Department of Health & Social Care

Global Health Research Groups Annual Review - 2023

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NIHR Global Health Research Portfolio

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Annual reporting and review process

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

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

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

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

The process for completing this template involves the following steps:

1. Delivery partners ensure that the relevant monitoring information is collected at the award level (as set out in the NIHR Global Health Research results framework). This information will be collected using existing reporting mechanisms wherever possible, before bespoke reporting is considered.

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

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

4. DHSC will then use the annual report and additional information gathered through meetings, field visits and any other documentation to complete the annual review template - relevant sections are highlighted with green boxes. This will include an assessment of overall funding scheme performance over the last 12 months, identify lessons learnt, time-bound recommendations for action consistent with key findings and will be used as an evidence base for future funding decisions. Please write this summary with a public audience in mind, assuming no prior knowledge of the funding scheme.

5. Annual review signed off and published.

1. Programme Summary and overview

1.1 Description of the funding schemes aims and activities

The NIHR Global Health Research Groups programme awards funding to specialist departments within UK universities or research institutions not currently active in global health that want to use their existing skills to build capacity to extend into this field.

The Global Health Research Groups programme funds research to address locally-identified challenges in LMICs, by supporting equitable research partnerships between researchers and institutions in the UK and those in low and middle income countries (LMICs) eligible to receive Official Development Assistance (ODA).

The Global Health Research Groups programme aims to generate the scientific evidence that can improve health outcomes for people in low resource settings through improving practice and informing policy. The programme also strengthens research and research management capacity and capability to support future sustainability of research in partner countries.

Each Group receives funding of up to £3 million over a period of 3-4 years.

This report specifically focuses on a total of 30 awards which were active in the reporting period October 2022 to November 2023. These awards were all funded through Groups Call 3, which was split into two phases of funding. The 8 awards funded in Phase 1 completed their second year during the reporting period, and the 22 awards funded in Phase 2 completed their first year.

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

Activities: Of the 30 Groups active during this reporting period, 21 are delivering on time and to target. Three have been rated red for delivery, primarily due to delays signing collaboration agreements. Six have been rated amber due to several different reasons, including conflict in collaborating countries and prolonged intellectual property negotiations. NIHR are monitoring these projects closely and providing appropriate support to try and minimise delays as far as possible.

There is clear evidence of Groups identifying and engaging communities in the design and implementation of their research, particularly those who are vulnerable, marginalised or at risk, and adapting their plans based on local needs. For example, following feedback from teachers in Ethiopia and Rwanda, the GHR Group on Promoting Children's and Adolescent's Mental Wellbeing in sub-Saharan Africa adapted its mindfulness training to remove the reliance on PowerPoint and IT, which is not practical in these countries.

Outputs: The number of high-quality research outputs produced by Call 3 Phase 1 Groups has increased throughout the course of the reporting period, reflecting the fact that they have now moved into their second year. Although the majority of outputs are being produced or taking place in LMICs, including 82% of media activity, 81% of events, and 75% of policy briefs, the percentage of peer reviewed publications with an LMIC lead author is lower than desired (43%). NIHR will continue to monitor this distribution and expects the balance to improve throughout the lifetime of the awards.

Outcomes and impacts: In line with expectations set out in the GHR portfolio Theory of Change, all 30 Groups have engaged LMIC stakeholders, such as policymakers and practitioners, in their research, although only 10 have reported to have influenced them. This level of engagement, rather than influence, is expected given that 22 Groups are still in their first year of activity, and therefore focused on activities such as setting up collaboration agreements, recruiting research and support staff, and onboarding trainees.

Nevertheless, several Groups are already embedding partnerships with policymakers to support eventual research uptake. For example, the GHR Group on homelessness and mental health in Africa (HOPE) invites policymakers from the Ministries of Health in Ethiopia, Ghana and Kenya to attend its quarterly meetings, while representatives from WHO-Geneva and WHOAFRO attend its steering committee.

There are also examples of Groups influencing local practice and care pathways. The GHR Group on HIV-associated Fungal Infections is training clinicians to support the rapid implementation of a new treatment regimen for cryptococcal meningitis, while the GHR Group on Interventions for Youth with Depression and Anxiety Disorders in African Countries is supporting its youth advisory group members to use social media to signpost young people to mental health services in their communities.

It is expected that engagement, advocacy, and relationship building with policymakers, practitioners, and communities will strengthen pathways of influence in the next reporting period, as research activities progress in line with research plans.

All Groups have supported research capacity strengthening at the individual and institutional level, with 165 LMIC researchers undertaking or completing academic training during the reporting period, including 68 PhDs and 31 MScs.

Through the GHR Groups, LMIC infrastructure, finance and research management systems have also been strengthened. For example, the GHR Group on Establishing Regional Hubs for Genomic Surveillance in West Africa has helped to build local genomic sequencing capacity, while UK partners for the GHR Group on Vaccines for vulnerable people in Africa (VAnguard) are supporting the Uganda Virus Research Institute to become compliant with Good Financial Grants Practice. Across all Groups, over 171 FTE support staff were employed, the majority in LMICs (78%), reflecting the larger volume of research activities, data collection, fieldwork, and dissemination undertaken in LMICs compared to high income countries.

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
NIHR will continue to monitor the distribution of peer-reviewed publications and ensure Call 3 GHR Groups have processes in place to ensure equity in lead authorship of scientific outputs and availability in open access.	NIHR	**Ongoing:** NIHR are continuing to monitor the LMIC/UK distribution of peer-reviewed publications and expect the balance to improve as Call 3 GHR Groups progress.
Monitor adherence of NIHR Open Access policy, to assess whether guidance or feedback to award-holders need to be strengthened.	NIHR	**Ongoing**: NIHR have reminded GHR Groups of the Open Access policy, will continue to monitor adherence going forwards.
Work with project teams to support institutional adoption of transparency reporting requirements and develop monitoring of transparency data	NIHR with support from DHSC on transparency guidance	**Ongoing:** NIHR continue to work with teams to support institutional adoption of reporting requirements within the lifetime of the awards. NIHR direct award holders to new DHSC IATI reporting guidance for partners to support institutional compliance. Report to DHSC quarterly on all portfolio IATI award data. NIHR Coordinating Centres are working together to improve the way they track award holders' compliance with IATI guidelines.

Recommendation	Owner	Timeline
Improve communication on NIHR Academy offer and increase number of cross-award networking, training, and collaboration opportunities for award holders, for example through events, webinars, virtual platforms such as NIHR Learn, and through presentations from the GHR Programme Director.	NIHR	**Ongoing:** Since the last reporting period, NIHR has organised more cross-award learning, collaboration, and networking initiatives, such as a CEI learning event in May 2023, an award holders' roundtable and early career networking event in Kenya (as part of an assurance visit) and the first shared learning event for GHR award holders in November 2023. This is in addition to the NIHR Academy's annual NIHR Research Professors meeting, GHR Training Forum and Academy GHR member events. NIHR plans to continue enhancing its offer going forwards, including further shared learning events and CEI training. These events will meet identified needs and support shared learning and development of communities of practice in research and research management, research capacity strengthening, and community engagement and involvement.
Work with other global funders to better share information regarding due diligence and ensure due diligence processes are both robust and proportionate. Improve coordination of assurance and due diligence across all the GHR programmes within NIHR.	NIHR and Assurance Lead	**Ongoing:** The assurance working group oversees all assurance and due diligence processes to ensure they are robust, proportionate and coordinated across all GHR programmes.

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. During the reporting period, NIHR reviewed and approved 30 Change to Programme and six Variations to Contract requests in a timely manner. 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.

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

Collaboration agreements continue to cause significant delays. DHSC/NIHR will explore how its funding processes and guidance could better facilitate the development of collaboration agreements in a timely manner, and how it can better support award holders to build sufficient time for contracting within their research timeline.

Some LMIC institutions find NIHR reporting requirements to be overly complex and demanding, and do not have sufficient administrative capacity to manage them while also conducting research. NIHR and DHSC will continue to regularly review reporting templates and processes through the MEL and operational delivery working group to ensure they allow NIHR/DHSC to fulfil its duties as a funder while also being proportionate and equitable.

NIHR's Open Access policy is not being used universally, with some award holders publishing peer-reviewed publications in non-open access journals. NIHR have reminded award holders of this policy and the expectation that all articles will eventually be made freely accessible. DHSC/NIHR will continue to monitor this trend and consider if any other measures need to be taken to ensure adherence.

Award holders value NIHR-led networking and learning opportunities and would welcome more initiatives and forums for knowledge sharing and exchange between Groups. NIHR has already begun to develop more opportunities for cross-award learning, including CEI training and a series of shared learning events, and will continue to communicate and embed these across the portfolio.

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

Recommendation	Owner	Timeline
Work across Coordinating Centres to develop a process to track institutional compliance with IATI guidelines.	NIHR	End 2024

Recommendation	Owner	Timeline
Enhance and embed opportunities for cross-award networking, training, and collaboration across the portfolio.	NIHR	End 2024
Explore options to overcome delays with collaboration agreements, including setting realistic timelines with award holders.	NIHR	End 2024
Review reporting templates and processes through the MEL and operational delivery working groups to ensure they are proportionate and equitable.	NIHR	End 2024
Monitor and explore options to improve adherence to NIHR Open Access policy	NIHR	End 2024

2. Summary of aims and activities

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

Thirty Global Health Research Group (GHRG) awards were active in the reporting period October 2022 to November 2023. Table 1 below outlines the timeframes for GHRG Call 3, which had two phases of funding. The eight awards funded in Phase 1 completed their second year; activities included completing appointment of staff, intervention development, finalising protocols/study designs, seeking ethical approvals, commencing studies, delivering training, and community and stakeholder engagement work. The 22 GHRGs funded in Phase 2 completed Year 1 activities such as setting up collaboration agreements, recruiting research and support staff, onboarding trainees, and preparing to begin data collection. Section 3 of this report summarises the outcomes from all GHRG activities with regard to research outputs, research capacity-strengthening, and equitable research partnerships. More information about award activities can be found on individual GHRG's websites and the NIHR website, as referenced throughout this report.

Table 1: GHRG Call 3 call timeframes

Phase	Application deadline	Contract start date	Number of awards funded
GHRG Call 3 – Phase 1	18 November 2020	September 2021	8
GHRG Call 3 – Phase 2	18 May 2021	September 2022	22

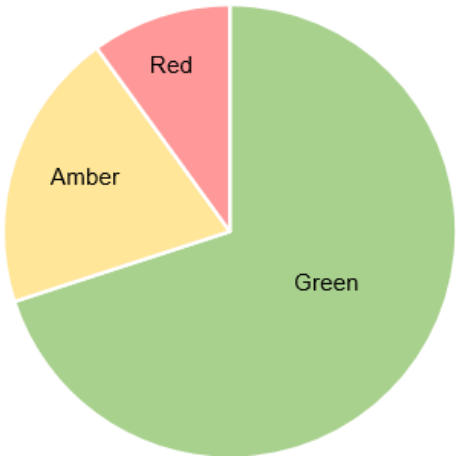
NIHR uses a Red-Amber-Green traffic light system to assess whether the awards are delivering on time and target. The delivery risk categories are defined as follows:

RAG	Delivery
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.

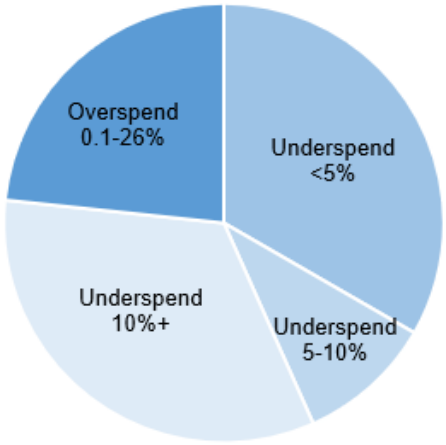
Figure 1 below shows the distribution of overall delivery risk across the active GHRG portfolio, including underspend values across the awards based on quarterly financial reporting and forecasting. Most of the underspends are linked to delays with starting the research work. Three Call 3 GHRGs are rated red for delivery due to being significantly behind schedule, primarily due to delays with signing collaboration agreements. Six GHRGs are rated amber for delivery; reasons include conflict in collaborating countries, delayed transfer of funds to collaborators, delays following prolonged intellectual property ownership negotiations, and delays with signing collaboration agreements. Awards all have appropriate mitigation plans in place and NIHR continue to work closely with award holders to ensure the required flexibility to continue to deliver the agreed plans. There are no significant delivery concerns for the remaining 21 Groups. Section 5 describes the top five portfolio risks and Section 6 contains more detail on financial performance of all awards.

Figure 1: GHRG dashboard



RAG Distribution	*No. Projects:*	*30*
Green	21	70.0%
Amber	6	20.0%
Red	3	10.0%

Based on risk ratings for the period October-December 2023



Over/Underspend	*No. Projects:*	*30*
Underspend <5%	10	33.3%
Underspend 5-10%	3	10.0%
Underspend 10%+	10	33.3%
Overspend 0.1-26%	7	23.3%

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

In the last reporting period, GHRGs identified the following vulnerable and/or at-risk groups and successfully sought to include them in community engagement and involvement (CEI)(a full list of GHRGs, their titles, and abbreviations, if applicable, can be found in Annex A):

- People recently diagnosed with breast, cervical or colorectal cancer in Zimbabwe and South Africa (AWACAN-ED)
- Injured persons, community activists and rurally-based individuals with limited access to health services in Ghana, South Africa, Rwanda and Pakistan (Equi-injury)
- Undocumented migrants; individuals who have experienced or are at risk of gendered violence and xenophobic violence, this includes members of the LGBTQ+ community; individuals struggling with common and severe mental health issues; and displaced individuals who cannot access protection or documentation, e.g. asylum seeker or refugee status in South Africa, India, Myanmar and Zimbabwe (GEMMS)

- Young children and pregnant women in Kenya and Ghana (GHRG on Digital Diagnostics for African Health Systems)

- Female amputees (IPrOTeCT)

- People with lived experience of severe mental illness and homelessness in Ethiopia, Ghana and Kenya (HOPE)

- Young adults with mental health conditions; people with substance abuse issues in need of rehabilitation care; those with disabilities; youth at risk of dropping out from education; the LGBTQ+ community; and single parents in Ghana and Zimbabwe (GHRG on Interventions for Youth with Depression and Anxiety Disorders in African Countries)

- People with lived experience of advanced HIV disease, and sickle cell disease patients, their carers and communities in Botswana and Malawi (GHRG on HIV-associated Fungal Infections)

In Uganda and Kenya, VAnguard has developed a scoring system to map district vulnerability in relation to vaccine impact, which is being used to guide selection of communities in each country for their survey work.

Participation and two-way communication

Participation and two-way communication activities have included in-depth qualitative interviews, focus group discussions, theory of change workshops, stakeholder engagement workshops, and engagement with communities via social media, radio, TV, and film screenings.

Particular activities of note include:

- Nema's Choice, a documentary film about pre-eclampsia which was scripted and co-produced with communities in Sierra Leone. There have been screenings to over 2000 people to date at 'pop-up' cinema events. (CRIBS)

- Community film shows to create community awareness about the GHRG on Controlling Vector Borne Diseases in Emerging Agricultural Systems in Malawi project were held in 8 villages, with each showing attended by at least 400 people.

- In India, 25 leaders from informal settlements were brought together to aid understanding of migration patterns and precarities associated with the research site, including who the community gatekeepers were, and labels used for migrants. The meeting initiated the identification of the most vulnerable groups among migrants and started the process of making contact and engaging with this target population. (GEMMS)

- The GHRG on HIV-Associated Fungal Infections project had two weekend slots on Time Radio in Malawi to discuss advanced HIV disease and cryptococcal meningitis with members of the public, including a live phone in for questions and discussion.

Many groups have also set up advisory groups to support their CEI activities. For example:

- As a mechanism for adolescent voices to be heard, GHRG on Adolescent Health and Wellbeing are starting to develop an intergenerational advisory panel to support the project and wider adolescent planning and programming for Malawi.

- The Young People's Advisory Group (YPAG) and Strategic Advisory Group in Ghana and Zimbabwe have assisted the GHRG on Interventions for Youth with Depression and Anxiety Disorders in African Countries to establish strategic partnerships with organizations that work with young people in mental health delivery.

- Zimbabwe and Ghana YPAG's created social media content for the Y-MIND consortium meeting that was held in Ghana. This involved presentations of their experiences of being a YPAG member and their perceptions of their role within the communities. They also made contributions on how the intervention would be most effectively delivered in their communities. (GHRG on Interventions for Youth with Depression and Anxiety Disorders in African Countries)

- The Community Advisory Board (CAB) for the GHRG on HIV-associated Fungal Infections has co-produced prototypes of educational resources including posters and leaflets. The team has also filmed patient and doctor testimonies and developed animations that are currently being edited into videos which will be used to encourage uptake of lumbar puncture.

- National CEI groups with membership from a national CEI lead, CEI representative, community/patient partners, and policy makers have been set up in Ethiopia, South

Africa, Tanzania and Uganda to develop CEI activities with local application, and to provide feedback and sharing of outputs to the wider CEI group. Patient partners include grassroot community partners, patients, patient researchers and policy makers. (GHRG on Perioperative and Critical Care)

The GHRG on Gastrointestinal Infections: Facilitating the Introduction and Evaluation of Vaccines for Enteric Diseases in Children in Eastern and Southern sub-Saharan Africa (GHRG-GI), detailed how their CEI advisory groups were set up in Kenya and Malawi:

1. Stakeholder mapping was conducted to identify key stakeholder groups and vulnerable population groups whose voices should be represented in research design and implementation. Stakeholder groups identified included: Village Health Committees, Community Health Workers, Health Centre Management Committees, Community-Based Organizations, Parent Teacher Associations and caregivers or parents of previous study participants, amongst others.

2. Each stakeholder group was contacted to brief them about the study, the roles of CEI members in research and to ask them to nominate an individual to represent them.

3. The nominated individuals were invited to orientation workshops where they were introduced to medical research, research ethics, study objectives and the role of CEI members before they developed action plans.

Empowerment, ownership, adaptability and localisation

The GHRG on Interventions for Youth with Depression and Anxiety Disorders in African Countries carried out 145 in-depth qualitative interviews and focus group discussions with young people in Zimbabwe and Ghana. These have guided adaptation of the intervention and contributed to the academic literature on explanatory models of depression and anxiety in northern Ghana, and on barriers and enablers to accessing mental health care and implementing the proposed intervention.

The initial consortium meeting for the GHRG on Adolescent Health and Wellbeing highlighted that some young people in Malawi do not have the opportunity to attend or complete formal education. This has led to the project planning to train young people, particularly those who do not attend school, to be involved as young scientists and

participate in required data collection. For the GHRG's 2 Young Lives (2YL) intervention, which supports adolescent mothers in Sierra Leone via a mentoring scheme, CEI has been instrumental in enabling the understanding of local dynamics and building rapport with the community. In one conservative Muslim community, parents were reluctant to let their girls enrol in the mentoring scheme because of unfulfilled promises of other NGOs. Following a meeting with successful 2YL alumni however, the community now encourages their girls to enrol.

CEI activities helped to facilitate a community meeting between health care practitioners (HCPs) and traditional birth attendants (TBAs), which resulted in HCPs and TBAs working in collaboration rather than competition. A further meeting, organised by the town chiefs, achieved community consensus in support for a new bylaw mandating against community births without a HCP. This has already saved the lives of a young girl in labour who had an eclamptic fit, and another young girl with a severe breast infection who needed urgent treatment (CRIBS).

In Rwanda and Ethiopia, following feedback from teacher educators completing the mindfulness training, the GHRG on Promoting Children's and Adolescent's Mental Wellbeing in sub-Saharan Africa team are adapting their training to remove a reliance on using PowerPoints and IT, which is not practical in these countries.

Following meetings with lived experience organisations, peer support was identified as important and has led the project to shift towards a train the trainer model which will also enable sustainability (HOPE).

Stakeholder engagements as part of the GDAR project resulted in a work package being adapted to be tailored to the climate hazard(s) of interest to each country. Inputs from key stakeholders have also informed an approach and methodology for CEI that takes into account the unique characteristics of each LMIC context, to identify pathways to community resilience most pertinent in each context.. At the request of stakeholders in Lagos for more frequent project updates, the GDAR project team formed a WhatsApp group which has enabled the research team to keep in regular communication with their stakeholders.

3. Outputs and outcomes

High quality policy/practice relevant research and innovation outputs

3.1 Aggregated number of outputs by output type. *a*

Figure 2: Aggregated number of outputs across Call 3 GHRGs

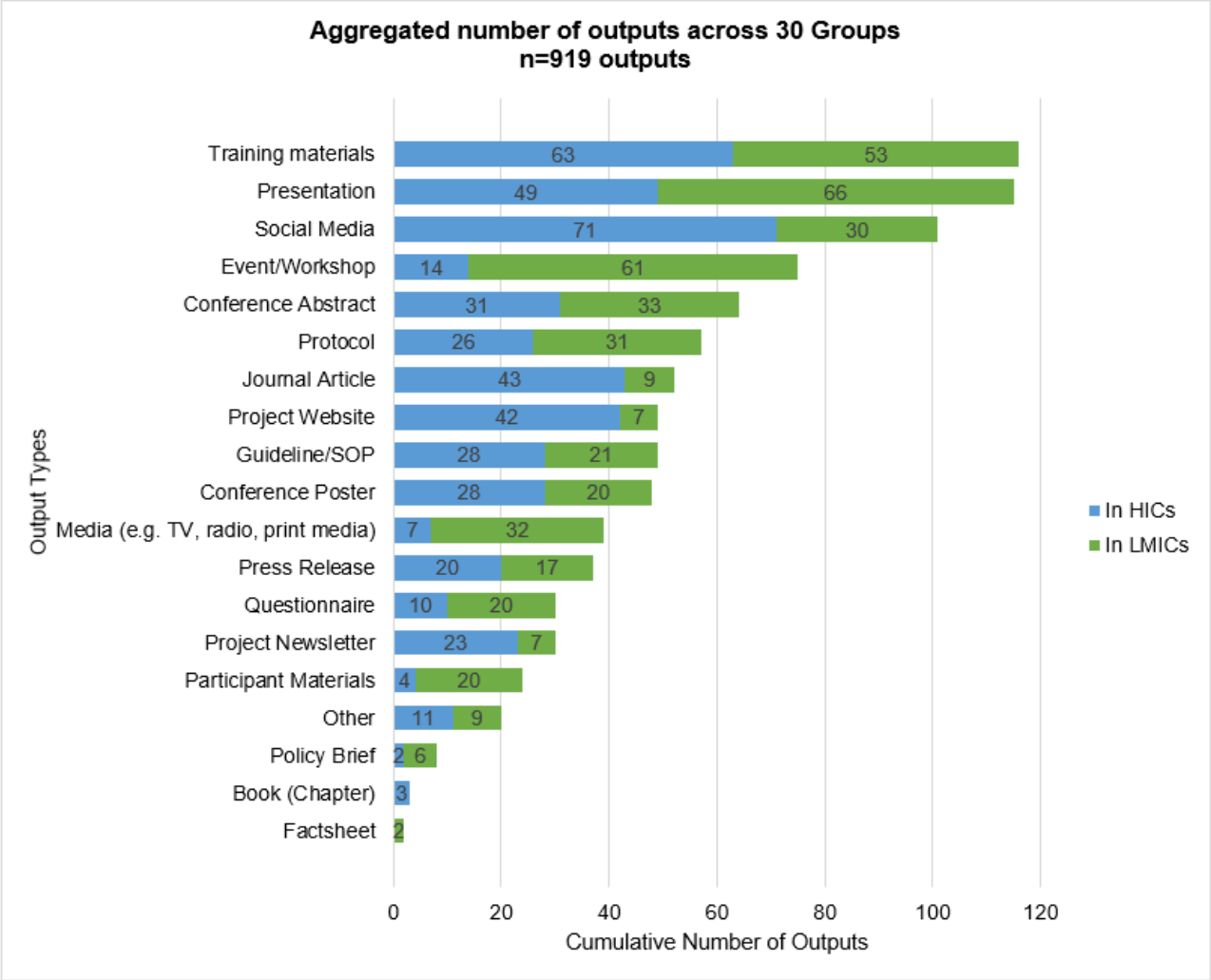


Figure 2 displays the cumulative number of output types from 30 GHRGs which had been accepted for publication, in pre-publication, or published (or for non-academic outputs, produced) by 30 November 2023. The cumulative number of outputs reported cannot be directly compared to that reported in the previous review as that total included outputs from Call 1 and Call 2 GHRGs which are no longer active. However, a comparison can be made

with the Call 3 Phase 1 only data from the previous reporting period; notable increases in numbers of specific output types by Call 3 Phase 1 GHRGs are conference abstracts (16 increased to 38), guidelines/standard operating procedures (2 to 18), media activity (7 to 22), and presentations (26 to 49). These increases are to be expected as the Phase 1 awards move into their second year and more research work is undertaken, although it should also be noted that some papers relate to work started in a Call 1 GHRG award and have been completed/written up since the award holders secured Call 3 GHRG funding.

Engagement with LMIC stakeholders is evidenced by 82% of media activity, 81% of workshops/events, 75% of policy briefs, and 57% of presentations have taken place in LMICs. Involvement of LMIC authors as lead/senior author in journal articles is lower than anticipated at 43% compared to 67% for HICs and will need to be monitored for expected improvements in the balance of this distribution.

Examples of Call 3 GHRGs Journal Papers

- The GHRG on collaborative care for cardiometabolic disease in Africa's paper on cardiometabolic disease and multiple long-term condition healthcare provision in Sub-Saharan Africa concluded that although the COVID-19 pandemic had a significant impact on the already strained and under-resourced chronic care system, there are a variety of potential strategies to strengthen these systems, some of which may require aid funding.
- The GHRG on Controlling Vector Borne Diseases in Emerging Agricultural Systems in Malawi published a paper highlighting the risks and challenges facing vector-borne disease surveillance and control in the context of a large scale irrigation programme.
- The GHRG on implementation of simple solutions in adolescents to reduce maternal and neonatal mortality and build research capacity in Sierra Leone used a comment article to describe the context in which they will be undertaking their 2YoungLives cluster trial and process evaluation to assess the feasibility, acceptability, and implementation of their youth mentoring scheme.
- The GHRG on Promoting Children's and Adolescent's Mental Wellbeing in sub-Saharan Africa has published the protocols for:

- A critical realist pilot cluster-randomised controlled trial of a whole-school-based mindfulness intervention promoting child and adolescent mental wellbeing in Rwanda and Ethiopia
- Studies into school mindfulness interventions designed to promote pupils' mental wellbeing and interventions to promote pupils' wellbeing by improving the school climate
- A scoping review looking into theories of how school-based mindfulness programmes impact pupils' mental wellbeing.

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. However, not all peer-reviewed publications for Call 3 GHRGs in the reporting period are available in open access. This was noted in the previous reporting period, and award-holders who reported non-open access publications have been reminded of the policy. NIHR will continue to track this and report in future annual reviews. The proportion of LMIC-based and female lead/senior authors is also currently lower than expected. This is expected to improve throughout the lifetime of the awards as research capacity is strengthened and LMIC individuals, particularly women, are empowered to lead on major peer-reviewed publications. NIHR will continue to monitor the distribution of peer-reviewed publications and ensure Call 3 GHRGs have processes in place to ensure equity in authorship and leadership of scientific outputs.

Table 2: Externally peer-reviewed publications (all Call 3 GHRGs)

	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	32	68%
Number of externally peer-reviewed research publications with a lead or senior author whose home institution is in an LMIC	20	43%
Number of externally peer-reviewed research publications with a female lead or senior author	22	47%

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

Ten of the 30 GHRGs reported influence on at least one stakeholder group in their last reporting period. The highest occurrence of reported influence is on policymakers (six awards), followed by practitioners (five awards), and individuals and communities (two awards), with some reporting influence at more than one level. All award-holders also reported significant engagement, mostly at the national level in LMICs, even where no direct influence was measurable. These outcomes are as expected, given the stage of the research the GHRGs are in, i.e., second year or first year depending on the date they were funded. NIHR expects influence on policy and community outcomes to develop further over time.

Influence on policymakers

Several GHRGs have embedded partnerships with policymakers, to ensure their input into both research and the eventual uptake of evidence. For example, the HOPE GHRG has

engaged policymakers from Ministries of Health in each of the countries (Ethiopia, Ghana, and Kenya) who attend quarterly HOPE meetings and were active participants in the face-to-face meeting in Ethiopia. The World Health Organization (WHO) is collaborating on HOPE and representatives from WHO-Geneva and WHOAFRO attend their steering committee meetings, ensuring close alignment and potential for research uptake of HOPE findings.

Other GHRGs report influence on policymakers through the production of research outputs and/or contribution to guidelines. For example, a researcher on the GHRG on Establishing Regional Hubs for Genomic Surveillance in West Africa contributed to the drafting of national guidelines and policy for integrated vector management as part of the Malaria Control Policy in Ghana.

The GHRG on HIV-associated Fungal Infections has also reported such achievements based on the results of a prior trial (AMBITION-cm), partly funded through a NIHR Academy GHR Professorship, which is feeding into the current work of the GHRG: *"In response to publication of the main trial manuscript in the New England Journal of Medicine in March 2022, the World Health Organization updated their 2022 guideline on cryptococcal meningitis treatment to include the single high-dose L-AmB regimen. Through our continuous advocacy and dissemination efforts, Ministries of Health have updated their national treatment guidelines in several African countries (Botswana, eSwatini, Malawi, Zimbabwe, and Uganda) and we have been supporting this process"*.

Finally, the Shire-Vec team (GHRG on Controlling Vector Borne Diseases in Emerging Agricultural Systems in Malawi) is working closely with key stakeholders in the Shire Valley Transformation Program (SVTP) in Malawi to understand their plan of work and to align their research accordingly. Shire-Vec researchers have engaged with the department of irrigation and other ministry departments such as the malaria national control programmes to participate in their technical working groups and to attend their meetings.

Influence on practitioners

For most GHRGs, it is too early for practice to be changed by research outcomes. However, there are emerging examples of GHRGs already influencing local practice or pathways. One avenue to do so is training. The GHRG on HIV-associated Fungal Infections is supporting the rapid implementation of the AMBITION-cm trial findings (see previous section) through

a curriculum of educational materials, including slide-decks, posters, and videos to support clinicians to deliver this new regimen safely. They have delivered this training locally in hospitals and supported a number of webinars, including those organised by the World Health Organization, to support widespread dissemination.

Other GHRGs are influencing practitioners by working directly with them and giving feedback. For example, Equi-Injury are working closely with their LMIC partners to oversee data quality and implement data quality improvement. They reported that *"study data quality is affected by a lack of detailed hospital note keeping. To resolve this issue, data collectors are working directly with medical staff in facilities to record data. This has the added benefit that hospital records are, anecdotally, improving".*

Similarly, the CRIBS team is assessing the use and acceptability of CRADLE Vital Signs Alert (VSA) devices in hospitals. These devices are a validated, portable and easy-to-use blood pressure and heart rate monitor with inbuilt traffic light early warning system. The CRIBS team noted that many devices currently in use were in poor condition or hospital staff were having difficulties using them. They report: *"To tackle these challenges head-on, the CRADLE 5 central team adopted a proactive strategy and we provided healthcare facilities with spare cuffs and bulbs, accompanied by a training video. This video aimed to educate both users and medical store staff on recognizing and resolving common issues. This strategic intervention not only improves the longevity of the CRADLE VSA devices but also ensures their continued effective utilisation over the long term. Presented as an abstract, the study's significance lay in uncovering that the most frequent problems were related to cuffs and bulbs, components that are affordable and can be readily replaced by local staff at healthcare facilities".*

Influence on individuals and community behaviour

In addition to CEI activities described in Section 2.2, some GHRGs reported targeted engagement with communities and/or community representatives. For example, Shire-Vec are engaging with the management of the sugar estate they have identified as a key area to sample irrigated land for vectors and to assess options for control of vector-borne illnesses. Shire-Vec has had several meetings with the management of the estate, who are happy to host the research, and eager to hear about recommendations and implement control strategies. This collaboration could lead to further influence as the research progresses.

The GHRG on Interventions for Youth with Depression and Anxiety Disorders in African Countries reported that they are encouraging youth advisory group members to use social media to educate and sensitize the young people in their communities about mental health in general. Through this, they will be signposting young people to mental health services available in their communities.

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

Supporting the cholera response in Malawi: an example from the Global Health Research Group on Gastrointestinal Infections (GHRG-GI)

Between 2022 and 2023, Malawi experienced its largest and deadliest cholera outbreak, with over 58,000 cases and over 1,700 deaths reported countrywide. The Global Health Research Group on Gastrointestinal Infections (GHRG-GI) investigated this huge outbreak of a vaccine-preventable severe diarrhoeal disease in response to a request from the Public Health Institute of Malawi (PHIM, part of the Malawi Ministry of Health, MoH).

GHRG-GI investigators, working closely with PHIM, characterised isolates obtained from cholera-affected patients using whole genome sequencing, in collaboration with colleagues at Free State University, South Africa, to identify the unknown strain of the bacterium *Vibrio cholerae* causing this deadly outbreak. This study provided an early snapshot of the genomic characteristics associated with the 2022–2023 cholera outbreak in Malawi. This work represents a concerted, locally-driven genomic surveillance effort, with support from international partners, to understand the genomic epidemiology of *Vibrio cholerae* strains linked with the 2022–2023 outbreak.

A policy brief written for the Malawi MoH allowed policymakers to understand the origin of the outbreak and further plan its vaccination campaign. The findings were communicated to the public in Malawi via radio interviews and a scientific manuscript is under review in a major journal.

You can read more about GHRG-GI on their website.

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 below shows a breakdown of the types of degrees/ qualifications undertaken by NIHR Academy trainees in the Call 3 GHRG programme. 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 for Call 3 GHRGs Phase 1 (eight awards) and Call 3 GHRGs Phase 2 (22 awards) have been grouped into one table. Only 78 NIHR Academy trainees had been recruited at the time of writing the 2022 GHRG annual report as the Call 3 GHRG Phase 1 awards were still in their first year, and the Call 3 GHRG Phase 2 awards had not started. However, training and capacity strengthening has developed over the last year, and this is demonstrated by the total number of trainees who are currently undertaking academic training (increased to 165 across both Call 3 GHRG phases 1 and 2 from 78 in Call 3 GHRG phase 1).

There is a broad spread of trainees across the Call 3 Groups programme with the majority of trainees undertaking PhDs (41%), followed by Masters (19%), and then trainees in 'Other' training roles (18%), such as Research Assistant, Data Collector, and Community Engagement Specialists.

All award-holders are eligible to put candidates forward for the GHR NIHR Academy Short Placement Award for Research Collaboration (SPARC) and/or could offer placements through the scheme. The scheme allows NIHR Academy members to apply for a placement within a GHRG to enhance their research training experience, learn a specific skill, and collaborate with other researchers within the same research landscape. There have been three completed rounds of SPARC including a pilot. One Call 3 GHRG (GHRG on HIV-associated Fungal Infections) submitted a SPARC that was supported in Round 2, and one Call 3 GHRG (IMPRINT) made a successful application to Round 3.

Call 3 GHRG 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. There have been two completed rounds of CADA. Four Call 3 GHRGs (GDAR, IMPRINT, GEMMS and GHAP) have supported successful CADA award-holders in the CADA Round 2 applications.

Table 3: Individual capacity-strengthening across Global Health Research Call 3 Groups (funded in Phase 1 and Phase 2)

Training level	**Total number who are currently undertaking or have completed during the award period**
BSc	8
MSc	31
MD	2
PhD	68
Postdoc	26
Other	30
Total	**165**

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.

In the last reporting period, Call 3 GHRGs have made significant progress towards increasing institutional capacity for research in several areas. They have achieved this through the appointment and development of key staff, and the creation of training programmes and research hubs. For example, GHRG-GI are providing support to a clinical officer in Malawi who has co-led clinical trials of vaccines to prevent gastrointestinal infections in Malawi for many years, enabling him to enrol into a PhD programme at Kamuzu University of Health Sciences (KUHeS) , focusing on health economic aspects of diarrhoeal diseases. The awarding of the GEMMS GRHG has led to establishing the first dual PhD partnership programme with Wits University (South Africa) at the University of Essex: *“While this process has been complex, it serves as the foundation for future dual programs and*

enhances research collaborations." The PACTS GHRG has formed an institutional research capacity strengthening team within their award, which includes a representative from each country, to look at training needs and other capacity assessments.

There has also been progress in financial and infrastructure-level support for LMIC institutions and researchers. For example, the GHRG on Adolescent Health and Wellbeing reported the development of a data management system, *"which will provide the backbone of the project, enabling data to be maintained and managed in Malawi as appropriate. This will also provide future systems for similar engagements and data management"*. UK partners for VAnguard are facilitating their partner Uganda Virus Research Institute (UVRI) to become Good Financial Grant Practice (GFGP) compliant, accredited at the platinum level. They are working with their partner on safeguarding and risk management policies and are planning an audit before applying for accreditation. VAnguard further facilitated the installation of software and the provision of IT support, including support for financial management.

The GHRG on Establishing Regional Hubs for Genomic Surveillance in West Africa has reported significant infrastructure support and progress, for example: *"[The West African Centre for Cell Biology of Infectious Pathogens] has built local sequencing capacity from the ground up, and now has a dedicated team of technologists and bioinformaticians focused on generating and analysing pathogen genomic data"*. They are developing genomic surveillance training to be delivered in-country, which will help build a cohort of instructors who can then deliver onward training for malaria surveillance as well as other endemic diseases during outbreaks.

Shire-Vec are developing infrastructure for research, such as the first working insectary in Chikwawa, which is also providing a space for other awards or projects to conduct studies: *"The new facility has already started to support additional research projects in Malawi and will be key to growing capacity for research in Vector Biology"*. They have also purchased equipment which will support sample analysis and molecular screening for clinical/infectious agents beyond the lifespan of the award. The award is also providing a platform for the training of their research staff in molecular assay optimisation.

Lastly, the CRIBS GHRG reported institutional capacity strengthening through the CRADLE-5 trial: *"Over the past year, we have conducted 7 primary outcome data audit trips, resulting*

in supportive supervision for [District Research Officers] and engagement with district health management (DHMT). We uncovered retrospective data alterations in health registers, which are now being addressed in collaboration with healthcare facilities, through additional training". Working with local monitoring and evaluation officers, they have also identified causes for data inaccuracies such as staff shortages and low healthcare provider confidence in completing registers. They have plans to address these issues with local stakeholders in the next reporting period.

Table 3 below shows the aggregated distribution of support staff employed in LMICs and HICs for Call 3 GHRGs. NIHR collects this data for the purpose of understanding how wider research support responsibilities are divided between LMIC and HIC institutions. A significantly larger number of support staff are employed in LMIC institutions, and this aligns with the larger volume of research activities, data collection, fieldwork, and dissemination undertaken in LMICs compared to HICs.

Table 4: Distribution of support staff across Call 3 Groups (funded in Phase 1 and Phase 2)

	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	171.59 (**78%**)
Employed in HICs	49.36 (**22%**)
**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 GHR funding. To achieve this, all GHR Groups 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, including developing and using available LMIC expertise 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, project management, recruitment of local research teams, research prioritisation activities, communications, lead authorship and publication practices. NIHR reviews staff distribution, membership of independent oversight committees, and other award information for evidence of equity and gender balance across the team.

The 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 project and/or budget changes provide these data. NIHR ensures milestones and activities are on track to deliver on funded objectives through regular check-ins with award-holders and annual progress reports. Call 3 GHRGs have demonstrated equity in research partnerships through:

- Equitable leadership with opportunities for investigators across all collaborating LMICs to independently manage their work with proportionate support from the UK
- Publication strategies that will, over time, ensure the equitable representation of researchers from across the GHRG
- Accommodating diverse needs and local preferences for operational arrangements, e.g., in the timing and/or frequency of meetings
- Establishing a culture of feedback and collaborative working
- Sharing of resources more readily accessible to UK institutions with LMIC partners

For example, the GHRG on Adolescent Health and Wellbeing have formed a working group finalising the publication strategy for the programme, which includes agreement on issues of authorship: *“We are taking guidance from previous effective programmes within our institutions […] as well as those developed by other NIHR programmes such as the Consensus statement on measures to promote equitable authorship in the publication of research from international partnerships. This will also take into consideration the different requirements and protocols used for publication within different disciplines and will ensure*

at a minimum the equitable co-authorship of publications which are led by Malawian researchers". The consensus statement they refer to was developed by the NIHR GHR-funded Global Surgery Unit.

Two GHRGs reported specific adjustments to ways of working to better promote equity between partners:

"A culture of feedback across the team is being encouraged. For example, the project moved to Zoom from Microsoft Teams, based on feedback from colleagues in all three countries, and work package 2 training was moved to an earlier start time based on feedback from colleagues in Ethiopia and Rwanda based on having better internet connection in the morning" [GHRG on Promoting Children's and Adolescent's Mental Wellbeing in sub-Saharan Africa]

"To accommodate diverse needs and responsibilities, time zones and festivities, flexible meeting arrangements are encouraged where possible. This includes moving away from meetings on Fridays for the monthly Research Group meetings, or early morning/late afternoon meetings in consideration of the different working weeks schedules and time zones. Regular evaluation of the team's composition for every initiative is in place, with encouragement from underrepresented groups within the research teams to join the proposed initiatives, and members insights are sought regularly at Management Board meetings on how to improve equality, diversity and inclusion and translate lessons learnt into best practices." [GHRG on Digital Diagnostics for African Health Systems]

The GEMMS GHRG also reported that they have been able to provide institutional access to certain journals to their International Non-Governmental Organisation (INGO) partner Health Poverty Action (HPA). This has allowed them to access various databases, expanding their literature search capabilities, and access to other software.

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 4 below shows the distribution of GHRG funds across UK and other High-Income Country (HIC) institutions, and LMIC institutions. Most of the funding (62%) is allocated to LMIC institutions. Alongside the information elsewhere in this report, the spread of funds is an important indicator of research capacity strengthening and equitable research

partnerships. As the GHRG programme has grown, the proportion of funds allocated to LMIC institutions has continuously increased, showing the capacity of LMICs to manage research funds and lead research activities is developing.

Table 5: Distribution of Call 3 GHRG funds across UK/HIC and LMIC institutions

	Total committed amount (GBP) allocated to:	% of total committed amount to all institutions:
UK/HIC institutions	£32,756,294	38%
LMIC institutions	£52,770,431	62%
All institutions	£85,526,725	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

In the last reporting period, GHRGs have demonstrated economy through using institutional policies and processes, for example procurement, to secure competitive rates on goods and services. They have processes in place for budget monitoring, as well as supervising the purchasing of large items or assets. VAnguard reported that they have a planned schedule of audits to monitor assets and equipment on a regular basis. Other ways that GHRGs ensure economy include forward planning for travel and events, and the use of virtual meeting facilities where possible and appropriate. In general, award-holders have planned travel strategically to ensure the most value for the GHRGs whilst ensuring economy. They have made use of online training via existing networks or training programmes, which are comparatively more economical than on-site bespoke training, although the latter is more effective for some areas of development.

Enhanced efficiency

In the last reporting period, GHRGs have put processes in place to enhance efficiency in the delivery of research. For example, GHRG-GI reported: *"Before formal commencement of the award, ethics applications and study documents were prepared by the Malawi site and subsequently shared with the Kenya and Ethiopia sites. A launch meeting involving all partners occurred in Malawi within 4 months of project start, to ensure all Investigators are familiar with study plans and to exchange knowledge. Subsequent regular meetings and cross-site visits have consolidated this approach. Stakeholder engagement was implemented at project outset, which will assist with downstream uptake of research findings. Joint training is planned both across the sites within GHRG-GI, and between GHRG-GI and other NIHR Global Health Research Groups".*

Some GHRGs also reported the use of technology and IT systems to enhance efficiency in research partnerships. For example, GEMMS reported: *"By adopting a cloud-based system we have reduced the number of emails and approval processes often experienced in large research consortia. This system supports improved internal communication and*

considerable time saved through having an open access (to the GEMMS team) filing system."

Some GHRGs have reported their use of existing training platforms and infrastructure to support the development of trainees, making the most of resources that are already in place at collaborating institutions (UK and/or LMIC).

Effectiveness

In the last reporting period, GHRGs have ensured effectiveness through:

- Effective use of staff resource
- Collaboratively developing Theories of Change
- Planning through GANTT charts
- Developing stakeholder networks and seeking expertise to embed into research activities
- Agile project management with clear milestones
- Onboarding and development of trainees to support research activities

Some award-holders reporting on their first year of activity have commented that it is too soon to establish effectiveness in turning inputs into outputs and outcomes, although they have put processes in place to monitor and track this.

4.2 Equity

NIHR openly recruits and appoints the GHRG Funding Committee membership to achieve gender, nationality, and geographical balance, while ensuring the inclusion of a range of relevant Global Health Research expertise.

Committee members are inducted and supported to consider potential unconscious bias and review awards against published selection criteria as part of the funding assessment process. These selection criteria include consideration of equity within the research and across research teams and wider stakeholders, as well as the balance of work and budgets between LMICs and the UK.

Collaboration agreements and strategic advisory groups are also reviewed to ensure equity and that LMIC and UK expertise, geographies, gender balance, and leadership at all levels

are proportioned equitably. Through active monitoring, progress of equity across aspects of the awards are regularly tracked and mitigating actions to improve equity are requested where any points of potential inequity are noted.

From Call 3 Groups onward, NIHR's expectations on equity, inclusion and gender balance of teams and leadership models have been strengthened to support a greater diversity of leadership at all levels. NIHR has strengthened call and finance guidance to applicants and award-holders and continues to drive improvements through continuous learning. Work is currently underway to further increase accessibility of NIHR guidance, particularly for LMIC applicants. Annual reporting templates and guidance are reviewed periodically to reduce burden and improve the quality and accuracy of reporting.

As per the NIHR ODA research contract and NIHR policies, all research institutions funded under the NIHR GHR programme are expected to have policies and procedures in place to prevent discrimination, bullying, and harassment (see section 5.3 – Safeguarding for more information about reporting procedures). GHRG projects reported that such policies are in place. Active Groups 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 research teams; and wider stakeholders, including communities.

Equity in the composition of research teams has been demonstrated across the GHRG programme. For example, the Equi-Injury GHRG reported gender equality across research team leadership (57% women) and post-doctoral researchers (50:50 ratio of men and women).

GHRG teams have highlighted how equity of research partnerships is facilitated through the distribution of resources, knowledge, and capacity-building training between UK- and LMIC-partners:

"We have always emphasised that [this programme is] for Malawians and, as such, our UK-based team is focused on providing expertise and training in areas identified as gaps in the proposal development. [Our] main research team is composed of [25] researchers, 14 of these being Malawian. All our [early-career researchers (ECRs)] are Malawian. [and there is] a strong emphasis on training them for future research leadership in Malawi and beyond.

Where necessary, we are also supporting our senior academics in the team to provide the skills and competencies needed to lead research programmes, and mentor ECRs." [NIHR Global Health Research Group on Adolescent Health and Wellbeing]

"Equitable partnerships are a priority for this GHRG, as reflected in the split of the budget. […] Salaries are equitable, ensuring recruitment and retention of high quality, local staff, representing in-country investment and sustainability." [NIHR Global Health Research Group: Implementation of simple solutions to reduce maternal and neonatal mortality and build research capacity in Sierra Leone]

"[Existing] budget was transferred from [London School of Hygiene and Tropical Medicine] to [the University of Cape Town]. This Change to Programme [...] has the additional benefit of supporting two excellent female African researchers, moving more of the key activities to one of our African collaborating partners, and ensuring that there is an equitable distribution of funds between UK and LMIC groups." [NIHR Global Health Research Group on HIV-associated Fungal Infections]

"We have assessed members' skill needs and have delivered extensive training, led by both members of the network and externally. Members, particularly ECRs, are encouraged to participate in international conferences to expand their scientific knowledge and network and to enrol in external training courses to advance their skills […]. All these examples will positively enable knowledge exchange between members and increase connectivity […], with everyone within the funded research team treated fairly.

Equity [of this South–North partnership] is demonstrated by jointly designing the research agenda and [providing] opportunities for all partners to contribute to the analysis of data collected by other sites, thereby benefiting from relevant expertise across the network [and] building junior members' research capabilities." [GDAR]

Equitable research practices also ensure that the outcomes and impacts have local relevance; are driven by the agendas and priorities of the setting in which research takes place; and respond to the needs of LMIC communities. For example, the NIHR Global Health Research Group on Acquired Brain and Spine Injury reports *"trying to progress projects forward through local leadership, with many local team leads taking hands-on approaches to drive project direction"*.

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 and NIHR funding committee members per 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 all non-UK team members. These exploratory activities are ongoing and include discussions with other funders of global health research; a scoping review of global health literature; and engagement with global health stakeholders and research project teams. Until these activities conclude, NIHR will continue to collect data on the age, disability, ethnicity, and sex of non-UK based joint leads and funding committee members.

GHRG Funding Committee members are fully inducted on the eligibility requirements of GHR calls, with equity within the research and across the team and wider stakeholders considered 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 aspects in the local contexts such as involvement of key stakeholders, communities, and the most vulnerable groups throughout the research lifecycle.

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 the

most vulnerable groups. For example, in this reporting period, GHRGs often employed community engagement and involvement (CEI) methods to identify, work with, and learn from vulnerable groups:

"We engaged [community engagement and involvement (CEI)] group members in all the three countries [Malawi, Kenya, Ethiopia] to give input in our research design and implementation to ensure that needs of vulnerable groups across the countries are taken into consideration and research outcomes improve their health. The CEI members were carefully selected to ensure that they represent views of various stakeholders and vulnerable groups such as school children, research participants among others." [GHRG-GI]

"In order to impact the health and wellbeing of vulnerable groups in our target communities, we have designed an inclusive strategy to engage people at different levels of community [...]. We have developed a comprehensive communication and engagement plan for both Kenya and Uganda to improve vaccine impact for vulnerable people, [We have also] conducted an extensive stakeholder mapping and network analysis which will be a benchmark for harnessing stakeholder support and involvement at different stages of the project, especially after assessing their engagement needs at the levels of informing, consulting and collaborating." [VAnguard]

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 5 shows the five most significant risks, listed in risk registers, across the 30 Call 3 GHRGs (eight Phase 1 Year 2 and 22 Phase 2 Year 1 projects), and the strategies the project teams have implemented to manage and mitigate these risks. Since GHRGs commonly record the same risk types several times, the number of instances recording the risk provides an indication of risks spread across the GHRG portfolio.

Operational related factors are the most prevalent risks identified, with governmental/ legal being the second, and financial third. The operational risks highlighted by the teams focus mainly on delays experienced with the recruitment and retention of both research staff and study participants/ patients, holdups with procurement and delivery of equipment, and training programmes not upskilling trainees as required for the associated research elements. The most mentioned governance and compliance factors were lack of engagement from stakeholders across the various project work packages, non-compliance with ODA regulations and standards, and ethical approval delays. For finance, concerns associated with exchange rate fluctuations and the impact of inflation on budgets, as well as poor financial management processes and budget underspend/ overspend were the risks featuring most frequently in the registers.

It is interesting to note that the re-introduction of COVID-19 lockdowns was recorded 30 times as part of the external factors risk. This highlights that, even though COVID-19 is not necessarily termed as a risk to the project deliverables and the teams currently, the potential re-establishment of COVID-19 lockdowns/ associated restrictions, and the impact these may have on the research, is still very much at the forefront of researcher’s minds.

Other significant risks relate to the political/ legal context where teams are cognisant of changes within government which can impact on project deliverables and policy amendments. The need to ensure the safety of staff members also featured highly on the risk registers.

Table 6: Top five risks across the GHRG portfolio (October 2022-November 2023)

Risk	How is the risk being managed/mitigated?	Current status
Operational factors such as recruitment and retention of project staff members with the relevant skillsets; procurement and equipment distribution challenges; delays in recruitment of study participants or meeting patient recruitment targets, therefore affecting the analysis and impacting the project research outcomes; poor public perception of the research; hold-ups experienced with award set-up due to funding flow delays; trainees not completing work according to pre-agreed timelines; training programmes not targeting researcher skill gaps effectively in order to deliver required project outputs; study site access denied/ loss of infrastructure; administrative delays; data collection targets not met.	Project staff supported and encouraged to take part in training throughout the lifecycle of the award; clear guidance shared with staff which highlights team building and staff development; all posts have a fair and competitive appointment process in which salaries and responsibilities are reviewed regularly to reflect the needs and expectations of the project; regular monitoring of stocks and changing procurement requirements; building existing relationships with logistics companies and local distributers to provide timely deliveries; where cost effective, to purchase items in the UK and ship to partner countries; produce effective community engagement resources to encourage buy-in to the research; conduct routine reviews of participant identification, informed consent, and recruitment strategies to optimise enrolment and response rates; transparent reporting of project activities and outcomes of research; agreed media processes engaging the community; draft collaboration agreements once funding outcome is known; monitoring of trainees through the use of progress reports and directing additional support as required (mentoring, external supervision); engagement with district management teams to support the implementation of research at the sites; project planning is put in place; REDCap database is used to monitor data collection against enrolment targets and timelines.	194 mentions in 29 risk registers
Governance/ compliance factors which include delays in obtaining ethical approvals; lack of engagement from the External Advisory Board and key stakeholders; weak collaboration with international partners across the project research work packages; failure to adhere to appropriate legal legislation or agreed legal standards/ ODA compliance; delays in securing local and national regulatory approvals; unstable relationship with the funder; hold ups experienced with collaboration agreements which impact on project start-up processes; research findings are not implemented in policies at local and national levels; involvement in a scandal.	All core staff are trained in the process of applying for ethics approval; timely submission to regulatory bodies; implementation of a constant ethical monitoring process to track progress and take remedial action accordingly; maintain regular contact with collaborators; create/ maintain a robust partnership with Advisory Board members, ensure sound communication and collegiality across the project; invest time to develop group cohesion across all partners; all primary beneficiaries are counties on the DAC list; engage with the funder throughout the award and comply with their requirements; initiate collaboration agreement preparation on receiving positive funding outcome; work collaboratively with the end users of the research from the start of the award to encourage buy-in; agree a policy engagement programme at the start of the award; ensure a professional code of conduct is followed in all research activities.	166 mentions in 30 risk registers
Financial risks such as volatile economic conditions (currency/ exchange rate fluctuations, extreme rates of inflation); non-compliance	Carefully budget and monitor expenditure/ exchange rate fluctuations; negotiate inflation increases with each partner and the NIHR; adhere to financial management procedures and comply with GFGP	103 mentions in 27 risk registers

Risk	How is the risk being managed/mitigated?	Current status
with finance management regulations; fraud, bribery, inappropriate use of ODA funds; project activities exceed allocated budget/ unanticipated costs lead to budget overspend with the requirement to find the shortfall from other sources; budget underspend leading to the potential failure to achieve the aims and objectives of the project; delays in financial reporting; hold ups transferring funds to partners; inadequate financial controls.	standards; anti-fraud and corruption policies are reviewed regularly to ensure they remain adequate; conduct due diligence on partners; implementation of collaboration agreements to ensure funding terms are adhered to and mitigations for risks identified early; quarterly reports are used to highlight adjustments to spend profile; obtain accurate spend forecasts from partners and constantly monitor and review costs; contingency plans for over/ under spends; annual site visits and financial monitoring; arrangements in place to advance funds; recruitment of project managers to ensure funds are transferred in a timely manner; a close record of expenditure is kept before releasing further funds; regular review of financial control procedures.	
External factors which mainly highlight the effects of COVID-19 restrictions on research studies and project staff if reintroduced (such as delays to delivering in-country training, restricted access to the workplace, physical and mental health impacts, impacts on international travel, restrictions imposed on face-to-face CEI activities, communication between partners becomes more challenging, data collection is delayed). Other risks include: breaches of respect for cultural traditions and customs; impact of Russia and Ukraine conflict; electricity outages; fuel shortages impacting the ability to travel to project sites and deliver research activities according to the project plan; vested interest groups oppose research.	Manage all aspects of the project remotely; reorganise project activities to accommodate localised travel bans; resources budgeted for virtual methods of delivery; Sop's highlighting safe work under pandemic or outbreak conditions; build a substantial online training resource which can be delivered to partners through remote learning; support remote working and ensure relevant precautions are adhered to; monitoring of national and international COVID-19 trends; budget includes online engagement strategies; conduct telephone interviews rather than face-to-face visits; regular online meetings for the project team and work package groups are established; outdoor data collection and social distancing protocols are in place; data collection is undertaken by local researchers who are aware of cultural traditions and customs; buy fuel coupons in bulk to mitigate domestic process changes; plan efficient travel to make best use of available fuel; tablets and mobile devices with long battery lives to be procured; fieldworkers to be provided with backup charging devices; ensure transparency and clarity in research processes and ethical issues.	48 mentions in 21 risk registers
Political risks such as political tensions within and between countries; political changes in government; politically unsafe for research staff members; political unrest/ instability; change of political situation in partner countries/ the UK; terrorism.	Travel and security risk assessments will be conducted ahead of all partner visits; establish relationships with new country governors; ensure staff travel together at all times and have appropriate safeguarding measures in place; careful monitoring of political situations; suspend fieldwork temporarily if required; use staff within partner institutions who have intimate knowledge of in-country processes and procedures to maximise efficiency in resolving any political issue encountered; carry out data collection elsewhere; monitor terrorist situations and avoid primary data collection activities during high periods of tension.	41 mentions in 25 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's 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 and also directing fraud concerns to DHSC.

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 across NIHR coordinating centres managing ODA-funded awards.

NIHR finance teams review comprehensive financial reports from award-holders quarterly. Financial reporting processes were updated between GHRG Call 2 and Call 3: quarterly financial reports from Call 3 onward include quarterly transaction listings, to spread the effort throughout the lifetime of the awards and simplify final reconciliations at the end of the contract. In addition, NIHR periodically conduct 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 also conducted a site and assurance visit to Nairobi in June 2023, in which local teams participated from the GHRGs on: homelessness and mental health in Africa (HOPE); Gastrointestinal Infections: Facilitating the Introduction and Evaluation of Vaccines for Enteric Diseases in Children in Eastern and Southern sub-Saharan Africa; Transforming Parkinson's Care in Africa (TraPCAf); Improving Oesophageal Cancer Survival in Kenya: The Hub and Spoke Model; Oral Health;

collaborative care for cardiometabolic disease in Africa; Digital Diagnostics for African Health Systems.

Award-holders reported that project teams and their partners have systems in place for monitoring and reporting fraud, corruption, and bribery, or that relevant policies and processes were being set up by partner institutions. There have been neither allegations relating to fraud, corruption, or bribery against GHRG awards during the reporting period, nor any other related issues within the GHRG programme.

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 GHR risk and issues register in line with agreed policies and internal procedures.

Annually, NIHR reports the number, type and status of any concerns or incidents of misconduct including safeguarding with DHSC as part of an NIHR-wide concerns and incident misconduct reporting process. 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. The updates are forthcoming and will be on the NIHR website. NIHR GHR programmes have been using incident reporting procedures, including the incident reporting form, since 2021.

As with fraud, corruption, and bribery, award-holders reported that project teams and their partners either have systems in place for, or are conducting training on, monitoring and reporting issues and/or concerns relating to safeguarding.

Please provide an assessment of projects' compliance with the Paris Agreement across this programme. 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 an independent virtual funding committee to assess Stage 1 GHRG applications, providing the most sustainable means to assess outline applications to the GHRG programme. Stage 2 Funding Committees, for the review of full applications, routinely 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 encourages award-holders to consider alternatives to air and other carbon-emitting travel when reviewing changes to activities and/or budgets. Award-holders have acknowledged that travel restrictions linked to the COVID-19 pandemic showed that many research activities can be effectively carried out in hybrid, online or remote formats. The associated cost savings and reduction in environmental impact have been noted and continue to be pursued where appropriate. 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

The eight Call 3 GHRGs funded in Phase 1 currently report underspend between 10 and 46%. Total underspend for those GHRGs is improved compared to the previous reporting period (28% compared to 43%). For awards funded in Phase 2, underspend ranges from 24% to 85% (58% total underspend). This is largely related to delays in start-up, particularly in agreeing and signing collaboration agreements with all partners. It is expected that this underspend will be resolved throughout the lifetime of the awards, possibly through uncosted extensions where appropriate. Other financial challenges reported by award-holders include difficulties in transferring funds from the UK to LMICs due to administrative requirements (fifteen references across the thirty GHRGs) and challenges with payments in arrears (two references).

NIHR approved 30 Changes to Programme requests for Call 3 GHRGs in the last reporting period across 16 GHRG awards. This high number is caused by some GHRGs requiring several Changes to Programme. The requested changes largely pertained to budget amendments caused by adding new partners, staff changes, minor changes to research plans, equipment purchases, or travel and event costs. There were no major issues or concerns with any of the requests, which were submitted and approved (either fully or in part) in a timely way. Three requests were outstanding at the end of the reporting period, as they required additional information from the research team. They will be included in the next annual review.

NIHR also approved six Variations to contract, mostly related to updating contract wording related to Intellectual Property (IP).

Many GHRGs are also operating in a challenging economic context, with high inflation and generally high cost of goods and services. Where these pose a delivery risk, they have been captured in Section 5 and lessons learned for financial management of awards are captured in Section 7. NIHR recognises the challenges posed by the global economic situation for individuals and for activities funded under the GHRG programme and are engaging teams

to advise on the planned mechanisms to help mitigate this impact during the award period. NIHR finance teams will continue to monitor costs to ensure value for money, as well as fairness and equity to all NIHR-funded awards and their staff. NIHR updated the finance guidance for award-holders in the period, enabling award holders to apply for justified extensions whether these are for additional time with no costs or for additional time and costs.

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 30 Call 3 GHRGs have registered with IATI 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 continue to work with teams to support institutional adoption of the reporting requirements within the lifetime of the awards. NIHRCCs 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 November 2023, the second year of activity of eight Call 2 GHRGs, which started their contracts in 2021, and the first year of activity of the remaining twenty-two Call 2 GHRUs that started in 2022. A summary of learning from award-holders and internal processes can be found in Table 6. Any learning activities that took place after the end of the reporting period are clearly indicated.

Learning from award-holders

The learning from Group award-holders in this reporting period has largely concerned Year 1 delays for awards that started in 2022, and knock-on delays into Year 2 for awards that started in 2021. Overall, 43% of the Call 3 Groups are behind schedule compared to their GANTT chart in one or more key activities. However, as per Section 2.1, only three of the thirty 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:

- Collaboration agreement delays, leading to knock-on delays to staff recruitment.
- Intellectual property considerations requiring discussion across partners.
- Delays in transferring funds from the contracting institution, due to collaboration agreement delays or other administrative hurdles (e.g., getting systems in place in LMIC partner institutions).
- Ethical approval delays.
- Challenges in engaging stakeholders and/or setting up research sites.

GHRG-GI also raised some challenges with barriers to training and how they are working to address them: "*The main barrier identified was visa requirements for in-person training. One trainee stated '…the length it takes to get a visa… has made me miss two fully funded training opportunities…'. To mitigate against similar experiences in the future, we are*

compiling a database of training courses relevant to our trainees. Trainees will be encouraged to work with their supervisors and mentors to identify relevant training courses in good time. Further, bespoke training courses offered through the group will wherever possible be held online or in one of the partner countries". This is a valuable lesson learnt which may also be of use to other award-holders and trainees encountering similar challenges.

Award-holders have also provided constructive feedback on the NIHR and the GHRG programme. One GHRG would welcome more guidance from NIHR regarding the expected split of budget between UK/HIC and LMIC institutions, particularly when UK/HIC teams provide considerable support to help build research capacity in LMICs. In response, NIHR reviews and improves its core and webinar guidance and FAQs for applicants. While NIHR expects most of the funding to go to LMIC institutions where the work takes place, it also expects a fair and equitable distribution of resources. NIHR understands that the use of UK institutional capacity is often necessary to facilitate research and delivery in LMICs and this will be reflected in the budget split and justification. NIHR invites award-holders who have concerns or specific questions about their budget to attend their finance webinars and to contact their NIHR Programme Manager to discuss this.

Three GHRGs also mentioned payments in arrears as a challenge for some partners. While this is part of the UK's ODA policy and exceptions cannot be made, NIHR offers some flexibility in payment scheduling where required, for example, by arranging payments on a monthly basis where needed and justified to allow funds to be received as they are needed. NIHR will continue to monitor this so it can offer better guidance and support to institutions, particularly in LMICs, that struggle to pay for research activities upfront and claim reimbursements.

Two GHRGs also provided feedback on NIHR reporting requirements. Some LMIC partner institutions find some of the reporting complex and demanding and do not have sufficient administrative capacity to manage this while also delivering research. NIHR encourages the adequate resourcing of administrative staff at the application stage, as well as reprofiling of budgets during the award if required. However, NIHR also welcomes feedback on its processes and the information collected from award-holders. Programme and Monitoring, Evaluation and Learning (MEL) managers continuously review reporting requirements to ensure they allow NIHR to fulfil its duties as a funder of ODA while ensuring proportionality and fairness to award-holders.

The GDAR team shared some positive lessons they have learned in the last reporting period, such as their use of a "Network health check-up": *"From this exercise, more effective communication was commonly cited as an area that needs improvement in our partner collaboration. Another commonly cited challenge was time pressure with a wide variability in time allocated to this project across partners. This discrepancy has resulted in varying speeds in task deliveries, often leading to feelings of imbalance when expecting or producing outputs. We aim to build on these initial discussions at the next annual meeting"*. They also noted that members of the GDAR network are usually involved in various projects outside of the GHRG and the network has created opportunities to have conversations around collaboration on other areas of work and an involvement in other work packages beyond what was assigned to the specific site: *"This session was well received and offered an opportunity to explore future areas of collaboration in addition to a better understanding of the non-Network commitments of key members".*

NIHR learning activities across the last reporting period (September 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 events, training, and podcasts.
- In June 2023 NIHR held an assurance visit to awards with partners based in Nairobi, Kenya, including GHRGs such as HOPE, GHRG-GI, TraPCAf, the GHRG on Oral Health, the GHRG on Digital Diagnostics for African Health Systems, the GHRG on collaborative care for cardiometabolic disease in Africa, and the GHRG for Improving Oesophageal Cancer Survival in Kenya: The Hub and Spoke Model. 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.

- NIHR planned the first of a series of Shared Learning Events during the reporting period, to be held in November 2023 (outside reporting period). 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, including future activities to support programme and finance managers. These further complement the annual events run through the NIHR Academy for GHR training leads and the Academy member events.

The cross-NIHR Monitoring, Evaluation and Learning (MEL) working group 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 NIHR and DHSC. Its scope will continue to be refined as the Working Group meets on a regular basis. NIHR and DHSC also updated the GHRG Theory of Change in August 2023.

In August 2023, Ecorys delivered its interim report on the evaluation of NIHR GHR programmes, which includes case study evaluations of three GHRGs (two from Call 1 and one from Call 2). Ecorys interviewed NIHR staff and local partners from completed Call 1 and Call 2 GHRGs, including community beneficiaries. All three former GHRGs have successfully applied for further NIHR funding. Two GHRGs (former Call 1 and Call 2 Groups) applied to the second call for GHR Units (GHRUs) and both are active Call 2 GHRUs. One former Group Call 1 applied to the third call for GHR Groups (GHRGs) and is an active Call 3 GHRG. NIHR has responded to the interim report and recorded areas for further action. Ecorys have since shared their full evaluation with DHSC and NIHR in late January 2024 (outside reporting period). Learning for the programme from this activity will be included in future reports.

The Independent Commission for Aid Impact (ICAI) is also undertaking an independent assessment of the GHR NIHR programmes, including GHRGs, between November 2023 and June 2024. NIHR supported interviews and site visits based in selected sites in India, Malawi and remotely with those in Brazil, to inform this review.

7.2 Key lessons

Table 7: Lessons learnt for the GHR Groups programme (October 2022-November 2023)

Theme(s)	Situation	Lesson learnt	Status
Contracting and project set up	**What could be better**: Collaboration agreement delays leading to knock-on delays such as recruiting staff	Adequate set up time should be built in either prior to contracting or within the start-up phase of awards GANTT chart to enable collaboration agreements to be signed and staff recruitment undertaken before research starts.	Contracting timeframes are under review (January 2024)
Research capacity strengthening	**What could be better:** Some award-holders reported difficulties recruiting and securing PhD students, either due to visa issues or candidates struggling with other commitments (in one case, a role in a national Ministry of Health).	Targeted support and guidance can help to facilitate the recruitment of trainees, but it can still take time and adjustments in a global context. NIHR offers support for visas and continues to allow for time extensions if they are required for trainees to complete their studies within the award period. NIHR also continues to identify learning to improve its support where required.	Complete
	What worked well: Several award-holders reported successful sharing of resources, e.g., for training, and establishing collaborative networks, which is supporting research capacity-strengthening. They would also welcome more NIHR-led initiatives and/or forums for exchanges between GHRGs.	Award-holders sharing resources and forming networks to support research capacity-strengthening is a valuable aspect of GHRG funding that NIHR is committed to supporting. NIHR-led initiatives such as shared learning events or communication activities will continue to promote those opportunities and facilitate their development where possible.	Ongoing
Monitoring	**What could be better:** Some award-holders perceive NIHR GHRG	NIHR is committed to fulfilling its obligations as a funder of ODA, while ensuring reporting	Ongoing

	reporting requirements as burdensome and challenging, particularly for LMIC collaborators	requirements are proportionate and equitable. NIHR regularly reviews reporting templates and processes and is working to apply the recommendations of the Tickell review into bureaucracy in research. Award-holder feedback will be a key part of any adjustments to current practice.	
Open access policy	**What could be better:** Some GHRG award-holders have reported peer-reviewed publications that are not in open access, despite NIHR's Open Access policy.	This has been noted and award-holders have been reminded of the policy. While those publications may not need to be retracted from non-open access platforms, it is expected that any articles would eventually be made freely accessible in line with NIHR's policy (i.e., within 12 months). NIHR will continue to monitor this expectation with the award-holders in question.	For next reporting period
Finance	**What could be better:** Some award-holders reported challenges with payments in arrears and concerns around the fairness of expecting budgets to be equitably split between LMIC and UK/HIC for GHRGs	Payments in arrears are part of the UK's ODA policy and this is clearly advertised as part of NIHR's financial guidance. However, there are opportunities for flexibility in payment schedules if award-holders require it. NIHR also expects budgets to reflect an equitable and fair split of resources between UK contractors and LMIC collaborators. However, it is understood that the use of UK institutional capacity to facilitate research and delivery in LMICs will also be reflected in budgets. Award-holders who have concerns	Complete

		about their budgets are invited to contact their NIHR programme manager to discuss this.	

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

Key milestones/deliverables for coming year	**Target date**
NIHR to respond to full report and recommendations from Ecorys evaluation, including Call 1/Call 2 Groups.	First quarter 2024
Review of CEI across the NIHR GHR programmes, including GHRGs. This will include any changes needed as part of the ECORYS and ICAI's NIHR's delivery plan.	End of 2024
Support ongoing ICAI review	June 2024
Launch of NIHR Global Health Research Journal in 2024, with publications from Call 1 and Call 2 GHRGs and evaluation of threaded publication model to inform continuous improvement. Publication within the journal is optional and NIHR are continuing to work with award holders to support future publication plans as required.	Q1 of 2024 – two articles linked to GHRGs published in February 2024
Approval and notification of a regular simplified offer and pipeline of calls for NIHR GHR programmes	Spring 2024
Undertaking planned assurance visits in LMICs, including Call 3 Groups	Next visit planned on 6 March 2024
Call 4 GHRG contracts starting	Summer-Autumn 2024
Call 5 GHRG Stage 2 assessment and Funding Committee	March-October 2024
Shared learning events, which bring together all GHR programme award-holders including Call 3 GHRGs to discuss key issues for GHR award management and exchange learning	Next event planned in April 2024, and then Autumn 2024
NIHR to continue to develop GHR impact case studies for inclusion in the impact case study repository	Autumn 2024

Annex A: List of all GHR Groups Call 3

Table A1: List of all GHR Groups Call 3

Reference	Title	Short title	DAC list countries
NIHR132995	NIHR Global Health Research Group on collaborative care for cardiometabolic disease in Africa		Ghana, Kenya, Mozambique
NIHR133144	NIHR Global Health Research Group on Controlling Vector Borne Diseases in Emerging Agricultural Systems in Malawi	Shire-Vec	Malawi
NIHR133205	NIHR Global Health Research Group on Diet and Activity -A syndemic approach to the prevention of diet- and physical activity-related NCDs	GDAR	Kenya, South Africa, Cameroon, Jamaica, Brazil, Nigeria
NIHR133208	NIHR Global Health Research Group on developing strategies for hepatitis C in Ethiopia (DESTINE)	DESTINE	Ethiopia
NIHR133231	NIHR Global Research Group on Advancing Early Diagnosis of Cancer in Southern Africa - AWACAN-ED	AWACAN-ED	South Africa
NIHR133232	NIHR Global Health Group for implementation of solutions to reduce maternal/neonatal mortality, and build research capacity in Sierra Leone.	CRIBS	Sierra Leone
NIHR133333	NIHR Global Health Research Group on Building Partnerships for Resilience: strengthening responses to health shocks from the grassroots		Ethiopia, Madagascar, Uganda, Sierra Leone
NIHR133384	NIHR Global Health Research Group on Interventions for Youth with Depression and Anxiety Disorders in African Countries		Ghana, Malawi, Zimbabwe
NIHR133135	NIHR Global Health Group on Equitable Access to Quality Health Care for Injured People in Four Low or Middle Income Countries: Equi-injury	Equi-injury	South Africa, Pakistan, Ghana
NIHR134717	NIHR Global Health Research Group on Establishing Regional Hubs for Genomic Surveillance in West Africa, at the Wellcome Sanger Institute		Ghana, Nigeria
NIHR134325	NIHR Global Health Research Group on homelessness and mental health in Africa (HOPE)	HOPE	Kenya, Ghana
NIHR132455	NIHR Global Health Research Group on Acquired Brain and Spine Injury (ABSI)		Pakistan, Indonesia, Kenya, Colombia, Malaysia, South Africa, Bolivia, Cameroon,

			Philippines, Sri Lanka, Guatemala, India, Brazil, Nigeria, Egypt
NIHR132731	NIHR Global Health Group on Oral Health		Brazil, India, Colombia, Kenya
NIHR133314	NIHR Global Health Research Group on Physical Trauma from Injury & POsT Conflict; iPrOTeCT	iPrOTeCT	Syrian Arab Republic, Lebanon, West Bank and Gaza Strip, Sri Lanka
NIHR133391	NIHR Global Health Research Group on Transforming Parkinson's Care in Africa (TraPCAf)	TraPCAf	Ghana, Nigeria, Egypt, South Africa, Kenya
NIHR134342	NIHR Global Health Research Group on HIV-associated Fungal Infections		South Africa, Botswana, Viet Nam
NIHR134482	NIHR Research Group on Patient-centred sickle cell disease management in sub-Saharan Africa (PACTS)	PACTS	Ghana, Nigeria
NIHR134629	Global Health Research Group on Disrupting the cycle of GEndered violence & Poor Mental health among Migrants in precarious Situations (GEMMS)	GEMMS	South Africa, India
NIHR134663	NIHR Global Health Research Group on Community Food for Human Nutrition and Planetary Health in Small Islands (Global CFaH)	Global CFaH	Dominica, Philippines, Saint Lucia, Fiji
NIHR134694	NIHR Global Health Research Group on Digital Diagnostics for African Health Systems		Ghana, Kenya
NIHR134440	NIHR Global Health Research Group on Global Health and Palliative Care (GHAP): expanding access	GHAP	South Africa
NIHR133850	NIHR Global Health Group on Perioperative and Critical Care		South Africa
NIHR134544	NIHR Global Research Group on Improving Hypertension Control in Rural Sub-Saharan Africa (IHCoR-Africa)	IHCoR-Africa	Kenya
NIHR134638	NIHR Global Health Research Group on sustainable care for anxiety and depression in Indonesia.		Indonesia
NIHR133066	NIHR Global Health Research Group on Gastrointestinal Infections: Facilitating the Introduction and Evaluation of Vaccines for Enteric Diseases in Children in Eastern and Southern sub-Saharan Africa	GHRG-GI	Kenya
NIHR133382	NIHR Global Health Research Group for Improving Oesophageal Cancer Survival in Kenya: The Hub and Spoke Model		Kenya

NIHR133712	NIHR Global Health Research Group on Promoting Children's and Adolescent's Mental Wellbeing in sub-Saharan Africa.		Rwanda, Ethiopia
NIHR134781	NIHR Global Health Research Group on Improving Quality of Maternal Healthcare in Africa		Malawi, Zambia
NIHR134531	NIHR Global Health Research Group on Vaccines for vulnerable people in Africa (VAnguard)	VAnguard	Kenya

Annex B: Clearance checklist

	Name	Date
Annual Report sections completed by (within delivery partner organisation)	[redacted]	20 March 2024
Annual report read and annual review sections completed by (DHSC) with input from transparency sub-team	[redacted]	18 April 2024
Annual review shared and signed off by (within delivery partner organisation)	[redacted]	17 May 2024
Annual review signed off by (DHSC)	[redacted]	24 April 2024
SRO sign off for publication	Beth Scott	19 June 2024

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