



NIHR Global Health Research Centres in Non Communicable Diseases & Global Health Research Units calls

Guidance for UCL internal selection process

Internal applications are invited for the 1st call for NIHR Global Health Research Centres in Non Communicable Diseases (**RC in NCD**) and the **May 2021** deadline for 2nd call for NIHR Global Health Research Units (**RU**). As Joint Lead, UCL may submit a maximum of **two** applications to the **RC in NCD** call and a maximum of **one** application to the **RU** call (May 2021 deadline). Thus, UCL is implementing an internal review and selection process for both calls overseen by SLMS senior academics.

Important dates:

UCL's timeline	
UCL deadline for internal applications	19th January 2021 (13:00)
NIHR's Global Health Research Centres in Non Communicable Diseases call	
Call opens	14 th October 2020
Webinar	25 th November 2020 (email ghrcentres@nihr.ac.uk to register)
Deadline for stage 1 applications	31 st March 2021
Deadline for stage 2 applications	November 2021
Centre starts	1 st September 2022
NIHR Global Health Research Units call	
Call opens	2 nd June 2020
Webinar	10 th February 2021 (email nihrgh@soton.ac.uk to register)
Deadline for intent to submit	20 th April 2021
Deadline for full stage applications	18 th May 2021
Unit starts	1 st February 2022

Global Health Research Centres in Non Communicable Diseases call

Scope: This call will support ambitious, transformative, innovative and collaborative consortia to conduct high-quality applied health research in Non Communicable Diseases (NCD) for the direct and primary benefit of people in low and middle-income countries (LMICs) on the OECD's Development Assistance Committee ([DAC](#)) list. It will also provide a platform for strengthening institutional research capacity and career pathways across partner institutions. Applications are sought to undertake NCD research:

1. at any stage(s) across the lifespan (i.e. from pregnancy/foetal development through childhood and adolescence to all stages of adulthood – including aging adults)
2. to develop and evaluate cost-effective, context-relevant interventions and strategies to improve the primary and secondary prevention, treatment, management and care of NCDs and multiple long-term conditions in LMICs, which could increase the global evidence base through research on (but not limited to):
 - Interventions to prevent NCDs in LMICs – focussing on more than one NCD across partner institutions.
 - Interventions to improve screening, diagnosis, treatment, management (or lifestyle modification plans) and care of patients with NCDs prevalent in LMICs.
 - Interventions for the prevention of the development, and treatment, of NCDs in children and young adults, driven by malnutrition and/or poverty.
 - Scalable treatment and care approaches that integrate the management of NCDs with other diseases and multiple long-term conditions/co-morbidities (including infectious / communicable diseases and mental health), in LMICs.

- New NCD treatment packages, or new models of care and community-based interventions that integrate both social and biomedical sciences, in order to scale up and maximise the impact of existing interventions.
3. to strengthen healthcare systems and delivery models in low resource settings

Out of scope are applications that:

1. Only include well-established research institutions.
2. Only include limited methodological approaches (e.g. randomised controlled trials, evidence synthesis, service evaluations) or limit their focus to: a) Observational research, secondary research or health policy implementation b) Basic laboratory/discovery NCD research or experimental medicine.
3. Conduct research focused on a single NCD.
4. Do not consider how to strengthen systems of evidence use.

Who can apply: applications must be led by a LMIC Director (LMIC Joint Lead Applicant) and UK Co-Director/Deputy Director (UK Joint Lead Applicant). There must be two Joint Lead Institutions (one being in an ODA-eligible country and the other in the UK) that have expertise in the field of NCD and ability to lead a large-scale programme of Global Health research and research capacity strengthening. There must also be clear plans to develop a partnership with at least one, and up to three additional Co-applicant LMIC Institutions that aim to build, strengthen or expand their research expertise, capacity and capability in more than one relevant NCD they pre-identify. An individual cannot be named as a Joint Lead Applicant on more than one application. They can however be a named Co-applicant on one other application and a Collaborator on up to two other Centre applications. NHS organisations, commercial organisations or governmental agencies cannot be Joint Lead Applicant or Co-applicant Institutions.

Funding: Awards of up to £10 million over five years (with an option to add two extra years) are available to consortia made up of one UK institution and up to four LMIC institutions.

Assessment Criteria:

1. Research Capacity Strengthening (RCS) (e.g. support early career NCD researchers (e.g. masters, PhD and postdoctoral), strengthen research-enabling functions (e.g. in finance, programme and research management), strengthen systems of evidence use to support dissemination and inform policy and practice).
2. Research Excellence demonstrated through:
 - Quality of the research design and work plan.
 - Strength of the institutional-level consortium's research in the chosen NCD. This will be balanced with the need for capacity strengthening in the LMIC Co-applicant Institution(s) now venturing into, or that are less experienced in, clearly identified area/s of NCD research
 - activities which promote interdisciplinary approaches to working by including expertise / activities associated with a broad range of disciplines such as clinical, health economics, statistics and social sciences.
3. Relevance: applications must address unmet NCD needs and priorities in ODA-eligible countries.
4. Leadership (e.g. track record of Joint Lead Applicants and their institutions in NCD research and RCS)
5. Equity and Equitable Partnerships (e.g. plans for promoting equality, diversity inclusion and collaboration, across the Centre; justification of mutual benefit for all participating institutions).
6. Governance (e.g. high-quality plans for effective programme management, governance and contract management; justification for the location of the Centre)
7. Stakeholder and Community Engagement and Involvement
8. Impact and Sustainability (e.g. sustained funding, NCD research uptake by ministries/policy makers, and knowledge exchange; plans for meaningful and sustained stakeholder engagement, plans for monitoring, evaluation and learning, development of Theory of Change and frameworks for the evaluation of NCD research and RCS)
9. Value for Money

More information: For detailed information about this call, please carefully review the [call's webpages](#) .

Global Health Research Units call

Scope: This call will support well-established research partnership or network of universities and research institutes in low-and-middle-income countries (LMICs) and the UK to undertake high-quality applied health research (any field) for the direct and primary benefit of people in LMICs on the OECD Development Assistance Committee ([DAC](#)) list. It will also support setting up and delivering a substantial and sustainable programme of capacity and capability strengthening at individual and institutional level. Out of scope are applications that:

1. Consist solely of one of the following:
 - randomised clinical trials (RCTs) of interventions
 - epidemiological studies
 - evidence synthesis
 - evaluations of existing services, where the programme of work does not include evidence-based development and improvement of these services
 - replicating research already undertaken in High-Income Countries – research proposals should be clearly relevant to the ODA-eligible country/ies in which the research is being undertaken
 - implementation science
 - dissemination
2. Primarily focus on establishing new patient cohorts, biobanks or bio-sample collections or data collection studies (samples or data from existing cohorts may be used).
3. Primarily focus on observational research, secondary research or health policy implementation.
4. Focus on basic laboratory/discovery research or experimental medicine.

Who can apply: All applications must have two Joint Lead Applicants, one at an eligible LMIC institution and one at an eligible UK institution. An individual cannot be named as Joint Lead on more than one application i.e. Joint Lead for a Global Health Research Unit, or Joint Lead for a Global Health Research Group. Dependent on the nature of the partnership, there may be other affiliated Co-applicants (in addition to the two Joint Lead Applicants), and Collaborators including service level providers.

Funding: awards up to £7 million over a period of up to 5 years are available to well-established UK - LMIC partnerships.

Key assessment criteria:

1. Research excellence (e.g. proposal addresses a significant gap in global health research, robust research design and work plan).
2. Capacity Strengthening: There are clear plans for strengthening institutional and individual research and research management capacity and capability, including at least ten academic training posts, appropriate training of research support functions (training in finance, programme and research management) and informal training opportunities, which collectively enhance professional development and education in research.
3. Strength of the Global Health Research Unit's research team (e.g. depth of relevant interdisciplinary expertise, including social science, track record of applicants).
4. Quality of the proposed management and governance arrangements (e.g. clear definition of roles, risk management arrangements and how the efforts of individuals will be coordinated).
5. Equitable Partnership: Equity and collaboration are strongly reflected in programme leadership, decision-making, capacity strengthening, governance, appropriate distribution of funds, ethics processes, data ownership, and dissemination of findings.
6. Impact of the proposed work (i.e. likelihood of significant contribution to the evidence base in the relevant area, pathways to improvement in health, wellbeing, lives saved and economic, social and cultural benefits)

in ODA-eligible countries) and plans for engagement with policy makers, communities and the public at an early stage.

7. Strength of plans for Community Engagement and Involvement.
8. Value for money.

More information: For detailed information about this call, please carefully review the [call's webpages](#) .

Instructions for internal selection process

- Carefully review the Guidance Notes PDF file for both calls available on [SLMS Research Facilitators](#) webpage.
- Complete the Expression of Interest Form of your respective call of interest (using Arial 11pt) available on [SLMS Research Facilitators](#) webpage.
- Email completed form (must include Joint Lead applicants CVs and UCL Director's signature) to slms.facilitators@ucl.ac.uk, indicating "NIHR RC in NCD" or "NIHR RU" in the subject line followed by the **applicant's name**.

Questions? Please refer to Guidance Notes on [SLMS Research Facilitators](#) webpage. If you can't find the answer to your question, please contact slms.facilitators@ucl.ac.uk.