ELRHA'S RESEARCH FOR HEALTH IN HUMANITARIAN CRISES: IMPACT EVALUATION

Summary Report

Commissioned by Elrha's R2HC Programme

Conducted by The Policy Practice

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ABOUT ELRHA

We are Elrha. A global organisation that finds solutions to complex humanitarian problems through research and innovation. We are an established actor in the humanitarian community, working in partnership with humanitarian organisations, researchers, innovators, and the private sector to tackle some of the most difficult challenges facing people all over the world. We equip humanitarian responders with knowledge of what works, so that people affected by crises get the right help when they need it most. We have supported more than 200 world-class research studies and innovation projects, championing new ideas and different approaches to evidence what works in humanitarian response. Elrha has two successful humanitarian programmes: Research for Health in Humanitarian Crises (R2HC) and the Humanitarian Innovation Fund (HIF).

RESEARCH FOR HEALTH IN HUMANITARIAN CRISES (R2HC)

R2HC aims to improve health outcomes for people affected by humanitarian crises by strengthening the evidence base for public health interventions. Our globally recognised research programme focuses on maximising the potential for public health research to bring about positive change in humanitarian response. Since 2013, we have funded more than 100 research studies across a range of public health fields.

Elrha's Research for Health in Humanitarian Crises programme is funded by the UK Foreign, Commonwealth and Development Office (FCDO), Wellcome, and the Department of Health and Social Care (DHSC) through the National Institute for Health Research (NIHR).

This evaluation was commissioned by Elrha's R2HC Programme and conducted by independent consultants from The Policy Practice:

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1. INTRODUCTION

1.1 BACKGROUND

This is a Summary Report of the evaluation of Elrha's Research for Health in Humanitarian Crises (R2HC) programme, which was commissioned to assess the impact of ten years of R2HC implementation since 2013.

The three key evaluation questions were as follows:

1. What is R2HC's overall performance and contribution to the broader humanitarian system over the review period?
2. Overall research quality and impact: Have studies achieved (or are they on track to achieve) impact in informing humanitarian response?
3. What are the comparable research mechanisms and does R2HC fill a niche not occupied by other research funders?

R2HC was set up to respond to concerns over the lack of robust evidence informing humanitarian health response. It involved a model where researchers were partnered with operational actors to produce research findings that would improve humanitarian policy and practice and, ultimately, the health outcomes of people affected by humanitarian crises. Ten years later, R2HC has funded 109 research projects through nine annual calls and four responsive calls responding to specific crises. Funded research has covered a very wide range of themes, with some thematic clusters such as mental health and psychosocial support (MHPSS) emerging naturally and others, such as COVID-19 and Ebola, resulting from responsive calls.

R2HC has also played a role in promoting humanitarian learning on generating and using evidence. It has done this through a number of learning papers, toolkits, training resources and learning events. R2HC has also produced authoritative reviews of available humanitarian health evidence and has supported the identification and prioritisation of specific sectoral research gaps in collaboration with donors, researchers and operational actors.

Recognising that the landscape of funders and programmes involved in humanitarian health research – which was very sparse in 2013 – had changed considerably over the past ten years, the evaluation demonstrates the continued need for R2HC as well as noting the unique niche it occupies.

1.2 METHODOLOGY & LIMITATIONS

The evaluation was carried out from November 2022 to November 2023 by The Policy Practice (TPP), a consultancy firm. The team used a range of primary and secondary sources including key informant interviews, surveys, documentary review, original assessments of 20 projects using Research Quality Plus (RQ+) and analysis of existing evaluative material using NVivo. Each method is summarised below. To assess the quality and impact of research, we adapted the well-respected RQ+ tool, developed by Canada's International Development Research Centre (IDRC), which has been widely used for international development research. RQ+ views research quality in a holistic sense, and considers the role and challenges of the research context in supporting or limiting quality. It uses project documentation, all forms of research publications, as well as interviews with project participants and stakeholders. We adapted the RQ+ tool to incorporate an assessment of impacts, and to take account of the unique challenges of humanitarian research contexts and consider this an exciting extension of the use of RQ+. The adapted tool was applied to 20 projects on the R2HC portfolio, of which ten were randomly selected, six were selected because they had reported interesting results or challenges, and four were selected because they were led by institutions in low- and middle-income countries (LMICs). A large number (25) of R2HC's projects had already been the subject of previous independent evaluations or of evaluative impact case studies by R2HC – most of these conducted independently of the programme. We used the qualitative data analysis software, NVivo, to analyse the findings of these secondary sources on the quality and impact of funded research, using our RQ+ criteria as a framework.

Overall, 126 key informants were interviewed during the evaluation, including representatives of: donors, international and national non-governmental organisations (INGOs and NGOs), UN agencies, academic institutions (22 from high income countries [HICs] and 12 from LMICs), consultants, peer programmes and one LMIC government. Of these interviews, 81 were carried out to contribute to Evaluation Questions 1 and 3, and 45 contributed to the RQ+ assessments. Of our respondents, 48 were men and 78 were women. Finally, we conducted three electronic surveys to look at specific elements of R2HC's work, such as support to shortlisted but unsuccessful projects, R2HC research forum events and R2HC research uptake support. All these surveys yielded very low response rates (17-21%) and have been used with great caution – mostly to supply qualitative responses from their open-ended questions.

A key limitation of our research was that our RQ+ assessments were based on varying amounts of evidence. In some assessments, we faced limitations in accessing sufficient interviewees or material to draw strong findings. To mitigate this, we used four 'Strength of Evidence' ratings to distinguish well-triangulated findings from those in which we are less confident. Only one assessment was underpinned by 'limited' evidence (the third weakest category) on average, with most being based on 'strong' or 'some' evidence.

2. THE QUALITY AND IMPACT OF RESEARCH

The funding of research projects is at the heart of R2HC's work and constitutes the overwhelming majority of its use of resources. It is therefore critical to the evaluation of the performance and impact of the programme. Here we explore the quality of that research. Section 2.1 explores the findings from the RQ+ assessments. Section 2.2 explores the broader evidence base around R2HC projects.

2.1 THE QUALITY OF RESEARCH

'Quality' in research that is funded to influence policy and practice is not confined to its academic robustness. It encompasses the quality and mutuality of partnerships, relevance to humanitarian users, and the positioning of research for use by its intended audiences. Achieving quality research is more challenging in humanitarian contexts, especially in volatile settings where it is hard for research teams to operate. Some R2HC research contexts are very challenging (such as eastern Democratic Republic of Congo [DRC] and Somalia); some are relatively more stable (such as Jordan). Research quality is also more difficult to achieve where the field of research has limited existing theoretical or empirical work, or where there is little existing demographic and other data.

> **RESEARCH CONTEXT AND ADAPTATION**
>
> 13 (65%) of the 20 RQ+ assessed projects were operating in limited or weak research fields and 14 (70%) in limited or weak data environments.
>
> 9 (45%) were operating in unstable or volatile research contexts.
>
> 16 RQ+ projects (80%) had to adapt their methodologies because of the challenges of the context.

Challenging contexts meant that adaptation of planned research methods and processes was very common. Examples included changing specific data collection tools, or adapting methods to make up for the absence of data that could not be shared by other actors. These changes did not critically compromise the robustness of findings in most cases, although there was one RQ+ project that was no longer able to answer its original research question. Despite working in challenging contexts, R2HC produces research findings that are broadly robust by academic standards, as reflected in a high rate of peer reviewed publications.

Research ethics is especially important in humanitarian settings, where participant vulnerability can be a greater concern. R2HC is seen as a thought-leader on research ethics. Attention to research ethics was strong in most of the projects we assessed,

although ethical concerns did require R2HC involvement during implementation of one project we evaluated.

> **RESEARCH QUALITY HIGHLIGHTS**
>
> There are at least 48 peer-reviewed publications from the 20 RQ+ projects so far, and 185 from the whole R2HC portfolio – an average of 20.5 per year of full implementation and at least 1.9 per project.
>
> Almost all RQ+ projects (19 or 95%) had added new knowledge.
>
> 16 (80%) of our RQ+ assessments had some or significant attention to research ethics.
>
> 4 projects had limited attention to ethics. One of these did not involve any fieldwork or human subjects.

There were mixed experiences in partnerships between HIC and local researchers, and levels of engagement with local knowledge, in our RQ+ assessments. In many projects, local researchers had been fully involved and tools tailored to local settings with local knowledge incorporated. The strongest examples of engaging with local knowledge were in projects that were designed precisely to understand local perceptions, for example of epidemics or public health measures. There were also examples where local partners felt local perspectives had not been adequately included in design, analysis or reporting.

> **MUTUALITY AND ENGAGEMENT WITH LOCAL KNOWLEDGE, AND POSITIONING FOR USE**
>
> 13 RQ+ projects (65%) had some or significant mutuality in their partnerships, and 11 (55%) had some or significant engagement with local knowledge.
>
> All RQ+ projects scored highly on relevance to humanitarian needs.
>
> 17 RQ+ projects (85%) scored positively for the accessibility and sharing of findings and 15 (75%) had positive scores for their timeliness and actionability.

The RQ+ projects were highly relevant to the needs expressed by key humanitarian actors and had mostly been shared in appropriate forms with these actors. This included engaging communities in research findings in a subset of RQ+ projects. There are very good examples of engaging communities in research processes and in the presentation of findings in the existing R2HC case studies, especially in projects aimed at understanding lived experiences of public health epidemic response. R2HC has given careful consideration to community engagement in research including in its research forum events and has been credited for this in a

recent Fogarty International Center summary report on 'Community Engagement in Health Research in the Context of Humanitarian Crises'.[1]

2.2 THE IMPACT OF RESEARCH

We assessed four different types of research impacts,[2] as outlined below. The evaluation found a high rate of achievement of at least one of these impact types across the R2HC portfolio.

> ### OVERALL IMPACT
>
> 16 (80%) of our RQ+ assessment projects achieved a score of 'some' or 'significant' in at least one impact type.
>
> 25 existing project assessments showed significant impacts, so we are confident that in 41 (61%) of the 67 projects that were closed when the evaluation began have achieved impact.
>
> 22 projects were unassessed so the real rate of impact will be significantly higher.

Conceptual impacts are significant changes in the broader academic or humanitarian understanding of an issue. This is a step further than the addition of new knowledge, which might be confined to a specific context or organisation. R2HC projects have achieved good rates of conceptual impact, including contributions to emerging bodies of evidence, helping to raise the profile of new or neglected humanitarian health issues, changing the range of evidence used to inform epidemic response to include anthropological research, and providing evidence that common interventions such as child-friendly spaces may not be as effective in all circumstances as previously thought.

> ### CONCEPTUAL IMPACT
>
> 8 RQ+ assessment projects (40%) and 12 of the existing case studies (48%) demonstrated moderate or significant impacts on the understanding of an issue or reframing a debate.

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[1] Knowlton, A. and Beecroft, B. (2023) 'Summary Report: Community Engagement in Health Research in the Context of Humanitarian Crises'. Bethesda, MD: CGHS.

[2] Using a slightly expanded version of the Economic and Social Research Council (ESRC) categories Tilley, H. et al. (2018) *Research Excellence Framework (REF) Impact Toolkit*. London: ODI.

Instrumental impacts are changes to the actions and behaviours of humanitarian players, and we have divided this into two subcategories.

The first is **changes to policies, standards and guidelines**. Impacts observed in this category included changes to the most respected global standards and guidelines such as the Sphere handbook, inter-agency standards, and the policies of several offices and teams of the World Health Organization (WHO), national governments, individual INGOs and donors. These changes were on a range of issues from palliative care to child protection.

The second type of instrumental impact we assessed was impacts on the **design, delivery and scaling up** of health services and interventions. It is through this type of impact that improvements are ultimately delivered for crisis-affected people, although not all projects are designed directly to deliver these impacts. It was the least common form of impact observed in the evaluation. This reflects what we already know – namely, that it is often harder to ensure actual implementation of findings in services and interventions than to get them reflected in normative guidance. Nonetheless, projects did achieve changes in this area, including improvements to epidemic response, and the rollout of evidenced interventions and tools, especially in MHPSS. Often these began with the use of research findings by the project's operational partner to secure funding for new or scaled-up interventions.

> **IMPACTS ON POLICIES, PROGRAMMES AND SERVICES**
>
> 8 RQ+ assessment projects (40%) and 19 reviewed case studies (76%) had shown impacts on policies, guidance and standards.
>
> 5 RQ+ assessment projects (25%) and 12 reviewed case studies (48%) had influenced the design, scale-up of interventions or tools, or more context-appropriate care.

The final type of impact we assessed was **capacity building and networking**. Interestingly, given that R2HC lacks a formal capacity-building mandate, the most common RQ+ impacts were in the domain of capacity-strengthening and networking. One project that involved the recruitment and training of PhD students had significantly built their personal capacities and networks as well as building capacities in the LMIC partner institution. A number of R2HC partnerships outlived R2HC funding. Many funded projects had significantly increased the capacities of individuals, organisations and partnerships to gain funding for, conduct, promote

> **CAPACITY-BUILDING AND NETWORKING IMPACTS**
>
> 13 RQ+ projects (65%) and 12 reviewed case studies (48%) had capacity building and networking impacts.

and broker more humanitarian research after the end of the grant. This impact type represents a significant additional, if indirect, pathway to impact for R2HC research.

2.3 FACTORS THAT AFFECTED IMPACT

Existing demand for evidence was important. Impactful research – on issues from palliative care, to menstrual health management, to MHPSS – often came at a time of increasing interest in a given issue, or when a new issue was being 'put on the agenda'. Such research often achieved impacts alongside other non-R2HC funded research, as is appropriate in the world of evidence-informed policy and practice.

The presence or absence of **political will** to act on research findings was another critical factor both in facilitating and in obstructing impact. Where the incentives to use evidence were strong, this supported its use. Where the incentives changed during the course of a project, this also had a decisive effect. One project benefitted from increased government interest in the subject during and after the research, whereas two projects lost political will during the research due to changes of government.

Relationships also mattered, especially where researchers had or acquired a seat at the table of key policy and response discussions. In many cases, uptake of the research was aided by the existing relationships or profile of key researchers, operational partners and their existing connections with important networks or individuals.

Finally, **time** was an important influencing factor. Though our framework aimed to be fair to projects by scoring 'likely' future impacts where there was evidence for these, on average, older RQ+ projects had achieved more impacts. In some cases, the short duration of grants was seen as an obstacle to maximising research uptake. R2HC does provide time and support to grantees to work on research uptake. However, there may be an inevitable tension between ensuring findings are produced in time to influence decision-makers and ensuring that time is sufficient to work on uptake.

3. R2HC'S PERFORMANCE AS A RESEARCH FUNDER AND ROLE IN THE HUMANITARIAN SYSTEM

3.1 MANAGING FOR IMPACT

R2HC's portfolio of research is the product of the programme's approach to research management and ten years of learning and adaptation of this approach. R2HC has benefitted from the presence of very senior global health research and operational humanitarian experience on its two governance structures over time. The Advisory Group, established in 2018, provides guidance on R2HC priorities and future strategic directions. The Funding Committee selects projects to fund with the help of external specialist reviewers. There is an appropriate drive in R2HC to include more LMIC members on the Funding Committee and in the Advisory Group to reflect the expertise of humanitarian and research experts from regions and countries affected by crises.

OPEN AND THEMATIC CALLS

Open annual calls have been a key part of R2HC's work since its inception. There have been nine such open calls, in which proposals can include any research subject relevant to humanitarian health. Meanwhile, since the Ebola research call in 2014, R2HC has had a number of thematic calls to respond rapidly to emerging humanitarian crises (Ebola in West Africa; Ebola in eastern DRC; COVID-19; food and nutrition crises). Our key informants had mixed views over the right balance between open and thematic calls going forward. Just under half of the respondents who commented on this felt that a focus on thematic calls would allow for bodies of research to be built, and for humanitarian actors to tell researchers what they needed, especially in areas that were not being adequately researched. Just over half of the respondents who commented felt that R2HC should continue with both open and thematic calls. The benefit of the open, investigator-led approach is that it allows humanitarian researchers and practitioners, including new entrants, to let R2HC know what issues are important for research. Some respondents also felt that it boosted competitiveness, attracting a greater diversity of proposals from a wider range of providers than thematic calls, which might attract many of the 'usual suspects' in that research area. The annual calls are hugely important to researchers and practitioners, some of whom said they relied on these calls, often using them to apply to fund important areas of research that they would not otherwise be able to fund. Without these open calls they would have to wait until a funder request for proposals came along into which the research idea would fit thematically – which might well not happen.

DURATION OF GRANTS

The duration of open call grants has risen over the years, from 24 months to 36 months to 48 months by Call 7. A number of our key informants raised concerns that

R2HC grants were too short, with some explaining that tight timeframes resulted in foreshortened planning time in order to get the research underway, limiting local engagement in the planning. Our RQ+ findings suggested that short grants could limit the time for adequate work on research uptake. Striking the balance between the adequate duration of grants and the need to generate findings in time to influence short humanitarian decision-making timeframes is a formidable challenge for R2HC. Responsive grants in particular may need to focus more on the timeliness of findings.

RESEARCH UPTAKE SUPPORT

R2HC has always required a partnership between researchers and operational actors as a criterion for funding in order to promote the uptake of findings. Our evaluation suggests that these partnerships do indeed lead to the use of research by operational partners. However, R2HC consultations with grantees in its early years of implementation revealed that this was not enough to maximise uptake. As a result, since 2018, R2HC has been offering a Research Impact Toolkit (RIT) and other forms of research uptake and impact support to grantees. This support was greatly valued by evaluation key informants. In 2020, the RIT was converted into a short series of online courses and tailored webinars, which have been used outside R2HC. R2HC also supports research uptake in the wider sector through convening an informal network of INGO research uptake staff and through a 2021 learning paper on the barriers and pathways to uptake of research in the humanitarian sector, which included a well-attended workshop. One of the findings from our RQ+ assessments is that research uptake can take time. Opportunities to promote uptake can be lost after project contracts have concluded. In 2023, R2HC responded to this challenge by launching an Uptake and Impact Small Grants call, providing grants for activities to enable humanitarian actors to understand, take up and apply existing research findings from R2HC-funded studies.

SUPPORTING LMIC–LED RESEARCH

R2HC was not set up to build capacity or specifically to fund LMIC-led research. But since 2013 it has changed its approach several times, first to encourage more participation by LMIC researchers and later increased LMIC leadership in R2HC grants. This has been in line with the drive for localisation, as a formal part of the mainstream humanitarian reform agenda as part of the Grand Bargain that emerged from the World Humanitarian Summit (WHS) in 2016. In 2018 it became a requirement for all R2HC applicants to the annual calls to include an LMIC research partner. In 2019, R2HC published a partnership review that recommended a deliberate approach to equitable partnerships. In 2021 and 2022, R2HC conducted an internal analysis and adopted further modifications to encourage more successful LMIC-led projects. The most recent 2022 open call, focusing on Current or Anticipated Crises, and Health Systems Strengthening, specifically encouraged LMIC-led proposals and engaged 'contextual technical reviewers' from the humanitarian

locations of the proposed projects. These modifications yielded significant changes, with LMIC-led applications rising to just over 50% for the first time, and five of 13 contracted studies in this call being LMIC led.

Nonetheless, HIC researchers and research organisations have led the majority of R2HC grants, with LMIC institutions leading only 15 of 109 projects (14%). R2HC peer-reviewed publications have also overwhelmingly had lead authors based in HIC organisations. In spite of an increase in LMIC lead authors in 2023, overall, only 24 (13%) of the 185 peer-reviewed publications completed in 2023 had lead authors based in LMIC organisations. This is well below the level of LMIC lead authorship in the studies reviewed in R2HC's second [Humanitarian Health Evidence Review](#) (HHER), in which 33% (88 of 269 articles) had a lead author affiliated with an LMIC institution. Although there was recognition that localisation is challenging for all HIC research funders, and that R2HC is making concerted efforts to localise, the dominance of HIC-led projects has not gone unnoticed by R2HC stakeholders, especially those from LMICs. There was a strong message from a range of key informants that R2HC's adaptation to promote more LMIC-led research needed to continue. Informants suggested a range of different approaches that could be considered, from more investment in understanding the research capacities in countries where R2HC funds a significant amount of research, to conducting some calls which required that Principal Investigators (PIs) were from LMIC institutions, to providing support to promising LMIC-led applications to strengthen their methodological capacities.

3.2 R2HC STRATEGIC ENGAGEMENT

EVENTS

R2HC's engagement events and platforms were appreciated by informants. R2HC held two large research fora, in 2017 and 2019, bringing together researchers, practitioners and policymakers from across the globe. Both fora aimed to discuss a broad range of issues related to humanitarian health research. Survey respondents were very positive about the fora, with one saying they had left the forum 'buzzing with ideas.' Respondents would also like to see more representation of LMIC researchers and more diversity in future events.

RECOGNITION OF THE R2HC BRAND

Overall, R2HC is well networked with INGOs, major academic humanitarian health programmes, parts of the WHO and some other UN agencies. Areas where respondents felt engagement might be more *ad hoc* and mixed included with WHO and with country-level actors, with these engagements often being left to grantees who held those relationships. There is also a need to raise awareness amongst a broader range of donors and with national government and humanitarian actors in the countries where R2HC has conducted a great deal of research. Many of the operational partners of R2HC grantees are members of the health cluster at the

country level; these could be more effectively used to raise R2HC's profile with key stakeholders and potential partners.

CLARITY OVER THE R2HC BRAND

In raising awareness of R2HC, it is important to develop a clear communications strategy to present what R2HC does. Several respondents had perspectives on R2HC that suggested a lack of clarity on certain aspects of R2HC's identity. There was some confusion over the difference between R2HC, its parent organisation Elrha, and its partner programme the Humanitarian Innovation Fund (HIF). This may have resulted from laudable collaboration between R2HC and HIF, under the Elrha name, in recent work on water, sanitation and hygiene (WASH) evidence gap prioritisation. Another area for clarification concerned the boundaries of what it considers 'humanitarian health.' This reflects a broader debate around humanitarian action, seen by some as being confined to emergency response and preparedness, but increasingly viewed in a much broader sense, in line with the humanitarian-development-peace 'triple nexus.' R2HC appears to have adopted a broad interpretation of the boundaries of 'humanitarian health,' as evidenced in its recent 2022 open call focusing on Health Systems Strengthening. This is appropriate and fully in line with the mainstream view in the UN system. It does create more of an overlap between R2HC's work and the work of development health funders, and more scope for potential collaboration.

Finally, there is confusion over the methodologies that R2HC supports, and whether it primarily or exclusively supports intervention studies such as randomised controlled trials (RCTs), and whether it excludes purely qualitative research. Some researchers felt that qualitative proposals were at a disadvantage even if this was the right method for the research question. Some also felt that R2HC favours 'generalisable' evidence – or studies whose findings can be generalised to multiple contexts – over context-specific research. In practice, R2HC has funded many observational studies, and, although it has funded more research that includes quantitative methods, it has also funded qualitative research. In fact, qualitative projects, such as the Ebola Anthropology Response Platform, have been among R2HC's most impactful work. R2HC has also funded a combination of generalisable studies, including studies designed to be suitable for inclusion in systematic reviews, and context-specific research. As well as clarifying the methodologies that it does and does not fund, it is also important for R2HC to consider the types of methodologies that are needed, and for which there are capacities, in the different areas of research it wants to prioritise. In some sectors and research areas, RCTs are a standard and common approach. In others, such as WASH, they may be less common and less widely accepted.

3.3 R2HC'S ROLE IN PROMOTING HUMANITARIAN LEARNING

LEARNING TOOLS AND PRODUCTS

As well as its portfolio of research studies, R2HC has contributed valued evidence and learning tools, products and processes to the wider humanitarian system. For example, an R2HC research ethics toolkit, launched in 2017, was found in a previous evaluation to have generated significant interest and to have been incorporated into the syllabus in a Johns Hopkins School of Public Health graduate course on Measurement Methods in Humanitarian Emergencies. The tool was raised once again in our interviews as a useful product that had now reportedly been incorporated into another university course. We have already mentioned R2HC's learning paper on humanitarian research uptake, and its RIT, which is now in broader use.

EVIDENCE REVIEWS AND EVIDENCE GAPS PRIORITISATION

A key area of R2HC contribution has been its work reviewing the existing evidence, and prioritising research gaps in specific sectors. R2HC began its existence by commissioning a review of the evidence base – and the gaps in evidence – informing global public health programming in humanitarian crises. This review was published in 2015, as the first R2HC HHER.[3] Four additional sectoral papers were also produced. The second HHER was published in 2021, conducted by Johns Hopkins University.[4] All these reviews have identified huge evidence gaps.

As well as these large-scale reviews, R2HC has conducted more concerted work on research priority setting in specific sectors, working with established communities of practice. Examples include a research prioritisation exercise on MHPSS in humanitarian settings that built on a previous review of evidence gaps and looked at research priorities for the next ten years. The recently launched R2HC WASH research priority setting, is another recent example that was greatly valued by respondents.

Sometimes, the evidence gaps that are important in a particular context are differently configured to the global evidence gaps. Some respondents suggested that gap analyses for particular crises or regions be conducted in consultation with donors and government actors in regions and countries affected by crisis. R2HC has conducted dialogues with field-level WASH and nutrition researchers for the purpose of better understanding research needs. Although these dialogues were not crisis-specific reviews, they did lead to more significant pieces of work.

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[3] LSHTM (2015) An Evidence Review of Research on Health Interventions in Humanitarian Crises. London: LSHTM; Blanchet, K. et al. (2017) 'Evidence on Public Health Interventions in Humanitarian Crises'. *The Lancet* 390(10109): 2287–2296.

[4] Doocy, S. et al. (2022) 'An Evidence Review of Research on Health Interventions in Humanitarian Crises: 2021 Update'. London: Elrha.

For evidence gap prioritisation to result in more evidence and better response, prioritised evidence gaps need to be matched with funding of research. Even with thematic calls, it is impossible for R2HC to fill these prioritised gaps by itself. Therefore, the prioritisation exercises will require continued consultation and coordination with potential funders and users of research, to maximise contributions to filling these gaps. Three respondents from different sectors – WASH, nutrition and MHPSS – suggested that R2HC could be well positioned to play a useful convening role in this respect.

3.4 R2HC'S VALUE FOR MONEY (VFM)

PROJECT-LEVEL VFM

Project-level VfM appears to be very high. R2HC reviews and negotiates project budgets both to ensure economy and that resources are adequate for implementation and production of high-quality findings. In our RQ+ assessments, the main budget lines were appropriate to the nature of the research projects. Cost drivers included research staff, including PI, researcher and enumerator costs. This was followed by travel costs and equipment (in different orders in different projects). One project had substantial costs for equipment, which were entirely appropriate given the nature of the project. There were no projects in which costs seemed inappropriate to the evaluation team. Although project delays, and no-cost extensions, are common, they are managed with minimal transaction costs. Overall, given the rate of successful (even if delayed) implementation, the high rate of publication and the good rate of achievement of some or significant impacts, combined with reasonable – and in some cases very low – project costs, we can say that the RQ+ projects represented very good VfM.

PROGRAMME-LEVEL VFM

R2HC has also represented good VfM at the programme level. Over the course of its lifetime, with grants making up 83% of R2HC costs over its lifetime, average R2HC personnel, programme and organisational operations cost have been 12%. Average costs for programme activities, Research Fora, research uptake and impact support, and the tools and guides that R2HC has produced have taken up a 4% share of R2HC costs. These percentages are in line with management fees in broadly comparable programmes. We judge that the capacities that have been added to the R2HC team, for example the Senior Research Impact Advisor and the recently recruited Senior Humanitarian Health Advisor, were needed and add value. The Funding Committee and Advisory Group clearly represent exceptional VfM in securing very high-level expertise and commitment to R2HC at very low cost.

EQUITY

R2HC research overall is targeted at improvements for populations that are particularly vulnerable, including refugees and internally displaced persons (IDPs). Of the 109 projects that had been contracted at the time of writing the evaluation, R2HC reports that 22 were focused primarily on women and girls.[5] Of our 20 RQ+ studies, two were focused on health issues experienced only or overwhelmingly by women and girls and a further 12 disaggregated data by gender.

In seven of 20 RQ+ assessments, there were female PIs. R2HC does not routinely monitor the gender of PIs and research teams, but analysis of the overall portfolio indicates that there is a 50/50 split between male and female PIs, with slightly more female PIs. The gender of PIs and researchers may be an important issue given there is evidence that COVID-19 has had gender-disparate effects on academic careers.[6] The limited nature of the share of R2HC funds that are led by LMIC institutions and researchers does limit the equity of the R2HC model. R2HC might also consider some VfM modifications to boost LMIC leadership, such as offering higher eligible overheads for LMIC institutions, as practiced by some other funders.

ENCOURAGING MORE VFM IN THE SECTOR

Promoting more VfM in the humanitarian sector is part of R2HC's core mandate, as evidence-based interventions are expected to make the use of humanitarian funds more cost-effective. This includes promoting the greater use of economic evaluations using comparable methods in humanitarian health research. Only 5% of the studies identified in the latest HHER were or contained economic evaluations. R2HC call guidelines have encouraged the inclusion of cost effectiveness since its outset, with a more targeted focus from 2018. R2HC has also tried to establish links between health economists and research applicants to increase opportunities for including health economic analysis in funded studies. In 2021, Elrha also hosted a webinar on health economics research in humanitarian settings.[7] The most recent call (Call 9 in 2022) saw an increase in the proportion of studies with a cost-effectiveness element to five out of 13, or 38%, compared with only 15% of the studies in all other calls.

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[5] R2HC Project Updates (May 2023).

[6] Interviewee 2

[7] R2HC Webinar: Health Economics in Humanitarian Research.

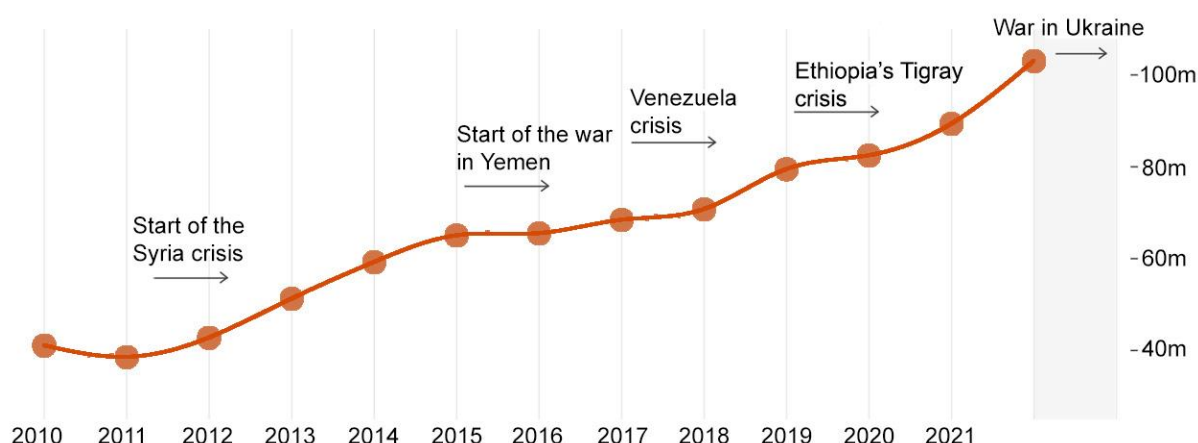# 4. R2HC'S NICHE IN THE CURRENT LANDSCAPE OF RESEARCH FUNDERS

4.1 IS R2HC STILL MEETING AN IMPORTANT NEED?

R2HC is operating in a more crowded landscape of humanitarian research organisations compared to 2013 when it was established. Almost all our respondents agreed that, since 2013, there had been more research produced by a broader range of research actors, universities and other organisations. This has included an increase in the numbers of LMIC researchers and research organisations focused on humanitarian research, especially from countries with more research capacity, for example Uganda, Kenya and Middle Eastern countries such as Lebanon. The increased supply of humanitarian health research was confirmed in the second HHER (2021), which shows a significant increase in the supply of robust research on humanitarian health programmes and services since 2013. However, there are still large evidence gaps in all sectors identified in the HHER review. It remains very difficult to conduct studies using experimental methods such as RCTs and quasi-experimental methods in humanitarian settings, and many key informants said there were still concerns about the quality of humanitarian health research being produced.

Meanwhile, the need for humanitarian health research has grown along with the number and complexity of humanitarian crises over the past ten years, with increasing levels of displacement as a result of natural disasters (fuelled in many cases by the climate crisis) and ongoing and new conflicts in Africa, the Middle East and Europe. As **Figure 1** shows, the number of people displaced globally by wars and disasters has almost doubled since R2HC was established in 2013.

Finally, while the need for humanitarian health research and the range of actors producing it have both increased, the current landscape of *funding* for humanitarian health research is a more difficult one than ten years ago. Funding for humanitarian assistance has not kept pace with humanitarian needs, and the funding gaps for humanitarian health research have also widened. Some of our informants also feared that the increased focus on global health security since COVID-19 will reduce the attention to other important areas of health research.

Figure 1: People forced to flee worldwide

2022 figures are estimated using UNHCR data available as of 9 June 2022.
Chart: Global Humanitarian Overview 2023: Source: UNHCR/IDMC/UNRWA

Source: UNOCHA (2022) *Global Humanitarian Overview 2023*.

In sum, as a funder of robust humanitarian health research on a broad range of themes, R2HC continues to meet an important need.

4.2 DOES R2HC STILL HAVE A UNIQUE NICHE?

There are more organisations in the current landscape that overlap in some way with R2HC's work. These range from large donors and agencies that work on humanitarian response, including some research, to academic and philanthropic health research funders that do not specialise on humanitarian settings, but do fund some research in these settings. There are also a number of health research programmes funded by the Foreign Commonwealth & Development Office (FCDO) that produce thematic research on humanitarian health, for example on maternal and newborn health in conflict, or health systems in fragile settings.

Comparing R2HC to the other actors, we found that R2HC does some things that other funders and programmes also do, but no other organisations had the same combination of approaches as R2HC. The combination of factors that make R2HC unique is:

- **A humanitarian focus:** While several other organisations fund or commission health research, which may include research in fragile or humanitarian settings, R2HC was seen by our informants as one of the few entities specifically funding humanitarian research.
- **Running competitive calls, including open and thematic calls:** All R2HC research is selected through calls that are open to applicants with PIs from any country and are fully competitive, which differentiates it from many research programmes, and from some donors. R2HC's inclusion of thematically open, curiosity-driven research calls also sets it apart from many other actors.

- **A focus on likely impact:** This is a requirement in proposals, and additional support for research uptake and impact is part of the R2HC model. This is not unique to R2HC, and is common in donor-funded research programmes and INGO-commissioned research. However, this is not always the case in research funds that use competitive calls focused on health.
- **A focus on robust research:** Finally, the focus on methodologically robust research, especially through the scrutiny and review of a high-level scientific committee in the Funding Committee, is one of the characteristics that makes R2HC unique. This emphasis on robustness is unusual among funders of operationally relevant humanitarian health research.

Overall, this suggests that R2HC still offers a combination of approaches that make it distinctive in the landscape of humanitarian health research.

5. CONCLUSIONS AND RECOMMENDATIONS

The table below summaries our conclusions and recommendations.

CONCLUSIONS	RECOMMENDATIONS
• Since its establishment in 2013 R2HC has demonstrated that robust research can be conducted in humanitarian contexts, and that this research can feed into uptake and impact in humanitarian action. • R2HC is regarded as an authoritative player and still occupies a unique niche amongst INGO, academic and agency stakeholders, and has contributed valued evidence and learning products for research, policy and operational actors. • There is room to improve awareness of R2HC amongst a broader range of stakeholders and potential donors.	• We recommend that R2HC's donors and champions use their influence to advocate for more funding of research for health in humanitarian crises. • We recommend that R2HC develop and implement a strategic engagement strategy focused on broadening awareness of R2HC, especially with potential partners and donors.
• The programme's approach to managing research reflects ten years of learning and adaptation, including on approaches to supporting uptake, responding to specific crises as well as broad evidence needs, and increasing the involvement and leadership of LMIC researchers.	• We recommend that R2HC develop and implement a decolonisation strategy, in line with the Inter-Agency Standing Committee agenda. • Where research projects are led by HIC institutions, they should also include some level of formal capacity building requirements to ensure that these projects build the capacities of their LMIC research partners. • R2HC should also deepen its understanding of the evidence gaps, research capacities, and existing research capacity building programmes in countries where it conducts a significant amount of research.
• The R2HC research projects we assessed had mixed experiences of equitable partnerships.	• We recommend that R2HC should introduce a mechanism for tracking the equity of partnerships, or a partnership 'equity health check' midway

	through implementation and ensure that local research partners can contact R2HC directly during implementation.
• The R2HC research projects we assessed yielded impressive levels of impact. • It was harder for R2HC research to have impacts on interventions and services than on policies, standards and guidance. • Research projects also needed time to achieve impact, and some felt that the R2HC projects also finished before research uptake activities could be fully completed.	• R2HC should consider the option of extending the duration of core grants in order to maximise the potential for uptake and impact.
• Political will amongst government and humanitarian actors to use research was an important factor in success or failure.	• R2HC should consider including a requirement to demonstrate an understanding of the levels of interest, capacity, opportunity and motivation to use research findings by the key decision-makers whose action would be required for research impact. This is not to say that only research demonstrating political will should be funded, since sometimes evidence is needed to generate political will. However, it would help to make it clear whether there are existing opportunities and motivations to use research.
• Although this was not an intended focus of the programme, R2HC projects we assessed achieved significant capacity building and networking impacts, allowing researchers and research partnerships to deliver more research and to deepen relationships with policy and operational actors beyond the life of individual projects.	• As well as introducing capacity building requirements (in line with our decolonisation recommendations above), R2HC should begin to track these more indirect pathways to research impact through capacities and networks.

ANNEX A: TABLE OF ANONYMISED RQ+ SCORES

	Anonymised project number	1 (LMIC)	2 (Random)	3 (Purposive)	4 (Random)	5 (Purposive)	6 (Random)	7 (Random)	8 (Purposive)	9 (Random)	10 (Random)	11 (Random)	12 (LMIC)	13 (Random)	14 (Random)	15 (Random)	16 (Purposive)	17 (Purposive)	18 (LMIC)	19 (Purposive)	20 (LMIC)	PROG AVG	Std Dev
Research for Health in Humanitarian Crises (R2HC) RQ+ Assessment																							
Contextual Factors																							
CF 1	Maturity of the research field	3	2	3	2	2	1	2	3	3	2	1	3	3	3	3	4	3	3	3	3	2.6	0.8
CF 2	Data environment	4	3	2	3	2	2	2	3	4	2	2	3	3	3	3	3	3	3	4	3	2.9	0.7
CF 3	Operating environment	3	3	2	3	1	1	1	1	4	2	1	3	3	2	2	4	4	2	4	2	2.4	1.1
CF 4	Humanitarian context	3	1	1	2	1	2	1	1	IIA	1	1	2	2	1	1	4	1	2	2	3	1.7	0.9
CF 5	Research capacity strenghtening	4	2	3	2	2	1	3	3	2	3	4	2	2	3	3	3	3	3	3	3	2.7	0.7
Assessment dimensions																							
1 Scientific Rigour	Changes to protocol: No/Some/Significant (1,2,3)	3.0	2.0	2.0	2.0	2.0	2.0	3.0	2.0	2.0	3.0	1.0	2.0	3.0	2.0	1.0	1.0	2.0	2.0	1.0	3.0		
	Effect on strength of findings: No/Somewhat/Significantly (1,2,3)	2.0	1.0	1.0	IIA	1.0	1.0	2.0	2.0	2.0	2.0	1.0	2.0	3.0	2.0	1.0	1.0	2.0	2.0	1.0	3.0		
2 Research Quality	Ethics & potentially negative consequences	6.0	5.0	5.0	5.0	8.0	7.0	5.0	7.0	7.0	7.0	3.0	6.0	4.0	3.0	5.0	7.0	1.0	7.0	7.0	6.0	5.6	3.0
	Mutuality & Fairness	3.0	6.0	6.0	6.0	5.0	7.0	5.0	7.0	5.0	2.0	5.0	6.0	3.0	4.0	6.0	6.0	7.0	3.0	IIA	3.0	5.0	1.6
	Core engagement with local knowledge	6.0	5.0	5.0	6.0	5.0	7.0	4.0	7.0	6.0	4.0	3.0	3.0	4.0	2.0	3.0	4.0	7.0	4.0	8.0	5.0	4.9	1.6
	Relevance to humanitarian users	5.0	8.0	8.0	7.0	7.0	6.0	7.0	8.0	7.0	7.0	8.0	7.0	7.0	6.0	7.0	7.0	6.0	7.0	7.0	5.0	6.9	0.9
	Extent of new knowledge	5.0	6.0	6.0	8.0	7.0	7.0	6.0	6.0	6.0	6.0	6.0	5.0	4.0	7.0	6.0	6.0	6.0	6.0	6.0	6.0	6.1	0.8
	Knowledge accessibility & sharing	6.0	6.0	6.0	6.0	7.0	7.0	6.0	5.0	4.0	5.0	7.0	5.0	3.0	4.0	5.0	7.0	6.0	6.0	5.0	6.0	5.6	1.1
	Planned & actual actionability	5.0	8.0	8.0	8.0	5.0	7.0	6.0	5.0	4.0	5.0	6.0	3.0	2.0	2.0	4.0	6.0	6.0	6.0	6.0	7.0	5.5	1.8
3 Research Outcomes	Extent of humanitarian engagement with research	6.0	4.0	6.0	4.0	6.0	IIA	5.0	4.0	3.0	6.0	4.0	4.0	1.0	3.0	4.0	6.0	6.0	7.0	IIA	4.0	4.6	1.5
	Extent of government and civil society engagement with research	3.0	6.0	4.0	4.0	6.0	7.0	5.0	5.0	3.0	2.0	3.0	3.0	1.0	1.0	3.0	5.0	7.0	5.0	6.0	4.0	4.2	1.8
4 Research Impacts	Expected/emerging impacts on policy	1.0	4.0	5.0	3.0	7.0	7.0	N/A	4.0	3.0	6.0	4.0	2.0	2.0	3.0	3.0	7.0	6.0	5.0	4.0	5.0	4.3	1.8
	Expected/emerging impacts on design and delivery	1.0	4.0	4.0	3.0	5.0	8.0	5.0	4.0	2.0	4.0	3.0	2.0	1.0	2.0	2.0	7.0	4.0	5.0	4.0	N/A	3.7	1.9
	Expected/emerging impacts on capacity and networks	5.0	5.0	4.0	5.0	5.0	7.0	N/A	3.0	6.0	6.0	1.0	7.0	2.0	3.0	4.0	5.0	6.0	5.0	5.0	6.0	5.5	0.7
	Expected/emerging impacts on understanding	2.0	4.0	4.0	7.0	5.0	6.0	N/A	4.0	4.0	6.0	5.0	2.0	3.0	3.0	4.0	4.0	6.0	5.0	4.0	5.0	3.5	2.1
	Other/unanticipated impacts	N/A	N/A	N/A	N/A	N/A	6.0	N/A	N/A	N/A	6.0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		