

Aim: To expand the knowledge base in key under-funded thematic areas with unmet need, where a strategic and targeted investment can result in a transformative impact for the direct and primary benefit of the health, wealth and welfare of people living in LMICs, through funding cutting-edge, interdisciplinary, applied health research on interventions.

Please see also the [narrative](#) which describes this visual in more detail.

INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES (short-term (<5yrs))	LONG TERM OUTCOMES / IMPACTS (~5-10 years)
<p>ODA-research funding</p> <p>NIHR</p> <ul style="list-style-type: none"> - Resources - Processes & tools - Strategies - Multi-disciplinary funding committee <p>Research applicants, institutions and project partners and collaborators</p>	<p>NIHR programme management</p> <ul style="list-style-type: none"> - Identification of under-funded research gaps with unmet need and potential for impact <p>Funded Research Projects</p> <p>Research Planning & Implementation</p> <p>PPDA: partnership & application development RIGHT:</p> <ul style="list-style-type: none"> - Agreement of project plans - Applied health research into & evaluation of interventions and innovations to transform the thematic area. - Knowledge translation and mobilisation. <p>Research Capacity Strengthening (RCS): incl. training and development of LMIC researchers, research support staff, healthcare workers, research participants and community members.</p> <p>Equitable Partnerships</p> <ul style="list-style-type: none"> - Developing and strengthening equitable partnerships and collaborations within and between research teams: South-North and South-South; researchers-institutions. <p>CEI & Stakeholder engagement</p> <ul style="list-style-type: none"> - Involvement, engagement, networking, dialogue and collaboration with communities, stakeholders, health systems actors and decision-makers throughout all stages of research. 	<p>Research outputs</p> <ul style="list-style-type: none"> - Innovative products, interventions, tools & strategies - Evaluated interventions & products - Applied health research knowledge - Open access publications - Evidence on interventions to improve health outcomes of people in LMICs. - Literature for a range of audiences. <p>RCS</p> <ul style="list-style-type: none"> - Upskilled, trained and/or career progression for researchers, research support staff & healthcare workers in LMICs. <p>Equitable partnerships</p> <ul style="list-style-type: none"> - Strengthened relationships and collaborations betw. stakeholders. <p>CEI</p> <ul style="list-style-type: none"> - Upskilled and informed community members, leaders and people with lived experience. - Community members take part in research decision-making. 	<p>Research</p> <p>Advances in the thematic knowledge base.</p> <p>Research adoption</p> <p>Research and innovations are adopted (locally and more broadly) into services and practice.</p> <p>Tools and recommendations adopted by local health services.</p> <p>RCS, Equitable partnerships & CEI</p> <p>Strengthened sustainable research and research/grant management capabilities in LMICs (individual and institutional level)</p> <p>Knowledge exchange between partners (North/South & South/South).</p> <p>LMIC research partners build new partnerships and apply for further funding beyond the award.</p> <p>Increased individual & community awareness and understanding of theme and treatment/care options.</p> <p>Strengthened communities with active participants with skills & confidence.</p>	<p>Unmet GH needs in key thematic areas are better addressed through advances in the knowledge base.</p> <p>Improved health outcomes for people in LMICs through: improved prevention, detection, clinical management and/or treatment; improved access to services and appropriate treatment; increased health service uptake; improved practice; improvements to health and care system.</p> <p>Research capacity in partner LMICs is sustained. GHR awards are led by LMIC researchers.</p> <p>Equitable partnerships</p> <p>Bi-directional learning (north-south) is established and embedded in academia</p> <p>Economic benefits such as improved efficiency of health and care provision and improved local labour market outcomes.</p>

Assumptions:

- There is in-country capacity, capability & commitment to conduct the research, and the partner country's MoH remains committed to addressing the theme.
- Partnerships are already established or can be formed between HIC-LMIC or LMIC-LMIC researchers and their institutions through PPDA's that can and will respond to RIGHT calls in a timely manner.
- Further funding is available (through RIGHT, NIHR or other funders) and leveraged by research team members to further disseminate, commercialise and scale RIGHT interventions and products in order to achieve wider and lasting impact.
- Long-term outcomes are outside the direct control and influence of RIGHT and there will be multiple factors contributing to them. | The flow across this theory of change is not expected to be linear, and links can be multidimensional.

External factors/Context:

- FCRA rules (India only)
- Stable operating environment which remains permissive to global health research
- There are no changes to policy which would prevent funding eligibility
- Other GHR funders continue funding at present rate

Research on Interventions for Global Health Transformation (RIGHT) theory of change

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Established in 2006, the [National Institute for Health and Care Research](#) (NIHR) seeks to improve the health and wealth of the nation through research and is funded by the Department of Health and Social Care (DHSC). Its programmes, schemes and initiatives support high quality research in a broad range of topic areas that benefit the health and social care system in the UK and internationally.

The [Research on Interventions for Global Health Transformation \(RIGHT\)](#) programme aims to expand the knowledge base in key under-funded thematic areas with unmet need where a strategic and targeted investment can result in a transformative impact for the direct and primary benefit of the health, wealth and welfare of people living in low- and middle-income countries (LMICs). It funds cutting-edge interdisciplinary applied health research on interventions in these key thematic areas and aims to strengthen capacity for research and boost knowledge exchange through equitable partnerships between researchers and institutions involved in the research.

The programme promotes interdisciplinary approaches to research, including, but not limited to, collaborations between clinical, health economics, statistics, qualitative and social sciences disciplines.

This Theory of Change (ToC) engaged internal (NIHR) and external stakeholders including funding committee members, global health academics and experts, RIGHT award holders, and members of the global health research team at the Department of Health and Social Care in its development. It is designed to assist design, implementation and evaluation of RIGHT.

A theory of change outlines the resources which will be put into the programme ('inputs'), the activities which will take place in the course of the programme, and the outputs or direct results of the programme. It then details the outcomes or changes that might be expected as a result of these other components of the programme, along with the assumptions that have to hold for this to occur.

This theory of change spans the breadth of the RIGHT calls and captures the intended outcomes of the programme as a whole. The below narrative is intended to sit alongside the pictorial theory of change.

RIGHT Theory of Change Narrative

Inputs, activities and outputs

Each call in the NIHR's RIGHT programme is themed. DHSC and NIHR identify **under-funded research gaps with unmet need and potential for impact** to determine the theme of the call. The aim is to ensure that the investment can have a transformative impact on the knowledge base and on health and economic outcomes for people in LMICs.

RIGHT is shaped by NIHRs Global Health Research Strategies and funds research in developing countries that are eligible to receive **Official Development Assistance (ODA)** from the UK International Development budget. Other **strategies** which shape and steer the way the research is designed and delivered such as NIHR's [Best Research for Best Health](#) which sets out principles such as impact, inclusion and collaboration.

Experienced, knowledgeable, **multi-disciplinary funding committees**, made up of public contributors, academics, clinical and global health experts and the Department of Health and Social Care (DHSC), decide which equitable and inclusive interdisciplinary applied GHR projects are commissioned.

NIHR manages and monitors the research awards. It draws on established expertise in research management, commissioning, and existing **processes, systems and data collection tools** to manage and monitor delivery.

RIGHT funding is awarded to **multidisciplinary research teams** with an LMIC-based Principle Investigator or with joint LMIC-UK leads or LMIC-LMIC leads. Where there is a joint leadership model it is expected that the partnership is equitable. It is assumed that there will be some established **research partnerships** that are ready and able to respond to RIGHT calls in a timely manner. There will also be partnerships that need to be initiated or enhanced in order to make a successful RIGHT application. To support the establishment and development of these partnerships, applicants who are successful at stage 1 of the application process can apply for [Proposal and Partnership Development Awards \(PPDAs\)](#). PPDAs can be used to support applicants to work collaboratively with all study partners to develop stage 2 applications, initiate community engagement and involvement (CEI) activities, and initiate preparation of study governance documentation.

Long-term, sustainable change in a setting wider than that in which the research took place takes time and is expected to be a result, not just of capacity building, but of working with **partners or collaborators** which may include institutions, researchers and stakeholders, locally and in other LMICs and HICs, such as health care professionals, policy makers,

health systems analysts, social scientists, health economists, health systems managers, as well as partner organisations both governmental and non-governmental, and government departments.

Researchers will work to **involve and engage community members** and people with lived experience of the conditions or issues targeted by the theme, including those directly affected, their carers, families and community members. These people should be invited to shape the research and take part in decision-making so that its results are relevant to their needs.

Funded research projects will **agree their project plans** with pathways to impact and sustainability and other NIHR required activities such as research inclusion. RIGHT partnerships should work equitably, developing and strengthening **equitable partnerships** and collaborations within and between research teams whether these partnerships are based in the Global South or South-North.

These multidisciplinary teams are expected to carry out **applied health research** into and evaluation of interventions and innovations to transform the thematic area. This research is expected to **produce evidence on interventions to improve health outcomes, innovative products, evaluated interventions, tools and strategies for improved prevention, detection, diagnosis, treatment and management of the thematic research area**. Where positive results have been found they are expected to show improvements in health outcomes for people in LMICs. Evaluated interventions and products should be generalisable, scalable and/or demonstrate economic benefit.

Knowledge translation and mobilisation activities will be undertaken by the research teams and evidence published in an **open access** format. **Grey literature** will be produced for a range of relevant audiences such as people with lived experience, communities, health professionals and policy makers.

Projects may require further funding to be leveraged by members of the research team to either mobilise knowledge, commercialise products, or implement at scale successfully to a wider audience, market or system. Some of this **additional funding** may be leveraged through NIHR's GHR portfolio which has [follow-on funding](#) available to enhance dissemination of research outcomes, facilitate implementation of an intervention developed during the research programme, follow-on work to explore other perspectives, additional secondary data analyses, additional intellectual property (IP) exploitation or commercialisation activities.

The research team will be made up of researchers in different stages of their careers including early career researchers (ECRs) in LMICs. **Research capacity strengthening (RCS)** of LMIC teams includes **progression of researchers through academic pathways** through formal training such as completing a PhD and informal training such as the experience of conducting research as part of the award. **Training and development of professional staff** at LMIC services involved in research (such as healthcare professionals) will also contribute to long-term capacity strengthening.

If RCS is to be sustained long-term it is also essential to **upskill research grant management and support staff** in contracting and financial management that they are able to formally and fully apply for and manage an award and its finances in the future. In this way, awards led by LMIC researchers in the GHR space are expected to become more common over time. It is acknowledged that, like the other long term outcomes, for this to occur relies on many other factors external to NIHR and beyond its control or influence, such as other GH research funders also contributing to capacity strengthening in a similar way.

Outcomes and impact

Unmet GH needs in the thematic areas will be better addressed through **advances in the thematic knowledge base** from RIGHT funded research.

Appropriate engagement of stakeholders and community members means that the interventions, products and tools evaluated through RIGHT projects, and recommendations stemming from them, are more likely to be **adopted into services and practice**. This is expected to lead to **improved health outcomes** for people in LMICs in the long-term. This could be in a number of ways, such as, improved prevention, detection, awareness raising, clinical management and/or treatment, improved access to services and appropriate treatment, increased health service uptake, improved services and/or practice, and improvements in the health and care system.

RIGHT produces innovations, interventions and products that have been evaluated as part of the RIGHT award for their potential economic and health benefit. It is expected that RIGHT will have a transformational impact in the local setting in which the research took place; those who were involved in the project will continue to implement and use the proven ways of working thus creating long-term change and improved health outcomes in that local setting with all the associated economic and social benefits that improved health brings. It is further expected that many of the researched innovations, interventions and products will have shown potential **economic and health benefits** in their evaluations as well as generalisable and scalable results, and therefore have the potential for transformational change of the health system in relevant countries upon adoption.

The **equitable partnerships** formed and/or strengthened between researchers and institutions in LMIC and HIC locations will be key to creating **knowledge exchange** between partners in both Global North and Global South and across the Global South. This is expected to contribute to **bi-directional learning being established and embedded in academia**, so that knowledge, innovations, interventions and products produced in the Global South are seen as generalisable, universal (where applicable) and adopted for use in the Global North. Research partners in LMICs will be able to build further partnerships and apply for **further funding** beyond the RIGHT award.

Community engagement and involvement activities lead to upskilled and informed community members, leaders and people with lived experience who (as communities and individuals) have increased awareness and understanding **of the research theme, and treatment and care options**. Communities which take part in research will be strengthened and have **participants who have built skills and confidence**.

Economically, RIGHT will produce jobs, training, and upskilling through the life of the award with spillover effects in their local economies. RIGHT will also produce **economic benefit** through interventions that save the health system money or allow for better use of resources. Even if marginally, in a low-income context, improved health outcomes (either through working directly with people affected by the theme or through improved health systems and practice) contribute to improved labour market outcomes, including greater workforce participation, productivity and earnings, and ultimately contribute to economic growth. Through working with underserved communities these economic benefits might be expected to lead to a domestic reduction in economic inequality.

Therefore, in the long-term, RIGHT aims to contribute to Sustainable Development Goals 3 and 8 which, respectively, aim to ensure healthy lives and promote well-being for all, and promote sustained, inclusive and sustainable economic growth.

Acronyms

CEI	Community Engagement and Involvement
DHSC	Department of Health and Social Care
FCRA	Foreign Contribution (Regulation) Amendment Rules 2015
GH	Global Health
GHR	Global Health Research
HEI	Higher Education Institution
HIC	High-income countries
Local	The area (regional or smaller) in the LMIC in which the research took place
LMICs	Low- and Middle-income countries
MoH	Ministry of Health
NIHR	National Institute for Health and Care Research
ODA	Official Development Assistance
PPDA	Proposal and Partnership Development Awards
RIGHT	Research on Interventions for Global Health Transformation
RCS	Research Capacity Strengthening
UK	United Kingdom

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The NIHR supports the principles of open research, including full and appropriate recognition of the many varied contributions to the creation of knowledge. To support this, we use the CRediT taxonomy to accurately reflect how each team member has brought their knowledge and skills to the development and delivery of this work. Those that have contributed to this work are listed below:

- Joanna Cole-Hamilton: conceptualisation, methodology, investigation, writing (original draft), writing (review and editing), project administration, visualisation

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- Isabel Litwin-Davies: writing (review and editing), investigation, resources, visualisation
- Nicola Commander: conceptualisation, supervision, methodology
- Anne River: conceptualisation, supervision, methodology
- Kara Hanson: supervision

Members of DHSC's global health research team reviewed and commented on this theory of change at different stages.

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Competing interests

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Keywords

Theory of change; logic model; RIGHT; global health; programme theory; impact; outcomes; evaluation