Evaluation of the National Institute for Health and Care Research's (NIHR) Global Health Research (GHR) Portfolio

Inception Report

October 2022

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Abbreviation List

AAS	African Academy of Sciences
AMR	Anti-microbial resistance
CA	Contribution Analysis
CCF	Central Commissioning Facility
CEI	Community Engagement and Involvement
CEPI	Coalition for Epidemic Preparedness Innovations
DAC	Development Assistance Committee
DHSC	Department for Health and Social Care
EDCTP	European & Developing Countries Clinical Trials Partnership
EF	Evaluation Framework
EPSRC	Engineering and Physical Sciences Research Council
EQ	Evaluation Question
ESRC	Economic and Social Research Council
FAF	Financial Assurance Fund
FCDO	Foreign, Commonwealth and Development Office
FGD	Focus Group Discussion
FIND	Foundation for Innovative New Diagnostics
GACD	Global Alliance for Chronic Diseases
GARDP	Global Antibiotic Research and Development Partnership
GCC	Grand Challenges Canada
GECO	Global Effort on COVID-19
GFGP	Good Financial Grants Practice
GHR	Global Health Research
GPSC	Global Patient Safety Collaborative
GRSF	Global Road Safety Facility
HPSR	Health Policy and Systems Research
JGHTI	Joint Global Health Trials Initiative
KII	Key Informant Interview
LMIC	Low- and Middle-Income Countries
MMV	Medicines for Malaria Venture
MRC	Medical Research Council
NETSCC	NIHR Evaluation, Trials and Studies Coordinating Centre
NIHR	National Institute for Health and Care Research
ODA	Official Development Assistance
OECD	Organisation for Economic Co-operation and Development
REA	Rapid Evidence Assessment
RIGHT	Research and Innovation for Global Health Transformation
RSTMH	Royal Society of Tropical Medicine and Hygiene
RW	Research Wave
R2HC	Research for Health in Humanitarian Crises
SNA	Social Network Analysis
SORT-IT	Structured Operational Research and Training Initiative
SPARC	Short Placement Award for Research Collaboration
TB	Tuberculosis
ToC	Theory of Change
ToR	Terms of Reference
VFM	Value for Money
WHO	World Health Organisation

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Ecorys will store all material related to the evaluation on a secure drive. Data will be managed under the terms and conditions of the contract with DHSC.

There are no conflicts of interest.

Executive Summary

The National Institute for Health and Care Research (NIHR)'s Global Health Research (GHR) portfolio was established by the Department for Health and Social Care (DHSC) in 2016 to support the objectives of the UK Aid Strategy and the United Nations' Sustainable Development Goals. As part of the 2015 spending review, an initial budget of £430 million was allocated for the first phase (2016-2021) of the GHR portfolio to fund applied global health research in low- and middle-income countries (LMICs) eligible to receive Official Development Assistance (ODA). The goal of the initiative is to support high quality applied health research and training to address unmet needs in ODA-eligible countries by generating evidence for the direct benefit of people in these countries. It also aims to strengthen research capacity, develop more equitable partnerships between UK and LMIC research institutes, overcome barriers to health research uptake and ensure a high level of community engagement and involvement (CEI).

In December 2021, the DHSC commissioned Ecorys to undertake an evaluation of the first phase of the portfolio (2016/17 to 2020/21). The evaluation's objectives are to assess the suitability of the design and implementation of the portfolio for achieving its intended results, and to identify key learning to inform development and delivery of the portfolio's second phase (2021/22 onwards). In addition, the evaluation aims to provide accountability for the GHR portfolio performance to date, determining the Value for Money (VFM) of investments, and assessing whether the portfolio is on track to achieve desired outcomes and long-term impact.

The **evaluation approach** is based on the recognition that there has been notable learning during the first phase of the portfolio implementation and aims to capture this. The evaluation will employ a theory-based approach utilising both quantitative and qualitative methods to assess process, performance and learning based on the GHR portfolio's Theory of Change (ToC). Specifically, the evaluation will use Contribution Analysis (CA), to build evidence of whether and how the GHR portfolio is contributing to its intended outcomes and impacts. The evaluation framework is structured around three pillars of evaluation criteria[1]: i) relevance and coherence ii) efficiency and effectiveness iii) sustainability and impact. As cross-cutting themes, the evaluation team will assess adaptability and learning across the portfolio, as well as CEI. The evaluation framework is intentionally designed as a comprehensive and overarching framework which will be tailored to the specific context of each stakeholder. Following the inception phase, there will be two research waves – the first from September/October 2022 to April 2023 and the second from May/June to December 2023, followed by a final dissemination phase up to March 2024.

The **key methods** comprise programme and award documentation and data review; interviews with key stakeholders at portfolio, programme and award levels; an online survey to all funded stakeholders; a Social Network Analysis (SNA) to assess interactions and networks; and country visits where feasible in the second year. A purposive sample of programmes and awards for in-depth review is proposed which the evaluation team judges to be reasonably reflective of the overall portfolio and provide the breadth to answer the questions in the evaluation framework. Data sources include **primary data**, for example, strategic interviews, case study interviews with award holders, observations at country level and survey data; and **secondary data**, such as portfolio level, delivery mechanism, and award level documentation.

All data will be coded according to the evaluation questions ensuring a consistent approach to aid synthesis and minimise bias. The evaluation team will assess and triangulate the evidence from different data sources to build up a picture of the GHR's contribution to change. An **interim report** produced in March/April 2023 will collate findings from the portfolio, programme and award assessments from the first research wave and

[1] OECD DAC Network on Development Evaluation (EvalNet) (2010), Quality Standards for Development Evaluation, https://www.oecd.org/development/evaluation/qualitystandards.pdf

provide key learning points for NIHR and DHSC. This will include any necessary adaptations in the methodology for the second research wave and any proposed recommendations for changes in the ToC. A **final evaluation report** will be delivered by December 2023. Recommendations will be relevant and realistic, and all evaluation outputs accessible and useful. A range of dissemination products and channels are proposed for the final step.

The evaluation team is committed to ensuring that the entire process is responsive and helpful to the DHSC and NIHR, as well as other implementing partners, and will provide opportunities for feedback and interaction as needed. The team will maintain regular communications with key stakeholders throughout as appropriate and aim to be as inclusive as possible, while acknowledging the need to balance engagement with potential overburdening with demands for data and time. The team will ensure an ethical approach to this evaluation and adhere to relevant international guidelines. All data will be securely stored and managed.

This Inception Report presents the proposed approach to this evaluation – detailing the conceptual framework, evaluation questions, methodology for data collection and analysis, reporting and dissemination.

1.0 NIHR GHR Portfolio and Introduction to the Evaluation

1.1 Overview of the GHR Portfolio

The Global Health Research (GHR) portfolio was established by the Department of Health and Social Care (DHSC) with the National Institute for Health and Care Research (NIHR), following the publication of the 2015 UK Aid Strategy. It aims to directly address the diverse health needs of people in low- and middle-income countries (LMICs) by supporting high quality applied health research and training in areas where there is an unmet need; generating evidence for the direct benefit of people in LMICs; and strengthening LMIC and UK research capabilities and expertise in global health. As part of the 2015 spending review, an initial budget of £430 million was allocated for the first phase (2016-2021) of the GHR portfolio to contribute to improvement in global health outcomes through applied global health research, complementing other Official Development Assistance (ODA) research programmes such as the Global Challenges Research Fund and the Newton Fund. Since its launch in 2016, and as of September 2022, the portfolio has grown to include 17 thematic areas, with research activities being conducted in over 50 LMICs across Africa, Asia and Latin America, and through more than 20 delivery partners. In Phase 1, the GHR portfolio funded more than 650 awards which ranged from £5,000 to several million pounds[2]. In addition to being ODA-eligible, all the global health research funded by GHR must be underpinned by the following principles:

- Builds on NIHR's operating principles of impact, excellence, effectiveness, inclusion and collaboration; and,
- Strengthens research capability and training through equitable partnerships.

The portfolio is delivered through two main mechanisms: NIHR-delivered programmes and Partnership-delivered programmes. It also includes a range of initiatives directly supporting career development and training and research opportunities which complement the capacity strengthening elements that are embedded in the programmes and are a key principle across the portfolio. The NIHR-delivered programmes are led by NIHR Coordinating Centres, and the Partnerships-delivered programmes are led by various established research funders and partners, including UK partners, international partners and multi-funder initiatives. This division was not pre-determined at the start of the portfolio, but rather a result of the evolution and learning acquired during the initial delivery period which aimed to leverage existing expertise and maximise resources most effectively. There are common thematic areas across programmes, for example non-communicable diseases (including mental health), surgery, injuries and accidents, and comorbidity, health systems research, maternal and neonatal health, and COVID-19. Table 1 below summarises the GHR programmes and delivery partners, in order of disbursement to date for NIHR-delivered programmes, and approximate spend in Phase 1 for partner-delivered programmes.

When the portfolio was launched in 2016, DHSC initially prioritised working with partners who were already well established in the global health research space, such as the Medical Research Council (MRC) and the Wellcome Trust. NIHR rapidly built up its internal capacity in managing global health research programmes, growing from a small core team of only three people to a much more extensive team today. Over time NIHR principles that govern all work, whether domestic or global, have also been embedded in the partnerships

[2] These figures were taken from the 'NIHR Global Health Research Evaluation - Research Commissioning Brief, June 2021' which is no longer available online. Please refer to all funded projects delivered by NIHR Coordinating Centres (https://fundingawards.nihr.ac.uk/search/funder/NIHR%20(ODA)) and individual websites of partner-delivered projects for more detail.

where feasible providing extra added value of working in partnership together, and extending the influence of NIHR on other funders and activities. More detail behind the story of the evolution of the GHR portfolio will be gathered in the next phase of the evaluation. Given the rapid evolution of the portfolio, this evaluation provides an opportunity for learning, and to inform the second phase and subsequent phases of the portfolio.

Table 1 GHR Portfolio Summary

No.	GHR Programme	Delivery Partner	Approx. Spend[3]
	NIHR-delivered		
1.	Global Health Research (GHR) Groups	NETSCC	£90m
2.	Global Health Research (GHR) Units	NETSCC	£84m
3.	Research & Innovation for Global Health Transformation (RIGHT)	CCF	£54m
4.	Global Health Policy and Systems research (HPSR) Development Awards	NETSCC	£17m
5.	Professorships	NIHR Academy	£9.5m
6.	Financial Management Guidance for Awards (FAF)	NIHR Academy	NA
7.	Global Health Research Short Placement Award for Research Collaboration (SPARC)	NIHR Academy	NA
	Partner-delivered		
8.	European and Developing Countries Clinical Trials Partnership (EDCTP)[4]	EDCTP	£79m
9.	Joint Global Health Trials Initiative (JGHTI)[5]	MRC	£32m
10.	Coalition for Epidemic Preparedness Innovations (CEPI)	FCDO	£20m
11.	Research for Health in Humanitarian Crises (R2HC)[6]	ELRHA/Save the Children UK	£8m
12.	Diagnostics, Prosthetics and Orthotics to Tackle Health Challenges in Developing Countries	EPSRC	£7m
13.	Medicines for Malaria Venture (MMV)	MMV	£6m
14.	Anti-Microbial Resistance (AMR) in a Global Context	MRC	£6m
15.	Research to Improve Adolescent Health in Low- and Middle-Income Country (LMIC)[7]	MRC	£6m
16.	Global Road Safety Facility (GRSF)	World Bank	£5m
17.	Structured Operational Research and Training Initiative on building sustainable operational research capacity on AMR in LMICs (AMR SORT-IT)	WHO	£5m
18.	Global Alliance TB Drug Development	TB Alliance	£4.5m
19.	Global Antibiotic Research and Development Partnership's Neonatal Sepsis Programme (GARDP)	GARDP	£4m
20.	NIHR-Wellcome Global Health Research Partnership	Wellcome	£4m
21.	Antimicrobial Resistance (AMR) Cross-Council Initiative: Behaviour Within and Beyond the Healthcare Setting	ESRC	£3m
22.	Grand Challenges Canada (GCC) Global Mental Health	GCC	£2.5m
23.	Global Effort on COVID-19 (GECO) Health Research	MRC	£2m
24.	Global Alliance for Chronic Diseases (GACD)[8]	MRC	£2m
25.	Global Patient Safety Collaborative (GPSC)	WHO	£1.5m
26.	Foundation for Innovative New Diagnostics (FIND)	FIND	£1m
27.	Biomedical Resources Grant	Wellcome	£0.9m
28.	Royal Society of Tropical Medicine and Hygiene (RSTMH) Small grants scheme[9]	RSTMH	£0.75m
29.	Good Financial Grants Practice (GFGP)	AAS	£0.5m
30.	Global Maternal and Neonatal Health	MRC	£0.45m

[3] For partner-delivered programmes, these figures represent approximate spend in Phase 1 (figures retrieved from published information in links). For NIHR-delivered programmes, these figures represent total disbursement to date (figures retrieved from partner databases shared, and links directing to general programme information).
[4] EDCTP 2016 workplan, EDCTP 2017 workplan, EDCTP 2018 workplan, EDCTP 2020 workplan
[5] JGHTI Calls 1-6 /MRC, JGHTI Calls 7-11 /MRC
[6] R2HC Phase III/ Save the Children UK, R2HC Phase 4/ ELRHA
[7] Adolescent Health Call 2/MRC, Adolescent Health Call 3/MRC, Adolescent Health Call 4/MRC
[8] GACD Mental Health, GACD Hypertension / Diabetes
[9] Small grants 2019/RSTMH, Small grants 2020/RSTMH

1.2 Evaluation Objectives and Scope

Ecorys has been contracted by DHSC to assess the suitability of the design and implementation of the first phase of the GHR portfolio (2016/17-2020/21) in achieving its intended outcomes and impacts as set out in GHR's Theory of Change (ToC). The evaluation will contribute to the evidence base on health research impact, as well as building evidence and understanding of a) the extent to which researchers are engaged in effective knowledge mobilisation (and what types of support or interventions encourage the transfer of knowledge), and b) the extent to which community engagement and involvement (CEI) meaningfully and sustainably leads to higher quality research and intended impacts.

The ToC has a long-term perspective, acknowledging that it may require 10-25 years for changes in policy, practice and behaviour (outcomes) to contribute towards strengthened health systems and increased individual and community capacity for health promotion and disease prevention (impacts). The evaluation of the first phase of the portfolio takes into account this long-term nature of change and, therefore, will assess evidence that the portfolio is being delivered as expected and whether or not key assumptions are holding true. A core objective of the evaluation is to generate real-time learning to support implementation and inform development and delivery of subsequent phases of the portfolio. The evaluation will include a strategic assessment of VFM at the portfolio level in terms of allocative efficiency, technical efficiency and value/results. Equity, gender equality and social inclusion will be considered key cross cutting principles and integrated and addressed throughout the evaluation.

In scope for this evaluation are all GHR portfolio programmes and their awards that started during the Phase 1 timeframe and ideally completed by the second quarter of 2022. However, some programmes have no or very few awards that were completed by Q2 2022 (e.g. Professorships, RIGHT), therefore, the evaluation will also review some active awards to ensure coverage across the entire portfolio.

2.0 Evaluation Approach

2.1 Evaluation Conceptual Framework

2.1.1 GHR Theory of Change

The GHR portfolio Theory of Change (ToC) produced collaboratively by the DHSC GHR Team, NIHR Coordinating Centres and other strategic partners and award holders provides the conceptual framework for this evaluation. The GHR ToC visually represents how the portfolio's funded activities and outputs are intended to contribute to long-term positive changes in health and health systems.

A ToC workshop (see Annex 2) was organised with portfolio stakeholders during inception in order to develop an agreed and improved understanding of all elements of the NIHR GHR ToC, to further refine the evaluation questions and scope. During the workshop, it was agreed that this simplified diagram of expected results from inputs and activities to outputs, outcomes and impact remains broadly valid. However, since it was developed, the initial concept of three activity strands, namely, Programmes and Partnerships with an overlapping strand of People, has evolved over time. The Programmes strand which refers to NIHR-commissioned research calls and the Partnerships strand which refers to collaborations with other funders are the two delivery mechanisms. The People strand refers to training and development of researchers and research support staff. This does not quite capture the capacity strengthening approach that is embedded in all programmes and is a key principle across the portfolio. The evaluation will seek to determine if there is a more appropriate way to reflect the GHR programme delivery in the ToC.

It is anticipated that the GHR portfolio's short-term contribution to producing high quality relevant research outputs, supporting capacity building, facilitating partnerships and networks, and supporting dissemination and knowledge exchange will influence policy making and practice in the medium term. The ToC identifies these anticipated causal links drawing on underpinning theory from literature on health research impact, including the uptake of research evidence to improve the responsiveness of health systems to population needs and improved use of evidence to support capacity for health promotion and disease prevention. Outcomes are dependent on a wide range of external factors, which are captured in the ToC narrative as a set of assumptions. These assumptions have been unpacked in the evaluation framework so that they can be examined and tested. Some of them have been affected by the COVID-19 pandemic and other stresses on the UK economy, for example, the assumption that 'global health research funders continue funding at present rate'. The evaluation team will review all assumptions during the first year of assessment along with the flow diagram and suggestions for amendments will be made where appropriate.

The ToC has been used to inform the Evaluation Framework (EF) (Section 2.2) and will be used to structure a theory-based approach to assessing the portfolio's outcomes and impact. This approach is appropriate for complex interventions in complex environments. Specifically, the evaluation will use Contribution Analysis (CA), a theory-based evaluation methodology, to build evidence of whether and how the GHR portfolio is contributing to its intended outcomes and impacts.

Contribution Analysis is well-suited to meeting the evaluation objectives and answering the evaluation questions, given the time and resources available. Specifically, the choice of this method is informed by the following considerations:

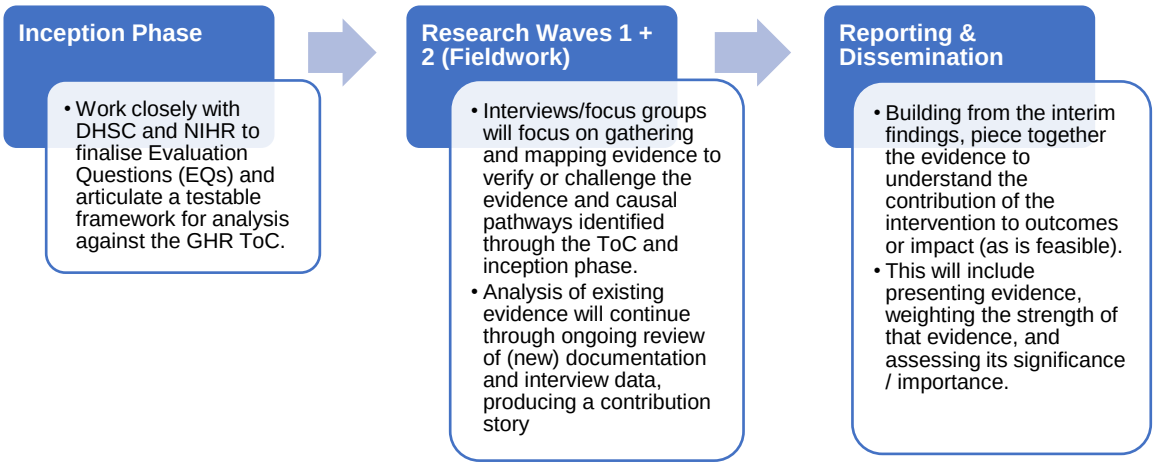
- CA assumes there are complex processes at play in achieving any outcome, which is well-suited to a programme with multiple funding and partnering models.
- CA is particularly useful when the evaluated programme already has a clearly articulated theory of change, including assumptions linking outputs, outcomes, and impact.
- CA provides a methodology for assessing causality in evaluations where a comparison or baseline would not *be appropriate or has not been established prior to the start of programming.*
- CA is useful when evaluations are intended to support internal learning as it supports the development of lessons learned rather than exclusively focusing on showcasing success and accountability

2.1.2 Approach to Contribution Analysis

The CA method and analytical tools provide a way to structure and build up evidence about GHR portfolio activities and their potential contribution to supporting long-term change in health and health systems. The evaluation team will use the ToC to gather evidence and draw conclusions about the relevance and coherence of GHR-supported activities and whether and how different programmes are achieving their intended results, whether these are being implemented in line with key principles that underpin a process of sustainable long-term change (e.g. supporting capacity strengthening, equitable research partnerships), and key factors influencing this.

Practically, the CA methodology facilitates the structuring of evidence during each of the evaluation phases outlined below. First, the evaluation will collate and collect evidence about observed changes related to the portfolio's activities in the short term, exploring the processes and causal pathways through which these have occurred and identify emerging evidence of progress towards influence on policy making and practice (i.e. expected medium term outcomes). Second, the evaluation will assess the role played by the GHR funded activity and wider influence linked to partnership working, and the role of other factors in hindering or enabling positive change. This systematic approach will provide a foundation for the evaluation to report on evidence of the GHR portfolio's contribution to outcomes and impact under the first phase and generate learning to inform future phases.

Figure 1 Approach to Contribution Analysis



2.2 Evaluation Framework

2.2.1 Evaluation Criteria and Questions

The EF appended in Annex 1 sets out the evaluation criteria, questions and sub-questions, judgement criteria and corresponding methods and data sources for the evaluation. As appropriate for an evaluation of a UK Aid-funded portfolio, the evaluation questions (Table 2) are structured around the Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC) evaluation criteria, grouped in three pillars: i) relevance and coherence ii) efficiency and effectiveness iii) sustainability and impact. As cross-cutting themes, the framework also includes questions relating to adaptability and learning, CEI and Value for Money (VFM) across the portfolio.

While the EF sets out the high-level portfolio evaluation questions, it will be implemented flexibly with questions for each programme tailored for relevance to the specific context, activity and objectives of each programme and award. At the end of Research Wave 1, the evaluation team will reflect on the EF alongside relevant stakeholders within DHSC and NIHR and adapt this as needed for Research Wave 2.

The criteria, evaluation and sub-evaluation questions are listed below and, for each one, specific judgement criteria, analytical approach and indicative data sources are provided in Annex 1.

Table 2 Evaluation Criteria and Questions

Criteria	Evaluation Question	Evaluation Sub-Question(s)
Pillar 1		
Relevance	To what extent is the GHR portfolio addressing priority areas of health research in LMICs where there is unmet need as identified by government and/or civil society in the relevant countries?	To what extent was the design/development of the portfolio and funding allocations guided by evidence of priority areas of health and health research in LMICs? To what extent were researchers and key country stakeholders consulted in the design/development of the GHR portfolio where relevant?
Coherence	To what extent is the portfolio a coherent funding mechanism to meet its stated outcomes? (i.e. supportive of complementarity, harmonisation and co-ordination within the portfolio and externally)	To what extent do the selected delivery mechanisms and funded awards of the portfolio synergise and contribute to achieving the overall objectives as outlined in the ToC and results framework? How far is the portfolio coordinating and collaborating with other UK (ODA-funded), partner country and global health research initiatives?
Pillar 2		
Effectiveness	How effective has the GHR portfolio been in achieving its intended interim results?	To what extent has the GHR portfolio resulted in the production and dissemination of scientifically important and policy-relevant outputs? How effective has the GHR portfolio been in achieving its intended research capacity strengthening outputs and outcomes at individual, institutional and systems levels and to what extent has this prioritised gender equity and social inclusion? To what extent has the GHR portfolio built equitable partnerships and thematic networks in global health research and influenced good practice more broadly?

Criteria	Evaluation Question	Evaluation Sub-Question(s)
Efficiency	Has the GHR programme and its delivery partners been able to convert inputs into outputs in a timely and effective way?	Have the operational structures, processes, expertise, relationships etc. enabled GHR and its delivery partners to convert inputs into outputs in a timely and effective way?
Pillar 3		
Impact	Is there any early evidence that funded research and capacity strengthening activities are on track to/have the potential to contribute towards 3-10 year anticipated impacts?	Is there any early evidence of improved evidence-informed decision making (individual, community, health practitioner, health policy maker) as a result of GHR funded research as well as development of institutional research capacity?
Sustainability	To what extent will the net benefits of the portfolio continue, or likely continue, beyond the funded period?	To what extent will achievements and research impact continue beyond the funding period?
Cross-Cutting		
Community Engagement and Involvement	To what extent, and in what ways is the portfolio supporting effective and meaningful community engagement and involvement?	To what extent, and in what ways has the portfolio supported community engagement and involvement throughout the research cycle through approaches that have improved the relevance and impact of research, and supported the empowerment of communities, including women and marginalised groups?
Adaptability and Learning	How well is the portfolio adapting and embedding learning?	To what extent has the portfolio managed to adapt to learning and changes in the external environment (e.g. COVID-19)?

2.2.2 Approach to Evaluating Community Engagement and Involvement

Given the complexities of undertaking CEI in low resource settings, the importance of contextualised and adaptive approaches, and the limited evidence base on what works, the evaluation questions seek to identify the portfolio's learnings about what works for different groups in different conditions and contexts and how NIHR has supported partners to strengthen their own CEI approaches. CEI input and expertise is available within the evaluation team across the different evaluation activities. The formulation of the main evaluation question and its sub-questions draws on the evaluation team's review of the most recent conceptual, evidence and learning literature on CEI approaches[10]. NIHR's guidance for its UK programming (INVOLVE, 2012) defines 'involvement' as strategies that support active partnership with community stakeholders enabling them to shape and influence the research, and 'engagement' as raising awareness of the research and/ or disseminating findings. NIHR's global health research guidance tends to use 'community engagement and involvement' as an umbrella term that encompasses this wide range of approaches, and NIHR recognise that partners and award holders may understand the terms and concepts differently. As such, the evaluation will also use the term 'community engagement and involvement' broadly, and within this will aim to understand the extent to which the portfolio supported CEI throughout the

[10] In particular, see Brunton et al (2017) review and framework on the objectives and strategies of community engagement, the 2020 UNICEF Minimum Standards for Community Engagement, Bridget Pratt's 2018 and 2019 work on engaging with marginalised groups and addressing unequal power dynamics, and NIHR's own guidance.

research cycle through approaches that have improved the relevance and impact of research, and supported the empowerment of communities, including women and marginalised groups.

2.2.3 Approach to Assessing Value for Money

ODA funded programmes often use the '4Es+ S' VFM framework (economy, efficiency, effectiveness, equity, and sustainability), looking at quantitative metrics for each parameter. Quantification of VFM for an early-stage research award would not be a credible exercise, given the length of time and number of influencing factors between research output and tangible policy change, health systems innovation or product availability (outcomes which would ultimately result in some quantifiable health gain or economic savings). As the portfolio matures and the work nears translation to policy, practice and products, it may become more credible to quantify the anticipated health benefits or monetary savings from the research. The EF for this evaluation adopts the relevant aspects of the four Es + S framework but applies this to structure a more appropriate strategic assessment of VFM (instead of economy and cost-effectiveness) in terms of the following:

Allocative efficiency – Did GHR (and its delivery partners) fund the right activities and the right mix of activities?

Technical efficiency – Was the (GHR and delivery partners) portfolio managed well, turning the inputs into outputs in an efficient and effective way?

Value/Results – What is the likelihood of research outputs translating into sustainable outcomes and impact?

The above questions map very neatly onto the three principal pillars:

1. *Pillar 1 (relevance and coherence)* is about strategic focus – i.e. has the GHR portfolio focused on the right activities in terms of a) priority needs b) addressing gaps not well filled by others and c) aligned with comparative advantage and does the overall mix of activities produce a "sum greater than parts" (*allocative efficiency*)
2. *Pillar 2 (effectiveness and efficiency)* is about how well the GHR portfolio and the GHR programmes were managed towards interim results/outputs (*technical efficiency*)
3. *Pillar 3 (impact and sustainability)* is about plausibility of impact and the prospect of sustainability (*value/results*)

Under the Efficiency sub-question, the evaluation seeks to understand how well the operational structures, processes, expertise, and relationships have enabled the GHR portfolio and its delivery partners to convert inputs into outputs in a timely and effective way.

Equity is a key area of investigation under the effectiveness and impact criteria. Equity of process is covered under sub-questions for effectiveness (how effective the GHR portfolio has been in achieving its intended research capacity strengthening outputs and outcomes and to what extent has this integrated gender equality and social inclusion considerations; and to what extent the GHR portfolio has built equitable partnerships and thematic networks in global health research). Equity in outcome is covered by some of the results framework indicators (e.g. number of publications with an LMIC academic as lead author) as well as through many of the judgement criteria under the impact evaluation question.

3.0 Evaluation Methodology

3.1 Overview of Research Timetable

The evaluation will be delivered in two research waves. Research wave 1 (RW1) runs from September/October 2022 to February/March 2023; Research Wave 2 (RW2) will run from May/June 2023 to December 2023, with a final reporting and dissemination phase up until March 2024. Under RW1, a series of portfolio and programme level research tasks will be completed to provide a comprehensive assessment of the portfolio, including case study research (documentary review and interviews with a sample of award holders) for a sample of programmes. In RW2, the outputs of RW1 will be updated and further programme level research will be completed. The planned approach to sampling of programmes for case study research in RW1 is outlined below. The case study sample for RW2 will be selected in Spring 2023, informed by findings and lessons emerging from RW1 research.

3.2 Research Tasks

Across both research waves, the evaluation will employ a mixed methods approach utilising both quantitative and qualitative data collection and analytical methods to answer the evaluation questions. As the purpose of this evaluation is to assess the design and implementation of the first phase of the GHR portfolio using a CA approach and provide useful learning for future phases, the research tasks are designed to provide consistent and systematic evidence across all programmes. The evaluation design also incorporates case studies on aspects of the ToC (programme activities, cross cutting aspects) focusing on a sub-set of programmes and their individual awards. All evidence will be aggregated to the portfolio level to ensure findings support recommendations and learning at that level. The research tasks are described in Section 2 and the approach to sampling programmes and awards is described in Section 3.2.2.

3.2.1 Research Wave 1

Portfolio level research tasks

At the portfolio level, the evaluation will review all funded activities to understand how far the GHR portfolio is achieving its strategic objectives as defined in the ToC. Evidence will be derived from the following activities:

- A **review of documentation and data** from across the portfolio to gather evidence for all evaluation criteria and questions and to identify areas that merit further investigation through primary research. Documentary evidence sources include background and guidance documents detailing the design and evolution of the portfolio, external reviews and evaluations, annual reviews assessing overall progress and performance, key documents from DHSC and NIHR governance processes, including board papers and senior management team papers. There may also be relevant grey literature which we will explore as needed.
- **Interviews and focus groups** with GHR stakeholders at the portfolio level including staff within DHSC, NIHR and partners who have been involved in the design and implementation of the GHR portfolio over the past five years. The purpose of these interviews is to understand the rationale and key decisions in terms of the portfolio's evolution. These interviews will also provide insight to key enablers and barriers to delivering the portfolio and learning that can help shape the delivery of Phase 2 and beyond.
- An **online survey** to all award holders. The survey questions address all domains of the evaluation framework: relevance, coherence, effectiveness, VFM, impact, learning and adaptability, CEI and sustainability. The survey also includes qualitative questions to elicit in-depth evidence particularly

around strengths of the portfolio and areas for improvement that can inform adaptations in Phase 2 and beyond.

- The online survey and datasets provided by DHSC will provide information for **a social network analysis (SNA),** which allows visual representations of networks of actors and highlights relevant interactions. The evaluation will use SNA to supplement aspects of the evaluation framework that deal with effectiveness of networks funded by the portfolio, whether there is coherence with other health research funders, and the approaches that the networks use to disseminate evidence and improve their accessibility. This will be supplemented through stakeholder interviews to get more in-depth information around networks that have been more successful as well as ones that can generate lessons on how partnerships could be improved in Phase 2.

During the inception period, in-country partners were engaged to support progress of key inception deliverables, including stakeholder mapping and four **rapid evidence assessments (REAs)** (India, Brazil, Ethiopia and South Africa). These countries were selected at bid stage based on an initial assessment that these countries have a range of NIHR programmes. The purpose of the REAs is to identify key information about health systems including national health priorities, the political economy which influences decision-making around health policy, contextual factors that impact on health, countries' approaches to addressing health inequities, among other topics. These REA and wider literature reviews will situate our evaluation findings within individual country contexts and support the assessment of relevance to national health priorities.

In-country partners will support the evaluation during both research waves, including fieldwork, analysis, and case studies. Partners will also support dissemination and the learning to help ensure voices of local communities are captured, well-reflected and are at the forefront of knowledge products. The evaluation team will take a phased approach to data collection for engaging country leads during RW1, progressing document review, interviews and analysis at the programme level before finalising plans for interviews at the award level. This will allow us to collaboratively determine country/regional selection within the sample.

Programme level research tasks

The evaluation will examine a large sample of programmes (see Section 3.2.2) in more detail. Documentation at this level includes descriptions and guidance around calls within the selected programme, annual reviews and any other programme level monitoring data available. The evaluation team will engage with the programme / partnership leads and relevant administrators overseeing various calls and other initiatives (e.g. training awards) to understand how programmes are structured and delivered; what has worked well, areas for improvement, as well as overall performance of a programme.

Award level research tasks

Within the sampled programmes, we envisage that one or two awards will be selected for a more in-depth analysis that will enable us to delve more into the detail of implementation. This selection process will begin in the latter half of RW1, after programme level data has been sufficiently analysed and consolidated and presented at a high level to NIHR stakeholders. Evidence from this later sample of awards will provide contextualised evidence of programmes' progress in achieving short- and medium-term outcomes, enabling an assessment of selected causal pathways in the ToC. This will reflect the indicators in the GHR results framework, which is based on the ToC and has been incorporated into the evaluation framework.

Award level documentation will provide in-depth reporting around individual awards regarding their overall performance, financial spend and key management decisions. Documentation will include governance-related process/strategy documents, operational/MEL documents (workplans, delivery plans, training plans, budget monitoring sheets, meeting minutes), and award level reports, guidance and (where permission granted by applicants via programme teams) application examples. We will review award documentation to supplement

stakeholder interviews and identify specific areas that can generate lessons learned. Award level interviews will provide evidence of individual awards' ways of working and the extent to which they are being delivered in a way that supports progress towards intended outputs and outcomes.

Where available, award CEI leads will provide more detailed information about the CEI approaches used. Awards will also be able to provide recommendations that can improve administration of programmes. Interviews (and group discussions using participatory methods where possible) with community/ patient organisations and leaders will provide information about communities' experiences of engaging with awards, and the extent to which research activities were perceived as relevant to their needs.

3.2.2 Research Wave 2

In addition to methods mentioned above that will be continued during RW2, there are two additional methods planned for RW2.

The evaluation team intends to conduct a **bibliometric analysis** as part of RW2**.** This uses statistical methods to explore the impact of academic publications/research, often presented as a graphic representation of the citations between documents. Citation tracking will help us track the academic reach of the GHR research outputs, as part of assessing shorter-term outcomes as defined in the ToC. In RW1, it is unlikely that many awards will have gone through the full process of academic publication and peer review. However, as we move into data collection for RW1 we will obtain a clearer picture of any research that has been published by programmes and awards which we can follow up in RW2, enabling us to incorporate key findings into relevant learning and dissemination outputs.

Country visits will be considered in all four regions (Latin America, Southern Africa, East Africa and South Asia) in RW2 if this is deemed valuable by DHSC and the evaluation team. Fieldwork would provide an opportunity to gain a richer understanding of awards' performance, including on CEI, considering country contexts. If these occur, the team will conduct in-depth interviews and focus group discussions (FGD) with award holders, strategic partners and government and community stakeholders impacted by the research. After each country visit, the team will hold a workshop with NIHR and DHSC to discuss emerging findings and notable learnings and integrate these into the final report.

3.3 Overview of Sampling

All programmes mentioned in Table 1, regardless of delivery mechanism, will be examined at a high level in order to understand their purpose as the GHR portfolio evolved as described in the portfolio section above (Section 3.2.2). The sequencing of programmes is important as there were specific reasons why certain partnerships were initiated early on in Phase 1 while the necessary expertise within NIHR was being enhanced to manage GHR programmes. As the evaluation team learns more about this process, we will be better able to delve into appropriate detail in the most relevant programmes and follow the learning that has taken place to develop the portfolio as it is today. Therefore, we envisage a flexible approach that gives sufficient space to incorporate adaptations as needed throughout the course of the evaluation.

Accompanying this high-level review which includes all programmes, the evaluation team has identified a purposive sample of programmes from which the next level of sampling will occur at the award level. This sample was informed by the following sampling criteria:

- **DHSC priorities**. Liaising with DHSC, the evaluation team identified a series of priority areas of interest for the evaluation, including selecting programmes with priority health thematic areas of research, experiencing different ODA flow trends, or composed of varying sizes and types of co-funding partners and structures.

- **Progress of the GHR portfolio**. The evaluation team mapped the 30 programmes contained within the GHR portfolio and selected a sample that adequately represented the progress of the GHR portfolio, including a mix of programmes which started earlier/later in Phase 1 and lasted longer/shorter.
- **Spend to date.** The sample includes programmes with range of spend to date. This will avoid identifying trends or lessons applicable only to the larger/smaller programmes and awards.

This programme sample includes all NIHR-delivered programmes, including the Professorships run by the NIHR Academy. The GHR Short Placement Award for Research Collaboration (GHR SPARC) was excluded from the sample as this functions as an internal mechanism for individuals within the NIHR infrastructure to access other networks and research areas. In addition, funding amounts are very small, not exceeding £5k. From the Partnership-delivered programmes several have been deprioritised in the selection process, including: 1) the Product Development Partnerships as they had a specific purpose in the earlier part of Phase 1 that is less relevant to the future development of the GHR portfolio; 2) the programmes related to anti-microbial resistance (AMR), i.e. AMR in a global context partnership with MRC and AMR Cross-Council initiative with Economic and Social Research Council (ESRC) – this is partly due to the change in UK funding landscape and other donors focusing more predominantly on the AMR space, alongside evolving priorities within GHR itself; and the Diagnostics, Prosthetics and Orthotics to Tackle Health Challenges in Developing Countries partnership with Engineering and Physical Sciences Research Council (EPSRC) as this is also no longer a GHR priority. In addition, two large partnership programmes have had external evaluations – the Joint Global Health Trials Initiative (JGHTI) and the Global Alliance for Chronic Diseases (GACD) partnership which is delivered by MRC on the UK side. The findings from these evaluations will be taken into consideration in this evaluation in the portfolio level review but JGHTI will not be included in the selection of partnership-delivered programmes. GACD will be included as it is a high priority area for the GHR portfolio.

During RW1, once award-level data has been collated and reviewed, the evaluation team will sample one or several awards depending on the size and purpose of the programme to conduct a deeper dive into the implementation. The sample will be purposive and designed to reflect the different characteristics of awards in including completion status, award size, health thematic area, award duration or number of partners in the award. The sample is not intended to be representative of the entire portfolio as the programmes and awards are so diverse; rather they offer an opportunity to explore some of the causal pathways and assumptions in the ToC in more detail and provide more nuanced understanding of the progress towards outputs and outcomes. These reviews will build on and deepen the findings from the portfolio and programme level analyses.

Table 3 provides an indicative breakdown of the number of awards the team will evaluate per programme in RW1 – these programmes are organised in order of starting date and include figures of approximate spend in Phase 1 for partner-delivered programmes, and total disbursement to date for NIHR-delivered programmes (as included in Table 1). An additional 6 awards will be sampled under RW2. This may include revisiting some awards in the second year that were assessed in the first year. However, we acknowledge that one year is a relatively short time span to see significant progress, especially in the context of delays due to the COVID-19 pandemic. The sampling process for these will depend on what is found during RW1. For example, the team may wish to delve into more detail in a particular thematic area and select awards that deal with the same theme. Alternatively, there may be complementary awards in a particular country or region that the team may wish to investigate further. This will be agreed in discussion with DHSC.

Table 3 Number of Awards to be Evaluated by Sampled Programme

No.	Programmes	Sampled Awards
1	GHR Units (£84m)	2
2	GHR Groups (£90m)	2
3	EDCTP (£79m)	1
4	GACD-MRC (£2m)	1
5	AMR SORT-IT/WHO (£5m)	1
6	Professorships (£9.5m)	1
7	NIHR-GHR Wellcome partnership (£4m)	1
8	RIGHT (£54m)	1
9	RSTMH (£0.75m)	1
10	Global Mental Health-GCC (£2.5m)	1
11	Global HSPR Development Awards (£17m)	1
12	GECO/MRC (£2m)	1
TOTAL		14

3.4 Approach to Data Analysis

Documents reviewed will be coded by each evaluation question in our evaluation framework, ensuring comprehensive coverage and a consistent approach to minimise bias. This process will be used at the award, programme and overall portfolio level, to aid in synthesis and generation of findings by evaluation question and to implement the Contribution Analysis approach at different levels.

Stakeholder interview notes will also be organised according to the evaluation framework, thus in line with thematic analysis approaches the evaluation themes have been generated first and then a deductive process follows whereby notes are coded against the themes. The notes are then analysed in an inductive manner to ensure that any findings and insights that fall outside the main themes in the evaluation framework are captured. This involves analysing the evidence using "compare and contrast"/ "constant comparison" method, whereby the coded information is compared, patterns are identified, and these patterns are refined as new data are obtained.

We will triangulate the evidence generated from the different data sources to inform the **Contribution Analysis**. For example, award level in-depth assessments will be considered in the overall context of the programme under which it falls. In addition, evidence on different health thematic issues will be collated and analysed across different programmes and delivery mechanisms.

The survey questionnaire is also organised by the same EF and aims to answer the main research questions under the eight themes. The survey is aimed at delivery partners and award holders and will be distributed to each programme separately. This will allow us to link survey responses to their corresponding programme, thus allowing

us to conduct analysis at the programme level, as well as aggregate results at the portfolio level. The analysis of the survey data will have two main components:

- **Descriptive Analysis**: means, frequencies, percentages, and other statistics, in the form of tables and other visualisations (e.g., bar charts)
- **Social Network Analysis:** data visualisation of the network of stakeholders behind the NIHR GHR portfolio. The analysis will help understand the reach and effectiveness of partnerships funded by the portfolio, whether there is coherence with other health research funders, and the approaches that funded networks use to disseminate evidence and their accessibility. Social network analysis will also be triangulated with stakeholder interview evidence to get more in-depth information around partnerships that have been more successful as well as ones that can generate lessons on how partnerships could be improved in Phase 2.

Based on the monitoring data already received from DHSC during inception, it was identified that data can be extracted to show which institutions are involved in each project across programmes and partnerships, including designation by lead institution and downstream partner. This allows the entire 'primary' GHR network to be mapped. We have identified data that is either specific to individual institutions (e.g., country/region), or grouped by project (e.g., funding size). Therefore, any categorical data can be applied to individual institutions and the linkages between lead institutions in our network visualisation. The monitoring information provides us with data on 'node-level attributes' (i.e., data that is relevant for each institution, such as data on country/region and therefore a UK or LMIC institution) and 'edge-level attributes' (i.e., data that is relevant for the connections between institutions, such as funding size). This overall network using monitoring data provides three purposes:

1. A full visualisation of the NIHR network (compared to survey data which would provide a patchier view).
2. Identifying any linkages between institutions directly funded by GHR within the same scheme or across schemes, helping to identify central and peripheral institutions.
3. It offers a useful visualisation to also demonstrate the coverage of our survey data from a network perspective.

In addition to mapping the general primary network, we will also map survey data (i.e. identify GHR funded institutions) to enable us to collect evidence beyond what monitoring information can provide. First, we will be able to collect data on 'secondary' networks (i.e. the connections that partners make beyond the GHR partnership that is being funded). Second, as we collect award-level data from the survey, we can attribute survey data that also reflects node-level and edge-level attributes to the network constructed by survey data. For example, we can utilise likert-scale data on the sustainability of partnerships, and either map this at an individual level (i.e. node level – what an institution thinks about the sustainability of their partnership), or aggregate and average at a project-level across all respondents / projects for which survey data is collected (i.e. edge level – what all institutions in a given partnership on average think about the sustainability of their partnership).

3.5 Framework to Assess the Strength of the Evaluation Findings by Strength of Evidence

Evidence will be collated across all the sources described in the Approach to Data Analysis section above, starting with the document and data review, followed by consultations and insights from countries. We will collate findings internally in a structured way in line with our evaluation framework; this will ensure a comprehensive and consistent approach to synthesizing the information and data to facilitate triangulation of all evidence collected, thereby minimising the risk of bias and improving the strength of the CA findings.

In line with good evaluation practice, we will assess the strength of the evidence by assessing both the:

- **Quality of evidence**: we will review the quality of the documentation and feedback by considering aspects such as the source and reliability and involvement of the interviewee providing feedback on a specific issue (e.g. implementers may be conflicted to provide positive rather than critical feedback etc)

Quantity of evidence: we will assess the extent to which findings are consistent after being triangulated across sources of information. In terms of primary evidence, we will consider how many stakeholders support the same view, or instances in which views might have been contradictory

Table 4 presents our strength of evidence framework. All robustness ratings are relative robustness ratings, based on careful consideration, and are ultimately judgement based.

Table 4 Robustness Rating for Emerging Themes/Main Findings

Rating	Assessment of the findings by strength of evidence
Strong (1)	The finding is supported by data and/or documentation which is categorised as being of good quality by the evaluators, and The finding is supported by the majority of consultations, with relevant consultee base for the specific issues at hand
Moderate (2)	The finding is supported by majority of the data and or documentation with a mix of good and poor quality and/or The finding is supported by majority of the consultation responses
Limited (3)	The finding is supported by some of the data and or documentation which is categorised as being of poor quality, or The finding is supported by some consultations as well as a few sources being used for comparison (i.e. documentation)
Poor (4)	The finding is supported by various data and/or documents of poor quality, or The finding is supported by some/few reports only and not by any of the data and/or documents being used for comparison, or The finding is supported only by a few consultations or contradictory consultations

4.0 Reporting and Dissemination

Reporting will be tailored to each research wave:

Research Wave 1: Following analysis and triangulation of data in RW1, the evaluation team will develop an **interim report**. This will build on findings from the portfolio, programme and award assessments and will provide key learning points for NIHR and DHSC. Findings from RW1 will be presented during a workshop with the Steering Group. At the end of RW1, we will engage with DHSC and NIHR stakeholders to discuss evaluation findings and assess the extent to which the GHR ToC requires adaptation for the following research wave.

Research Wave 2: After RW2, the team will triangulate all data and analysis collected from both research waves against the evaluation framework to develop the **final evaluation report**. The report will be focused on the assessment of the contribution of the overall portfolio to outcomes, with annexes that highlight assessment of each programme according to the evaluation framework. Case studies will be included throughout the final evaluation report, building on findings from the programme and award assessments. The final report structure will be agreed with the Steering Group during the start of this final phase of the evaluation. Ecorys will provide unlimited access to all materials produced, including anonymised and quality assured research data (including survey data and interview/focus group transcripts), sampling frameworks and research instruments.

Following the submission of the final report, the team will facilitate an interactive workshop with key NIHR and DHSC stakeholders. This will provide an opportunity to present the findings and recommendations from the evaluation and discuss their implications for the future of the portfolio and the global health research sector more broadly. The team will also present a refined ToC based on the findings from the evaluation, providing opportunity for stakeholders to discuss how the findings impact the causal pathways of the portfolio.

The evaluation will prioritise extracting key findings and lessons for a wider policy audience as well as for the GHR portfolio. These will be disseminated via accessible written outputs including 'impact stories', and SNA infographics, as well as through in-country workshops and global webinar/conference events. In consultation with DHSC (during RW2), the evaluation team will develop a dissemination schedule.

As per the suggested dissemination phase in our workplan, Ecorys proposes to develop the following during the final 2-4 months of the programme (November 2023 – February 2024):

- *Summary Evaluation Report* – a concise evaluation summary including key findings and recommendations. This can also include recommendations for an updated ToC relevant to the second phase of the GHR portfolio
- *Learning Briefs* – 4-6 tailored knowledge products, which draw on the programme case studies and highlight key findings through 'impact stories' as well as lessons for global health research across each cross-cutting theme of the portfolio. We will aim to include the voices of communities as far as possible.
- *Findings and recommendations workshops (in-country)* - These will provide an opportunity for context-specific findings and learnings to be shared, to help increase the impact and value of the evaluation. Ideally these would be held in-person but could be hybrid or virtual.
- *Findings and recommendations webinar* - This would be a global webinar where the evaluation team, NIHR and DHSC present findings of relevance to the global health sector more broadly. Ideally these would be held in-person but could be hybrid or virtual.
- *Conference (Global health community)* – this could be an in-person, virtual or hybrid one-day conference for the global health community, where sessions will be tailored to be relevant to the NIHR GHR portfolio, specifically around health research capacity building, partnerships and CEI.

Annexes

Annex 1: Evaluation Framework

EVALUATION QUESTIONS	PRINCIPAL JUDGEMENT CRITERIA	ANALYTICAL APPROACH	INDICATIVE DATA SOURCES
1) RELEVANCE: To what extent is the GHR portfolio addressing priority areas of health research in LMICs where there is unmet need as identified by government and/or civil society in the relevant countries?			
1.1 To what extent was the design/development of the portfolio and funding allocations guided by evidence of priority areas of health and health research in LMICs?	**JC1.** Extent to which DHSC sought and applied existing and emerging evidence and information to inform the design of the portfolio and its programming and funding decisions. **JC2.** Extent to which evidence on health inequalities and population groups/geographies with health needs and socio-economic disadvantages was prioritised and whether efforts were made to understand drivers and root causes of health inequalities. **JC3.** Quality of data collection, monitoring and analysis of priority areas of health research to inform funding decisions (including whether consultations with government or civil society took place at award level stage). **JC4.** Extent to which at the award level stage funding aligns with country contexts (including gender and inclusion context) and the interests of the country governments and civil society.	**A1. Rapid Evidence Assessments (REAs):** Review of academic literature to understand global, regional and country health needs and priorities. **A2. Portfolio assessment:** Assessment of the GHR portfolio's design and the extent to which the portfolio aligns with priorities of health research in LMICs as identified in recent evidence or by countries. **A3. Delivery mechanism assessment:** Assessment of the relevance of delivery mechanisms to meet the health research needs in LMICs. **A4. Funding call assessments:** Extent to which funding calls and awards align with health policies in LMICs.	**Secondary data:** • **Portfolio document review**: Theory of Change, results framework, MEL documents, annual reviews, external evaluations • **Delivery mechanism document review**: Nested Theories of Change, strategic documentation, funding calls • **Award document review**: Funding applications, research plans, relevant award reports, Outcome letter with Committee feedback • **External documentation**: Academic literature related to global and regional health needs and priorities, grey literature **Primary data:** • **Strategic interviews:** KIIs with key portfolio stakeholders and external stakeholders to understand the extent to which funding decisions are guided by evidence • **Case study interviews**: KIIs and FGDs with case study stakeholders to provide more in-depth analysis on whether there is variation across the portfolio on whether funded research aligns with country contexts • **Survey data:** Portfolio-wide data to assess perceptions on how far stakeholders believe funding allocations are guided by evidence
1.2 To what extent were researchers and key country stakeholders consulted in the design/development of the GHR portfolio where relevant?	**JC5.** Extent to which researchers, other funders and policy makers in the UK (e.g. DHSC international directorate, FCDO) and	**A5. Portfolio assessment:** Assessment of the extent to which a diverse range of UK and LMIC researchers and country stakeholders (those engaged with issues for specific	**Secondary data:** • **Portfolio document review**: Theory of Change, results framework, MEL documents, annual reviews, externa evaluations

	LMICs were involved in the design of the portfolio. **JC6.** Extent to which researchers in LMICs feel that they were meaningfully involved in ensuring funded activities meet health needs and policy makers' requirements	populations, women, marginalised groups, those from different disciplines) informed the design/ongoing development of the portfolio where relevant. **A6. Delivery mechanism assessment:** Assessment of the extent to which researchers informed the design of the various delivery mechanisms of the portfolio where relevant. **A7. Award level assessment:** Assessment of degree to which researchers, policy makers and community stakeholders feel funding is meeting the health needs of LMICs, and the delivery mechanisms support the building of equitable partnerships and effective community engagement and involvement.	• **Delivery mechanism document review**: Nested Theories of Change, strategic documentation, funding calls • **Award document review**: Funding applications, research plans, relevant award reports **Primary data:** • **Strategic interviews:** KIIs with key portfolio stakeholders and key policymakers to understand whether consultations were held to inform the design of the portfolio • **Case study interviews**: KIIs and FGDs with country level and regional level researchers, policymakers, and civil society organisations to understand whether there was opportunity to feed into the design of the portfolio of calls and/ or funding awards • **Survey data:** portfolio wide data to assess perceptions on how far stakeholders believe the portfolio of calls and/or awards was informed by views of researchers and key country stakeholders, including communities and how this changed over time
2) COHERENCE: To what extent is the portfolio a coherent funding mechanism to meet its stated outcomes? (i.e. supportive of complementarity, harmonisation and co-ordination within the portfolio and externally)			
2.1 To what extent do the selected delivery mechanisms and funded awards of the portfolio synergise and contribute to achieving the overall objectives as outlined in the ToC and results framework?	**JC7.** Degree to which the portfolio and funded activities are complementary and fitting with the programme's aims and objectives? **JC8.** Extent to which there are opportunities for coordination and collaboration across funded activities, to promote synergies and make the "sum greater than the parts".	**A8. Portfolio assessment:** Assessment of the plausibility of funded activities contributing towards ToC objectives. **A9. Delivery mechanism assessment:** Extent to which the delivery mechanisms align with and contribute to the overall portfolio. Extent to which there is internal coordination and collaboration across the delivery mechanisms. **A10. Award level assessment**: Assessment of whether there are opportunities for coordination and collaboration across funded activities within an award or across related awards.	**Secondary data:** • **Portfolio document review**: Theory of Change, results framework, MEL documents, annual reviews, external evaluations • **Delivery mechanism document review**: Nested Theories of Change, strategic documentation, call documentation • **Award document review**: Funding applications, research plans, relevant award reports, dissemination strategies **Primary data:** • **Strategic interviews:** KIIs with key portfolio stakeholders to understand whether there are mechanisms that allow for internal coordination and collaboration of funded activities • **Case study interviews**: KIIs and FGDs with case study stakeholders to understand fit of

			the parts of the portfolio into the overall programme ToC, and assess whether coordination and collaboration between funded activities occurs at any level. • **Survey data:** Portfolio-wide data to understand perceptions on the extent of internal coordination and collaboration and obtain examples.
2.2 How far is the portfolio coordinating and collaborating with other UK (ODA-funded), partner country and global health research initiatives?	**JC9**. Degree to which the portfolio engages and collaborates with other UK and global health research funding initiatives. **JC10**. Degree to which the portfolio coordinates with country level research initiatives. **JC11**. Degree to which the portfolio ensures engagement with other funders to mitigate duplication and promote efficiency.	**A11. Portfolio assessment:** Assessment of the GHR portfolio's approach to coordination and collaboration with other UK and global health research funding initiatives and comparison where feasible to other initiatives. **A12. Portfolio assessment:** Investigation of the extent to which the GHR portfolio adds value vis-à-vis related initiatives. **A13. Delivery mechanism assessment:** Assessment of how delivery mechanisms collaborate and coordinate with other funding initiatives on similar topics and how co-funders (Partnerships) are integrated into the design of funding GHR programmes. **A14. Award level assessment:** Assessment of coordination between GHR awards and other related research. A focus will include the added value of having multi-funder awards.	**Secondary data:** • **Portfolio document review**: Theory of Change, MEL documents, annual reviews, external evaluations • **Delivery mechanism document review**: Nested Theories of Change, strategic documentation, funding calls • **Award document review**: Funding applications, research plans, relevant award reports • **External documentation**: Relevant partner country and regional level policies and documentation on relevant research initiatives, grey literature **Primary data:** • **Strategic interviews:** KIIs with key portfolio stakeholders and key policymakers to assess the extent the portfolio is coordinating and collaborating with relevant research initiatives globally, regionally and nationally • **Case study interviews**: KIIs and FGDs with case study stakeholders to understand whether coordination and collaboration with other relevant research initiatives occurs and any results of this • **Survey data:** Portfolio-wide data to assess perceptions on how far the portfolio coordinates and collaborates with relevant research initiatives globally, regionally and nationally

3) EFFECTIVENESS: How effective has the GHR portfolio been in achieving its intended interim results?			
3.1 To what extent has the GHR portfolio resulted in the production and dissemination of scientifically important and policy-relevant outputs?	**JC12.** Number of research outputs produced across the portfolio.[11] **JC 13**. Scientific importance and policy relevance of outputs as self-reported in the GHR results framework question 3.0 and triangulated and considering whether i) the research results are significant breakthroughs or unprecedented progress or ii) a departure from expectations/ standard to date. **JC14.** Evidence of engagement with and/or influence of policy makers, practitioners, civil society and/or the public (e.g participating in meetings with policy makers/practitioners/community; research cited in policy debates, policy documentation, legislation, clinical guidelines, health professional education material, patient advocacy publications, media citations). **JC15**. Evidence that GHR-funded research outputs reached intended audiences, including communities, through engagement events at sub-national, national and/or international level.	**A15: Delivery mechanism assessment:** Number of research products per delivery mechanism. **A16. Delivery mechanism assessment:** Extent to which research outputs per delivery mechanism are reaching intended audiences. **A17**. **Award level assessment:** Investigation into whether research awards have undertaken audience mapping exercises that are inclusive, understand who the intended audiences are, and have strategies to engage them throughout all the research stages. **A18. Award level assessment:** Assessment of the extent to which GHR awards have generated scientifically important research outputs with the potential to be relevant to the needs of target audiences (**conceptual impact**).	**Secondary data:** • **Portfolio document review**: Theory of Change, results framework, MEL documents, annual reviews, external evaluations • **Delivery mechanism document review**: Nested Theories of Change, strategic documentation, MEL documentation, funding calls • **Award document review**: Funding applications, research plans, relevant award reports, MEL documentation **Primary data:** • **Strategic interviews:** KIIs with key portfolio stakeholders to assess the extent to which the portfolio is funding high-quality, relevant research outputs in LMICs • **Case study interviews**: KIIs and FGDs with case study stakeholders to assess the extent to which high-quality, relevant research outputs are funded by GHR portfolio • **Survey data:** Portfolio wide data to understand the extent to which the portfolio is funding high-quality, relevant research outputs in LMICs
3.2 How effective has the GHR portfolio been in achieving its intended research capacity strengthening outputs and outcomes at individual, institutional and systems levels and to what extent has this prioritised gender equity and social inclusion?	**JC16.** Extent to which GHR portfolio has built health research capacity in LMICs, building on Cooke's (2005) conceptual framework (and other relevant frameworks) for evaluating research capacity strengthening in healthcare:	**A19. Portfolio level assessment:** Assessment of the extent to which the portfolio effectively builds research capacity including among female researchers, researchers from marginalised groups, and	**Secondary data:** • **Portfolio document review**: Theory of Change, results framework, MEL documents, annual reviews, external evaluations

[11] (assay/cell line/antibody/biomarker, book chapter, whole book, checklists/scales, Cochrane review, conference abstract, conference poster, database, diagnostic test, feature article, guidelines/SOPs, journal abstract, journal article, journal editorial, media, medical device, other, patent licensed, participant materials, policy brief, presentation, press release, award newsletter (self-generated), protocol, questionnaire, service delivery model, service innovation, social media, software/algorithm, therapeutic product, toolkits, training materials)

	• **JC17. Developing skills and confidence in individuals:** Extent to which funded activities build local skills and confidence (including of women researchers, researchers from marginalised groups, and junior researchers, and community/ peer researchers) through training, involvement in community engagement and involvement activities, and creating opportunities to apply skills. • **JC18. Ensuring research is 'close to practice':** Extent to which funded activities develop research knowledge (including of women researchers, and researchers from marginalised groups) that is useful and relevant for each context. • **JC19. Building institutional capacity:** e.g. around financial management (e.g. through FAF and GFGP) (institutional capacity also captured under 3.3)**.** • **JC20. Investing in capacity building infrastructure:** Extent to which skills needed to sustain research capacity are aligned with national country priorities for health research. • **JC21. Building elements of sustainability and continuity (systemic strengthening):** Extent to which funded activities provide opportunities for skills developed to be applied practically and independently by researchers, communities, civil society organisations, government officials and policy makers.	diverse institutions in LMICs and improves the research environment in LMICs. **A20. Delivery mechanism assessment**: Assessment of degree to which capacity building activities are embedded in design of delivery mechanisms. Investigation into the effectiveness and inclusiveness of capacity building approaches per mechanism. **A21. Delivery mechanism assessment:** Level of capacity built, including among female researchers, researchers from marginalised groups, and diverse institutions through GHR funding at delivery mechanism level. **A22. Award level assessment:** Assessment of the extent to which GHR funded activities help to build health research capacity of diverse award holders in relation to external factors, building on Cooke's (2005) conceptual framework.	• **Delivery mechanism document review**: Nested Theories of Change, strategic documentation, MEL documentation, funding calls, capacity strengthening approaches • **Award document review**: Funding applications, research plans, relevant award reports, MEL documentation, dissemination plans, capacity strengthening approaches **Primary data:** • **Strategic interviews:** KIIs with key portfolio stakeholders to understand how capacity building activities are embedded in the portfolio and how far gender equality and inclusion is a key consideration • **Case study interviews**: KIIs and FGDs with case study stakeholders to assess the extent to which capacity building was targeted to the needs of LMICs researchers, including women researchers, and researchers from marginalised groups **Survey data:** Portfolio wide data to assess perceptions on capacity building activities and extent to which this is guided by gender equality and inclusion considerations
3.3 To what extent has the GHR portfolio built equitable partnerships and thematic networks in global health research and influenced good practice more broadly?	**JC22.** Assessment of GHR portfolio's ability to create equitable South-South and North-South partnerships utilising Zaman et al.'s (2020) framework (and other relevant	**A23. Social Network Analysis (portfolio, delivery mechanism and award level):** Assessment of the extent to which effective partnerships are formed or expanded through research funded by the portfolio,	**Secondary data:** • **Portfolio document review**: Theory of Change, results framework, MEL documents, annual reviews, external evaluations

	frameworks) for evaluating equitable partnerships: **JC23. Co-creation**: Level of engagement of LMIC research partners and diverse researchers in the research design, delivery and dissemination, with recognition and mitigation of unequal power dynamics. • **JC24. Communication**: Level of recognition and understanding of social, cultural and gender norms in respective countries. • **JC25. Commitment**: Extent to which partnership is founded on trust and long-term commitment, commitment to ethical and equitable partnering practices with opportunities for equitable capacity building. • **JC26. Continuous reviews**: Extent to which space is made for listening, adaptation and reflection in relation to internal and external changes, as well community feedback with LMIC/UK partners to meet the needs of LMICs. • **JC27. Supporting linkages, equitable partnerships and community engagement and involvement:** Extent to which funded activities build partnerships for knowledge exchange and collaboration. ○ If and how the GHR programme has influenced other research funders and partners to embrace these key principles. ○ The extent to which award holders received any additional research and infrastructure awards secured by LMIC partners during this NIHR funding.	new opportunities for knowledge exchange are created, and whether outputs are disseminated effectively to increase access and usage. **A24. Delivery mechanism assessment:** Investigation into the level of knowledge exchange within delivery mechanisms, and how inclusive of women and other marginalised groups the knowledge exchange is. **A25. Award level assessment:** Investigation of whether equitable partnerships are formed through GHR funding, utilising Zaman et al.'s framework.	• **Delivery mechanism document review**: Nested Theories of Change, strategic documentation, MEL documentation, funding calls, partnership documentation • **Award document review**: Funding applications, research plans, relevant award reports, MEL documentation, dissemination plans, partnership and engagement documentation **Primary data:** • **Strategic interviews:** KIIs with key portfolio stakeholders to assess the approach to equitable partnerships and whether these are formed • **Case study interviews**: KIIs and FGDs with case study stakeholders to assess how and whether equitable partnerships are formed • **Survey data:** Portfolio wide data to assess perceptions on the portfolio's approach to equitable partnerships

4) EFFICIENCY: Has the GHR programme and its delivery partners been able to convert inputs into outputs in a timely and effective way?			
4.1 Efficiency and operational effectiveness: Have the operational structures, processes, expertise, relationships etc. enabled GHR and its delivery partners to convert inputs into outputs in a timely and effective way?	**JC28.** To what extent has the delivery partner/award holder been able to spend according to forecasts, to account for the expenditure, and to demonstrate results? **JC29.** Whether there are clear and consistent portfolio management practices, including with regard to peer-review, decision-making, budget and expenditure review, coordination and oversight, systematically seeking and processing feedback from LMICs on their needs and incorporating this into funding decision-making. **JC30.** Whether the delivery partner has relevant relationships, expertise, and systems for attracting the best research applicants, conducting rigorous award selection processes, for facilitating the progression of award holders through the research process, and for facilitating dissemination and policy impact? Is there evidence of measures adopted to improve any of these aspects or to speed up the R&D process and/or knowledge translation? **JC31.** To what extent do delivery partners' services (admin, technical oversight, financial/performance reporting, running competitions, training activities etc) provide good value for money? **JC32:** Evidence of working together/ leveraging contributions alongside other funders/partners, or private sector - e.g. collaboration with other award holders to reduce costs or share activities (training events) leverage in-kind inputs or pre-existing systems - to make the overall programme of work possible, support joint activities and minimise duplication.	**A26.** Portfolio level assessment: Assessment of efficiency and operational effectiveness at the GHR level (review of processes and systems to enable this) as well as any improvements **A27.** Delivery mechanism assessment: Assessment of efficiency and operational effectiveness at the delivery partner level (review of processes and systems to enable this) as well as any improvements **A28.** Award level assessment: Assessment of efficiency and operational effectiveness at the sub-award holder level (review of processes and systems to enable this) as well as any improvements	**Secondary data:** • Results framework, MEL documents, annual reviews, external evaluations **Primary data:** • Interview: KIIs to assess efficiency, operational effectiveness at different levels (review of processes and systems to enable this) as well as any improvements

	JC33. Evidence of the influence of GHR portfolio principles on partner ways of working (towards greater efficiency and operational effectiveness) compared to counterfactuals/ways of working prior to this support. **JC34.** Evidence that clinically orientated research passes stage gates at appropriate speed and cost. **JC35**. What opportunities have been taken to reduce costs while maintaining quality? e.g. through processes to ensure that funding is spent on best value inputs & equipment and supplies purchased at competitive rates		
5) IMPACT: Is there any early evidence that funded research and capacity strengthening activities are on track to/have the potential to contribute towards 3-10 year anticipated impacts?			
5.1 Is there any early evidence of improved evidence-informed decision making (individual, community, health practitioner, health policy maker) as a result of GHR funded research as well as development of institutional research capacity?	**JC36.** Evidence of causal linkages between GHR funded research process or results and changes in behaviours, policy or practice amongst policy makers, service providers, and researchers **JC37.** Any early evidence of GHR research activities leading to attracting, retaining and supporting the training and development of the best female and male clinical, health service and public health professionals in LMICs. **JC38.** Any early evidence of creating the research environment that adds to an LMIC's international competitiveness as a place to do health research.	**A29.** Portfolio level, delivery mechanism and award level assessment: Counterfactual analysis: what would have been the likely situation (research adoption and capacity strengthening) in the absence of any GHR programme funding? Investigation into whether the GHR funded research has resulted in i) more/additional ii) improved/fairer iii) unique iv) faster and v) new/innovative aspects – or the opposite (e.g. slower, fewer).	**Secondary data:** • **Portfolio document review**: Theory of Change, results framework, MEL documents, annual reviews, external evaluations • **Delivery mechanism document review**: Nested Theories of Change, strategic documentation, MEL documentation, funding calls • **Award document review**: Funding applications, research plans, relevant award reports, MEL documentation, dissemination plans **Primary data:** • **Strategic interviews:** KIIs with key portfolio stakeholders to understand how funded research reaches intended audiences • **Case study interviews**: KIIs and FGDs with case study stakeholders to assess research dissemination and engagement plans and whether outputs are reaching intended audiences

			• **Survey data:** Portfolio wide data to assess perceptions on how far stakeholders believe research outputs reach intended audiences
6) SUSTAINABILITY: To what extent will the net benefits of the portfolio continue, or likely continue, beyond the funded period?			
6.1 To what extent will achievements and research impact continue beyond the funding period?	**JC39.** Extent to which partnerships and networks and research to policy/practice linkages created by GHR funding are equitable, effective and sustainable **JC40.** Extent to which GHR-funded activities help to build research capacities in LMICs and extent the skills/confidence will be sustained beyond programme lifetime (refer to JC21). **JC41.** Is there evidence of any intangible - not readily quantifiable - benefits to the entire health research ecosystem arising from GHR funding, e.g. political goodwill and relationships forged between countries, individuals and organisations that may produce continued future value and/or influencing partner research process through GHR's emphasis on its portfolio principles, its safeguarding requirements?	**A30. Portfolio assessment:** Assessment of whether outcomes achieved will continue, or likely to continue, beyond funding. **A31. Delivery mechanism assessment:** Assessment of whether outcomes achieved will continue, or likely to continue, beyond funding. **A32. Award level assessment:** Assessment of whether outcomes achieved will continue, or likely to continue, beyond funding.	**Secondary data:** • **Portfolio document review**: Theory of Change, results framework, MEL documents, annual reviews, external evaluations • **Delivery mechanism document review**: Nested Theories of Change, strategic documentation, MEL documentation, funding calls, dissemination strategies, partnership and engagement documentation • **Award document review**: Funding applications, research plans, relevant award reports, MEL documentation, dissemination plans, partnership and engagement documentation, Annual reviews/ final reports; partnership and engagement documentation e.g. strategic advisory group meetings or award level annual partner meetings **Primary data:** • **Strategic interviews:** KIIs with key portfolio and external stakeholders to understand the extent to which funded research has sustainable outcomes • **Case study interviews**: KIIs and FGDs with case study stakeholders to assess whether funded research has sustainable outcomes • **Survey data:** Portfolio wide data to assess perceptions on the sustainability of impact of funded research
7) COMMUNITY ENGAGEMENT AND INVOLVEMENT: To what extent, and in what ways, has the portfolio supported inclusive and meaningful community engagement and involvement?			

7.1 To what extent, and in what ways has the portfolio supported community engagement and involvement throughout the research cycle through approaches that have improved the relevance and impact of research, and supported the empowerment of communities, including women and marginalised groups?	**JC42**. Extent to which award holders have made efforts to understand and engage with existing community capacities, organisations and initiatives, as well as, where appropriate, government-facilitated processes for community engagement and involvement **JC43**. Extent to which, and in what ways communities have been involved in analysis, priority-setting, defining the research questions, design, implementation, and dissemination of the research, and the extent to which research activities have been adapted in response to community input **JC44**. Extent to which the approaches and strategies used supported effective and meaningful community engagement and involvement, and included efforts to identify and engage women and marginalised groups - including clear, two-way communication, participatory approaches, addressing unequal power dynamics, and working adaptively **JC45**. Extent to which award holders have the relevant expertise, relationships and systems – including in relation to community mobilisation and communication, participatory methods, engaging with different types of knowledge, engaging with their own biases and positionality, and supporting collective learning – for planning, budgeting, partnering for, and implementing inclusive community engagement and involvement activities. **JC46**. Evidence of changes at the community level, including for women and marginalised groups, such as improved health knowledge, attitudes and practices, increased confidence, skills, social capital and relationships, and collective action to demand better service delivery.	**A33. Portfolio level assessment:** Assessment of the extent to which CEI is reflected in the design of the programme. **A34. Delivery mechanism assessment**: Assessment of the degree to which CEI is embedded in the design of the GHR programmes, and of the ways in which programme level CEI measures are implemented **A35. Award level assessment:** Assessment of how the objectives of community engagement and involvement in health research have been defined, and the extent to which contextualised and inclusive strategies for community involvement in the analysis, priority-setting design, implementation, and dissemination of research have been developed and implemented. **A36. Award level assessment:** Extent to which there is any early evidence of changes in the knowledge, attitudes and practices of communities, researchers and research institutions. **A37. Award level assessment.** Assessment of how portfolio level requirements and guidance, as well as other supporting mechanisms, on CEI have shaped award holders' CEI approaches, and the extent to which programme level requirements, funding modalities, timeframes and budget parameters have shaped the effectiveness and inclusiveness of award holders' CEI approaches.	**Secondary data:** • **Portfolio document review**: Theory of Change, results framework, MEL documents, annual reviews, external evaluations • **Delivery mechanism document review**: Nested Theories of Change, strategic documentation, MEL documentation, funding calls, partnership documentation • **Award document review**: Funding applications, research plans, relevant award reports, MEL documentation, dissemination plans, partnership and engagement documentation **Primary data:** • **Strategic interviews:** KIIs with key portfolio stakeholders to assess the approach to community engagement and involvement and how this is being implemented across the portfolio • **Case study interviews**: KIIs and FGDs with research teams to assess how community engagement and involvement is understood and implemented; and with community/ patient organisations and leaders (including those representing women and marginalised groups) to understand how they have experienced awards' CEI approaches • **Survey data:** Portfolio wide data to assess perceptions on the portfolio's approach to community engagement and involvement

	JC47. The extent to which NIHR's requirements and guidance on CEI and other supporting mechanisms have shaped award holders' community engagement and involvement approaches, including attention to women and marginalised groups, and influenced NIHR internally, implementing partners and the wider research community		
8) ADAPTABILITY AND LEARNING: How well is the portfolio adapting and embedding learning?			
8.1 To what extent have learning processes been embedded in the portfolio design and implementation of activities?	**JC48.** Extent to which the GHR portfolio's design was open to learning, how learning processes were integrated by DHSC over time and how this changed or influenced DHSC in subsequent stages of design **JC49.** Extent to which award holders are exposed to learning and are required to include learning processes in applications/ during lifetime of research awards/ final reports. **JC50.** Degree to which learning occurs between award holders and how this influences implementation of awards. **JC51.** Degree to which learning occurs between partners in the partnerships programme and how this influences partnerships.	**A38. Portfolio assessment:** Assessment of the key learning, how this was captured and the extent to which learning processes are embedded in the GHR portfolio's design and share with other research funders to influence practice. **A39. Delivery mechanism assessment:** Assessment of key learning across delivery mechanisms and how learning processes were integrated. **A40. Delivery mechanism assessment:** Assessment of learning processes between partners across the different mechanisms and how this influenced implementation. **A41. Award level assessment:** Assessment of the extent to which award holders embed learning processes in research activities and capture further learning. **A42. Award level assessment:** Assessment of the extent to which award holders communicate and learn from one another and build learning into ongoing implementation.	**Secondary data:** • **Portfolio document review**: Theory of Change, results framework, MEL documents, annual reviews, external evaluations • **Delivery mechanism document review**: Nested Theories of Change, strategic documentation, MEL documentation, funding calls • **Award document review**: Funding applications, research plans, relevant award reports, MEL documentation, dissemination plans **Primary data:** • **Strategic interviews:** KIIs with key portfolio stakeholders to understand how learning is captured and the extent to which learning is embedded into the portfolio, as well as how the GHR programme has influenced other research funders to adopt key principles and good practice • **Case study interviews**: KIIs and FGDs with case study stakeholders to assess level of learning between award holders and partners • **Survey data:** Portfolio wide data to assess perceptions on how far the portfolio embeds and encourages learning
8.2 To what extent has the portfolio managed to adapt to learning and changes in the external environment (e.g. COVID-19)?	**JC52.** Extent to which the portfolio's design is flexible to enable it to adapt to learning, stakeholder feedback and changes in the external environment.	**A43. Portfolio assessment:** Assessment of the extent to the portfolio is able to adapt based on learning and changes in the external environment.	**Secondary data:** • **Portfolio document review**: Theory of Change, results framework, MEL documents, annual reviews, external evaluations • **Delivery mechanism document review**: Nested Theories of Change, strategic

	JC53. Degree to which award holders have been flexible in responding to learning, stakeholder feedback and changes in the external environment (e.g. COVID-19).	**A44. Delivery mechanism assessment:** Assessment of flexibility of delivery mechanisms to respond to learning to shape funding calls and decision-making. **A45. Award level assessment:** Assessment of the extent to which award holders are required to embed adaptive processes in research plan and are flexible to respond to learning and changes in external environment.	documentation, MEL documentation, funding calls • **Award document review**: Funding applications, research plans, relevant award reports, MEL documentation, dissemination plans, Costed extensions to existing awards or non-funded time extensions; COVID-19 activity reports in QSTOX **Primary data:** • **Strategic interviews:** KIIs with key portfolio stakeholders to understand the extent to which the portfolio can adapt to learning and external changes • **Case study interviews**: KIIs and FGDs with case study stakeholders to assess level of adaptability of research processes • **Survey data:** Portfolio wide data to assess perceptions on the level of adaptability of the portfolio

Annex 2: TOC Workshop Summary

Objectives of the workshop

This workshop was conducted with the following objectives in mind:

- To develop an agreed / improved understanding of all elements of the NIHR GHR theory of change.
- For the GHR evaluation team to gain clarity on evaluation focus and scope, including refining evaluation framework and key indicators for the evaluation.

Overview of workshop activities

The workshop aimed to provide an opportunity to undertake some of the following activities:

1. Define the key barriers that the GHR portfolio is addressing/aiming to address (not currently detailed in the ToC)
2. Use these key barriers to define the desired outputs and outcomes
3. Unpick, sense check, and agree key causal pathways (including consideration of pathways to different types of impact)
4. Define assumptions and key risks for each causal pathway (based on those already in the ToC if relevant)
5. Consider external influencing factors which may contribute to change
6. Discuss (if appropriate/necessary) where the evidence base may be less strong and where the best sources of evidence are
7. Agree recommendations for revisions to the ToC
8. Discuss the timeline and realistic progress of change in the ToC within the lifetime of the evaluation
9. Further refine the evaluation design and framework including suggestions for revising key indictors

Structure of workshop

The workshop commenced with introductions of attendees, and a review of objectives of the workshop specifically linked to the GHR evaluation. DHSC provided an introductory presentation on the evolution of the GHR Theory of Change (ToC), which led into the first plenary session, discussing collective understanding of the portfolio's ToC pathways. Attendees were divided into 3 sub-groups to share ideas on causal chains and assumptions between activities-outputs, short-term and medium-term outcomes, and medium- and long-term outcomes. Breakout teams then presented findings back to the main group.

A secondary breakout session commenced after the first break, and was organised against the overarching 'programme' categories:

- Strategic / thematic – Global HPSR/RIGHT
- Researcher-led – GHR Groups & GHR Units
- Research Capacity Strengthening - Professorships / Cross-cutting – Partnerships

Key takeaways

- The workshop was an excellent opportunity for the evaluation team to learn more about the development of the GHR portfolio and understand the complexity of the programme from various perspectives.
- There was particular reference to the role of the partnerships element of the GHR portfolio in driving the initial implementation through well-established organisations that could 'hit the ground running'

while the NIHR developed the systems and processes to manage global health aspect of research effectively. There was a lot of learning created through partnerships that helped the NIHR to adapt quickly and start implementation of awards that might have taken longer otherwise. Subsequently, there was also learning across the partnerships strand where key principles of NIHR were woven into ongoing implementation.

- The ToC was deemed to be a valid and valuable reference document on which the evaluation framework could be firmly grounded even though it was developed some time after initial implementation had begun. Partners have been brought on board with the key elements of the ToC gradually and monitoring frameworks have been adjusted to be aligned.
- The assumptions were agreed to be generally broad and although valid, would require further unpicking through detailed questions within the evaluation framework.

List of attendees

Organisation	Name	Role
DHSC	Alison MacEwen	Co-head of GHR Programme
	Val Snewin	Co-head of GHR Programme
	Francesca Ashworth	Monitoring Evaluation and Learning Manager
	Laurence Poos	Global Health Research Portfolio Delivery Manager
	Bianca D'Souza	GHR Programme Manager (partnerships)
	Megan Gaffey	Global Health Research Adviser
	Charlotte Seeley-Musgrave	Global Health Research Adviser
	Stephanie Russell	GHR Programme Manager (NIHR)
	Conor Temple	GHR Research Manager
	Katie Robertson	GHR Programme Support
Ecorys	Paula Quigley	Team Leader / Workshop Chair
	Kathryn Scurfield	Evaluation Lead Analyst
	Sarah Hanka	Project Manager
	Daniel Silver	Analyst
	Seema Khan	GESI/CEI Lead
	Valentina Uccioli	Assistant Analyst
	Marta Barba Prieto	Project Assistant
NIHR RIGHT NIHR Groups NIHR Units	Mike Rogers	Assistant Director of GHR, CCF
	Sarah Puddicombe	Assistant Director of GHR, NETSCC
NIHR Professorships	Karen Fernando	Assistant Director, Infrastructure and Capacity Building Structures, NIHR
NIHR HPSR	Lisa Marsh	Senior Research Manager HPSR, NETSCC

Partners	Jill Jones	Head of Global Health Strategy, Medical Research Council
	Branwen Hennig	Head of International Operations, Wellcome Trust
	Lewis McClenaghan	Wellcome Trust