

# Positioning Global Health Research for Equity and Systems Change: a rapid review of equitable principles and toolkits with focus on partnerships, institutional roles, and global south empowerment



## Authors

Afroza Sultana, Ryan Stillwagon, Chloe Clifford Astbury, Kirsten Lee, Sumali Mehta, Tarra Penney  
Global Food & Health Systems Research, School of Global Health, York University

## Acknowledgements

Equitable global health research project team: <https://globalfoodhealthsystems.org/eghr-project/>  
This work was carried out with the aid of a grant from the International Development Research Centre, Ottawa, Canada. The views expressed herein do not necessarily represent those of IDRC or its Board of Governors.



## Suggested citation

Sultana, Afroza, Ryan Stillwagon, Chloe Clifford Astbury, Kirsten Lee, Sumali Mehta, Tarra Penney. 2025. *Positioning Global Health Research for Equity and Systems Change: A rapid review of equitable principles and toolkits with focus on partnerships, institutional roles, and global south empowerment*. Global Food & Health Systems Research, School of Global Health, York University. December. [DOI forthcoming]

## Table of Contents

ABSTRACT.....	2
EXECUTIVE SUMMARY.....	3
<i>What is the purpose of this report?</i> .....	3
<i>What were the key insights?</i> .....	3
<i>Conclusions</i> .....	5
EQUITABLE GLOBAL HEALTH RESEARCH AND POSITIONING FOR SYSTEMS CHANGE.....	6
1. <i>Exploring definitions for global health, global health research, and global health research partnerships</i> .....	6
2. <i>Focusing on global health research partnerships, related inequities, and the role of guiding principles with global south contributions</i> .....	10
3. <i>Identifying key actors needed to understand systemic barriers and support improvements for equitable global health research</i> .....	12
CONCLUSIONS .....	17
REFERENCES.....	18

## Abstract

A critical component of global health research is ensuring that our research process and practices do not undermine the very inequities we often seek to understand and address. A broad body of research and consultations has informed a set of principles, guidelines, and toolkits aimed at strengthening the values and practices that support equitable global health research, particularly within partnerships between the ‘global south and north.’ Although numerous principles and guidelines have been published across organizations and research groups, the participation of global south researchers and institutions in their development has been limited.

To examine these challenges, we conducted a rapid review to identify key concepts and definitions, and to provide a concise overview of existing tools and resources that support equitable global health research. A systems-based framework for change is needed to increase equitable global health research practices within partnerships. We locate three institutions within the global health research ecosystem with the power to incentivize change and advance more equitable research practices: (a) funders and donors, (b) academic and scientific journals, and (c) research institutions and universities. By mapping key concepts, examining existing guidelines, and identifying the actors who hold the power to influence practice, we underscore the need to shift from developing additional equitable partnership frameworks toward transforming the incentive structures that govern global health research.

**Keywords:** equitable global health research, equitable global health research partnerships, systems-based framework for change, global health research ecosystem

## Executive summary

### What is the purpose of this report?

Equitable global health research requires commitment to principles, practices, and policies that are positioned to support researchers as they navigate the complexities of knowledge generation through global north and global south partnerships. Many challenges are systemic, involving structural barriers that undermine the best intentions of institutional stakeholders and researchers during the research process. Guided by some high-level *principles of equitable global health research* and *systems approaches and methods*, we are developing a program of research to identify and understand the wider systems and institutions that shape global health research for all, with a special focus on the needs of self-identified ‘global south’<sup>1</sup> scholars.

The purpose of this report is to gather some early insights into the key concepts, actors, and existing principles and toolkits available for supporting equitable global health research. As our focus is on structural barriers, this report will also identify the institutions who make up the wider global health research ecosystem.

Specifically, this report will explore three core areas:

1. What are the key definitions and concepts needed to explore equitable global health research, particularly with a focus on institutions and systems?
2. Given partnership is a critical component of equitable global health research, what principles and guidelines have been developed in this area with global south contributions?
3. Given a focus on institutions and systems, who are they key global health research actors that will be necessary to engage to advance equitable global health research partnership practice and policy?

### What were the key insights?

An essential part of global health is ensuring that our research process and practices do not undermine the very inequities we often seek to understand and address. A significant amount of research and consultative work has contributed to the development of a series of principles and guidelines intended to inform the values and practices that underly equitable global health research, particularly in the often-unequal power dynamic associated with research involving partnerships between the ‘global south and north’.

While there are an abundance of principles and guidelines that have been published by a range of organizations and researchers, there are questions as to how representative these

---

<sup>1</sup> Our project team recognize the unsatisfying classification of ‘global south’ and ‘global north’ and have agreed to use as a short-hand for researchers or institutions that are not necessarily identified geographically or by other metrics but self-identified as those that may feel they are ‘within’ or ‘outside’ an established power structure that shapes global health research.

principles are of the needs of global south institutions and researchers. Further concerns exist on what is needed to mobilize key institutions to enable equitable policies and practices for Universities, journal and funders. In order to start to explore these challenges, we have conducted a rapid review to gather literature to better understand the key concepts and definitions. We also provide a brief overview of existing tools and resources used to currently support equitable global health research.

*What are the key definitions and concepts needed to explore equitable global health research, with a focus on institutions and systems?*

Key thematic features from current understandings of GH are that it: a) improves health and health-equity for all people worldwide, b) reduces health disparities through a range of interdisciplinary methods, including a synthesis of population-based prevention, individual-level clinical care, and the social determinants shaping root causes of unequal health c) promotes collaboration that is multidisciplinary and multisectoral, d) is culturally sensitive and affirming, e) transcends national borders.

Key concepts emerging for the exploration of equitable global health research point toward the relational, environmental aspects of how this work is funded, operationalized, and platformed, which include global health network, actors, partners, partnership equity, and research ecosystem. Definitions of GH and related concepts are multifaceted and contain multiple, related meanings for the same term. The definitional breath, scope, and depth depend heavily on the stakeholders involved. Most definitions for GH come from authors in high-income countries, which one scoping review suggests “may unevenly reflect the interests and priorities of stakeholders from higher income countries” (Salm et al. 2021: 12).

As certain stakeholders and global regions unduly influence definitional components organizing GH research, a greater focus on the collection of networked actors and the institutional norms and policies governing them are needed to better explore how equitable global health research occurs.

*With partnership being a critical component of equitable global health research, what principles and guidelines have been developed in this area with global south contributions?*

Starting from the six principles developed by the Canadian Coalition for Global Health Research (CCGHR), three additional scoping reviews were analyzed on equitable GH principles and guidelines (see Fauer et al. 2021; Monette et al. 2021; Voller et al. 2022). We also considered a recent scoping review on toolkits for equitable GH partnerships (Modlin et al. 2025). Our synthesis determined that there are 22 principles and guidelines and 17 toolkits that attempt to embed these frameworks into GH partnerships. Like GH definitions, most principles and guidelines were developed by HICs and less than half of the toolkits (8/17, 47%) had input from global south partners. There is not a clear understanding on how principles and guidelines should be implemented across partnerships, there exists language barriers and cultural differences that limit their adoption, and there is no empirical evidence to demonstrate whether implementing these principles, guidelines, or using toolkits had any impact on increasing equitable practices in GH partnerships (Fauer et al. 2021; Moldin et al. 2025; Monette et al. 2021; Voller et al. 2022). We find that to embed equitable global health

research practices, there needs to be a shift in focus from developing principles, guidelines, and toolkits to changing incentive structures within institutional actors that govern global health research relations.

*Given a focus on institutions and systems, who are the key global health research actors that will be necessary to engage to progress equitable global health research partnership practice and policy?*

A systems-based framework for change is needed to increase equitable global health research practices within partnerships. This means a shift in focus from developing suggested principles, guidelines, and toolkits that operationalize them to a focus on the key players in the global health research ecosystem that govern relationships among networked actors.

We focus in on a) **funders-donors**, b) **academic-scientific journals**, and c) **research institutions and universities** as three key focal groups that can incentivize change and facilitate more equitable practices within global health research.

We also recognize that governmental organizations like health ministries, non-profit community-based groups, for profit corporations and transnational companies also significantly shape GH research and recognize that this list will continue to grow and expand in the coming years.

We see opportunities to work with key GH research actors to incentivize change to increase equitable practices within GH partnerships. From this work, we see opportunities to develop a community of practice that could share, champion, and use tools developed—like accessible training (with certificates), mentorship models, and other resources that institutions can adopt and adapt—that incentivize institutional changes that mark concrete ways to reshape the GH research ecosystem as one that rewards equitable practices.

## Conclusions

This report highlights that achieving equitable global health research requires more than well-intentioned principles—it demands structural change within the institutions that shape research relationships. By mapping key concepts, examining existing guidelines, and identifying the actors who hold the power to influence practice, we underscore the need to shift from developing additional frameworks toward transforming the incentive structures that govern global health research.

Strengthening equity will depend on coordinated, systems-level action from funders, journals, universities, and other institutional actors who can embed fair and inclusive practices into the core of research processes. Building on these initial insights, future work will focus on understanding researchers' lived experiences within this ecosystem and identifying concrete institutional intervention points to better support equitable partnerships that empower both global south and global north scholars.

## Equitable global health research and positioning for systems change

Equitable global health research requires commitment to principles, practices, and policies that are positioned to support researchers as they navigate the complexities of knowledge generation through global north and global south partnerships. Many of our challenges are systemic, involving structural barriers that undermine the best intentions of institutions and researchers during the research process. Guided by some high-level *principles of equitable global health research and systems approaches and methods*, we are developing a program of research to identify and understand the wider systems and institutions that shape global health research for all, with a special focus on the needs of self-identified ‘global south’<sup>2</sup> scholars.

The purpose of this report is to gather some early insights into the key concepts, actors and existing principles and guidance available and relevant for supporting equitable global health research. As our focus is on structural barriers, this report will also identify the institutions who make up a wider global health research ecosystem.

Specifically, this report will explore three core areas:

1. What are the key definitions and concepts needed to explore equitable global health research, with a focus on institutions and systems?
2. With partnership being a critical component of equitable global health research, what principles and guidelines have been developed in this area?
3. Given a focus on institutions and systems, who are they key global health research actors that will be necessary to engage to progress equitable global health research partnership practice and policy?

### 1. Exploring definitions for global health, global health research, and global health research partnerships

Definitions in global health (GH) and global health research (GHR) have changed and evolved over several decades and continue to be investigated and explored. Currently we lack a clear consensus on how best to characterise and define global health (Salm et al., 2021; Garcia-Basteiro & Abimbola, 2021; Abimbola, 2018). As a broad area of practice, teaching, and research, global health has a complex legacy that has contributed to a range of perspectives that have shaped its definitional parameters over the past several decades, depending on who and why the definitions were developed. As part of this project, we have reviewed the literature looking to define some key concepts summarized in Table 1.

---

<sup>2</sup> Our project team recognize the unsatisfying classification of ‘global south’ and ‘global north’ and have agreed to use as a short hand for researchers or institutions that are not necessarily identified geographically or by other metrics but self-identified as those that may feel they are ‘within’ or ‘outside’ an established power structure that shapes global health research.

Table 1. Proposed definitions for key concepts in the project that will shape our research plans

Concepts	Definitions
<i>Global Health</i>	“An area for study, research, and practice that prioritizes improving health and achieving equity in health for all people worldwide. Global health emphasizes transnational health issues, determinants, and solutions; involves many disciplines within and beyond the health sciences and promotes interdisciplinary collaboration; and is a synthesis of population-based prevention with individual-level clinical care.” (Koplan et al., 2009:1995)
<i>Global Health Equity</i>	“Mutually beneficial and power balanced <i>partnerships</i> and <i>processes</i> leading to equitable human and environmental health <i>products</i> on a global scale.” (August et al., 2022, p.3).  “The absence of systematic differences in health, between and within countries, that are avoidable by reasonable action” that “are also considered unfair and unjust” (Östlin et al., 2011 and Whitehead 1992, cited in Monette et al., 2021, p. 5).
<i>Global Health Network</i>	“Webs of individuals and organizations linked by a shared concern to address a condition that affects or potentially affects a sizeable portion of the world’s population” (Salm et al., 2022, p. 7).
<i>Global Health Actor</i>	“A global health actor is defined as an individual or organization that operates transnationally with a primary intent to improve health” (Salm et al., 2022, p. 7).
<i>Global Health Research</i>	“ <i>Collaborative trans-national research and action for promoting health for all.</i> ” (Beaglehole & Bonita, 2010)
<i>Global Health Partners</i>	“A variety of stakeholders, including researchers, educators, academic institutions, non-governmental organizations, and private sector organizations, who collaborate within a similar domain in global health activities. Each partner can bring complementary strengths and weaknesses while the act of collaboration provides an opportunity to pool resources and achieve outcomes that otherwise might not be possible” (Modlin et al., 2025, p. 2)
<i>Equitable Global Health Research Partnership</i>	A partnership built on equity and reciprocity, where resources, benefits, and power are distributed equally (Plamondon et al., 2017), where co-creation, clear communication, commitment, and continuous review are essential parts (Zaman et al., 2020), and that supports personnel and infrastructure research capacity and shares manuscript authorship (Moton et al., 2022).
<i>Partnership Equity</i>	“The prioritization of mutually beneficial inputs, processes, outputs, and impact, including a pluralistic view on what ‘benefit’ means to stakeholders who have different backgrounds, values, and objectives” (Modlin et al., 2025, p. 2).

Global Health Research  
Ecosystem

“The dynamic system of local, national and international institutions and actors involved in the commissioning, generation, management, curation, dissemination and consumption of research, who, having different interests, types and levels of capital, are linked and affected by feedback loops of influence and power.” (Morton et al., 2022, p. 268).

In a systematic review of 78 articles published between 2009 and 2019, Salm et al. (2021:11) claim that a variety of definitions put forward by diverse experts in the field indicate that GH as a field are “multifaceted and polysemous.” They found that ***GH definitions shifts based upon the stakeholders involved and the objectives they bring to the different contexts they work within*** (e.g., more narrow definitions were attributed to those working in GS governance and education and favored by certain funders). Definitions reflected “the specialisations or discipline-specific priorities of their authors,” (Salm et al. 2021: 11), with terms like “multidisciplinary” or the need for “cultural competency” found more among teams of interdisciplinary GH educators versus terms like “governance” and “security” found more among authors publishing in journals of health policy. The authors also found that ***“the majority of publications and their authors were from higher income countries,” which they find may “unevenly reflect the interests and priorities of stakeholders from higher income countries”*** (Salm et al. 2021:12, emphasis added). Across all definitions reviewed, Salm et al. (2021) conclude GH can be broadly defined as *“an area of research and practice committed to the application of multidisciplinary, multisectoral and culturally sensitive approaches for reducing health disparities that transcend national borders”* (Salm et al, 2021, p. 12).

Some definitions of GH seek to connect healthcare and disease prevention to ***social determinants of health***. Farmer et al. (2013) argue that GH should address health disparities among countries and within countries. To them, healthcare delivery alone is inadequate to solve health problems unless we get to the root causes of illness embedded in complex social and economic structures such as poverty, inequality, and environmental degradation (Farmer et al., 2013, p. 10). Inspired by Farmer et al. (2013), Abimbola (2018) argues that GH is about “health equity everywhere,” which then makes Indigenous health and the health of underserved and marginalized communities in high-income countries (HICs) eligible for classification as global health research and partnerships.

Based on many of these ideas, a broadly accepted definition was proposed and refined by Koplan et al. (2009:1995) defining global health as “an area for study, research, and practice that prioritizes improving health and achieving equity in health for all people worldwide. Global health emphasizes transnational health issues, determinants, and solutions; involves many disciplines within and beyond the health sciences and promotes interdisciplinary collaboration; and is a synthesis of population-based prevention with individual-level clinical care.” As an essential dimension of global health, definitions of global health research have been primarily characterized by the ***transnational*** relationships that enable the research that aims to promote health and well-being worldwide. For

example, Beaglehole and Bonita (2010, original emphasis) define GHR as “*collaborative trans-national research and action for promoting health for all.*” The Canadian Institute of Health Research (CIHR) defines GHR as research focusing on the health of people living in low-and middle-income countries (LMICs) and aimed at understanding the inherently global and systematic factors that shape health (CIHR, 2022). While Garcia-Basteiro and Abimbola (2021) have proposed that GHR goes beyond a focus on LMICs to instead focus on addressing the structures that perpetuate inequities in health, regardless of the geography. They emphasize the need to be critical about who defines GH, sets the agenda, designs, and disseminates the research. De-emphasizing the transnational aspects of GHR, they identify core elements in GHR, such as equity and research on the structural determinants of health and proposed “health equity research” instead of GHR, encompassing health research both within and across countries.

In each of these approaches to defining GHR, a central element of research is **partnerships**. A recent scoping review by Modlin and colleagues (2025) defines global health ‘partners’ as “a variety of stakeholders, including researchers, educators, academic institutions, non-governmental organizations, and private sectors organizations, who collaborate within a similar domain of global health activities.” They stress partners bring their own “strengths and weaknesses” to the partnership, and that “the act of collaboration provides an opportunity to pool resources and achieve outcomes that otherwise might not be possible” (p. 2). Equitable GHR partnership has been defined as being built on reciprocity, where resources, benefits, and power are distributed equally, where co-creation, clear communication, commitment, and continuous review are essential parts (Zaman et al., 2020), and where personnel and infrastructure research capacity is supported and manuscript authorship is shared (Moton et al., 2022). Modlin and colleagues (2025:2) consider ‘partnership equity’ to mean “the prioritization of mutually beneficial inputs, processes, outputs, and impact, including a pluralistic view on what ‘benefit’ means to stakeholders who have different backgrounds, values, and objectives.” These definitions collectively envision equity within partnerships as an active, ongoing process throughout the research collaboration. Equity is co-created, and the processes of *doing research* and the outcomes of *end-result benefits* should reward those from different socio-economic backgrounds and contexts and different career paths and career stages (e.g., early career researchers compared to mid and senior ones).

While acknowledging that GHR is not limited to transnational partnerships, for this research project, ***we focus on the partnerships between LMICs and HICs in GHR and seek to understand how to promote equity in GHR by taking a systems-based approach to unpack the structural determinants of GHR.***

## 2. Focusing on global health research partnerships, related inequities, and the role of guiding principles with global south contributions

Inequities among the benefits of research, both in the process and outcomes, are reported in relation to GHR and partnerships. To date, GHR has greatly benefited HIC researchers, consultants and institutions in a variety of ways, while LMICs have historically contributed to data collection without ownership or key contributions to research outputs (Amisi et al., 2023; Sors et al., 2022; Aryal et al., 2023; Nafade et al., 2019). The differences in research partnership roles between HIC and LMIC has been traced to colonial roots and often represent extractive research practices, where a researcher “drops into a country, makes use of the local infrastructure, personnel, and patients, and then goes home and writes an academic paper for a prestigious journal” (The Lancet, 2018, p. e593). The COVID-19 pandemic starkly demonstrated that existing inequities create conditions of instability and vulnerability across the globe that necessitate global cooperation and collaboration (Horton 2020).

GHR continues to receive criticism as being colonial due to how HIC researchers and institutions disproportionately receive the lion’s share of research benefits, such as funding, data ownership, and notable journal authorship placements (Amisi et al., 2023; Sors et al., 2022; Aryal et al., 2023; Nafade et al., 2019). GHR upholds colonial structures of power where HIC researchers may lead a unidirectional flow of knowledge by often engaging in core research activities, such as setting research agendas and priorities (Sheikh et al., 2017; Morton et al., 2022), receiving funding, and leading and managing people (Pai, 2019). Experts based in HICs often dominate advisory boards of major funders and health agencies (Nafade et al., 2019; Morton et al., 2022), with global health donors and institutions also primarily being based in the global north (Pai, 2019).

GHR structures are inherently paternalistic, where HIC researchers and their expertise are often more valued than the skills and expertise of their LMIC counterparts. In a systematic review in collaborative health research authorship between 2014-2016, Hedt-Gauthier and colleagues (2019) found that collaborations with HICs reduces local authorship in prestigious publications positions (e.g., first and last authorship positions). They further found that collaborating with top US universities have the lowest representation of local authorship in these positions. Most global health journal headquarters are in London, New York, and Baltimore and are run by colonial-era institutions (Nafade et al., 2019). Women are less represented in GHR and GHR partnerships, from funding to authorship and editorship (Nafade et al., 2019).

### *2.1 The role of principles and toolkits and contributions from the global south*

In recognition of the embedded inequities in GHR and the unequal distribution of power, several principles and guidelines have been developed to promote equity and justice within GHR partnerships, including a set developed in Canada (see appendix A for more details; Monette et al., 2021).

GHR principles aim to reduce inequity and promote good practice in research (Voller et al., 2022) and are developed to state a set of values that represent reciprocal, mutually beneficial, and equitable research partnerships. For instance, in their scoping review, Monette et al. (2022) found nine existing principles, all of which focused in some form on equity, mutual benefit, capacity building, and social justice in Global health research partnerships. In their scoping review, Voller et al. (2022) found twenty-two sets of principles and guidelines for global health research, most of which are developed in the HICs. Despite focusing on fairness, equity, and justice, guidelines developed in GS are given less attention in GHR, and voices from the Global South continue to be under-represented (Voller et al., 2022).

Three scoping reviews by Fauer et al. (2021), Monette et al. (2021), Voller et al. (2022) have reviewed a series of principles to guide GHR. **Overall, the authors collectively found that equitable global health research principles vary greatly in meaning and interpretation by global partners, which makes their implementation fragmented and unsustainable** (Monette et al., 2021, emphasis added). [Table 3](#) summarizes some key details from the reviews related to their challenges, and recommended improvements.

*Table 3: Reviews of existing GHR principles: basic information, challenges, and areas of improvement*

<b>Sources of the three scoping reviews</b>	<b>Description of GHR principles</b>	<b>Challenges with existing principles and guidelines</b>	<b>Recommendations to improve GHR principles for clear actions</b>
<p><i>Monette et al. (2021)</i></p> <p><i>Fauer et al. (2021)</i></p> <p><i>Voller et al. (2022).</i></p>	<ul style="list-style-type: none"> <li>• There are 22 principles and guidelines.</li> <li>• They are all developed with the intention of reducing inequity in GHR and promoting good practice.</li> <li>• Focus on fairness, equity, and justice.</li> <li>• Mostly developed by HICs.</li> <li>• Guidelines developed in LMIC are given less attention or viewed with less confidence.</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of consensus creates confusion.</li> <li>• Ambiguities about some terms/concepts, such as equity or partnerships.</li> <li>• Unclear targeted audiences</li> <li>• Inaccessible in various languages</li> <li>• No empirical evidence of their effectiveness.</li> <li>• The existence of so many principles creates challenges to a critical engagement in GHR.</li> </ul>	<ul style="list-style-type: none"> <li>• Coming into a consensus about core values as a must-have in GHR partnerships.</li> <li>• Potential refinement of existing principles</li> <li>• Principles that should be applied in GHR must be developed by GS and GN partners.</li> <li>• To establish good global health research partnerships, diverse actors should develop principles collaboratively.</li> </ul>

Some argue that equity toolkits are useful tools to embed equitable principles and practices within global health research partnerships (see Modlin et al. 2025). In a recent scoping review on equity toolkits by Modlin and colleagues (2025), they identified seventeen toolkits available representing twenty-three countries. They found strong content overlap between operational toolkits and equitable partnership guidelines. Consistent with other scoping reviews, Modlin and colleagues (2025) found that less than half (8/17, or 47%) of these toolkits had representation from low or middle-income countries. Further, there is limited information on the use of these toolkits within partnerships and no data on whether their use has increased equity-based changes within partnerships (Modlin et al. 2025). The authors also found that certain equitable practices extend beyond the “partnership level,” such as research funding, priorities, and distribution, and must “include evaluation of global health funders” (Modlin et al. 2025, p. 10) at the institutional level of influence. They conclude that there is an increasing push by academic journals, health ministries, and research funders for partnerships to demonstrate equitable relations within their collaborations, but there are doubts on whether these indicators and “their outcomes disrupt, rather than propagate, systemic structures that contribute to health system inequalities” (p. 10).

### 3. Identifying key actors needed to understand systemic barriers and support improvements for equitable global health research

Recommendations have been proposed to support equitable GHR, such as addressing structural barriers to meaningful and authentic partnership, ensuring diversity and inclusivity in journal editorial and funding boards, strengthening capacities, and sharing benefits among researchers and partners from HICs and LMICs (see Appendix B for some additional detail). Specific practices and their effectiveness are somewhat limited (Voller et al., 2022; Plamondon et al., 2019; NIH, 2019).

***A systems-based framework for change is needed to increase equitable global health research practices within partnerships.*** Each of these recommendations would require the coordinated action of institutions, organizations and researchers across the global health ecosystem. To help us to identify key actors that would be needed to support some of the recommended practice for improving equitable global health research practices, examples of recommended practices and specific actors are summarised in Table 4.

Table 4: Global health research actors, their practices, and partnership actions

<b>Actors of the global health research ecosystem</b>	<b>Recommended Practices to make GHR equitable</b>	<b>Actions taken by Actors (examples)</b>
<i>Academic/scientific journals</i>	<p>Promote Equitable GHR partnerships (CCGHR, 2015; Pai, 2019; Amisi et al., 2021; Sors et al., 2022; Aryal et al., 2023)</p> <ul style="list-style-type: none"> <li>• Making sure there is a fair representation of LMICs researchers in the manuscript (Evertsz et al., 2023).</li> <li>• LMICs researchers are first or senior authors.</li> <li>• Remove the limit of the number of accepted authors in an accepted manuscript.</li> <li>• Should be aware of their conscious or unconscious bias to reject and accept manuscripts.</li> <li>• Promote research capacity building.</li> <li>• Making research that has been conducted in LMICs free on their website.</li> </ul> <p>Promote and ensure diversity:</p> <ul style="list-style-type: none"> <li>• Making Journal editorial boards diverse.</li> <li>• Promote the inclusion of a structured reflexivity statement with the manuscript (Morton et al., 2022).</li> </ul>	<ul style="list-style-type: none"> <li>• PLOS Global Health has specific guidelines that encourage Global South researcher contributions, and an equitable open access policy that enables researchers to apply for fee waivers when institutional support is not available.</li> <li>• Cell Press, PLOS One, the Lancet, and BJD adopted inclusivity, diversity, and reflexivity statements. (Saleh et al., 2022)</li> </ul>
<i>Funders/donors</i>	<ul style="list-style-type: none"> <li>• Diversify funding boards to balance gender and racial categories.</li> <li>• Ensure research teams are diverse and leadership is shared.</li> </ul> <p>Promote Equitable Partnership:</p> <ul style="list-style-type: none"> <li>• Facilitating equitable partnership (Charani et al., 2022).</li> <li>• Collecting and monitoring details about applicants on how equitable partnerships are being actively promoted.</li> <li>• Ensuring the research question is responsive to LMICs' research and policy priorities (Pai, 2019).</li> </ul> <p>Reduce Funding Discrepancies (Palmondon et al., 2017; NIH, 2019; Charani et al., 2022)</p> <ul style="list-style-type: none"> <li>• Provide more funds to LMICS investigators,</li> <li>• More funds should be directed to capacity and infrastructure building and grant management, and administrative capacity building in LMICs (NIH, 2019)</li> <li>• Reduce disparities in funding for indirect costs between HICs and LMICs</li> </ul>	<ul style="list-style-type: none"> <li>• NIH documented the need for equitable global health research.</li> <li>• Funded research in Africa that local investigators lead.</li> <li>• Has funds for capacity and infrastructure building in the local community (NIH, 2019)</li> </ul>

	<ul style="list-style-type: none"> <li>• Allocation of funds to strengthen capacities and infrastructure in LMICs for GHR (Charani et al., 2022; NIH, 2019)</li> <li>• Small grants to support early careers, travels and conferences for LMICs.</li> <li>• Add their positionality and reflexivity statements</li> </ul>	
<p><i>Authors/ Researcher/ Principle Investigator</i></p>	<p>Fair authorship and ownership (Freeman et al., 2021; Evertsz et al., 2023)</p> <ul style="list-style-type: none"> <li>• Fairly share authorship.</li> <li>• Inclusion of the reflexivity statement describing equal partnership in research from conception to manuscript publication.</li> <li>• Avoid tokenistic authorships for LMICs by incorporating them from inception to manuscript writing.</li> <li>• Secondary analysis of open-access data should involve primary researchers from data analysis to manuscript writing.</li> </ul> <p>Build Equity Centred Partnership (Plamondon et al., 2019):</p> <ul style="list-style-type: none"> <li>• Co-designing and co-developing research.</li> <li>• Being culturally sensitive and analyzing data within cultural and research contexts.</li> <li>• Shared benefits, responsibility, and accountability</li> <li>• Ensure fund is used to build LMICs' infrastructure and train early career academics/researchers, and train LMICs.</li> <li>• Translate research results and findings into local language.</li> </ul> <p>Decolonize and be Reflexive (Charani et al., 2022; Amisi et al., 2023; Aryal et al., 2023):</p> <ul style="list-style-type: none"> <li>• Education with historical, geographical, and structural impact.</li> <li>• Decolonize attitudes and concepts in global health.</li> <li>• Question the notion of absolute scientific objectivity.</li> <li>• Clarify positionality and engage with continuous reflexivity.</li> </ul> <p>Reduce Power Relations</p> <ul style="list-style-type: none"> <li>• Support early career development.</li> <li>• Reducing power relations between early career and experienced researchers</li> </ul>	<ul style="list-style-type: none"> <li>• Liwanag and Rhule (2021) emphasize on dialogical reflexivity with peers for a radical transformation in GHR. While they did not add their reflexivity statement to their manuscript, they provided examples in their article about how a reflexivity statement may look in GHR.</li> <li>• The California University and the University of the Philippines Codesigned and developed research, flowing the lead of LMICs.</li> <li>• There are examples of research initiated by the LMICs.</li> </ul>
<p><i>Research institutions</i></p>	<p>Jointly set the goals, expectations, and mission (Raza, 2005)</p> <ul style="list-style-type: none"> <li>• Should maintain and follow written agreements and memoranda of understanding.</li> </ul>	<p>Developed tools to evaluate partnerships through equity lenses (Larson et al., 2022)</p>

	<ul style="list-style-type: none"> <li>• Establish shared goals and mission at the beginning of the partnership (Plamondon et al., 2021)</li> <li>• Clear and effective communication practice with clear roles and responsibilities, lines of authority, accountability, and responsibility (Plamondon et al., 2021).</li> <li>• Understand and clarify the expectations of organizations and individuals involved in GHPs.</li> <li>• Shared Benefits, accountability, and Responsibility (Sors et al., 2022; Amisi et al., 2021)</li> <li>• work together to reduce the power imbalance.</li> <li>• Bi-directional flow of knowledge, resources, and training.</li> <li>• Building research infrastructure and individual competence in LMICs and early career researchers/academics</li> <li>• For LMICs: be more assertive on research needs and priorities.</li> <li>• For LMICs: lead the movement for equity in GHR.</li> </ul>	
<i>Universities</i>	<p>Promote and Support Collaborations and Equitable GHRP (Morton et al., 2022)</p> <ul style="list-style-type: none"> <li>• develop mechanisms that evaluate partnerships in collaborative research,</li> <li>• Should incentivize or reward equitable partnership, collaboration, and mentorship with LMICs.</li> <li>• Question “publish or perish” culture.</li> <li>• Credit should be given to faculty who seek international. Collaboration, mentor LMICs, and share fair authorship.</li> </ul> <p>Share Knowledge and Training with LMIC partners (Pai, 2019)</p> <ul style="list-style-type: none"> <li>• Provide free access to academic library to their LMICs partners.</li> <li>• Share curricula of global health programs with LMICs universities</li> <li>• Provide grant application training as a part of all kinds of research partnerships for LMICs</li> </ul>	
<i>Government and policy makers</i>	<ul style="list-style-type: none"> <li>• Support and fund global health research</li> <li>• For LMICs: governments should allocate more budget on research</li> <li>• Build strong policy frameworks and implement policies for research in LMICs (Foschi et al., 2019)</li> </ul>	
<i>Students/trainees</i>	<ul style="list-style-type: none"> <li>• Being culturally sensitive (Pai, 2019)</li> <li>• Not to think of themselves as saviours of the Global South</li> </ul>	

	<ul style="list-style-type: none"> <li>• Listen actively.</li> <li>• Work for bi-directional partnerships</li> </ul>	
<i>Research participants &amp; communities</i>	<ul style="list-style-type: none"> <li>• Participating in agenda-setting and priority-setting (Pratt et al., 2018)</li> <li>• Co-leading and co-owning research processes (Pratt et al., 2018)</li> <li>• Upholding data sovereignty frameworks (where relevant) (Harper et al., 2021)</li> </ul>	

Certain journals are spearheading equitable initiatives. PLOS Global Health, for example, has explicit guidelines that signal their support of Global South researcher contributions. In their mission statement, they state, “We will amplify the voices of underrepresented and historically excluded communities in all regions of the world and prioritize equity, diversity, and inclusion at all levels – editors, editorial boards, peer reviewers and authors – to broaden the range and diversity of perspectives at the forefront of public health and advance the health of all humankind” (PLOS Global Health, n.d.). In addition, they have an **equitable open access policy** that encourages researchers to apply for publication fee waivers when institutional support is not available.

Other innovations on the journal-side are emerging. Cell Press and PLOS One now require inclusion and diversity statements, where authors are asked to fill out ethical, cultural, and scientific considerations-related questions (Saleh et al., 2022). A **reflexivity statement** is also developed to be included by authors, and guidelines to help journal editors evaluate equitable global health research partnerships and stop parachute research by ensuring inclusivity, diversity, and authorship from the global south partners (Freeman et al., 2023). Some tools, such as Partnership Assessment Tools (PAT), have been developed to evaluate GHR partnerships (Larson et al., 2022; Afsana et al., 2009). There are some funds from NIH that are used to strengthen capacities and infrastructure in LMICs.

Moreover, there are some examples of success stories of GHR where partnerships were initiated, and **research was designed by LMICs**. For example, Aryal et al. (2023) share their stories where the University of Philippines, Manila, College of Public Health (UPM, CPH) initiated the partnership with the University of California Center for Health Policy and Research (UCLA CHPR). The research progressed through **mutual goal setting, cultural bridging, collaborations, and capacity building**. Some unique characteristics of their partnerships are LMIC-initiated and identified project needs, LMIC-based funding allocation, capacity-building of HIC, and jointly offered courses on global health.

Another example demonstrates reverse innovation in GHR partnerships. **Reverse innovation means using and implementing innovation from LMICs to HICs** (Sors et al., 2022). Indiana University’s Center for Global Health has successfully built 30 years of partnership with Moi University in Kenya, and together, they built an Academic Model Providing Access to Healthcare (AMPATH) rooted in the principles of equity, mutual benefit, and long-term commitment. Model taken from the AMPATH, the case from Kenya, they

successfully established a **one-stop-shop for HIV clinics** to engage HIV patients and a *WeCare* program to **address infant and maternal mortality in Indiana**. It significantly reduced Indiana's maternal and infant mortality rates (Sors et al., 2022).

In addition to institutional and academic actors, **research participants and community partners are critical actors** in equitable global health research. Their lived experience and contextual knowledge are essential for shaping research priorities, interpreting data, and guiding ethical and culturally appropriate practices, yet they are often excluded from decision-making, authorship, and dissemination (Pratt et al., 2018). **Engaging communities as active partners ensures that data are collected, managed, and interpreted in ways that respect local research governance and data sovereignty while promoting transparency and relevance** (Pratt et al., 2018). Inclusion of these actors strengthen structural inequities across the global health research ecosystem, aligning with decolonial and equity-centred principles (Harper et al., 2021).

## Conclusions

GH research procedures and policies can be modified to promote equitable practices within partnerships if we focus on how key institutions within the GH research ecosystem encourage, implement, and enforce these practices. One way to do so is to take the learnings from research on equitable principles, guidelines, and toolkits within GH research and work more closely with key institutions like funders, journals, and research institutions to operationalize them within organizations.

This report summarizes the work that has been done to define the global health research space and identifies key concepts mobilized to describe equitable global health research. We further explore the importance of partnerships within global health research. We argue that there must be a pivot from work that proposes principles, frameworks, and toolkits for equitable global health partnerships to a deeper understanding and exploration of the key institutions that govern the relationships within the global health research ecosystem. We summarize specific practices different institutions have adopted or can adopt to improve equity within their organizations. We end by affirming the need for a systems-based intervention at the institutional level to drive equitable relationships within global health research partnerships.

Future work will explore the current realities faced by researchers within this research ecosystem and identify intervention points within key institutions like funders, research institutions, and journals that can incentivize widespread behavioral change to benefit equitable relations in partnerships that empower global south and north researchers.

## References

Abimbola S. (2018). On the meaning of global health and the role of global health journals. *International health*, 10(2), 63–65. <https://doi.org/10.1093/inthealth/ihy010>.

Abimbola S. (2019) The foreign gaze: authorship in academic global health. *BMJ global health*. 2019;4(5):e002068. Epub 2019/11/22. pmid:31750005; PubMed Central PMCID: PMC6830280.

Afsana, K. Habte, D., Hatfield, J. Murphy, J., & Neufeld, V. (2009). “Partnership Assessment Toolkit.” *Canadian Coalition For Global Health Research*. [https://cagh-acsm.org/sites/default/files/pat\\_ccghr\\_regular.pdf](https://cagh-acsm.org/sites/default/files/pat_ccghr_regular.pdf). Accessed Sept, 4, 2023.

Ahmed, F., Ahmed, N., Briggs, T. W. R., Pronovost, P. J., Shetty, D. P., Jha, A. K., & Govindarajan, V. (2017). Can reverse innovation catalyse better value health care?. *The Lancet. Global health*, 5(10), e967–e968. [https://doi.org/10.1016/S2214-109X\(17\)30324-8](https://doi.org/10.1016/S2214-109X(17)30324-8).

Amisi JA, Cuba-Fuentes MS, Johnston EM, *et al.* 2023. A pragmatic approach to equitable global health partnerships in academic health sciences. *BMJ Global Health* 2023;8:e011522.

Aryal, A., Garcia, F. B., Jr, Scheitler, A. J., Faraon, E. J. A., Moncatar, T. J. R. T., Saniel, O. P., Lorenzo, F. M. E., Rosadia, R. A. F., Shimkhada, R., Macinko, J., & Ponce, N. A. (2023). Evolving academic and research partnerships in global health: a capacity-building partnership to assess primary healthcare in the Philippines. *Global health action*, 16(1), 2216069. <https://doi.org/10.1080/16549716.2023.2216069>.

August, E., Tadesse, L., O'Neill, M. S., Eisenberg, J. N. S., Wong, R., Kolars, J. C., & Bekele, A. (2022). What is Global Health Equity? A Proposed Definition. *Annals of global health*, 88(1), 50. <https://doi.org/10.5334/aogh.3754>.

Beaglehole, R. & Bonita, R. (2010). “What is Global Health?” *Global Health Action*. Vol.3, <https://doi.org/10.3402/gha.v3i0.5142>.

Binagwaho A, Allotey P, Sangano E, Ekström A M, Martin K. A call to action to reform academic global health partnerships *BMJ* 2021; 375 :n2658 doi:10.1136/bmj.n2658.

Canadian Coalition for Global Health Research (CCGHR). 2015. *CCGHR Principles for Global Health Research*. 1-11. <https://cagh-acsm.org/sites/default/files/principles-ghr-companion-doc.pdf>. Accessed September 4, 2023.

Charani, E., Abimbola, S., Pai, M., Adeyi, O., Mendelson, M., Laxminarayan, R., & Rasheed, M. A. (2022). Funders: The missing link in equitable global health research?. *PLOS global public health*, 2(6), e0000583. <https://doi.org/10.1371/journal.pgph.0000583>.

CIHR. (2021). Framework for Action for Global Health Research. <https://cihr-irsc.gc.ca/e/52503.html>. Accessed September 4., 2023.

Easterbrook P. J. (2011). Institutional partnerships in global health. *Clinical medicine* (London, England), 11(2), 112–113. <https://doi.org/10.7861/clinmedicine.11-2-112>.

CIHR. (2022). *Global Health 3.0. 2021-2026. Framework for Action on Global Health Research*. [https://cihr-irsc.gc.ca/e/documents/CIHR\\_framework\\_2021-en.pdf](https://cihr-irsc.gc.ca/e/documents/CIHR_framework_2021-en.pdf). Accessed October 18, 2023.

Farmer, P., Yong Kim, J., Kleinman, A., & Basilio, M. (2013). “Introduction: A Biosocial Approach to Global Health.” In Farmer, P., Yong Kim, J., Kleinman, A., & Basilio, M. ed. *Reimagining Global Health*. California University Press.

Faure, M. C., Munung, N. S., Ntusi, N. A. B., Pratt, B., & de Vries, J. (2021). Mapping experiences and perspectives of equity in international health collaborations: a scoping review. *International journal for equity in health*, 20(1), 28. <https://doi.org/10.1186/s12939-020-01350-w>.

Fergus C. A. (2022). Power across the global health landscape: a network analysis of development assistance 1990-2015. *Health policy and planning*, 37(6), 779–790. <https://doi.org/10.1093/heapol/czac025>.

Freeman, E. E., Padovese, V., Singal, A., Yotsu, R., Oyesiku, L., James, A. J., Bravo, F. G., & Mosam, A. (2023). The BJD's approach to global health and equity in publishing: adding author reflexivity statements. *The British journal of dermatology*, 188(5), 583–585. <https://doi.org/10.1093/bjd/ljad058>.

Garcia-Basteiro AL, Abimbola S. (2021). The challenges of defining global health research. *BMJ Global Health* 2021;6:e008169. <http://dx.doi.org/10.1136/bmjgh-2021-008169>.

Gautier, L., Sieleunou, I. & Kalolo, A. Deconstructing the notion of “global health research partnerships” across Northern and African contexts. *BMC Med Ethics* 19 (Suppl 1), 49 (2018). <https://doi.org/10.1186/s12910-018-0280-7>.

Guilfoyle, R., Morzycki, A. D., & Saleh, A. (2022). What makes global healthcare partnerships successful? A systematic review. *Global public health*, 17(5), 662–671. <https://doi.org/10.1080/17441692.2021.1892795>.

Habrer, J.E. & Boum II, Y. (2023). Behind-the-Scenes Investment for Equity in Global Health Research. *The New England Journal of Medicine*. 388(5). 387-390.

Harper A, Pratt B. Combatting neo-Colonialism in Health Research: What can Aboriginal Health Research Ethics and Global Health Research Ethics Teach Each Other? *Journal of Empirical Research on Human Research Ethics*. 2021;17(4):431-454. doi:10.1177/15562646211058253

Harris, M., Macinko, J., Jimenez, G., & Mullachery, P. 2017. “Measuring the Bias Against Low-income Country Research: An Implicit Association Test”. *Globalization and Health* 13 (1). <https://doi.org/10.1186/s12992-017-0304-y>.

Hedt-Gauthier BL, Jeufack HM, Neufeld NH, Alem A, Sauer S, Odhiambo J, Boum Y, Shuchman M, Volmink J. (2019). Stuck in the middle: a systematic review of authorship in collaborative health research in Africa, 2014-2016. *BMJ Glob Health*. Oct 18;4(5):e001853. doi: 10.1136/bmjgh-2019-001853.

Hoffman, S. J., & Cole, C. B. (2018). Defining the global health system and systematically mapping its network of actors. *Globalization and health*, 14(1), 38. <https://doi.org/10.1186/s12992-018-0340-2>.

Hodson, D. Z., Etoundi, Y. M., Parikh, S., & Boum, Y., 2nd (2023). Striving towards true equity in global health: A checklist for bilateral research partnerships. *PLOS global public health*, 3(1), e0001418. <https://doi.org/10.1371/journal.pgph.0001418>.

Horton, R. (2020). *The COVID-19 catastrophe: What's gone wrong and how to stop it happening again*. Polity Press.

Kalkman, S., Mostert, M., Gerlinger, C., van Delden, J. J. M., & van Thiel, G. J. M. W. (2019). Responsible data sharing in international health research: a systematic review of principles and norms. *BMC medical ethics*, 20(1), 21. <https://doi.org/10.1186/s12910-019-0359-9>.

Koplan, J. P., Bond, T. C., Merson, M. H., Reddy, K. S., Rodriguez, M. H., Sewankambo, N. K., Wasserheit, J. N., & Consortium of Universities for Global Health Executive Board (2009). Towards a common definition of global health. *Lancet (London, England)*, 373(9679), 1993–1995. [https://doi.org/10.1016/S0140-6736\(09\)60332-9](https://doi.org/10.1016/S0140-6736(09)60332-9).

Kumar, M., Atwoli, L., Burgess, R., Gaddour, N., Huang, K.Y., Kola, L et al. (2022). What should equity in global health research look like. *The Lancet*. [https://doi.org/10.1016/S0140-6736\(22\)00888-1](https://doi.org/10.1016/S0140-6736(22)00888-1).

Lasker, J. N., Aldrink, M., Balasubramaniam, R., Caldron, P., Compton, B., Evert, J., Loh, L. C., Prasad, S., & Siegel, S. (2018). Guidelines for responsible short-term global health activities: developing common principles. *Globalization and health*, 14(1), 18. <https://doi.org/10.1186/s12992-018-0330-4>.

Larson CP, Plamondon KM, Dubent L, et al. The Equity Tool for Valuing Global Health Partnerships. *Glob Health Sci Pract*. 2022; 10(2): e2100316. <https://doi.org/10.9745/GHSP-D-21-00316>.

Liwanag, H.J., & Rhule, E. (2021). Dialogical reflexivity towards collective actions to transform global health. *BMJ Journals*. <http://dx.doi.org/10.1136/bmjgh-2021-006825>.

Malekzadeh, A., Michels, K., Wolfman, C., Anand, N., & Sturke, R. (2020). Strengthening research capacity in LMICs to address the global NCD burden. *Global health action*, 13(1), 1846904. <https://doi.org/10.1080/16549716.2020.1846904>.

Matenga, T. F. L., Zulu, J. M., Corbin, J. H., & Mweemba, O. (2019). Contemporary issues in north-south health research partnerships: perspectives of health research stakeholders in Zambia. *Health Research Policy and Systems*, 17(1), 7. <https://doi.org/10.1186/s12961-018-0409-7>.

McIntosh, K., Messin, L., Jin, P., and Mullan, Z. (2023). Countering helicopter research with equitable partnership. *The Lancet (Global Health)*. vol. 11., [https://doi.org/10.1016/S2214-109X\(23\)00278-4](https://doi.org/10.1016/S2214-109X(23)00278-4)

Modlin, C.E., Shrestha, P., Chang, L.W. et al. A scoping review of equity toolkits for international academic partnerships. *Int J Equity Health* 24, 268 (2025). <https://doi.org/10.1186/s12939-025-02632-x>

Mogaka OF, Stewart J, Bukusi E. Why and for whom are we decolonising global health? *Lancet Glob Health*. 2021;9(10):e1359–e60. Epub 2021/09/18. pmid:34534477.

Monette EM, McHugh D, Smith MJ, Canas E, Jabo N, Henley P. (2021). Informing 'good' global health research partnerships: A scoping review of guiding principles. *Global Health Action*. 14(1):1892308. Epub 2021/03/12. pmid:33704024; PubMed Central PMCID: PMC7954413. <https://doi.org/10.1080/16549716.2021.1892308>.

Morton, B., Vercueil, A., Masekela, R., Heinz, E., Reimar, I., Daleh S., et al. (2022). Consensus statement on measures to promote equitable authorship in the publication of research from international partnerships. *Anesthesia*. doi:10.1111/anae.15597.

Murphy, J., Hatfield, J., Afsana, K., & Neufeld, V. (2015). Making a commitment to ethics in global health research partnerships: a practical tool to support ethical practice. *Journal of bioethical inquiry*, 12(1), 137–146. <https://doi.org/10.1007/s11673-014-9604-6>.

Nafade, V., Sen, P., & Pai, M. (2019). Global health journals need to address equity, diversity and inclusion. *BMJ global health*, 4(5), e002018. <https://doi.org/10.1136/bmjgh-2019-002018>.

Netherlands Development Assistance Research Council (RAWOO). 2001. North-South Research Partnerships: Issues and Partnerships: Trivandrum Expert meeting.

NIH, 2022. Request for Information on Promoting Equity in Global Health Research. [NIH Report on Request for Information on Promoting Equity in Global Health Research. https://www.fic.nih.gov/About/center-global-health-studies/Documents/nih-report-rfi-equity-global-health-research.pdf](https://www.fic.nih.gov/About/center-global-health-studies/Documents/nih-report-rfi-equity-global-health-research.pdf). Accessed August 17, 2023.

Pai, M. (2019). Global health still mimics colonial ways: here's how to break the pattern. *The Conversation*. [Global health still mimics colonial ways: here's how to break the pattern \(theconversation.com\)](https://theconversation.com/global-health-still-mimics-colonial-ways-heres-how-to-break-the-pattern). Accessed October 18, 2023.

Plamondon, K. M., Brisbois, B., Dubent, L., & Larson, C. P. (2021). Assessing how global health partnerships function: an equity-informed critical interpretive synthesis. *Globalization and health*, 17(1), 73. <https://doi.org/10.1186/s12992-021-00726-z>.

Plamondon, K. M., & Bisung, E. (2019). The CCGHR Principles for Global Health Research: Centering equity in research, knowledge translation, and practice. *Social science & medicine* (1982), 239, 112530. <https://doi.org/10.1016/j.socscimed.2019.112530>.

Plamondon, K., Walters, D., Campbell, S., & Hatfield, J. (2017). Promoting equitable global health research: a policy analysis of the Canadian funding landscape. *Health research policy and systems*, 15(1), 72. <https://doi.org/10.1186/s12961-017-0236-2>

PLOS Global Public Health. (n.d.). *Journal information*. Public Library of Science. Retrieved December 11, 2025, from <https://journals.plos.org/globalpublichealth/s/journal-information>

Pratt B. (2021). Research for Health Justice: an ethical framework linking global health research to health equity. *BMJ global health*. 2021;6(2). Epub 2021/02/17. pmid:33589418; PubMed Central PMCID: PMC7887339.

Pratt B, Vries J. Community engagement in global health research that advances health equity. *Bioethics*. 2018; 32: 454–463. <https://doi.org/10.1111/bioe.12465>

Raza, M. (2005). Collaborative Healthcare Research: Some Ethical Consideration. *Science and Engineering Ethics*. 11. 177-186.

Reidpath, D. D., & Allotey, P. (2019). The problem of 'trickle-down science' from the Global North to the Global South. *BMJ global health*, 4(4), e001719. <https://doi.org/10.1136/bmjgh-2019-001719>.

Saleh, S., Masekela, R., Heinz, E., Abimbola, S., Equitable Authorship Consensus Statement Group, Morton, B., Vercueil, A., Reimer, L., Kalinga, C., Seekles, M., Biccard, B., Chakaya, J., Obasi, A., & Oriyo, N. (2022). Equity in global health research: A proposal to adopt author reflexivity statements. *PLOS global public health*, 2(3), e0000160. <https://doi.org/10.1371/journal.pgph.0000160>.

Salm, M., Ali, M., Minihane, M., & Conrad, P. (2021). Defining global health: findings from a systematic review and thematic analysis of the literature. *BMJ global health*, 6(6), e005292. <https://doi.org/10.1136/bmjgh-2021-005292>.

Sharma D. A call for reforms in global health publications. *Lancet Glob Health*. 2021;9(7):e901–e2. Epub 2021/06/19. pmid:34143988.

Sheikh, K., Bennett, S. C., El Jardali, F., & Gotsadze, G. (2017). Privilege and inclusivity in shaping Global Health agendas. *Health policy and planning*, 32(3), 303–304. <https://doi.org/10.1093/heapol/czw146>.

Smith, J., Boro, E., Kwong, E. J. L., & Schmidt-Sane, M. (2023). Resisting unchecked pragmatism in global health. *The Lancet. Global health*, 11(8), e1176–e1177. [https://doi.org/10.1016/S2214-109X\(23\)00208-5](https://doi.org/10.1016/S2214-109X(23)00208-5).

Sors, T. G., O'Brien, R. C., Scanlon, M. L., Bermel, L. Y., Chikowe, I., Gardner, A., Kiplagat, J., Lieberman, M., Moe, S. M., Morales-Soto, N., Nyandiko, W. M., Plater, D., Rono, B. C., Tierney, W. M., Vreeman, R. C., Wiehe, S. E., Wools-Kaloustian, K., & Litzelman, D. K. (2022). Reciprocal innovation: A new approach to equitable and mutually beneficial global health partnerships. *Global public health*, 1–13. Advance online publication. <https://doi.org/10.1080/17441692.2022.2102202>.

Sweet D. J. (2021). New at Cell Press: The Inclusion and Diversity Statement. *Cell*, 184(1), 1–2. <https://doi.org/10.1016/j.cell.2020.12.019>

Syed, S.B., Dadwal, V. & Martin, G. Reverse innovation in global health systems: towards global innovation flow. *Global Health* 9, 36 (2013). <https://doi.org/10.1186/1744-8603-9-36>.

The Lancet Global Health (2018). Closing the door on parachutes and parasites. *The Lancet. Global health*, 6(6), e593. [https://doi.org/10.1016/S2214-109X\(18\)30239-0](https://doi.org/10.1016/S2214-109X(18)30239-0).

The Lancet Global Health. Global health 2021: who tells the story? *Lancet Glob Health*. 2021;9(2):e99. Epub 2021/01/23. pmid:33482141.

Turissini, M., Mercer, T., Baenziger, J., Atwoli, L., Einterz, R., Gardner, A., Litzelman, D., & Ayuo, P. (2020). Developing Ethical and Sustainable Global Health Educational Exchanges for Clinical Trainees: Implementation and Lessons Learned from the 30-Year Academic Model Providing Access to Healthcare (AMPATH) Partnership. *Annals of global health*, 86(1), 137. <https://doi.org/10.5334/aogh.2782>.

Voller S., Schellenberg, J., Chi, P. Thorogood, N. 2022. What makes working together work? A scoping review of the guidance on North–South research partnerships. *Health Policy and Planning*. 37(4). 523-534.

Zaman, M., Afridi, G., Ohly, H. *et al.* Equitable partnerships in global health research. *Nat Food* 1, 760–761 (2020). <https://doi.org/10.1038/s43016-020-00201-9>.