The Lancet & CUGH Global Health Webinar Series
Episode 2: Increasing Equity in Global Health

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Inequalities in global health partnerships and solutions to address them

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CUGH/Lancet Webinar March 11, 2020
LMIC Challenges

• High disease burden, inadequate human and material resources
• Cultural and/or gender impediments
• Lack of training and mentorship opportunities
• Limited access to research grants
• Limited access to data
• Limited experience in scientific authorship
Benefits of global health partnerships

• Build and/or strengthen local capacity
• Resource mobilization
• Synergy – pooling of resources
• Platform for information sharing
• Opportunities for research
Comparing LMIC/HIC global health partners

- Resource mis-match: human, material, financial
- Cultural differences
- Skewed training opportunities
- Inequitable access to information
- Scientific authorship imbalance
Indicators of a successful partnership

- Improved grant management infrastructure
- Increase in successful grant applications
- More LMICs investigators becoming PIs or co-Pis
- Increase in publications and LMIC lead authors
- Embedding of project activities into institutional/national programs
Faltering partnerships

• Persistent power imbalance – resource control, sharing etc.
• Authorship disputes
• Overdependence of LMIC partner
• Absence of a plan for mutual growth of both parties
• No sustainability plans beyond initial period
Choose partners carefully

• What skills and knowledge are needed?
• What kind of personalities are needed?
• How are the needed resources going to be assembled?
• What hurdles need to be overcome?
• How readily will the terms of the collaboration be adhered to?
Building equitable partnerships

- Institutional leadership and faculty champions essential
- Ethics and cultural sensitivity
- Formal structuring of the partnership
- Detailed assessment of the needs of partners
- Training opportunities offered
- Sustainability plan in place – ongoing support
- Performance evaluation
Sustaining partnerships

- Well-defined and realistic goals
- Agreed upon ground rules on how the partnership will be managed
- Trust and confidence-building steps as the relationship develops
- Feedback, communication, and recognition are essential for consolidation
- Metrics for evaluation in place
- Patience and perseverance
Conclusion

• LMICs seeking to improve the health status and human development index of their people will benefit from equitable partnerships
• Ethical, formal, structured, open and culturally sensitive engagements with HIC partners needed
• Built-in plans for power, benefits, resource, information sharing and sustainability etc. are ingredients for success
• Incorporation of the goals of the partnership into national health/education plans and budget cycles will ensure sustainability
• Regular performance review of the partnership provides an opportunity for needed adjustments
Reference

DOI: 10.1097/SLA.00000000000003640
Increasing Equity in Global Health: Academic institutions and promotion policies

Lancet Global Health and CUGH Webinar Series
11 March 2020

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Global Health and Social Medicine, Harvard Medical School
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The field of research is full of commodities.

- Occupations
- Authorship
- Presentations at conferences
- Training opportunities
- Field recognition/notoriety
- Funding
- Network linkages
- Data
Forms of capital that lead to power in research

• Cultural capital
  • “non-economic capital”, e.g. credentials, styles of speech.

• Social capital
  • Networks.

• Financial capital
  • $\$, both direct and indirect.

• Symbolic capital
  • Legitimacy.

Shiffman, IJHPM, 2015
Barriers to equity in global health research

- Sufficient physical or administrative infrastructure in LMICs
- Capacity for research
- Funding:
  - Indirects to LMIC institutions
  - For training/capacity building
- Academic pressures
- Peer-advocacy, self-advocacy

Beran, Lancet GH, 2017

Key players to address equity in global health research

- Funders
- Journals
- HIC researchers and research institutions
- LMIC researchers and research institutions
- LMIC governments
- International governing bodies
Do (HIC) academic structures perpetuate bad behavior?

“This will ruin your chances for promotion.”

“We cannot ask our junior faculty to do this type of work.”

“We need you to be available for Harvard students.”

“You cannot spend so much time out of country.”
“The systemic discrimination ... had significant detrimental effect on the researchers,” the judge said. “They have not only lost a chance to renew their employment contracts and connected scholarships to complete their studies, but have lost significant research outcomes as a result of the discriminative practices.”
Dynamics in authorship

Hedt-Gauthier et al, BMJ Global Health 2019
Radcliffe exploratory seminar, February 2018

Collins O. Airhihenbuwa
Ayaga A. Bawah
Katherine States Burke
Teena Cherian
Maureen T. Connelly
Bethany Hedt-Gauthier
Patricia Hibberd
Louise Ivers
J. Gregory Jerome
Fredrick Kateera
Yuka Manabe
Duncan Maru
Megan Murray
Anuraj H. Shankar
Miriam Shuchman
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Mount Sinai School of Medicine
Partners in Health/Rwanda
Stanford Center for Innovation in Global Health
Stellenbosch University
University of Ghana
University of Toronto
Zanmi Lasante
Summary of recommendations

• **Embedding:**
  • Remove admin barriers.
  • Extend tenure clocks.
  • Fund extended residencies.

• **Equitable engagement:**
  • Request details (from candidate and collaborators) in promotion materials.

• **Authorship:**
  • Value authorship that includes LMIC collaborators in prominent positions.
  • Question publications without local collaborators.

• **Training/mentorship:**
  • Encourage/expect candidate to support trainees at research sites.

• **Adequate funding:**
  • Value funding that is obtained, including that given directly to the local site.

Hedt-Gauthier et al, Lancet 2018

Available in more detail in Lancet comment.
So now what?

• Advocacy for adoption of these principles into Promotion and Review committees.
  • Broader awareness raising
  • Feedback from university leadership on viability, and how to make more viable

• Encouraging individual faculty to highlight these aspects of work in their CVs to normalize, and raise the bar, in the community.
What about individuals?

**Our global surgery research:**

- Supporting on-the-ground trainings.

- Adding more depth to our research group:
  - Supporting colleagues to get PhDs in surgery-related research.

- Hosting PGSSC fellows and Harvard students as part of our research projects, but with expectations of partnership.
What about individual researchers?

Individual researchers can address equity within their own work:

• Think about who is invited and how individuals are invited to collaborate.

• Provide opportunities – Advocate for yourself and advocate for others.

• Work with others that share your values.

• Set your own personal goals, and work towards those metrics.
CUGH 2020 Satellite Session

Global Health Research: Actions Towards Equity

Washington Hilton Hotel, Washington DC
April 17, 2020 — 1:00-5:00pm

Confirmed speakers:

Lola Adedokun
Ella August
Michele Barry
Agnes Binagwaho
Yap Boum II
Anna Coates
Roger Glass

Jessica Haberer
Bethany Hedt-Gauthier
Louise Ivers
Phil Landrigan
Keletso Makofane
Yukari Manabe
Lindsey Manshack

Zoe Mullan
Isayani Naicker
Sabina Rashid
Senjuti Saha
Miriam Shuchman
Jimmy Volmink
Ami Zota

To register, visit: http://bit.ly/CUGHsessionregistration

For more information, contact Andi Goodman at:
andrea_goodman@hms.harvard.edu
“Why don’t more African researchers speak up? Many do, but the real question is: ‘Why won’t Western institutions/funders listen to us? My experience shows that junior indigenous staff are routinely disregarded. Senior academics on the project will instead turn to other prominent European ‘experts’, many of whom hardly visit the country of their expertise. The very foundation of these partnerships reinforces the power of those who bring in the funding. And the African early career researchers/Ph.D. students know the flimsiness of their careers.”
Thank you!

@BHedtGauthier
How can journals help?

- International Advisory Board
- Authorship
- Peer review
- Outreach
Correspondence

Authorship trends in The Lancet Global Health

Adithi R Iyer

A Coverage by region

- Africa
- South Asia
- Americas
- South-east Asia
- MENA
- East Asia
- Europe
- Multi-region

B Contributing authors

Authors from LMIC (%)
• Research papers with no authors based in the country of study unlikely to be published in *The Lancet Global Health*
• But... what about secondary analyses of publicly available datasets?
• Polled International Advisory Board
• YES! How can external researchers know about quality of data collection and context for interpretation?
• NO! What if the data are lying unstudied and HIC authors have the resources to analyse them? Could be useful for the country?
• MAYBE... Mustn’t become tokenistic
We would like to thank our International Advisory Board for their frank and insightful input. The issue is clearly not straightforward, especially in this era of open data, and that an outright “ban” on submissions without author representation from the country of study may have unintended consequences. However, we strongly encourage those embarking on secondary analyses to recruit, and involve at all stages of the research and publication process, suitably qualified local researchers. We invite readers who have successfully negotiated this process to share their experiences and to help us develop future policies and expectations.
Comment

What is The Lancet doing about gender and diversity?

Jocelyn Clark * 1, Richard Horton * 1

For our Series and Commissions, we will strengthen our preference for at least 50% women and 50% Global South contributors, making it a requirement of all lead authors and editors to justify why such ratios are not met. We will continue to exercise positive action in diversifying our selected authors for Comment, World Report, Reviews, Seminars, and other commissioned and invited content.
Journals' obligations

- Ensure fee waivers for open-access publication where research is not directly supported by HIC funders
- Mandate that publications from research done in LMICs include authors who are living and working in those countries
- Consider an extended development and mentoring role for authors in LMICs
The Lancet Psychiatry Editorial Board Development Programme

• Peer review 4-6 papers per year (with feedback from The Lancet Psychiatry and training from an experienced peer reviewer where necessary)
• Recommend and recruit peer reviewers from their country/subject community
• Write Comment or Correspondence pieces
• Recommend a topic and potential authors for a Review to be commissioned for The Lancet Psychiatry
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Outreach

• Webinars
• Workshops
• Institute visits
• Open editorial meetings
• Internships???
Actions to Reduce Inequities: levelling the playing field.
Lancet-CUGH Webinars
March 11th, 2020

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Negative Political, Social & Economic Impacts

• Power Imbalance undermines the social contract between gov’t and citizens

• Produces a lack of investment in public goods
  -> Unequal opportunity = Poor outcomes i.e. discrimination & exclusion is reinforced. Can lead to economic, social instability & conflict
Address the SDH: housing, UHC, infrastructure, education

• Early Childhood & K-12 Quality Education
• Remove Barriers to post Secondary Training & Life-Long Learning
• Increase the Minimum Wage
• Paid Maternity & Sick Leave Leave
• Lower Tax Rates for the Poor & Middle Class
What Universities Can Do

- Strengthen the Pipeline - visits by Master’s students to low income (LI) schools
- Expand access to colleges & trade schools
- LI student visits to academic institutions - repeat
- peer to peer support to retain students
- increase student aid + top up grants based on need
- increase academic spots for LI students
- increase scholarships, PAID internships for students based upon need
- interdisciplinary service-training opportunities e.g. medicine, nursing, dentistry, law, veterinary care
What To Do: Developing Nations

• Strengthen Public Institutions Capacity:
  – Justice
  – Finance
  – Health
  – Public Works, Environment etc
• Train, Sustain and Retain Skilled Workers
• Strengthen Human Rights Mechanisms.
• Strengthen Independent Democratic and Financial Oversight
• Support Civil Society and an Independent Media
• Invest in Public Health, Primary and Surgical Care
• Expand access to quality, comprehensive, affordable health coverage
• Address the Political & Social Determinants of Health
• Trade agreements
• HICs stop being a repository of stolen state assets from LICs. Return those assets to the LICs.
Academic Partnerships – Who Benefits?
What Should Academia Do?

DO NO HARM
LEVERAGE PARTNERSHIPS FOR EQUITY

LIC benefits > HIC benefits
(Do not - come, experience/research, leave)

- HIC faculty provide training/service if asked for by LIC partners
- Share HIC curricula & access to HIC libraries with LICs
- Sponsor faculty & students to attend conferences
- Create bidirectional opportunities to train & share innovations
  - LMIC researchers partner with HIC scientists
- Assist with grant writing
- Provide opportunities for publishing, speaking, leadership in projects
- Share research findings widely with host country
- Engage with LIC governments to strengthen their Human Resources
CUGH’s Actions

CUGH has:

• Capacity Building Sub-committee
• AFREhealth-CUGH working group
• Educational Products Sub-committee
• Working groups on Equity, Law, Oral Health, etc.
• All CUGH products are open access
• Academic writing workshops with the Lancet Global Health
• Student campus reps in 80 universities- advocacy
Overcome Implementation Deficit Disorder

GET POLITICAL
Thank You