Gathering Perspectives
Dialogue on the Role of Research in a Canadian Vision for Global Health
Preliminary Results

Background
In May 2013, the Canadian Coalition for Global Health Research (CCGHR) launched a study to gather perspectives from the global health research (GHR) community about the role of research in a pan-Canadian vision for global health. Adopting an appreciative inquiry approach, four distinct dialogue processes were used to engage perspectives from students, faculty, university administrators, partner countries, funding agencies, government agencies, non-government organizations, and private sector stakeholders. More detail, including a research framework, can be found in the Call for Dialogue, available on the CCGHR website (www.ccghr.ca).

The study was launched with a Spring Dialogue at the Liu Institute for Global Issues in Vancouver, BC. This full-day event brought together over twenty stakeholders to deliberate on how the principles of equity, effectiveness and engagement are reflected in GHR practice and policy; what an ideal future for GHR would look like; and what pathways were needed for realizing this vision. A series of similar dialogues followed, supported at universities across the country. An online conversation was simultaneously launched through a variety of social media channels, using a series of guest blogs to spark and prompt dialogue around core issues in GHR. An online form invited responses from individuals connected to the GHR community across Canada and in partner countries.

In late October 2013, a second full day dialogue will 'book-end' this six-month process of gathering perspectives. This event will focus on deliberation about the policy and practice implications of study results, inviting participants to engage in deep reflection on what responsive policy recommendations could to move these findings into action and to start shaping a shared future.

The preliminary analysis provided here includes data from the Spring Dialogue, five university dialogues (representing approximately 120 participants), dialogue via social media, and twenty-seven individual response forms. Two university dialogues have yet to report on their deliberations and one francophone event is anticipated later this fall.

Data were analyzed using an iterative process of coding and emergent thematic analysis. The research team used the results of the Spring Dialogue to develop an initial set of themes to guide ongoing analysis. Data were read in their entirety by the research assistant and then uploaded to NVivo 10 qualitative analysis software. A coding frame was developed based on the preliminary themes, with codes added as new themes emerged. Reports on each code where then produced by the research assistant and were independently analyzed by three members of the research team, each of whom documented and later shared their impressions of major findings, meanings, and emerging questions. This process of moving back and forth between the data individually and then collaboratively provided a means to strengthen rigour in analysis.

Research Team (*Primary Authors)
Core Team: Katrina Plamondon (PI)*, Donald Cole, Jennifer Hatfield*, Craig Janes, Vic Neufeld
Project Coordinator: Roberta Lloyd  Research Assistants: Jill Murphy*, Meaghan Morris
Advisory Team: Gary Aslanyan, Peter Berti, Theresa Gyorkos, Shawna O’Hearn, Krista Sider
Consultants: Dave Heidebrecht, Sandy Campbell, Nancy Johnson*
What are we hearing about the VISION for GHR?

The global health research community calls for a paradigm shift. Participants say that we need to shift mindsets, practices and structures, moving away from the prevailing “us/them” separation and the dichotomizing language (“North/South”, “HIC/LMIC”). We need to move away from resources, decisions and power being held by traditional “donor” countries and away from “outsiders” setting research agendas and “owning” the results of research.

There is tension in the language of global health research, and it creates false boundaries. Mainstream understandings of global health research define it by location, i.e. something done in a ‘developing’ or ‘lower-middle income’ country, thus constraining the scope of problems and limiting possibilities for partnering and funding. This mainstream definition reinforces neo-colonial legacies of ‘us’ and ‘them’, ‘developed’ and ‘developing’ countries, ‘donor’ and ‘recipient’. Participants challenge this language, asserting that global health research is about issues that are inherently global in nature, goals of enabling greater equity in any setting, and extending the new paradigm into rethinking research as a tool for transformation.

Other concerns with the language of ‘global health’ draw attention to the tendency for the word ‘global’ to evoke perceptions of something exotic or external even for inherently global health issues that affect populations within our own borders; and for the word ‘health’ to exclude some disciplines who engage in research about equity, that influence health or health determinants, but are not necessarily traditional ‘health disciplines’ (e.g. engineering, social work).

Equity is both why and how we do global health research. It is a guiding principle and the ultimate goal. Participants called for an equity lens in all research and global health research. The three foundational principles proposed by the Canadian Academy for Health Sciences, equity, effectiveness, and engagement are important; but ethics is also of paramount importance and needs to be added as a fourth ‘E’. There is a need for an ethical code of conduct for global health research.

Engagement is at the heart of the paradigm shift and is understood as collaboration through building long-term, sustainable partnerships amongst a broad array of stakeholders. The ways in which global health researchers engage with each other and with communities defines how effective, equitable and ethical research will be. Equity is both a guiding principle and the ultimate goal. It matters to both how we should engage and in the types of changes that GHR must achieve.

The concept of a distinctly Canadian vision is challenged by participants. But the data indicate that there is space for a nuanced ‘Canadian vision’, leveraging the opportunities made possible through Canadian resources directed at global health and global health research, and declaring something bold about the way we want to be as global health researchers in the world, the kind of governance at organizational, provincial, and national levels that is needed to enable this way of being.
Participants consistently describe a vision for a coherent, united global health research community that contributes to greater equity worldwide through research that is community-driven and responsive; action-oriented; grounded in partnerships, respect, mutual learning; and moves forward with attentiveness to power and solidarity amongst all people around the world. Within this vision, participants call for coordination, harmonization, and for consolidation of existing institutions into a more coherent, collaborative, communicative framework.

Participants express concern over about Canada’s shifting foreign policy. We “cannot rest on our laurels” of the Canadian-held perception of our role as ‘peace-keeper’ and ‘advocate’. The shifts in national policy are significantly influencing the global reputation of Canadians as partners in research. Research in global health requires humility, mindfulness, and a commitment to going beyond ‘doing no harm’. It is not a benign endeavor. Reciprocity and capacity building are important aspects of practice in global health research, particularly in attending to ethical and equitable partnerships that contribute, rather than detract, from local communities in Canada and abroad. Knowledge translation efforts are critical in global health research and must attend to voices and needs outside the scientific community. Coordination and harmonization are urgently needed to avoid duplication, inefficiencies, and increased burden on local communities and systems. Funders could play a role in prioritizing excellence over individual (or institutional) competition that can fragment efforts in this trans-disciplinary, cross-sector area of research.

How could we reach this VISION?
Participants acknowledge that there are many exemplars of the principles of equity, engagement, effectiveness, and ethics in action. These data are reflective of the growing movement to challenge past ways of being. Achieving the vision challenges us to think about how (and who needs to be involved) to roll-out and amplify enabling environments so that this paradigm shift can be taken up and get traction by all stakeholders.

Participants’ comments largely focused on two institutions for affecting change: the academy and funding agencies. Challenging academic culture and norms is also urgently needed to enable research that reflects the renewed vision for GHR, with leadership from established researchers required. Participants also challenged what they referred to as the “fundamentalism” of research. They suggested that we must “rethink research”. Participants suggested that funding agencies must be brought on board in order to enable a rethinking of what research means and who is involved.

Participants noted that the “individualist model” and its concomitant tenure and promotion practices are incompatible with the vision of GHR. They don’t want to work in a way that sacrifices the integrity of these principles, but find some academic expectations deeply constraining. For example, the tendency for grants, research agendas, and research outcomes to be held strongly in the hands of academics was criticized. Universities need to be more strategic in nurturing GHR that embraces the 4Es (equity, engagement, ethics, and effectiveness).

Participants also called for GHR to be “mainstreamed” in health professional and social science education in Canada, and for global health training programs to be expanded and improved. Trans-disciplinarity is important in training programs for GHR at both undergraduate and graduate levels so that research can address complexity of policy and issues relevant in global health.

“[My] vision for the future is where you don’t have the classic knowledge of who the researcher is, but you can engage NGOs, business sector, faith sector, community elders and leaders, etc. – the question of who is engaged in research should engage more people.” -university dialogue participant.
Canadian funding policies and mechanisms are an important contribution to achieving the vision. Participants consistently articulate a need for redefining who drives funding agendas and policies, calling for more grassroots, community-driven and contextualized agendas that reflect a research-in-service model. The data clearly indicate a call for community partners to drive the research agenda and being the proprietors of the results. At the same time, some participants indicate the challenges and barriers posed by the pressure to which policy makers and funders are often subject, forcing more emphasis on the concept of impact without necessarily reflecting effectiveness (or equity, engagement, and ethics).

The International Development Research Centre is seen as the best of Canadian practice in its support for GHR and locally-driven research agendas, including its funding model. Grand Challenges Canada is also recognized as a promising practice. Here is where there is a unique Canadian contribution to GHR—in our policies, funding mechanisms, funding foci (capacity building, advanced research training). Participants however saw a need for additional funding that has the flexibility to support innovation and risk. As well, there is a need for careful reflection on how to meaningfully and ethically engage private sector and philanthropic investment in GHR in Canada.

There is a know-do gap between ‘implementers’ and ‘researchers’ in global health. NGOs play a valuable role in implementation of global health programs and interventions, but a gap exists between the knowledge generated through global health research and the practice of NGOs. These civil society organizations are often “first at the scene” and are important players in enabling the ‘research for equity’ agenda. There is a disconnect between what is happening in ‘overseas development assistance’ and funding for global health research, even though there is overlap between the goals of both. It was suggested that “global health” is abstract to those who don’t work in it, and must be “dovetailed” into concepts that are already understood, such as aid. Participants asked the question of how global health research could “change the agenda to effectiveness, not just aid.”

Further, there is a need for more implementation and evaluation research, emphasizing the quality of interventions. Research plays an important role in evaluation because, unlike NGOs, researchers work in an environment that allows them to report negative findings without consequences. Too often, measures of actual effectiveness are distorted by the disincentive to report negative outcomes. Research was also identified as an important strategy for capturing failures, lessons learned and “unintended negative consequences.”

What practical needs or structures were suggested?
Participants imagined...
- An institutional “site” for realizing the vision of GHR, that is, a professional association or a network, or forum that that would support communication, collaborative learning, harmonization and knowledge translation in GHR.
- A GHR Code of Conduct and Ethical Framework/Policy Statement
- A collaborative research bank, globally connected (e.g. data collection and management systems)
- A toolkit or framework for assessing the 4 E’s and for guiding and reviewing proposals for GHR, including some recommendations on what attention might be afforded these elements and issues in GHR proposals
- Funding mechanisms and academic reward structures that enable integrated knowledge translation and enhance the capacity to build and design research that reflects the 4E’s
- Enhanced opportunities for GHR funding from non-traditional sources, such as SSHRC.

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Questions for Reflection

What’s missing?
- The concept of effectiveness is less developed than the other ‘E’s, reflecting less consensus of what this concept means for the global health research community.
- Partner country, Indigenous, and francophone voices are present, but not to the extent that we are confident that the data are saturated. Continued engagement of these stakeholders is important as this process continues to unfold.
- What spaces allow for equitable, effective and ethical engagement of the private sector in this movement?

Emerging Questions
- What policy implications do these results carry?
- What responsive recommendations and KT products are needed?
- What would spark mobilization of this vision?
- How can we reconcile challenges to the language and meaning of GHR?
- How can we drill down into effectiveness so that opportunities for strengthening the use of existing evidence and evaluation research are not missed?
- How can institutions make realistic steps toward supporting the new vision for GHR?
- How can we go about changing the academic culture?
- How do we address the current climate in which policy makers, politicians, funders, and in turn researchers all have their feet held to the fire around effectiveness?
- Is there a distinctively Canadian perspective or niche in GHR? How can we acknowledge our history, multiculturalism while not elevating elitism or ‘othering’?
- What tools, mechanisms, commitments, investments are needed to carry forward a renewed GHR vision? What are the implications for governance and implementation?