

## 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. A summary of the key aspects of your three year strategic plan for QR GCRF, in light of the criteria and objectives for the GCRF outlined in the guidance.
  - c. How activity funded through QR GCRF fits into your broader strategy and priorities for all development related research activity.
  - d. How activity funded through QR 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 QR.
  - 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 developing countries, included in the Development Assistance Committee (DAC) list, which you intend to collaborate with.

Maximum 3,000 words

The Liverpool School of Tropical Medicine (LSTM) was founded in 1898, the first institution in the world dedicated to research and teaching in the field of tropical medicine. Our vision is to save lives in resource poor countries through research, education and capacity strengthening. As a registered charity, we work across the world, often in very difficult circumstances, to fulfil our mission of reducing the burden of sickness and mortality in disease endemic countries. We do that through the delivery of effective interventions which improve human health and are relevant to the poorest communities. Our work in combating diseases such as TB, HIV/AIDS, malaria, dengue and lymphatic filariasis is supported by a global research portfolio exceeding £300 million. Our worldwide reputation and the calibre of our research outputs has secured funding to lead over 10 international consortia and product development partnerships aimed at reducing

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

or eliminating the impact of diseases upon the world's poorest people. Our state-of-the-art facilities continue to develop new drugs, vaccines and pesticides which put us at the forefront of infectious disease research. The provision of technical and development assistance is a major component of LSTM's mission of promoting the improved health of the poor and disadvantaged peoples. LSTM consultancy improves health systems in developing countries whilst helping to inform our teaching and research agendas.

LSTM aims to impact multiple Sustainable Development Goals. Our research is targeted in a number of key areas, where its activities, if successfully executed, will have a material impact in reducing morbidity and mortality and improving the general health and well-being of least-developed populations. LSTM is equally clear on areas of research and development that it chooses not to undertake. Hence, our portfolio of activities is heavily weighted to alleviating the burden of infectious disease. Within this broad category we operate major programmes on drug, diagnostic, formulation and Public Health vector control tools, but we do not get engaged in vaccine development. By concentrating our efforts, adopting an industrial style stage gated approach to research and development, encouraging a cross-disciplinary working environment to delivery major programmes and providing state of the art facilities to deliver these activities we ensure that LSTM staff and students are involved in and understand the relevance of this way of working.

We have six cross cutting themes representing significant areas of strength in LSTM and draw upon expertise from across all research departments.

- Neglected Tropical Diseases
- Malaria & other Vector Borne Diseases
- Maternal & Newborn Health
- Lung Health and Tuberculosis
- Applied Health
- Resistance Research & Management

The current LSTM strategy is targeted to support QR funding & GCRF/ODA development activity through:

- The prevention, diagnosis and treatment of infectious disease, aiming at diseases of global relevance with a high burden of disease.
- The development, production and manufacture of products for these diseases with appropriate SMEs, where the products are strategically important to the SME and drive their business models ensuring that products are supported within the market.
- Development of a broad, policy-relevant evidence base using multi-disciplinary applied health research.
- Synthesis of evidence in a format that will underpin the development of policy and practice by national governments and international normative agencies.
- Effective capacity strengthening at multiple levels, many outside the standard academic degree systems to ensure that uptake of products, policies and practices is optimised to maximize impact.

Consequently, the majority of LSTM's research portfolio is considered as development-related research within the least-developed countries in sub-Saharan Africa (including our DRC compliant NGO bases in Malawi, Sierra Leone, Tanzania, DRC) and through south-East Asia partnerships in Cambodia.

LSTM's Strategic Plan for 2017-2013 sets out our goals to strengthen the translational impact of our research and plan for growth. Within that we aim to attract, retain and develop internationally competitive leaders in translational research, align our research portfolio with global infection priorities, and accelerate the transition of research outputs into health impact, enabling genuine interdisciplinary activity. In support of this we will leverage pilot funding schemes to stimulate major funded programmes and effective knowledge exchange at multiple levels.

LSTM welcomes this QR GCRF allocation of £52,006, and we recognise that the work of LSTM aligns perfectly alongside the UK Strategy for the GCRF. We have been successful in obtaining grant funding for related number GCRF funding calls including being lead on four Foundation awards and a Growing Capability award and partner on additional awards. We will continue to seek and apply for these opportunities.

LSTM's strategy for QR GCRF allocation is to further the GCRF aim to strengthen capacity for research, innovation and knowledge exchange in the UK and developing countries through partnership with excellent UK research and researchers. If the UK is to remain the partner of choice to address the problems faced by developing countries, then one of the activities that will be needed is to ensure that there is a cadre of trained and experienced UK and disease endemic country researchers able to undertake cutting edge research in this area for the long-term benefit in ODA disease endemic countries. Our approach to this, given the relatively limited funding envelope, is twofold:

1. Strengthening the research capabilities and capacity of early career researchers. [£40,000/year]
  - a. Funding for small pump-priming projects partnering with disease endemic countries on the ODA list to generate preliminary data for future application.
  - b. Specific skills training in global health, with additional links to training being offered within our existing GCRF-funded networks.
2. Providing networking opportunities for early career researchers. [£10,000/ year]
  - a. Funding for short-term exchange fellowships (in both directions) between LSTM and ODA-compliant partner countries (including our long-term base in Malawi at MLW), to develop personal networks and scientific proposals.

Likely key barriers and enablers to implementing our ODA and GCRF strategy include the ability/inability to attract high calibre staff on key posts, due to issues including impact of Brexit, and UK immigration challenges that face LMIC researchers who are potential staff members.

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

Maximum 500 words

As we are working with early career researchers, the measurable outcome will be successful use of the funding to pump-prime larger joint applications. Activity will only be undertaken that directly and primarily benefits the least-developed countries. As such, this strategy set out to develop a cadre of talented researchers who demonstrate leadership in translational research relevant to Global Health issues, within the least-developed countries. This will economically impact developing countries, developing researchers with the quantitative and interdisciplinary skills needed to work across the traditional phases of translational research. The QA GCRF funding allocation will directly develop scientists who can translate scientific innovation into beneficial impact on health for the World's most vulnerable people and communities.

Other principal outcomes include the pump priming of potential projects that are funded locally within the least developed countries, providing an extended research network within country and globally to target development related activity.

### **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.

Maximum 1,500 words

As recipients of large volumes of development-related research grant funding, (some £75M of research income in 16/17, from such funders as RCUK, DFID, BMGF, Wellcome Trust, USAID and NIHR, LSTM have very well-established processes and procedures for monitoring and evaluating our programmes and activities that are dictated by our funders and HEFCE including REF2021. Given our alignment with develop-related activity our strategy will be to only identify that activity which would NOT be considered ODA compliant such as UK-based T1 laboratory discovery and development activity and exclude that from any reporting on ODA activity. We currently collect impact data within our Research Management System database, that serves as a method for academics to complete impact case studies and also allows LSTM to conduct REF output and impact measurement activity. Our research outputs are recorded on Researchfish. Funders such as DFID also require us to publish transparency data about UK-aid funded projects to the International Aid Transparency Initiative (IATI) standard.

For QA GCRF funded activity, we will require applicants to provide an ODA statement answering:

1. Which country/countries on the DAC list will directly benefit from this proposal?

2. How is your proposal directly and primarily relevant to the development challenges of these countries?
3. How do you expect that the outcome of your proposed activities will promote the economic development and welfare of a country or countries on the DAC list?

Monitoring reviews will be required to be submitted and evidence back through LSTM's approval team to ensure that LSTM and ODA compliance is met. Evaluation of the project outcomes is provided to LSTM within the final evaluation report, which is available for completing LSTM's response to Research England.

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

4. Please complete the table in Annex A2 detailing the expected spending and activities for QR GCRF in the academic year 2018-19. Note that the total QR GCRF spending must equal the indicative allocation (available in Annex C), and all activities must be ODA-compliant for strategies to be assessed as ODA-compliant overall.
5. Please add here any explanatory notes on how you have completed the table in Annex A2 that will help inform assessment of ODA compliance.

Maximum 200 words

The majority of grant funding that LSTM receives is for development-related activity and our overseas research portfolio (research income of £75M in 16-17) is almost entirely exercised in the least-developed countries listed within the DAC list. Consequently, the table in Annex 2 has been completed with partnerships in mind mostly in sub-Saharan Africa and SE Asia. We anticipate that Malawi will benefit most from LSTM's QR GCRF activity, with the proposed spending activities. This does meet element one of the ODA compliance guidance. Other considerations will be SE Asia, but again only countries that are listed on the DAC list will be considered for evidencing this allocation.

LSTM are able to support further ODA compliance through the design of the QR GCRF funded activity to ensure that specific DAC least-developed partner countries benefit from skills training in global health, exchange fellowships, scientific proposals and with additional links to training being offered within LSTM's existing GCRF-funded networks.

Developing the cadre of early career researchers is vital for building in country capacity and capability to tackle ODA compliant country health related issues. This further enables pump-priming activity that will lay the ground for future ODA compliant country research activity.

6. How would your **priorities and activities** for 2018-19 QR GCRF change if the funding level differs from that outlined in indicative allocations? Please include detail of how priorities will change with increases and decreases to QR GCRF funding, and details of how each priority meets ODA criteria.

Maximum 500 words

If we use a conservative estimate that two thirds of LSTM's research activity is ODA compliant (equivalent to £50M research income for 16-17) our current QR allocation of £50K does not correspond to the potential ODA-related research that LSTM could undertake. We believe this is a missed opportunity to provide further catalysis for LSTM's activity and we would urge HEFCE to reconsider LSTM's QR allocation given our mission and track record in development-related research.

If funding were to decrease we would only focus on the first priority of our strategy, strengthening the research capabilities and capacity of early career researchers, and drop all activity in the second (providing networking opportunities).

However, if LSTM were to receive a substantial increase in our QR allocation we would aim to significantly expand the strategy to include all researchers (not just early career). This would further enable research directly and primarily of benefit to the problems of developing countries, promoting economic development and welfare of the least-developed countries and supporting excellent research. Further areas of potential activity could look at encouraging challenge-led research development through pump-priming of research activities.

7. Based on indicative funding allocations, what are your **priorities** for QR GCRF activity in 2019-20? Please include detail of how priorities will change with increases and decreases to QR GCRF funding, and details of how each priority meets ODA criteria.

Maximum 1,000 words

Again, with such modest QR GCRF allocations for LSTM, priorities and activities would not necessarily change but our scope to include more targeted activity would further enable research directly and primarily of benefit to the problems of developing countries, promoting economic development and welfare of the least-developed countries and supporting excellent research. LSTM will continue to target other GCRF source grant funding opportunities to meet its vision and mission objectives within the current LSTM strategy, targeted with partners in the least-developed countries to support:

- The prevention, diagnosis and treatment of infectious disease, aiming at diseases of global relevance with a high burden of disease.
- The development, production and manufacture of products for these diseases with appropriate SMEs, where the products are strategically important to the SME and drive their business models ensuring that products are supported within the global market.
- Development of a broad, policy-relevant evidence base using multi-disciplinary applied health research.

- Synthesis of evidence in a format that will underpin the development of policy and practice by national governments and international normative agencies.
- Effective capacity strengthening at multiple levels, many outside the standard academic degree systems to ensure that uptake of products, policies and practices is optimised to maximize impact.

8. Based on indicative funding allocations, what are your **priorities** for QR GCRF activity in 2020-21? Please include detail of how priorities will change with increases and decreases to QR GCRF funding, and details of how each priority meets ODA criteria.

Maximum 1,000 words

In addition to the response in Q7, further opportunities to extend and develop LSTM's QR GCRF 18/19 funding of £52,006 would be welcomed in 20-21. We believe we are expertly based to contribute to the ODA priorities, through extended QA GCRF funding, yet this modest allocation does not permit the sector experts, such as LSTM, to engage at the level they so desire. Our performance within the sector and commitment to capacity building and engagement of the least-developed countries will continue through other grant funding opportunities, but we urge HEFCE and central Government to re-consider the funding and allocation model to enable greater opportunity to develop future activities.