Institution: Queen Margaret University, Edinburgh

Unit of Assessment: UoA2, Public Health, Health Services and Primary Care

1. Unit context and structure, research and impact strategy

Context and Developing UoA Strategy

The Institute for Global Health & Development (IGHD) at QMU was established as the first Institute of the university in 2005 (building on the work of the preceding Centre for International Health Studies) and has been one of six centres of **focused research investment by the institution** since 2015. Reflecting the distinctive and historic mission of QMU – founded in 1875 in the context of the suffragist struggle for women's access to higher learning – the three pillars of *critical analysis*, *practice engagement* and *social justice* serve to orient the institute's teaching and research mission.

In the wake of the Alma-Ata Declaration, QMU was in the early 1980s selected as a focus for supporting capacity development in primary healthcare through the establishment of a Postgraduate Diploma in Primary Health Care targeting nursing and clinical officer cadres in sub-Saharan Africa and south Asia. Research within IGHD – the focus of global health engagement within the institution and **the institutional home of all staff reported within UoA2** - remains rooted in priority health challenges in low- and middle-income settings and vulnerable populations, reflecting strong partnership with local and national actors and with a strong commitment to practice and policy influence.

Leveraging capacities and networks established through our history and value-base, our REF2014 submission noted a forward strategy specifically targeting **policy process engagement** on major issues relevant to our research. This built on the growth in research income and influence achieved during the previous assessment period, particularly through the establishment of the £7m DFID-funded ReBUILD consortium jointly with the Liverpool School of Tropical Medicine (LSTM) and broader policy work for the WHO in post-conflict settings. The IGHD 2015 strategy thus set out a vision to "enhance the coherence, profile and funding of world-leading research related to global health and development; provide a basis for mentorship of academic staff and postgraduate research students engaged in global health research; and strengthen capacity for knowledge transfer and policy influence".

This strategy has seen considerable success. There has been **over a five-fold increase in external research income** (from the baseline of £267,781 in 2013-14 to £1,531,544 in 2019-20 (and projected to exceed £1.7million in the current financial year). This reflects both **an increase in the number of projects** engaged with by the Institute per annum (up from eight to nineteen during the assessment period) and an **increase in average project value per annum** (up from £33,473 in 2013-14 to £80,608 in 2019-20). Output selection for the UoA was made from a pool of **over 160 eligible publications** over the assessment period. Policy papers or briefs have been prepared for actors such as WHO, World Bank and UK government departments including the Home Office, DFID/FCFO and DHSC/NIHR. IGHD has **established itself as a global centre of excellence for policy and practice-relevant research in relation to health systems responsiveness and resilience**, particularly in the context of epidemiological transition and humanitarian crises.

Key to facilitating this impact – anticipated in our REF2014 submission - was the establishment of two research clusters: one in ***health systems*** and one in ***psychosocial wellbeing, integration and protection***. These groupings consolidate thematic focus, promote and strengthen internal collaboration and leverage external linkages. This emphasis on health and well-being rather than on broader processes of development led to recognition of UoA2 (rather than UoA24 to which we submitted in 2014) as the appropriate contextual frame for appraisal of our research and research impact.

Research Structure and Cluster Strategic Foci

The clusters provide a strong basis for strategic development, joint planning, cross-project collaboration (including engagement of contract research staff across multiple projects), facilitation of postdoctoral roles and advancement and the mentoring of research students. They have been particularly effective as a mechanism for **broadening the numbers of staff serving as PIs on externally funded research projects**, up from two at the start of the assessment period to eight at its close. Cluster leads monitor impending research calls and, over the current assessment period, have increasingly guided the prioritisation of proposals and collaboration to ensure well-focused and high-quality submissions. In the course of the current assessment period, a total of 45 awards have been secured from a total of 79 submissions, representing **an aggregate success rate of 57%**. The annual number of publications attributable to IGHD staff eligible for submission has **doubled** in the period, up from 2.1 per staff member in 2014 to **4.2 per staff member in last 12 months of the assessment period**.

Health Systems (HS) Cluster (Witter, Kielmann, Pearson, Bertone, Diaconu, and Ager, with post- and pre-doctoral researchers Caperon, Jailobaeva, Arakelyan, Loffreda, Falconer and Zwama)

- *Witter, Bertone* and *Diaconu* have driven policy debates and practice developments on **performance-based financing** [Impact Case Study UoA3REF3b], leading empirical studies in conflict-affected settings including DRC, Sierra Leone and Zimbabwe [0B/01/02]; supporting a trial of a financial incentive package in Georgia; collating and synthesising data in a Cochrane Review; and engaging with key stakeholders including the World Bank, WHO and Global Fund. The work of *Witter* and *Bertone* has also strengthened the wider evidence-base on **health financing in fragile and conflict-affected settings** [0I/01/02]
- Conceptually-linked work using **political economy analysis** has advanced understanding of health sector reform processes in Sierra Leone and Zimbabwe, with *Bertone* receiving an NIHR development award for a consortium developing this analysis with respect to Universal Health Coverage in the francophone settings of Benin, Cameroon, Mali, and Burkina Faso.
- The cluster's work has contributed significantly to the agenda of building **health systems resilience**. Initial studies by *Ager* in Cote d'Ivoire, South Africa and Nigeria through ReBUILD created a foundation for Wellcome Trust- and DFID-funded work supporting the resilience of United Nations Relief and Works Agency (UNRWA) health providers in the context of the Syria crisis across Lebanon, Jordan and Syria itself [0A/03/02] [0C/02/02]. This work by *Ager, Witter* and *Diaconu* has informed work on countering the **fragility of health systems** [0C/03/02] developed in close collaboration with Ministry of Health (MoH) officials in Lebanon, Sierra Leone, El Salvador and Nigeria enabled through an NIHR Global Health Research Unit award, and fed into the recent successful award of the ReBUILD for Resilience (R4R) grant from FCDO (*Witter, Bertone, Diaconu*, with LSTM and partners in Sierra Leone, Lebanon, Nepal and Myanmar).
- *Kielmann's and Pearson's* work has advanced understanding of the influence of cultural and organisational context on the delivery of healthcare and **means to promote acceptability, access and quality of health care provision**. This includes work regarding TB services in Latvia and South Africa [0F/04/02] and stroke care in China, as well as that promoting a gender equity lens through work on HIV/CVD services for men in Mozambique. MRC-supported work brings anthropological insights to bear within multi-disciplinary collaborative studies [0F/01/02; 0F/03/02] with partners including the London School of Hygiene and Tropical Medicine (LSHTM), University College London (UCL), and the Universities of Cape Town and Kwa Zulu Natal in South Africa.
- Work on factors shaping **health-seeking** has identified important factors influencing the health of vulnerable occupational groups – notably those in fishing communities - in Uganda and Malawi [0G/01/02], with ongoing work examining biosocial dimensions of public health priorities, and how populations respond to emerging disease threats and public health intervention. *Pearson and Kielmann* have drawn on this expertise by exploring the personal protective practices of health care workers in Uganda in the context of the COVID-19 pandemic. Other work related to **COVID-19 response** includes *Diaconu's* Wellcome Trust-FCDO-NIHR-funded initiative in the occupied Palestinian Territories and Lebanon and *Witter,*

- *Bertone and Diaconu's* pivoting *of* their R4R award to respond to FCDO requests for focal studies in Lebanon, Sierra Leone, DRC, Myanmar and Nepal to inform UKAid strategy.
- The cluster retains strong engagement with studies related to **human resources for health**, with work on the labour market for health workers informing post-conflict recovery in East Timor [0I/02/02] and more widely on health worker incentives and retention in fragile and post-conflict settings [0I/03/02; 0I/05/02] and on the interaction of policies to address financial barriers regarding the health workforce [0I/04/02].
- The cluster strategy has specifically targeted **widening the range of low- and middle-income contexts** where our studies elucidate means of strengthening health system responsiveness in relation to the challenges of epidemiological transition and substantive fragility (with new research partnerships established in the assessment period with institutions in Mozambique, Georgia, Myanmar, Costa Rica etc.)

Psychosocial Well-Being, Integration and Protection (PIP) Cluster (Strang, Eyber, Horn, and Ager with post- and pre-doctoral researchers Dakessian, Jailobaeva, Baillot, Kerlaff, Vidal and Salih)

- This cluster's work is oriented towards **contextual understandings of well-being**, beyond clinical framing of disorder. This is exemplified in *Horn's* NIHR-funded work, in collaboration with the MoH and other key stakeholders in Sierra Leone, on the development of a culturally validated measure of psychological distress to support the development of formal and community-based support for those experiencing psychological distress.
- *Ager and Horn*, with *Diaconu*, have led major studies with humanitarian agencies (including World Vision, Save the Children, UNICEF and War Trauma Foundation) informing **mental health and psychosocial support (MHPSS) interventions in humanitarian contexts** including a randomized-control trial of an innovative profound stress atunement intervention [0A/02/02], the first randomised-control trial of Psychological First Aid [0E/01/02], and a multi-site cross-national study of the deployment of child friendly spaces [0A/04/02] that has shaped sectoral intervention guidelines.
- A major strand of the research of the cluster, building on her earlier collaboration with *Ager*, is *Strang's* work on **refugee integration** [Impact Case Study UoA3REF3a] which continues to shape global policy debate and inform practice, with *Strang* recently supporting the UK Home Office in developing and presenting updated policy and practice guidance. Work in collaboration with major service providers such as British Red Cross, Scottish Refugee Council and Freedom from Torture is enabling services to support refugees more effectively by improving access to services and effective support networks [0H/01/02].
- The emphasis on analysis of forms of social capital relevant to support-seeking has led to the development of a **social connections mapping tool** to gather community-based quantitative data on access to services and supportive informal networks for health and well-being. This is being utilised in our work in the UK, south Asia and sub-Saharan Africa in NIHR, ESRC- and EU- supported studies with a range of vulnerable populations.
- This work has recently been leveraged to undertake rapid response research on behalf of Scottish Government to investigate the impacts of **COVID-19 restrictions on isolation and mental health** on asylum seekers and refugees across Scotland, with outputs informing immediate practice and current policy priority setting.
- *Eyber's* work and that of *Ager* has elaborated the role of child protection in supporting health and well-being [e.g. 0D/01/02] and has done so - reflecting the consistent concern of the cluster in community mechanisms of support - with a particular emphasis on the **role of local faith groups,** notably through a major multi-site global study with World Vision and strategic engagement with the global Partnership for Religion and Development (PaRD). Related contributions to humanitarian response include *Ager and Horn* utilising research findings to facilitate the development and field-testing of inter-agency faith-sensitive guidelines for mental health and psychosocial support and *Strang and Horn's* studies in Kurdistan mapping pathways of support utilised by members of Yezedi communities experiencing intimate partner violence shaping strategies for engagement with religious and other actors [0H/02/02].

Both clusters demonstrate the Institute's **commitment to methodological innovation**, particularly with respect to **hard-to-reach populations and/or fragile settings**. Examples include

the social connections mapping work noted above (and utilised in 0H/02/02); participatory group model building bringing together service users, service providers and service planners to identify systems challenges in our work on fragility and resilience [0C/02/02]; the development of an Arabic measure of resilience in adolescents [0A/01/02]; melding participatory action research with verbal autopsy methods in collaboration with colleagues from the Universities of Aberdeen and Witswatersrand; and the development of a number of web applications (for tablets or phones) to support remote data collection, including PhotoVoice methods. The latter has been particularly valuable in **sustaining fieldwork data collection with partners in the context of restrictions imposed by the COVID-19 pandemic**.

Research Output Selection

The research outputs noted above were selected following a parallel review of all eligible outputs by individual staff members and the UoA Lead (*Ager*) and subsequent establishment of consensus ratings with respect to published REF2021 criteria for assessment of quality in relation to originality, significance and rigour. Final output selection was overseen by a university-level group to ensure full adherence to the institutionally agreed **REF2021 Code of Practice**, including with respect to equality and diversity considerations. The latter was reinforced through a formal **Equality and Diversity Audit** of output selection, which confirmed no major bias in output selection with regard to the age, gender or sexual orientation of attributable authors. There was a strong correlation between the number of outputs selected attributable to a given individual and their total number of outputs over the assessment period. 35% of selected outputs were attributable to more than one member of the UoA – and 10% to three members of the UoA - which reflects the degree of investigator collaboration characteristic of the Institute. Taken together, these indicators are taken to confirm that **selected outputs provide a representative sample of the peer-reviewed publications of the Institute**.

Research Impact

Clusters have been consistently deployed strategies for maximising research impact. **Strong policymaker engagement throughout the research process is a hallmark of our approach**. In current work, staff linked with the *health systems cluster* have, for example, engaged strategically with the WHO, the World Bank, the Global Fund for AIDS, Malaria and TB, UNRWA (the United Nations Relief and Works Agency for Palestine Refugees in the Near East), the UK Department for International Development (DFID) and numerous Ministries of Health (MoHs) across West Africa, East Africa, the Middle East and south Asia. Those linked with the *psychosocial wellbeing, integration* and protection cluster have worked with officials from the UK Home Office, the Scottish Government, multilateral agencies such as the International Organisation for Migration (IOM) and the UN Children's Fund (UNICEF), and non-governmental agencies including World Vision, Mercy Corps, the British Red Cross in the conception and implementation of research studies as well in the dissemination of findings and policy uptake.

Our Impact Case Studies illustrate how **early, strategic, high-level engagement of key policymaker and practice audiences shapes our approach to initial scoping of research questions** as well as securing ultimate uptake and influence. Activities typically comprise co-design and co-production of research, briefing meetings, webinars, stakeholder engagement events (such as the 2019 seminar with IGHD staff and the United Nations High Commissioner for Refugees (UNHCR) mental health lead on mental health and psychosocial support in the Rohingya crisis at the Royal Society of Edinburgh) or focused dissemination activities (including national briefings on research findings related to our extensive in-country work). Research impact funds allocated to the Institute by the institution are now delegated to clusters for prioritisation regarding such activities.

Institute Officers have taken up opportunities for coaching in research uptake available from funders and consequently enhanced the visibility of the Institute and the cementing of relationships with relevant uptake stakeholders. For example, Elrha assisted in the development and wide sharing of 'research snapshots' for selected projects. Collaborative research on mental health and

wellbeing of Syrian youth in Lebanon has featured in a USAID-curated collection of case studies of effective research engagement in humanitarian contexts.

More broadly, funding secured for dedicated communications capacity within our team has significantly strengthened our engagement in event-related dissemination, the use of video and leveraging social media. In terms of events, we have secured strong presence at the Health Systems Global meetings in Cape Town in 2014, Vancouver in 2016, Liverpool in 2018 and through the virtual HSR2020. For this most recent event we had two skills building sessions (on participatory group model building and political economy analysis respectively), presentations in four panels and nine live interactive presentations accepted within the programme. We have emphasised offering policymaker-focused and research capacity-building sessions as well as organised sessions profiling our work, with the latter typically including policymakers or practitioners. The launch of our NIHR Research Unit on Health in Situation of Fragility (RUHF) featured major stakeholder events in Beirut (in March 2018) and Sierra Leone (in September 2019) engaging Ministries of Health, representatives from the NGO sector and academic partners. We have particularly used video as a means to highlight strategies of research engagement (for example, in outlining our work on mental health and non-communicable disease featuring interviews with the MoH NCD Director and Director of the Sierra Leone National Statistics Office and our documentation of consultations with patients and health workers regarding the management of chronic disease in El Salvador). Both clusters regularly organise webinar series, which present our work and that of collaborators to diverse audiences. PIP cluster webinars are generally promoted through MHPSS.net, the global online platform for psychosocial practitioners of which *Strang* is co-founder and which has attracted 169,000 unique visitors in the past year. HS cluster seminars are often linked with our RUHF, R4R or other programme presentations. Social media has been a key means of both broadening awareness of our work and wider sharing of specific research outputs. With Institute Twitter and Facebook account followers increasing by 23% and 35% respectively in the past year, information shared through these channels regularly reaches over 1,000 accounts (with details of some presentations reaching over 5,000).

Our commitment to open access reflects our understanding of research evidence as a global public good to be made freely available for use by others to the benefit of populations in low income and fragile settings, indeed it is an obligation of our funding from Overseas Development Assistance (ODA) sources, such as DFID and NIHR. We budget for the coverage of article processing charges (APCs) within our grants whenever eligible, and have regularly supplemented such funding from our Scottish Funding Council (SFC) Global Challenges Research Fund (GCRF) allocation to secure the widest possible access to our research findings. Over 95% of the outputs short-listed for inclusion in the UoA return were Gold Open Access, making the material available to researchers and policymakers likely to have constrained access to print journal or online repositories.

In terms of measures to facilitate replication, we now routinely make study protocols for trials, systematic reviews and evaluations freely accessible online. Recent examples include the protocol for a realist-informed cluster randomized trial of performance based financing in Georgia, the evaluation protocol for a participatory action research programme in South Africa and the protocol for development of a manualised intervention to support adherence to anti-tuberculosis treatment in the UK. We also make methodology guides for empirical studies open access.

Our data governance explicitly acknowledges the need to safeguard participants of our work, but additionally acknowledges the scarcity of data available for informing decision-making in fragile settings. As such, where possible, we ensure appropriate processing of datasets to enable sharing upon request with other researchers and operational humanitarian colleagues. For example, RUHF has completed surveys with over 1500 diabetic and hypertensive patients in Beirut and the Beqaa area, collecting data on service availability and coverage, quality and also patient satisfaction. The collated records comprise one of the most substantive datasources to date of relevance to NCD provision in Lebanon.

Inter-Disciplinarity and Partnership

IGHD – as a postgraduate teaching and research institute - provides an explicitly inter-disciplinary context for studies (with *Pearson*'s work with the Biosocial Society, for example, explicitly fostering closer collaboration between the biological and social sciences). In addition to staff with medical (and clinical psychological) professional training, our group has disciplinary expertise in health economics, political economy, medical anthropology, sociology and psychology. This provides a sound basis for leading a number of research initiatives, including current studies funded by MRC and NIHR. Partnering with other institutions provides the opportunity to leverage this expertise with other disciplines. Consequently, researchers within the group currently serve as co-investigators on projects led by researchers at LSHTM (the Faculties of Public Health and Policy and Infectious and Tropical Diseases); LSTM (Department of International Public Health); UCL (Department of Geography; Division of Medicine); the London School of Economics and Political Science (Firoz Lalji Centre for Africa); Curatio Foundation, Georgia; University of Cape Town, South Africa (Department of Medical Microbiology); the University of Aberdeen (Institute of Applied Health Sciences); University of Edinburgh (School of Social & Political Science) and Columbia University in New York (Department of Biological Sciences).

Research Integrity

Working with marginalised and vulnerable populations, we are especially mindful of the importance of research ethics and broader principles of research integrity. *Eyber* sits on the University Ethics Panel, which supports the rigorous scrutiny of research with regard to the outworking of principles of autonomy, anonymity and beneficence in diverse cultural settings and with those reliant on service provision. The engagement of local partners in scrutiny, challenge and revision of research measures is considered crucial to our work. Local institutional ethics committees or, in relevant circumstances, other national regulatory authorities are mandatorily engaged in ethical review processes. QMU is a member of the Scottish Research Integrity Network (SRIN) and the UK Office for Research Integrity Office (UKRIO). Staff attended a 2020 QMU/UKRIO Research Integrity training workshop in support of the Concordat to Support Research Integrity. Institute Director *Ager* has chaired a DFID ethics advisory group in formulating ethical guidance for research evaluation and monitoring in development contexts, which has been adopted as a teaching and guidance resource by the Institute, most recently in the context of a cross-cluster work to review processes in support of safeguarding.

2. People

Staffing Strategy

Overall staffing of IGHD has grown from fourteen people (11.4fte) to twenty-six people (21.4fte) over the current assessment period. This growth has principally been driven by the significant increase in external research funding secured. This growth in staff numbers and research income has enabled a conscious strategy to shape human resources suited to the sustainable delivery of world-leading research in our focused areas of enquiry and in line with the institutional values of critical analysis, practice engagement and social justice. Research clusters have played a key role in this, fostering the development of teamwork. **However, three strategic shifts in approach to grant applications have also played a major role in this transition**. First, prioritising grants of a scale that enable hiring of (postdoctoral) Research Fellows has ensured that Research Fellows are available to assume substantive research roles within projects, enabling Principal Investigators to have a greater leadership, coaching and mentoring role across multiple studies. Second, ensuring that the majority of grants are budgeted to provide some support for financial and administrative management and, where possible, communications, has significantly strengthened the cadre of Professional and Administrative staff supporting the work of the group. Third, while continuing to be open to partner with other institutions, the Institute is committed to serving as the lead partner in research collaborations when proposals match core staff expertise (as evidenced by our coordinating the NIHR Global Health Research Unit on Health in Situations of Fragility and leadership on a range of MRC-funded studies including Men's Health in Mozambique and Whole Systems Care for Post-Stroke Management in China).

Taken together, these shifts have created **a staffing model that is both more differentiated in function and role and more explicitly inter-dependent in operation**. The culture is one of 'team science', with most researchers having engagement on several projects, and their roles on those projects varying widely depending upon the expertise required and others engaged. This approach fosters collaboration and recognition of new opportunities, and has clearly helped support the growth in the income detailed in the next section. It has also created a context for career progression and mentorship, with Research Fellows progressing towards independent research status. Within the assessment period *Bertone*, initially appointed as a Research Fellow, has secured the position of Lecturer and is PI on her first grant (an NIHR Development Award). Also within the assessment period, *Diaconu* – originally recruited as a 0.50fte Research Fellow to work on an NIH grant – has advanced to where she is now a named Co-Investigator on two grants, supervises Research Assistants in two other projects and recently secured her first PI award.

These transitions are complemented by developments both within the core staffing of IGHD and in recruitment of junior researchers. In the former category, we recognise the value of *Pearson* joining the IGHD team from positions with the LSE and St George's, and bringing expertise in relation to health-seeking behaviour and cultural perspectives on risk assessment, which we have leveraged in relation to work on emerging infections. In the latter category we recognise junior researchers joining us from other universities in the Edinburgh area (for example, Dakessian bringing specific expertise in social network analysis to complement existing systems approaches) and other global health groups in the UK (including Caperon from the Leeds Institute of Health Sciences with her focus on social mobilization in support of preventive strategies with NCDs and Loffreda from the Public Health Research Unit in Cambridge bringing in community-pharmacy expertise) who we see transitioning towards independent researcher status within the next assessment period.

Staff Development

Investment in staff development is key to these aspirations. The QMU 'MyDevelopment' listing – linked to the development section of the Performance Enhancement Review process that all staff are invited to engage with (and all staff with Significant Responsibility for Research elect to do) – provides a comprehensive programme of development opportunities ranging from financial grant management through conflict resolution to team leadership. This is complemented by our access to a breadth of research-focussed trainings – ranging from analytic methods to approaches to community engagement – offered through the Wellcome Trust Clinical Research Facility Edinburgh and the NIHR training resources available to us on the basis of NIHR awards.

The broader culture reflects **QMU being the first post-92 institution to submit to the 10 Year HR Excellence Award for the Concordat for Research Careers**. Our new Concordat for Researcher Development Action Plan reaffirms commitment to supporting the 2019 Researcher Development Concordat with its ethos of co-creation and shared-ownership between the institution and researchers. As a **signatory to the Concordat for Researcher Development** QMU commits to ensuring that researchers have access to at least 10 days professional development per annum. QMU also engaged with the first pilot of the UK biennial CEDARS (Culture, Employment and Development in Academic Research) survey to inform actions to further enhance research culture.

Three staff members of IGHD (two of which, *Kielmann* and *Diaconu*, are entered within the UoA) have accessed the **Aurora leadership programme for female researchers**. A QMU Aurora Network encourages peer-to-peer support amongst those completing the programme and provides mentorship links in future Aurora cohorts. The Institute houses the largest number of contract research staff at the University, and members have been instrumental in shaping both Institute as well as wider organizational policy and practice on early-career researchers and contract research staff. For example, *Diaconu* represents contract research staff/early career researchers on the Institute's Leadership Team, has served in this role on the QMU Research Strategy Committee and is an active founding member of the Concordat for Researcher Development Working Group.

Doctoral Student Strategy

Doctoral candidates continue to be a key part of the dynamic and collegial research environment of IGHD. We currently host 20 PhD candidates and two Professional Doctorate candidates (12 international and nine Home/EU), with six candidates successfully completing their studies in 2019/20. Recruitment is by three complementary routes. First, QMU operates an annual Doctoral Bursary competition. IGHD is not guaranteed allocation of a bursary student by this process but – with consistently high quality applications – has secured at least one in each year of the assessment period. Second, with large grants IGHD includes funding for research studentships, as a key mechanism of southern institutional capacity development. Four current doctoral candidates are NIHR Doctoral Fellows, with their studies funded through the NIHR RUHF grant. Here candidates were selected through a competitive process mirroring QMU Graduate School procedures with our local partners AUB and COMAHS. The studies of Bou Orm and Jamal, in Lebanon, and Idriss and Bah, in Sierra Leone, are complementary to the NIHR RUHF unit's work in these contexts. Third, IGHD accepts applications from self-funded students, or those that have secured scholarship funds to support their studies. IGHD has secured a number of high-quality candidates by this route – particularly for part-time study - with students attracted by the deep expertise of supervisors in specific areas. Strohmeier, for example, has recently completed studies of mental health and wellbeing in humanitarian workers in South Sudan in work facilitated by a fellowship awarded by Yale University. Doctoral researchers have access to a range of modules within IGHD and across QMU, are encouraged to undertake the Researcher Enhancement and Development programme, use the Vitae Researcher Development Framework to plan and document developing competences, and engage in the IGHD Research Degrees Seminar Series.

Doctoral candidates are assigned to a research cluster and, following QMU Graduate School regulations, are supported by a team of supervisors, with a rotating chair. Cluster affiliation provides a basis for peer support from other doctoral students as well as providing a basis for developing supervisory teams. Further, **cluster affiliation provides a more structured opportunity for research students to explicitly connect their studies to ongoing research activity** within the Institute. Willetts work comparing systemic factors influencing uptake of point-of-care diagnostics for TB, HIV, and malaria in Kilifi, Kenya is informed by *Kielmann's* earlier work on diagnostic systems for improved TB care in Southern Africa; Rutledge's study of mental health and coping amongst women experiencing occupation by ISIS in northern Iraq is leveraging engagement through *Eyber's* work with the Joint Learning Initiative on Faith and Local Communities (particularly with Islamic Relief Worldwide); Cheng's work on Chinese refugee families' social networks and Blaney's studies of refugee integration processes in Ireland is informing *Strang's* research with the British Red Cross on social connections and integration for reuniting refugee families; and *Ager's* work on the AHRC-GCRF project RefugeeHosts. Azasi's study of barriers to scale-up of the CHPS+ health initiative in northern Ghana is utilising methods and conceptual insights from the Institute's work on fragility in Nigeria. On graduation a number of former PhD candidates retain strong engagement with the Institute. Zou (graduated in 2016) has served as Co-Investigator on *Kielmann*'s MRC study on aging in China project and in the Institute's NIHR-funded work on NCD prevention and management in Sierra Leone and Namakula (graduated in 2020) is a Researcher Co-I on *Pearson and Kielmann's* proposed [*and subsequently awarded*] HSRI-funded study of healthcare providers' infection control and protective practices in Uganda.

Given the greater continuity of employment secured through increased funding – and reflecting our commitment to the principles of the Concordat for Researcher Development - Research Fellows are now recognised as appropriately engaging in supervisory teams, providing candidates with exposure to a broader range of methodological and conceptual perspectives, and Research Fellows with valuable exposure to – and mentorship in – research supervision. In addition, support for supervisors (new and experienced) is provided through the QMU Graduate School Supervisor Development Days.

There are a broad range of mechanisms for researchers in IGHD – whether at doctoral level of above – to engage in global arenas to advance their work. The **Chancellor's Fellowship and**

Santander Fellowship schemes have provided a mechanism for several of our doctoral research students (Strohmeier, Kumar, Cheng, Azasi, Viola, Rutledge) to travel to collect further data and/or to present their work at conferences. For Research Assistants, Research Fellows and Co-Investigators funds are generally identified at the proposal stage to support staff development and research engagement activities. Research Fellows working with the NIHR RUHF unit have access, in addition, to NIHR training resources as NIHR trainees. As detailed in the next section, the SCF GCRF allocation to QMU channelled to IGHD has been deployed as a significant multiplier of research impact, facilitating doctoral candidate and junior researchers to present their work at global conferences such as the biennial Health Systems Global symposia.

Staffing Governance

The more than five-fold increase in funding – and near doubling of staffing numbers – has inevitably presented challenges to existing management and governance processes. Following a period of consolidation following the award of the £3.5m NIHR grant, IGHD has moved ahead with a **more devolved governance model** to accommodate further development. As well as clusters having greater devolved decision-making powers, standard operating procedures have been developed for key supervisory and management processes, with transparent accountability supported by quarterly reporting on key indicators. Additionally, a **Leadership Team** has been established – with **representation from professional, administrative and contract research staff** – to manage operationalisation of agreed strategies.

3. Income, infrastructure and facilities

Income

Over the assessment period the Institute has **increased external research income from under £300,000 per annum to above £1.5million per annum (and projected to exceed £1.7m in 2020/21)**. This represents significant return for the strategy initiated in 2015 regarding consolidation of thematic areas of research focus, development of collaborative practices through research clusters and broadening of research leadership. Increased funding reflects improvement on multiple metrics including number of grant submissions made per year across the group (up from nine in 2014/15 to fifteen in 2019/20), increasing success rate (from 33% in 2015 to 53% in 19/20) and modal QMU income per grant (up from £13,325 in the period 2012-15 to £118,279 in 2019-20). Reflecting the strategy for diversification of funding sources – for both strategic and financial (i.e. rates of indirect cost coverage) reasons - funds are currently held (directly or through sub-awards) from MRC, AHRC, ESRC, NIHR, EU, DFID/FCDO, NIH and World Vision.

Budgets are fully devolved to IGHD, enabling significant flexibility in resource allocation, including deployment of indirect cost recovery to support research development. The SFC disbursement of GCRF funds to QMU is – on the basis of ODA spending requirements – fully allocated to IGHD. Over the assessment period this has remained a modest five-figure sum, but has provided an important source of pump-priming funding for developing new research tools (e.g. supporting the software development of the social connections mapping app which is now an integral component of EU/Home Office funded work with the British Red Cross and others), establishing new research initiatives (e.g. studying risk factors and prevention strategies regarding Meso-American Nephropathy amongst estate farming communities in El Salvador) or for strengthening research impact of existing ones (e.g. supporting engagement with the Joint Learning Initiative on Faith and Local Communities as a means of connecting with policy-makers and practitioners on agendas of child wellbeing and protection and the role of local faith communities).

Infrastructure and Facilities

The Institute occupies an open plan suite of approximately 60 square metres on the second floor of the main academic building at QMU, an area that has flexed with the growth of research staff through the current assessment period. Academic staff of all grades, Research Fellows, Research Assistants and Professional and Administrative staff (Institute and Research Unit Officers) occupy this area, facilitating the **integrated, collective work culture that marks the group**. Four

workrooms and a meeting room adjacent to the Institute work area are available for research meetings, consultations and video conferencing. Flexible and remote working is well established, and has facilitated accommodation to working practices enforced by the COVID-19 pandemic.

Statistical analysis is supported by availability of a dedicated server linked to the workstations of staff engaged in major analytic work. Doctoral students working with the group may access the support of a specialist statistics advisor for the design and analysis stages of their work (although several staff in the group have advanced statistical skills and – reflecting the collaborative Institute work culture – generally make these available to colleagues and doctoral candidates).

We make good use of the **wider facilities available through partnerships between the Edinburgh universities**. The Beltane Public Engagement Partnership has, in particular, served as a basis for enhancing researcher skills in public engagement, with researchers mounting events through the Cabaret of Dangerous Ideas series at the Edinburgh Festivals of 2017 and 2018, and with a multimedia event accepted into the *Curious?* programme of the Royal Society of Edinburgh in 2020.

4. Collaboration and contribution to the research base, economy and society

Collaboration

All research activity reflects partnership with other institutions. **The number and diversity of partnerships has broadened significantly over the assessment period**. In 2014 our major focus was linkage with the WHO (principally in the area of human resource planning) and, through the ReBUILD programme, partnership with LSTM, and in-country partners in Sierra Leone (the College of Medicine and Allied Health Sciences, COMAHS), Uganda (Makerere University), Zimbabwe (Biomedical Research and Training Institute) and Cambodia (Cambodia Development Resource Institute). The recent award of £9.5m to LSTM and QMU to lead the R4R consortium consolidates these linkages with COMAHS and extends linkages to the American University Beirut (AUB) Faculty of Health Sciences – a partner on other projects since 2016 – as well as the Burnet Institute and Department of Medical Research (MoH) in Myanmar and HERD International (Health Research and Social Development Forum) in Nepal, with IRC and OPM as associates. The NIHR-funded RUHF programme also links with COMAHS and AUB, but has extended engagement with partners in Jordan, Nigeria, Ghana and El Salvador. A recent NIHR Global Health Policy and Systems Research Development Award has extended IGHD's partnership to francophone Africa, including research institutions in Benin (CERRHUD), Cameroon (R4Dinternational), Mali (Université des sciences, des techniques et des technologies de Bamako; USTTB), and Burkina Faso (RESADE). In Jordan, the work on co-determinants of mental ill-health and NCDs amongst vulnerable populations is with the UNRWA Health directorate, with whom we have worked since 2015 on resilience of health provision in the wake of the Syria crisis. MRC grant awards have seen us forge new linkages with the Curatio Foundation in Georgia (and collaboration with the Institute of Tropical Medicine (ITM) in Antwerp and the LSHTM), with the University of Cape Town in South Africa, the University of Aberdeen and Wits University in South Africa, and – most recently – with the Mozambique Institute of Health Education and Research. Our work on REDRESS – focused on health systems interventions to address the burden of severe stigmatising skin diseases – has not only deepened our collaborative partnership with LSTM but forged new links with, among others, the University of Liberia Pacific Institute for Evaluation and Research, the MoH Liberia Neglected Tropical Disease Directorate and Actions Transforming Lives. We have leveraged prior work with the British Red Cross to establish research collaboration funded by European Union, Asylum Migration and Integration Fund (AMIF) through the Home Office regarding wellbeing of refugees to the UK resettling under the family reunification scheme, and deepened links with the Scottish Refugee Council. Our links with the humanitarian agency World Vision have matured from short-term consultancy assignments to their funding us to lead a major global study, encompassing their offices in Senegal, Ghana and Guatemala, of mobilization of faith communities to support child protection and well-being. Our collaboration with colleagues linked with the Global Health Academy at the University of Edinburgh has deepened with our engagement in the GCRF-funded DiSoCo project addressing access to health resources for

Somali and Congolese persons in circumstances of protracted displacement, which has seen us overseeing mapping work by colleagues at Kinshasa School of Public Health, Université Evangélique en Afrique (DRC), Somali Institute for Development and Research and Amref International University (Kenya).

Pathways to Policy Influence

Pathways to impact of global health research requires **strong partnership with both multilateral and bilateral donor institutions**, that serve to shape global agendas, **and relevant national institutions - particularly Ministries of Health** - to drive influence and uptake on local policy and service delivery. We continue to strengthen engagement at both levels. *Witter and Bertone* [profiled in an Impact Case study] have engaged with the World Bank and WHO extensively on the issue of health financing and performance-based financing, They have produced international policy guidance and have advised MoHs in regional meetings, for example in Cairo (the WHO EMRO regional office) in 2018. *Witter* worked with WHO on producing the first ever guidelines for developing national health financing strategies, which has been downloaded nearly 19,000 times. Most recently, she served as a member of the UHC2030 Fragile States Technical Working Group which produced a policy brief on COVID-19 and fragile settings and with an interagency group on health financing and COVID, producing a call for joint research on Health Financing in Response to Covid-19. *Pearson* has worked with the Social Science in Humanitarian Action Platform in developing a research brief on health-seeking in northwest Uganda in the context of the Ebola outbreak in neighbouring DRC. *Strang's* work [also profiled in an Impact Case Study] has secured increasingly close working relationships with both service providers – such as the Scottish Refugee Council and British Red Cross – in providing evidence to inform new intervention models and the UK Home Office as the primary institution shaping refugee reception and resettlement policy. Strang is co-author of the 'Home Office Indicators of Integration framework and toolkit, 2019' which provides guidance and tools for UK communities and refugee policy and practice, and forms the core template to evaluate the effectiveness of interventions supporting the settlement of refugees in the UK. She serves as advisor to UK and Scottish Government on refugee and broader social cohesion policy. IGHD research on social isolation and mental health funded by the NHS in Scotland led to the development of the 'Peer Education for Health programme' delivered by Scottish Refugee Council and funded by Scottish Government. Examples of such collaboration permeate our work given the centrality of our addressing research questions of clear policy and practice relevance and awareness of the importance of their engagement throughout the research cycle. Field study design in Lebanon considering factors influencing access to quality mental health and NCD care and prevention has been shaped through close liaison with the Lebanon MoH Director of Mental Health and lead MoH NCD Consultant. The RUHF unit has co-convened meetings with the Sierra Leone Ministry of Health NCD technical working group leading to planned national roll-out of an integrated package to improve primary detection and treatment of NCDs, adapted and evaluated through our research. Studies on the provision of psychological first aid, youth engagement and establishment of child friendly spaces – each implemented in collaboration with different humanitarian agencies - shaped a 2018 evidence-synthesis on the effectiveness of interventions of psychological wellbeing in humanitarian contexts jointly convened by WHO. *Kielmann* has worked with partners at UCL (Respiratory Medicine and Pharmacy), leading the formative qualitative work in development of a theory-based intervention to support adherence to medication for tuberculosis among vulnerable groups in the NHS across the UK.

The group has been active in initiatives shaping academic engagement with the issues with which it is concerned. *Eyber* has served as co-convener of a research-practitioner hub of the Joint Learning Initiative on Faith and Local Communities addressing issues of violence against children, with a resulting scoping review being presented at joint UNICEF and donor-group PaRD (Partnership for Religion and Development) and research papers presented in a ground-breaking organised session at the 2020 meeting of the International Society for the Prevention of Child Abuse and Neglect meeting in Qatar. *Witter* and *Diaconu* worked with another research consortium (ReSYST) funded by DFID to consolidate emerging understanding of the concept of resilience relevant to health systems strengthening work globally and *Witter* led an evidence review of health system strengthening to inform a DFID position paper on this topic, which included

a briefing to DFID staff in 2019. NIHR and DFID subsequently commissioned IGHD staff – alongside other leading researchers – to develop a guide to health systems resilience in the context of the COVID-19 pandemic, which was distributed to widely through health advisers and other cadres. Through engagement with of the UN Inter-Agency Standing Committee Reference Group on Mental Health and Psychosocial Support in Emergencies *Strang* and *Horn* have contributed to collaborative development of materials and guidelines (e.g. the multi-agency guidance for mental health and psychosocial support for refugees, asylum seekers and migrant on the move in Europe, prepared at the height of the migrant crisis in 2016). *Horn* is an active member of the Reference Group's Monitoring & Evaluation working group and the thematic group on Community-Based MHPSS, and has contributed to the development of M&E guidance produced by the Reference Group as well as a series of webinars on community-based MHPSS.

Recognition and Esteem

The respect and esteem accorded staff of the Institute confirms the qualities and capacities that drive our research work, partnerships and impact. All members of the group serve as reviewers for academic journals on a regular basis. *Kielmann* is a member of the MRC Global Health Faculty of Experts, having served as a Committee Member for the Joint Health Systems Research Initiative 2014-17, and has served on successive rounds of the funding panels for Cancer and Global Health and Adolescent Health 2018-19 and the Global Effort on COVID-19 (GECO) in 2020. She was a Steering Committee member for Academy of Medical Sciences' workshops on quality of care research within UHC in LMICs in 2019. *Witter* facilitated a group meeting on measurement of health performance in fragile and conflict-affected states for the Global Fund in 2015 and received invitations from the WHO to serve as contributor to the costing of the Health SDGs (2016), presenter on health financing (to WHO health financing technical meeting in 2017 and WHO EMRO in 2018), technical reviewer of their Health Financing Progress Matrices (2018), was an International Advisory Board member for the UHC2030 health systems assessment in fragile contexts (2018-19) and an invited participant to a WHO consultation on accountability and corruption in 2019. She has served as a R4HC-MENA international advisory board member since 2018. *Bertone* has contributed to WHO expert meetings on the political economy of health financing and on health financing for fragile states, is Vice-Chair of the Steering Committee of the Health Systems Global Thematic Working Group on Fragile and Conflict Affected Settings and co-leads the Health Financing sub-group. *Pearson* serves on the committee of the Biosocial Society. *Diaconu* serves as an advisor to the Cambridge Policy Fellowship Programme and has advised the Tony Blair Institute on COVID-19 pandemic preparedness in relation to medical device and equipment management and logistical response. Strang served as founding chair of the Scottish Government's New Scots Strategy 2012-2018, serving as New Scots representative on First Minister's Refugee Taskforce (Scotland) 2015-2017, and subsequently as special advisor to the Scottish Government on social cohesion, invited member to EU consultation on long-term future planning for migration and integration in Europe, member of Home Office steering group overseeing development and piloting of 'Indicators of Integration' training roll-out by IOM/UN Migration and member of the expert review panel for the Home Office evaluation of the Vulnerable Persons Resettlement Scheme for Syrian refugees. *Horn* is a member of the Editorial Board of the journal Intervention, serves on the Scientific and Practice Advisory Board (SPAB) of the global priority-setting initiative for MHPSS research in humanitarian settings for 2021-2030 (MHPSS-SET 2), is a core member of the Church of Sweden/ ACT Alliance psychosocial roster, MHPSS expert with the Netherlands Government DSS roster and member of the Jesuit Refugee Service Staff Care Advisory Board. *Eyber* served as President of the TropEd network for education in international health from 2017-18 and since 2018 as co-chair of the JLI Learning Hub on Ending Violence Against Children. *Ager* is on the Editorial Board of the journal Disasters and serves as a board member of the Antares Foundation. He was an invited presenter at the 1st Global Ministerial Summit on Mental Health in 2018 and was elected as a Fellow of the Royal Society of Edinburgh in 2019 in recognition of his contribution to global health and public service. He was appointed Deputy Chief Scientific Adviser to the UK Department of International Development in 2018 for a term of three years. He serves on the Advisory Board of the Wellcome Trust-, FCDO- and NIHR-funded R2HC programme.