Finding Our Bearings for Better Global Health Research in Canada

Dylan Walters¹, Katrina Plamondon²,³, Sandy Campbell⁴, & Jennifer Hatfield⁵
¹University of Toronto, ²University of British Columbia, ³Selinat Health, ⁴Independent Consultant, ⁵University of Calgary

Background

In a radically shifting environment, what principles and promising practices should inform Canadian funding policies in global health research? How might Canada best support its global health researchers? What funding structures and modalities best reflect Canadian – and partner country – needs, principles and priorities?

Beginning in 2013, the Canadian Coalition for Global Health Research (CCGHR) hosted several consultations and analyses to answer these questions. Through the Gathering Perspectives Study Phase 1 (GPS1) and Gathering Perspectives Study Phase 2 (GPS2), the CCGHR consulted with both Canadian and low- and middle-income country (LMIC) researchers through deliberative dialogues. This allowed the CCGHR to engage members from dozens of CCGHR and LMIC universities.

In GPS1, participants affirmed the principles of equity, effectiveness, engagement, and ethics as foundational to global health research (GHR). GPS2 expanded this work by examining Canadian funding policies designed to support global health research; deepening the principles that should guide Canadian and LMIC researchers in the conduct of global health research; and promoting engaged knowledge translation in a rapidly shifting global health research context.

Methods

Guided by the 3i (Ideas, Interests, & Institutions) Conceptual Framework (1), and grounded in foundational principles for global health research (2, 3), we examined relationships between actors and efforts to promote GHR (Figure 1). Data informing this analysis included GPS1 deliberative-dialogue data and a literature review of GHR funding structures, strategies, and impacts. We identified primary funders of GHR in Canada and purposefully selected major GHR funders from around the world as comparators. Policy documents gathered included strategic plans, progress reports, and grants policies with whole or partial relevance to GHR (Figure 1). Data informing this analysis included GPS1 deliberative-dialogue data and a literature review of GHR funding structures, strategies, and impacts. We identified primary funders of GHR in Canada and purposefully selected major GHR funders from around the world as comparators. Policy documents gathered included strategic plans, progress reports, and grants policies with whole or partial relevance to GHR. Documents were critically reviewed using content analysis, and then coded thematically using whole or partial relevance to GHR.

Based on findings from these steps, we continued to use a deliberative approach to setting recommendations. Deliberations included the CCGHR research team and its advisors, as well as several experienced industry informants and LMIC partners. Recommendations were taken forward to the CCGHR board and its University Advisory Council (comprised of representatives from twenty-three universities across Canada) for further discussion. The document was then revised in response to this collected feedback. And guiding all of this work was the project’s formal reflexive approach (i.e. engaged in constant critical self-reflection) to ensure that the interests of its intended beneficiaries – namely populations where the greatest health disparities occur – remained central in the analysis (4, 5).

Key Findings

Canadian GHR Funding Landscape

• 2001-2010 investments in development assistance for health (a major determinant of funding for GHR) grew by 22.8% annually; but were dramatically re-organized in the latter part of this period and fell between 2012-13 (6)
• Major Canadian funders (CIHR, DFATD, GCC, IDRC) invest ~CAD $90M annually
• “Unprecedented economic uncertainty” often cited as reason for policy changes since 2010 (1, 3)
• Since 2009, research funding priorities aligned with the Conservative government’s Economic Action Plan (unprecedented policy shift)

Concerns Raised by Participants

• Division of roles among Canadian funding bodies can fuel uncoordinated strategies
• “Tied aid” may not respond to local needs and risks a neo-colonial development approach
• Academic interests should not usurp benefits to local communities and researchers

Key Constraints to Equitable GHR Funding

• Stakeholders in LMICs hold relatively little influence in setting GHR agendas (2)
• Some Canadian GHR policies (specifically those of CIHR) restrict transfer, management, or equitable distribution of funds (e.g. salary support) in research partnered with LMIC researchers or institutions

Promising Practices from Canada & Abroad

• Comparator countries (Australia, Denmark, the European Union, Norway, Sweden, the United Kingdom, and the United States) invest proportionately more in GHR than Canada, and each (unlike Canada) has a national strategic plan for global health – with most identifying and discussing health research within their plan.
• Some comparators (e.g. the UK) have dedicated benchmarks for GHR funding, ensuring a proportion of aid-for-health monies allocated to research and evaluation
• Some comparators (e.g. Sweden) follow international standards for overhead contributions (indirect costs) and allow for funds to be held by LMIC partners, and include salary support
• Some comparators perform or support an annual evaluation of recipients’ experiences, with publication of lessons learned (e.g., as done by BMGF)
• EU Horizon 2020 policy: makes LMIC researchers eligible for EU funding competitions

Recommendations

Figure 1. Policy Analysis Framework

Develop a national strategic plan for GHR
Set benchmarks for Canadian GHR funding
Promote ‘research on GHR’
Model transparency in GHR funding
Create consistent GHR-friendly funding structures and policies
Open funding competitions to LMIC researchers
Explicitly acknowledge a foundational commitment to equity in the health and well-being of populations, communities and individuals

Selected References (see handout or visit www.ccghr.ca for full list)