Department of Health & Social Care

Global Health Research Units Annual Review - 2023

NIHR Global Health Research Portfolio

Published [August 2024]

Contents

Annual reporting and review process

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

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

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

- Section 1 captures DHSC's and the Delivery Partner's overall assessment of funding scheme performance over the last 12 months.

- Sections 2-3 focus on monitoring progress of awards against planned activities, outputs and outcomes (in accordance with the portfolio Theory of Change and results framework).

- Sections 4-7 focus on the delivery partner's management of value for money, risk, financial reporting, monitoring, evaluation and learning updates.

The process for completing this template involves the following steps:

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

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

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

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

5. Annual review signed off and published.

1. Programme Summary and overview

1.1 Description of the funding schemes aims and activities

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

The Global Health Research Units programme provides funding to support delivery of research that will improve health outcomes for people living in LMICs, but also to strengthen research capability and capacity in resource-poor settings, in particular training and capacity building in both academic research and programme support functions.

Global Health Research Unit funding is awarded to partnerships that have an existing track record of delivering internationally recognised applied global health research and wish to consolidate and expand this work. Each Unit receives funding of up to £7 million over 5 years.

To date the programme has held two funding calls. All Units funded through Call 1 have now closed. This report focuses on a total of ten Units which were funded through Call 2 (which was split into two phases) and active between October 2022 and November 2023. Four awards were funded through Phase 1 and six awards funded through Phase 2. This reporting period covers the second year of the Phase 1 Units, and the first year of the Phase 2 Units.

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 ten Units assessed during this reporting period, NIHR reported six to be delivering on time and on target. Two Units were rated amber and two were rated red, due to delays in finalising collaboration agreements and political unrest in an LMIC collaborator country. NIHR are monitoring these projects closely and providing appropriate support to try and minimise delays as far as possible.

Outputs:

The number of high-quality research outputs produced by Call 2 Phase 1 Units 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 in LMICs, including 100% of policy briefs, 89% of media activity, and 87% of guidelines, the proportion of externally peer-reviewed publications with an LMIC-based or female lead author is lower than desired. This is expected to improve throughout the lifetime of the awards as research capacity is strengthened.

Outcomes and impacts:

Seven out of ten Units are already engaging and influencing key stakeholders, such as policymakers and practitioners, in line with expectations set out in the GHR portfolio Theory of Change. For example, CLEAN-Air(Africa) has signed a five-year framework agreement with the Kenyan Office of the First Lady to support the national rollout of a community health training programme, while the GHRU and Network for Diabetes and Cardiovascular disease in South Asia has developed a new household-level behaviour change intervention in collaboration with the Ministry of Health in Sri Lanka.

There is clear evidence of Units engaging and involving local communities in their research, including at-risk and vulnerable groups. Many Units are using community engagement and involvement (CEI) activities to adapt their plans to better meet local needs. The GHR Unit on Neglected Tropical Diseases, for example, has amended their participant consent process to improve community understanding, and adapted their peer-support interventions for women with fistula to local contexts.

Given the early stage of these awards, significant real-world impacts have not yet been realised. However, it is expected that the Units' ongoing engagement, advocacy, and relationship building with policymakers, practitioners and communities will continue to strengthen pathways to impact over the next reporting period, as research activities progress.

All Units have supported research capacity strengthening at the individual and institutional level, with many conducting training needs assessments to identify key areas for staff development and inform training and mentoring strategies. 76 LMIC researchers undertook or completed academic training during the reporting period, including 33 PhDs and 22 post-docs. Over 137 FTE support staff were employed, the majority in LMICs (77%), 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
Work with project teams to support institutional adoption of transparency reporting requirements.	NIHR	**Ongoing:** NIHR continue to work with teams to support institutional adoption of the reporting requirements within the lifetime of the awards. NIHR direct award holders to new DHSC IATI reporting guidance to support institutional compliance and report to DHSC quarterly on all portfolio award data. NIHR Coordinating Centres are working together to improve the way they track award holders' compliance with IATI guidelines.
Explore through the Assurance Working Group how to best combine in-person and remote assurance visits for maximum efficiency and effectiveness.	NIHR	**Complete:** In-person assurance visits have now resumed, so there is no longer a need to rely on virtual monitoring. The Assurance Working Group continues to oversee all assurance visits to ensure the variety of approaches used are efficient, effective, and delivering value for money.
Increase number of cross-award networking and collaboration opportunities for award holders, for example through events, webinars, and virtual platforms such as NIHR Learn.	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. NIHR plans to continue enhancing its offer going forwards, including further Shared Learning Events and CEI training. These willmeet identified needs and support shared learning and development of communities of practice in research; research management; research capacity strengthening; and community engagement and involvement.

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 six Change to Programme 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?

Issues around contracting and project set-up, particularly for activities which depend on the transfer of funds from UK to LMIC institutions, continue to cause significant delays. DHSC/NIHR should consider how it can better support LMIC partners to build their capacity and capability to overcome these challenges, and how its funding processes and guidance can better facilitate the development of collaboration agreements in a timely manner.

Award holders value in-person networking and learning opportunities and these should be enhanced across the portfolio, particularly for LMIC partners. In November 2023, NIHR held the first in a series of shared learning events which received overwhelmingly positive feedback, with more events planned for 2024. DHSC/NIHR continue to review how to improve its learning and development offer going forwards, especially for LMIC partners, including targeted support for project and finance managers, CEI and training leads. It is anticipated that the development of a new online collaboration and networking platform, NIHR Learn, in 2024 will help address some of these challenges, and facilitate more effective learning across the portfolio.

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

Recommendation	Owner	Timeline
Explore options to overcome delays in negotiation of contracts and collaboration agreements, including setting realistic timelines with award holders and providing additional support for LMIC partners.	NIHR and DHSC	End 2024

Recommendation	Owner	Timeline
Enhance opportunities for cross-programme networking, learning and collaboration, particularly for LMIC partners, in-person and virtually.	NIHR	End 2024
Work with project teams to support institutional adoption of transparency reporting requirements, and work across Coordinating Centres to develop a process to track institutional compliance with IATI guidelines.	NIHR	End 2024

2. Summary of aims and activities

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

Ten Global Health Research Unit (GHRU) awards were active in the reporting period October 2022 to November 2023. All of these were funded through Call 2, which was split into two phases. The four awards funded in Phase 1 (contracts starting in 2021) 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 six GHRUs funded in Phase 2 (contracts starting in 2022) completed Year 1 activities such as setting up collaboration agreements, recruiting research and support staff, onboarding trainees, and preparing for fieldwork and/or clinical research. Section 3 of this report summarises the outcomes from all GHRU's activities with regard to research outputs, research capacity strengthening, and equitable research partnerships. More information about award activities can be found on individual award websites and the NIHR website, as referenced throughout this report.

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

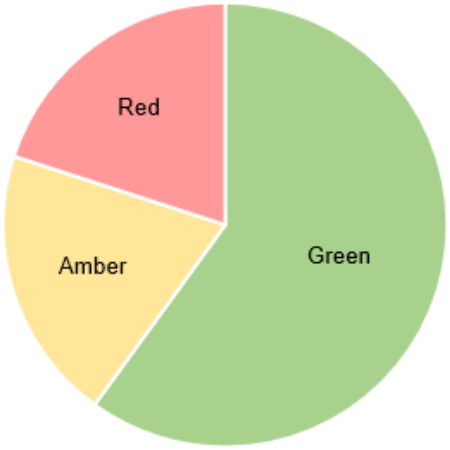
RAG	Delivery
RED	Significant risks to progress/funded outcomes; unlikely to complete funded work without a contract extension
AMBER	Some risks to progress/funded outcomes; may require a modest extension to complete funded work
GREEN	No unmitigated risks to progress/funded outcomes

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 risks across the active GHRU portfolio, including levels of underspend across the awards based on quarterly financial reporting and forecasting. Most of these underspends are linked to delays with starting the

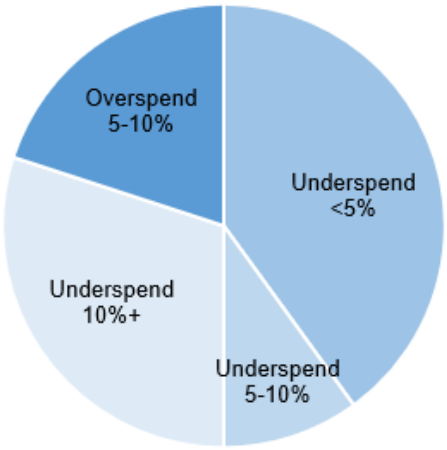
research work. Two GHRUs are rated red for delivery: one due to the impact of conflict in an LMIC collaborator country, and the other due to unexpected delays with collaboration agreements, which has had a significant impact on progress so far. Two Call 2 GHRUs are rated amber for delivery: the first due to disruptions caused by political unrest in an LMIC collaborator country, and the second because of delays in finalising collaboration agreements. Award-holders are working to resolve these issues, for example by adapting work packages to avoid research being affected by unrest. They are also implementing mitigation to reduce delays, although some awards may request justified time extensions in due course. Further detail on risks and risk mitigation can be found in Section 5. The remaining six GHRUsare rated green. Section 5 describes the top five portfolio risks and Section 6 contains more detail on financial performance of all awards.

Figure 1: Global Health Research Units dashboard



RAG Distribution	*No. Projects:*	*10*
Green	6	60.0%
Amber	2	20.0%
Red	2	20.0%

Based on risk ratings for the period October-December 2023



Over/Underspend	*No. Projects:*	*10*
Underspend <5%	4	40%
Underspend 5-10%	1	10%
Underspend 10%+	3	30%
Overspend 5-10%	2	20%

Based on risk ratings for the period October-December 2023

2.2 Delivery partner's assessment of how individuals/communities (including any relevant sub-groups) have been engaged and of the extent to which award

holders have changed their plans to reflect individuals/communities needs when identifying research priorities, design/planning, implementation, analysis, and reporting and dissemination

Inclusion

The following vulnerable and/or at-risk groups who would especially benefit from being included in the GHRU research have been identified (see Annex A for full list of award titles and abbreviations, if applicable):

- Parents; caregivers; those with lived experience of neurodevelopment disabilities (NIHR Global Health Research Unit on Neurodevelopment and Autism in South Asia, NAMASTE)
- Women who have experienced stillbirth or neonatal death; adolescent mothers; women with fistula; pregnant women from rural or disadvantaged communities; women whose babies require neonatal care; partners and families of disadvantaged women (GHRU on the prevention and management of stillbirths and neonatal deaths in Sub-Saharan Africa and South Asia)
- Tribal groups in north-eastern India (GHRU on Health financing for UHC in challenging times: leaving no-one behind, HFACT)
- Resource-poor urban households, including in informal settlements, and rural poor populations in Western Kenya; schools with vulnerable demographics; nomadic populations (NIHR CLEAN-Air(Africa))
- Rural, semi-arid and volcanic regions of El Jobo, Manabi, Zumbagua parish, Cotopaxi, Chunchi, Chimborazo, Gualaquiza and Zambora Chinchipe communities in Ecuador, who are vulnerable due to having large numbers of indigenous groups, quilombas (descendants of Afro-Brazilian slaves, the majority of which live in poverty) or montubios (mestizo people of the countryside of coastal Ecuador); black people; women and people living in favelas in Salvador, Brazil (GHRU on Social and Environmental Determinants of Health Inequalities)

In addition to at-risk or vulnerable groups, NAMASTE and the GHRU on the prevention and management of stillbirths and neonatal deaths in Sub-Saharan Africa and South Asia identified health workers as important stakeholders to include in the research.

Participation and two-way communication

NAMASTE and the GHRU on Neglected Tropical Diseases (NTDs) at Brighton and Sussex Medical School (BSMS) Units have both undertaken Theory of Change workshops with community stakeholders. NAMASTE involved parents of children with autism spectrum disorder (ASD). The GHRU on NTDs involved podoconiosis patients, Health Care Workers, community leaders and medical and administrative staff.

A variety of CEI groups have been created at the community level. The GHRU on Respiratory Health (RESPIRE-2) formed a CEI group to consult on culture, language, tone and comprehension of the mobile health (mHealth) application for the Quit4TB trial in Bangladesh and Pakistan. The GHRU on the prevention and management of stillbirths and neonatal deaths in Sub-Saharan Africa and South Asia established an Adolescent CEI group in Zambia for young women who have experienced stillbirth or neonatal mortality.

Other examples of CEI activities occurring at project governance level:

- In Brazil, an Advisory Board formed of policymakers, representatives of community groups, and practitioners (GHRU on Social and Environmental Determinants of Health Inequalities)
- Formation of national CEI steering committees in Rwanda and Benin to better coordinate their work around the country (NIHR Global Health Research Unit on Global Surgery: Establishing a Sustainable Network of Surgical Research (GSU))
- Identification of Stakeholder Engagement Champions (SECs) who are designated in-country focal points, coordinating and tailoring engagement with influential stakeholders (RESPIRE-2)

The range of activities occurring within the GSU have included: interviews, workshops, focus groups, an art project with school learners in Nairobi, the co-creation of an animated video that teaches patients about the signs, symptoms, and self-management of surgical site infections, and the delivery of training programmes to community health workers in India,

South Africa, Benin, Ghana, Mexico, Nigeria and Rwanda. As a result of the India Hub's CEI work, the Punjab District Health Ministry requested their assistance in training 2,000 community health workers.

The GHRU and Network for Diabetes and Cardiovascular disease in South Asia delivered a tailored 12-week training programme aimed to enhance the skills and knowledge of 30 Accredited Social Health Activists (ASHA) workers, namely: knowledge and clinical skills pertinent to non-communicable diseases (NCDs), lifestyle intervention and behaviour change skills, and care delivery skills.

CLEAN-Air(Africa) held an art competition for pupils from informal settlements in Nairobi in November 2022 to highlight the urgent issue of household air pollution in Sub-Saharan Africa: *"We have found the use of art as an effective way of engaging with children, teachers, schools, and families on the issue of clean air. Creating artwork allows children to express the challenges they face while using smoky fuels to cook food and heating their homes, with the art providing a springboard for important discussion on the topic. Significantly, the artwork created also supports our research and is a key element of the data we collect."*

Empowerment, Ownership, Adaptability and Localization

Four GHRUs engaged their CEI communities' expertise to adapt resources to be more contextually relevant, or to translate them into other languages. For example:

- Language adaptations for case scenarios and key informant guides (NAMASTE)
- For the GHRU on Neglected Tropical Diseases, BSMS amended the participant consent process to ensure better community understanding of the research being undertaken, and adapted peer-support interventions for women with fistula to local contexts.
- Adaptation of CLEAN-Air(Africa) research and health systems strengthening strategies to local contexts and creating job aids for community health workers to guide more effective health promotion messaging on household air pollution prevention. Trained community health workers are providing locally appropriate and impactful messaging.
- Engaging with patients, carers, and stakeholders to confirm script translations of an animated video, and the translation of a patient quality of life tool in Ghana (GSU)

RESPIRE-2 also reported that involving community members in project planning, implementation, monitoring and evaluation in Malaysia has allowed these members to develop their skills and knowledge and supports project sustainability.

The GHRU on the prevention and management of stillbirths and neonatal deaths in Sub-Saharan Africa and South Asia now has 15 CEI groups across eight countries totalling 210 members. The adolescent CEI group has been instrumental in raising awareness of the research, enabling researchers to access adolescents in communities from which they would normally be excluded. It has also been key for signposting young women suffering stigma to counselling services.

For CLEAN-Air(Africa), discussing the research plans with community chiefs in Kenya and Cameroon helped inform and refine research plans and led to study permissions being granted.

Development of CEI resources

Two GHRUs have reported on their development of CEI resources. GSU co-developed a community education toolkit with surgical patients and community members with low literacy levels. The toolkit is a library of bespoke, localised resources aimed at addressing patient and carer surgical concerns following community consultations across their Hubs in Benin, Ghana, India, Mexico, Nigeria, and Rwanda. Resources include a video, produced to address the main requests of the community, and text and pictographic resources produced for use by healthcare workers in local communities, translated into local languages.

The RESPIRE-2 team have co-developed a 'Stakeholder Engagement in Global Health' resource guide, which offers practical information, tools and templates for researchers and development practitioners to plan and deliver tailored stakeholder engagement (including CEI) in health research projects. The guide will be used to train and support new RESPIRE-2 partners and is being widely disseminated across the GHR portfolio through the NIHR CEI community of practice and beyond via the Unit website and through the International Primary Care Respiratory Network.

3. Outputs and outcomes

High quality policy/practice relevant research and innovation outputs

3.1 Aggregated number of outputs by output type.

Figure 2: Aggregated number of outputs across Call 2 GHRUs

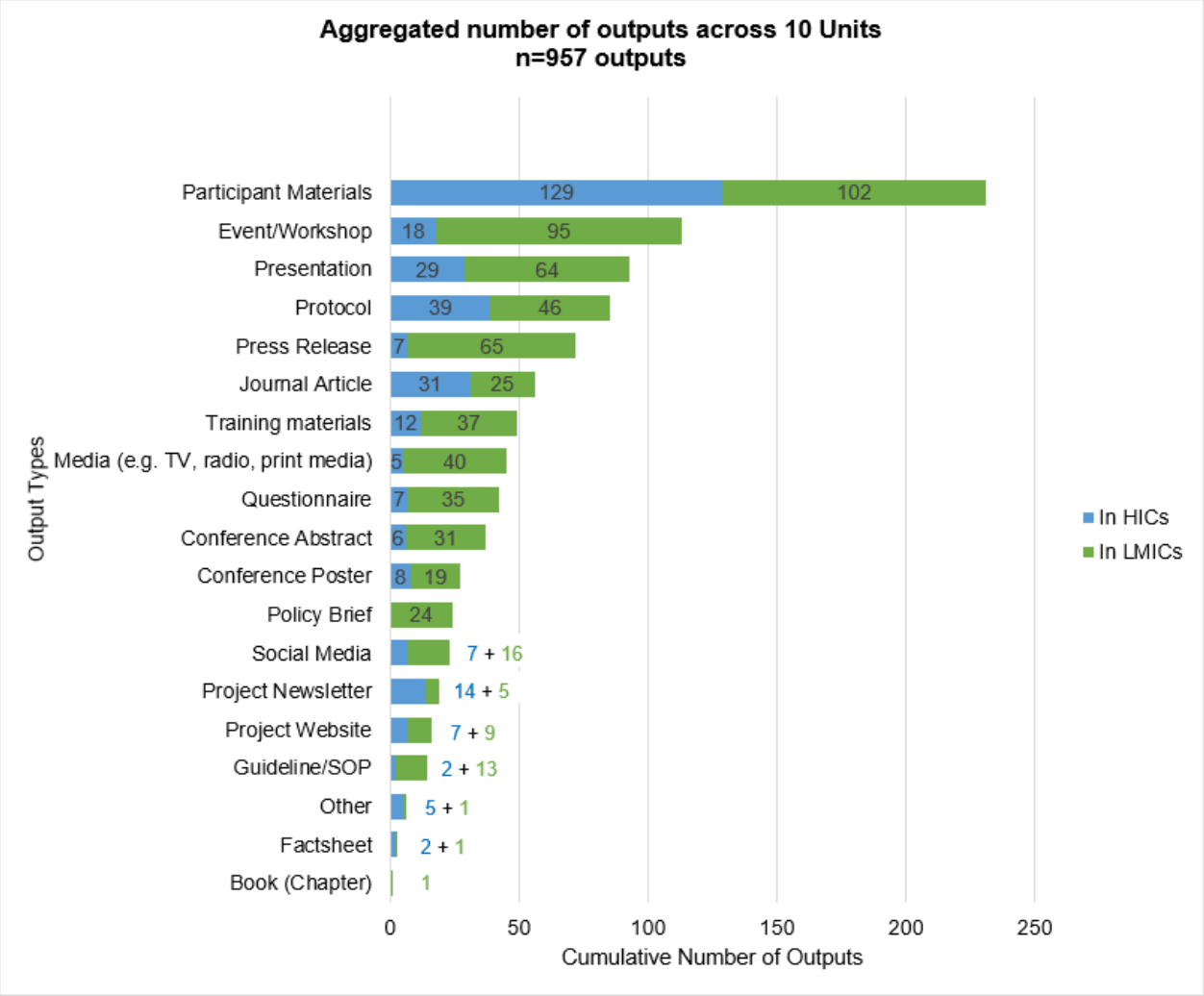


Figure 2 displays the cumulative number of output types from 10 Call 2 GRHUs which had been accepted for publication, in pre-publication, or published by 30 November 2023. The cumulative number of outputs reported cannot be directly compared to that reported in the previous review as that total included outputs from Call 1 GHRUs which are no longer active. However, a comparison can be made with the Call 2 Phase 1 (i.e., awards that started in

2021) data from the previous reporting period; notable increases in numbers of specific output types by Call 2 Phase 1 Units are events/workshops (35 increased to 84), journal articles (27 to 53), presentations (18 to 41), and press releases (9 to 66). 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 GHRU award and have completed since the award holders secured Call 2 GHRU funding.

Engagement with LMIC stakeholders is clearly evidenced with 66% of the total number of outputs, for all GHRUs in the reporting period, being produced in LMICs. This includes 100% of policy briefs, 90% of press releases, 89% of media activity (e.g. TV, radio, print media), 87% of guidelines/standard operating procedures, and 84% of events/workshops.

Examples of Call 2 GHRUs Outputs

- The GHRU on the prevention and management of stillbirths and neonatal deaths in Sub-Saharan Africa and South Asia presented their feasibility study into advancing care and support for women after stillbirth and early neonatal death at the annual conference for the Association of Obstetrics and Gynaecologists in Uganda.
- The Global Surgery Unit launched its patient and community education toolkit during its annual meeting in Nigeria. The toolkit is a library of bespoke, localised resources aimed at addressing patient and carer surgical concerns following community consultations across their hubs in Benin, Ghana, India, Mexico, Nigeria and Rwanda.
- The GHRU on Neglected Tropical Diseases team created a YouTube video showing interviews with people in Ethiopia affected by podoconiosis and explaining the work of the Center for Innovative Drug Development and Therapeutic Trials for Africa.
- The GHRU on Social and Environmental Determinants of Health Inequalities published a scoping review protocol to assess the quality of evidence on implementation of key social protection programmes in Brazil and Ecuador, focusing on children, elders, and people with disabilities experiencing poverty and their effects on the socioeconomic determinants of health.
- The GHRU and Network for Diabetes and Cardiovascular disease in South Asia published a paper in the BMJ Open describing the outcomes of their proof-of-concept study to test a decentralised model for integrated diabetes and hypertension management in rural Bangladesh to improve accessibility and quality of care. They found that there is potential to involve lower-level primary care facilities and non-physician health workers to expand

services to patients with hypertension and diabetes in Bangladesh and in similar global settings. This recent publication relates to work completed through their prior Call 1 GHRU award and will inform assessment of the effectiveness of technology-supported decentralised care within the current Call 2 GHRU award.

3.2 Externally peer-reviewed research publications.

Table 1: Externally peer-reviewed publications (all Call 2 GHRUs)

	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	43	100%
Number of externally peer-reviewed research publications with a lead or senior author whose home institution is in an LMIC	16	37%
Number of externally peer-reviewed research publications with a female lead or senior author	10	23%

Table 1 above summarises the externally peer-reviewed publications from the last reporting period. NIHR's Open Access Policy states that articles must be immediately, freely and openly accessible to all. In line with this, all peer-reviewed publications for Call 2 GHRUs in the reporting period are available in open access. The proportion of LMIC-based and female authors is currently lower than desired. 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 2 GHRUs have processes in place to ensure equity in authorship and leadership of scientific outputs.

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

Seven of the ten Call 2 GHRUs reported engagement and influence on at least one stakeholder group in their last reporting period. The highest occurrence of reported influence is on policymakers. These outcomes are as expected across both calls, given the early stage of the research the GHRUs are in (second year or first year). NIHR expects influence on policy and community outcomes to develop further over time.

Influence on policymakers

The Call 2 GHRUs are still in early phases of setting up research activities and work packages, so there is limited evidence of influence on policymakers leading to realised impacts. However, there have been some key activities likely to lead to progress in this area. For example, CLEAN-Air(Africa) Directors have signed a five-year framework agreement with the Kenyan Office of the First Lady in March 2023 to support national rollout of the community health training program across the 47 counties of Kenya. Through the mobilisation of resources from the Office of the First Lady, 130,000 existing community health workers will receive additional training, which will be supported by monitoring and evaluation by CLEAN-Air (Africa). CLEAN-Air (Africa) work directly with the Kenyan Ministry of Health (MoH) to support the roll out of training of Public Health Officers across 25 counties, including an embedded evaluation of this implementation. The first phase of implementation started in May 2023.

The GHRU and Network for Diabetes and Cardiovascular disease in South Asia has also reported progress in collaborating with policymakers. “Happy Village Plus” is a community- and school-based intervention co-designed with the Sri Lankan Health Promotion Bureau to encourage behaviour change and create a supportive health environment which is more conducive to enabling healthy behaviours for adults and children: *“We collaborated with the Health Promotion Bureau of the Ministry of Health Sri Lanka in modifying the household level behavioural interventions for [the Happy Village Plus, HVP] intervention. Additionally,*

training on the Kobo toolbox platform was given to all the [Health Promotion Officers] who are entrusted in collecting data related to HVP intervention mapping."

The GHRU on Genomic and Enabling Data for Surveillance of Antimicrobial Resistance (GHRU on AMR) reported that their Colombian partner institution, Agrosavia, became part of the Colombian Intersectoral Board of Antimicrobial Resistance Surveillance, allowing them to share results and further develop collaborative projects with ministries and government agencies..These interactions will take time to deliver full outcomes and longer-term impacts, but they are a positive step towards forming sustainable networks and relationships. RESPIRE-2 provided another example: *"We are finding opportunities to connect RESPIRE-2 to global stakeholders e.g. our central role as Commissioner and Executive Board members on the Lancet Global Health Commission (GHC) on Medical Oxygen Security and its work to support the successful World Health Assembly resolution on this topic in May 2023; and representation at the United Nations Climate Change Conference (COP28)".* As per the Lancet Global Health Commission statement from May 2023, *"the full implementation of the new WHO oxygen resolution will not only improve national pandemic preparedness and response efforts but will also enable counties to accelerate progress on most of the Sustainable Development Goals (SDGs) for health, as oxygen is vital for managing many infectious and chronic conditions and essential for safe surgery"*. As such, RESPIRE-2 is involved in an important aspect of health system strengthening in LMICs.

The remaining GHRUs have not reported significant influence in the last reporting period, but they have policymaker and stakeholder engagement plans to enable this in their programmes of work through meetings, advisory groups, training, and targeted communication campaigns. For example, NAMASTE carried out a Theory of change workshop with stakeholders in Goa, India, attended by health workers and district health services representatives. The Theory of Change will support the implementation of the programme of work, and support both advocacy and influence on policy.

Influence on practitioners

In addition to the CEI activities described in Section 2.1, two GHRUs have reported further mechanisms for influencing practitioners. The GHRU on AMR reported that local research units communicate results from their analyses to stakeholders, which include local hospitals

and national health institutes. This ensures the evidence users are provided with up-to-date, actionable data.

The GSU India Hub was tasked by the office of the Punjab Civil Surgeon (district health magistrate) to train 2,000 ASHA/community health workers on preventing, identifying, and managing surgical site infections; early cancer detection; and wound management. Learning materials have been co-developed with feedback from this cadre of community health workers, who form an important part of the primary healthcare system in Punjab. This training is expected to improve their knowledge and capabilities in the areas outlined above, leading to better prevention, detection, and management of those conditions for patients in Punjabi communities.

Influence on individuals and community behaviour

Influence on individuals and communities in LMICs occurs through different channels, mostly CEI (see Section 2.1) and wider outreach efforts. For example, the GHRU on NTDs reported that their partner institute, the Armauer Hansen Research Institute (AHRI) leveraged access to national TV broadcasting in Ethiopia, FANA, to show a documentary on podoconiosis (podo) in December 2022: "*A 15 min documentary aired on FANA aimed to make the general public aware of the disease, the endemicity in Ethiopia and the current podo research project being conducted at AHRI. There was a particular focus on how the disease can be prevented including demonstration of prevention methods such as wearing footwear and regular foot hygiene.*"

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.

LMIC and UK researchers trained and increased support staff capacity

3.4 Aggregate level summary across awards of individual capacity strengthening

NIHR GHR Academy members are individuals who receive funds from, or are supported by, an NIHR GHR Programme (including the GHR 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 who have a defined end to their training.

Table 2 below shows a breakdown of the types of degrees/ qualifications undertaken by NIHR Academy trainees supported through Call 2 GHRUs, also highlighting the percentage who are LMIC nationals (100%). NIHR GHR programmes 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 2 GHRUs Phase 1 (four awards) and Call 2 GHRUs Phase 2 (six awards) have been grouped into one table. No NIHR Academy trainees had been recruited at the time of writing the 2022 GHR Units annual report as the Call 2 Phase 1 awards were still in their first year, and the Call 2 Phase 2 awards had just 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 (now 76 from 0).

There is a broad spread of trainees across the Call 2 GHRU cohort with the majority of trainees undertaking PhDs (43%), followed by Postdoctoral study (29%), and then Masters (13%).

All Call 2 GHRUs are eligible to put candidates forward for the GHR NIHR Academy Short Placement Award for Research Collaboration (SPARC) and/or can offer placements through the scheme. This opportunity allows NIHR Academy members to apply for a placement within a GHRU 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 2 GHRU was successful in obtaining an NIHR SPARC award in round 3. The fourth SPARC round was open from 30 November 2023 to 15 February 2024. Relevant outcomes will be included in future reports.

Call 2 GHRU 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, and round 3 closed on 15 February 2024. Three Call 2 GHRUs were successfully awarded CADA funding in round 2.

This funding was used to conduct a digital epidemiology workshop, complex intervention training, and a networking event on communicating research.

As activities for round 4 of SPARC and round 3 of CADA must take place between 1 July 2024 and 28 February 2025, respectively, the outcomes/ successful applications will be reported on in the next period.

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

Training level	Total number of LMIC nationals who are currently undertaking or have completed during the award period
BSc	1
MSc	10
Mphil	4
PhD	33
Postdoc	22
Other	6
Total	**76**

LMIC institutional capacity strengthened

3.5 Delivery partner's summary of evidence of activities and outcomes from across awards demonstrating how NIHR funding has helped to strengthen LMIC institutional capacity to contribute to and lead high quality research and training within a national research ecosystem.

Developing a strong research team is a priority across all GHRUs; investing in staff, via study placements, mentoring, or on-the-job learning, is acknowledged as the key to building institutional capacity, and promotes an empowering culture that will continue to grow and evolve. All Units reported career development opportunities that encourage early and mid-career researchers to lead projects and build networks, in one notable instance the team have created specific roles dedicated to capacity strengthening:

“A Capacity Building Platform Coordinator and 5 capacity building leads (CBLs) have been appointed and are working together to develop and drive the training and capacity building

programme for RESPIRE-2 and will deliver the priority training needs identified by partners. Currently they are engaged in organisation of the masters scholarships for each country" [RESPIRE-2]

Training needs assessments at the beginning of the award, and then sometimes throughout, are common practice, identifying key areas for staff development, as well as revealing technical strengths and informing both training and mentoring strategies. Trainee networks, PhD cohort groups, and training modules are implemented to support research staff as they learn and encourage wider networking. This self-motivated approach can also be seen in the following example which describes the aims of an initiative designed to support mentors to effectively support and encourage mentees:

"Mentors are not "second" line managers, their job is not to direct the underlying approach of the mentee to their work, nor tell the mentee what to do in any circumstance. Rather they should help the mentee to take stock of their current situation, consider solutions to any ongoing problems, think about their career goals, and discuss how the mentee will themselves manage and achieve these goals." [GHRU on Social and Environmental Determinants of Health Inequalities]

Opportunities to apply for, and secure, additional funding have been reported, with significant funds awarded to GHRUs. In addition to previously mentioned CADA and SPARC, the following additional funding awards are of note:

- Wellcome Trust (£3.5m) for investment into the *CIDACS Climate and Environmental Platform (CIDACS-Clima), A data resource to study climate and health* (GHRU on Social and Environmental Determinants of Health Inequalities)

- A NIHR Senior Investigator Award (£60k) was awarded for the second time to the joint lead of a Call 2 Unit to continue support their research in the field of midwifery [GHRU on the prevention and management of stillbirths and neonatal deaths in Sub-Saharan Africa and South Asia]

Research teams understand the value of building networks, seeking opportunities for collaboration and partnership working, where possible leveraging existing connections to bring their work to a wider audience.

Capitalising on strong collaborative networks leads to opportunities that maximise the impact of research and increase research and institutional capacity. For example:

"Establishing a large network of over 30 spoke hospitals participating in Clinical Trials and more than 100 collaborating hospitals participating in our Cohort and Observational studies. The network has expanded from 5 hospitals in 2019 to more than 100 collaborating hospitals in urban and rural India, from big metropolitan cities to very remote rural hospitals." [GSU]

The GSU India Hub designed and delivered training in identifying and managing surgical site infection, early signs of cancer and wound management, which was delivered to over 2000 healthcare workers. This is a significant step-change in surgical training and capacity-strengthening in India.

Table 3 below shows the aggregated distribution of support staff employed in LMICs and HICs for Call 2 Units. NIHR collects this data for the purpose of understanding how wider research support responsibilities are divided between LMIC and HIC institutions. More 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 3: Distribution of support staff across Call 2 Units (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	106.22 (**77%**)
Employed in HICs	31.1 (**23%**)
**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 GHRUs 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. Establishing clear Terms of Reference 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 also ensures milestones and activities are on track to deliver on funded objectives through regular check-ins with award-holders and annual progress reports. Call 2 GHRUs in their first and second years have demonstrated equity in research partnerships through:

- Regular meetings with work package teams and/or whole project teams with rotating meeting chairs
- Inclusive publication plans
- Co-development of research plans and protocols
- Co-production of reports
- Participative research practices and joint prioritisation of research activities
- Inclusive meeting planning, taking into account time zones and local holidays

The GHRU on the prevention and management of stillbirths and neonatal deaths in Sub-Saharan Africa and South Asia reported other examples of effective co-production and equitable working within the Unit, including the development of consensus processes and South-South support without the UK as an intermediary: *"Consensus meetings, led by partners, and involving CEI and stakeholders, have ensured our interventional studies are*

culturally appropriate and equitable. An example of co-creation is workstream 2, whereby the development of a respectful care bundle was decided based on input from CEI members, local health workers, and support staff (security guards, cleaners etc), through a formal consensus process".

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 5 below shows the distribution of GHRU funds across UK and other High-Income Country (HIC) institutions, and LMIC institutions. Most of the funding (57%) is allocated to LMIC institutions. Alongside the information elsewhere in this report, the distribution of funds provides an indication of research capacity strengthening and equitable research partnerships.

Table 5: Aggregated spend across Call 2 GHRUs

	Total committed amount (GBP) allocated to:	% of total committed amount:
UK/HIC institutions	£29,751,313	43%
LMIC institutions	£40,142,283	57%
All institutions	£69,893,596	100%

4. Value for Money

4.1 Value for money

Economy

GHRUs look to the procurement teams within UK HEI contracting organisations to secure favourable rates on goods and services. Stringent internal procurement processes provide reassurance that money is well spent with additional scrutiny applied during quarterly audits by external, independent accountants. Competitive tendering processes, bulk purchasing and shipping are handled by centralised procurement teams, saving time as well as money.

Working collaboratively results in significant savings. The following example illustrates how a team has leveraged their access to contacts, expertise, facilities, and data for mutual benefit:

"By embedding our activities within larger Units/Centres […] and using staff who are already embedded in a particular role (e.g., Communications team, statisticians, research data managers), RESPIRE-2 benefits from existing support and expertise, and can access relevant networks, contacts and infrastructure. By making use of existing infrastructure such as Edinburgh DataShare and DataVault, we are not using resource to create a new discipline specific data repository, whilst providing partners with access to excellent facilities and linked support." [RESPIRE-2]

Enhanced Efficiency

Excellent communication is widely noted as the key to efficiency, the following example shows how one team are maximising their approach to communications:

*"The [*CLEAN-Air *(Africa), CAA] Unit is implementing an enhanced communications strategy with […] partners that includes social media (CAA twitter and LinkedIn accounts) and production of films highlighting its research (public health area and research activities). To date CAA publicity has led to (i) non-academic outputs including published interviews in national media and the BBC (Kenya), (ii) discussion with organisations and donors supporting clean cooking initiatives (Rwanda) and (iii) membership of UK-Kenya and Uganda Health Alliances. CAA has also begun to partner with The Conversation Africa to*

highlight the issue of air pollution from reliance on biomass fuels and the need for transition to clean cooking (first article due in June 2023).” [Clean-Air(Africa)].

GHRUs cite the value of regular meetings to identify individual strengths, to share resources, educational materials, and digital solutions to avoid duplicating effort. Meeting and training online are the least costly option, but when meeting in-person, teams endeavour to include extra events like training workshops and seminars to maximise the value of time spent on site, reduce the number of trips, and save money. Engagement with stakeholders (local communities, patients, clinicians, and policymakers) helps speed the process from design and implementation into clinical practice/policy change.

Effectiveness

The GHRU on NTDs reported that they demonstrate effectiveness by using a quarterly reporting tool that captures activities, monitors impact and finances. Being populated by the team and their partners, this is an ongoing project, and is being constantly adapted and improved. It offers a valid example of one approach to evaluating team effectiveness. Another GHRU included that they cite adherence to NIHR reporting milestones in their guide to efficiency, helping them meet specific goals and align procurement needs with individual work package objectives. GHRUs also build networks to ensure research findings can reach decision-makers, which supports the effectiveness of the research in transforming inputs into outcomes:

“To ensure its dissemination of outputs has maximum impact, [Clean-Air(Africa), CAA] focuses on knowledge exchange through engagement at ministerial and government level (tasked with policy decision making). To date, this includes the Office of the First Lady in Kenya (5-year partnership), collaboration with the Ministries of Health in Kenya, Uganda and Rwanda, Ministries of Education in Kenya and Rwanda and Ministry for Promotion of Women and the Family in Cameroon. This approach has been key to CAA success for national implementation of CHW training in Kenya.” [CLEAN-Air(Africa)]

4.2 Equity

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

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

From Call 2 GHRUs, 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 improve these through continuous learning. Work is currently underway to further increase accessibility of NIHR guidance, particularly for LMIC applicants, and annual reporting templates and guidance are reviewed periodically to ensure they don't cause too high a burden on institutions, particularly in LMICs.

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

Equity in the composition of research teams has been demonstrated across the GHRU programme. For example, the RESPIRE-2 GHRU has reported that they have achieved gender equality across the GHRU's leadership (55% of which are women), their International Steering Committee (50% women) and programmes and partner teams (52% women).

The availability of opportunities is frequently reported as a means of ensuring equity. One team reported rotating meeting chair responsibilities to provide opportunities across its structure. Another project team reported that skills audits were conducted across its structure to provide all colleagues with opportunities to get involved in areas of interest that may be outside of their role:

"Our training lead […] is analysing the skills audits across the programme to ensure equitable opportunities for all, including non-academic members of staff, demonstrating our commitment to capacity strengthening across all structures of the GHRU." [GHRU on NTDs at BSMS]

This ensures that contributions are equally valued and recognised. Shared responsibility and credit for dissemination of the project findings is an important facet of GHRUs' approach to equity. While contracts for Call 1 GHRUs have ended, dissemination activities continue for up to two years. NIHR has worked with research teams who identified issues where they could not request costs to support LMIC researchers and partners involved in dissemination activities after the end of award. Recognising this challenge in LMIC contexts, DHSC approved a more flexible approach to requesting appropriate costs for LMIC partners involved in dissemination after the formal end of an award.

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:

"RESPIRE-2 maintains equity by targeting research towards the national health priorities of partner countries and disadvantaged populations, [ensuring] that research outputs specifically benefit those most in need." [RESPIRE-2]

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, which include discussions with other funders of global health research, a scoping review of global health literature, and engagement with stakeholders in global health research, are ongoing. Until these conclude NIHR will continue to collect data on the age, disability, ethnicity, sex status for all non-UK based joint leads and funding committee members.

NIHR fully inducts GHRU Funding Committee members on call and eligibility requirements, and equity issues within the research and across the team and wider stakeholders as part of the funding assessment process. The advertised call eligibility and selection criteria include consideration of equitable research partnerships, community and stakeholder involvement and engagement, capacity strengthening activities, governance arrangements and budgets between LMICs and the UK. The meaningful engagement of community beneficiaries and wider stakeholders, including members from the most vulnerable groups, is required to ensure the research will proactively address causes of health inequalities and promote improved health outcomes. The Funding Committee provides feedback to applicants and award-holders where there is opportunity to strengthen 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. During the reporting period, all award-holders have reported evidence of equity considerations in their policies and processes: it was commonly reported that a variety of activities - such as dedicated events, mapping exercises, and community-

based participatory approaches - were undertaken to highlight prevalent inequalities in health more broadly, including among research participants. For example:

"RESPIRE-2 hosted a webinar on "Rethinking Gender in Health" with a Gender Expert from our International Steering Committee (ISC) to raise awareness and promote action towards gender mainstreaming and inclusivity of marginalised groups across RESPIRE research. [...] We are planning two follow-on activities for the second half of 2023: (i) Online consultations with partners on how they understand and manage gender issues in research and curate best practices. Inputs and insights from these consultations will inform the 'RESPIRE Gender and Vulnerable Groups Equality Statement' which will guide all our research activities." [RESPIRE-2]

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 10 GHR Call 2 GHRUs (four Phase 1 Year 2 and six Phase 2 Year 1 projects), and the strategies the project teams have implemented to manage and mitigate these risks. Since GHRUs commonly record the same risk type several times, the number of instances recording the risk provides an indication of risks spread across the GHRU portfolio.

Operational related factors are the most prevalent risks identified, with financial being the second, and governmental/ legal third. The operational risks highlighted by the teams focus mainly on delays experienced with the recruitment of both research staff and study participants/ patients, holdups with procurement and delivery of equipment, and a lack of clarity regarding the processes followed to obtain local research approvals (i.e. ethics, collaboration agreements). For finance, concerns associated with exchange rate fluctuations and the impact of inflation on budgets, as well as poor financial management processes/ procedures were the risks which featured most frequently in the registers. The most mentioned governance and compliance factors were legal risks, absence of robust strategic direction from teams, lack of engagement from stakeholders, and protocol/ regulation non-compliance.

It is interesting to note that COVID-19 featured four times in these risk registers in comparison to 14 times in the previous reporting period, and that many other risks are highlighted as more significant, such as those identified in the risk table below. We can infer, from these observations, that COVID-19 is no longer featuring in the top 5 risks as teams continually apply learning and implement successful mitigation strategies to support the wellbeing of individuals. Other significant risks include data management/ IT factors in which teams are cognisant of data compliance and the importance of storing data securely for confidentiality purposes.

Table 5: Top 5 risks across Call 2 GHRUs

Risk	How is the risk being managed/mitigated?	Current status
Operational factors such as challenges in obtaining ethical approvals for WPs; procurement and equipment distribution delays; loss or damage of project equipment; delays in recruitment of study participants or meeting patient recruitment targets; service provision not aligning with project team's expectations and standards; lack of project clarity for stakeholders subsequently delaying necessary local approvals; training programmes not targeting researcher skill gaps effectively in order to deliver required project outputs.	Remain flexible so that progress can continue even if ethical approvals are delayed; maintain regular contact with the ethics boards; communicate with alternative suppliers/ transport goods personally; all equipment to be clearly recorded via inventories and asset registers; adequate storage conditions approved prior to project start date; inform trial design teams regarding local requirements and subsequent time cost; review recruitment strategies and create targeted solutions; start recruitment campaigns early; implement tendering processes in a timely manner/ agree quality control procedure and monitor regularly; develop and implement robust strategies to actively engage and involve stakeholders at all levels throughout the lifetime of the programme; training needs assessments used to identify training priorities for researchers; all training sessions evaluated by participants, and feedback reviewed to enable course improvement; staff development and support mechanisms are established.	77 mentions in 10 risk registers
Financial risks such as volatile economic conditions (currency/ exchange rate fluctuations, extreme rates of inflation) inadequate financial controls; non-compliance with finance management regulations; fraud/ inappropriate use of ODA funds; project activities exceed allocated budget/ unanticipated costs leading to budget overspend; budget underspend, funds not transferred to partners in a timely manner; economic/ political outlook in UK negatively affects ODA funding, reduction in project budget/ cancellation of work packages.	Robust financial management practices are put in place; carefully budget and monitor expenditure/ exchange rate fluctuations; accurate quarterly and annual financial forecasts based on project plans; collaboration agreements to include financial reporting responsibilities and timelines; anti-fraud policies are in place and followed; regular communication with finance officers in partner organisations to support implementation of financial management plans; finance training provided to partners who require additional support and guidance; partner financial reports submitted immediately following the end of each quarter; maintain regular communication with the funder; monitor risks to ODA funding budget.	39 mentions in 10 risk registers
Governance/ compliance factors such as failure to adhere to appropriate legal legislation or agreed legal standards; lack of engagement and cooperation from key stakeholders; lack of/ poor strategic direction, strategy, and forward planning; ineffective contract management; delays in the signing of collaboration agreements; failure to adhere to ODA compliance, contractual processes, and intellectual property arrangements; involvement in a scandal.	Implement compliance monitoring and reporting methods; maintain regular contact with collaborators; create/ maintain robust partnerships; ensure sound communication and collegiality across the project; establish local oversight committees to review progress and challenges; robust strategic planning and objective setting for all project staff; use of collaboration agreements to govern partnerships with regular reporting to ensure compliance; implementation of staff safety and safeguarding policies; processes for reporting incidents/ concerns; regular reporting to the funder.	37 mentions in 9 risk registers
Data management and IT issues such as poor data quality and	Implement effective measures to secure and protect data; GDPR training; adhere to GDPR	15 mentions in 8 risk registers

Risk	How is the risk being managed/mitigated?	Current status
control; data breaches resulting in GDPR compliant failures; collected data is insufficient for effective reporting; technology failures impact on data management and communication; insufficient IT provision.	guidelines; data are stored securely; appraise security and authorisation procedures regularly; work package leads and research coordinators provide relevant training to research assistants/ data collectors, monitor progress, and audit data quality against data management plans; robust data managements plans are put in place; IT requirements are budgeted for within the project; systems are implemented to ensure timely procurement of IT equipment.	
Political risks such as political tensions within and between countries; political instability; terrorism; security risks; government personnel changes and a shifting of policy priorities due to elections.	Maintain close communication with relevant contacts in partner countries to identify and evaluate emerging risks; organise meetings in 'neutral' locations/ relocate visits/ training if a local situation is unstable; conduct security and travel risks assessments prior to visits; implement tracking systems for staff members (i.e. contact numbers, travel schedules); remain up to date with UK Foreign Commonwealth Office local ministry information and measures; monitor election news in the lead up to and after elections have taken place in order to plan project activities accordingly; frequent communication and interaction with government personnel.	14 mentions in 7 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 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. There have been no allegations or concerns raised for GHRU awards, in relation to fraud, corruption, and bribery across the programme during the reporting period.

NIHR finance teams review comprehensive financial reports from award-holders quarterly. Financial reporting processes were updated between GHRU Call 1 and Call 2: quarterly financial reports from Call 2 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 conduct periodic 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 in Nairobi in June 2023. The GHRUs included in the visit were CLEAN-Air(Africa) and the GHRU on the prevention and management of stillbirths and neonatal deaths in Sub-Saharan Africa and South Asia.

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

5.3 Safeguarding

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

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.

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

During the reporting period, one GHRU underwent reasonable and well-justified changes to partners, with NIHR approval. However, in relation to the change in partners, some individuals associated with the GHRU received personal threats and experienced an unsafe working environment. The GHRU and NIHR investigated the issue and sought advice from the GHRU's independent advisory board. The GHRU amended their research plans accordingly, and the issue was marked as resolved in April 2023. There have not been any related incidents since.

Aside from this, there have been no issues related to safeguarding raised against any GHRU awards during the reporting period. Award-holders commonly reported having appropriate procedures and policies in place, with specific training on and resources about safeguarding often made available to research teams.

5.4. 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 expects all award-holders to follow and monitor their research activities against the NIHR Carbon Reduction Guidelines. This is outlined in call guidance, start-up information and progress reporting guidance. NIHR monitors compliance through a question on carbon reduction measures in each annual report. NIHR also encourages award-holders to consider alternatives to air and other carbon-emitting travel when reviewing changes to activities

and/or budgets. 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 in updates to the NIHR GHR Programmes Core Guidance for Applicants in 2023.

NIHR convened an independent virtual funding committee to assess GHRU applications at Stage 1, providing the most sustainable means to assess applications to the GHRU programme. Stage 2 Funding Committees take place in person to promote effective decision-making and committee cohesion.

6. Delivery, commercial and financial performance

6.1 Performance of awards on delivery, commercial and financial issues

The four Call 2 Phase 1 GHRUs that have completed their second year currently report underspend between 15 and 50%. Total underspend for those GHRUs is improved compared to the previous reporting period (28% compared to 43%). For awards funded in Phase 2, underspend ranges from 31% to 81% (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 no-cost extensions or justified costed extensions where appropriate. Other financial challenges reported by award-holders include difficulties in transferring funds from the UK to LMICs due to administrative requirements (three references across GHRUs), issues with one contractor's new financial grant management systems for one GHRU, and wider economic pressures.

NIHR reviewed six Changes to Programme requests for Call 2 GHRUs in the last reporting period. They pertained to budget amendments caused by staff changes, minor changes to research plans, equipment purchases, or event costs. There were no major issues or concerns with any of the requests, which were submitted and approved in a timely way.

NIHR recognises the challenges posed by the global economic situation for individuals and for activities funded under the GHRU 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 10

Call 2 GHRUs 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. NETSCC direct award holders to new DHSC IATI reporting guidance to support institutional compliance and report to DHSC quarterly on all portfolio award data.

7. Learning from Monitoring and Evaluation

7.1 Learning

The learning described in this section covers the period of October 2022 to October 2023, the second year of activity of four Call 2 GHRUs, which started their contracts in 2021, and the first year of activity of the remaining six 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 Unit 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, 90% of the Call 2 Units are behind schedule compared to their GANTT chart in one or more key activities. However, as per Section 2.1, only two awards are significantly at risk of not being able to deliver some of their activities within time and budget. Delayed awards expect to resolve those challenges during the remainder of the award or through a justified no-cost or costed extension. Delays are mostly due to the following:

- Delays in drafting and/or signing research collaboration agreements for four of the six Units that started in 2022.
- Delays in securing certification under the Foreign Contribution Regulation Act (FCRA) in India, a process that can take several months to a year.
- Other delays related to transferring project funds from UK to LMIC institutions, due to internal process delays or lack of staff resource.
- Delays in recruiting trainees due to the lack of appropriate candidates.

RESPIRE-2 also reported that economic pressures caused challenges in starting work before collaboration agreements were signed. The Unit suggested that future NIHR GHR awards could have lead-time to progress collaboration agreements after the contract is signed and before the award starts, as is common for many funding schemes. Award-holders also provided feedback for the funding scheme in other areas, largely related to

additional trainee and peer-to-peer support from NIHR. One GHRU also mentioned they would like to find out more about the GHRU evaluation process, and exchange learning with other GHRUs on monitoring and evaluation.

Finally, several award-holders shared some input on what worked well for their Unit in the last reporting period. These lessons mostly emphasise the value of in-person Unit meetings which involve all partners, as well as site visits. CLEAN-Air(Africa) also reported on the development of processes that increase equity and efficiency across the Unit, such as publication strategies and finance reporting templates to be used by all partners. NIHR encourages award-holders to share those resources across the GHR award-holder community and other networks where appropriate.

NIHR learning activities across the last reporting period (October 2022-October 2023)

In the last reporting period, NIHR organised learning initiatives in response to the demand from award-holders for more cross-award networking and collaboration, including more facilitation from NIHR. Such interactions also present an opportunity for NIHR to receive feedback on programme management, as well as to 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 GHRUs such as CLEAN-Air(Africa) and the GHRU on the prevention and management of stillbirths and neonatal deaths in Sub-Saharan Africa and South Asia. The visit brought together Joint Leads based in Kenya and early career researchers at separate events to support their networking and to share learning across the portfolio of awards operating in the area. 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 held the first of a series of Shared Learning Events in November 2023 (outside reporting period but planned during). The event was held online and gave the opportunity

for all GHR award-holders, including GHRUs, to share experiences and advice around award management and research delivery in LMICs. NIHR circulated an evaluation form after the event. Feedback from attendees was overwhelmingly positive and provided constructive suggestions for future events, e.g., more time for group discussions. Shared Learning Events are a key learning activity for NIHR and GHR award-holders, and NIHR is planning further events in 2024 targeting identified areas of need and common interest across the portfolio.

The cross-NIHR Monitoring, Evaluation and Learning (MEL) working group also met for the first time on 21 September 2023. NIHR formed this working group to review existing MEL activities, including annual review processes and templates, in a unified way across all of NIHR and DHSC. Its scope will continue to be refined as the group meets on a regular basis. Some learning activities planned in the reporting period were deferred, including the update of the Unit programme Theory of Change. This is due to the timing of approvals for further calls, as well as the commissioning of resources external to NIHR for the review and/or development of the Theories of Change across NIHR GHR programmes. This work is starting in early 2024.

In August 2023, Ecorys delivered its interim report on the evaluation of NIHR GHR programmes, which includes an evaluation of Call 1 Units. Ecorys interviewed NIHR staff and local partners of six Call 1 GHRUs. including community beneficiaries. Of these prior Call 1 GHRUs teams, five are now active Call 2 Units. NIHR has responded to the interim report and recorded areas for further action. Ecorys 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 GHRUs between November 2023 and June 2024. NIHR supported interviews and site visits to awards based in selected sites in India, Malawi and remotely with those in Brazil, to inform this review. Learnings from this review will be included in future reports.

7.2 Key lessons

Table 6: Lessons learnt for the GHRU programme (October 2022-October 2023)

Theme(s)	Situation	Lesson learnt	Status
Contracting and project set up	**What could be better**: challenges in signing research collaboration agreements in a timely manner. Activities that are dependent on the release of funds from UK to LMICs are particularly vulnerable to delays where advance funding for activities is undertaken at risk by the institution, despite assurances from NIHR that eligible costs will be reimbursed.	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:** Unit award-holders have flagged that increased opportunities for peer-to-peer learning led by NIHR would be beneficial to LMIC partners and across the GHR portfolio.	GHR award-holders value NIHR-led learning opportunities. NIHR has been working to meet this demand. Once plans for training and learning events are developed, they are communicated to award-holders. There may be opportunities to increase this offer and its visibility to LMIC partners, including targeted offers for project, finance managers, CEI and training leads etc. NIHR will review this offer to ensure it meets needs.	To keep under review
	What worked well: the first NIHR-led Shared Learning Event was a success and set a useful benchmark for future capacity-strengthening and networking initiatives		

7.3 Key milestones/deliverables for the coming year

Table 7: Key milestones/deliverables for the GHRU programme coming year (October 2023-October 2024)

Key milestones/deliverables for coming year	Target date
NIHR to respond to full report and recommendations from Ecorys evaluation, including Call 1/Call 2 Units.	First quarter 2024
Review of CEI across the NIHR GHR programmes	End of 2024
Support ongoing ICAI review	June 2024
Review programme Theory of Change	Spring 2024 (deferred from 2023 report due to review and simplification of current GHR programme offers and future pipeline)
Launch of NIHR Global Health Research Journal in 2024, with publications from Call 1 Units and evaluation of threaded publication model to inform continuous improvement	Spring 2024 (deferred due to delays in the implementation of IT systems and associated resource restraints)
Approval and notification of a regular simplified pipeline of calls for NIHR GHR programmes	May 2024
Undertaking planned assurance visits in LMICs, including Call 2 GHRUs	Next visit planned on 6 March 2024
Shared learning events, which bring together all GHR programme award-holders including Call 2 GHRUs to discuss key issues for GHR award management and exchange learning	Next event planned on 25 April 2024 and one in Autumn 2024
NIHR to continue to develop GHR impact case studies for inclusion in the impact case study repository	Autumn 2024

Annex A: Full list of Global Health Research Unit awards

Table A1: List of Call 2 GHRUs active in the reporting period

Reference	Title	Short title	DAC list countries
NIHR133364	NIHR Global Health Research Unit on Global Surgery: Establishing a Sustainable Network of Surgical Research	GSU	Benin, Ghana, Mexico, India, Nigeria, Peru, Rwanda, South Africa
NIHR131996	NIHR Global Health Research Unit on Neglected Tropical Diseases at Brighton and Sussex Medical School (Phase 2)	GHRU on NTDs	Ethiopia, Rwanda, Sudan
NIHR132960	NIHR Global Health Research Unit and Network for Diabetes and Cardiovascular disease in South Asia		Bangladesh, India, Pakistan, Sri Lanka
NIHR132027	NIHR Global Health Research Unit on the prevention and management of stillbirths and neonatal deaths in Sub-Saharan Africa and South Asia		Malawi, Tanzania, Uganda, Zambia, Zimbabwe, India, Kenya, Pakistan
NIHR134530	NIHR CLEAN-Air(Africa) Unit Clean modern energy for all . Benefitting health, society, environment and climate in sub-Saharan Africa to achieve the 2030 Sustainable Development Goals.	CLEAN-Air(Africa)	Cameroon, Kenya
NIHR134801	NIHR Global Health Research Unit on Social and Environmental Determinants of Health Inequalities		Brazil, Ecuador
NIHR132826	NIHR Global Health Research Unit on Respiratory Health (RESPIRE-2)	RESPIRE-2	Sri Lanka, India, Indonesia, Pakistan, Malaysia
NIHR133252	NIHR Global Health Research Unit on Health financing for UHC in challenging times: leaving no-one behind	HFACT	South Africa, Indonesia, Brazil, India
NIHR133307	Global Health Research Unit on Genomics and enabling data for Surveillance of Antimicrobial Resistance	GHRU on AMR	India, Philippines, Colombia, Nigeria

NIHR134702	NIHR Global Health Research Unit on Neurodevelopment and Autism in South Asia: NAMASTE	NAMASTE	India, Sri Lanka

Annex B: Clearance checklist

	Name	Date
Annual Report sections completed by (within delivery partner organisation)	[redacted] [redacted]	19 February 2024 8 March 2024
Annual report read and annual review sections completed by (DHSC) with input from transparency sub-team	[redacted]	3 April 2024
Annual review shared and signed off by (within delivery partner organisation)	[redacted]	15 April 2024
Annual review signed off by (DHSC)	[redacted]	8 April 2024
SRO sign off for publication	Beth Scott	19 June 2024

Published to GOV.UK in pdf format only.

[Directorate/Division/Branch]

www.gov.uk/dhsc