

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.¹
 - 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 currently 3000

The London School of Hygiene & Tropical Medicine (LSHTM) houses a vibrant ecosystem that uses innovative research to address development challenges. This QR GCRF funding will allow the School to add significant value to ODA compliant initiatives, going beyond business as usual, to have a truly transformative effect.

a. **Your institution's strategy and priority objectives for all development related research activity funded through all sources for three years from 2018-19.**

The [School's research strategy](#) is built on the principles of impact, interdisciplinarity and international collaboration. As highlighted in our strategy, the School "*has an international presence and collaborative ethos, and is uniquely placed to help shape health policy and translate research findings into tangible impact.* Working in partnership is central to achieving our mission; "*Our partnerships in the UK and across high-, middle- and low-*

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

income countries deliver health and socioeconomic benefits across the world, especially in the most disadvantaged communities”.

The School has engagement with over 100 countries throughout the world, including institutions in Africa, Asia and Latin America. We collaborate across a range of disciplines, themes, geographies, and partner types, which range from independent research institutions, local and UK government agencies, to large research-intensive universities. Our global presence was consolidated in 2018 by the transfer to the School of the Medical Research Council (MRC) Units in The Gambia (MRCG) and Uganda (MRCU). This builds on existing strong links with the Units, which have resulted in a large number of high impact joint research publications, many joint research grants, and changed health policies which have greatly benefited health outcomes in Africa.

Our strategy for 2017-2022 outlines our four research priorities, which position our academic strengths to address the most pressing global challenges of our time.

Our research priorities are

- (a) Infectious diseases,
- (b) Chronic conditions and diseases,
- (c) Health systems and economics,
- (d) Environment, climate change and health.

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.**

The School's strategic plan for QR GCRF funding can be summarised into five key components:

- i. Co-development of innovative research programmes with partners in low and middle-income countries (LMIC) to address development challenges across their research priorities.
- ii. Strengthen the School's partnerships in the lowest income countries on the DAC list.
- iii. Establish cross disciplinary collaborative networks with LMIC partners which support career development to deliver sustainable change.
- iv. Equip our researchers across the world to effectively interact across sectors to maximise the impact of our co-developed research.
- v. Support the full economic cost of our ODA compliant research portfolio.

c. **How activity funded through QR GCRF fits into your broader strategy and priorities for all development related research activity.**

The School's overall mission is “*to improve health and health equity in the UK and worldwide; working in partnership to achieve excellence in public and global health research, education and translation of knowledge into policy and practice*”, which seamlessly aligns with the GCRF strategy. Our priorities for development related research activity include capitalising on the existing strengths of our research portfolio, and strengthening engagement with our partners to help address both the UN sustainable development goals (SDGs) and the four strategic objectives of the UK Aid

Strategy. This builds on the School's outstanding performance in the REF2014, where we were ranked second on the key measure of impact.

The creation and consolidation of strong national and global partnerships is one of five priorities in our Strategy as outlined below:

- i) To ensure relationships with our partners are based on principles of equity and mutual benefit, and are driven by a common scientific agenda.
- ii) To maximise the benefits of affiliation with the Gambia and Uganda MRC Units, to the Units themselves, the rest of the School, and their host countries and regions.
- iii) To consolidate our numerous activities in sub-Saharan Africa, and provide institutional support to a limited number of strategic partnerships.
- iv) To work with our partners in LMICs to support capacity strengthening and the development of research and public health leaders.

d. **How activity funded through QR GCRF relates to the UK strategy for the GCRF.**

Our international presence and collaborative ethos mean that we are able to draw on the breadth and depth of the School's research base to meaningfully contribute to advancing the SDGs and help forge a sustainable and resilient path to development. We have a long history of successfully managing **challenge-led interdisciplinary research** programmes which both drive change and **strengthen research capacity** in our local, national and global partners. In addition, the School is renowned for its **agile response to emergencies** where there is an urgent research need, including deploying staff and resources in response to the Ebola epidemic in 2014/15 and the Zika virus outbreak in 2015/16.

Through the activities in this strategy, the School will be able to drive a step-change in the effectiveness of our ODA funding, promoting economic and social welfare in the least developed nations and supporting the UK national interest.

e. **How your development-related and GCRF strategies relate to your wider institutional strategy for using QR.**

The School's specialised approach to improving global health draws on QR funds at the institution level, rather than the faculty level, to support excellent research to address intractable development challenges. As such our strategy for using QR funds is intimately related to our overall strategy. We bring together our expertise in laboratory sciences, entomology, statistics and epidemiology, lab sciences, political and social sciences and economics from across all three of our faculties to address key health problems.

f. **Likely key barriers and enablers to implementing your strategy.**

To maximise the impact of the QR GCRF funding in 2018, the School will need to overcome **barriers** including:

Building capacity in fragile and conflict affected counties: The lowest income countries have the greatest need for capacity building, but often lack the human and

physical infrastructure to develop and deliver initiatives. The School has experience in building capacity in low income countries and also in fragile states where we work across sectors with intermediaries such as NGOs to deliver change.

Time lag from research input to societal impact: The School has a long history of using cross sector engagement to deliver the timely translation of research into public benefit.

Building on our results from REF2014, the School will be **enabled** to further enhance our research outputs and impact in LMICs using the QR GCRF funding by drawing on our:

Decades of constructive working relationships with LMIC partners to address relevant development challenges.

Regional hubs in East and West Africa: Our breadth of existing partnerships and the opportunities afforded by the transfer of the MRC Units in the Gambia and Uganda to the School will enable us to strengthen our research partnerships, build capacity and make a tangible impact.

Global alumni network: Many of the School's 20,000 alumni in more than 180 countries are in public health leadership roles. We will leverage our vibrant network of alumni to motivate engagement across sectors.

g. **The key activities by which you will realise your objectives:**

The School will realise its GCRF objectives through:

Capacity and capability building

Enhanced partnerships: The School's partnerships are based on principles of equity and mutual benefit. QR GCRF funds will be used to nurture and enhance these research and stakeholder partnerships. The time constraints of some early rounds of GCRF funding resulted in the School relying on existing well established partnerships. This QR GCRF funding will allow us to nurture more nascent relationships including realising the opportunities presented through our consolidated presence in West and East Africa.

Building people-based capacity across career stages: A sustainable pipeline of skilled staff is critically important to ensure the success of research programmes in both LMICs and the UK. Supporting our partners in LMICs with capacity strengthening and the development of research and public health leaders is highlighted as a priority in our strategy. We achieve this through both advanced training at the School, and embedding research capacity within partner institutions. At the School, we have an outstanding research and training record in disciplines such as epidemiology, mathematical modelling, and health economics, which medical and health research councils in both the UK and LMICs have highlighted as shortage specialities. We have a long history of supporting promising researchers from Sub-Saharan Africa to come to the School to undertake advanced training including through the Tropical Epidemiology Group fellowship scheme for medical statistics. Equally, we have an exemplary record of embedding research capacity within partner institutions, through the Malaria Capacity Development Consortium, supporting multiple MRC/DFID funded African Research Leaders and our role as partner in seven capacity strengthening consortia supported by

the Wellcome Trust's Developing Excellence in Leadership, Training and Science programme.

During 2018-19 we will use QR GCRF funds to pilot the delivery of short courses in priority research areas at the MRCG and MRCU to build research capability in the local regions. Together with our ongoing support of LMIC students to undertake advanced training, this will allow the School to enhance the talent ecosystem in LMICs, ultimately increasing global independent research capability.

Enhancing local, national and global engagement: We recognise that addressing SDGs will require innovative interdisciplinary approaches. We will bring together disciplinary expertise locally, nationally and internationally to address development challenges. We have successfully used this approach on multiple occasions, including in our GCRF RCUK Collective Fund RECAP project. RECAP (Research capacity building and knowledge generation to support preparedness and response to humanitarian crises and epidemics) brings together the School's expertise with local, national and global partners from the University of Sierra Leone, the American University of Beirut, the Refugee Law Initiative at the School of Advanced Study in London University, Oxford University, the London School of Economics and Political Science, and multiple NGOs. RECAP will build institutional capacity and individual researcher capabilities across all partners to enable effective multi-disciplinary research on health and protection in humanitarian crises. The School's recently awarded GCRF AHRC-MRC partnership award using digital health methods to support the reproductive health of women after seeking medical abortion in Cambodia highlights the value of collaboration with local partners at SOAS, and Marie Stopes. This project has also encouraged broader UK research community engagement through monthly inter-disciplinary digital health research seminars. The School galvanises engagement annually during its 'LSHTM week', which showcases our work across sectors and disciplines through research meetings, workshops, lectures, and training sessions. These events allow us to share best practice with selected partner representatives, and assemble new knowledge and insight from across multiple research communities. Using QR GCRF funding we will support ODA compliant engagement initiatives to motivate the UK and global research community to address development challenges.

Interdisciplinary and collaborative research activity

The School's interdisciplinary research approach is actively fostered by our cross-faculty research centres, which help to overcome academic silos. Membership of these centres is drawn from within the School and our global partners. Centres of particular relevance to the QR GCRF funding are the Antimicrobial Resistance Centre, the Centre for Global Chronic Conditions, the Health in Humanitarian Crises Centre, the Malaria Centre, the Centre for Maternal, Adolescent Reproductive and Child Health (MARCH), the Centre for the Mathematical Modelling of Infectious Diseases, the TB Centre and the Vaccine Centre. The remarkable impact of these Centres is highlighted by their recent outputs. In 2017, the Malaria Centre published 138 papers and worked on more than 120 projects in over 45 countries. More than 200 MARCH Centre members participated in over 100

studies in over 100 countries, producing 241 papers in 2017. Centres are being actively encouraged to expand their membership within East and West Africa, working with the Gambia and Uganda MRC Units to strengthen interdisciplinary activity and collaboration with our overseas partners. QR GCRF funds will be used for ODA compliant activities through our centres including research development workshops in the UK and in selected LMICs.

Generating impact from research in and beyond the sector

The School interacts with global stakeholders across sectors including policy makers, practitioners, and the private sector to ensure our research is translated into real world impact. Our partnerships include those with industry, NGOs and the public sector. Our productive cross sector engagement was highlighted in our [REF2014 impact case studies](#). As a result of School research in Trachoma, the leading infectious cause of blindness, was shown to be effectively treated with a single oral dose of azithromycin. This led Pfizer to donate azithromycin to trachoma control programmes and WHO to establish an Alliance for the Global Elimination of Blinding Trachoma by 2020. The School's research on pneumococcal conjugate vaccine (PCV) in the Gambia revealed its efficacy in reducing disease and death, leading the WHO to recommend the introduction of PCV into the routine immunisation programme of all countries with a high child mortality. Through QR GCRF funding we will deliver bespoke training to equip our researchers across the world, and at all career stages, with the practical tools to design and facilitate impactful meetings with policy-makers and international bodies in different international contexts. This will ensure that our research outputs can be rapidly harnessed by policy makers and practitioners in LMICs.

Meeting full economic costs of research funded by other sources

The School currently has 40 GCRF RCUK grants (data from Gateway to Research). As detailed in Annex A2, during 2018-19 we will use QR GCRF funds to meet the full economic costs of 10 GCRF ODA compliant RCUK grants including the GCRF RCUK Collective Fund RECAP project ([ES/P010873/1](#)), two GCRF ESRC tackling AMR grants ([ES/P008011/1](#) and [ES/P008100/1](#)), three GCRF MRC foundation awards ([MR/P023843/1](#), [MR/P023851/1](#) and [MR/P02386X/1](#)), three GCRF MRC research grants ([MR/R002827/1](#), [MR/N023692/1](#) and [MR/N015754/1](#)), and a GCRF AHRC-MRC partnership award ([AH/R006091/1](#)).

The School currently has five short-listed GCRF RCUK interdisciplinary research hubs to address intractable challenges faced by developing countries (£15-20million each). QR GCRF funds will be also be used to meet the full economic cost of these research programmes if awarded.

Rapid response to emergencies where there is an urgent research need.

The School has an unparalleled record of rapidly responding to emergencies where there is an urgent research need, including deploying staff and resources to address the Ebola epidemic and the Zika virus outbreak. The School responsiveness to the Ebola epidemic was recognised at the national level through receipt of the Times Higher Education

'University of the Year 2016' award. The School is an international leader in rapidly responding to emergencies through the UK Public Health Rapid Support Team (UK-PHRST) which is jointly run by the School and Public Health England. It continually monitors infectious diseases and other hazards globally and has deployed members to Ethiopia (Acute Watery Diarrhoea outbreak) and Nigeria (Meningitis and Lassa fever outbreaks). QR GCRF funds will be used to provide staff support and ensure senior researchers can make initial visits to outbreak affected LMIC regions, enhancing and supporting the impact of PHRST. If there are no emergencies with an urgent research need in 2018-19, this funding will be reallocated to meet the full economic cost of ODA compliant research grants.

Pump priming Grants

In order to facilitate the development or advancement of research partnerships in LMICs we will dedicate QR GCRF funds for pump priming grants. These funds will be used for preliminary partnership development, data gathering and proof-of-principle studies to provide evidence for the feasibility of larger scale studies and to support research visits of LMIC research partners to the School. They will provide opportunities for researchers to develop new collaborations, and provide a platform with which to apply for further funding from sources including the GCRF. Pump priming grants will also be available to researchers at the School's overseas sites. These include the recently transferred MRC Units in The Gambia and Uganda, where researchers will be encouraged to strengthen collaborative networks in East and West Africa.

These pump priming will be assessed by the GCRF QR Steering Group (further details below), who will assess applications based on:

- ODA compliance
- Research excellence
- Interdisciplinarity
- Feasibility of proposed outcomes
- Likelihood of impact

These flexible awards will range in size from £2,000 to £20,000 depending on the requirements of the proposed programme of work.

h. The main developing countries, included in the Development Assistance Committee (DAC) list, which you intend to collaborate with.

School researchers are currently involved in research projects directly involving at least 37 out of the 54 countries in Africa, including at least 36 of the 41 sub-Saharan countries located on the African mainland. We will use this GCRF QR funding to reinforce and deepen links in East and West Africa, drawing on our consolidated relationships with the MRCG and MRCU, as outlined below.

In East Africa, we will deepen our collaborations in **Uganda, Tanzania, Ethiopia** and **Kenya**. The value of connecting existing School partnerships has already been demonstrated through the School-Tanzania Network, which links a number of well-

established research partnerships with Tanzanian institutions (Ifakara Health Institute, and Mwanza Intervention Trials Unit/Tanzanian National Institute for Medical Research).

In West Africa, MRCG in the **Gambia** is one of the three partners of the West Africa Global Health Alliance (WAGHA) alongside Université Cheikh Anta Diop (UCAD) and the new Institut de Recherche en Santé, de Surveillance Epidémiologique et de Formation (IRESSEF) in **Senegal**. Therefore, we will support the plans of the MRCG to serve as a regional hub to strengthen activities and impact in West Africa. This will include activities in **Sierra Leone**, where the School began working with the College of Medical and Allied Health Sciences) following the Ebola epidemic, as well as **Ghana, Mali and Guinea-Bissau**, where an ongoing GCRF foundation award is focussed on eliminating neglected tropical diseases.

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

Maximum 500 words

Our QR GCRF strategy is designed to build on our core research strengths and breadth of partnerships to deliver a broad range of short and long term outcomes. We will focus our activities in sub-Saharan Africa, particularly the countries listed above to capitalise on our consolidated presence in East and West Africa.

We will use our existing research strengths to deliver sustainable impact in research areas including malaria (chemoprevention and elimination), tuberculosis, infectious eye diseases (particularly trachoma elimination) and improving health systems in East and West Africa. This will perfectly align with our development of compelling impact case studies for our REF2021 submission and will be achieved through the following short and long term outcomes:

Short term outcomes:

- i. Preliminary data gathering and proof-of-principle studies from a minimum of 4 pump priming grants
- ii. Bidirectional research visits between LMIC partners and the School particularly during LSHTM week to strengthen partnerships in East and West Africa and enhance engagement with local, national and global partners.
- iii. Increased capabilities in research priority areas in researchers from LMIC partners through the delivery of advanced training and short courses.
- iv. Increased knowledge amongst researchers of how to design and facilitate impactful meetings with policy-makers and international bodies in different international contexts.
- v. Support for the full economic costs of our ODA compliant research portfolio

Mid – long term outcomes:

- i Co-development of novel challenge led research programmes with LMIC partners resulting in increased number and value of new ODA research programmes
- ii. Strengthened portfolio of equitable LMIC partnerships

- iii. Increased number of publications with LMIC co-authors
- iv. Sustainable cross disciplinary collaborative networks with LMIC partners

This will result in the following long term **impacts**:

- i. Innovative, novel methodologies for cross-disciplinary working, and knowledge exchange.
- ii. Increased global independent research capability
- iii. Enhanced LMIC partner country leadership and national capacity
- iv. Changes to LMIC government policy in relation to development challenges linked to activities undertaken by the School.

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

We will convene a GCRF QR Steering Group who will monitor and evaluate all QR GCRF activity. This will be chaired by Professor Dame Anne Mills and include members who have extensive experience of assessing GCRF activity such as representatives of the GCRF Strategic Advisory Group (Professor Sir Andy Haines and Professor Jeff Waage), and academics who have been involved in GCRF assessments (including Professor Alan Dangour, Professor Alison Grant and Professor Betty Kirkwood). This Steering Group will carry out an ongoing review of the School's GCRF portfolio. To facilitate this, we will develop a dynamic GCRF QR tracking document in order to **monitor** the range of activities being undertaken, the breadth of LMIC partners involved and engagement across sectors. This will be maintained by our specialised Strategic Research Office, which has oversight of the School's funding portfolio, and will be regularly reviewed to ensure that all activities undertaken are ODA compliant. We will also develop case studies, providing detailed accounts of GCRF activities, key learning and impacts to motivate further engagement.

The GCRF QR Steering Group will oversee the robust and transparent selection of pump priming grants. These grants will be evaluated using the [Global Challenges Research Fund Guidance on Official Development Assistance](#), followed by assessment against the [criteria for GCRF funding](#). This will ensure that the pump priming funds are ODA compliant, as well as being problem and solution focused, based on excellent research, with a likelihood of impact and underpinned by the principles of capacity building and partnership.

Overall performance of the GCRF QR allocation will be **evaluated** based on progress towards, and completion of our targets for outputs and impact as detailed above, with the indicators of success detailed below.

Short-term (6-month -1 years) indicators of success:

- i. Increase in number of researchers supported to gain advanced training through scholarships, fellowships or short courses.
- ii. Increase in number of research visits from East and West African researchers to the School.
- iii. Increase in number of new members joining School centres from East and West Africa.
- iv. Increase in number of novel cross-disciplinary collaborations initiated or enhanced through the School centres.

Medium to long term (3-5 years) indicators of success:

- i. Increase in number of publications with LMIC co-authors, particularly in first or corresponding author positions.
- ii. Increase in number and value of new ODA research programmes awarded, building on GCRF QR initiatives.
- ii. Development of strong REF2021 impact case studies in LMICs following assessment of the impact of QR GCRF funded research.

Following the Independent Commission for Aid Impact rapid review of the GCRF, the School will also draw on DFID's guidelines on value for money in research and evidence programming when evaluating its GCRF portfolio, in particular the 3Es framework of economy, efficiency and effectiveness.

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

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

An **increase** in the allocation for the School would allow us to increase the volume of interactions with research and policy partners and expand our research capacity building activities. It would also allow the School more scope to respond to emergencies with an urgent research need such as outbreaks of infectious diseases.

A **decrease** in the allocation for the School would limit our ability to meet the full economic cost of ODA compliant research activity, as well as limit our ability to provide capacity and capability strengthening initiatives to our partners. The School would protect the allocation of QR GCRF funds for pump priming grants.

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

Our four key research priorities of (a) infectious diseases, (b) chronic conditions and diseases, (c) health systems and economics, and (d) environment, climate change and health will remain consistent until 2022 as outlined in our strategy. This will enable us to make significant progress towards meeting the key components of our QR GCRF strategy, prioritising:

- i. Co-development of innovative research programmes with LMIC to address development challenges across our research priorities.
- ii. Strengthening the School's partnerships and building research capacity in the lowest income countries on the DAC list.
- iii. Support the full economic cost of our ODA compliant research portfolio.

During 2018-19 we will review QR GCRF funded initiatives in order to prioritise activities with the highest likelihood of impact. This will include:

Capacity and capability building:

Following a catalyst phase in 2018-19, the School will be primed to strengthen sustainable relationships with partners in the wider East and West African regions, working with the MRC units. We will further strengthen collaborations through partner meetings during LSHTM week.

We will build people-based capabilities in research priorities of relevance to our LMIC partners through an increased number of short courses delivered at our East and West African hubs at the MRCG and MRCU and accessible to researchers from across the

local regions. In addition we will support promising candidates from Sub-Saharan Africa to undertake advanced training, such as through the Tropical Epidemiology Group's fellowship scheme for medical statistics training.

Interdisciplinary and collaborative research activity:

We will continue to support our interdisciplinary research centres to address critical unmet research needs by embracing different disciplines, sectors and approaches. We will review the impact of centre funding during 2018-19 and prioritise further funding to those centres with clear plans for sustainable impact. This funding will be used for a series of research development workshops.

Collaborative research with strategic partners will also be enhanced by providing additional funds to a new partnership fellowship scheme, supported by the Wellcome Trust through its Institutional Strategic Support fund allocation to the School.

Generating impact from research in and beyond the sector:

During 2019-20, we will continue to provide bespoke training in research dissemination, engagement and impact. We will consider expanding the training portfolio to include networking between the health policy, research and policy communities to facilitate the process of getting research into policy and practice, ensuring that we are able to deliver impact from our QR GCRF funded initiatives.

Meeting full economic costs of research funded by other sources:

During 2019-20 we will use QR GCRF funds to meet the full economic costs of ODA compliant research grants, which could include those newly awarded during 2018-19, as well as ongoing grants such as the GCRF RCUK Collective Fund RECAP project ([ES/P010873/1](#)), two GCRF ESRC tackling AMR grants ([ES/P008011/1](#) and [ES/P008100/1](#)), and our MRC research grant on Epidemiological and statistical research on health problems of low and middle-income countries led by the MRC Tropical Epidemiology Group.

The School currently has five short-listed GCRF RCUK interdisciplinary research hubs to address intractable challenges faced by developing countries in preparation (£15-20 million each). Should any of these hub applications be awarded to the School, then QR GCRF funds will be also be used to meet the full economic cost of these research programmes.

Rapid response to emergencies where there is an urgent research need:

We will review the use and impact of funds dedicated for the rapid response to emergencies during 2018-19. We will continue to dedicate QR GCRF funds for this purpose in 2019-20, to ensure we are able to address critical threats to public health such as those highlighted by the recent WHO list of blueprint priority diseases. Funds will be used to deploy senior staff and resources, or support UK-PHRST initiatives as appropriate. If there are no emergencies with an urgent research need in 2019-20, this

funding will be reallocated to meet the full economic cost of ODA compliant research grants.

Pump priming Grants

We will review the impact of the pump priming grants from 2018-19, ranging in size from £2,000 to £20,000. The portfolio of LMICs involved in these grants will be rigorously analysed to ensure that we are building strategic partnerships in the countries where our research can have the most impact. During 2019-20, we will focus our pump priming grants on challenges and in regions that have been the most productive.

An **increase** in the allocation for the School would allow us to increase the number of available pump priming grants as well as increasing capacity building activities such as short courses delivered at our overseas sites. It would also allow the School more scope to provide a rapid response to emergencies.

A **decrease** in the allocation for the School would limit our ability to meet the full economic cost of ODA complaint research activities, as well as limit our ability to provide capacity strengthening initiatives to our partners. The School would protect the allocation of QR GCRF funds for pump priming grants.

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

During 2020-21 we will continue to focus on using QR GCRF funding on capacity and capability building, interdisciplinary and collaborative research, generating impact from research, meeting full economic costs of ODA compliant research funded by other sources and pump priming grants, as we recognise the time lag from research input to economic and societal impact.

While we do not foresee significant changes to the activities and priorities outlined for 2018-2020, we will remain responsive to changes in the priorities of the GCRF and the UK Aid strategy. We will also evaluate our progress in implementing the School's strategy and the deepening relationship with the MRCG and MRCU, responding to opportunities to add value to ongoing international initiatives.

The third year of our strategy will represent an ideal time to review the portfolio of QR GCRF activities from the previous two years, and tailor our activities to support those initiatives that have shown promising outcomes, and reflect on lessons learned, this will be led by our GCRF QR Steering Group. Our GCRF QR tracking document will be reviewed to highlight if particular partner countries should be prioritised and we will then tailor our pump priming and capability strengthening initiatives accordingly. We will build

additional capacity by ensuring that our breadth of partners are able to benefit from the outputs of the first two rounds of pump priming grants by sharing any novel methods and guidelines generated that could be applied in multiple contexts.

An **increase** in the 2020-21 QR GCRF allocation for the School would allow us to increase the volume of interactions with research and policy partners and expand our research capacity building activities. It would also allow the School more scope to provide a rapid response to emergencies with an urgent research need such as the outbreaks of infectious diseases.

The allocation of QR GCRF funds to the School represents an important route to enhance the capacity and capability support we can provide our global partners and add value to our ODA compliant research portfolio. This means that a **decrease** in the allocation for the School would limit our ability to meet the full economic cost of ODA compliant research activity, as well as limit our ability to provide capacity strengthening initiatives to our partners. The School would protect the allocation of QR GCRF funds for pump priming grants.