How to design equitable health research collaborations with policymakers in LMICs?

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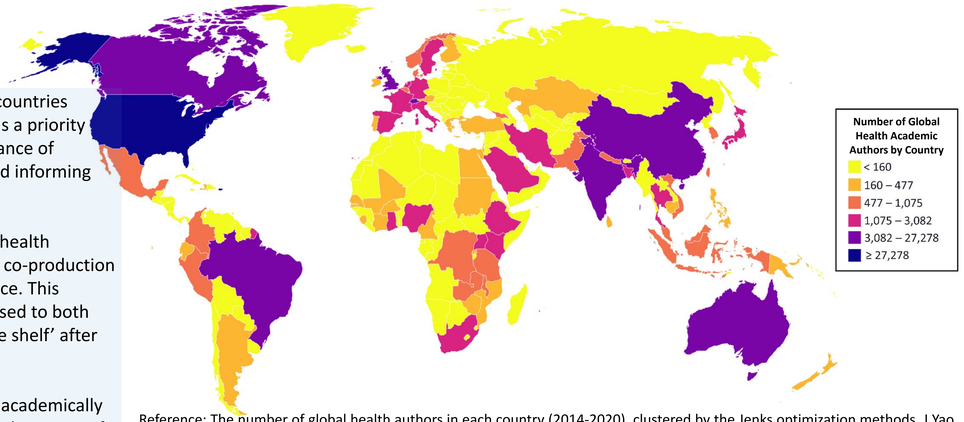
1 The Problem

Engaging with governments in low and middle-income countries (LMICs) before, during, and after research is identified as a priority by many global health researchers to improve the relevance of research as well as improving health system capacity and informing evidence-based policy.

However, direct engagement with state actors in global health research is generally limited in terms of priority-setting, co-production of research, and subsequently, the translation of evidence. This disconnect means that often research is not contextualised to both local cultures and health systems and can end up 'on the shelf' after studies are completed.

As shown in the map to the right, global health authors academically are disproportionately skewed to developed nations, so the voices of LMIC stakeholders, both researchers and policymakers, are less involved in the discourse on the ethical design of health research collaborations. Against this backdrop, it was clear that a study was needed to report on collaborations between policymakers and researchers in health research conducted in LMICs – particularly to investigate the voices and experiences of local actors.



Reference: The number of global health authors in each country (2014-2020), clustered by the Jenks optimization methods. J Yao et al. *Geography, gender, and collaboration trends among global health authors.* Published in Journal of Global Health Reports, May 2022. https://doi.org/10.29392/001c.33616.

2 Methods: Mixed-method Scoping Review

This ongoing study aims to capture both the prevalent modes of health research collaborations involving LMIC policymakers and the factors noted for the success and failure of those. Initially, a semi-systematic literature review was conducted with searches conducted across three electronic databases, *Medline*, *Global Health,* and the *Social Science* Citation *Index & Arts & Humanities Citation Index* to ensure a breadth of searches across health and social science repositories.

To balance the findings from the academic literature, both a policy review of grey literature and an online stakeholder survey were built into the scoping review process to ensure that the views and priorities of both LMIC government staff and LMIC researchers were captured. Thirty-seven research stakeholders were consulted through the survey from over 30 countries.

Screening was conducted through the *Covidence* systematic review application for the academic literature, including a process of second-reviewer appraisal of abstracts for quality assurance, with results as follows:

3021 abstracts screened

280 full-texts assessed for eligibility

88 studies chosen for final analysis

3 Literature Findings

Analysis of the final 88 academic papers and grey literature found that researchers and policymakers are collaborating through a broad range of modalities. This range of modes has an over-lapping and still-developing range of terminologies which complicates analysis. For example, collaborations are described as '*embedded health research*' and separately '*participatory action research*', while the research design is almost indistinguishable based on the sources available.

Collaborations vary greatly in terms of intensity, from brief research/policymaker interactions at agenda/priority-setting stages right through to genuinely equitable, coproduced research with shared leadership, however, this is still very rare. There was limited in-depth discussion on equitable research design.

The key catalysts for successful collaborations were: **power balance** and equity during partnerships; the importance of **building capacity** of both research and policy actors during research; **building personal relationships** and **trust**; and instilling **local ownership** of the research or health intervention.

The word cloud (above right) highlights the key themes present in the academic literature. Words are scaled by prevalence.

4 Discussion & Survey Reflections

Some of the most intriguing findings from the study to date are the ethical challenges that are under-reported in regard to policymaker-researcher interactions. The scoping survey of 37 stakeholders across academia, government and technical/funding partners has shed more light on issues of ownership and trust affecting research partnerships.

Academic authors seem unprepared to lay out difficulties 'warts and all' concerning collaborations that failed to start or failed to to achieve their primary goals, particularly when research topics may be culturally sensitive. One MOH policymaker noted in the scoping survey that:

"Policymakers are reluctant to ethically approve for sensitive issues, for example sexuality."
[Policymaker, Ministry of Health, Myanmar].

Research stakeholders noted that balanced partnerships and priorities were crucial for successful collaborations with policymakers: ***"keeping the policymakers involved in every stage of the research process"*** [Senior USAID staff, Ghana] and ***"avoid imposing our own priorities to policy makers"*** [Senior WHO staff].

Research translation was highlighted as a key challenge on both sides of partnerships, academic papers are often published during or directly after the study where impact cannot be properly reported, there are many cases of '*plans to engage policymakers further*' with limited evidence of follow-up. Conversely, a senior researcher in our survey noted regarding research use that sometimes policymakers are not open to new evidence:

"Policymakers only want positive results. Some are not ready to accept areas for improvement."
[Senior Academic Researcher, Philippines].

5 Next Steps

The full analysis of this review informed ongoing qualitative interviews with a broad range of research stakeholders. To date a range of health research stakeholders have been interviewed including staff from UNICEF, USAID, University of the Philippines, Google Health, Liverpool School of Tropical Medicine, Indian Council of Medical Research, and GIZ. These international interviews will be followed by a case study of a specific research collaboration involving LMIC policymakers in a leadership role.

These interviews are still ongoing, if you have experience of collaborating with LMIC decision-makers during health research and would like to discuss your experiences then please get in touch with me?

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Please get in touch with me by email if you have any comments on this poster or study moving forwards:

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