education Institute or Research Institute. One of each nomination must be a female researcher. Up to five NIHR Global Research Professorships are now available in each round and researchers can apply for up to £2M for a five-year award.

In the first round, there was a limit of one nomination per Higher Education Institution (HEI) and was restricted to HEIs in England. For Round 2, a change was made to allow nominations from HEIs in Northern Ireland, Scotland and Wales due to the nature of ODA funding. For Round 4, further change was made to allow a maximum of two nominations per HEI. With this change to Round 4 came the requirement that should two nominations be submitted from the same HEI, one should be female to address a potential gender imbalance in the applications, that was previously seen in the NIHR Research Professorships, the equivalent scheme for UK based researchers (see section 4.1). Since round 4, the scheme has been further expanded to accept applications from researchers based in Low- and Middle-Income Countries.

More information on the scheme can be found here on the [NIHR website](#).

12 Global Research Professorships have been awarded since the first round. 7 of these awards were active in the period this review covers. This annual review covers the last 12 months of the 7 active Global Research Professorships awards. These awards are as follows:

Round 1 (2017): 2 awards that are now in year 5

Round 2 (2018): 1 award that is in year 4

Round 3 (2019): 2 awards that are in year 3

Round 4 (2020): 2 awards in year 2

The table below summarises all active award holders in this reporting period which lie in scope of this review, all of which are researchers based in UK universities with collaborators in partner countries that are eligible to receive official development assistance (ODA).

Round	Project Title	Beneficiary countries
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1	RP-2017-08-ST2-008 - Improving adult health in sub-Saharan Africa through couples-focused interventions for HIV, STIs and diabetes	South Africa
1	RP-2017-08-ST2-012 - Translational Research to Reduce Mortality from CNS Infections in Africa	Botswana, South Africa, Zimbabwe, Malawi, and Uganda
2	NIHR300039 - Preventing Invasive Salmonella Disease in Africa	Malawi
3	NIHR300791 - Developing a vaccine to prevent death from melioidosis in people with type 2 diabetes mellitus in low and middle income countries	Thailand
3	NIHR300808 - Stopping mothers dying from sepsis in Africa	Malawi
4	NIHR301621 - The Missing Billion: Using participatory approaches to improve access to healthcare for disabled people in Uganda	Uganda
4	NIHR301627 - Preventing Healthcare Associated Infection and Antimicrobial Resistance in Africa	Malawi

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

The 7 Global Research Professors who were active in the reporting period have made good progress towards achieving the milestones outlined in their applications on the whole, however some award holders are still dealing with delays due to the pandemic. For the award holders who were active in 2020 to early 2022, lockdowns in the UK and in partner countries meant that international travel and face-to-face activities were severely affected. Where award holders and their support staff were re-deployed to support national pandemic responses, they were supported by NIHR policies to do so.

Whilst international travel and face-to face activities have resumed in the reporting period, the award holders from the earlier rounds experienced delays due to a number of pandemic related factors. Award holders reported not being able to recruit to their support posts, issues with requisitioning consumables and some delays to planned milestones. Despite these challenges, award holders remain optimistic that milestones can be met in the remaining award time periods. The NIHR has remained in contact with award holders to monitor progress and to track risks and issues, the majority of which have now been resolved.

The funding scheme has had a successful year with respect to outputs and publications and a number of award holders have demonstrated significant impact with their work. The award holders reported 62 peer-review publications from their professorships in the previous year with all of them being open access publications. Of note, impactful publications reported included the results from the Ambition-CM trial looking at a novel short course treatment for Cryptococcal Meningitis and the results of a follow-up study examining the evolution of vaccine-induced and hybrid immunity in healthcare workers after different COVID-19 vaccine regimens, which resulted in the World Health Organisation updating their guidance within 1 month of publication (see section 3.3).

Community engagement and involvement (CEI) continues to be an important component of these awards, and the contribution of meaningful CEI activities has exceeded expectations. One of the award holders has embedded CEI into every stage of the award and recruited two LMIC-based PhD researchers to undertake their studies at London School of Hygiene and Tropical Medicine.

Overall, the awards are on track to meet their milestones, despite the challenges faced by the Round 1 and 2 award holders during the COVID-19 pandemic. There have been some moderate to significant delays accompanied by some budgetary underspends. This has been addressed in the form of 2 x 12-month extensions (1 costed; 1 non-costed) for the Round 1 award holders with some changes to the award programmes and a small number of virement requests. The Round 1 award holders will now finish in 2024 rather than 2023. The remaining award holders (Round 3 and 4) have not been majorly impacted by pandemic delays and have low levels of underspend as they set up their workstreams.

1.3 Delivery partner and DHSC to summarise action taken against key recommendations from previous annual reviews over the last 12 months.

As this is the first annual review for the NIHR Global Research Professorships, there are no key recommendations from previous reviews.

1.4 Performance of delivery partners.

DHSC regularly monitors the performance of the NIHR and has regular meetings to discuss progress and address issues. In the period FY 2022-203 DHSC had no concerns about the performance of the NIHR team delivering the Global Research Professorships Scheme. The scheme has evolved each year, and delivery is aligned to the well-established NIHR Research Professorships scheme (non-ODA funded) which addresses

research issues relevant to the UK population. The NIHR Academy - responsible for the development and coordination of NIHR academic training, career development and research capacity development – delivers the Global Research Professorships alongside the domestic Research Professorships scheme, on behalf of the Department of Health and Social Care.

During the period of this report, DHSC considers the NIHR team delivering Global Research Professorships to be effective with no outstanding issues to raise.

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

The Global Research Professorships scheme makes personal fellowship awards. When the GHR portfolio was established (2017) the majority of personal fellowship awards were delivered in partnerships with other funders. NIHR has now developed capacity and experience in this area through the Global Research Professorships scheme and this learning is being translated to develop possible additional ODA-funded global fellowship schemes which may be delivered through NIHR.

Over time, DHSC has increased specific staffing and resource to facilitate the delivery of personal awards, including recruiting an external expert into a new Assistant Director (AD) role to manage a team, and this experience has increased relevant global health capacity for fellowships and training in global health research, within the NIHR team.

The (domestic) Research Professorships scheme on which the global scheme is modelled has been innovative from the outset, and the global scheme has learnt from this. For example incorporating key features like requiring gender balance where two people are nominated for awards by one institution, and undertaking a mid-award review and interview process. The Global Research Professorships and future Fellowship schemes under development, are learning from NIHR (domestic) schemes. For example, DHSC is interested in exploring the mid-award reviews mechanism and whether it could be applicable or valuable for other NIHR global health programmes.

The successes and value of the annual Research Professorships event has been improved, over the time of this review, through engagement and feedback by DHSC, and the learning from this could be reflected upon by DHSC when considering other portfolio-wide learning events.

Finally, lessons have been learnt around how to agree costed- extension (CE) requests for the Global Research Professorships scheme, as in the domestic scheme, when at the time, the GHR portfolio did not have a mechanism for CE requests in the NIHR global health research portfolio.

1.6 Key recommendations/actions for the year ahead, with ownership and timelines for action.

Recommendation	Owner	Timeline
Initiate development of a Global Research Professorships Theory of Change logic model (with support from the Evaluation, Business Intelligence and Impact team)	NIHR Global Research Professorships Programme team	October 2023
Tailor the Global Research Professorships annual report template to directly match Monitoring, Evaluation and Learning Requirements (to be discussed with DHSC)	NIHR Global Research Professorships Programme team	October 2023, with feedback discussion to be held with DHSC December 2023/ January 2024
Academy to continue to contribute to cross-NIHR working group on SOPs to help update their processes for Global Health award management	NIHR Global Research Professorships Programme team	Across the next reporting time period

2. Summary of aims and activities

2.1 Delivery partner's assessment of progress against milestones/deliverables

The NIHR monitors the performance of each Global Research Professor through the quarterly financial reporting and through the annual progress reports. The content of this Annual Review is drawn from details provided by Global Research Professorship award holders in quarterly financial reporting and annual progress updates in the past year (April 2022- March 2023). Across this time period, award holders had a variety of agreed project milestones and deliverables. Newer awards reported on establishing project teams, some formal collaborations and developing project specific governance structures, and obtaining ethical approvals in host and partner organisations. The older awards have reported on research delivery, leadership and training for the award holder and meeting milestones for research project themes and work packages.

The awards have progressed at various rates, depending on when the award commenced and hence was impacted by the COVID-19 lockdowns/travel restrictions and if the award holder and team were involved in the pandemic response.

Round 1 (2018) awards have been greatly impacted by COVID-19, and 2x12 month extension requests have been received (1 costed; 1 non-costed). The extensions that have been granted for these awards will allow the award holders to complete their key capacity strengthening initiatives set out in their application. Despite the pause in award activities due to COVID-19, these awards are making progress and are already making a significant impact on practice and policy on local, national and international level. For example, RP-2017-08-ST2-012 award has influenced [new guidelines 'strongly recommended' by the World Health Organisation](#) on treatment for Cryptococcal disease. Furthermore, during this reporting period both awards successfully undertook their mid-award review with the Global Research Professorship selection committee.

Round 2 (2019) award¹ has some delays due to COVID-19 including delays to recruiting two postdoctoral posts due to COVID -19 travel restrictions impacting the intended work (site visits). No extension has been requested. However, the award has made progress in the setup of the proposed research and partnerships. As of the last annual progress report submitted by the award holder in July 2022, recruitment to these posts was due to resume in August 2022, and according to the last quarterly financial return one postdoctoral research assistant has now been recruited.

Round 3 (2020) awards have only had limited impact on them due to COVID-19, and no extensions requested. Whilst timelines have been extended for some work streams within the awards, there has been significant progress and the work is on track for the milestones outlined in the application form to be completed before the end of the award. Furthermore, some work streams are progressing well, and have now progressed beyond what was originally proposed. The focus of these awards is now on the main bulk of the research,

¹ only partial data available for this reporting period as the last annual report was received in July 2022

including clinical trials and vaccine manufacture. Community consultation and engagement still remains a priority.

Round 4 (2021) awards are on track to complete milestones, and there have been no extension requests due to COVID-19. Activities include recruitment to PhD and postdoctoral positions, and gaining ethical approvals. PPIE and CEI have formed a large part of the activity for these awards including formative research to contribute to the design, implementation and evaluation of the studies and qualitative research (interviews, workshops etc) to understand barriers to accessing health care.

2.2 Delivery partner's assessment of how individuals/communities (including any relevant sub-groups) have been engaged and of the extent to which award holders have changed their plans to reflect individuals/communities needs when 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?*

One of the main priorities reported for most of the awards was the importance of and commitment to embedding PPI and/or CEI into their research. Some examples of how this was used to identify vulnerable groups are:

- NIHR300808 award selected PPI group members following formal criteria developed by the researchers and consulted with hospital staff to identify appropriate members (*survivors of maternal sepsis and caretakers/partners of sepsis survivors*).

- NIHR300791 award had community engagement workers carrying out regional scoping visits and engaging with a patient network in Thailand. An inaugural CEI meeting included *survivors of melioidosis and people with diabetes*.

- NIHR301621 award has CEI embedded within every aspect of the award. They have consulted with a range of *Organizations of Persons With Disabilities and organisations supporting people with disabilities*, through one-on-one meetings and group meetings. The award has also made research capacity strengthening opportunities available to researchers with disabilities, including recruiting two researchers with disabilities to doctoral fellowships and hiring research staff living with disabilities from within the local communities to collect research data.

- RP-2017-08-ST2-008 award has a community advisory board to report on the community's primary health concerns, *individuals living with HIV*.

(b) *Participation and two-way Communication: Type 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 breadth of people involved/reached (where possible broken down by relevant vulnerable and/or at-risk sub-groups identified under 'Inclusion')*

There were various examples of participation and two-way communication across the awards. These included:

- RP-2017-08-ST2-012 award has a Community Advisement Board to ensure a continuous feedback mechanism to steer the group, which has provided '*meaningful community engagement*';

- RP-2017-08-ST2-008 award had an away day for the patient and stakeholder group to reflect on experiences of community engagement;

- NIHR300791 award has PPI meetings in a village health centre which included '*animated discussions*' of the goals of the community consultation project, and laid the groundwork for the PPI interviews;

- NIHR300808 award had workshops conducted in collaboration with the Ministry of Health and other stakeholders;

- NIHR301621 award has a Ugandan Advisory Board, in which over half of the members are people with disabilities. They have employed a community-led participatory strategy to improve healthcare access for disabled people in Uganda. Participatory action is at the heart of this award and involves a consortium of researchers, implementers and disabled people who will meet regularly to identify local and community issues to accessing healthcare. This will contribute to the development and implementation of solutions and evaluation of the results. The consortium will also help with identifying research priorities and will co-create

and adapt the research strategy. In the reporting period, they have been developing and co-creating the participatory action strategy and approach for the remainder of the award.

- NIHR301627 and NIHR300808 awards are, in partnership, actively developing a Community Advisory Group.

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

Several awards reported examples of empowerment, ownership, adaptability and localization which includes:

- RP-2017-08-ST2-008 award developed a prototype intervention workshop for couples, which was part of developing couples-focused behaviour change strategies for health intervention research and practice in sub-Saharan Africa. With a particular focus on vulnerable couples living with diabetes, the prototype workshops were followed up with interviews and focus groups to inform optimisation of the intervention, to improve acceptability, relevance and coherence of the intervention workshops.

- RP-2017-ST2-012 award has a sub-study on patient experience, which has been completed over the past year. The study ensures that *“patient voices are heard and that their feedback is integrated into future clinical trials for life-threatening illnesses”*. This data has been instrumental in aiding the WHO to update their own guidance.

- NIHR300808 award reported *“the (PPI) committee influenced change on the type of images used on LACTATE Participant information leaflets to suit the local context. This was successfully done with the help of a designer”*.

- NIHR301627 award has a work strand of formative research which contributes to the design, implementation and evaluation of the study through community engagement and involvement and stakeholder engagement. The aim is to improve Infection Prevention and Control practices and reduce Healthcare Associated Infections in acute healthcare facilities in Malawi.

- NIHR301621 award held a 4-day design workshop to co-create the adapted Participatory Learning and Action approach to be relevant and appropriate for people with disabilities. The session included the research team, experts, health system stakeholders, district health

officers, district disability focal person from the community development office and people with disabilities and representatives from National OPDs who made up a large proportion of the group. The group '*adapted the logistics of the intervention delivery (e.g. identifying who the facilitators should be, where groups should be convened, addressing accessibility) and identified appropriate local implementation and OPD partners*'.

- NIHR300791 award held an inaugural PPI meeting in at a village health centre attended by 2 survivors of melioidosis, 4 people with diabetes, 4 relatives, 3 village health workers, alongside the award holder, their project manager, a key collaborator, 2 research assistants, and 3 public engagement and CEI workers. *"The meeting was a huge success with very animated discussion of MeVa's goals and laid the groundwork for in-depth interviews. Since that time a focussed group discussion and a 1:1 interview have been held."*

3. **Outputs and outcomes**

High quality policy/practice relevant research and innovation outputs

3.1 Aggregated number of outputs by output type.

NIHR guidance requires award holders to report on a broad range of outputs, which can include publications and guidelines. The reporting requirements for NIHR Global Research Professorship award holders are being updated so that they submit a cumulative count of all their outputs with their annual report. For this annual review, however, the total number of outputs in the previous year are reported below.

Output type	Total number across all NIHR funded awards (within the reporting period, April 2022 - March 2023)
Journal publication	62
Conference abstracts / presentations	26
Press Release	3
Podcasts	2
Book chapter	1
Journal editorial	1
Short film	1
Website article	1

It is important to note, that a number of conference presentations were delivered by the research team as well as the award holder as an invited guest speaker.

3.2 Externally peer-reviewed research publications.

	Total number across all NIHR funded awards (cumulative number since funding began)	% of total number of externally peer-reviewed research publications
Number of externally peer-reviewed research publications that are open access	62	100.00%
Number of externally peer-reviewed research publications with a lead or senior author whose home institution is in an LMIC	17	27.42%

Informing policy, practice and individual/community behaviour in LMICs

3.3 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.*

Policy engagement and impact are important components of these awards. The Global Research Professors as research leaders are expected to demonstrate how their work contributes to policy changes or wider implementation of evidence-based practice / interventions. The most significant impacts from award level engagement resulted in changes in clinical practice at local, regional, national and international levels. The work described in the examples provided below also led to influencing policy makers and changes in national and international guidelines:

- NIHR301621 award has “Policy Engagement” as a cross cutting theme and will be establishing and maintaining strong relationships with the Ministry of Health at a national level through a range of stakeholder meetings.
- RP-2017-08-ST2-012 award and their team have created a highly effective novel short course treatment for HIV-associated cryptococcal meningitis which offers a safe

and practical treatment regime for Africa and other LMIC settings. This has the potential to transform the management of a common and devastating infection. The trial results were published in March and April 2022 and have had a major impact on policy makers, with the treatment having now been incorporated into national guidelines in several African countries. The Global Research Professor and their team reported that *'the treatment regimen is already being used in routine care in Botswana, Malawi, Uganda, Mozambique, Zimbabwe and Eswatini, with over 1000 patients receiving the novel treatment in Uganda'*. The research evidence generated in Africa has also informed European and US practice, incorporated as first-line therapy in updated European and ISHAM guidelines. Additionally, the [World Health Organisation updated their guidelines](#) one month after publication, incorporating the treatment as first line therapy world wide. The level of influence and engagement of this research has had significant international impact.

- NIHR300808 award and their team have created a maternal infection and severe maternal outcome surveillance system, referred to as MATSurvey. This system has had an impact at the national, zonal and local level in Malawi, as *'the platform now covers all hospitals and districts in Malawi and is actively used in decision making at national, zonal and local level'*.² The platform is used to generate invaluable data which can be used to address important research questions on maternal mortality and infections in Malawi, which also includes information on Covid-19. This has now had an impact on policy makers, as the team are currently adapting and transferring the platform so the Malawi government can continue to use the platform beyond the life of the award.
- NIHR301627 award has engaged with the Ministry of Health, which included being appointed as members of a newly formed Infection Prevention and Control steering

² The platform covers 33 sites across Malawi including 4 central hospitals, 2 district health offices and all 27 of Malawi's district hospitals. See: *Comparison of maternal and neonatal outcomes of COVID-19 before and after SARS-CoV-2 omicron emergence in maternity facilities in Malawi (MATSurvey): data from a national maternal surveillance platform*. Mndala L, Monk EJM, Phiri D, Riches J, Makuluni R, Gadama L, Kachale F, Bilesi R, Mbewe M, Likaka A, Chapuma C, Kumwenda M, Maseko B, Ndamala C, Kuyere A, Munthali L, Henrion MYR, Masesa C, Lissauer D. *Lancet Glob Health*. 2022 Nov;10(11):e1623-e1631. doi: 10.1016/S2214-109X(22)00359-X. Epub 2022 Sep 22.

committee, and invited to take part in the development of an Infection Prevention and Control National Operational Plan for Malawi.

LMIC and UK researchers trained and increased support staff capacity

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

Training level	Total number who are currently undertaking or have completed during the award period	% LMIC based ³
BSc	0	-
MSc	0	-
MD	0	-
Mphil	0	-
PhD	7	28.57%
Postdoc	16	56.25%
Professional training for non-research support staff (e.g. research manager, finance, admin, community engagement practitioners etc)	no data collected	no data collected
Other	0	-

LMIC institutional capacity strengthened

3.5 Delivery partner's summary of evidence of activities and outcomes from across awards demonstrating how NIHR funding has helped to strengthen LMIC

³ *based on the employing organisation of the trainee. Where it has been explicitly stated that the trainee is employed by an UK based organisation but is based in an LMIC, they have been included as LMIC based.

institutional capacity to contribute to and lead high quality research and training within a national research ecosystem.

Across the Global Research Professorship awards, NIHR funding contributes to LMIC institutional capacity strengthening, primarily through funding PhD and postdoctoral positions. Additionally the award funds the Professors' salary and hence their time to mentor and supervise students and trainees, at various training levels. In addition to the individuals included in section 3.4, a high number of masters students and other PhD and postdocs are reported to have received some form of supervision/mentorship from the Professors. Whilst these individuals are not funded directly through the Global Research Professorships, they are supported through the awards as [NIHR Global Health Research Academy members](#). A number of these individuals supported as NIHR Global Health Researchers Academy members are based in LMICs, and therefore contribute towards strengthening institutional capacity.

Other additional instances of LMIC institutional capacity strengthening have been identified through the reports. This includes:

- RP-2017-08-ST2-012 award "*... continue to undertake extensive teaching and mentoring in Botswana and at collaborating African institutions. I provide mentoring and support for numerous clinicians and junior academics in Gaborone through the University of Botswana and the Botswana Harvard AIDS Institute Partnership. My formal teaching roles include regular lectures on research ethics and research methods through the University of Botswana MMED programme*".
- NIHR300791 Award has hosted a collaborator's PhD student from Mahidol University for six months at the University of Oxford for training in cellular immunology. This placement has "*...strengthened our collaboration (Mahidol-Oxford Tropical Medicine Research Unit (MORU)), as well as growing expertise and techniques for future research projects in Thailand at Mahidol University.*" This award holder is also a founding member of a Southeast Asia initiative to combat SARS-CoV-2 variants and this contributes to strengthening laboratory capacity for immunology in Vietnam, Thailand and Indonesia.
- NIHR301621 award is "*...committed to building institutional capacity. In the next 12 months, I am planning to co-host a course at Makerere University on Disability and one at Fiocruz Brazil. I have supported the development of a Disability Hub at Stellenbosch University. I have helped MRC Uganda to establish a work experience programme for researchers with disabilities*".

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

	Total number of FTE support staff (research managers, finance, admin, community engagement practitioners, other) in post during the last 12 months - <i>note that this may not be a whole number depending on institutional employment policies*</i>
Employed in LMICs	3.14FTE
Employed in HICs	1.00FTE
*e.g. if an institution employs 5 support staff, of which 3 work full time for 12 months, 1 works full time but leaves after 6 months, and 1 works 1 day/week for 12 months, the total reported would be: $3 + (1 \times 0.5) + 0.2 = 3.7$ FTE	

Equitable research partnerships established or strengthened

3.7 Delivery partner's assessment of the extent to which this NIHR funding has contributed towards building or strengthening equitable research partnerships/collaborations (where applicable, including engagement with communities). *This may include:*

- *Outline of how delivery partner seeks to encourage equitable research partnerships*
- *Any examples of innovative practice of managing equitable partnerships at the award level throughout the research life cycle?*

There is a requirement that the award holders consider the formation of equitable partnerships and collaborations when designing their research programme. It is expected that the principles of equitable partnership will be embedded in the NIHR Global Research Professorships applications across all stages of the research process from research design to dissemination and publication. Where applicants are building on established partnerships, involvement of individuals and organisations based in the relevant LMIC(s) in developing the research proposal and in undertaking the research should be clearly set out.

As the Global Research Professorships are personal awards rather than a programme grant, the awards are mainly contributing to equitable partnerships through the research support,

mentorship and supervision provided to the support posts and early career researchers supported by the award. The award holders support individuals to develop their careers and become independent researchers. Such examples include:

- RP-2017-08-ST2-008 award holder supports other researchers applying for research grants, through *'reviewing their draft applications for fellowships, participating in mock panel interviews and practice presentations, and reviewing internal expression of interest submissions for Global Health-related calls that are institutionally managed submissions'*.

- NIHR301621 award holder is supporting their post-doctoral fellow from MRC Uganda through *'developing a plan for how he can further his career and establish himself as an independent African researcher'*.

Furthermore, the awards contribute to equitable partnerships on a supervisory level, which means equal value and contribution from the collaborators providing the supervision. For example:

- NIHR300791 award holder is a joint PhD supervisor with an LMIC-based collaborator for two students registered in a partner organisation.

3.8 Aggregated HIC/LMIC spend across all awards

The breakdown below shows the budgeted costs per award and how much has been allocated in the budget to UK-based institutions and LMIC-based institutions. Across 7 awards (Round 1-4), the split was 81.24% of the budget being allocated to UK-based institutions and 18.76% to LMIC-based institutions. Despite the majority of the funds for the NIHR Global Research Professorships awards flowing directly to UK based institutions, the research funded by the awards takes place in LMICs.

In future annual reviews, the proportion of funding flowing to UK institutions is expected to decrease as the programme opened up to applications from individuals at LMIC based institutions from Round 5.

	Total budget amount (GBP) allocated to:	% of total budget amount to all institutions:
UK/HIC institutions	£10,894,565.00	81.24%

	Total budget amount (GBP) allocated to:	% of total budget amount to all institutions:
LMIC institutions	£2,515,827.00	18.76%
All institutions	£13,410,392.00	

4. Value for money

- Delivery partner's summary of evidence from across awards demonstrating activities during the past year to ensure value for money in how the research is being undertaken. This must include narrative on:
- 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.*
- 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.*
- Effectiveness - how are you (the delivery partner) assessing that the outputs deliver the intended outcomes? *This may include a summary of your impact evaluation approach.*

The NIHR assesses the eligibility of costs and overall value for money during the application review process, at the contracting stage and through monitoring of the award expenditure. Award holders need to demonstrate compliance with institutional procurement policies and justify budget virements and/or any programme changes and they need to adhere to published NIHR finance guidance. The NIHR finance team monitors the award holders' budgets through a reconciliation process using the quarterly financial reports.

The NIHR award team managing the Global Research Professorships do not undertake verification checks or random spot checks for the professorships, but should any concerns arise from either the programme team or the finance team, the award holders are contacted for verification. This is in line with the other domestic awards that lie within the NIHR Academy portfolio.

Award holders had underspends as a result of the COVID-19 pandemic. This was due to travel restrictions and using virtual platforms for meetings and events rather than meeting face-to-face. During the reporting period, award holders have continued to use a variety of methods to meet with collaborators and to deliver research activity due to some remaining restrictions. However, they are increasingly returning to face-to-face research activity and international travel. The 2x12 month award extensions (1 costed; 1 non-costed) ensure that the desired outcomes of the award are achieved through utilising the underspends.

With the handover to the NIHR Academy Global Health team in this reporting period, the Global Research Professors now act as Training Leads for their support posts who are now NIHR Global Health Academy Members. Training Leads are responsible for research capacity strengthening through the support posts funded by the award. The Global Research Professors are in a unique position, as they are also NIHR Global Health Academy Members as well as Training Leads. The Global Research Professors and their researchers have started to attend events in the reporting time period. This enhances efficiency as it means both the award holder and their support posts can access the training and research capacity strengthening activities (for example webinars and workshops) that are already available from the NIHR.

Furthermore, the criteria for the awards within the NIHR Global Health Research Training Programme expanded in this reporting period to include the Global Research Professorship awards to be able to host other Academy members within other Global Health Research Programme awards as part of a GHR SPARC (Global Health Research Short Placement Award for Research Collaboration) award. This not only contributes to research capacity strengthening but also enhances efficiency as it provides more options for placements and reduces duplication of training materials and opportunities.

Learnings from undertaking this first annual review of the Global Research Professorships will be addressed going forward. This will include looking at ways in which to assess the extent to which the outputs are delivering the intended outcomes will be considered when the team are reframing the Global Research Professorships annual progress report.

4.1 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 has put in place a number of measures to ensure that everyone is treated equally as part of the application process. Equality and diversity considerations are factored into every stage of the award cycle.

The nominations process from Higher Education Institutions and Research Institutes (in LMICs) is strictly adhered to. If two nominations are received, one must be a female researcher. This requirement resulted from a recommendation from the [NIHR Research Professorships](#)⁴ Round 6 (2016) Selection committee to change the eligibility for the Professorships scheme to ensure that the obvious gender balance issues at this level of award were addressed. In Round 7 (2017) of the NIHR Research Professorships the number of female nominees was greater than male for the first time in the history of the scheme. This requirement was therefore introduced for the Global Research Professorships when the scheme expanded to allow two nominees per HEI.

The Selection Committee has also been assessed to ensure there is balance between members from LMIC and HIC regions and that there is balance between members with different professional backgrounds and research expertise. During selection committee member recruitment in this reporting period, the individuals that were invited to join were picked from an Expression of Interest to join a NIHR Global Health Research Portfolio selection committee. As per the Selection Committee appointment guidance for NIHR Academy awards, the balance of diversity was (and will continue to be) considered when the new members were selected.

The NIHR monitors the applications for the research team composition and how the award holders plan to be inclusive when considering their research capacity plans. For example, it was encouraging to see that NIHR301621 award included researchers with disabilities, including 2 PhD students within the programme.

As a result of the learnings from this first annual review of the Global Research Professorships, the Global Research Professorship programme team will seek to revise the

⁴ This requirement was introduced to the NIHR Research Professorship scheme which is open to UK based researchers to undertake research within the UK. The NIHR Global Research Professorship scheme stemmed from the NIHR Research Professorship scheme and was first introduced in Round 7 of the NIHR Research Professorship scheme.

annual reporting template to drive synergies with the annual review template. There is a need to collect data on the gender of shared staff and NIHR Academy Members, both in LMICs and HICs. The NIHR will also work towards implementing a process to collect and review data on the gender balance of authors on all peer-reviewed publications from each award holder and their teams.

- 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 NIHR ensures that the award holders have addressed how their research plans benefit vulnerable groups. This is assessed by the NIHR Global Research Professorship Selection Committee during the shortlisting and interview process. The applicants are required to demonstrate a high standard of community engagement and inclusion (CEI) that is embedded across the research cycle.

During the interviews of shortlisted candidates, the Selection Committee is composed of the recruited members as well as two CEI representatives who review the applications for community engagement and involvement. The CEI representatives with expertise in this area also pose interview questions to every applicant on their CEI plans and will raise concerns where they have identified issues. There is an expectation that CEI should be used to identify and include vulnerable and at-risk groups and that this will guide their research. The CEI representatives also grade each applicant and this contributes to the overall assessment made by the committee. The Selection Committee can also make award offers that are conditional on a number of measures and this can include the award holder improving and strengthening their CEI training and strategies.

5. Risk

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

The most significant risk* across the Global Research Professorships awards resulted from the COVID-19 pandemic and variously affected the recruitment of support posts, delayed the delivery of research activity and contributed to a reduction in budget spending. In response to COVID-19, NIHR advised award holders that funding would continue even where staff could not work and even if some activities needed to pause. This meant that staff could be redeployed for COVID-19 emergency responses as required.

NIHR have considered and facilitated requests for changes to research programmes due to the above impacts for the two round 1 awards. No other award holders have approached us for this consideration.

**Each NIHR Coordinating Centre collates and shares risk data in a central log. This helped with tracking and monitoring of key risks. Any potential programme changes and delays were then communicated across centres and with DHSC*

Risk	How is the risk being managed/mitigated?	Current status
<p>Risk that COVID will interrupt the planned leadership training and appointment of support posts for Global RPs.</p> <p>Risk that proposed leadership courses, international visit and mentorship visits along with appointments to support posts will be delayed or not be able to take place as was originally planned. Need to consider whether a mixture of time or changes to leadership plans should be permitted.</p>	<p>This was managed by sending out emails to award holders in May 2020 and on a case by case basis thereafter.</p> <p>We kept in contact with the Global RPs and monitored progress.</p> <p>Round 1 Global RPs have applied for extensions (1 x costed and 1 x non costed) to address this. The NIHR will keep in touch with Round 2 and 3 Profs to see if this is still a risk.</p>	<p>Closed - 13/01/2023 as now deemed low risk and that suitable mitigation is in place.</p>

Risk	How is the risk being managed/mitigated?	Current status
Award holders flagging issues with supplies. For example, there is a risk that there are delays in supplies for vaccine trials due to manufacturer delays, which is a knock on effect of COVID-19.	This has resulted in over a 12-month delay in receiving supplies but it is anticipated that the study will be able to start within the next reporting time period. Monitoring through annual reports, and will be in contact with the award holders should any further concerns arise.	Open - low risk
Global economic downturn affects the delivery of projects. The budget no longer covers the cost of the planned work. Overspends have been reported in international travel and accommodation.	The situation will be monitored through the financial and annual reports.	Open - high risk
Award holders flagged the risk that delays to extension requests being approved are impacting the award. For example impacting recruitment due to unknowns in project timelines.	The two extension requests have now been granted and a process is being developed to reduce this risk for future extension requests.	Open - low risk
Risk that there are delays and potentially the inability of securing visas for support posts. For example, support posts being unable to visit the UK.	Monitoring through annual reports, and will be in contact with the award holders should any further concerns arise.	Open - high risk Despite the delay, the visa has been granted however, this risk will remain open as it could impact other awards.

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

- their approach to handling accusations of fraud, corruption and bribery (if not covered in previous reports)
- any changes in the last year to the anti-corruption strategy applied to managing NIHR funded awards

There were no allegations or incidents of fraud, corruption and bribery made against any of the NIHR Global Research professorships during the reporting period.

As part of assurance checks, NIHR requests evidence of local policies related to finance, procurement and human resources and compliance with these policies. Global Health Research award holders are contractually required to undertake due diligence on all downstream partners and to put in place NIHR vetted collaboration agreements prior to transfer of funds. The NIHR reviews fraud, corruption, and bribery clauses in collaboration agreements for contractual compliance. Where contractors' due diligence checks on new partners do identify any risks, they are required to put mitigation in place for these partners. The ODA contract has also been updated to reinforce the safeguarding and IATI reporting provisions.

Whilst the other coordinating centres have developed processes for verification spot checks, deep dive reviews and assurance visits, the NIHR Global Research Professorships team has not yet done this. Due diligence is undertaken by NIHR finance and global health colleagues and there is award team representation and attendance at cross-NHR assurance meetings. The NIHR award team follows NIHR finance and ODA compliance guidelines and routinely queries the eligibility of financial costs when there is no clear justification for reported expenditure. Additionally, the NIHR award team routinely updates the cross-NIHR assurance group regarding any potential risks to ensure shared learning, see Section 5.1. The NIHR award team has also discussed any concerns with the risk and issues register with the NIHR Assurance Lead who has provided additional guidance outside of the assurance meetings.

- Aggregated credible allegations

	Total number of credible allegations:
Made against any NIHR funded awards	0
Made against any NIHR funded awards and investigated by delivery partner	0
Made against NIHR funded awards and reported to NIHR/DHSC	0

5.3 Safeguarding

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

There were no safeguarding incidents or concerns made against any of the NIHR Global Research professorships during the reporting period.

The NIHR has published NIHR Safeguarding Guidance and NIHR Policy on Preventing Harm in Research and has promoted them to award holders. The guidance includes an incident reporting form and process for reporting concerns or incidents, including fraud, safeguarding and security issues, to NIHR and DHSC. This guides staff and contractors through the expectations and process for managing and escalating concerns or incidents. The GHR ODA contract template has also been updated with clauses related to safeguarding provision and with reference to policies and guidance on safeguarding (NIHR Policy on Preventing Harm in Research, NIHR Safeguarding Guidance and the NIHR Policy on Bullying and Harassment). In addition, the NIHR reviews collaboration agreements for safeguarding clauses.

During the contracting period, a number of policies are signposted for the award holders to take note of - NIHR Policy on Preventing Harm in Research, NIHR Safeguarding Guidance and the NIHR Policy on Bullying and Harassment. The NIHR Assurance policy and processes are overseen and coordinated through a cross NIHR Assurance lead.

In the reporting period, the NIHR award team has reviewed one collaboration agreement by a Round 4 award holder.

- Aggregate summary of safeguarding issues that have arisen during the reporting year

	Total number of safeguarding issues
Raised against any NIHR funded awards	0
Raised against any NIHR funded awards and investigated by delivery partner	0

	Total number of safeguarding issues
Raised against NIHR funded awards and reported to NIHR/DHSC	0

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

NIHR strongly encourages researchers and award holders to use sustainable environmental processes as part of its approach to ensuring value for money. Examples given are to use local suppliers and video conferencing to minimise travel in line with the NIHR carbon reduction guidelines.

The COVID-19 pandemic meant that award holders used flexible approaches with respect to research delivery and capacity strengthening. Some of those approaches are also more environmentally sustainable - such as using virtual platforms, hybrid events and meetings and a reduction in international travel.

Additionally, the selection committee meetings within this reporting period were held virtually, meaning these meetings caused limited impact on the environment due to travel, particularly as the committee members are based all over the world. Whilst it is anticipated that interviews for future rounds will have the committee in person due to the benefits this provides to the scheme and the committee, the frequency of the interviews being in person is still being considered, for example alternating between in person and virtual interviews. Other selection committee meetings will likely remain virtual and committee members will be encouraged to utilise the visit to the UK for other purposes, for example, meeting with collaborators.

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

6.1 Performance of awards on delivery, commercial and financial issues

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

The NIHR monitors every Global Health award closely to ensure projects deliver all the required outputs, adhere to agreed timescales, and minimise potential underspend where possible. As presented in Section 2.2, there were some impacts of the COVID-19 pandemic that lead to budgetary underspends. In this reporting period, the two Round 1 award holders had costed and non-costed extensions of 12-months approved. The Round 2 award holder has had some underspends due to support staff changes and the NIHR awaits their latest financial reconciliation data to assess the level of underspend that they have. As the most affected awards, their situations are summarised below:

- RP-2017-08-ST2-012 award has a costed 12-months extension. There was 1 year left of their award (so 80% of award duration) and had spent 71% of their award. The 12-month costed extension addresses the delay due to not being able to complete two of their work streams and extends two of their support staff's contracts by 6 months so that they can complete their projects.

- RP-2017-08-ST2-008 award with the non-costed extension of 12 months had some delays in recruiting to support staff positions due to the pandemic travel restrictions. Their

underspend was modest, a reprofiling of the award was needed to allow for recruiting to their post with additional contract time.

- NIHR301627 award has some underspend in their support post budget due staff changes. This is due in part to team members either successfully securing tenureship or external grant funding for their salary. The NIHR is working with this award holder to address these changes and the resulting underspend.

- NIHR300791 award has reported some underspend but this is due to an issue that was reported in advance. There were delays in supplies for a melioidosis vaccine trial study due to manufacturer delays (knock-on effect of COVID-19) so they have not yet transferred costs to one of their partner organisations. This has resulted in over a 12-month delay in receiving the vaccines but they anticipate that they will be able to start this study in the next reporting time period.

Most awards are predicting that they will spend their remaining budget despite the underspends and delays outlined above. Based on the most recent analysis, the NIHR predicted that the underspends in the earlier rounds would be minimised on award completion due to extensions and other mitigations applied.

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

- Delivery partner to provide the percentage of awards that are meeting International Aid Transparency Initiative (IATI) obligations (please refer to <https://iatistandard.org/en/iati-standard/>).
- If not 100%, please outline the reasons why.

DHSC reports relevant transparency data relating to the NIHR Global Research Professorships to the Independent Aid Transparency Initiative (IATI) registry on a quarterly basis. This is part of DHSC's commitment to aid transparency in compliance with the IATI standard. All funding call guidance and outcomes are published on the NIHR website and full details of the research funded are available on the NIHR funding and awards and open data platform.

The requirement for Global Research Professors to meet the IATI standard by reporting data relating to ODA funding to the IATI registry was introduced in 2022 for NIHR ODA research

contracts. This will be something that newer award holders will be contractually obligated to do. The NIHR award team has previously communicated with award holders highlighting the importance of transparency of ODA funding and have prepared them for future requirements to report to IATI.

7. Learning from Monitoring and Evaluation

7.1 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?

In the reporting period, the Global Research Professorships programme team has been in regular contact with a variety of stakeholders to foster continuous improvement of the Global Research Professorships and the wider NIHR Global Health Research Training Programme. This has included keeping in regular contact with individual award holders via correspondence, monitoring annual and financial progress reports, monitoring project outputs, and the first round of mid-award reviews taking place in August 2022. The team has also had regular contact with other teams with the NIHR Global Health Research Portfolio and DHSC through various cross-centre meetings and working groups.

Some of the main actions from the learnings in this reporting period are outlined below:

- The Global Research Professorships award holders are now Training Leads. As part of this role, they act as points of contact for NIHR GHR Academy Members and take an active role, providing advice and career development support to ensure individuals can thrive as successful academics, as well as sharing examples of best practice and career development opportunities.
- The NIHR Global Research Professorships award team recruited a Global Research Professor to join the Global Health Training Steering Group in the reporting time period. This steering group provides governance on aspects of the Global Health Research Training Programme and supports the delivery of the Training Forum, an event designed to share knowledge and good practice within NIHR GHR programme awards and the wider network. Having a Global Research Professor perspective has been valuable to the learning of this group.

- The annual Research Professorship event took place on 1 April 2022, which brought together both the domestic and Global Research Professorship award holders. The event was designed by the award holders and they chose the topics for discussion. The annual event encourages award holders to learn from one another by the sharing of research experiences, to collaborate and to increase networks within the cohort.
- Scheme guidance and supporting materials for applicants were updated, and will continue to be updated in future rounds, to clarify most commonly asked queries. For example, a finance webinar for applicants was updated to clarify frequently asked queries.
- An after action review following the 12 month costed extension took place to improve the extension request process. The review highlighted the need for a standard process for all extension requests to be considered, including time frames for award holders, NIHR Global Research Professorships programme team and DHSC to complete documentation. This will ensure that future requests are dealt with in a timely manner and that all involved know what is required of them to do.

- Key lessons

The key lessons in the reporting period have been:

- (1) The need to have an onboarding webinar for new and current award holders so that they are aware of their responsibilities as Training Leads and the opportunities available to their researchers through the NIHR.
- (2) The need to implement a formal review and feedback process for the annual progress reports. This would bring the award team in line with the other NIHR global health teams.
- (3) The need to tailor and revise the annual reporting template so that the Global Research Professorship scheme reports on the same information as the rest of the NIHR Global Health funded awards.
- (4) For the NIHR Global Research Professorships programme team to continue to contribute to the cross-NIHR work to update and revise SOPs. As the Global Research Professorships are a fellowship award rather than a programme award, the Global Research Professorships sit within the NIHR Academy remit and follow these processes. The Global Research Professorship programme team is reviewing processes in order to have a more consistent

approach that echoes those of the other Global Health award management processes in the NIHR.

7.2 Key milestones/deliverables for the awards for the coming year

Award	Key milestones/deliverables for coming year
All Global Research Professorship awards	Continuation of contractual milestones: <ol style="list-style-type: none"> 1. Completion of quarterly financial and Annual Reports 2. Delivery of outstanding deliverables and 3. Continuation of progress toward award outcomes.
Round 1 awards	2 awards to achieve the key milestones and continue completing their work packages.
Rounds 2 and 3 awards	3 awards to successfully undertake their mid-award reviews, which are taking place in June 2023.
Round 4 awards	3 awards to achieve the key milestones and continue completing their work packages.
Round 5 awards	4 awards to complete their first annual progress reports completed, who commenced their award early 2023.
Round 6 awards	4 awards to commence (applications currently under review)

Annex: Clearance checklist

	Name	Date
Annual Report sections completed by (within delivery partner organisation)		
Annual report read and annual review sections completed by (DHSC) with input from transparency sub-team		
Annual review shared and signed off by (within delivery partner organisation)		
Annual review signed off by (DHSC)		
SRO sign off for publication		

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