

### Annex A1: Template for institutional three-year GCRF strategies (AY 2018-19 onwards)

Please complete this form and the excel table in **Annex A2**. Text boxes may be expanded to the required length, and are expected to be in proportion to the level of formula Global Challenges Research Fund (GCRF) allocations received in 2017-18. Please do not attach other documents or annexes. Guidance for completing the forms is at Annex B.

The completed form and table should be emailed to [dbeards@sfc.ac.uk](mailto:dbeards@sfc.ac.uk) by **noon on Monday 26 March 2018**.

Name of institution	Queen Margaret University, Edinburgh
Contact person for correspondence who is also responsible for ensuring that the head of institution has approved this strategy for submission to SFC.	
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Note that we intend to contact this person in the event of queries regarding the institutional GCRF strategy. We will also contact this person annually as part of our GCRF monitoring process.	
Has this GCRF strategy been approved for submission to SFC by the head of institution?	
Yes	
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Signature:	

## Section A: Official Development Assistance (ODA) and GCRF strategy

### *The strategy*

1. Summarise the key aspects of your three year strategy for development-related and GCRF research activity, including:
  - a. Your institution's strategy and priority objectives for all development-related research activity funded through all sources for three years from 2018-19.
  - b. Summary of the key aspects of your three year strategic plan for formula GCRF in light of the criteria and objectives for the GCRF outlined in the guidance.
  - c. How activity funded through GCRF fits into your broader strategy and priorities for all development related research activity.
  - d. How activity funded through GCRF relates to the UK strategy for the GCRF.<sup>1</sup>
  - e. How your development-related and GCRF strategies relate to your wider institutional strategy for using REG.
  - f. Likely key barriers and enablers to implementing your strategy.
  - g. The key activities by which you will realise your objectives, such as capacity and capability building; mono-disciplinary interdisciplinary and collaborative research; generating impact from research; meeting the full economic cost of GCRF activity funded through other sources; rapid response to emergencies with an urgent research need; and pump priming.
  - h. The main Development Assistance Committee (DAC) list developing countries you intend to collaborate with.

QMU strategic commitments include the consolidation of 'a strong research culture' and of 'an increased international reach'. The recognition of six strategic research centres by the university in 2015 was very much in line with these objectives. One of these centres, the Institute for Global Health and Development (IGHD), builds upon the institution's work in the field of international health development over three decades.

IGHD has a track record of postgraduate education and professional capacity development for health professionals from the global south (with a particular emphasis on south Asia and sub-Saharan Africa). Over the last decade, this has been accompanied by an increasingly strong portfolio of global health research. IGHD currently holds in excess of £5 million in research funding, with funds secured from MRC, AHRC, Wellcome Trust, DFID, US NIH and the NIHR. A significant proportion of

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<sup>1</sup> UK Strategy for the Global Challenges Research Fund, <http://www.rcuk.ac.uk/funding/gcrf/challenges>

this funding in ODA-based, including awards from the joint WT-DFID R2HC initiative (totalling over £700,000) and the most recent £3.5 million award from NIHR to establish the Research Unit on Health in Situations of Fragility at IGHD (one of just 13 Global Health Research Units across the UK channelling GCRF-funds for strategic research development in the global health sector).

Despite such successes, with the historically low levels of core research funding allocated from the SFC to QMU it has been difficult for IGHD to sustain engagement with international collaborators between project funding cycles. Dissemination of research findings after the completion of study funding and preparation of new proposals is also constrained by the available funding structure. The allocation by SFC of £10,000 of GCRF funding to QMU for 2016/17 (and then 15,000 for 2017/18) has allowed the university to provide some flexibility for IGHD in responding to this challenge in its work in DAC-listed settings eligible for ODA funding.

Given the modest GCRF funds allocated to QMU by the SRC, the institution views this funding to continue to be most effectively deployed in synergizing the significant other ODA-funds secured by IGHD. IGHD has strong awareness of the requirements for ODA-eligible research and is in a position to deliver maximum value-for-money for the allocated funds. Over the past two years, the SFC GCRF allocation has been deployed principally for *pump-priming new research activity in advance of securing major funding* and in *driving greater impact and influence of completed research*. Activities funded in this period included (a) **Mapping of Social Connections and Trust amongst Kurdish and Yazidi Refugee Survivors of Sexual and Gender-based Violence** (extended data analysis, publication drafting and consolidation of research methodology following seed-funding of innovative work by Tearfund, which has led to the formulation of a new methodological manual for use in other projects); (b) **Scoping Study of Local Faith Community Engagement with Child Protection** (a literature review building upon recent fieldwork in Malawi, Uganda and Senegal which has positioned IGHD for major policy influence with donors and humanitarian organizations); (c) **Updating a Cochrane Review of Performance Based Financing Initiatives in the Health Sector** (convening a multi-institutional programme of work to inform PBF initiatives in Sierra Leone and Zimbabwe and other contexts) and (d) **Baseline Assessment of Preparedness for NCD Service Delivery in El Salvador** (supporting an invitation from the MoH of this fragile state to deploy draft assessment protocols to guide future service development).

Given the modest level of funds being made available for future years, the continuation of such small-scale, opportunistic initiatives is the most appropriate strategy to secure explicit ODA compliance and maximum value-for-money. QMU is thus proposing to allocate indicative funding to a Global Health Research Programme Development facility which will enable these leveraging investments to be continued over the period 2018-2021. As noted below, if the envelope of resources increases

significantly over the funding period (especially with multi-year indications of funding) this strategy would potentially be complemented by some more substantive investments in capacity building.

The Global Health Research Programme Development facility funded by the SFC allocation of GCRF funding will principally serve the function of pump-priming interdisciplinary research activity that positions IGHD for future collaborations, partnerships and funded research programmes or – on completion of funded programmes – supports the dissemination of research outputs and policy influence, including the sharing of research protocols and manuals to support more effective and rigorous data collection in low-income settings and fragile and conflict affected states.

Other than a small proportion of work related to work in China and parts of Eastern Europe, the vast majority of IGHD’s work is focused on DAC-listed counties. Additionally, the work meets ODA-eligibility in being both “directly and primarily relevant to the problems of developing countries”, typically focused on (barriers to) provision of healthcare and well-being and involving extensive and intensive fieldwork engagement and local partnership. The annual IGHD report to the QMU Research Strategy Committee will summarise the specific activity facilitated through the Global Health Research Programme Development facility.

2. Provide details of the main intended outcomes and impacts of your strategy.

The targeted outcomes and impacts of investment in the Global Health Research Programme Development facility at QMU include: (a) peer-reviewed published papers documenting health needs in specific low-income and fragile-and-conflict-affected states and/or intervention strategies to address them; (b) policy and/or practice briefs for Ministries of Health of these DAC-listed settings or humanitarian agencies operating in these contexts; and (c) manuals and guides to support methodologies of data collection and analysis in low-income and fragile-and-conflict-affected states.

***Management of GCRF***

3. How will your HEI monitor and evaluate its progress and compliance in ODA and GCRF activity, including assessing geographical distribution of activity, outputs, outcomes and economic and social impacts?

Please describe the policies, procedures and approach you have in place to measure progress, evaluate outcomes, identify lessons learned, and ensure ODA compliance.

Research Centres of QMU – such as IGHD – submit annual reports to the Research Strategy Committee on progress of their activities against documented plans with respect to key indicators. This annual census point – allied to biannual meetings of Research Centre Directors with the appropriate Dean of School and representative of the Research and Knowledge Exchange Unit – provides a robust basis for measuring progress and outcomes of SFC GCRF investment and ODA compliance in terms of countries of focus.

#### **Section B: Use of GCRF 2018-19 allocation and future formula GCRF priorities**

4. Please complete the table in Annex A2 detailing the expected spending and activities for GCRF in the academic year 2018-19. This should show how all expected GCRF will be committed to ODA-compliant activities.
5. Please add here any explanatory notes on how you have completed the table in Annex A2 that will demonstrate ODA compliance.

The preliminary allocation of £31,000 for 2018-19 remains a modest sum, with respect to which it is not feasible to define major strategic developments independent of other sources of funding. Rather, as in each of the last two years when such funding has been made available to IGHD within QMU, funds are seen as enabling a useful short-term mechanism to leverage opportunities for new work or extending the reach or impact of existing work. As noted above, the focus will be on the Global Health Research Programme Development facility as a mechanism for pump-priming inter-disciplinary research activity that positions IGHD for future work or – on completion of funded programmes – supports the deepening and broadening of research impacts.

In 2018-19 we anticipate major opportunities for such investment in relation to: (a) developing modelling of health systems functioning in fragile contexts using systems dynamics and agent-based modelling approaches (leveraging expertise and datasets collected through IGHD's R2HC award (terminating in August 2018) for exploration of health systems resilience in Lebanon, Jordan and Syria); (b) leveraging partnerships and data collected through our AHRC RefugeeHosts award regarding local community dynamics in refugee-receiving communities of Lebanon and Jordan; (c) measures development regarding community-based child protection mechanisms building on fieldwork experience in Uganda and Senegal; and (d) follow-up analysis regarding our baseline assessment of community and health systems readiness for NCD service development in El Salvador. Given the fluidity of opportunities in this sector, at this stage these are indicative of likely activity, rather than a formal proposed programme of work.

6. What are your priorities for GCRF activity in 2019-20? Please describe how the profile of activity will adjust to increases or decreases to expected GCRF funding.

We anticipate similar focused deployment of SRF GCRF funds through the Global Health Research Programme Development facility in the following year. By 2019, partnerships in the Middle East and West Africa established through our NIHR Research Unit on Health in Situation of Fragility may be creating opportunities for targeted investment to develop research opportunities in these two regions beyond our main two focus countries (Lebanon and Sierra Leone respectively). Increased expenditure may allow the commissioning of more substantive research initiatives in the areas of non-communicable disease and mental health provision – widely seen as neglected but important concerns in these regions, including a more concerted programme of capacity building.

7. What are your priorities for GCRF activity in 2020-21? Please describe how the profile of activity will adjust to increases or decreases to expected GCRF funding.

Similarly, in 2020-21 we anticipate continued use of the Global Health Research Programme Development facility to pump-prime promising research collaborations and extend the impact and reach of completed projects. Increased funding – particularly if signalled on a multi-year basis in advance – would permit a more proactive approach to research capacity strengthening with emerging research partners in the global south.

Annex A2: Global Challenges Research Fund: Three-year institutional GCRF strategies (academic year 2018-19 onwards)

Table A: Detailed proposals for spending of QR GCRF in academic year 2018-19

Note: 'GCRF' = 'Global Challenges Research Fund'; 'DAC' = 'Development Assistance Committee'.

Project	Type of activity	Formula GCRF (£)	Research Council or other (£)	DAC nations	Benefits to DAC nations	Outputs and impacts
<i>Description of the activity or project title.</i>	<i>Capacity and capability building. Mono-disciplinary, interdisciplinary and collaborative research. Generating impact from research. Meeting full economic costs of research funded by other sources. Rapid response to emergencies with an urgent research need.</i>	<i>Level of funding used from formula GCRF allocation.</i>	<i>Project funding from Research Councils or other sources (please indicate whether these are GCRF awards).</i>	<i>Nations involved or benefitting as listed by the DAC.</i>	<i>Description of primary benefits to economic and welfare development in partner DAC nations.</i>	<i>Description of intended outputs and impacts.</i>
Global Health Research Programme Development	<b>Pump-priming interdisciplinary collaborative research</b> (involving pilot work in advance of, or follow-up work subsequent to, other major funded work)	£31000	£0	Various, but anticipated from existing IGHD linkages to include range of low-income and/or conflict-affected states in sub-Saharan Africa (e.g. Sierra Leone, Uganda, Ghana, DRC etc.), Middle East (e.g. Iraq, Jordan, Lebanon, occupied Palestinian Territories), south Asia (e.g. Pakistan, Bangladesh, Sri Lanka) and Latin America (e.g. El Salvador, Guatemala). Indicative activities include: (a) developing modelling of health systems functioning in fragile contexts using systems dynamics and agent-based modelling approaches (leveraging expertise and datasets collected through IGHD's R2HC award (terminating in August 2018) for exploration of health systems resilience in Lebanon, Jordan and Syria); (b) leveraging partnerships and data collected	Data to support development of policy or practice in the health and protection sectors; tools and measures to secure such data in the context of routine project, programme or service operation; strengthened capacity of researchers or policy-makers in-country for the collection, analysis and deployment of data.	Peer-reviewed published papers; Policy briefs; Practice briefs; Manuals and guides to support methodologies of data collection and analysis
		<b>Total: £31000</b>	<b>£0</b>			