

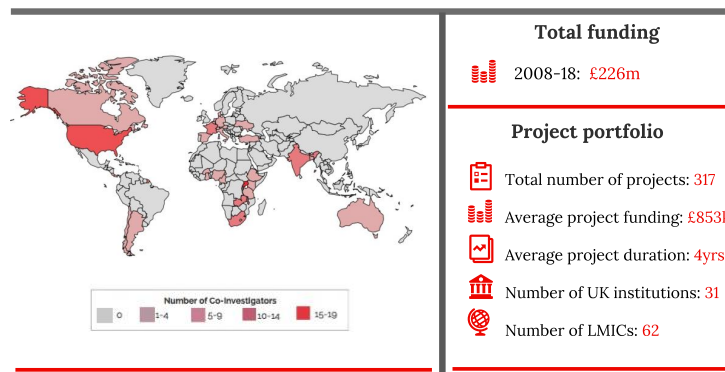
20 July 2018

Review of the MRC-DFID Concordat

Executive Summary

MRC-DFID Concordat

UK-led biomedical and public health research to tackle the priority health problems of poor people in developing countries



98% of research grants contributed to at least one of these results



Executive Summary

The UK Medical Research Council (MRC) and the Department for International Development (DFID) have had a Concordat agreement in place since 1993 to support a jointly funded portfolio of biomedical and public health research tackling the priority health problems of poor people in low and middle income countries.

This report presents the results of an independent Review of the MRC-DFID Concordat, undertaken by Technopolis Group and RAND Europe between March-June 2018 on behalf of the MRC and DFID. The aim of this study was to review the performance and added value of the Concordat that emerged between 2013 and 2018, covering the following aspects:

- The portfolio and quality of activities supported and their outcomes
- The relevance of the activities supported to the needs of developing countries
- The added value of the Concordat agreement to the MRC and DFID including the relevance, effectiveness, benefits and complementarity/synergy of the partnership
- The value for money combining the quality of financial management, cost of conducting research and quality of outputs
- The effectiveness of the operational, management and governance framework
- The relevance and benefit of the Concordat in the current ODA landscape
- The nature, range and timeliness of impacts (particularly in policy and/or practice) achieved from the activities funded under the Concordat including the time and route to impact, reach and significance of the impact and key facilitators of, or barriers to, achieving the impact

The study built on five main data collection and analytical research components: desk research, including a rapid evidence assessment, review of Concordat documentation, and analysis of Researchfish data; a multi-stakeholder interview programme; field visits; impact case studies and synthesis and reporting. The findings are divided into two sections: Part A - Review the Concordat's performance and value for money; and Part B - Review of the outputs, outcomes and impacts of the Concordat and the routes through which these occur. In this summary, we present the key findings for each of these areas, followed by overarching recommendations.

Part A: MRC-DFID Concordat performance and value for money

Awareness of the Concordat: The Concordat draws on the expertise of two organisations, both having strong identities and networks and complementary fields of expertise, in addition, to high reputation in their respective communities. Stakeholders are aware of the MRC and DFID funding for global health research but are not familiar with the Concordat or its full portfolio. However, individual programmes such as the African Research Leaders scheme, the MRC Units in Africa and MRC-DFID funding towards European and Developing Countries Clinical Trials Partnership are recognised on their own merits.

Relevance of the Concordat: The Concordat is responding to some of the most pressing health challenges worldwide by supporting health research and research capacity building in and concerning LMICs. The Concordat as it stands delivers many high quality outcomes and impacts but there is scope to review the coherence of the portfolio. Concordat projects are broadly relevant to global health research needs and have the potential to address key societal challenges in LMICs. Some structural and thematic gaps in the Concordat portfolio were identified by interviewees, but there was no consensus regarding them. Structural gaps concerned funders coordination, limited engagement with local stakeholders in LMICs, lack of South-South links and concentration of funding to a small number of high-performing Southern institutions. Thematic gaps were highlighted outside the infectious diseases area.

Quality of activities supported by the Concordat: The research supported by the Concordat is of the highest quality according to published reports and experts interviewed, and the MRC's robust project selection and management system is seen to be a contributor to this. Evidence collected during the review identified sustainable capacity building as a key achievement of the Concordat portfolio.

International reputation of the Concordat/funded research: The contributions of the MRC and DFID funding to global health research and research capacity building are recognised internationally for the quality of the resulting outputs and impacts. Concordat funding contributes to the UK's international reputation according to a majority of the stakeholders interviewed.

Capacity building in the Concordat portfolio: Capacity building is a key outcome of the Concordat portfolio which is not limited to the project teams but expands to wider researchers and practitioners engaged in their work. However, capacity building is not embedded centrally or considered across the entire portfolio. The small pool of in-country researchers and lack of structured career pathways makes it challenging for LMIC research partners to recruit and retain staff. The UK PIs retain a strong role within much of the research conducted. Consideration could be given to the best ways to ensure true partnerships in research and offer appropriate opportunities for leadership and development to non-UK researchers.

Management of the Concordat: The Concordat portfolio is solely administered by the MRC, and quarterly management reviews and the MRC's Global Health Group are the main platforms for interaction between the MRC and DFID personnel. The partnership between the MRC and DFID however also sets high expectations of the Concordat portfolio to address dual objectives, which have to be accomplished through creating a delicate balance between the mission of the two organisations. Given its centrality to the Concordat's aims, capacity building in projects could be better monitored and reported on.

Value for money: The Concordat presents good value for money through efficiencies gained from joint working, particularly regarding grant administration costs saved by DFID using MRC's existing management processes. The partnership also offers value for money by promoting synergy and complementarity through pooling of resources, creating critical mass, aligning work programmes, avoiding duplications leading to the high quality research outputs.

The Concordat in the Official Development Assistance (ODA) funding landscape: Global health research and development is increasingly being funded by public-private partnerships involving businesses, government funders and NGOs. The Concordat funding is part of the UK Government's committed spend (i.e. 0.7% of Gross National Income) on ODA along with the Global Challenges Research Fund and the Newton Fund. While DFID's funding to the Concordat will be reduced for the next five years, this does not represent a reduction of global health research funding, but a reallocation of funding channels used.

Part B: Research outcomes and impacts

The Concordat portfolio has produced a range of important outputs and benefits spanning high quality academic research outputs, local capacity building at LMIC partners, and wider benefits, notably on health policy and practice. Given the focus of the current review on research outcomes that have emerged in the past 5 years, it can be expected that these will develop to broader impacts over time. Key themes regarding the outputs and impacts achieved, the way they were captured, and the barriers and enablers of those impacts are as follows:

Relationships and networks: A core element underpinning the functioning of the Concordat portfolio is the diversity of networks and relationships which have been cultivated, particularly on the local level in LMICs, and which researchers draw upon to effectively conduct and communicate their research.

Role of units as hubs for research: The presence of a research hub, whether that is an MRC research unit, or a unit or centre run by another organisation (e.g. Wellcome Trust, CDC) is an important facilitator of research through sustaining relationships, research infrastructure and capacity building.

Researchfish and evaluation: Researchfish offers a comprehensive data set across the entire project portfolio that captures a wide range of output and outcome data in a consistent way. It is generally appreciated by researchers as an accessible platform to use, and it provides a longitudinal portfolio-wide data set that would be challenging to replicate ex-post otherwise. Despite these advantages, there are limitations to Researchfish in the specific context of the Concordat, particularly in relation to the way in which it addresses capacity building. It is currently not set up to capture capacity building outputs and partner country researchers could be more involved in the impact reporting process.

Translating research in challenging local contexts: In many LMICs, the resources available to health systems are limited and opportunities for training and skills development for practitioners are constrained. This restricts the ability of LMIC researchers to promote the uptake of research findings by policy makers and practitioners. In addition, political will is required to enable research translation into practice. In some cases, political instability has been a challenge not only in terms of building and maintaining the necessary stakeholder relationships, but on a practical level, conducting the actual research. There may be a role for funders to help address this barrier, by building on their existing networks to establish links across the research-policy divide and facilitate buy-in at the national level.

Considerations of impact channels: Applicants consider stakeholders required for translation of their research and potential pathways to impact already at the proposal stage. However, the scope and quality of these differs significantly over time and between funding streams. The MRC could provide applicants detailed guidance and examples of good practice of pathways to impact statements. Guidance could also be offered how to target capacity building as potential impact at the proposal stage.

Recommendations for the future development of the Concordat

1. The MRC and DFID through the Concordat should continue to fund high quality work selected on merit, that offers opportunities for creating new knowledge, capacity building and impacts on policy and practice. This should include continued support to the existing units as well as looking beyond and build further networks and relationships with other units and centres in LMICs, which could become key hubs for researchers to conduct research across different regions.
2. Capacity building should be a key consideration across the whole portfolio. Potential ways to support capacity building across different funding streams could include increased flexibility in funding awards, making funding available specifically for training, requiring specific plans on capacity building within applications, and strengthening partnership and leadership opportunities for partner country researchers.
3. Building on the theory of change, the MRC and DFID should establish a clearer strategy setting out the routes through which the Concordat invests and how they contribute to the ultimate goals of the programme. In addition, setting out a joint vision and key priorities would also help to clarify the identity and brand of the Concordat, and increase its visibility.
4. The Concordat has the potential to benefit more fully from input from both funding partners, especially DFID. Thinking through ways to integrate the Concordat into the wider work of the two organisations could help capitalise on shared knowledge, networks and expertise of the MRC and DFID. Increased integration into the work of the two organisations would also help to address some of the wider societal challenges which can be a barrier to translation of research findings.
5. The MRC and DFID could further the implementation of research results by building on and developing existing and new relationships with wider non-research organisations (e.g. government bodies, health providers) in partner countries.
6. Since capacity building is a core element of the programme, reporting should be expanded to capture information on capacity building more effectively and by engaging researchers across the project team.
7. More guidance should be provided on how to complete the pathways to impact statement in proposals. This could also help researchers to consider more thoroughly how they intend to achieve impact through their research.