



<sup>1</sup> George Institute for Global Health, India

Department of Medicine at the University of the Philippines Manila School of Health Sciences, Philippines  
Clinical Research Department, at the London School of Hygiene and Tropical Medicine, UK  
Centre for Tropical Medicine and Global Health, University of Oxford, UK  
Oxford University Clinical Research Unit, Vietnam  
, UK

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# How to ensure equitable research partnerships in global health

Madhuri Dutta,<sup>1</sup> Meredith del Pilar-Labarda, Eneyi Kpokiri, Louise Thwaites, Jocalyn Clark

Equitable research partnerships are fundamental to global health. They are often defined as those in which, at all stages of the research process, there is mutual participation, trust, and respect, where each partner—whether researcher, participant, funder, or others—is valued equally, given opportunities to contribute equally, and receives equal benefits.<sup>1 2</sup>

Equitable research partnerships recognise and aim to mitigate against the power imbalances that exist within the global research ecosystem. They make the need to redress the acknowledged injustice of poor research practices fundamental. Parachute or helicopter research, where researchers from high income countries work in the Global South without the adequate involvement of or support from local researchers and infrastructure, is an example of how global research can often be structured to perpetuate inequalities.

International collaboration makes research stronger. But unless we build better research partnerships, inequalities will continue to grow.

This was the focus of a roundtable discussion held in December 2022 during which participants working in the Global South described their experiences of, and best practices for, ensuring equitable research partnerships in global health. What are the approaches to research that bolster research in the Global South and seek to reverse inequities within the research ecosystem? There were several recommendations made at the roundtable discussion which we hope will add to the broader conversations about equitable research partnerships.

## Engaging communities

Prioritising respect and dignity for the community in which partnerships are being developed and data are being obtained is a fundamental principle of equitable research. Policies regarding authorship and data sharing processes, for example, should be discussed and established from the beginning of a research partnership to ensure that they are transparent and equitable.<sup>3</sup> But equity is not just about authorship and about who gets highlighted and credited. Equity is much more about whether you are being fair to another individual.

Equitable research must come from the community that it intends to serve and have the potential to benefit that community. Crowdsourcing ideas and feedback throughout the lifecycle of a partnership recognise the importance of involving the beneficiaries of research, the public, and the end users in the design and implementation of research projects. This is not just about seeing communities as a source of information. Meredith del Pilar-Labarda shared her experience: “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 already doing within the communities, and what they are contributing to the health systems.”

## Flexibility in funding

There are many examples of where the process of delivering research—from funding to publication—is not fit for purpose in the Global South. At the same time, within some institutions based in low or middle income countries (LMIC), systematic and structural barriers may exist when compared with high income settings, which makes it difficult to operationalise funding models created for high income settings. This means that funders need to be more flexible and look to increase the inclusion of LMIC participants in research operations as well as researchers. Funders need to be aware of national policies or legislation that can create barriers to participation in some countries, and work to accommodate or help change them. For example, it is currently impossible for researchers in some countries in the Global South to be principal investigators because of the organisational requirements of some funders.

But ultimately, equitable research partnerships are a question of power. And this needs to be acknowledged from the outset in determining research priorities as well as how best to address these priorities. For decisions from grant application reviews, we need to be asking who is taking these decisions? How are applications being assessed? How do we decide who gets funding? Do we really have equity there? Progressive alternatives, such as crowdfunding to support projects, should be highlighted.<sup>4</sup> Funders and researchers should not be seen as being in different camps, but instead should be viewed as partners working together to align goals, to advance knowledge, and to create equitable partnerships.

## Building research capacity

Developing research capacity is not easy and takes time, but is fundamental to research and health equity in the long term.

Building capacity across partnership settings can be aided through mentoring. Eneyi Kpokiri organised a crowdsourcing open call and related scoping review to identify strategies to enhance research mentorship practice in LMIC institutions, receiving 60 submissions across a wide range of diverse LMICs.<sup>5</sup> “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,” she shared. Many mentorship tools and frameworks had been developed in high income settings and are therefore less suitable for the Global South. Along with colleagues, Kpokiri has produced a WHO/TDR

practical guide on health research mentorship in low and middle income countries.<sup>6</sup> “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.”

## Committing to gender equality

In our work, most people working on the front lines, and most of those who participated in our research activities, are women. But the leadership is usually male, leaving a stark division of labour. Supporting and advancing women is key to equitable research partnerships. Funding and delivery organisations can mandate equitable terms for women and other groups from the very start of projects.

Mentoring and explicitly inviting women to be involved in research is fundamental, as is flexibility in career paths and supportive parental leave. However, understanding the context in which policies are deployed is key. In the Global South, different contexts mean that the ways in which to support female researchers are likely to be different, and local approaches should be sought.

## Redistributing power in research partnerships

Best practices are about shifting power so that the design, conduct, leadership, and credit is shared and equitable in global health research partnerships. We identified two spheres, the first of which covers the daily questions that those involved in research should ask themselves.

If you’re doing research across geography or across teams, we recommend that you ask yourselves and your colleagues: 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?

The second is the sphere of the organisations which shape the research landscape. Excellent guidance exists to help shape equitable research partnerships.<sup>1 2 6</sup> We recommend that these endeavours be seen not as short term hits, but as long term investments and relationship building, so that research capacity is genuinely built and power imbalances in the research ecosystem are genuinely challenged. To achieve this, 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.

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