

Collaborations in Global Radiology: How to Build Equitable Partnerships with Low-and Middle-income Countries

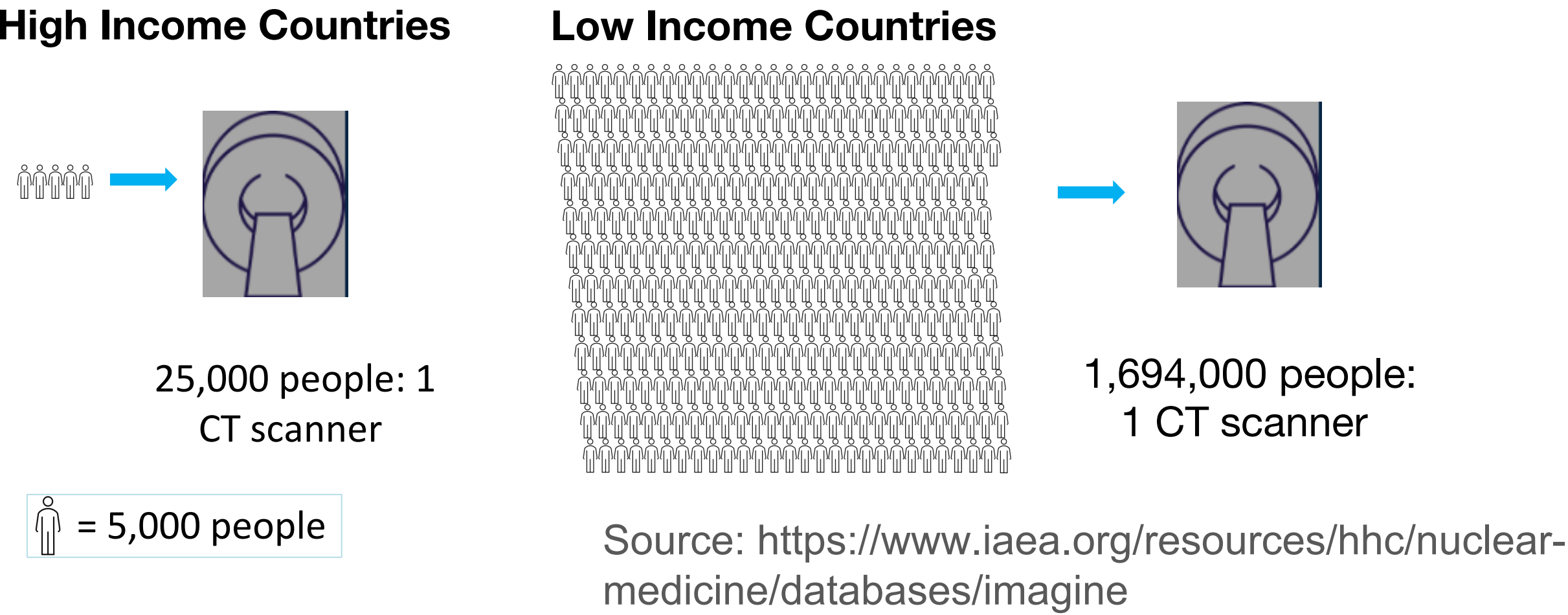
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BACKGROUND

Radiology plays a central role in the diagnosis and management of communicable and non-communicable diseases. Approximately 3-4 billion individuals worldwide (approximately half of the world’s population) have no access to basic radiology services. Radiology-focused partnerships between LMICs and HICs are important to address the global shortage of radiology. Simultaneously, global health practitioners are addressing the legacy of colonization in global health initiatives in a movement called *Decolonize Global Health (DGH)*. As radiology increases its global health presence, it is critical to ensure the creation of equitable and sustainable partnerships that avoid perpetuating power imbalances. This project:

- reviews the critical need to establish and scale-up radiologic care in LMICs
- outlines how colonial legacies impact current global health practices
- reviews the origins of the Decolonize Global Health movement and its strengths and challenges
- provides examples of best practices to foster equitable and sustainable global radiology partnerships.

Global Shortage of Radiological Equipment



METHODS

1. Queried PubMed and Google scholar for articles or books about decolonization in global health.
2. 163 articles on PubMed were screened for relatedness to the subject, length (abstracts and short letters were excluded) and free full text availability which yielded 40 articles.
3. In addition to journal articles, three seminal books on decolonization were identified and included. The texts were then read and the findings were synthesized into a review article.

DISCUSSION

The current trajectory of global radiology growth in LMICs is promising given the critical shortage of radiological care worldwide. The findings from this review suggest that engaging with the DGH movement can provide helpful insights and frameworks for global radiology partnerships to build equitable and sustainable partnerships. Since most of the studies included were by predominantly HIC authors, a limitation of this review is that it could have a limited or HIC-biased perspective. We tried to address this by reading seminal works in decolonization by authors from LMICs and having a diverse set of authors on the paper to help offset this bias.

FINDINGS

A Brief History of Global Health



- This history lends context to the Decolonize Global Health (DGH) movement
- What is now known as “global health” was born during colonial era times as tropical medicine, which served as a tool of imperialism
- The goals of the DGH movement are to address the power asymmetries created by this history and confront the vestiges of colonial ideals that influence how global health is practiced today

Examples of How Inequities and Colonial Legacies Persist in Current Global Health Practice

Funding Structures

PROBLEMS

HIC research funders often dictate priorities, which may not reflect local LMIC priorities

Funding primarily goes to institutions vs directly to LMICs eg Even though 98% of tuberculosis (TB) cases occur in LMICS, the largest TB research funder gave 93% of its budget to US-based institutions

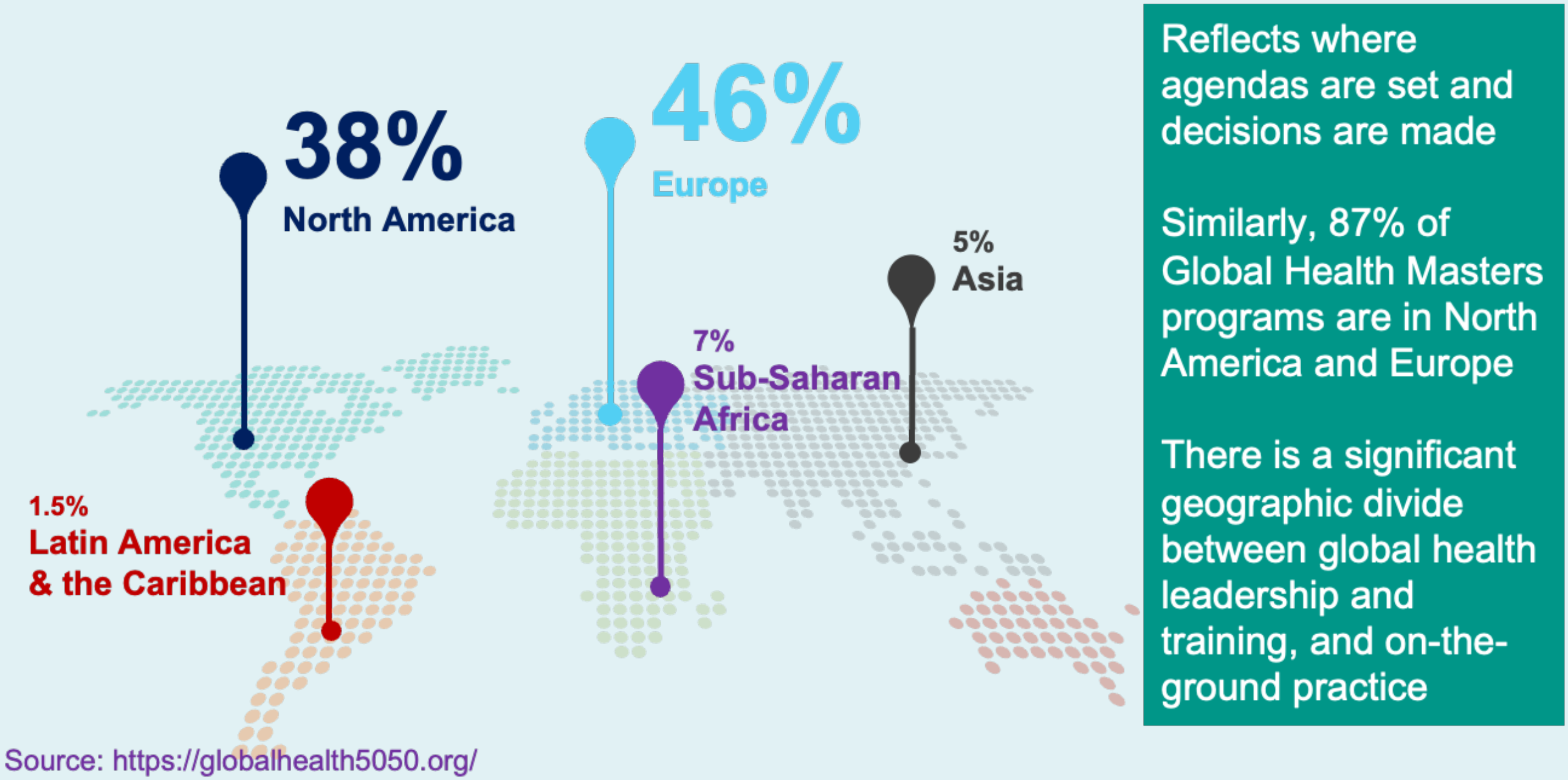
SOLUTIONS

Directly funding LMIC researchers instead of requiring going through HIC organizations

Rethinking eligibility criteria to focus on knowledge and skillset instead of being heavily dependent on academic qualifications/affiliations

Decision Making and Leadership: How Global?

Locations of headquarters of the 198 global organizations in health and health policy across the globe



Knowledge Generation and Distribution

While there has been an increase in the absolute number of LMIC authors on publications about health issues in their countries, there has been an 11.8-fold increase in first author representation for non-LMIC authors and only a 2.8-fold increase for LMIC authors

Expensive journal paywalls make it difficult for people in LMICs to access publications coming out of their own countries

Build research training and leadership capacity for LMIC authors where needed

Encourage critical reflection by HIC authors conducting research about issues in LMICs:

- Why are they doing global health work?
- Who is the intended audience of their work?
- What perspective are they writing from and how does this affect how they present information?