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Global Health Research (GHR) Portfolio Theory of Change

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Plain English Summary for NIHR Open Research

The National Institute for Health and Care Research (NIHR) Global Health Research (GHR) portfolio has updated its Theory of Change (ToC). This update, completed from Autumn 2024 to Winter 2025, follows recommendations from two external reviews to reinforce NIHR's commitment to maximising impact and transparency within its Monitoring, Evaluation and Learning (MEL) strategy.

The GHR Portfolio ToC was revised through a series of workshops and feedback involving stakeholders from DHSC and NIHR, including programme and MEL teams, the Community Engagement and Involvement (CEI) advisory panel and award holders. This collaborative process aimed to clearly articulate how GHR research contributes to policy, capacity, and systems resilience. The updated ToC strengthens the emphasis on equitable partnerships, strengthened individual and institutional research capacity, and the role of engaged communities in shaping research, influencing policy, and driving systems change. The revised version also offers a clearer structure, distinguishing short, medium, longer-term, and systems-level outcomes, reflecting the portfolio's maturity and evolving scope. The GHR portfolio-level results framework will measure progress towards and achievement of the outcomes and goals set out in the GHR portfolio ToC. The GHR Portfolio ToC will be reviewed on a regular basis.

Key words: Global Health Research (GHR), Theory of Change (ToC), Monitoring, Evaluation, and Learning (MEL), Research Impact, Results Framework, Low and Middle-Income Countries (LMICs), Equitable Partnerships, Research Capacity Strengthening, Community Engagement and Involvement, Health Policy, Health Systems.

Background and process

NIHR Global Health Research (GHR) portfolio was established in 2016. In 2024, following recommendations from an ICAI review and an evaluation of the portfolio conducted by ECORYS, as well as part of our ongoing commitment to maximising impact and transparency, NIHR committed to update and strengthen the overarching Monitoring, Evaluation and Learning (MEL) strategy. Following on from a refresh of the portfolio of GHR programmes which were publicly announced in May 2024, this work included updating the theories of change (ToC) for the overarching portfolio and each of the programmes within it.

From Autumn 2024 to Winter 2025 the GHR Portfolio ToC was updated. Over a series of workshops and working sessions, stakeholders from across Global Health Research in DHSC and NIHR; programme team members, MEL team members; Community Engagement and Involvement (CEI) team members, Assistant Directors and the NIHR CEI advisory panel were engaged in reviewing, refining and redesigning the ToC to arrive at the final version.

This update was driven by a need for clear articulation of the pathways through which the GHR portfolio research contributes to policy, capacity and systems resilience. The aim was to ensure the model remains a robust tool for strategic planning, reporting and demonstrating NIHR's contribution to global health goals. The GHR Portfolio ToC now better reflects the maturity and evolving scope of the portfolio. While the previous framework outlined a logical progression from research commissioning to long-term health and economic benefits in LMICs, the revised version strengthens the emphasis on equitable partnerships, strengthened individual and institutional research capacity, as well as the role of engaged communities in shaping research practices, influencing policy and driving systems change. It also provides a clearer structure distinguishing short, medium, longer-term and systems-level outcomes, and the shifting global burden of disease.

The GHR Portfolio ToC will be reviewed on a regular basis.

Navigating the ToC

The ToC diagram flows from top to bottom, and the rows are structured as follows:

- NIHR GHR Portfolio approaches and priorities
- NIHR Activities
- Primary output (Researcher-led Activities)
- Immediate outcomes
- Intermediate outcomes
- Long term outcomes
- Systems change goals

The elements of the ToC closer to the NIHR's control are at the top of the diagram. NIHR can reasonably expect to have direct control over the priorities, approaches, activities and outputs. As the content moves towards the bottom, the contribution of NIHR input – its influence over and responsibility for the changes outlined – reduces. The outcomes and goals at the bottom of the diagram are outside of the NIHR's direct sphere of influence and multiple other factors will influence these.

The ToC is laid out with arrows indicating the expected change pathways from the output to the systems change. Bold arrowed lines between outcomes show causal relationships where there is direct influence and dashed arrowed lines between outcomes show relationships where there is less direct influence. Timeframes for outcomes are provided for guidance only, demonstrating that some outcomes will be achieved more quickly than others.

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Global Health Research (GHR) Portfolio Theory of Change

NIHR GHR priorities & approaches

To address current, global research priorities, including the ability to respond to emerging health priorities

To deliver effective funding approaches, in partnership with others, for the primary and direct benefit of people in LMICs

Positioning, prioritsation and strategy

Effective co-produced forecasting and selection of strategic priorities for health (which aligns with local, national and global priorities) ensures investment choices remain focused on LMIC relevance and need

Partnerships

Appropriate, mutually beneficial and equitable partnerships (including delivery, strategic and influence partnerships) extend and enhance reach and influence of funding and support

NIHR Activities (Directly attributable to NIHR GHR Programme)

Independent, transparent and equitable research funding and management

Effective and efficient processes and financial management by award holders and partners

Delivery of, and support for, effective capacity strengthening, networking and equitable partnership practice

Setting and upholding quality and ethical standards for research practice and publications

Promoting, and supporting development of capacity, for meaningful engagement with: Community Engagement and Involvement (CEI) core practices, Research Inclusion (RI) and Climate, Health and Sustainability (CHS)

Supporting credible evidence and evaluation practices that enable learning about broader change and impact

Primary output (Researcher-led Activity; Strong NIHR Contribution)

High-quality, well-managed, relevant and impactful health research conducted through equitable partnerships and for the primary and direct benefit of people in LMICs

Immediate outcomes 0-5 years (from start of award)

Research role in policy and practice change

High-quality research outputs have community and academic reach and impact

Increased individual and community capacity to engage with and use research

Increased individual and community capacity to participate in, co-create and leverage research for mutual benefit

Research capacity strengthening

Funded Researchers and their teams progress their careers

LMIC host and partner institutions invest in building capacity in leadership, research and research management (including clinical trials)

Intermediate outcomes 5 - 10 years

Equitable research partnerships influence policy and practice

Engaged communities take informed action, inspiring shifts in individual behaviours and local health systems practice and policies

LMIC researchers lead equitable partnerships undertaking priority health research that addresses local and globally relevant health challenges

LMIC institutions have sustainable practices, resources and organisational systems in place to effectively support Global Health research

Proactive communities, working alongside civil society, advocate for evidence-based policy change

LMIC researchers and research institutions demonstrate enhanced contribution to the global research ecosystem

Longer term outcomes 10 - 20 years

Policy makers and health systems enact evidence-based policy and practice changes (at local, national and global levels)

Stronger, more sustainable and inclusive global health research ecosystems respond effectively to global health challenges

Systems change goals 20+ years

Resilient, high-quality health systems are equitable, affordable, efficient, accessible and support universal health coverage for all

Global Health Research effectively addresses LMIC health needs and the shifting global burden of disease

Improved health and wellbeing of people in LMICs

Many other factors influence change, decreasing levels of NIHR GHR contribution

The assumptions that underpin this ToC are laid out in the accompanying narrative.

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Theory of Change content

1. NIHR GHR priorities and approaches

To appropriately contextualise this ToC it should be considered alongside the evolving strategic direction of the NIHR GHR Portfolio, including the strategic priorities from:

2022-2025, which were to:

- address the shifting global burden of disease
- develop health systems to identify and respond to population needs,
- build resilience to tackle future global health threats, and
- strengthen research capacity in LMICs through equitable partnerships between ODA eligible LMIC and UK researchers.

2026 onwards, which can be found on the GHR landing page of the NIHR website here.

The NIHR GHR portfolio is underpinned by:

- Aims to deliver effective funding approaches, in partnership with others, for the primary and direct benefit of people in LMICs.
- Positioning, prioritisation and strategy: Effective forecasting and selection of strategic priorities for health and care (which aligns with local, national and global priorities) ensures investment choices remain focused on LMIC relevance and need.
- Partnerships: Appropriate, mutually beneficial partnerships (including delivery, strategic and influence partnerships) extend and enhance reach and influence of funding and support

These feed into the following NIHR activities.

2. NIHR Activities

This section of the ToC focuses on the key inputs and activities associated with the delivery and management of effective support to researchers to ensure high-quality relevant research and capacity. These activities are directly attributable to the NIHR GHR Programme. They are:

- Independent, transparent and equitable research funding and management
- Effective and efficient processes and financial management by award holders and partners
- Delivery of, and support for, effective capacity strengthening, networking and equitable partnerships practice
- Setting and upholding quality and ethical standards for research practice and publications
- Promoting, and supporting development of capacity, for meaningful engagement with: Community Engagement and Involvement (CEI) core practices, Research Inclusion (RI) and Climate, Health and Sustainability (CHS)

- Supporting credible evidence and evaluation practices that enable learning about broader change and impact

Please note that when referring to community in the ToC we refer to NIHR's definition of Community Engagement and Involvement:

'Community' is a broad concept which includes everyone that is affected by research and its outcomes. Within the term 'community', we include:

- patients, individual community members, carers, families and their neighbours
- community leaders, non-governmental and civil society organisations and faith groups
- service commissioners and providers
- national and local policy makers and law administrators

These feed into supporting the primary output.

3. Primary output

This section of the ToC focuses on the primary output of the NIHR GHR portfolio, which is a research-led activity and has a strong NIHR contribution.

- The primary output of the NIHR GHR portfolio is high-quality, well-managed, relevant and impactful health research conducted through equitable partnerships and for the primary and direct benefit of people in LMICs.

The primary output feeds into the following outcomes.

4. Outcomes

Outcomes are separated into immediate, intermediate and longer term and are grouped by change pathways, before reuniting as an overarching goal for the improved health and wellbeing of people in LMICs as a systems level change at the end of the ToC diagram. There are two change pathways, the first is the role of research in influencing policy and practice which includes a role for the research itself along with research mobilisation and stakeholder engagement, CEI, and equitable partnerships. The second change pathway is research capacity strengthening at individual, institutional and systems level. Note that bold arrowed lines between outcomes show causal relationships where there is direct influence and dashed arrowed lines between outcomes show relationships where there is less direct influence. Note also that timeframes for outcomes are provided for guidance only, demonstrating that some outcomes will be achieved more quickly than others.

Research role in policy and practice change

Immediate outcomes

- High-quality research outputs have community and academic reach and impact
- Increased individual and community capacity to engage with and use research

Increased individual and community capacity to participate in, co-create and leverage research for mutual benefit

Intermediate outcomes

- Equitable research partnerships influence policy and practice
- Engaged communities take informed action, inspiring shifts in individual behaviours and local health systems practice and policies
- Proactive communities, working alongside civil society, advocate for evidence-based policy change

Long term outcome

- Policy makers and health systems enact evidence-based policy and practice changes (at local, national and global levels)

Research capacity strengthening

Immediate outcomes

- Funded Researchers and their teams progress their careers
- LMIC institutions invest in building leadership, research and research management (including clinical trials)

Intermediate outcome

- LMIC researchers lead equitable partnerships undertaking priority health research that addresses local and globally relevant health challenges
- LMIC institutions have sustainable practices, resources and systems in place to effectively support Global Health research
  LMIC researchers and research institutions demonstrate enhanced contribution to the global research ecosystem

Long term outcome

- Stronger, more sustainable and inclusive global health research ecosystems respond effectively to global health challenges

5. Systems change goals

These goals are the higher level system changes that NIHR wants the GHR portfolio to address and, along with others, contribute towards achieving. They provide useful statements on the purpose of the GHR portfolio and research and capacity strengthening work being supported by NIHR GHR Programme.

- Resilient, high-quality health systems are equitable, affordable, efficient, accessible and support universal health coverage for all
- Global Health Research effectively addresses LMIC health needs and the shifting global burden of disease

The GHR portfolio ultimately aims to contribute towards: Improved health and wellbeing of people in LMICs.

Assumptions

There are some underlying assumptions and risks around the intended causal links. These assumptions are split into the following categories:

Underpinning "whole TOC" assumptions

- Equitable working and institutional partnerships are sustained throughout the research period
- Research generates actionable insights for health services and systems
- LMIC institutions are able to receive and distribute funding from the GHR programmes
- NIHR are effectively mitigating barriers for equitable LMIC engagement and encourage LMIC leadership of awards (including building awareness of research opportunities across relevant LMIC communities, and providing direct application support and support and flexibility during the awards)
- Research teams are supported to adequately budget and manage all aspects of their awards, with the flexibility to request and justify changes within reason

Research operations assumptions

- Researchers are supported to have the appropriate knowledge, skills and interest to meaningfully involve communities throughout the research lifecycle
- Communities are willing/able to access and engage with researchers
- Research considers equity and research inclusion, appropriately engages the most vulnerable and marginalised groups, mitigates safeguarding issues and does not exacerbate inequalities
- Research is aligned with community members interest through meaningful CEI

Research capacity strengthening assumptions

- Institutional Research and capacity will be sustained through LMIC and other funding investment after end of NIHR funding
- Capacity building enables learning in action
- Researchers will use their skills, experience and networks to stay in LMIC research institutions and progress their careers into leadership
- There are suitable roles in LMIC institutions for people to progress into

Policy change assumptions

- Researchers and communities are willing/able to access and engage with policy makers
- Researchers ensure their research is demand-led and remains aligned with policy maker needs
- Researchers and communities have influence with policy makers and use it for the benefit of health and wellbeing being overall
- Policymakers in LMICs are keen to engage/partner with researchers and communities and are willing and able to make evidence-based decisions on health and wellbeing
- People in positions of influence have the resources and political will to push for positive evidence-based change
- LMICs' health systems can incorporate findings from research

Contributions and acknowledgements

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 alphabetically.

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With oversight from representatives from the Department of Health and Social Care (DHSC)

IOD PARC

- Erica Packington - Methodology, Writing – Original draft, Conceptualisation, Writing – review and editing, Visualisation

Competing interests

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