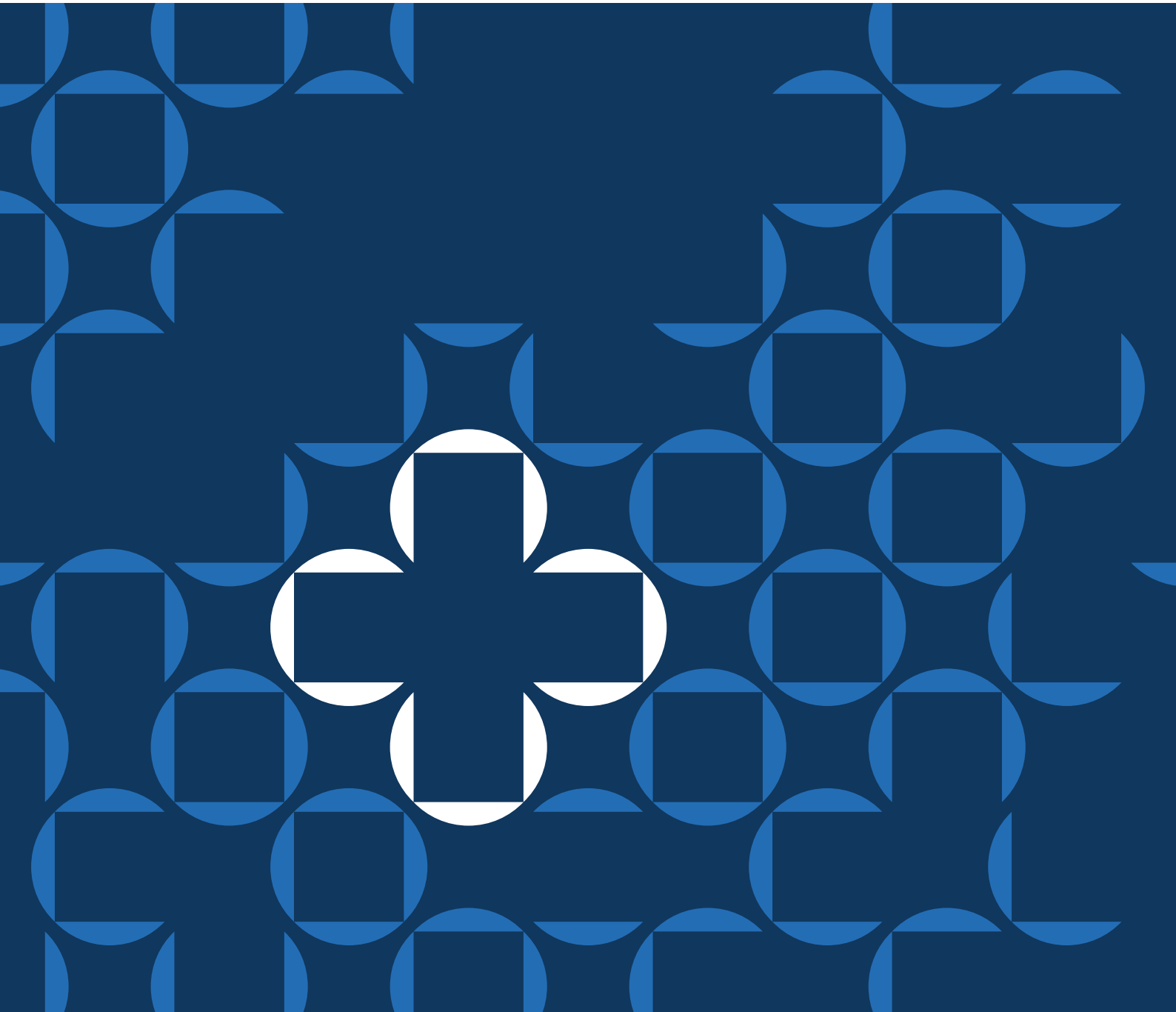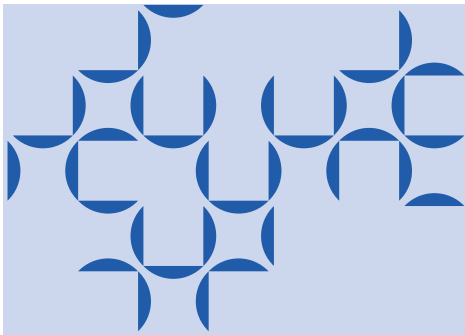# Best practices for equitable global health partnerships to maximise research impact

ROUNDTABLE AND DIALOGUE

Equitable research partnerships are fundamental to the responsible conduct of research internationally. They are often defined as those in which at all stages of the research process there is mutual participation, trust and respect; each partner - whether researcher, participant, funder, or others - is valued equally and receives equal benefits.

Furthermore, equitable research partnerships recognise and aim to mitigate against the power imbalances that exist within the global research ecosystem, making fundamental the need to redress the acknowledged injustice of poor research practices. These injustices include practices such as 'parachute research' (also known as helicopter research), where researchers from high-income countries and institutions conduct primary research in low- and middle-income countries without the adequate involvement or acknowledgement of local researchers and infrastructure.

International collaboration makes research stronger. But such collaboration must be equitable. What are the approaches to research that bolster research in the Global South and seek to reverse inequities within the research ecosystem? All actors within research environments have a role to play including funders, donors, research councils, ethics boards, national governments, individual researchers, and journals and editors.
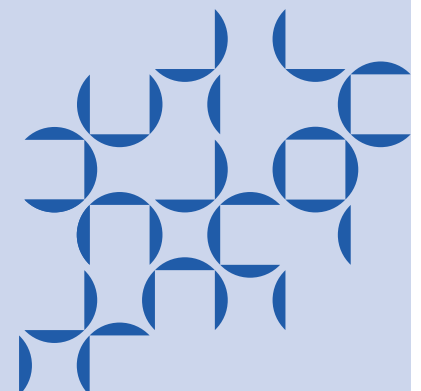
Participants

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Clinical Pharmacist and Assistant Professor in Social Innovation, Clinical Research Department at the London School of Hygiene and Tropical Medicine, United Kingdom.

Madhuri Dutta

Head of the Centre for Operational Research Excellence, George Institute for Global Health, India and Assistant Professor at Manipal Academy of Higher Education, India.

Meredith del Pilar-Labarda

Professor and Chairperson of the Department of Medicine at the University of the Philippines Manila School of Health Sciences, Philippines.

Louise Thwaites

Associate Professor in the Centre for Tropical Medicine and Global Health at the University of Oxford, and clinical researcher at the Oxford University Clinical Research Unit, Vietnam.

CHAIR

Jocalyn Clark

International Editor of The BMJ and Adjunct Professor of Medicine at the University of Toronto, Canada, and Honorary Associate Professor, Institute for Global Health, UCL.

Roundtable discussion

On 9 December 2022 a roundtable discussion was held as a side meeting of the BMJ Research Forum, in London, United Kingdom. The roundtable was funded by Essence on Health Research, an initiative with a Secretariat hosted at TDR (the Special Programme for Research and Training in Tropical Diseases), which allows donors and funders to identify synergies, establish coherence and increase the value of resources and action for health research.

Participants discussed best practices for equitable global health partnerships to maximise research impact. The meeting was chaired by Jocalyn Clark, who began by asking participants to introduce their key observations regarding equitable research partnerships. The following text summarises their responses and discussion, with key themes drawn out for clarity.

Engaging the community

Eneyi Kpokiri began the session by describing the importance of community engagement and participatory methods such as crowdsourcing in equitable research partnerships. Crowdsourcing is the practice of a wide group of people contributing ideas to address a problem, to which anyone can contribute and then sharing solutions with the public. [1] "These 'bottom up' approaches recognise the importance of involving the beneficiaries of research, the public and the end users, in the design and implementation of research projects," she said. Madhuri Dutta agreed, pointing out that equity in research partnerships is not just about equity between researchers. "It is very important for us to respect the community from which we obtain data. Equity is not just about authorship; it is not just about who gets highlighted. Equity to me is much more about whether you're being fair to another individual."

Meredith del Pilar-Labarda added: "Our research is done in partnership with communities. I am also the lead of the Social Innovation in Health Initiative (SIHI), a global network of 13 hubs in different parts of the globe. Social innovation in health is about finding solutions to complex problems, where the solutions come from the community themselves. This bottom-up, participatory approach is an alternative lens through which we can view health system strengthening."

"We don't just see communities as a source of information. We want to democratise research. We focus on the solutions that are being led in the community because we want to highlight what people are doing in the communities; what they are contributing to the health systems."

This can mean capacity building to provide social innovators with the resources to take part in the research ecosystem. Meredith del Pilar-Labarda is involved in national open calls for the Gelia Castillo Award for Research on Social Innovations in Health (GCARSIH). [2]

"Part of the incentive is not just giving seed money to continue, or to scale-up the social innovation, it is also to give mentorship, because social innovators want to be heard but don't see themselves as researchers. We see them as partners, as co-authors — we're not just writing about them. When we write together with them, it improves accuracy and clarity, and we give voices to these communities on the ground."

Flexibility in funding and publishing

Many of the processes in place for international collaboration don't take account of the situations of LMIC researchers, said Eneyi Kpokiri: "Within many LMIC institutions, there are a lot of systems and structures that are not in place as they are in high-income settings, which makes it difficult to operationalise funding. If funders can be more flexible and accommodate the setbacks that are experienced in LMICs, that would increase the possibility of people carrying out their research. In my experience, there's a lot of insightful, meaningful research happening within these settings."

Funders should consider national policies or legislation which may make things more challenging for people in particular countries, said Madhuri Dutta. For example, it is impossible for researchers in some countries in the Global South to be principal investigators.

"Equity to me is much more about whether you're being fair to another individual."

"In India we have the Foreign Contribution Regulatory Act, which means that any Indian institution that receives money from overseas cannot then disperse it to other institutions, outside or inside the country. Other countries have this too. This deprives research organisations in India and those other countries from being principal investigators."

Meredith del Pilar-Labarda agreed: "An advantage of being part of a large global network is that you can pull together the resources you need to apply for large international grants."

She added that an increase in flexibility and a reduction in bureaucracy around grant funding would be beneficial. "Even if you have the funding already, it can be difficult to get it out of the university. This can put off people who are interested in getting involved in research and becoming researchers themselves by writing about what they do in the community — they give up because of all these challenges. So, we should pave the way to making things easier. Sometimes research isn't published because there are too many requirements for publication, or it's too expensive."

Madhuri Dutta described another example related to data sharing. "Countries are creating their own data sharing regulations. In India, for example, all data collected should be housed on Indian servers and anonymised and deidentified when shared. Funders have a role here – when we ask for money for servers to store research data in our own country, they should allow that. It should be something that funders look at during the due diligence process," she said.

She also said that many research funders do not provide research infrastructure funding, or funding for training programmes for early-career or mid-career researchers. "We raise our own funds through philanthropy so that our early-career researchers can at least collect some pilot data so that they can then write big grants internationally."

More broadly, both Madhuri Dutta and Louise Thwaites said we should we aim for equity in the process of research funding. Louise Thwaites said: "Ultimately, we need to ask ourselves the questions, 'What, and who, is behind the decisions on reviewing grant applications? How are these being assessed? How do we decide who gets funding?' Funding agencies need to look at this."

Madhuri Dutta added: "Who is driving the research agenda, who is making the decisions about where this large amount of research money is going? Do we really have equity there?"

Jocalyn Clark suggested that it would be useful for funders and other groups that govern research partnerships – particularly those which have created principles and guidelines for ensuring equity – to hear about the practical challenges to implementing equitable partnerships.

"You're all drawing on different methodologies, working with different types of community. [For you to be] truly empowered and to be able to feel a part of an equitable partnership, organisations need to pay more attention to that complexity and nuance."

Alternative funding methods

The participants discussed the importance of alternative approaches to overcoming some of these funding barriers. This includes crowdfunding; the practice of engaging with and collecting funds from multiple small sources including the public. Eneyi Kpokiri said: "We think that crowdfunding is a promising alternative by which LMIC researchers can engage the public with their research work and fund their projects."

She described the process of carrying out a TDR global crowdsourcing open call [3] and pilot program which supported, trained and mentored researchers on crowdfunding campaigns and engaging meaningfully with the public. Three out of five finalists researchers launched crowdfunding campaigns, and all three exceeded their targets amounts, raising between USD7000 and USD11,000.

"We also found that crowdfunding is more suited to the early-stage pilots or proof-of-concept research, which is important because this generates the initial and pilot data that can then be used to apply for bigger research grants and research funding. The data from this pilot program also informed a TDR global practical guide [4] on public engagement and crowdfunding in health research."

"We showed how mentorship has been critical to advancing global health research."

Mentoring

The importance of mentoring was emphasised repeatedly during the session. Eneyi Kpokiri discussed research [5] she has done into effective mentoring of researchers in the Global South using crowdsourcing alongside a review of mentorship methods. "We organised a crowdsourcing open call and related scoping review to identify strategies to enhance research mentorship practice in LMIC institutions. We engaged academics, researchers, and other stakeholders in health research mentorship to contribute practical ideas. We received up to 60 submissions from a wide range of diverse LMICs," she said.

"Implementing institutional research mentorship in LMICs can be challenging and has been generally neglected. But we showed how mentorship has been critical to advancing global health research," said Eneyi Kpokiri.

She added that many mentorship tools and frameworks had been developed in high-income settings and are therefore less suitable for the Global South. Along with colleagues she has produced a WHO/TDR practical guide on health research mentorship in low- and middle-income countries. [6] "Within this guide, we're able to emphasise that mentorship is a collective institutional responsibility and can be sustained over time by a culture of generosity."

Organisational structure

Madhuri Dutta described how the way her institute is structured and how it lends itself to equitable research partnerships. "The George Institute for Global Health originated in Australia, Sydney, and we have offices in India, China and the UK. So, within itself, our institute must work together as a global collaborative team, and many of our projects have members from each office. We define our mission as conducting equitable research, and we carry out research to check whether we have an equity component in all our research," she said.

This can mean practices such as ensuring a unified approach to publication authorship. She highlighted that the institute shares a single database of research projects, has representation from across the organisation on research topic working groups, and colleagues from across the institute input into strategic planning, all helping to ensure equity in the organisation's work.

Policies regarding elements of such authorship and data-sharing processes should be discussed and established from the beginning of a research partnership to ensure that they are equitable, said Madhuri Dutta. "It can be difficult to enforce, but I think when you're starting a research project, there should at least be policies around authorship and equity in intellectual property generation."

Relevance of research to settings

Another aspect of equity is making sure that the research being carried out in LMIC settings has the potential to benefit the people living there, said Louise Thwaites.

"This is often meant from the perspective of costs – is an intervention affordable, for example. But we need to think about human resources too. We're currently doing a study of prone positions and the potential benefits of turning patients over in critical care. This should be a great intervention because it's free. But it needs five or six staff to turn a patient. In our intensive care units, one nurse could be looking after five or six patients, so using the prone position would impact other aspects of care."

She added that we also need to take a longer view when evaluating the viability of interventions in different settings. "We shouldn't just be looking at cheap interventions because they seem beneficial right now. Drugs do sometimes become affordable, if big global organisations put pressure on drug companies, for example. If we reject an intervention on the basis that it's too expensive now, we could miss out."

Capacity building

Louise Thwaites drew attention to the importance of capacity building.

"It is not easy to build capacity, and it's not easy to build quickly. If you really want to build people up, it's a long-term endeavour, and difficult to do in the context of a three- or four-year grant. We're lucky at OUCRU because we've been here for 30 years, and we're really seeing the benefits of a programme that's been able to support researchers long term and they're leading their fields globally now."

She added that support for clinical-academic career paths is also crucial. "It's very challenging for clinicians to carry out research and their day-to-day job at the same time," she said, adding that good relationships between local institutions and organisations trying to build capacity are crucial. "There must be genuine partnerships to build strong trust. Everybody's goals are ultimately aligned but it's challenging as a local hospital director, for example, whose staff want to spend more time doing research. The questions are important for clinical care, but it's difficult."

She added that one threat to local capacity building is the use of clinical research organisations to deliver clinical trials quickly in LMIC settings. "They're an easy solution if people are worried about the quality of data. But they drive the price of research up and that then prices local researchers out of the market for doing important studies. I think they are potentially a big danger to for equity, generally."

"There must be genuine partnerships to build strong trust."

Gender

Addressing gender inequality as a considerable issue that must be confronted and overcome as part of equitable research partnerships.

Louise Thwaites said: "An important aspect is flexible working. During the pandemic, lots of women [in our setting] said that having children at home, and multigenerational households with elderly relatives, was challenging. Working from home, they had very different expectations on them [than men]. And of course, the kind of infrastructure at home wasn't always conducive to writing papers or grants."
"Another problem is the lack of relevant role models, particularly for female clinical scientists. We're trying to do things to support this," she added.

Meredith del Pilar-Labarda echoed this. "We know that most of the people in the frontlines, and most of those who participated in our research activities, were women. They were also likely to over-work."

She added that in the Philippines, women do much of the on-the-ground community work, while leadership positions are largely held by men. "It is still very stark, the gender division of labour. You see women carrying the children, fetching the water, attending research interviews and meetings. And they don't complain because they see it as their natural role."

"We need more of these policies to support women in advancing their careers in research."

Madhuri Dutta described what her organisation is doing to address this: "Things have changed over the years; we have policies now. In the George Institute, there is a HR policy about how many women you employ, so it's about consciously thinking at every step about whether you have equal representation, in everything from leadership roles to panels for events. But it's taken time, and it will take more time. Recognised established researchers still tend to be men, but we are getting more opportunities, such as government programmes for women to return to research after maternity leave."

Explicitly inviting women to be involved in research is one approach, said Eneyi Kpokiri. "When we launch our open calls, we particularly encourage submissions, contributions and ideas from women, because we really want to amplify their voices and shine a light on their brilliant ideas in improving the global health research agenda."

She added that flexibility in career paths and supportive policies are key, mentioning her own personal experience. "For example, I was able to apply for promotion without having to 'make up' the time I was on maternity leave. We need more of these policies to support women in advancing their careers in research."

Summary
Jocalyn Clark ended the session by summarising the discussion. She described the two spheres in which work must be done to ensure that research partnerships are more equitable. The first covers the daily questions that those involved in research should ask themselves.

"If you're doing research across geography or across teams, you're asking yourselves and other people, are we being inclusive? Are we co-producing this agenda? Are we developing genuinely respectful relationships with research participants? And is everybody's work being accounted for? It is important throughout the entire lifecycle of the research process that we're constantly thinking about equity."

The second is the sphere of the organisations which shape the research landscape. "You are saying to us is that this takes more flexibility, and a broad understanding that there are many differences between research settings," said Jocalyn Clark. "There needs to be more acknowledgement of the long-term investments that are required to really develop research capacity, and to really challenge the power imbalances in the research ecosystem."

"There should be a deep and constant dialogue between funders and governors of research and the people working in the field, day to day, trying to put together equitable research partnerships. This way, these organisations will recognise what it takes to meet the aspirations that we all have."

Reflections from Dr Garry Aslanyan, Manager of Partnerships and Governance at the WHO and Head of Secretariat of the ESSENCE on Health Research initiative

This was an extremely important and helpful discussion. There is huge amount of work going on in this area, in terms of equitable partnerships, improved management of research, and improved relationships and partnerships between different stakeholders, all with the goal of increasing impact and ensuring equity.

Two points stood out for me. The first is that we should continue to work with funding agencies, to improve the policies and practices around funding research and knowledge creation to ensure more equitable partnerships.

Secondly, we should continue – via this kind of dialogue – to bust the myth that funding agencies and those who are applying to them or working with them are in different camps. At the end of the day, we should make sure that all our goals are aligned. I look forward to some of the next steps of working with funding agencies and with the initiatives that are being carried out by the panellists, all with the goal of improving the impact of global health research to improve health and lives of people globally.

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