Research capacity building—obligations for global health partners

Global health continues to gain pace as a discipline, as is evident from the amount of funding available for challenges relevant to low-income and middle-income countries (LMICs) and the growth of journals in this field. This growth has been driven in no small part by the targets and indicators of the Millennium Development Goals. Successes towards achieving these goals, however, have often come from expertise, funding, and ideas flowing from high income countries (HICs) to LMICs; with HIC players being accused of parachuting in to LMICs to act or set up state of the art, HIC led and staffed facilities. This neo-colonialist model means that despite the scale of capital inflows, huge gaps in infrastructure, management systems, and human capital remain for health systems, government and governance structures, and research institutes in LMICs.

We believe that addressing the gap in research capacity in LMICs is pivotal in ensuring broad-based systems improvement, with local knowledge and training being central to responsive health system development, proper governance, and responsible government. Unfortunately, the lion’s share of global health research in LMICs is pivotal in ensuring broad-based systems improvement, with local knowledge and training being central to responsive health system development, proper governance, and responsible government. Unfortunately, the lion’s share of global health research in LMICs. To us, this belies key principles of scientific equity in global health research.

Notwithstanding issues of equity, improvement of research capacity in LMICs has practical benefits. People working and living in LMICs are better placed to define issues of importance to their populations than are people living thousands of miles away in HICs—people who often fund research based on their own interests. But the neo-colonialism of global health has muted the local voice, and a lack of long-term investment in infrastructure has made institutes and researchers in many LMICs ill-equipped to find local solutions to local problems.

Local solutions are also more likely to have buy-in from local providers and policymakers, and this ownership should result in solutions that are more sustainable than those imposed by others. Indeed, some highly successful global health initiatives have been developed in LMICs. The concept of true partnerships...
in global health research is not new, and fortunately, competitive research funding calls in HICs are now beginning to require research capacity building in LMICs.\textsuperscript{10,11} We believe, however, there needs to be a much greater effort to ensure that rhetoric is converted to action. It is therefore clear to us that a more robust approach is required to ensure research capacity development in LMICs. We call on all organisations and individuals involved in global health research to ensure that capacity building in LMICs is no longer neglected (panel).

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We declare no competing interests.

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