Department of Health & Social Care

Global Health Policy and Systems Research (HPSR) - 2023

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NIHR Global Health Research Portfolio

Contents

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 NIHR Global Health Policy and Systems Research (Global HPSR) Programme launched in 2019 with three linked activities (see the Global Health Policy and Systems Research programme web page and programme level Theory of Change). This funding opportunity aimed to support UK universities to work in equitable partnerships with Low- and Middle- Income Countries (LMICs) to undertake applied research to strengthen health policy and health systems for the benefit of people in ODA-eligible countries. The programme aims to generate new research knowledge through funding high quality, contextually relevant research on health policy, health services and health systems strengthening to inform policy and practice in LMICs, which will lead to improved outcomes for the most vulnerable and address issues of health equity.

A call for Global HPSR Commissioned Awards launched in 2020, funding five awards of up to £4m over 4 years to address identified HPSR priority areas. Researcher-Led Awards were then launched in 2021, funding eight awards of up to £4m over 4 years in any area of applied global HPSR.

This review covers the reporting period from October 2022 to November 2023 and relates to 12 research awards in total: four awards made under the Global HPSR Commissioned call and eight made under the Researcher-Led call. Commissioned awards are the most mature of the reporting portfolio, with one award having already completed their contract in December 2023 and the other four reporting on their Year 3 activities. Researcher-Led awards completed their Year 1 activities across this reporting period.

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

Delivery

The majority of Global HPSR awards have been deemed to have a green or amber delivery risk rating. Whilst most awards are expected to deliver on time and to target or with modest extensions, particular attention will need to be paid to those awards with significant projected under- or overspends, in addition to awards likely to require significant extensions to their original contracts. DHSC are satisfied that the NIHRCC are aware of the key risks under

each category and that both the NIHR teams and award project teams are aware of comprehensive risk mitigations that could be used to manage these.

Outputs

Outputs are reflective of the levels of maturity of the various awards in the Global HPSR programme portfolio. In their third and in some cases final year of activity, the Commissioned awards continue to produce a high level of research outputs, with 142 in this reporting period. In their first year of activity, the focus of Global HPSR Researcher-Led awards focus on initial setup activities is reflected in the relatively high proportion of events/workshops and presentations across their total outputs.

The increase in the number of externally peer-reviewed publications in open access LMIC-based journals during this reporting period, which now represent the majority of peer-reviewed publications reported across both calls, may represent a positive development in terms of the increased accessibility of the outputs of this portfolio for LMIC policymakers and decision makers. Whilst the proportion of female lead/senior authors is adequate, the proportion of LMIC-based lead/senior authors is lower than desired at 39%. As the portfolio continues to mature and the NIHR continues to embed support for research capacity strengthening within awards and monitoring equity in authorship and leadership of scientific outputs, it is anticipated that this proportion will increase across future years.

Both types of awards are also continuing to increase the research capacity of individual LMIC researchers through supporting a range of degrees and qualifications. A total of 51 NIHR Academy trainees are supported through this portfolio, including 20 PhDs and 22 Master's degrees. Several Global HPSR awards have also taken advantage of the NIHR's Global Health Research Cohort Academic Development Award (GHR CADA) to provide additional training and career development activities for their trainees.

Outcomes and early impacts

As the Researcher-Led awards are in the earlier phases of setting up research activities, there is limited evidence of their research evidence influencing on policymakers or leading to realised impacts. However, three of the eight awards have reported engagement and influence with at least one stakeholder group in the reporting period. Some teams have made particular progress with building relationships with key teams within local health ministries. For example, the IMPACT team worked with the Directorate for Mental Health of the Peruvian Ministry of Health on the development of the budgetary programme for dementia, and the TULAY team has established working relationships with the Department

of Health in the Philippines by inviting a representative from the department to sit on their Advisory Committee. Maintaining these stakeholder relationships will strengthen pathways to impact over the next reporting period, as research activities progress.

Commissioned awards are seeing progress in influencing policymakers and HPSR practitioners to utilise the knowledge generated by their awards. For example, the IMPRESS team have collaborated with the Malawian Ministry of Health and a local university on the creation of a Learning Centre on Quality of Care to promote learning and dissemination and document best practice. Other teams have also utilised training as a route to influence practitioners, such as the R4HSS team's work to develop an infection prevention and control "Training of Trainers" programme for which can be integrated into the Northeast Syrian health system.

There is clear evidence of Global HPSR awards engaging and involving a wide variety of local communities and/or at-risk and vulnerable groups in their research. Teams have used creative approaches to CEI to adapt their plans to better meet local needs as well as to further influence decision-makers. Patient groups formed under the INTE-COMM study for patients living with diabetes and hypertension have provided an additional lobbying platform to advocate for better quality health services within health facilities.

Involving local communities in the research design process and aligning with local needs has important implications for the effectiveness, contextual-relevance and value for money that projects deliver. For example, the IMPACT team used feedback from community health workers in the development of an mHealth tool to assess dementia diagnoses and management, leading to the tools being adjusted to take into account the age and education level(s) of the local population. Other teams' commitment to localisation and local leadership has enabled them to weather significant challenges to delivery. The R4HSSS award was impacted by the 2023 earthquake in Syria and Turkey. Despite the significant operational challenges these crises presented, teams were able to continue work due to the leadership roles of local partners inside northern Syria, with research and training activities being largely implemented by partners in the region.

Global HPSR awards also continue to strengthen the research capacity of LMIC institutions. A doubling in the total number of research support staff employed in LMICs compared to the last reporting period reflects the acceleration of research activities within the LMICs; award holders have supported this acceleration by offering a variety of training and development opportunities for academic and non-academic staff to support the sustainable growth of LMIC research ecosystems. For example, by performing a needs assessment survey, the

COHESION-I team are developing a tailored capacity strengthening plan across all partner institutions, addressing research skills, CEI, and communication.

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

Recommendation	Owner	Timeline	Summary of action taken
Review and update the programme level Theory of Change for Global HPSR	DHSC/ NIHRCC	Autumn 2023	This work is ongoing in the current review period, in line with Theory of Change updates across the GHR programmes
Consider ways to support UK and LMIC partners to overcome persistent delays in negotiation of contracts and collaboration agreements for future calls. Including: (i) Highlighting contracting phase actions within call webinars (ii) Developing guidance about the delays and issues likely to be encountered (iii) Sharing lessons learned on both the challenges of supporting contracting and collaboration agreements including the success of the joint LMIC based lead model based on relevant After-Action Reviews across NIHR working groups and other GHR programmes	NIHRCC	End 2023	This work is ongoing across all NIHR GHR programmes. Examples of actions taken are: planning shared learning events to discuss these issues, improving guidance and support, and encouraging award-holders to develop networks to share learning.
Explore options for a research symposium to provide opportunities for interface between researchers and health policy officials	DHSC/ NIHRCC	Autumn 2023	Not yet actioned but NIHRCC is actively developing its networking and shared learning offer [ongoing]
Review trends of LMIC and female lead authorship across the NIHR GHR portfolio over time, consider whether evidence supports the need for further guidance from NIHR to set out expectations on	NIHRCC	End 2023	Trends have generally been positive across the length of awards as award-holders actively seek to overcome challenges and barriers

Recommendation	Owner	Timeline	Summary of action taken
increasing balance of lead and senior authors			to LMIC- and/or female-led authorship. This will be kept under review to ensure equity, as per business as usual [complete]
Explore options for a workshop on methodological advancements in HPSR, based on the new scope for methods research across GHR and Global HPSR	NIHRCC	April 2024	NIHRCC is exploring various topics for shared learning events and other cohort events. Where there is continued demand for certain topics such as methodology, these workshops will be actioned to support applicants and award holders [complete]

1.4 Performance of delivery partners.

NIHR continue to monitor projects closely, remaining in good communication with award holders and offering relevant supportive and guidance to ensure they can navigate and respond to shifting contextual factors. Over this reporting period NIHRCC have provided clear and timely recommendations to DHSC on several change requests received from award holders. Any issues have been escalated to the NIHR Global Health Research Programme Director and/or DHSC as appropriate, and diligently logged on the Programme Management Meeting tracker ahead of quarterly catch ups with DHSC.

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.

Throughout this reporting period the NIHRCC also worked closely with DHSC to design and launch the next iteration of the Global HPSR Programme, HPSR Call 3, in November 2022. This call represented the first instance of the Global HPSR programme commissioning two bands of award concurrently, the Projects and Consortia awards. A Stage 1 funding committee meeting was subsequently held in May 2023, with successful Stage 1 applicants developing their proposals for a Stage 2 funding committee meeting to be held in early 2024.

NIHRCC and DHSC teams adopted enhanced levels of communication throughout this process to ensure effective setup of this new delivery model.

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

In the last reporting period, the NIHR has organised a variety of learning initiatives to respond to the demand from award-holders for more cross-award networking and collaboration. These events, including virtual workshops for CEI Leads and assurance visits to partner institutions in Kenya, provided the opportunity for direct engagement with NIHR teams, as well as facilitating networking and learning across award-holders. These events provide helpful feedback on award-holders' appetite for future similar events, as well as feedback on where it would be most useful for the NIHR to target further support to ensure continuous improvement to processes and existing ways of working.

The Global HPSR Researcher-Led call was one of the first ever NIHR calls to shift to funding LMIC institutions directly as lead contract holders. This represented a significant step change in the delivery of the NIHR Global Health Research portfolio and managing the first year of activity for these awards produced important lessons and challenges. Learnings have resulted in improvements being made to application support processes, finance guidance, due diligence processes, and other aspects of post-award management support in order to better facilitate LMIC leadership on NIHR awards. Ensuring that these lessons around effective and agile contract management and support are shared across the NIHRCC will enable effective delivery of LMIC-led awards across the wider GHR portfolio. As these awards progress in their research and stakeholder engagement activities, it will be important to monitor the outcomes and impacts of supporting LMIC leadership for the local research ecosystems.

Following the development of the next iteration of calls under the Global HPSR programme detailed under section 1.4, an After-Action Review was undertaken by NIHR and DHSC colleagues in July 2023, following the Stage 1 committee meeting for the new Global HPSR Project and Consortia awards. This provided space for reflections on this new method for commissioning and funding awards and ensured that learning from previous HPSR calls, as well as wider NIHR GHR programme calls, would be embedded into the future design, delivery and communication of the Global HPSR programme.

The Ecorys evaluation of the NIHR Global Health Research portfolio is due to be published in 2024. Global HPSR awards interviewed as part of this process could offer useful lessons

around innovative approaches to CEI, research capacity strengthening, equitable partnerships and other cross-cutting areas for the further learning and improvement of the wider GHR wider portfolio.

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

Recommendation	Owner	Timeline
Consider ways to support UK and LMIC partners to overcome persistent delays in negotiation of contracts and collaboration agreements for future calls. Including: (i) Highlighting contracting phase actions within call webinars (ii) Developing guidance about the delays and issues likely to be encountered (iii) Sharing lessons learned on both the challenges of supporting contracting and collaboration agreements including the success of the joint LMIC based lead model based on relevant After-Action Reviews across NIHR working groups and other GHR programmes	DHSC/NIHR	End 2024
Develop and deliver training for award holders on financial and other NIHR reporting processes and requirements	NIHRCC	End of 2024
Work with award-holders to ensure reporting is fit-for-purpose and clear, while also streamlining collection of information in line with Busting Bureaucracy agenda	NIHRCC	End of 2024
Develop additional opportunities for cross-programme networking, learning and collaboration, particularly for LMIC partners, in-person and virtually.	NIHRCC	End of 2024
Explore options for a research symposium to provide opportunities for interface between researchers and health policy officials	NIHRCC	2024-2025 as part of plans for cohort and stakeholder engagement /shared learning events
Review and update the programme level Theory of Change for Global HPSR	DHSC/ NIHRCC	Spring 2024

2. Summary of aims and activities

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

Twelve awards were active in the reporting period October 2022 to November 2023. One Global HPSR award completed its contract in December 2023 and submitted its End of Award report in January 2024. The outcomes from this report will be included in the next annual review.

Four Global HPSR Commissioned awards completed their third year; activities included rolling out interventions, qualitative and quantitative data collection, recruiting and following up trial participants, undertaking process evaluations, cross-country visits and learning events for training and knowledge exchange, stakeholder engagement activities, applying for additional funding awards, and preparing outputs. The eight remaining Global HPSR Researcher Led awards completed Year 1 activities such as setting up collaboration agreements, recruiting research and support staff, onboarding trainees, preparing for the active research phase, beginning community and stakeholder engagement work, developing frameworks, and undertaking scoping/policy analysis work. Section 3 of this report summarises the outcomes from all Global HPSR awards' activities with regard to research outputs, research capacity-strengthening, and equitable research partnerships. More information about award activities can be found on individual award websites and the NIHR website, as referenced throughout this report.

NIHR uses a Red-Amber-Green traffic light system to assess whether the awards are delivering on time and target. The delivery risk categories are defined as follows:

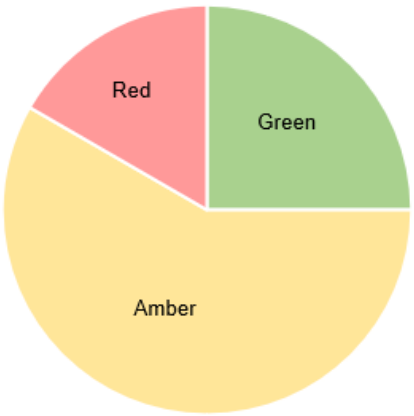
Rating	Delivery risk level
RED	Significant risks to progress/funded outcomes; unlikely to complete funded work without a contract extension
AMBER	Some risks to progress/funded outcomes; may require a modest extension to complete funded work
GREEN	No unmitigated risks to progress/funded outcomes

Risk to progress/funded outcomes is defined as any combination of factors that is likely to affect the programme of work, i.e., the research is likely not to be delivered or not delivered

as agreed at point of funding. This could have implications for the duration of the contract, the funding amount, or both.

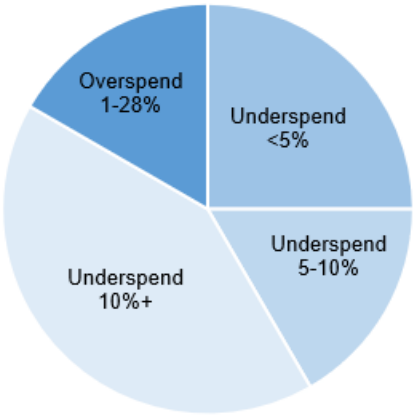
Figure 1 below shows the distribution of overall delivery risk across the active Global HPSR portfolio, including underspend values across the awards based on quarterly financial reporting and forecasting. Two Global HPSR awards are rated red for delivery as they will require contract extensions to complete the contracted work; this is after experiencing significant delays due to the COVID-19 pandemic and relating to delays with collaboration agreements/ethical approvals. Seven awards are rated amber for delivery: reasons include delays due to the time taken to draft/sign collaboration agreements, the risk of overspend, and changes to project leadership arrangements. The remaining two awards are rated green. Section 5 describes the top five portfolio risks and Section 6 contains more detail on financial performance of all awards.

Figure 1: HPSR Dashboard



RAG Distribution	*No. Projects: 12*	
Green	3	25.0%
Amber	7	58.3%
Red	2	16.7%

Based on risk ratings for the period October-December 2023



Over/Underspend	*No. Projects: 12*	
Underspend <5%	3	25.0%
Underspend 5-10%	2	16.7%
Underspend 10%+	5	41.7%
Overspend 1-28%	2	16.7%

Based on risk ratings for the period October-December 2023

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

Inclusion

The Global HPSR awards have been working with a wide variety of vulnerable and/or at-risk groups. These have included (a full list of awards with their titles and abbreviations, if applicable, can be found in Annex A):

- Young bus users, women, people with disabilities, and elderly people in Nepal (SAFE TrIP Nepal)
- People with dementia in Peru (IMPACT)
- Mothers of small and sick newborn babies in Africa (HIGH-Q; IMPRESS)
- People who have experienced a stroke in the Philippines (TULAY)
- Slum communities, garment workers, construction workers, waste pickers, vulnerable elderly, and members of the LGBTQIA+ community in Bengalaru, India, and people with mental health issues in South Africa (COMPLUS)
- Tribal, religious and ethnic minority groups in Northwest India, and informal labour communities in Colombia (Health Financing Fragmentation and Universal Health Coverage)
- People living in poverty in Mozambique, Nepal and Peru (COHESION-I)
- Adolescent/child-headed households; young women who are in abject poverty with 6-8 children; orphans and vulnerable children in Kenya (C-it DU-it)

Mapping activities led by the Brazilian Center of Analysis and Planning (CEBRAP) São Paulo team have helped identify two districts which have the highest numbers of favelas in

the municipality. These are slum districts which are among those with the highest percentage of black population, young population, lowest supply of formal jobs, lowest average age at death, highest rates of teenage pregnancy and highest rates of hospitalisation for Public Health Care-sensitive conditions (COMPLUS). These will be the focus of both CEI and research activities.

Participation and two-way Communication

CEI activities have included focus group discussions, co-design workshops, interviews and meetings.

- A Health Policy, Financing and Rights to Health and Health Care capacity building workshop held in India was attended by 45 participants, the majority belonging to tribal and religious minority groups (Health Financing Fragmentation and Universal Health Coverage).

- Meetings organised by Community Road Safety Mobilisers for SAFE TrIP Nepal have reached 200 people from four Palikas (local municipalities in Nepal).

- In Uganda, the formation and running of clubs for patients with diabetes and hypertension has enabled members to purchase necessary drugs at wholesale prices. The clubs, facilitated by members of the village health team, have also acted as a lobbying platform for better quality health services within health facilities (INTE-COMM).

SAFE TrIP Nepal established the following groups to support their work:

- Community Road Safety Forums: includes women, elderly, road crash victims, young people

- Bus User Advisory Group: includes young bus users (14 years old minimum), women, people with disabilities and elderly people

- Road Injury Patient Advisory Group: includes patients, caregivers, parents from a diverse demographic including the elderly, women and people with disabilities

- Emergency Care Provisional Engagement Group: includes road traffic injury transport providers and doctors and nurses working in emergency care departments of hospitals.

Support for research has been gained through a variety of methods:

- The TULAY team in the Philippines visited municipal dignitaries, capturing support through photographs and letters.

- Stakeholder engagement meetings. For INTE-COMM, these included meetings with stakeholders from the local government, police force, church/ mosque and schools in Uganda. In Tanzania, they included Ministry of Health officials, Regional and District Medical Officers, NCD Alliances, and patient representatives.

- Engagement with community-based organisations (CBOs) to enhance greater buy-in for strengthening community participation structures in urban health. (COMPLUS)

- Community Road Safety Mobilisers from SAFE TrIP Nepal speaking to the Mayors of each Palika and receiving letters of endorsement for the research, and acknowledgement of the issues of road traffic crashes in the area.

- Recruitment of influential organisation members to advisory groups. The TULAY team have recruited members of Philippine Association of Rehabilitation Medicine (PARM), Stroke Society, People with Disabilities and Akbay Stroke Support Group.

- Promotion of the work at conferences.

As an example of sharing learning between NIHR funded awards, the IMPRESS team reached out to the CEI lead of the GHR Unit on the prevention and management of stillbirths and neonatal deaths in Sub-Saharan Africa and South-Asia for advice on how to identify CEI groups in an area where there were few community groups already established. Following advice from the CEI lead, the team reached out to Safe Motherhood Coordinators based at the local hospital who helped identify the CEI group of mothers whose babies had required small and sick newborn care in the last 6 months.

Empowerment, Ownership, Adaptability and Localization

Three awards detailed how their CEI activities have impacted research design and implementation activities:

- Through a series of co-design workshops, COHESION-I is developing a community awareness campaign in response to needs and levels of current understanding of communities and local authorities on the causes, symptoms, and management of neurocysticerosis in Peru.

- Feedback from community health workers in the development of the mHealth tool for use in assessing dementia diagnosis and management has led to the tools being adjusted to take into account the age and education level(s) of the population (IMPACT).

- Inclusion of management-related activities intended to improve patient satisfaction and the patient experience of care, as informed by the perspectives of women on their experience of care (IMPRESS)The HIGH-Q researchers ensure group discussions and participatory activities are organised to support the communities' ability to voice ideas, issues, and concerns as freely as possible, particularly when collecting data from women and families from low-income households. For example, they have ensured that the researchers collecting data include women and individuals from low-income households. In addition, when new staff have been introduced as part of the intervention, the HIGH-Q research team has subsequently sought for these staff members to be considered by hospital managers for permanent positions once the study is over.

- A key priority for the R4HSSS team was to address the issue of healthcare for people with disabilities in Syria. The team supported Idlib Health Directorate (IHD) to establish a new 'person with disabilities' department, responsible for the management and coordination of professional health services appropriate for people with disabilities.

Other award-holders that are in earlier stages of research have also taken steps to ensure ownership at the local level. For example, SAFE TrIP Nepal has ensured more marginalised communities have a voice in the research by recruiting Community Road Safety Mobilisers from the Palikas they are working with. This includes one member who is of the Dalit caste, and one who is female. One of the Community Road Safety Mobilisers has also agreed to sit on the International Steering Committee as a public contributor, conveying the voices of the local communities. At this stage, the award-holders have not provided more information on how they support the public contributor to influence the research but NIHR will continue to monitor this.

Smart phones issued to community health practitioners (CHPs) as part of C-it DU-it have created a sense of ownership and pride within the Homa Bay county community in Kenya. They have become the first county to roll out the new electronic Community Health Information System (eCHIS). The award will evaluate digital interventions such as this one in terms of pregnancy outcomes, quality of care, and cost effectiveness.

One award in particular, COMPLUS, has highlighted how their research is being informed by their work with local communities:

Brazil

As part of the São Paulo case study, the team are working with community councils, based within basic health units, to better understand their involvement in the processes of monitoring and evaluating the implementation of health plans. Following this, they will gain community views on the desirable and possible changes to improve these processes.

South Africa

Community coordinators have been recruited from areas of high socio-economic inequality where issues including gender-based violence, unemployment, poor access to healthcare, water, sanitation, housing, and rates of crime and gang violence are high. They are playing a key role in shaping the local research plans and delivery, by representing and voicing the needs of their community. For example, their input in a recent planning workshop led by the project manager has informed and strengthened the research capacity building plans in the country. Going forwards, community coordinators in the Western Cape will be trained as ‘master trainers’ and assist the project manager in building the capacity of Eastern Cape trainers.

A community coordinator also assisted in facilitating a workshop at the Public Health Association of South Africa (PHASA) conference.

In June 2023, the Western Cape Government put out a call for public comment on two policies being considered as part of its Alcohol Harm Reduction approach in the province. In response, the COMPLUS team organised a workshop with participants from the Klipfontein and Khayelitsha Health Forums to give a basic understanding of the policy changes. Subsequent workshops were organised with the Peoples Health Movement (PHM)

and the South African Alcohol Policy Alliance (SAAPA) who then assisted the health forums to make a submission on the policy. As a result, communities were able to give direct input on policy to the relevant government officials. Health Forum members in the Western Cape also attended a parliamentary briefing at the end of May 2023 on progress regarding the appointment of Health Committees.

India

In India, partnerships have been established with local organisations to strengthen community participation mechanisms. Community Animators have been identified from these organisations to support two-way capacity building that will be sustained beyond the duration of the research award.

3. Outputs and outcomes

High quality policy/practice relevant research and innovation outputs

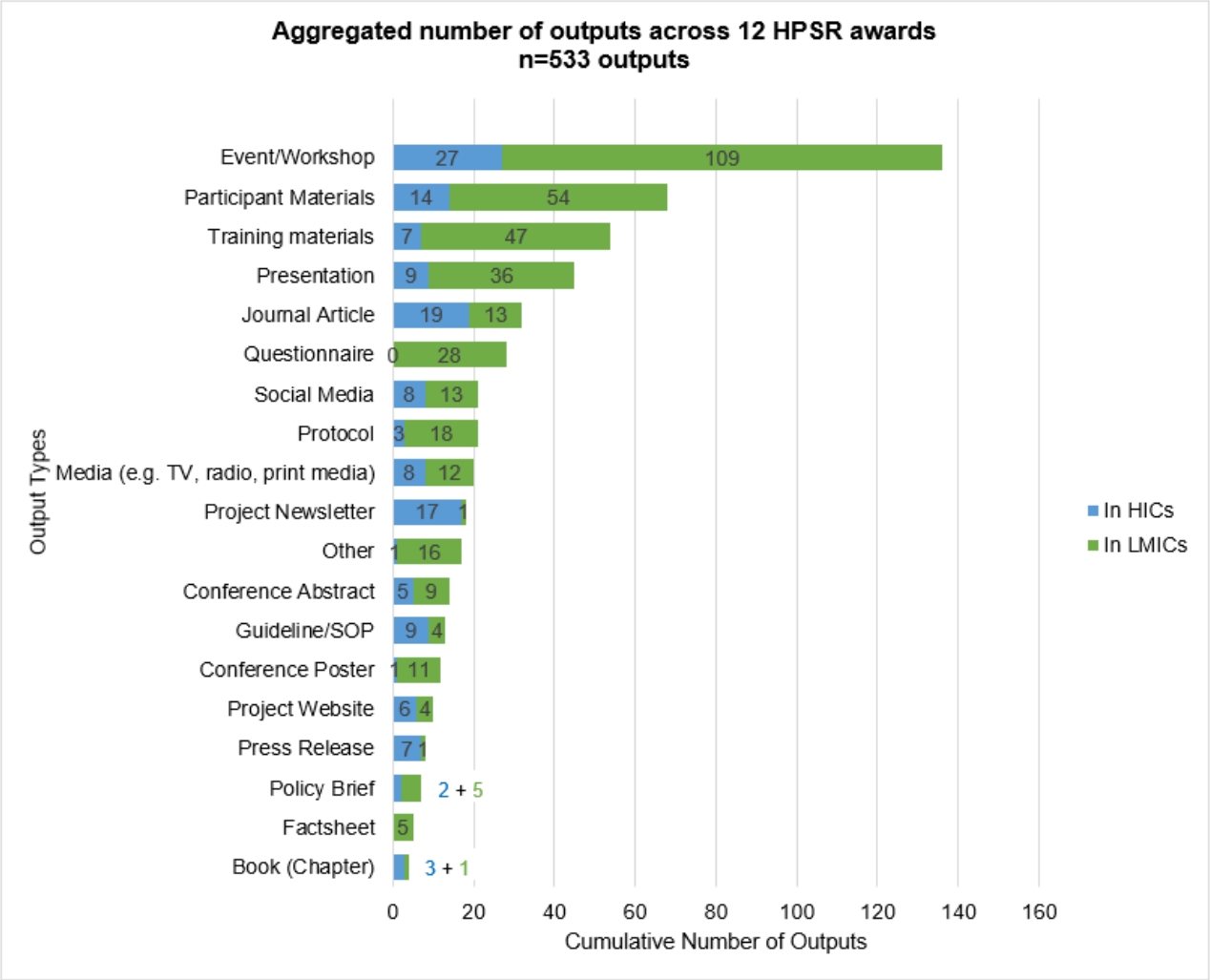
3.1 Aggregated number of outputs by output type.

Figure 2 displays the cumulative number of self-reported output types across Global HPSR awards which had outputs accepted for publication, in pre-publication, or published by 1 November 2023. Award-holders also provide information about whether the outputs are based in HICs or LMICs. Whilst some outputs can also be available in both (e.g., websites or social media) the following information is expected to highlight the main location of the activity and/or access.

The cumulative number of outputs reported by the four Global HPSR Commissioned awards included in this report has increased by 142 (218 to 360) compared to the last reporting period. This figure includes 108 events/workshops, 23 presentations, 23 journal papers, and 20 conferences posters and abstracts. The eight Global HPSR Researcher Led awards reported a cumulative total of 173 outputs during their first year; these include 28 events/workshops, 22 presentations, and 12 protocols. Across the Global HPSR portfolio, events and workshops represent 25% all outputs across HICs and LMICs, and 28% of all outputs in LMICs. This correlates with the level of stakeholder engagement and CEI activities expected in the later stages of the Global HPSR Commissioned awards, as well as expectations during the set-up phase of the Global HPSR Researcher Led awards.

The number of externally peer-reviewed publications in open access LMIC-based journals has increased during the reporting period and represent the majority of peer-reviewed publications reported (29 in LMIC-based journals compared to 25 in HIC-based journals). Although some HIC journals tend to have a higher profile, publications in LMIC journals - particularly those in local languages – may be more accessible and more likely to reach evidence users in LMICs.

Figure 2: Aggregated number of outputs



Examples of Global HPSR Awards' Papers Describing Findings

- The Research for Health Systems Strengthening in Syria team published the findings of their qualitative study Strengthening health systems and peacebuilding through women's leadership. They concluded that *"Continuing to empower women against social, cultural, and institutional barriers is crucial, as the emerging correlation between women's leadership, health systems, and peacebuilding is essential for long-term stability, the right to health, and health system responsiveness."*

- The Health Financing Fragmentation and Universal Health Coverage in Brazil, Colombia, Mexico and India team's assessment of the performance of the Mexican health system between 2000 and 2018 discusses their five key findings, and their work on Fragmentation of Care and Its Association With Survival and Costs for

Patients With Breast Cancer in Colombia found that fragmented care decreases four-year overall survival rates and increases the cost of care for women with breast cancer in Colombia.

- The IMPRESS (Innovative Management PRactices to Enhance hoSpital quality and Save lives in Malawi) team published two briefing papers describing the key findings of their investigations. For hospital management they showed the importance and need for 'target setting and performance monitoring' and 'human resource management' and they demonstrated the validity and reliability of a tool for the measurement of hospital management in Malawian hospitals where no gold standard exists.

3.2 Externally peer-reviewed research publications.

Table 1 below summarises the externally peer-reviewed publications from the last reporting period. NIHR's Open Access Policy states that articles must be immediately, freely and openly accessible to all. In line with this, all peer-reviewed publications for Global HPSR awards in the reporting period are available in open access. The proportion of female lead/senior authors is adequate, although this is just under 50%. However, the proportion of LMIC-based lead/senior authors could be improved. It is expected to increase throughout as Global HPSR Researcher-Led awards, half of which are LMIC-led, continue to increase their output of publications in coming years. NIHR also expects further research capacity strengthening to increase the share of LMIC-led publications over time as LMIC individuals, particularly mid-career researchers, are empowered to lead on major peer-reviewed publications. NIHR will continue to monitor the distribution of leadership roles in peer-reviewed publications and ensure Global HPSR awards have processes in place to ensure equity in authorship and leadership of scientific outputs.

Table 1: Externally peer-reviewed publications (all active Global HPSR awards)

	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	54	100%
Number of externally peer-reviewed research publications with a lead or senior author whose home institution is in an LMIC	21	39%
Number of externally peer-reviewed research publications with a female lead or senior author	25	46%

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

All four Global HPSR Commissioned and three of the eight Global HPSR Researcher-Led awards reported engagement and influence with at least one stakeholder group in the reporting period. Across the Global HPSR portfolio, the highest occurrence of reported influence is on policymakers (seven awards), followed by influence on practitioners (four awards) and community and/or individual behaviour (two awards). These outcomes are as expected for both calls given their different respective stages of the research lifecycle as Global HPSR Commissioned Awards are further along than Researcher-Led awards, which completed their first year of activity in 2023. NIHR expects influence on policy and community outcomes to develop further over time.

Influence on policymakers

The Global HPSR Researcher-Led awards are still in earlier phases of setting up research activities and work packages, so there is limited evidence of influence on policymakers leading to realised impacts. However, there have been some key activities likely to lead to progress in this area. For example, the IMPACT team has worked with the Directorate for Mental Health of the Peruvian Ministry of Health (MINSA) on the development of the budgetary programme for dementia, to be implemented in 2025. The team shared expertise and advice on health services for people with dementia and their families. They report that this gave the research team the opportunity to build a direct relationship with an essential stakeholder.

The TULAY team has established working relationships with the Department of Health in the Philippines by inviting a representative from the department to sit on their Advisory Committee. TULAY expect results from their work to influence guidelines and service-level changes.

Global HPSR Commissioned awards have completed their third year of activity and have reported progress in influencing policymakers. For example:

"IMPRESS researchers […] have been instrumental in the creation of a joint venture between the Ministry of Health and [Kamuzu University of Health Sciences, KUHeS] to create a Learning Centre on Quality of Care. Its mission is to promote learning through fostering collaboration, connecting facilities, districts, implementing partners and policymakers, documenting and packaging best practices, creating opportunities for sharing and disseminating learning, and using implementation science to generate evidence for scale-up. The IMPRESS researchers are members of the centre's taskforce, which will give them an opportunity to ensure the knowledge generated by the award informs the centre as it takes shape." [IMPRESS]

The IMPRESS team also mentioned challenges in engaging with policymakers, who are faced with many demands from researchers. They have managed to mitigate this through the close ties of the Malawi research partner to the Ministry of Health. They also mentioned the importance of being selective in their engagement to make efficient use of government officials' time.

The INTE-COMM team are part of the Respond Africa partnership for the control of chronic diseases in Africa. It counts among its stakeholders Ministry of Health personnel from Uganda and Tanzania. They attended four high-level meetings in the last reporting period, which also included discussions of other studies, and they noted a positive response from stakeholders on INTE-COMM: "*At the meetings, the INTE-COMM trial was presented and discussed with great interest from the Ministries of Health on the outcomes of the trial. Once the trial has completed and analysis has been undertaken similar high-level meetings will be held with national stakeholders in both countries to disseminate the results of the trials.*"

Influence on practitioners

The HIGH-Q team reported significant engagement with paediatricians, occupational therapists, and nurses from 21 county hospitals in Kenya: *"HIGH-Q got a chance to engage nurses and occupational therapists from selected facilities on the process of post - discharge neonatal care and identifying how innovations can improve pathways to care".*

IMPRESS have also given technical advice to their partner NEST360 on their quarterly quality improvement visits, which they use to institutionalise a problem-solving approach to the adoption and maintenance of the medical devices provided to neonatal units through the award.

Several other award-holders mentioned training as a key avenue for influencing practitioners. For example, R4HSSS have developed and implemented research on Infection Prevention and Control – Training of Trainers, which they aim to integrate into the health system in Northeast Syria with recommendations for use of WHO tools as well. They have also made recommendations on optimising community health workers' motivation and organisation, which have led to health managers and collaborating NGOs updating their programs to reflect these recommendations included in a BMJ paper published in June 2023.

Influence on individual and community behaviour

Only one Global HPSR award reported specific influence on communities in the last reporting period, beyond the CEI activities described in Section 2.1. The Global HPSR Researcher-Led award COMPLUS reported that University of Cape Town's longstanding relationship with community partners is ensuring that the research is community-driven and

participative: *"Support has also been given to our community partners in engaging in policy consultations on alcohol regulations; and in assisting them with capacity building initiatives for them to be empowered to (a) organise research dissemination forums for research conducted in their communities; and (b) raise funds for their advocacy activities as a public benefit organisation".*

It is expected that engagement, advocacy, and relationship building across the three levels (policy, practitioners, communities & individuals) will continue and strengthen pathways of influence in the next reporting period, as research activities progress and/or complete.

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

NIHR Global Health Research Academy members are individuals who receive funds from, or are supported by, an NIHR Global Health Research Programme (including the Global Research Professorship Award) to develop their academic career. This includes trainees, i.e., individuals undertaking formal competitive training/career development awards (such as Masters or PhDs), who are assigned a training plan and have a defined end to their training.

Table 2 and table 3 below show a breakdown of the types of degrees/ qualifications undertaken by NIHR Academy trainees in both the HPSR Commissioned and the HPSR Researcher-Led portfolio, in which the percentage who are LMIC nationals is 100%. NIHR GHR programmes currently only fund LMIC nationality trainees, as per our financial guidance. The breakdown of the types of degrees/ qualifications undertaken by NIHR Academy trainees has been presented separately for the Global HPSR Commissioned and the Global HPSR Researcher Led awards given these awards are at quite different stages within their award lifetime (Global HPSR Commissioned awards have completed their third year, whereas the Global HPSR Researcher Led awards have just finished their first year).

There is a broader spread of NIHR Academy members across the HPSR Researcher Led portfolio compared to the HPSR Commissioned portfolio, where the majority are undertaking PhDs (50%), followed by 21% having 'other' training roles, such as Research Assistant, Data Collector, and Community Engagement Specialist, then Masters (13%), and subsequently

MD/ Postdoctoral study with the same number of trainees (8%). HPSR Commissioned trainees are either undertaking an MSc (70%) or a PhD (30%).

HPSR Commissioned and HPSR Researcher Led Training Leads are also eligible to apply for a Cohort Academic Development Award (CADA) to deliver training and academic career development activities to a cohort of individuals (primarily focussed on those who are LMIC based) who are NIHR GHR Academy members and whose academic career development is being supported through NIHR GHR awards.

Global HPSR Commissioned awards R4HSSS, HIGH-Q, IMPRESS and INTE-COMM have all supported successful CADA award-holders within their teams in previous rounds. This led to IMPRESS and HIGH-Q working together on another research proposal, which was unsuccessful, but they hope to continue their collaboration.

Table 2: Individual capacity-strengthening across HPSR Commissioned awards

Training level	**Total number who are currently undertaking or have completed during the award period**
MSc	19
PhD	8
Total	27

Table 3: Individual capacity-strengthening across HPSR Researcher Led awards

Training level	**Total number who are currently undertaking or have completed during the award period**
MSc	3
MD	2
PhD	12
Postdoc	2
Other	5
Total	24

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

Developing strong and sustainable research teams and institutions is a priority across all GHR programmes. NIHR encourages investing in staff and non-staff infrastructure as the key to building institutional capacity. NIHR also expects research teams to support the development of future leaders. For example, HIGH-Q has given leadership roles to several of its early-career researchers, including two based in LMICs, supporting them to increasingly manage activities across different funded awards and learn how to manage a team. Several award-holders have also reported that they delivered training and development for non-academic staff, which is an essential element of institutional capacity-strengthening. This includes meeting identified requirements for financial and safeguarding training.

Global HPSR award-holders also continue to strengthen research capacity through needs assessments, formal training, and informal networks. For example, The COHESION-I team carried out a survey of their team members to assess strengths and needs in terms of research skills, CEI, and communication. This will inform their capacity-strengthening plan across all partner institutions. They are also planning to do follow-up questionnaires annually. SAFE TrIP Nepal also gave an example of team development:

"In February 2023 we established monthly 'Research and Professional Development' (R&PD) workshops. Workshops have been well attended, with between 10-20 attendees at each meeting. Topics have included: systems research, systems research methods and applications, safeguarding, risk assessment, literature reviewing and reference management and key road safety literature. Attendance is open to all SAFE TrIP members and partners."

The R4HSSS team is working on the evaluation of health research capacity-strengthening based on the experience of their network in delivering extensive training to health professionals in Northern Syria. This will also feed into planned outputs supported by their CADA award, to be reported on in the next period.

Table 4 and table 5 show the aggregated distribution of support staff employed in LMICs and HICs for HPSR Commissioned and HPSR Researcher Led awards. NIHR collects this data for the purpose of understanding how wider research support responsibilities are divided between LMIC and HIC institutions. An overall majority of support staff are employed in LMIC institutions in both HPSR portfolios, and this aligns with the larger volume of research activities, data collection, fieldwork, and dissemination undertaken in LMICs compared to HICs.

The total number of support staff employed in LMICs has more than doubled compared to the last Global HPSR Commissioned reporting period, whilst there has been only a small increase to HIC support staff numbers. This reflects the acceleration of research activities within the LMICs as the awards progress. As the Global HPSR Researcher Led awards are in the earlier stages of their research lifecycle, it is anticipated that the employment of support staff will increase as the awards advance.

Table 4: Distribution of support staff in Global HPSR Commissioned Awards

	Total number of FTE support staff (research managers, finance, admin, community engagement practitioners, other) in post during the last 12 months - *note that this may not be a whole number depending on institutional employment policies**
Employed in LMICs	67.55 (95%)
Employed in HICs	3.65 (5%)
**e.g. if an institution employs 5 support staff, of which 3 work full time for 12 months, 1 works full time but leaves after 6 months, and 1 works 1 day/week for 12 months, the total reported would be: 3 + (1*0.5) + 0.2 = 3.7 FTE*	

Table 5: Distribution of support staff in Global HPSR Researcher Led Awards

	Total number of FTE support staff (research managers, finance, admin, community engagement practitioners, other) in post during the last 12 months - *note that this may not be a whole number depending on institutional employment policies**
Employed in LMICs	53.49 (93%)

Employed in HICs	3.98 (7%)
**e.g. if an institution employs 5 support staff, of which 3 work full time for 12 months, 1 works full time but leaves after 6 months, and 1 works 1 day/week for 12 months, the total reported would be: 3 + (1*0.5) + 0.2 = 3.7 FTE*	

Equitable research partnerships established or strengthened

3.6 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).

Establishing and strengthening equitable partnerships is a core principle for NIHR Global Health Research funding. To achieve this, all award-holders are required to set up equitable systems of governance and management. They must provide evidence that research structures proportionately and equitably represent LMIC teams and individuals in relation to their UK counterparts. The approaches to strengthen equity often include establishing clear Terms of Reference to ensure implementation of good practices in promoting equity in areas like leadership, governance, project management, recruitment of local research teams, research prioritisation activities, communications, lead authorship and publication practices. NIHR reviews the reported staff distribution, membership of independent oversight committees, and other award information for evidence of equity and gender balance, questioning and requesting continuous improvement where this is not clearly evidenced.

NIHR supports this process by regularly monitoring the distribution of resources, including staff, technology, and infrastructure, to ensure resources and costs are allocated fairly. Quarterly financial reporting as well as ad-hoc reviewing of significant research plan and/or budget changes provide these data. NIHR also ensures milestones and activities are on track to deliver on funded objectives through regular check-ins with award-holders and annual progress reports. Global HPSR awards have demonstrated equity in research partnerships through:

- HIC institutions supporting discounted PhD scholarships to LMIC students.
- Supporting local research and administrative staff and providing individuals with relevant training to meet identified needs.

- Helping to develop health policy and systems research communities of practice in low-resource settings by leveraging networks, e.g., connecting local NGOs with WHO and other organisations.
- Strengthening local research and healthcare staff's ability to remain in LMICs, providing incentivisation through terms for training, professional development, and research opportunities.
- Improving local research infrastructure and quality of training.

For example, R4HSSS have reported progress towards developing equitable research partnerships in Syria: *"Our peer-reviewed publications reflect this, authorship representation reflects mostly Syrians, women, and other underrepresented groups (humanitarian workers; health workers). We are also strengthening healthcare workers' capacity to remain in Syria, providing incentivisation through training, professional development, and research opportunities. This has reduced referrals to Turkey, improved infrastructure, quality of training, and reduced migration of medical personnel, confirmed by [the Syrian Board of Medical Specialties, SBOMS]."*

Equitable research partnerships are also underpinned by principles of Equality, Diversity and Inclusion (EDI), as described in Section 4.2 of this report.

3.7 Aggregated HIC/LMIC spend across all awards

Table 6 below shows the distribution of funding between UK/High-Income Country (HIC) and LMIC institutions. Across the Global HPSR programme, a higher proportion of funding is going to LMIC institutions than to UK or HIC institutions. The Global HPSR Commissioned call required UK contracting institutions to be administrative leads with equitable joint lead LMIC partnerships, whilst the Global HPSR Researcher-Led was open to either LMIC or UK contractor institutions in equitable partnerships with LMICs (for the first time allowing LMIC-only partnerships). Half of the awards funded are LMIC-led, explaining the higher proportion of funding going to LMIC institutions for the Researcher-Led call. This is a positive evolution and a demonstration of NIHR's commitment to the direct funding of LMIC-led research partnerships to support research capacity-strengthening.

Table 6: Distribution of funding between UK/HIC and LMIC institutions

Call	UK/LMIC	Total committed amount (GBP) allocated to:	% of total committed amount to all institutions:
Global HPSR Commissioned	UK/HIC institutions	£6,620,638	42%
	LMIC institutions	£9,087,407	58%
	All institutions	£15,708,045	100%
Global HPSR Researcher-Led	UK/HIC institutions	£6,074,391	22%
	LMIC institutions	£21,069,778	78%
	All institutions	£27,144,168	100%
Total	UK/HIC institutions	£12,695,029	30%
	LMIC institutions	£30,157,185	70%
	All institutions	£42,852,214	100%

4. Value for money

4.1 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.

Economy

Global HPSR award-holders ensure economy through following institutional procurement processes, which ensure the negotiation of competitive prices for equipment and services. Use of established facilities and infrastructure also minimises costs of carrying out the research.

Appropriate decision-making chains are also in place to ensure that purchases are justified. For example: *"Items requiring purchase are agreed between the partner lead and the […] Director prior to purchase and sourced from Nepal where feasible, and this is usually more economical than sourcing from the UK. Our Nepali partners negotiate prices at local, rather than tourist rates (e.g., for accommodation, travel, meeting venue costs etc), providing value for money. Despite our large Nepal team based at [Kathmandu Medical College], we have only purchased one new laptop to date, and have been able to upgrade existing laptops, thereby promoting sustainability and value for money"*. [SAFE TrIP Nepal]

When it comes to capacity strengthening, the use of existing software or structures also ensures that trainees get effective training at minimal cost: *"When considering the individual training needs of our early career researchers we provide training in-house where feasible and appropriate to do so (e.g literature searching and use of Zotero reference management software) and signpost to existing online and, where available, free training courses, including NIHR training events"*. [SAFE TrIP Nepal]

Several award-holders also mentioned working flexibly and promoting remote work where feasible, to minimise the cost and meet face-to-face according to needs. For some, those costs have increased since they applied for funding, so they are focussing on using air travel for essential research activities and using online platforms otherwise.

Enhanced efficiency

In the last reporting period, Global HPSR awards achieve efficiency through:

- Sharing resources and collaborative partnerships
- Regular assessments of workflows and resourcing, data-driven decision-making
- Knowledge-exchange across partners
- Pooling of strategic resources across partner institutions

R4HSSS reports that: *"The project has been designed from the ground up by a group of committed, expert colleagues determined to provide a robust evidence base on which to build improved health systems in northern Syria. This ensures, as with the first years of the project and now, inputs such as staff, consultants, and training materials are appropriate, cost-effective, and meet the expectations of local partners and researchers. This is moreover in line with fluctuating exchange rates".* They have demonstrated this particularly in their delivery of large-scale surveys (e.g., over 1400 questionnaires in the Idlib Health Directorate area) and the implementation of thirty training opportunities to 417 trainees.

Effectiveness

In the last reporting period, Global HPSR awards strove to maximise the effectiveness through:

- Maximising outputs and impacts for the inputs, for example by developing impact and dissemination plans and following them.
- Aligning with local needs and inclusion of community health workers.
- Identifying health system responsiveness and carrying out economic evaluation.
- Creating logic models to map conversion of inputs into outputs.
- Working across stakeholder networks to maximise outputs and outcomes.

Ensuring efficiency and effectiveness, and accelerating evidence and knowledge-sharing, is particularly important for Global HPSR Commissioned awards as they enter their final year of activity. Most have requested time extensions, and NIHR will ensure that this are appropriate and maximise value for the programme and local evidence-users.

4.2 Equity

NIHR openly recruits and appoints the Global HPSR Funding Committee members to achieve a balance of gender, nationality, and geography whilst ensuring the inclusion of a range of relevant Global Health Research expertise.

Committee members are inducted and supported to consider potential unconscious bias, and to review awards against published selection criteria including assessment of equity issues within the research and across the team and wider stakeholders as part of the funding assessment process, including the balance of work and budgets between LMIC and UK. Collaboration agreements and composition of strategic advisory groups are further reviewed to ensure equity and an appropriate balance of LMIC and UK expertise, geographies, gender and leadership at all levels. Through active monitoring, progress of equity within all aspects of the research is regularly tracked and mitigating actions requested to improve equity where issues of possible inequity are noted.

NIHR's expectations on equity, inclusion and gender balance of teams and leadership models have been strengthened through each call to support a greater diversity of leadership at all levels. NIHR strengthened Global HPSR Call 3 and finance guidance to applicants and award-holders in the period and continues to improve these through continuous learning. Work is currently underway to further increase accessibility of NIHR guidance, particularly for LMIC applicants, and annual reporting templates and guidance are reviewed periodically to reduce burden and improve reporting.

As per the NIHR ODA research contract and NIHR policies, all research institutions funded under the NIHR GHR programmes are expected to have HR policies and procedures in place to prevent discrimination, bullying and harassment (see section 5.3 – Safeguarding for more information about reporting procedures): HPSR awards reported that such policies are place. Active HPSR awards are expected to provide information related to equity and fair treatment on an annual basis, including high-level distribution of research and support staff between UK/HICs and LMICs, inclusion and gender balance of the team and wider stakeholders including communities.

Award holders commonly report how equity within research teams is considered, specifically through the composition of research teams and how research teams' recruitment processes

prioritise equality and needs; the equitable allocation of resources and workload across research teams according to need. For example:

“The COHESION-I award is conducted by an equitable research team in terms of gender as well as backgrounds. Also, we promote equal participation of men and women in the communities and the study protocols of components 1 and 2 are considering gender as one of the topics to be evaluated. Even the advisory board has an equal number of men and women, and we invited people from different regions of the world. Additionally 75% of them are from LMICs.” [COHESION-I]

"Each work package is led by one investigator from Peru and one from the UK to ensure equity of representation amongst the senior leadership. […] Equity will be of particular consideration when we convene a Lived Experience Advisory Panel in the second year of the IMPACT award." [IMPACT]

Contributions are also equally valued and recognised, with shared responsibility and credit for dissemination of the research findings an important facet of Global HPSR awards’ approach to equity:

"Across all partners, we are implementing a joint vision of equality and valuing individual’s contributions. As seen in the past 12 months, our award continues to improve engagement of a diverse range of individuals contributing to research and participating in training, in particular an increasing number of women involved in our research and training. All partners and collaborators ensure equity and diversity as far as is possible. This is not always easy to achieve, given the context, but everyone is treated fairly and welcomed to contribute to our work regardless of their identities." [R4HSSS]

Dissemination activities continue for up to two years after the end of the award. NIHR has worked with research teams who identified challenges where they could not request costs to support LMIC researchers and partners involved in dissemination activities after the end of award. Recognising this challenge in LMIC contexts, DHSC approved a more flexible approach to requesting appropriate costs for LMIC partners involved in dissemination.

More information about inclusivity and community ownership can be found in the following sub-section, and in Section 2.2.

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

NIHR launched its Research Inclusion strategy in September 2022. All NIHR staff are expected to follow and promote policies and strategies on research inclusion by embedding EDI across the research management pathway. This includes a commitment to publish NIHR diversity data reports and drive improvements over time.

NIHR collects diversity data from UK-based research team members for the protected characteristics defined by the Equality Act 2010. However, considering the geopolitical, legal, and cultural diversity of the settings in which the GHR programme operates, NIHR is exploring how concepts of equality, diversity, and inclusion (EDI) are understood and employed in LMIC settings to inform an appropriate data collection approach for non-UK team members. These exploratory activities, which include discussions with other funders of global health research, a scoping review of global health literature, and engagement with stakeholders in global health research, are ongoing and will inform future plans for appropriate data collection.

Demonstrating NIHR's commitment to establishing, supporting, and promoting equitable partnerships between UK- and LMIC-based institutions, the Researcher-Led HPSR call, which was launched in 2021, was the first call in the HPSR programme to allow direct funding of LMIC institutions. As reported by several holders of awards funded through this call, direct funding of LMIC-based institutions has enabled research teams to control and address imbalances in the location of resources, knowledge, and expertise, as well as capitalise on the systemic advantages afforded to their UK-based partners:

"[The] majority of the research team are based in Kenya at LVCT and KEMRI, with the Liverpool School of Hygiene and Tropical Medicine (LSTM) team playing a supportive capacity strengthening and mentoring role. We have applied this in the composition of our Expert Advisory Committee, Trial Steering Committee and Data Management Committee which consider nationality and adequate representation from the global south. [...] "By partnering with LSTM, the Kenyan PhD students have benefited from PhD scholarships at LSTM at a discounted rate. The Kenyan institutions are able to benefit from discounted costs that LSTM may have e.g. publication fees. In addition, by being Kenyan-led, most of the staff are local and their salaries and travel costs are significantly less than if it was LSTM led.

This translates to more funds being used for the research and local capacity strengthening initiatives." [C-it DU-it]

"[...] The February [2023] earthquake has been the most significant challenge to date. However, R4HSSS has proven incredibly successful, especially in the face of unprecedented crises, because at the heart of our work is localisation. R4HSSS is led by those inside northern Syria directly delivering health services and collecting data, extensively supported by those in Turkey, and ensuring this is communicated across the globe through colleagues in the UK. R4HSSS does not simply pay lip-service to the localisation agenda, but is actively utilising it. No research or training activities are conducted without being implemented by or contributed to by those in the region. All partners and collaborators have developed mutual trust which enables the localisation agenda to be advanced. This has enabled our team to successfully achieve key outcomes and demonstrate impact." [R4HSSS]

NIHR fully inducts Funding Committee members on call and eligibility requirements, and equity issues within the research and across the team and wider stakeholders as part of the funding assessment process. The advertised call eligibility and selection criteria include consideration of equitable research partnerships, community and stakeholder involvement and engagement, capacity strengthening activities, governance arrangements and budgets between LMICs and the UK. The meaningful engagement of community beneficiaries and wider stakeholders, including members from the most vulnerable groups, is required to ensure the research will proactively address causes of health inequalities and promote improved health outcomes. The Funding Committee provides feedback to applicants and award-holders where there is opportunity to strengthen involvement of relevant stakeholders, communities, and the most vulnerable groups throughout the research lifecycle and to learn from approaches and findings in other contexts.

During the monitoring of the awards, NIHR research managers look for evidence of engagement with vulnerable groups in reports and data collection. If this evidence is lacking, they ask for follow-up information and/or explanations of the challenges in engaging vulnerable groups.

During the reporting period, all award-holders have reported evidence of equity considerations in their policies and processes. One means of ensuring that is equitable for and engages vulnerable groups is the use of accessible language:

"[...] the questions are asked using a language easy to comprehend by individuals with low-literacy, and in a manner that allows the research team to understand possible differences in healthcare experiences, uses and satisfaction levels based on, for example, participants' socio-economic status, gender or other social identity factors." [COHESION-I]

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.

Table 7 and table 8 show the five most significant risks, listed in risk registers, across the four Global HPSR Commissioned awards and the eight Global HPSR Researcher Led awards respectively, as well as the strategies the award teams have implemented to manage and mitigate these risks. Since the Global HPSR awards commonly record the same risk types several times, the number of HPSR awards citing the risk is also given to provide an indication of risks spread across the portfolio.

Operational related factors are the most prevalent risks identified, with government/ legal the second for both the Global HPSR Commissioned and the Global HPSR Researcher Led awards. The operational risks highlighted by the teams focus mainly on delays in recruitment of study participants or meeting patient recruitment targets, recruitment and retention of project staff members, and lack of engagement from stakeholders. For governance/ legal - failure to obtain government approvals for research activities, inability to gain consensus from stakeholders regarding key decisions, and contracting delays are risks featuring most frequently in the registers. Financial is the fifth top risk for both portfolios, with political and external risks featuring as third and fourth respectively for Global HPSR Commissioned awards, and vice versa for Global HPSR Researcher Led awards.

It is interesting to note that COVID-19 was recorded more often as a risk (under the external risk category) in the Global HPSR Commissioned award risk registers compared to the HPSR Researcher Led. As the Global HPSR Commissioned awards began in 2020, compared to the HPSR Researcher Led awards which started in 2022, we can infer from these observations that risks relating to COVID-19 are lessening over time and as teams are continually apply learning and implementing successful mitigation strategies to support the wellbeing of individuals.

Table 7: Top 5 risks across HPSR Commissioned awards

Risk	How is the risk being managed/mitigated?	Current status
Operational factors such as delays in recruitment of study participants or meeting patient recruitment targets; study participation refusals; recruitment and retention of project staff members; data collection hold-ups; health services are severely constrained and unable to participate in the research; limited access to project sites in certain areas; timeframes for dissemination and exploitation of research findings critically shortened.	Inform staff based in the hospitals of the project purpose and provide clear information to ensure transparency; a careful and considered research approach based on extensive prior experience; create dedicated research mentoring groups/ training programmes to develop new staff members/ ensure significant growth potential in roles; review interview and assessment processes regularly to ensure fair and open competition; flexible planning to ensure data collection milestones are met; regular meetings and discussions with health service managers to mitigate constraints; conduct research across multiple health service sites; identify local partners and networks who can provide access to project sites and carry out the research activities on behalf of the project team if required; no-cost extensions to provide further time for dissemination activities.	27 mentions in 4 risk registers
Governance/ compliance factors which include failure to obtain relevant government permissions; delays in agreeing contracts/ sub-contracts and initial financial transfers; poor management of research personnel; lack of engagement and cooperation from key stakeholders; research management structures at partner institutions are ineffectively managed; difficulties constituting or convening the external advisory group.	Ensure early submission of documentation/ understand the precise requirements of government permissions in advance; initiate agreements immediately on notification of award and base arrangements on existing contracting procedures; adhere to well-developed policies associated with personnel management; maintain regular contact with collaborators; create/ maintain a robust partnership, ensure sound communication and collegiality across the project; early and open engagement to build on existing relationships; implement transparent engagement processes; external advisory board members to have a clear terms of references and meetings to be planned in advance.	24 mentions in 4 risk registers
Political risks factors - elections will prompt violence, government personnel changes, and a shifting of policy priorities; terrorism; prolonged health worker strikes; policies undermine international research and collaboration efforts.	Frequent communication and interaction with government personnel; understand the context and maintain close contact with relevant contacts in partner countries to identify and evaluate emerging risks/ violence; crisis management planning; develop a well-versed security regime to support research staff; maintain strong communication links with project partners to understand political concerns and review implementation plans.	12 mentions in 2 risk registers
External factors which highlight mainly the effects of the COVID-19 pandemic on research studies and project staff. Other risks include: disruption to travel; travel risks; road traffic accidents	Regular monitoring of COVID-19 cases; provide staff training to include use of PPE and adherence of COVID-19 protocols at health facilities; adhere to government travel guidance and maintain close contact with in-country colleagues; seek government foreign travel advice in advance of travel, with planned alternative routes and travel methods; train fieldwork staff on relevant protocols in the event of an accident; train all project staff on road safety and the requirement to wear seatbelts.	11 mentions in 3 risk registers

Risk	How is the risk being managed/mitigated?	Current status
Financial risks such as volatile economic conditions (currency/ exchange rate fluctuations, extreme rates of inflation); inadequate budgetary control and financial reporting measures in place; fraud; cost of research activities lead to budget overspend.	Robust financial management practices are put in place; forecast and plan for uncertainty in the project budget; carefully budget and monitor expenditure/ exchange rate fluctuations; monitor and report in a timely and accurate manner; anti-fraud policies are in place and adhered to; project staff are trained on relevant policies; regular communication with finance officers in partner organisations to support implementation of financial management plans.	10 mentions in 3 risk registers

Table 8: Top 5 risks across HPSR Researcher Led awards

Risk	How is the risk being managed/mitigated?	Current status
Operational factors such as challenges in obtaining ethical approvals for WPs; delays in recruitment of study participants or meeting patient recruitment targets; recruitment and retention of project staff members; low interest in educational and co-production workshops; lack of engagement experienced from project stakeholders due to a time lapse between the previous project and the current one; loss or damage of project equipment; inadequate project resources in health facilities; permanent changes in local health authorities causing delays; local communities are ambivalent to the research activities undertaken.	Consider local requirements and subsequent time cost; work closely with partners to prepare documentation for ethical approval early on in the project; potential participants are provided with the opportunity to consider participation and have their questions answered; early development of role identification, competitive local salaries budgeted for, support from international partners to increase the attractiveness of roles, and a wide network for advertisement; workshop purpose to be highlighted to community forum members and designed to be participatory in nature; stakeholders will have a vested interest in the project and be motivated to participate; develop and implement robust strategies to actively engage and involve stakeholders at all levels throughout the lifetime as well as in between programmes; encourage stakeholders to put forward ideas to implement into the project; involve country leadership to promote ownership of project equipment (such as phones); work closely with hospital teams to ensure an adequate supply of commodities; budget for buffer stock as a contingency plan; maintain close contact with stakeholders to identify changes in advance; work with community advisory boards to ensure contextually appropriate messaging reaches the target population.	29 mentions in 6 risk registers
Governance/ compliance factors which include failure to obtain research activity approval at local, regional and national levels; governance policies and procedures are not developed and implemented; challenges experienced with obtaining consensus amongst stakeholders with differing opinions; contracting delays; Advisory Board not established promptly; collaborations contingent of ongoing	Hold engagement meetings at all levels to maintain oversight; obtain agreement regarding policies and procedures in the early stages of the project; maintain regular contact with collaborators; create/ maintain a robust partnership, ensure sound communication and collegiality across the project; discussions with partners to focus on common project goals; identify and invite an independent Advisory Board chair and other board members in the early stages of the project; involve county health leadership in the design and implementation of the project; maintain relationships with a broad range of	15 mentions in 5 risk registers

productive relations with key government actors and data sources; loss of trust/ credibility of stakeholders affecting research uptake.	stakeholders, ensure that research questions are embedded in policy issues both nationally and internationally.	
External factors include the effects of the COVID-19 pandemic (and other illnesses) on research studies and project staff; safety of research team, travel restrictions; theft of personal belongings and documents whilst travelling; injuries; language barriers; insecurities such as physical and sexual violence.	Accept and prevent plans, allow non-fieldwork work packages to continue during lockdowns; lessons learnt from COVID-19 will be implemented to mitigate against disruptions caused by disease outbreaks; adhere to government travel guidance and keep in close contact with in-country colleagues; seek government foreign travel advice in advance of travel with planned alternative routes and travel methods; minimise valuable possessions carried and leave a copy of travel itinerary and passport with employer point of contact; be aware of road conditions and road worthiness of vehicles; explore the option of flying to other parts of the country during monsoon season; work with researchers who are able to interpret; seek guidance from the LMIC teams regarding safety; utilise research and intervention staff from local communities who understand the context; ensure teams are trained on safeguarding policies/ procedures and are aware of the safeguarding point of contact; work closely with advisory boards to understand local cultures/ sensitives and train researchers appropriately.	14 mentions in 5 risk registers
Political risks factors – government personnel changes, and a shifting of policy priorities; disruption due to workforce strikes/ industrial action; political risk impacting fieldwork; poor political engagement or support of the project; political instability.	Continuous communication and interaction with government personnel to ensure project continuation; horizon scanning and monitoring of political environment for upcoming changes; training, coaching, and support supervision to motivate project staff to remain in post; plan for fieldwork in early stages of the project; engage wider actors, communities, and civil society to galvanise support from the government; encourage stakeholder engagement to work across the political spectrum to understand narratives, rationale, and beliefs; travel and security risk assessments to be conducted before all travel; all project staff members made aware of security procedures.	12 mentions in 5 risk registers
Financial risks such as volatile economic conditions (currency/ exchange rate fluctuations, extreme rates of inflation); inadequate/ inconsistent budgetary control and financial reporting measures in place; funding transfer delays.	Robust financial management practices put in place; carefully budget and monitor expenditure/ exchange rate fluctuations to achieve efficiency savings; amend forecasts and budget plans annually; escalate sizable shifts in exchanges rates to the NIHR; use underspend to address rising costs in partner countries; undertake partner country due diligence assessments; accurate quarterly and annual financial forecasts based on project plans; collaboration agreements to include financial reporting responsibilities and timelines; maintain regular communication with NIHR as the funder; partners to work with the contracting organisation to develop funding timelines and reporting requirements in order to minimise delays.	11 mentions in 5 risk registers

5.2 Fraud, corruption and bribery.

NIHR staff and award-holders must abide by all regulatory and legislative frameworks in relation to research practice, transparency, and governance. Staff are also expected to comply with the NIHR Anti-Fraud policy. NIHR sets out expectations for award-holders in the standard ODA Research Contract and provides guidance and information on financial management and reporting for awards (see also NIHR Research Funding Good Practice Guide). NIHR follows the UK government approach to whistleblowing, inviting reports of any alleged wrongdoing within award activities and handling these confidentially. Anyone can use the NIHR incident reporting form to raise concerns or instances of fraud, corruption, bribery, or other misconduct. Fraud concerns and incidents reported to NIHR are shared directly with the DHSC anti-fraud team. Each concern is fully investigated, ensuring individuals are confident and protected in bringing matters to the attention of NIHR staff.

Annually, NIHR provides a high-level report to DHSC summarising all incidents or concerns pertaining to fraud, safeguarding, security and misconduct reports received and their status. A centralised risk and issues register is managed by the cross NIHR assurance lead to ensure a joined up approach and shared learning of issues emerging across NIHR coordinating centres managing ODA-funded awards.

NIHR finance teams review comprehensive financial reports from award-holders quarterly. Financial reporting processes were updated in 2020 and quarterly financial reports from Global HPSR Commissioned onward include transaction listings for the quarter, to spread the effort throughout the lifetime of the awards and simplify final reconciliations at the end of the contract. In addition, NIHR conduct periodical spot-checks for invoices and receipts on transaction reports and deeper dive audits to follow up on any irregularities or ineligible items or costs to ensure good financial practice. NIHR conducted an assurance visit to Nairobi, Kenya in 2023. NIHR visited the local teams for C-it-DU-it, HIGH-Q and Strengthening health systems by addressing community health workers' mental wellbeing and agency.

Award-holders reported that project teams and their partners have policies and established systems for monitoring and reporting of fraud, corruption, and bribery. However, there have been no such allegations against Global HPSR awards or other related issues within the programme during the reporting period.

5.3 Safeguarding

All award-holders must abide by Safeguarding Provisions in the NIHR standard ODA research contract and the NIHR policy on Preventing Harm in Research. Any concerns or confirmed breaches of safeguarding policies are required to be reported via the NIHR incident reporting form available on the website. The NIHR safeguarding lead handles all reports confidentially and captures concerns on a cross-NIHR Global Health Programme risk and issues register in line with agreed policies and internal procedures.

Furthermore, in this reporting period, awards holders reported highlighting the importance of safeguarding through training and engagement activities:

"The second five-part webinar series focused on Community-Based Participatory Research (CBPR), including content on safeguarding, which involved shared learning of prior experience. […] Safeguarding content was included as part of the CPBR webinar series attended by researchers from all partners." [Strengthening health systems by addressing community health workers' mental wellbeing and agency]

Annually, NIHR reports the number, type and status of any concerns or incidents of misconduct including safeguarding with DHSC as part of NIHR-wide concerns and incident misconduct reporting processes. The cross-NIHR Safeguarding Working Group continuously reviews policies and procedures to ensure they are fit-for-purpose. NIHR applied learning from across all NIHR programmes to the development of a single NIHR policy on Reporting Misconduct in NIHR Research during the period, which is forthcoming. NIHR GHR programmes have been using such reporting procedures, including the incident reporting form, since 2021. There have been no allegations of misconduct or safeguarding issues across the Global HPSR programme in the last reporting period.

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

The UK has committed to ensure that all new ODA-funded programmes from 2023 onwards align with the Paris Agreement, which means ensuring that they do not cause harm to the environment or exacerbate climate change (for more information see the FCDO website). NIHR is implementing long term measures to ensure compliance with the Paris agreement

across the portfolio, including amending our core guidance to ensure projects are considering climate and environment risks from the application stage.

NIHR convened a virtual meeting of the independent funding committee to assess Stage 1 Global HPSR Researcher-Led applications, providing the most sustainable means to assess applications to the programmes. Stage 2 Funding Committees take place in person to promote effective decision-making and committee cohesion. NIHR expects all award-holders to follow and monitor their research activities against the NIHR Carbon Reduction Guidelines. This is outlined in call guidance, start-up information and progress reporting guidance. NIHR monitors compliance through a question on carbon reduction measures in each annual report. NIHR also encourages award-holders to consider alternatives to air and other carbon-emitting travel when reviewing changes to activities and/or budgets. NIHR has strengthened expectations relating to actions to reduce carbon and minimise climate impact have in updates to the NIHR GHR Programmes Core Guidance for Applicants in 2023.

6. Delivery, commercial and financial performance

6.1 Performance of awards on delivery, commercial and financial issues

NIHR reviews award budgets and costs through quarterly financial reporting. NIHR also monitors changes to budgets, partners (individuals and/or institutes), planned activities or equipment purchases during the lifetime of the awards. On an annual basis, NIHR selects a sample of awards for assurance visits and annual funding reviews to assess financial management and assurance systems, compliance, governance, and risk management.

At the end of the reporting period (October 2023), the total underspend for the four Global HPSR Commissioned Awards was 31%, with ranges from 3% overspend to 60% underspend for individual awards. This is higher than in the last reporting period, where the total underspend was 22%, with ranges from 17% to 45% underspend for individual awards. The higher level of underspend in the most recent reporting period is due to one award being particularly underspent due to the UK contracting institution changing. The need for a robust review and approval process meant some costs were retained until the new budget lines were confirmed. The same award has also dealt with a restructure of financial systems at one of the LMIC partner institutions, but payments have since been able to resume.

Other reasons for remaining underspend for Global HPSR commissioned awards include delays to the research caused in earlier years by the COVID-19 pandemic as well as other operational challenges such as contracting delays, or significant budget changes. NIHR is in the process of reviewing requests for no-cost extensions, which will mitigate this and will report on these in the next period. Award-holders may also request justified and proportionate costed extensions, where they would support the delivery of research objectives.

For Global HPSR Researcher-Led awards, the total underspend is 43% with ranges from 12% to 77% underspend at the end of year 1. This is due to Year 1 delays in getting collaboration agreements signed, and employing staff, issues with banking and other financial systems in some LMICs and required budget changes. NIHR expects high underspends to reduce as these issues have now largely been resolved and structures are in place to enable the flow of funds.

In the last reporting period, NIHR reviewed seven changes to programme across the Global HPSR portfolio, six of which had budget implications. One Variation to Contract for IP wording was also reviewed and approved. Overall, all changes were justified and approved after a proportionate review process.

Several award-holders have expressed concerns about financial risks, including inflation and unfavourable exchange rates. They have also put in place mitigation strategies to reduce those risks, which Table 8 in Section 5 describes in further detail. In addition, NIHR continues to monitor the situation and work with award-holders to ensure that economic factors do not significantly affect the portfolio's financial performance. NIHR and DHSC have also agreed a pragmatic approach to manage financial risk in a consistent manner at the individual award level.

Overall, financial performance is within expectations for the end of the first year of the Global HPSR Researcher-Led awards. Regarding Global HPSR Commissioned awards, with one award completed in December 2023 (with a three-month uncosted extension – not included in this report) and the other four due to complete in 2024, all have experienced delays and are currently underspent on their budgets. As a result, they have expressed that time extensions may be required to complete all the funded work. NIHR will report on any extensions in the next reporting period.

6.2 Transparency

The NIHR ODA Research Contract requires all award-holders to register with IATI and publish a dataset within 6 months of activity. This is checked in the 6-month report and monitored by NIHR periodically via the IATI database using award IATI identifiers. All eight Global HPSR Researcher-Led awards (100%) have registered with IATI in their first year, in compliance with this requirement. NIHR is in the process of enhancing its monitoring around transparency to ensure the value of the input going into IATI datasets. Any learning from this will be included in future reports.

NIHR continues to work with teams to support institutional adoption of the reporting requirements within the lifetime of the awards. NETSCC direct award holders to new DHSC

IATI reporting guidance to support institutional compliance and report to DHSC quarterly on all portfolio award data.

7. Learning from Monitoring and Evaluation

7.1 Learning

The learning described in this section covers the period of October 2022 to October 2023, the third year of activity of the five Global HPSR Commissioned Awards, and the first year of activity of the eight Global HPSR Researcher-Led Awards. A summary of learning from award-holders and internal processes can be found in Table 9 on pages 49-50. Any learning activities that took place after the end of the reporting period are clearly indicated.

Learning from direct funding to LMICs

The Global HPSR Researcher-Led call was one of the first NIHR GHR calls to fund LMIC institutions directly. This was a great opportunity to shift the centre of gravity in the portfolio to support LMIC leadership and ownership of health policy and systems research. However, there were some challenges. Some LMIC institutions have resource-intensive administrative procedures to deal with receiving funds from overseas. This can delay the transfer of funds and limit the capacity of LMIC institutions to manage award funding, including distributing it to other LMIC or HIC collaborating institutions. This has led to some changes in some of the awards, including two Variations to Contract to change the contracting institution. NIHR reviewed those requests in detail to ensure equity to all partners and is pleased to report these awards remain LMIC-led. While each award and situation are different, NIHR is actively learning from those situations. This translates into the improvement of application support, guidance on finance, due diligence, and other aspects of support through post award management. NIHR continues to improve its support structures to ensure LMIC-led awards are enabled to deliver effectively and can be informed to help to mitigate the anticipated impact of likely barriers.

There are also many positive lessons from awards that are fully LMIC-led, including examples of South-South learning and research capacity strengthening. Those partnerships are working well and embedding LMIC leadership into health systems strengthening. Whilst the awards are still early in their lifecycle, NIHR expects to see significant outcomes and impacts from LMIC-led awards as the research and stakeholder engagement progress further.

Learning from award-holders

Overall, 75% of the Global HPSR awards are behind schedule compared to their GANTT chart in one or more key activities. However, as per Section 2.1, only two awards are significantly at risk of not being able to deliver some of their activities within time and budget. Delayed awards expect to resolve those challenges during the remainder of the award or through a justified uncosted or costed extension. Delays are mostly due to the following:

- Delays in drafting and/or signing research collaboration agreements.
- Delays in completing due diligence on downstream partner institutions.
- Other delays related to transferring funds from UK to LMIC institutions, due to internal process delays or lack of staff resource.
- Delays in engaging with relevant local stakeholders including policymakers.

One award-holder commented on the administrative burden of NIHR reporting requirements and their difficulties using the NIHRCC's REALMS platform. The full transition to the REALMS platform took place in November 2023, and users are adapting to these changes. NIHR takes feedback on its processes and platforms seriously, and programme managers raise concerns through the appropriate channels for action. NIHR will continue to work with award-holders to ensure reporting is fit-for-purpose and clear, while also streamlining collection of information in line with its Busting Bureaucracy agenda and in response to the Tickell review.

Overall, award-holders have also suggested that more training delivered by NIHR on financial and other NIHR reporting processes and requirements would be beneficial.

NIHR Learning Activities across the last reporting period (October 2022-October 2023)

In the last reporting period, NIHR organised learning initiatives in response to the demand from award-holders for more cross-award networking and collaboration, including more facilitation from NIHR. Such interactions also present an opportunity for NIHR to receive feedback on programme management, as well as develop cross-portfolio learning. For example:

- NIHR held a CEI Leads learning event on 17 May 2023. This two-hour virtual event allowed CEI leads to give feedback on NIHR's CEI framework and hold discussions with each other and NIHR around key principles for CEI. Participants valued this opportunity for direct engagement with CEI leads from NIHR and other awards. NIHR has plans to continue engaging this network through its existing CEI activities, including regular events, training, and podcasts. A community of practice has been established and NIHR is working with those members and volunteers across the various LMIC regions and countries to support wider networking and shared learning in relation to CEI.

- In June 2023 NIHR held an assurance visit to awards with partners based in Nairobi, Kenya, including Global HPSR awards C-it-DU-it, HIGH-Q and Strengthening health systems by addressing community health workers' mental wellbeing and agency. The visit brought together regional Joint Leads and early career researchers at separate events to support their networking and to share learning across the portfolio of regional awards. Individuals were invited to provide feedback on successes and challenges, as well as areas where NIHR could target further support to ensure continuous improvement to processes and existing ways of working.

- During the reporting period, NIHR also carried out preparations for the first of a series of Shared Learning Events, to take place inNovember 2023. Shared Learning Events are a key learning activity for NIHR and GHR award-holders, and NIHR is planning further instances in 2024 to support events targeting identified areas of need across the portfolio.

The Ecorys review of NIHR GHR programmes and partnerships has independently interviewed HPSR award holders and beneficiaries including INTE-COMM and SAFE TrIP Nepal. A full report and recommendations on identified areas for further learning and improvement is anticipated in March 2024.

The cross-NIHR GHR Monitoring, Evaluation and Learning (MEL) working group also met for the first time on 21 September 2023. NIHR formed this working group to review existing MEL activities, including annual review processes and templates, in a unified way across all of the GHR programmes managed by NIHR and DHSC. Its scope will continue to be refined as the group meets on a regular basis. Some learning activities planned for the last reporting period were deferred, including the update of the Global HPSR programme Theory of

Change. This is due to the timing of approvals for further calls, as well as the commissioning of resources external to NIHR for the review and/or development of the Theories of Change across NIHR GHR programmes. This work is starting in early 2024.

The Independent Commission for Aid Impact (ICAI) is also undertaking an independent assessment of the NIHR GHR programmes. This includes visits to India, Malawi and virtual calls to Brazil and interviews with HPSR awards and stakeholders, between November 2023 and June 2024. NIHR are supporting interviews and/or site visits to teams including Health Financing Fragmentation and Universal Health Coverage in Brazil, Colombia, Mexico and India and COMPLUS, each with partners in Brazil, India to inform the review.

7.2 Key lessons

Table 9: Key lessons for the Global HPSR programme in the period October 2022-October 2023

Theme(s)	Situation	Lesson learnt	Status
LMIC-led awards	**What worked well:** the first four NIHR-funded LMIC-led awards have successfully completed their first year of activity.	This funding model works and responds to a need in the LMIC health policy and systems research community. This encourages NIHR to assess the potential of expanding this direct funding to other programmes and schemes.	Under review
	Could be better: Some LMIC institutions have difficulties in managing overseas funds, due to local regulations or administrative limitations. This has required some changes to some awards, which impact delivery and timelines.	Flexibility is needed to support LMIC institutions in managing NIHR funding and to enable the successful delivery of research. NIHR will also continue to review its guidance and support at application stages and the post award-holder support to facilitate the setup of LMIC-led awards and improve understanding of potential barriers and	Ongoing

		considerations to mitigate risks in advance.	
Finance	**Could be better**: One award-holder reported challenges in deciding how to best compensate participants in the research, including key stakeholders and community representatives. More guidance from NIHR would be welcomed.	NIHR encourages the appropriate compensation of CEI representatives and stakeholders in LMICs, and this can be budgeted for. Guidance is also available on the NIHR website. The cross-NIHR CEI working group regularly reviews this and can provide further advice to award-holders.	Resolved
Monitoring	**Could be better:** One award-holder mentioned administrative burden and reporting requirements causing strain on research activities.	The programme manager has clarified expectations and offered support. NIHR programme managers should work with award-holders to ensure administrative requirements are clear and award-holders know how to get support with online platforms. If issues persist, these are to be escalated via the appropriate channels.	The specific feedback was responded to by the programme manager, who will keep this under review.
	Could be better: Several award-holders requested more capacity strengthening support in project and award management for programme managers and finance teams both virtually and in-person. They also requested that they be open to more participants especially key stakeholders.	NIHR is in the process of implementing this feedback through the development of Shared Learning Events, including topics on financial and award management. The next events are scheduled in Spring 2024 and award-holders are consulted on content. In country site visits which include financial assurance and networking/shared learning events also provide opportunities to support improved understanding for teams around these issues.	Ongoing

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

Table 10. Key milestones/deliverables for the Global HPSR programme coming year (October 2023-October 2024)

Key milestones/deliverables for coming year	Target date
Review of CEI across the NIHR GHR programmes	End of 2024
Ecorys review publish final report recommendations and NIHR develop a formal response and action plan in relation to findings	April 2024
Support ongoing ICAI review and respond to findings	June/July 2024
Review and rebuilding of Global HPSR programme Theory of Change	Spring 2024
Launch of NIHR Global Health Research Journal in 2024 and evaluation of threaded publication model to inform continuous improvement, including publication model for Global HPSR awards in the future	Spring 2024 (deferred due to delays in the implementation of IT systems and associated resource restraints)
Approval and notification of a regular pipeline of calls and a simplified presentation of the NIHR GHR programme scheme calls	Spring 2024
Undertaking planned assurance visits in LMICs, including Global HPSR awards	Next visit to South Africa took place from 4-8 March 2024
Series of shared learning events	Next event planned in Spring 2024
NIHR participation in Health Systems Global 2024 Global Symposium on Health Systems Research	November 2024

Annex A: List of Global HPSR Awards

Table A1: Global HPSR Commissioned Awards

NIHR ID	Title	Short title	DAC-list countries
NIHR130812	Learning to Harness Innovation in Global Health for Quality Care (HIGH-Q)	HIGH-Q	Kenya
NIHR131273	Controlling chronic diseases in Africa: development and evaluation of an integrated community-based management for HIV-infection, diabetes and hypertension in Tanzania and Uganda. The INTE-COMM study	INTE-COMM	Tanzania, Uganda
NIHR131237	IMPRESS: Innovative Management PRactices to Enhance hoSpital quality and Save lives in Malawi	IMPRESS	Malawi
NIHR131207	Research for Health System Strengthening in northern Syria (R4HSSS)	R4HSSS	Syria, Turkey
NIHR131145*	What is the cost of poor quality medicine? Estimating the prevalence, health impact and economic cost of substandard and falsified medicines in Indonesia in the age of Universal Health Coverage	STARmeds	Indonesia

*Not included in this annual review as it completed in 2023 and the End of Award report was submitted in 2024

Table A2: Global HPSR Researcher-Led Awards

NIHR ID	Title	Short title	DAC-list countries
NIHR150146	Community Voices in Health Governance - Translating Public Participation Into Practice in a World of Pluralistic Health System	COMPLUS	Brazil, South Africa, India
NIHR150067	Health Financing Fragmentation and Universal Health Coverage in Brazil, Colombia, Mexico and India		Brazil, Mexico, India, Colombia
NIHR150178	C-it DU-it: Community Data Use for Integrated ANC	C-it DU-it	Kenya
NIHR150232	Strengthening health systems by addressing community health workers' mental wellbeing and agency		Kenya, Bangladesh
NIHR150244	Tulong, Ugnayan ng Lingap At gabaY (TULAY):Co-designing Philippines' Community Physical Rehabilitation	TULAY	Philippines

NIHR150089	A 'safe Systems' Approach For Enabling Traffic Injury Prevention in Nepal (SAFE TrIP Nepal)	SAFE TrIP Nepal	Nepal
NIHR150261	Implementation of the COmmunity HEalth System InnovatiON Project, COHESION - I	COHESION-I	Peru, India, Nepal, Mozambique
NIHR150287	IMPACT: Innovations using Mhealth for People with dementiA and Co-morbidiTies	IMPACT	Peru

Annex B: Clearance checklist

	Name	Date
Annual Report sections completed by (within delivery partner organisation)	[redacted]	21 February 2024
Annual report read and annual review sections completed by (DHSC) with input from transparency sub-team	[redacted]	24 April 2024
Annual review shared and signed off by (within delivery partner organisation)	[redacted]	30 April 2024
Annual review signed off by (DHSC)	[redacted]	8 May 2024
SRO sign off for publication	Beth Scott	19 June 2024

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