



## AHRC-MRC Global Public Health; Partnership Awards Call 2

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### II. Introduction

The Global Challenges Research Fund (GCRF) offers a unique opportunity for the Arts and Humanities Research Council (AHRC) and the Medical Research Council (MRC) to launch a global public health initiative that responds to the challenge of bringing together expertise in medical science and health interventions in developing countries, with arts and humanities research bringing an understanding of local knowledge and history, cultural and historical contexts and dynamics, community engagement, and trust.

The overarching driver of this partnership building activity is to develop inter-disciplinary research capacity and capability in both the UK and developing countries, jointly and collaboratively and across career stages. The aim is to generate reciprocal benefits through integrating understanding of cultures and histories into medical and public health challenges in a global context and to equip the next generation of researchers to work collaboratively and blend scientific, cultural and policy research.

The activity should catalyse the creation of sustainable, balanced relationships between UK based research organisations and researchers with those in developing countries. Learning and knowledge exchange should be reciprocal with clear mutuality of benefit for all collaborators.

This call is designed to complement previous GCRF foundational awards calls, including the cross-Council calls led by MRC on Global Infections and Non Communicable Diseases (NCD) and by ESRC on Anti-microbial Resistance (AMR). It seeks to add distinctive value to those calls through focusing on the development of inter-disciplinary research capability and innovation which combines expertise in the medical and health sciences with research in the arts and humanities and which strengthens international collaboration and partnerships.

This is the second AHRC/MRC joint call for Partnership Awards . Details of the awards funded under the first call will be publicly announced in early September 2017. This second call is intended to complement the first call and to provide an opportunity to widen the range of inter-disciplinary and international collaborations, public health issues and contexts being supported through the first call. Awards under this second call will be expected to start in early 2018.

### III. Context

The UN Agenda for Sustainable Development identifies as one the Global Goals “Ensure healthy lives and promote well-being for all at all ages” and RCUK has identified ‘sustainable health and well-being’ as a priority challenge for the Global Challenges Research Fund (GCRF). There are important intersections and inter-relationships between objectives in multi-faceted areas such as global public health. This call seeks to build the capability to meet the objective of the GCRF to encourage inter-disciplinary research that offers a holistic, whole-system view of development challenges, and generates new insights into how they could be tackled.

Many public health interventions fail due to a lack of understanding of their social, cultural and historical contexts and their reception by the very people and societies they are intended to benefit. Efforts to improve public health can also be mis-directed or have unintended consequences if not grounded in sound scientific understanding of the health issue being addressed or if the relevance of cultural knowledge to health challenges is not apparent or shared effectively across disciplines or professions. For example, in the case of Ebola, cultural misunderstandings (such as the failure to take into account understanding of, and research on, burial practices) poor messaging, the sidelining of local capability, and failure to engage in two-way communication resulted in anger and resistance from the communities affected. Poor uptake of the health messages being disseminated resulted in negative consequences for the public health community, limiting the ability to manage and treat the disease effectively. Historical lessons learned from previous outbreaks were missed.

The need for cross-disciplinary approaches is highlighted in a recent report by the Academy of Medical Sciences; ‘Improving the health of the of the Public by 2040’, which identifies an increasing need to move towards transdisciplinary ‘health of the public’ approaches and develop transdisciplinary research capacity which brings together biomedical research with insights from the arts and humanities (and other fields) to create the capacity to address diverse and complex health challenges.

### IV. Scope of the Call

The aim of this activity is to build inter-disciplinary research capacity and capability and to support research innovation across the MRC and AHRC communities. Successful applications will build and strengthen UK and international research collaboration and partnerships for global public health benefit. In order not to limit the potential for inter-disciplinary innovation under this call the call is open to proposals addressing any global public health issue affecting low and middle countries.

For more information regarding Global Public Health issues and scope please see Annex A.

All proposals under this call must meet **all** of the following criteria:

1. Be highly inter-disciplinary bringing together significant insights and UK research expertise from both the arts/ humanities and the medical/ health sciences. The added value from the inter-disciplinary approach should be clearly explained in the proposal.
2. Be internationally collaborative involving researchers, practitioners, communities, patients, and/or other non-academic partners in one or more low or middle income country.
3. Focus on global public health issues in LMICs with the potential to benefit the health of people in LMICs (meeting the requirements for ODA compliance as described in guidance below).

Information on MRC science areas please refer to <https://www.mrc.ac.uk/funding/science-areas/neurosciences-mental-health/remit-and-scope/>

Information on subject areas within the AHRC's remit can be found in Section 7.3 of the AHRC Funding Guide, starting on page 103. Further information on subjects at the AHRC-ESRC interface can be found in Section 7.4 of the AHRC Funding Guide, starting on page 110. Please note that areas outlined in the statement as lying predominantly in the ESRC's remit (e.g. in fields such as social legal studies, social anthropology, education) will not by themselves fulfil the requirement for arts and humanities input within AHRC's remit. Similarly, whilst we would welcome inputs from arts or cultural/ creative practice, this will not by itself meet the requirement for arts and humanities research input to projects and should be combined with academic arts and humanities research input from the higher education sector or independent research organisations. In judging whether proposals meet the requirement for arts and humanities input, the AHRC will take into account both the research expertise of those involved and evidence that proposals draw on relevant research literatures, ideas, data, methods and/or approaches within the arts and humanities. For any enquiries regarding fit to AHRC or MRC remit, please contact [international@headoffice.mrc.ac.uk](mailto:international@headoffice.mrc.ac.uk)

### **Eligible activities**

Activities under this initiative should aim to lay the foundations of networks and researcher relationships between expertise in the medical sciences and the arts and humanities internationally. Teams should include an appropriate mix of arts and humanities research and medical science expertise.

The following activities are permissible under this partnership grant scheme:

- Establishing Inter-disciplinary collaborative partnerships or consortia
- Developing strategy to strengthen research activity across the field
- Knowledge sharing across research departments and/or between Institutions and across sectoral boundaries both within the UK and with LMIC based colleagues.
- Small scale/pilot/proof of principle/exploratory/ higher risk inter-disciplinary projects to explore innovative boundary crossing collaborations
- Cross-disciplinary (and cross-cultural / language) literature reviews/ research synthesis/ evidence analysis or integrative data sharing and analysis,
- Widening/ extending the disciplinary breadth of existing teams / partnerships (e.g. through placements, embedding, ethnographic research)
- Career development, inter-disciplinary skills enhancement and capacity building.
- Establishing shared infrastructure, for example staff, systems, equipment, data, seminars, workshops. This could include a co-ordinated set of needs-led and complementary networking activities (including outreach work and travel) with a defined output.

*Funding for Masters or PhD studentships is not eligible under this call.*

### **Funding available**

The total funding available for this call from MRC and AHRC is **£2million**

Following feedback from the first call there are two scales of award that can be applied for under this second call:

- Small Partnership Awards with total costs of no more than £50,000 fEC; these small awards should be for a duration of no longer than 18 months and be used for initial activities that

will build new partnerships between UK and LMIC researchers across the MRC and AHRC disciplines, with a focus on global public health.

- Large Partnership Awards with total costs of no more than £200,000 fEC ; these larger awards should be 18-24months and include a comprehensive package of work that will build new or develop existing partnerships between UK and LMIC researchers across the MRC and AHRC disciplines, with a focus on global public health.

The funding requested should be commensurate with the activities intended for these projects.

### **Geographical scope**

Proposals must be primarily focused on addressing public health issues of people in low or middle income countries on the OECD DAC list of ODA-recipient countries. The list can be found here - <http://www.oecd.org/dac/stats/documentupload/DAC%20List%20of%20ODA%20Recipients%202014%20final.pdf>

We encourage proposals with the potential to produce benefits for the most vulnerable populations and/or those in poorly resourced settings, consistent with the UN Sustainable Development agenda's cross-cutting priority of 'no-one left behind'.

All countries of focus need to be adequately justified and a local need identified. The relevance of all countries involved in any multi-country study must also be justified.

### **V. How to apply**

Proposals must be submitted to Je-S by the call deadline: **4pm BST Thursday 26th October 2017.**

Full details on how to apply to this scheme is detailed in the scheme specific guidance on the AHRC & MRC call webpages.

Proposals can only be accepted by electronic submission through the Je-S system (<https://je-s.rcuk.ac.uk/jes2webloginsite/login.aspx>).

If you have any technical issues with the Je-S system please contact Je-S help desk at [JeSHelp@rcuk.ac.uk](mailto:JeSHelp@rcuk.ac.uk).

Guidance on this system can be found at: <https://jes.rcuk.ac.uk/Handbook/Index.htm#pages/JeSHelpdesk.htm>

For queries about applying to this funding scheme or scheme eligibility please contact: [International@headoffice.mrc.ac.uk](mailto:International@headoffice.mrc.ac.uk)

### **Call timeline**

Application forms available on Je-S	28 <sup>th</sup> August 2017
Webinar	To be announced on the website
Deadline for submissions	26 <sup>th</sup> October 2017
Panel Meeting	Early December 2017
Decisions to be sent out	Mid-January 2018
Start date of awards	01 <sup>st</sup> January – 31 <sup>st</sup> March 2018

## VI. Annex A: Potential Global Public Health Issues and Scope

The call focus is broad in its remit with regard to global public health. Relevant themes that could be considered include, but are not limited to:

- Understanding public health in relation to cultural and population change, migration / mobility, cultural diversity and links to issues such as the transmission of infectious diseases and connections to wider issues such as, gender, disabilities, rights and inequalities
- Addressing health challenges in contexts of humanitarian response, conflict & fragility, disruptive events (e.g. environmental disasters), global health emergencies and/or multiple vulnerabilities; supporting recovery and/or building health resilience
- Contextually appropriate, user-led / co- design to improve health systems or services
- Culturally informed stratified medicine/ public health or early interventions / targeting or tailoring health measures to reflect the needs of under-served or at risk groups; cultural contexts for targeting the needs of specific groups e.g. women, children, disability groups, older people etc.
- Cultural attitudes towards and treatment of mental ill health, improving mental health; self- and body, gender and other forms of identity, understanding of the mind, innovative approaches to challenges such as substance abuse and addictions
- Understanding the effectiveness, scalability, transferability and sustainability of cultural and creative arts based health interventions
- Preventative health, e.g. interactions between changing ways of living/ lifestyles, food cultures, traditions and practices, cultural participation, take up of immunisation or other preventative programmes, globalisation and challenges such as diabetes, physical activity, better nutrition/diet, smoking, sexually transmitted diseases (STDs), etc.
- Innovative use or integration of different forms of health and cultural data to better inform health policies
- Cultural understanding in relation to the adoption of developments of mobile, monitoring and digital technologies including analysis of individuals in their environments and over the life course
- Environment and health interactions, lived environments, experience, exposure to environmental health risks, and public health
- Learning from, and understanding the legacies of, historic health policies and interventions (successful and unsuccessful)
- Public health in cities, the effects of urbanisation and design for healthy urban living, human-environment-health interactions (e.g. physical mobility, exposure to toxins), Urban health inequalities (the 2016 WHO Global report on urban health: equitable, healthier cities for sustainable development may also be relevant in this regard)
- Cultural attitudes, stigmas and the representation of illness /disease, transmission/ genetic inheritance etc. and their interactions with issues such as improving early diagnosis, interventions and treatment

- The significance of cultural understanding for public health responses to epidemics and humanitarian crises including conflict
- Potential for mobilising local assets and capabilities, community engagement or empowerment, changing health-related practices or behaviours, holistic care, patient consent and activation and local activism in support of healthy living or recovery from illness or health research / trials, trust in medicine / health sciences/ experts, creative approaches to communicating health information or training;
- Delivery of public health programmes in relation to legal frameworks, belief systems and ethical considerations
- Practices and beliefs relating to death and health risks, palliative care and coping with death

Additional areas suggested by the Panel which reviewed the first call included:

- Public health challenges in LMICs related to or impacted by ageing populations
- Public health challenges in LMICs related to or impacted by gender based violence
- Public health challenges that relate to migration or displacement of populations
- The use of documentaries, film, narratives and/or historical or similar approaches to explore global public health
- Partnerships that use the arts and humanities to understand and prevent injuries and accidents, particularly in adolescents and young adults.

This list is intended to illustrate the range of opportunities and not be exhaustive or indicate priority areas for the call. Proposals focused on other global public health issues that address the overall objectives and key requirements of the call will be considered.

**PLEASE NOTE:** The quality of proposal remains the primary consideration against which applications will be judged. However, balancing the portfolio of funded projects may be used to differentiate between applications judged to be of the same quality.

### **Cross-Cutting Considerations**

Proposals under this call should consider the following cross-cutting issues:

- relevant local contexts and indigenous knowledges, capabilities, customs, cultural practices and values, identities, faiths and beliefs, languages, legacies from the past, local contexts in relation to trust, expertise and authority and ideas about age, gender, childhood, family etc and their impacts upon health policy and practice;
- engagement with local communities and professional practice, cross-cultural translation and communication, and wider public engagement with, narratives about, research, medicine and public health;
- local laws and regulatory systems, ethical considerations, responsible innovation, permissions/ consent, equalities and human rights, relevant local cultural norms, appropriate use of data, etc.;

- approaches to building equitable and sustainable collaborations and partnerships with low and middle income countries and for supporting (as appropriate) participation from people in LMICs;
- potential impacts in relation to health equity and inequalities and addressing the challenges of the poorest groups and potential intersections and impacts in relation to wider sustainable development goals.