

What should equity in global health research look like?



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It is crucial that the global health community address racial, ethnic, and socioeconomic inequities that impact health outcomes and wellbeing. Regrettably, institutions in the high-income countries (HICs) of the Global North disproportionately influence how and what is researched,¹ resulting in the exclusion of cultural contexts and priorities of researchers in the low-income and middle-income countries (LMICs) of the Global South from global health leadership and the benefits of research.²

Global health research is typically a collaborative effort between researchers in the Global South and the Global North. Yet the power in these relationships is seldom equal, with clear evidence of inequity.³⁻⁵ Researchers in HICs typically receive a greater share of funding and resources, even when the research is done in LMICs. This inequity is reinforced by systemic inequalities related to who can raise research funding and dictate spending, who receives grants as principal investigator, and the way data gathered in LMICs are generally analysed and published by HIC researchers.^{6,7}

Two mechanisms to reconfigure such power imbalances are reflexivity and positionality. Reflexivity entails examining one's beliefs, judgements, and practices and their influences on research. Positionality is the stance adopted by researchers on the sociopolitical contexts of people who are the focus of research. Given the power

yielded by researchers and how benefits are distributed in global health, reflexivity must be embedded in every stage of the work to recognise, interrogate, and address drivers of inequity and to enact positive change.^{8,9} It is imperative to scrutinise researchers' positionality and the primary motivation for their work and to identify reasons for hesitancy in centring a Global South research agenda and building capacity and learning from LMIC researchers.¹⁰ Individual audits and sanctions against institutions that do not champion equitable partnerships would deter continuation of such stances. Regulatory mechanisms, institutional policies, and ethics committees in both the Global North and Global South need to advance equity in research and support the priorities of researchers and communities in LMICs. Transformational practices necessitate developing capacities, stances, and ethics to uplift the lived experiences of research participants beyond data-gathering. These practices will require reimagining the management of research financing and valuing the needs and voices of people who matter the most.¹¹ There is also a need for systems in global health research that build opportunities and reinforcements for reflexive behaviour.

Global North institutions need to remove barriers to strengthening infrastructure and human research capacity in LMICs. Specifically, it is unethical to extract

Panel: Actions to advance equity in global health research

Individual and personal level

- Unlearn the notions of absolute scientific objectivity in global health
- Decolonise attitudes and concepts in global health and reflect on inbuilt biases of superiority and inferiority
- Actively learn and valorise respect and humility
- Make promoting fairness everybody's business: global health leaders should inspire through action rather than rhetoric
- Recognise that equity is about more than equality; global health researchers need to prioritise equity in their research and collaborations

Institutional level

- Devolve global health research centres to where the health challenges being addressed are located
- Promote solidarity (South-South and North-South collaborations)
- Institutions need to invest more in researchers from LMICs (protect them, respect them, reward them)

- Strengthen the ability of institutions in LMICs to manage global health research processes—eg, enhance capacity, skills, and oversight
- Match the requirement of funding institutions for researchers to demonstrate capacity building in grant proposals with equivalent funding for that capacity in indirect costs
- Document and acknowledge capacity strengthening of researchers from HICs in North-South collaborations; the global health community continues to undervalue how these partnerships build up the research portfolios of institutions and researchers based in HICs
- Develop mechanisms that evaluate partnerships in collaborative research, including measures of fairness, and the quality of ethical and culturally responsive engagement
- Redress existing harms from inequitable practices and identify, document, and rectify colonising and unethical practices in global health research

LMIC=low-income and middle-income countries. HICs=high-income countries.

data without improving infrastructure in the places where research is conducted, although this remains a common practice.¹² Increasingly, providing evidence of capacity strengthening with input from local researchers is a prerequisite of grant awards,¹³ and a demonstration of how such collaborations jointly build local research capacities should be clearly documented as research outputs. However, bolstering infrastructure, resources, and supportive grant review processes to strengthen the process and outputs in LMICs demands priority investment through funding mechanisms.¹⁴

Financial investment in global health research requires more transparency. Real transformation will require financial control of research agendas to be moved to the communities where research is conducted,¹⁴ with local researchers and community leaders taking on leadership roles.¹⁵ This reimagining will require institutions in HICs to address structural barriers to change, such as requirements for researchers' salaries to be funded partly through grants. This funding system typically pulls money out of the very communities where data are mined and directs it towards advancing the careers of HIC researchers. Strategies that incentivise capacity strengthening in LMICs and support equitable partnerships over grant income are key to changing funding systems.¹⁶ Making research teams diverse and representative is crucial not only for racial equity, but also for ensuring that leadership and financial decision making is informed and led by priorities set by researchers in LMICs.¹⁷ Unless funders and academics allow this disruption of traditional funding, the true purpose of global health advocacy and solidarity of action and purpose will not be realised.^{18,19}

We propose steps to advance equity in global health research (panel). Globalisation presents challenges²⁰ and the continuing exodus of researchers from LMICs to HICs in search of better opportunities has led to massive brain drain, weakening LMIC research agendas, capacity, human resources, productivity, and sustainability.²¹ The complexity that the diaspora of first and subsequent generation migrants add to global health needs to be acknowledged. Such researchers can catalyse the communication and generation of shared visions between LMICs and HICs,²² but they are also vulnerable to existing biases of the Global North.²³ The combination of high psychological demands and low control or imbalance between effort and reward are associated with long-standing physical and mental harms among

researchers and communities from which research is extracted without social or financial returns.²⁴ Social injustice and inequities associated with global health research are as damaging to individual researchers as they are to their respective populace. Constraining the capabilities of LMIC researchers whose narratives, ideas, and vision should drive everyday decisions in global health research impedes progress and equity. Individual and institutional level empowerment is needed to overcome the entrenched inequities in global health research.

Global health research will advance from greater recognition of the value, expertise, perspectives, and approach of LMIC researchers and communities.²⁵ How researchers arrive at the most pertinent research questions, what approaches are taken, and how knowledge is learned and transmitted²⁶⁻²⁸ all need ethical, responsive deliberation that acknowledges, respects, and prioritises local knowledge and expertise in the Global South. Only with such a seismic shift in global health can researchers ensure the discipline provides the best possible evidence for enhancing the health and lives of people across the globe.

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