

Environment template (REF5)

Institution: Queen Margaret University
Unit of Assessment: UoA 24 Anthropology and Development Studies
a. Overview

This submission involves at its core the research programme of the Institute for International Health and Development (IIHD) and includes its staff and *Scandrett*, who is located in the University's Department of Sociology but collaborates with this group. This is a multi-disciplinary group consisting of social scientists with backgrounds in health economics, psychology, sociology, community education, anthropology, and political economy. IIHD considers health a core development sector and focuses on the social processes that determine health and wellbeing at every level from micro to global development. There are two main research areas within the group; one focused on psychosocial wellbeing in populations affected by conflict and emergency and the other on policy analysis and processes of change in health systems, especially those affected by conflict. The boundaries of these two areas are porous and there is considerable collaboration within and between the two. The research is a component of the University's research theme Social Determinants of Health, which is led by *McPake*. This is a new group in terms of RAE/REF submissions. Some members of the group were submitted as part of a larger allied health sciences (UoA12) submission in 2008.

b. Research Strategy

The group's aims are continued steady growth of research outputs, collaborations, reputation, income and output, targeted recruitment, support to junior and developing researchers, and strategic management of the research portfolio. Our specific and quantified objectives for the period 2008-2013 and 2013-2018 are shown in the table below:

Objective	2008-2013	2013-2018
1. Increase research active staff including early career research staff	from 8-12	to all staff members
2. Increase research degree student enrolments and graduations per annum	from 2-4	6 enrolments; 4 graduations
3. Secure research funding for significant programme of research that links researchers within the group	Secure funding	Maintain funding
4. Establish new and strengthen existing collaborations with world class international research institutions	√	√
5. Establish new and strengthen existing collaborations with research institutions in the global South whose continued capacity development we can support and who in turn can support our access to and understanding of relevant research sites	√	√
6. Consolidate research in psychosocial well-being and complementary academic activities	√	Consolidate, further and bridge between two areas
7. Establish health systems research and complementary academic activities within IIHD's research group	√	
8. Support enhanced impact of research by engaging in policy processes where our research can contribute	Not an explicit objective	√

In 2008, IIHD was in a transition phase having appointed the current Director (*McPake*) in 2005 and was forming new research directions (primarily around health systems research) while seeking to consolidate and integrate these with existing strengths (primarily around social determinants of psychosocial well being). Independent submission in 2014 in part represents the University's success in achieving objectives set in 2008.

Objectives 1 and 2 are discussed under section (c) below. In 2010, IIHD secured partnership in a DFID research programme consortium entitled ReBuild (Research for Building pro-poor health systems in the aftermath of conflict); (total funding £6m, 2011-2017). This RPC is led by the Liverpool School of Tropical Medicine (LSTM) with one of its co-Directors located in IIHD

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(*McPake*), reflecting the shared leadership and genesis of the programme. This makes the major contribution to the achievement of objectives 3, 4 and 7 and a significant contribution to 5. To date, primary research is underway in 4 countries in mid-2013 and scoping work has been completed that has produced some initial outputs (*Witter*, 2012, *McPake* et al., 2013; *Witter* et al., 2013). It establishes a new collaboration with LSTM, a world class international research institution and establishes or consolidates collaborations with Makerere University, the Biomedical Research and Training Institute, Harare, the University of Sierra Leone, and the Cambodian Development Resources Institute. It makes the major contribution to the establishment of health systems research within the Institute, which is also supported by developments in IIHD's teaching programme. Other work on policy analysis and processes of change in health systems is represented in smaller scale research funding, which has supported related work focused on evolving processes of access to health care (ESRC), the development of health workforce (World Bank and GHWA) and the governance processes that link the two (DFID) in a range of low income, fragile, and conflict affected contexts. The links between the two are explored in particular by the work of two recent appointees: *Kapilashrami* and *Kielmann*. The work of *Kielmann* focuses on the social context and systemic processes which shape health provider behaviour and health provider-user interactions, further strengthening our research on human resources for health and diversifying its disciplinary base. *Kapilashrami* is concerned with governance in health systems, including the implications of global health initiatives for governance processes. These themes are further researched within the research degree programme, which incorporates work on human resources for health, health financing, public-private mix in the health system and the health system development processes post-conflict. These research activities have also established new and strengthened existing collaborations including with the University of Melbourne, the Royal Tropical Institute, Amsterdam, the College of Medicine, University of Malawi and the Nuffield Institute for Global Health, University of Leeds.

Research on psychosocial wellbeing within communities affected by conflict has sustained its strength from previous periods (objective 6). Publication of the conceptual framework emerging from the Indicators of Integration research (*Ager* and *Strang* 2008 most cited paper in the Journal of Refugee Studies in 2011, 2012 and 2013; *Strang* and *Ager*, 2010) resulted in a series of national and international collaborations. *Strang* was academic advisor to an EU-funded research project replicating the study across 3 European countries: Malta, Italy and Germany in collaboration with the International Organisation for Migration, the Berlin Institute of Social Comparative Research and University of Malta. *Strang* has developed collaborations with UK partners undertaking research programmes based on our Indicators of Integration framework including the Scottish Refugee Council (longitudinal study 2009-2012), University of Strathclyde, University of Birmingham and London South Bank University. *Horn* came to IIHD through an ESRC post-doctoral fellowship focused on the processes shaping intimate partner violence among displaced populations. *Horn* and *Strang* then established a major new line of enquiry focused on participatory methods for evaluating 'social connectedness' in displaced populations in partnership with international humanitarian agencies. An approach to measuring this concept was explored in a research project (internally funded) establishing its multi-contextual validity and feasibility in Darfur (Sudan) and Glasgow, with follow up work in Glasgow. These themes are represented in the research degree programme which includes further work on social connectedness in displaced populations and the social processes shaping psychosocial support services in post-conflict and post-emergency situations.

A focus on psychosocial wellbeing broadens the concept of 'health' and the processes by which it is shaped to include more political processes and the sphere of social justice. *De Kok's* work uses discursive psychology to understand conceptions of normativity, morality and blame that underpin behaviours related to reproductive health. This programme of work on infertility and childbearing in Malawi was undertaken through an ESRC-MRC post doctoral fellowship on infertility, partially transferred to IIHD from the University of Edinburgh and a research project funded by the Independent Social Research Foundation on loss in child bearing in Malawi. The latter uses discourse analysis to explore accounts of such losses (maternal and perinatal deaths, abortion) and evoke local interpretations of accountability and human rights. *Scandrett* focuses on the learning processes embedded in and engendered by social movements and their impacts on

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environment and health and includes work on the Bhopal Survivors’ Movement Study and on social movements in Scotland (funded by ESRC) and most recently Palestine. Within the research degree programme further work linking political processes, psychosocial wellbeing and bio medically defined health considers relationships between conceptions of justice and psychosocial wellbeing, the interplay between ethnic identity and exclusion in accessing health care in remote settings, and advocacy processes to improve health outcomes for married adolescents.

Attracting excellent research staff depends on the external perception of a vibrant research community, which comes from success in exercises like the current one, multiple formal and informal collaborations and interactions with other research groups, success in attracting significant funding for work in areas of growth and research progress. All of these depend in turn on attracting and retaining excellent research staff. This can be a vicious or virtuous circle and the track record of the past 5 years suggests that a virtuous circle has been established and can be built on.

Over the next 5 year period we particularly aim to sustain such a virtuous circle with respect to health economics research. Our existing health systems research contains a significant economic component which has focused on the roles of incentives in financing and human resource systems and the links between them. In the last year we have recruited two health economists (*Tseng* and *Edoka*) who have just completed post-doctoral and PhD studies respectively to work alongside *McPake* and *Witter*. These new staff members will particularly strengthen our capacity to apply quantitative methodology and to model the social processes in the determination of health system outcomes that our research focuses on. Both are already engaged in the work of the ReBuild programme, modelling the long run implications of health financing policy change during the pre-during and post-conflict periods of health system development on the processes of poverty at household level. We judge this area of work to be critical for the consolidation of our research programme, central to signalling a vibrant research environment and strategic in enabling capture of additional research income. This investment exemplifies the strategic portfolio management alluded to.

We have been able to take advantage of the critical mass emerging from the growing research degree programme, instituting a seminar series for and by the research degree group, and have started to institute a formal mechanism for them to link to ReBuild work. For example, selected PhD students attended the annual ReBuild programme workshop in 2013 to participate in identifying research priorities for the next round of research. Further embedding the research degree programme in the externally funded research programme of the IIHD research group constitutes a further planned measure towards achieving the objectives set for the next 5 year period.

Objectives 1 to 3 can be monitored quantitatively. Objectives 4, 7 and 8 require qualitative assessment. Objectives 5 and 6 will be measured by itemising funded research activity and research activity that generates published outputs and involves cross-institutional collaboration.

c. People, including:
i. Staffing strategy and staff development

There are 12 members of academic staff in IIHD (9.8 FTE) compared to 8 in 2008 (5.8 FTE). One (1 FTE) member of staff retired, 3 moved on from temporary positions (2.0 FTE) and 7 have been recruited (6.0 FTE). Recruitment strategy has emphasised the contribution candidates for employment can make to the research programme. By strategic recruitment we have fulfilled the objective of establishing health systems research and complementary academic activities within IIHD’s research group while further strengthening work in the area of psychosocial wellbeing and the links between the two areas of work. Of the 12 members of academic staff, 7 are core funded and have permanent contracts while 5 have fixed term contracts. Four out of 8 had fixed term contracts in 2008 but one has been converted to a permanent contract in the interim. This is the intention with respect to 3 of those with fixed term contracts presently; the others share commitments across different institutions and are likely to play a continued role in IIHD in the medium to long term. *Kapilashrami* has been appointed on a fixed term appointment to cover the funded research absence of *de Kok*. The university has invested in an additional year’s contract

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beyond that externally funded to support the building of opportunities to secure the long term sustainability of the post. *Tseng* and *Edoka* have been appointed to fixed term appointments as part of our strategy to develop and strengthen health economics as a discipline within the group and success in doing so is expected to support their continued employment and transition to permanent contractual status. The prevalence of part-time contracts reflects our commitment to flexible working.

The age profile of the academic staff group demonstrates a strong representation of ages, career stage and experience. Over the next 10 years, one or two key members of staff may retire and there is a need for succession planning. There are candidates among the existing staff to assume more senior roles in the research programme over that period. This assumes we do not lose key staff to other institutions, a risk which the recent track record suggests is small and which will be further managed by considering long term as well as immediate needs in recruitment. The gender distribution is 11:1 female: male. Ethnically, the staff is dominated by members of European origin but is more diverse than in 2008 with four of the recruited staff members having non-European ethnic background. We have particularly encouraged applications for available posts from candidates with backgrounds in the countries in which most of our work is based.

The University has offered excellent support for researcher career development. Staff members in the group have engaged in the University's research and KE mentoring programme, benefited from the University's Centre for Academic Practice researcher career sessions and have accessed researcher support services available in the Learning Resource Centre. All submitted staff members have profiles within the University's eResearch repository and all bids for external research funding are supported by the Research and Knowledge Exchange Unit. Staff access researchresearch.com to identify funding opportunities and keep up to date with research news.

All research activity is required to meet ethical standards. Two IIHD staff members sit on the University's ethics committee. Most research activity involves teams of researchers so there is mutual support and mentoring. A lively seminar series and a busy programme of visiting researchers (approximately 30 seminars and 8 visiting researchers since the start of the 2008 academic year) ensures that all research staff are exposed to a wide range of research practice.

A number of indicators suggest the effectiveness of these measures. There is progress in relation to ethnic diversity. We are submitting 10 members of staff to the REF exercise, having judged their work as having the potential to be evaluated as internationally excellent. This constitutes an increase from 2008 when all 8 members of IIHD academic staff were included on a less selective strategy, the change reflecting increased research engagement of all staff and strategic recruitment of new staff. Of 7 staff recruited, all have PhDs, three have undertaken formal post-doctoral studies (*Horn, de Kok, Tseng*), three others have significant post-doctoral experience in other academic departments (*Kielmann, Witter, Kapilashrami*) and one has joined directly on completion of her PhD (*Edoka*). *Horn, De Kok* and *Tseng* were awarded post-doctoral fellowships (*Horn* and *de Kok* from ESRC) and *Edoka* was awarded an ESRC PhD studentship. *De-Kok* was awarded one of 5 early career fellowships by the ISRF from European-wide competition among 50 applicants.

Among senior staff, international and national recognition is reflected in significant appointments. *McPake* chaired the thematic reference group on social sciences research for Tropical Diseases Research, an agency of the World Health Organisation from 2008 to 2011. *Strang* chaired the Scottish Government's Refugee Integration Strategy consultation process in 2012.

c. II. Research students

IIHD's PhD programme has grown from 12 enrolled students in 2008 to 25 enrolled students in November 2013, with new matriculations averaging 4.2 over the 2008-2013 period and graduations averaging 1.4 (7 of the 12 enrolled in 2008 have graduated; a further one has now submitted; 3 of the remaining 4 are part-time and 1 has dropped out). We also provide supervision for two students on the University's professional doctorate programme.

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Nearly all submitted staff members undertake research degree supervision, excluding only staff members recruited since 2012 (*Tseng* and *Edoka*) and *Horn*, who works in the group intermittently. PhD students are supervised by a team of a Director of Studies (DoS) and at least one second supervisor, which allows those with less experience to be paired with those with more, and allows staff to gain experience in second supervisor roles before taking on DoS roles. As student numbers began to permit we instituted a research degree seminar series which has been led by RD students with the support of staff members. These have focused primarily on epistemology and methodology. PhD students benefit from University level support measures including the research degree methods programme offered by its Centre for Academic Practice and involvement in the PhD students association. IIHD students have played a significant role in its leadership in recent years, providing 2 of 3 co-chairs in academic year 2011-12 and 1 of 4 in 2012-13.

d. Income, infrastructure and facilities

The table below shows research income associated with projects of which any part fell between 2008 and 2013 and which are attached to the research group.

Title of research project	Total grant income	Share to QMU	Funder	Researcher(s) involved
Child bearing in Malawi	£26,229	£26,229	ESRC	de Kok
Loss in childbirth in Malawi	£49,830	£49,830	Independent Social Research Foundation	de Kok
Innovative social and employment policies for labour markets in Europe	£2,500,000	£110,000	EU	Ellison
Youth access to antiretroviral therapy in Malawi	£78,737	£78,737	ESRC	McPake
ReBuild Consortium	£5,999,948	£1,298,304	DFID	McPake, Witter Fustukian
Removing financial barriers to access RMNH	£88,000	£88,000	DFID	McPake, Witter, Fustukian
Health labour markets	£34,037	£34,037	World Bank	McPake
Universal health coverage and human resources challenges in South East Asia	USD23,600	USD23,600	WHO (SEARO)	McPake, Edoka
Towards a typology of health systems	£22,000	£22,000	Bill and Melinda Gates Foundation (via HLSP)	McPake
Cost-effectiveness of community health workers	£121,316	£30,758	World Health Organisation	McPake, Edoka, Kielmann, Tseng
Bhopal survivors movement study	£4,250	£4,250	British Academy	Scandrett
	£2,090	£2,090	Carnegie Trust	
	£1,000	£1,000	Carnegie Trust	
	£7,474	£7,474	Nuffield Foundation	
Social learning for environmental justice	£78,000	£4,305	ESRC	Scandrett
Psychosocial support for Gazan communities	£23,320	£23,320	Mercy Corps	Strang
Psychosocial research fellow	£57,824	£57,824	ESRC	Strang, Horn
Capacity building for	£97,000	£97,000	Lloyds TSB	Strang

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psychosocial wellbeing			Foundation	
European study on refugee integration	£218,000	£20,422	International Organisation for Migration	Strang, O'Brien
Social connectedness in displaced populations	£10,000	£10,000	NHS	Strang

We have been successful in securing competitively awarded research funding, including with the ESRC, and in the intensively competitive process of securing partnership in and co-Directorship of a DFID research programme consortium. While much of the associated research effort is ongoing, competitively funded research has contributed significantly to the set of outputs submitted (20 out of 30 outputs submitted derive from the projects listed above).

The major potential funding sources for our work are the ESRC and DFID, with other opportunities associated with international agencies which may solicit bids for work through tender processes (as was the case with the GHWA grant) or award pieces of work without a competitive process on the basis of reputation (as was the case with the World Bank grant). Our strategy for securing and building a portfolio of externally funded research is primarily focused on support for the development of excellent research proposals which starts from a strategic identification of research questions we are well positioned to address as the next step in our research programme (derived from an annual research strategy meeting in August, and reviewed and updated in an annual IIHD retreat in December). Funding opportunities that we know or expect will become available in the coming year are identified and individuals charged with developing research ideas over a medium term time frame and supported through mentoring and peer support processes to do so. We initiated this process formally in August 2012, prior to that a more informal process prevailed.

The university has invested in the growth of research in this area including funding three associated research projects involving *Strang, Horn* and *Scandrett* (combined funding £20,900), a research networking project involving *de Kok* (funding £3,000), the post held by *Edoka*, which resulted from a successful bid in a university wide strategic research investment competition, and in a one year investment in *Kapilashrami*, additional to the year funded by her replacement of *de Kok* through her ISRF grant. Other new posts have been funded by research income.

e. Collaboration and contribution to the discipline or research base

The group's approach to development studies focuses on health as both a key development sector, and an indicator of development itself. We are concerned with the analysis of global to local processes in shaping health outcomes from an interdisciplinary perspective with particular attention to populations bearing the brunt of processes of globalisation without privileging specific geographic regions. This includes populations in conflict affected settings, populations affected by environmental damage, and specific vulnerable populations including pregnant women and children. In many cases, our work critiques hegemonic development models and engages with resistance to processes of globalisation. Our work, therefore, encompasses a significant focus on refugee and asylum seeking populations in Europe and particularly Scotland (for example *Strang* and *Horn's* previously mentioned work in Darfur and Glasgow) and with indigenous populations engaged in resistance, for example in Wester Ross and Bhopal (*Scandrett*). The distinction between 'developed' and 'developing' (or 'emerging') in our view separates analysis of processes that have more in common than are at odds, and we exploit the opportunities to apply the theories and principles of the development studies discipline beyond the set of geographic regions to which they are usually applied while still undertaking the bulk of our work in those regions.

'Interdisciplinarity' is at the core of IIHD's research philosophy. The faculty spans the breadth of the social sciences and much of the work undertaken is difficult to categorise in disciplinary terms. This has led us to a core focus on methodology, as much of our research consequently requires methodological innovation. This is reflected in many of the submitted outputs that are based on empirical studies involving mixed methods. Further, a number of staff members are actively involved in forums that examine methodological innovation in measurement of social constructs in health including gender and social capital, as well as evaluation of social processes in health

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systems. For example, *McPake*, and *Witter* are members of Health Systems Global, which has a significant concern with the establishment of methodological guidance in this interdisciplinary area and *McPake* and *Kielmann* have made published contributions in this area. The focus of *Strang's* current work focuses on the measurement of social connection, an inter-disciplinary concept, and *de Kok* recently edited a special issue of *Social Science and Medicine* that focused on inter-disciplinarity in relation to loss in childbirth and has in particular pioneered the use of discourse analysis and discursive psychology in this context. Scandrett has developed the method of 'video dialogue' interviewing using Frierean pedagogical principles in ethnographic context.

Methodological innovation also responds to a particular concern with the relationship between research and the development process that includes 'user engagement' and extends it to concern for the wider implications of that engagement beyond direct users. This has implications for the nature of the networks in which we engage and the ways we engage beyond the research community. More explanation of this is provided in the impact template.

We are active in a range of more traditional academic networks and networks that enable research user interaction, collectively in organisations such as the Development Studies Association, the Global Health Workforce Alliance, NIDOS, the Scotland-Malawi partnership, the UN Inter-Agency Standing Committee Reference Group for Mental Health and Psychosocial Support in Emergencies, Glasgow Refugee, Asylum & Migration Network, 'Ethnicity in Mind', and as individuals in professional associations such as the International Health Economists Association, the International Society for Critical Health Psychology, the American Anthropological Association, and Health Systems Global. In Health Systems Global we have initiated a theme group in the area of fragile and conflict affected groups in collaboration with the ReBuild programme and the Health and Fragile States Network. We have hosted and spoken at many academic meetings (see below) and seminars, actively engaging in academic debate across institutional and international boundaries and in the research to policy and practice interface.

Collaboration has been among our key strategies for building our research programme and key institutions with which we have achieved external research funding have been itemised in previous sections. We have also engaged more informally with a number of research institutions nationally and internationally in ways that have enriched the research culture in IIHD and that promise future formal and funded activity. These relationships are reflected in the IIHD seminar programme and our contributions to external seminar programmes. During the current REF period, IIHD has hosted 25 research seminars from academics from 19 institutions, 10 of those outside the UK and IIHD academics have been guest speakers in 18 seminars in 14 other institutions, 5 of those outside the UK. We have made 44 oral presentations at conferences, 28 of these international conferences.

Beyond collaborations focused on research, we have ongoing collaborations focused on post graduate teaching. We are long-standing members of TropEd (www.troped.org) and of the Erasmus Mundus European Masters in International Health, a consortium of 9 institutions including institutions in Mexico and Thailand which has twice been refunded by the EU and is currently hosted by the University of Bordeaux. We have partnered with the College of Medicine (CoM), University of Malawi to develop a stream on health services management for their Masters in Public Health (formal award), financially supported by the Scottish Government, the Health Services Academy (HSA), Islamabad, with whom we jointly offer a post-graduate certificate programme (formal award) in Human Resources for Health partially sponsored by GIZ; and a collaboration with WHO SEARO to offer post-graduate health economics teaching in the South East Asia region which has so far been delivered in collaboration with the University of Public Health, Yangon, Myanmar, Tribhuvan University, Kathmandu (also partially supported by GIZ) and Sri Jayewardenepura University, Colombo. These latter are not formally recognised but it is intended that they will become credit bearing modules within the Masters programmes of these institutions. These relationships have supported or promise to provide the basis for research collaborations: for example, CoM hosted the ESRC funded Youth Access to Antiretrovirals project; and a joint funding application was prepared with HSA.