



THE CHOICE AGENDA

**HIV prevention research - a new forum
for advocacy on the latest**

Decolonizing Global Public Health

What Will it Take to Dismantle Racism and White Supremacy?

MODERATED BY



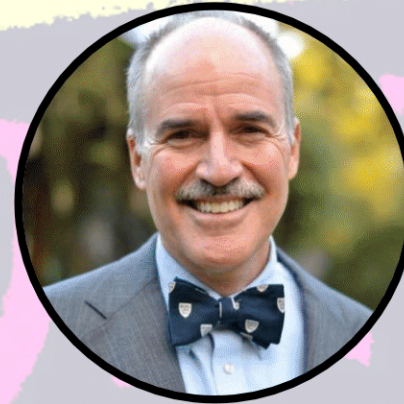
Dr. Agnes Binagwaho
University of Global Health Equity



Tori Cooper
Human Rights Campaign



Tian Johnson
African Alliance



Dr. Peter Kilmarx
Fogarty International Center



John Meade, Jr.
AVAC

February 16, 2023

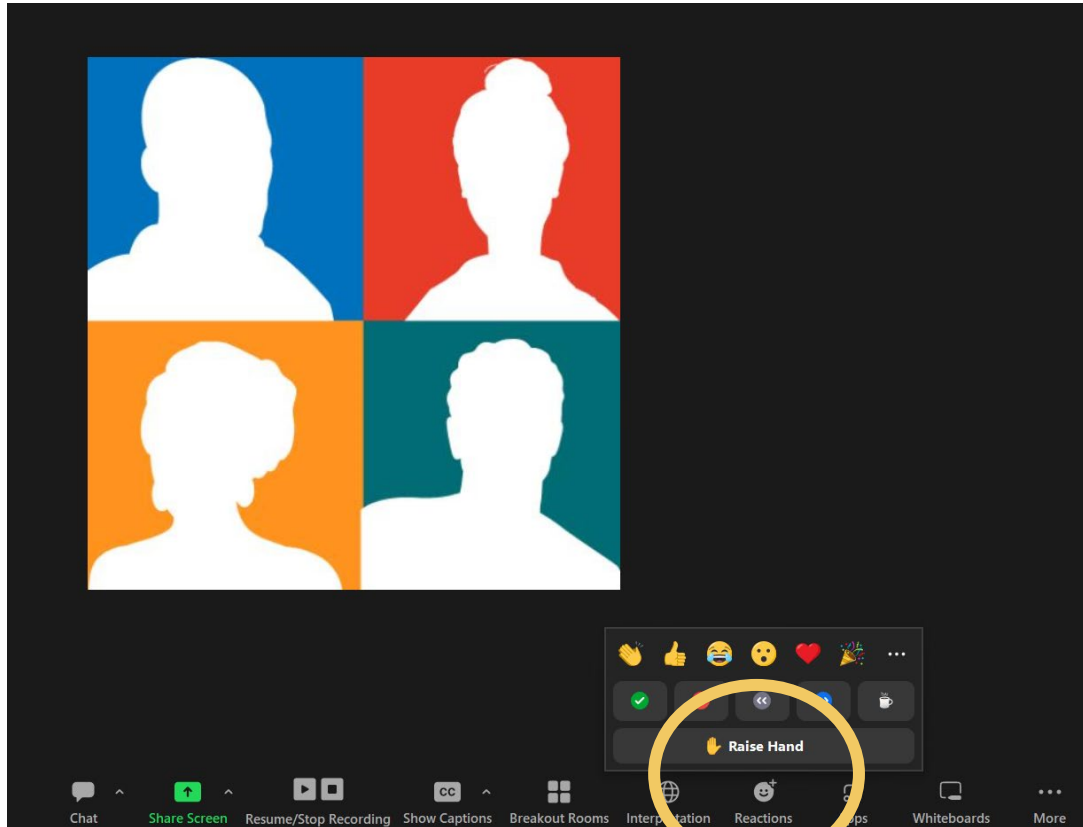
Thank you, registrants and speakers, for joining us today.





HIV prevention research - a new forum
for advocacy on the latest

Webinar Logistics



- This call will be recorded. Your presence = consent.
- We are providing closed captions.
- Please stay on mute, unless you are speaking.
- Please comment, ask questions, share info/resources in the chat.
- Let's hear your voice and see your face too. Raise hand to speak on camera.
- **We will share links to recording and slides in follow-up email.**
- Access TCA webinar resources here:
 - www.avac.org/choice-agenda

- Argentina
- Armenia
- Australia
- Austria
- Bangladesh
- Belgium
- Botswana
- Brazil
- Canada
- Congo
- Costa Rica
- Côte d'Ivoire
- Denmark
- Eswatini
- France
- Gambia
- Ghana
- India
- Indonesia
- Ireland
- Israel
- Italy
- Kenya
- Lao People's Democratic Republic
- Malawi
- Mexico
- Myanmar
- Netherlands
- New Zealand
- Nigeria
- Pakistan
- Peru
- Rwanda
- Sierra Leone
- South Africa
- Spain
- Switzerland
- Tanzania
- Thailand
- Turkey
- Uganda
- United Kingdom
- United States
- Zambia
- Zimbabwe

Welcome



45 countries

**600-ish webinar
registrants**



What kinds of things are you doing to dismantle racism and support equity and justice?

- Amplifying my voice as a Black man in spaces where white folks stay silent around race.
- learning, providing space, listening
- I consider on a daily basis actions I can take in my work & personal life. I uplift the voices of marginalized people...
- Ensuring opportunities for full and meaningful participation of those most affected by HIV and the social and political drivers
- Advocating for investments in leadership and meaningful engagement of Black, indigenous, Latinx, and other people of color.
- Foreground and support black researchers
- Challenging and Creating new narratives of sexual health that focus on pleasure not fear
- Support Reparations for Freedmen-American Descendants of Chattel Slavery



What kinds of things are you doing to dismantle racism and support equity and justice?

- Empowering public health scientists in Africa and Asia
- Supporting South-South partnerships to improve collaborations in the global south
- Revising the department's competencies and curriculum
- Establishing equitable hiring practices that consider experience and not only education; supporting local mutual aid funds
- Identifying white supremacy in global health, discussing, sharing Dr. Agnes' publications, suggesting equitable, just initiative
- Registering for webinars like these! Taking classes, reading, participating in group discussions, and leading discussions!
- I am part of an anti-racism group, I did deep canvassing listening to folks about legal abortion access

Decolonizing Global Health

The Choice Agenda

16 February 2023

Agnes Binagwaho, M.D., M(Ped), PhD

Retired Vice Chancellor, Professor of Pediatrics, University of Global Health Equity
Senior Lecturer, Department of Global Health and Social Medicine, Harvard Medical School
Clinical Professor of Pediatrics, Geisel School of Medicine at Dartmouth

Twitter @agnesbinagwaho





Overview

Main Objective: Examine what the colonial legacy looks like within global health today and explore how we can decolonize this field.

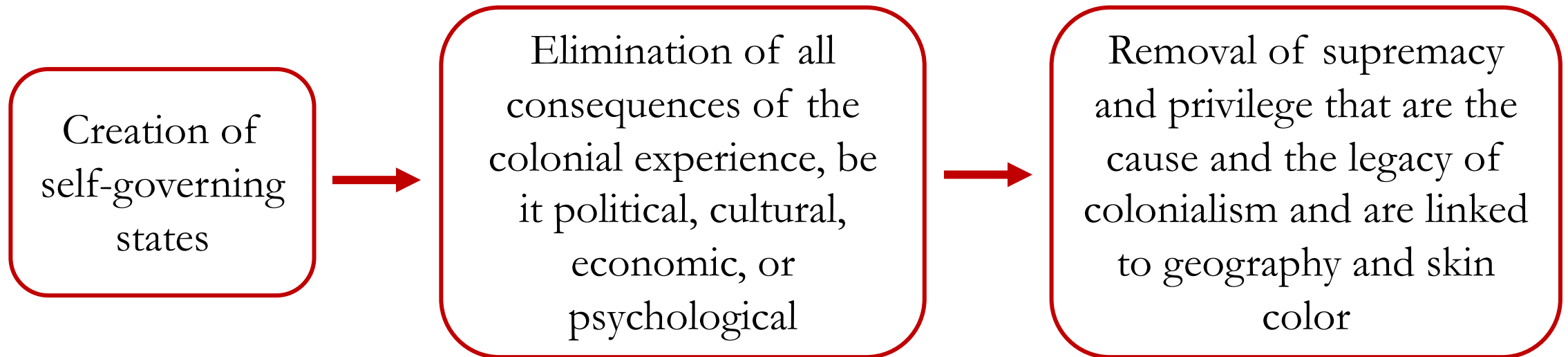
Structure:

- Understand the definition of decolonization;
- Draw parallels between current global health practices and colonialism;
- Explore manifestations of the white supremacy mindset
 - Using the example of the global response to COVID-19;
- Evaluate the need to decolonize:
 - Scientific publications, research, and partnerships,
 - Global health education.



What does Decolonization mean?

Definition of “decolonization” over time



BUT, the cause-and-effect relationship needs to be reframed because “White supremacy mindset” resulted in colonization.



Link between Western and White Supremacy

Origin: Supremacy based on geography that led to colonization of the so called “global South”

Who: Countries that are now considered the “Western world”

Link: Majority of white people live in the “Western world”



After World War II

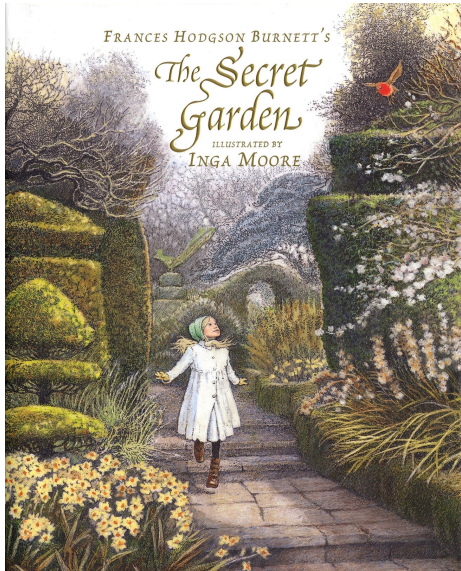




Cultivation of Western Supremacy Mindset

Formal and Informal Education

We are taught from the first drop of milk that black is the color of negativity through racist examples and theories



Outright racism against black people in children's books



Villains in cartoon movies are often black

Our Understanding of History

During the colonization of African countries until the 20th century, they changed African history and dehumanized black people to justify their atrocities.



Cutting hands as punishment for disobeying orders, Congo Free State under Belgian Rule



Cultivation of Western Supremacy Mindset

George Orwell: “But if thought corrupts language, language can also corrupt thought.”

- The word “**Caucasian**” invokes scientific racism and biological races.
 - Origin of the term: In the 18th century, light-skinned people from the Caucasus region were identified as the superior race.
- Equivalents for other races are negative:
 - “**Mongolian**” for Asians
 - “**Negroid**” for Africans
 - Note: In the US, police say Caucasian in crime reports not “White” or “European American”.



Cultivation of Western Supremacy Mindset

There is significant diversity among black populations across the globe: differences in culture, language, history, challenges, opportunities etc.

- Black people in Rwanda \neq black people in Ghana
- Black people in the US \neq black people in the UK
- Black people in New York \neq black people in Louisiana

While black people largely originated from Africa, their ways of living have diverged significantly and even so before being enslaved.

“The single story creates stereotypes, and the problem with stereotypes is not that they are untrue, but that they are incomplete. They make one story become the only story.” -
Chimamanda Ngozi Adichie



Cultivation of Western Supremacy Mindset

Aid to LMICs does not compensate what is taken out:

\$42billion extracted from Africa each year

Illicit financial
flows



6.1% of Africa's
GDP



3X Aid Flow into
Africa

Data from 2017

Plus Brain Drain



Stock Image, Nazari- 2020

It was estimated in 2017 that Africa loses around **\$2 billion** annually through brain drain to HICs from the health sector alone.

LICs remain poor: they don't own their lands, they educate for HICs.



Cultivation of Western Supremacy at All Levels

Dissemination channels for research results promote western scientists.

Science Magazine, IF:41.8

Published: June 12, 2020

49 Co-authors, none from Africa/LMICs.

*Citations as of Nov 08, 2022: 689**

Clinical Infectious Diseases, IF:9.1

Published: May 31, 2020

19 Co-authors, 16 from Africa.

Citations as of Nov 08, 2022: 56

The impact of COVID-19 and strategies for mitigation and suppression in low- and middle-income countries

Patrick G. T. Walker^{1*†}, Charles Whittaker^{1†}, Oliver J Watson^{1,2†}, Marc Baguelin^{1,3}, Peter Winskill¹, Arran Hamlet¹, Bimandra A. Djafaara¹, Zulma Cucunubá¹, Daniela Olivera Mesa¹, Will Green¹, Hayley Thompson¹, Shevanthi Nayagam¹, Kylie E. C. Ainslie¹, Sangeeta Bhatia¹, Samir Bhatt¹, Adhiratha Boonyasiri¹, Olivia Boyd¹, Nicholas F. Brazeau¹, Lorenzo Cattarino¹, Gina Cuomo-Dannenburg¹, Amy Dighe¹, Christl A. Donnelly^{1,4}, Ilaria Dorigatti¹, Sabine L. van Elsland¹, Rich FitzJohn¹, Han Fu¹, Katy A.M. Gaythorpe¹, Lily Geidelberg¹, Nicholas Grassly¹, David Haw¹, Sarah Hayes¹, Wes Hinsley¹, Natsuko Imai¹, David Jorgensen¹, Edward Knock¹, Daniel Laydon¹, Swapnil Mishra¹, Gemma Nedjati-Gilani¹, Lucy C. Okell¹, H. Juliette Unwin¹, Robert Verity¹, Michaela Vollmer¹, Caroline E. Walters¹, Haowei Wang¹, Yuanrong Wang¹, Xiaoyue Xi¹, David G Lalloo⁵, Neil M. Ferguson^{1*}, Azra C. Ghani^{1*}

¹MRC Centre for Global Infectious Disease Analysis, Department of Infectious Disease Epidemiology, Imperial College London, London, UK. ²Pathology and Laboratory Medicine, Warren Alpert Medical School, Brown University, Providence, RI, USA. ³Department of Infectious Disease Epidemiology, London School of Hygiene and Tropical Medicine, London, UK. ⁴Department of Statistics, University of Oxford, Oxford, UK. ⁵Liverpool School of Tropical Medicine, Liverpool, UK.

From Easing Lockdowns to Scaling Up Community-based Coronavirus Disease 2019 Screening, Testing, and Contact Tracing in Africa—Shared Approaches, Innovations, and Challenges to Minimize Morbidity and Mortality

Jean B. Nachega,^{1,2,3} Ashraf Grimwood,⁴ Hassan Mahomed,⁵ Geoffrey Fatti,^{4,6} Wolfgang Preiser,⁷ Oscar Kallay,⁸ Placide K. Mbala,⁹ Jean-Jacques T. Muyembe,⁹ Edson Rwagasore,¹⁰ Sabin Nsanzimana,¹⁰ Daniel Ngamije,¹¹ Jeanine Condo,^{12,13} Mohsin Sidat,¹⁴ Emilia V. Noormahomed,^{14,15,16} Michael Reid,¹⁷ Beatrice Lukeni,¹⁸ Fatima Suleman,¹⁹ Alfred Mteta,²⁰ and Alimuddin Zumla^{21,22}

¹Department of Medicine and Centre for Infectious Diseases, Stellenbosch University Faculty of Medicine and Health Sciences, Cape Town, South Africa, ²Department of Epidemiology and International Health, Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, USA, ³Department of Epidemiology, Infectious Diseases and Microbiology, and Center for Global Health, University of Pittsburgh, Pittsburgh, Pennsylvania, USA, ⁴Khetl'Impilo AIDS free Living, Cape Town, South Africa, ⁵Division of Health Systems and Public Health, Department of Global Health, Stellenbosch Faculty of Medicine and Health Sciences and Western Cape Department of Health, Cape Town, South Africa, ⁶Division of Epidemiology and Biostatistics, Department of Global Health, Faculty of Medicine and Health Sciences, Stellenbosch University, Cape Town, South Africa, ⁷Division of Medical Virology, Department of Pathology, Stellenbosch University Faculty of Medicine and Health Sciences, and National Health Laboratory Service, Cape Town, South Africa, ⁸Department of Ophthalmology, Erasme Hospital, Université libre de Bruxelles, Brussels, Belgium, ⁹National Institute of Biomedical Research and Department of Medical Microbiology and Virology, Faculty of Medicine, University of Kinshasa, Kinshasa, Democratic Republic of the Congo, ¹⁰Rwanda Biomedical Center, Kigali, Rwanda, ¹¹Rwanda Ministry of Health, Kigali, Rwanda, ¹²University of Rwanda, School of Public Health, Kigali, Rwanda, ¹³Tulane University, School of Public Health and Tropical Medicine, New Orleans, Louisiana, USA, ¹⁴Faculty of Medicine, Eduardo Mondlane University, Maputo, Mozambique, ¹⁵Mozambique Institute of Health Education and Research, Maputo, Mozambique, ¹⁶Department of Medicine, Infectious Diseases Division, University of California, San Diego, California, USA, ¹⁷Department of Medicine, HIV, Infectious Diseases & Global

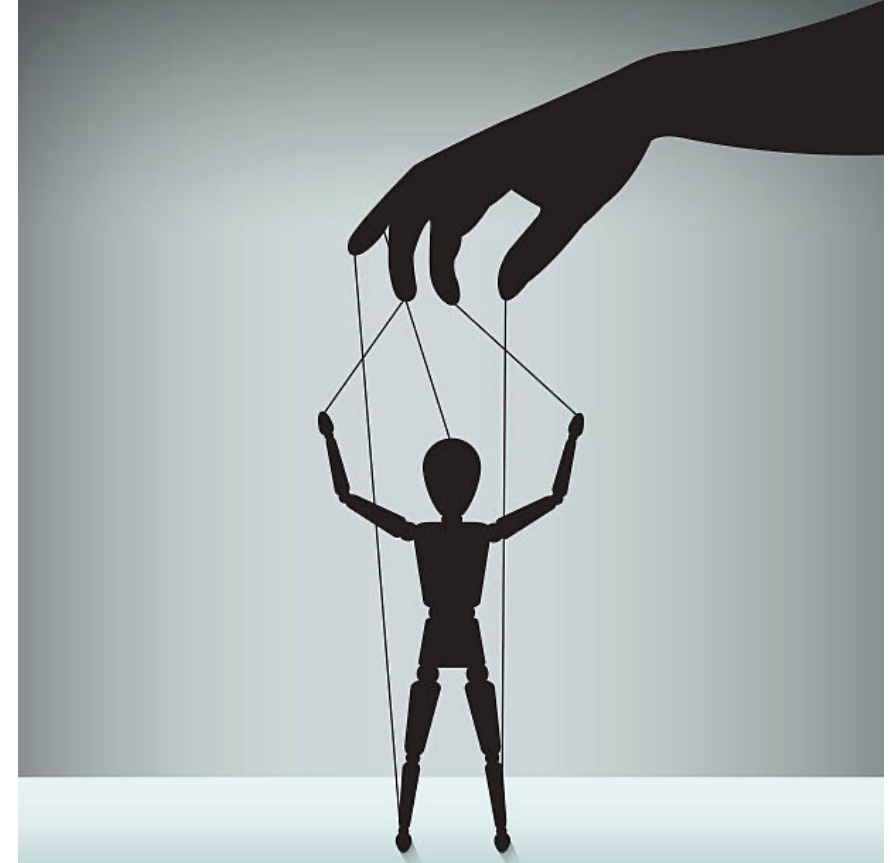
*Number of citations taken from Google Scholar



Northern Ventriloquism

“Northern ventriloquism occurs when LMIC scholars enunciate HIC ideas to access globally competitive grants and publish in high-impact journals. HIC scholarship uses its position to dictate structures and set priorities for the content, relevance, and timing of publications.”

- Prof. Thirusha Naidu



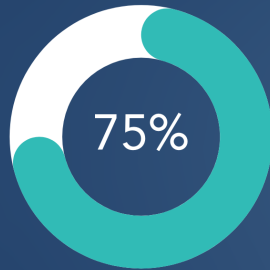
urfinguss | Credit: Getty Images/iStockphoto



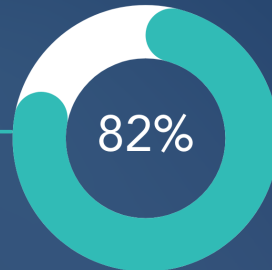
Cultivation of Western Supremacy Mindset

GLOBAL HEALTH GOVERNING BODIES ARE NOT GLOBALLY REPRESENTATIVE

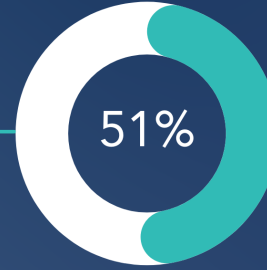
OF 2014 BOARD SEATS...



are held by
nationals of **high-**
income countries



rising to 82%
among **funding**
bodies



are held by **USA**
and **UK nationals**
alone



are held by
nationals of **low-**
income countries

#BOARDSFORALL

GLOBAL HEALTH 50/50
2022 REPORT

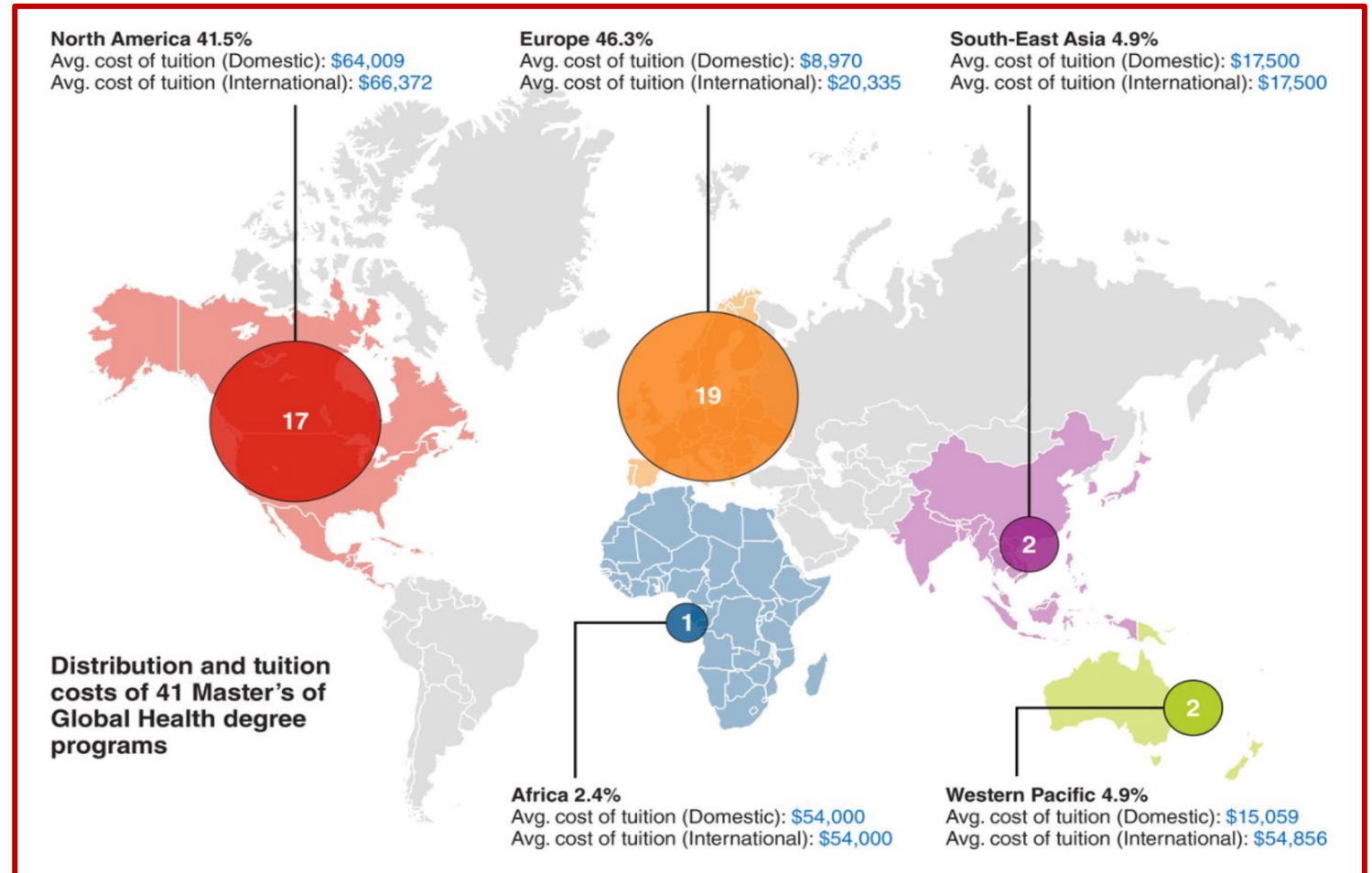




Cultivation of Western Supremacy Mindset

Important Questions

- 1) Where are global health education programs **located**?
- 2) How much do they **cost** and who can afford them?
- 3) Who is taking these **courses** and which **communities** are benefitting?



Geographical distribution of Master's degrees in global or international health, and mean tuition costs for the entire degree in USD



What does this mean for our Professions?

In Global Health Practice

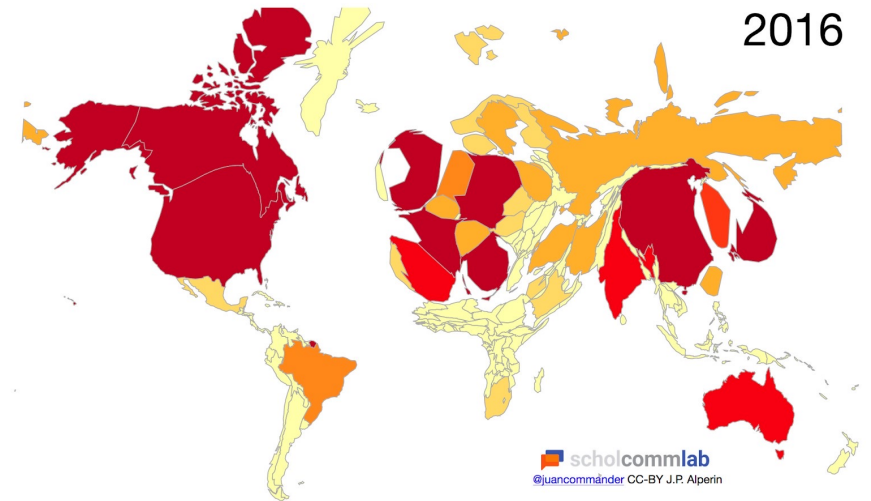
- Expectation that knowledge is only generated in HICs
- Unwillingness to learn from LMICs: e.g., better COVID response before vaccines

In Research and Partnerships

- PI from HICs: funding managed and area of study selected by HICs
- Funding HIC groups for LMIC studies
 - A \$30million grant for a study on malaria in Africa – **none are African**
- The “Hertillan” Effect: stolen data

In Publications

World scaled by number of documents with authors from each country in Web of Science



Alperin, Juan Pablo (2018): World scaled by number of documents with authors from each country in Web of Science: 2016, Figshare. Creative Commons.

In Justice Systems

- Black people in the UK are 1.4 times more likely to be jailed for drug offenses than are white people.



Individuals Need to Reflect on their Biases

Some institutions in HICs accept lower quality for LMICs

- Unqualified young volunteers providing care in hospitals, developing curricula and teaching students in schools
- Example: US missionary organization Serving His Children (SHC) in Uganda
 - Renee Bach: no qualifications as a doctor or nurse; treated children
 - Responsible for 105 child deaths

White Savior Mentality



James Rutley @JamesRutleys · 2h

Dr Ifedayo, our client, a global development agency, has received international funding to develop Nigeria's vaccine value and supply chains...

Please advise how we can get in touch with you over this?



Ifedayo Adetifa @IfedayoTiffy · 1h

Dear James, your client will know the answer to this question if the requisite consultations with the relevant stakeholders in developing this proposal happened. We have a saying, 'you can not shave my head in my absence'! You may want to reach out to [@NphcdaNG](#) and [@NafdacAgency](#)



Ngozi @udnore

Another year another 30 million grant to "help" [#Africans](#) do something that they were already doing.

[@PATHtweets](#) and [@PMIgov](#) launch a "global" project to advance the use of new tools to fight [#malaria](#), But none of the partners listed are from African institutions. Seriously?!?



Institutions Need to Reflect on their History

- Institutions that were built on the backs of enslaved people from Africa.
- Institutions historically propagated anti-blackness.
 - E.g., universities which encouraged the study of scientific racism to justify colonialism and discrimination based on skin color.
- Research exploited minority communities.
 - E.g., unethical nutrition experiments performed on Canadian Aboriginal children at six residential schools (1942-1952)

“We can’t dismantle what we do not understand, and we can’t understand the contemporary injustice we face unless we reckon honestly with our history,” – Radcliffe Dean Tomiko Brown-Nagin, head of the research initiative, Harvard and the Legacy of Slavery



Thank you!

Dismantling White Supremacy

Tori Cooper, MPH, BA, SME, SGE

Director of Community Engagement at the Human Rights Campaign

Founder and Executive Director of Advocates for Better Care Atlanta

Health and Equity Consultant

DISCLAIMER

I am AN EXPERT but not the only expert

Words and language are fluid and regional

We don't have to agree to be agreeable



Dismantle means:

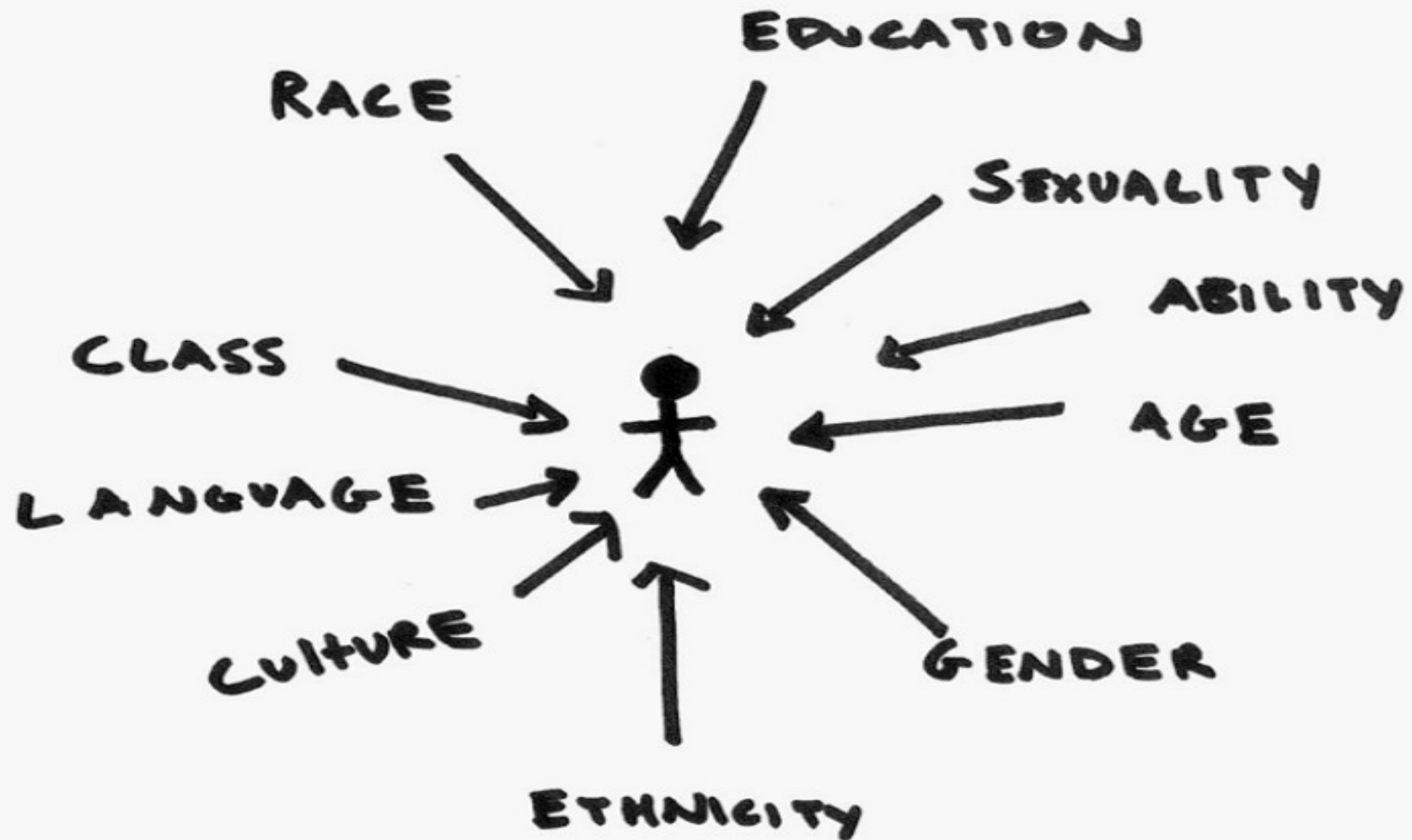
To take apart

Demolish

Disassemble

We must dismantle oppressive systems by changing power dynamics. This means creating more safe, affirming and diverse care models that more closely reflect the people being served.

Intersectionality





INTERSECTIONALITY

Is the understanding that our multiple identities set up us for more discrimination

Is where racism, sexism, homophobia, transphobia, ableism, xenophobia, nationalism, tribalism and all those other isms overlap

Reflects a system where married, White, cisgender, heterosexual men who own land, have more privilege in society than everyone else

Dictates that the further you are from this archetype of perfection, the more problems you will have in society



Each of us holds multiple identities

No person is just Black or White or Hispanic or Asian or Indigenous

Each comma you use to describe yourself, is a part of your intersectional identity

I am a fluffy, Black, transgender, woman, who lives in the South

Think about all the ways that you describe yourself, and those are some of your intersectional identities. Think about where your parents and grandparents were born

Think about how your last name is spelled. Think about the first language that you learned as a baby



Being size fluffy is not ideal in a world obsessed with diets and a European aesthetic

Being Black in the US comes with a 400 history of slavery, racism and systemic oppression

The world loves and hates women – Mary is 1 of only 93 women named in the Bible out of 3,237 people named. The great fall of mankind is supposedly due to Eve's original sin. Women's bodies are used to sell everything from tires to tennis shoes

A 2017 essay by David Joy titled, "Digging in the Trash" addresses the negative ways that Southerners are overwhelmingly portrayed in the media as uneducated, unrefined and poor

Voting

(1787 WM, 1870 BM, 1920 WW, 1943 AAPIM, H/L 1965)

Purchasing homes

(redlining, property devaluations)

Credit

(ECOA)

Employment 1974 Equal Credit Opportunity Act

Sports

(Over 1,000 MLB players & 2 Black managers, 0 Latin, 0 Asian)

Politics

(3/5 Human, The Great Replacement Theory)

<https://www.brookings.edu/research/how-racial-bias-in-appraisals-affects-the-devaluation-of-homes-in-majority-black-neighborhoods/>

<https://www.npr.org/2022/05/16/1099034094/what-is-the-great-replacement-theory>

Over 330,000,000 people in the United States

The US President and Vice President are actually elected by 538 and not by popular vote

The Electoral College was created in part, because Congress didn't think Southerners and people living in rural areas were smart enough to elect a President

<https://www.usa.gov/election>

<https://www.history.com/news/electoral-college-founding-fathers-constitutional-convention>

Racism in Healthcare:

Implicit Bias and Interpersonal Dynamics

Pain Treatment

Underrepresentation in Healthcare

Inequities in Healthcare

Racism in the Insurance Marketplace

Health Literacy

Equality VS. Equity

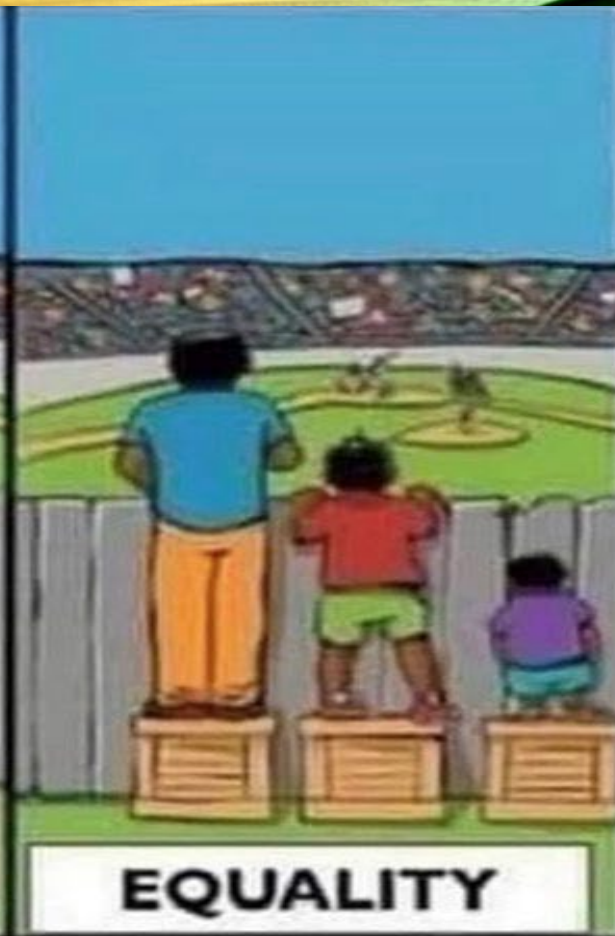
Equality says everyone gets the same thing. That only works when we start with the same advantages and live equal lives.

Equity says that those who need the most, get the most. We call this “evening the playing field.”



REALITY

One gets **more than** is needed, while the other gets **less than** is needed. Thus, a huge disparity is created.



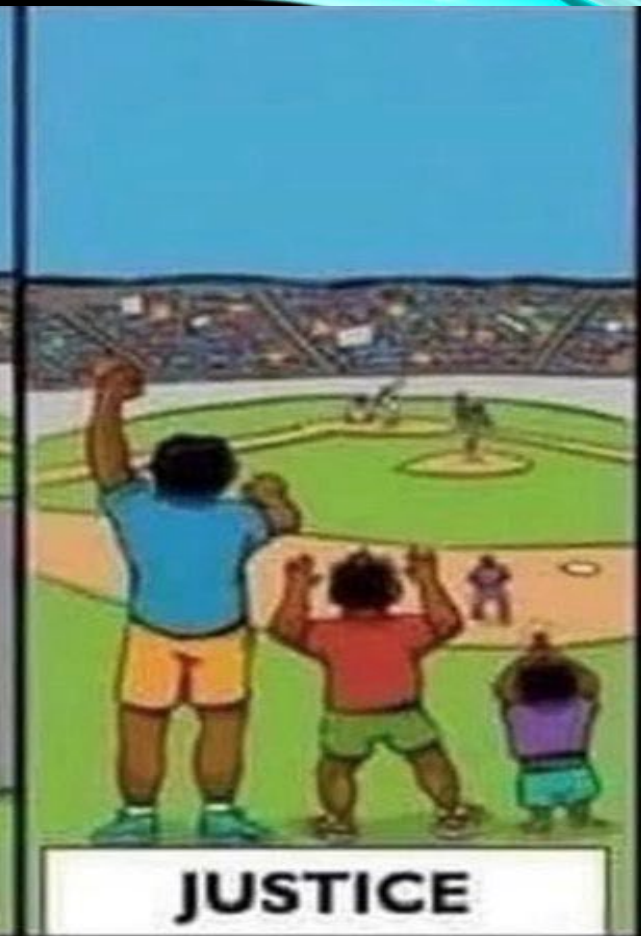
EQUALITY

The assumption is that **everyone benefits** from the same supports. This is considered to be equal treatment.



EQUITY

Everyone gets the support they need, which produces equity.



JUSTICE

All 3 can see the game without supports or accommodations because the cause(s) of the inequity was addressed. The systemic barrier has been removed.



Healthcare must address intersectional identities:

Ask, Listen, Respond


Become multilingual

Practice cultural humility

DIVERSIFY – front door to back door & everywhere in between

The power of peers

Do something



“You do not have to be me in order for us to fight alongside each other. I do not have to be you to recognize that our wars are the same. What we must do is commit ourselves to some future that can include each other and to work toward that future with the particular strengths of our individual identities. And in order for us to do this, we must allow each other our differences at the same time as we recognize our sameness.”

Audre Lorde

Thank You

Tori Cooper (she/her)

MsToriCooper@yahoo.com

Tori.Cooper@hrc.org



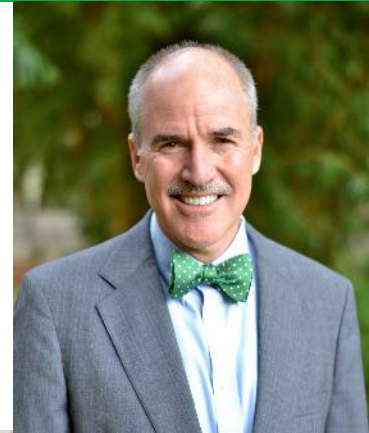
Decolonizing Global Public Health: Promoting equity in global health research



HIV prevention research - a new forum
for advocacy on the latest

Peter H. Kilmarx, MD
Acting Director, Fogarty International Center
National Institutes of Health

February 16, 2023



Fogarty International Center

*Disclaimer: The findings and conclusions in this presentation
are those of the author and do not necessarily represent the
views of the National Institutes of Health
Dr. Kilmarx has no conflicts of interest to disclose*

NIH is the world's largest funder of global health research

Why pursue global health research?



- Unique populations
 - Disease presentations
 - Genetics
- Unusual exposures, environment
 - Infections, diet, cultural context
- Unique interventions
 - Frugal/novel technologies, mobile health
- **Insights & expertise of a diverse set of investigators**
- Alternative health systems
- High early-career interest in global health



Image by DALL-E

New tools needed to reach global health goals!

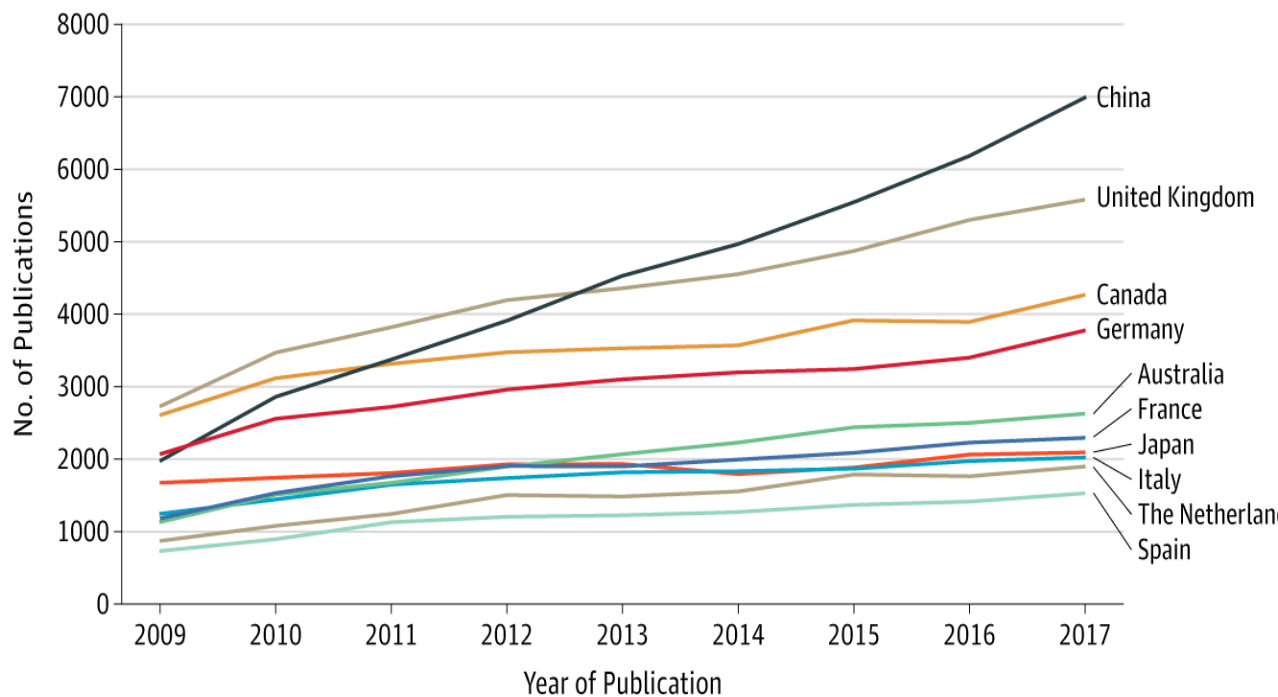
Coauthor Country Affiliations in International Collaborative Research Funded by the US National Institutes of Health, 2009 to 2017

Joshua C. Grubbs, BA; Roger I. Glass, MD, PhD; Peter H. Kilmarx, MD

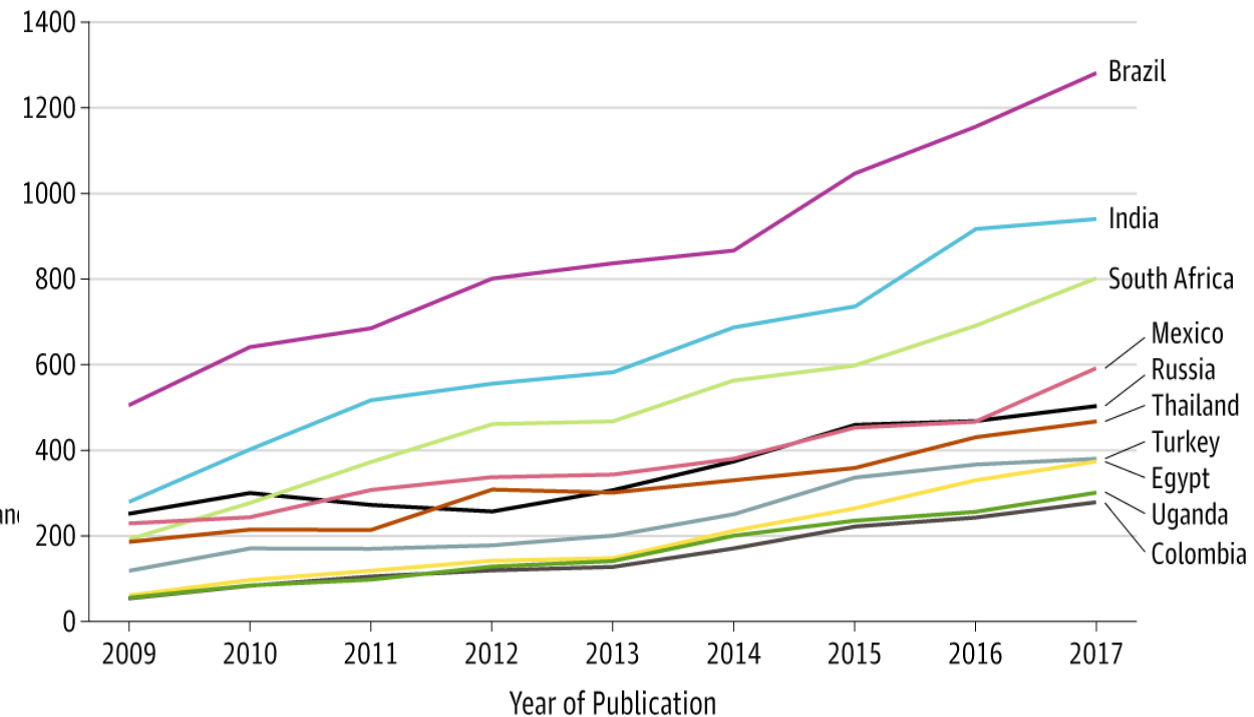


- 35% of all NIH-funded publications in 2017 had a non-U.S.-affiliated co-author
- Those with both U.S.- and non-U.S.-affiliated coauthors had greatest mean citation impact score

Non-US author affiliations



affiliations from low- to middle-income countries



Decolonizing and democratizing global health are difficult, but vital goals

July / August 2020 | Volume 19, Number 4

- [July / August 2020 Global Health Matters newsletter \[PDF <1M\]](#)

Opinion by Fogarty Director Dr Roger I Glass

A renewed effort to decolonize and democratize global health has recently been gathering steam, especially among college students, who are questioning the fairness of the existing framework and are calling for a shift in leadership and broader knowledge sharing. What does this mean for the research community?

At Fogarty, we believe health equity and open access to knowledge are at the very heart of our mission - to build scientific capacity in low- and middle-income countries (LMICs) to help develop equitable research partnerships, ensure studies are locally relevant and that participating communities benefit from the knowledge gained. Informing all our activities is the [Fogarty vision](#) of “a world in which the frontiers of health research extend across the globe and advances in science are implemented to reduce the burden of disease, promote health, and extend longevity for all people.”

The NIH Fogarty International Center supports NIH’s global partnerships and focuses on health research capacity strengthening in low- and middle-income countries



Building global health research capacity to address research imperatives following the COVID-19 pandemic

Peter H. Kilmarx , Roger I. Glass

Published: August 31, 2021

PLOS MEDICINE

- “COVID-19 has provided a strong example of the importance of *health research capacity* as an *essential element of pandemic preparedness*. Building research capacity must become a higher priority to achieve our shared global health goals while increasing *resilience* to address future health threats.”
- “COVID-19 is recalibrating perspectives of levels of expertise among higher- and lower-income countries. **A new sense of humility and equity will be critical to understand all of the lessons to be learned and improve global health following COVID-19.**”

PLOS Special Collection: *How will COVID-19 transform global health post-pandemic?* Reid M, Abdool-Karim Q, Geng E, Goosby E (2021) PLOS Medicine 18(3): e1003564.

<https://dx.plos.org/10.1371/journal.pmed.1003753>



What Do Global Health Practitioners Think about Decolonizing Global Health?

Authors: Madelon L. Finkel , Marleen Temmermann, Fatima Suleman, Michele Barry, Melissa Salm, Agnes Binagwaho, Peter H. Kilmarx

Annals of
Global Health

Published on 27 Jul 2022



M. Barry




A. Binagwaho

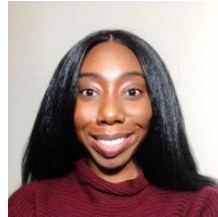


M. Finkel

- CUGH Working Group on *Decolonizing Global Health* co-chaired by **Michele Barry** and **Agnes Binagwaho**
- **Madelon Finkel** lead author on paper reviewing the literature and calling for a consensus definition of “decolonization”
- Also reports on a survey of CUGH and AFREhealth institutional leaders, which highlights **funding** as a key factor in **power imbalances** and calls for more **direct funding to LMIC institutions**

Bibliometric analysis of sub-Saharan African and US authorship in publications about sub-Saharan Africa funded by the Fogarty International Center, 2008–2020

Ezinne A Akudinobi  Peter H Kilmarx

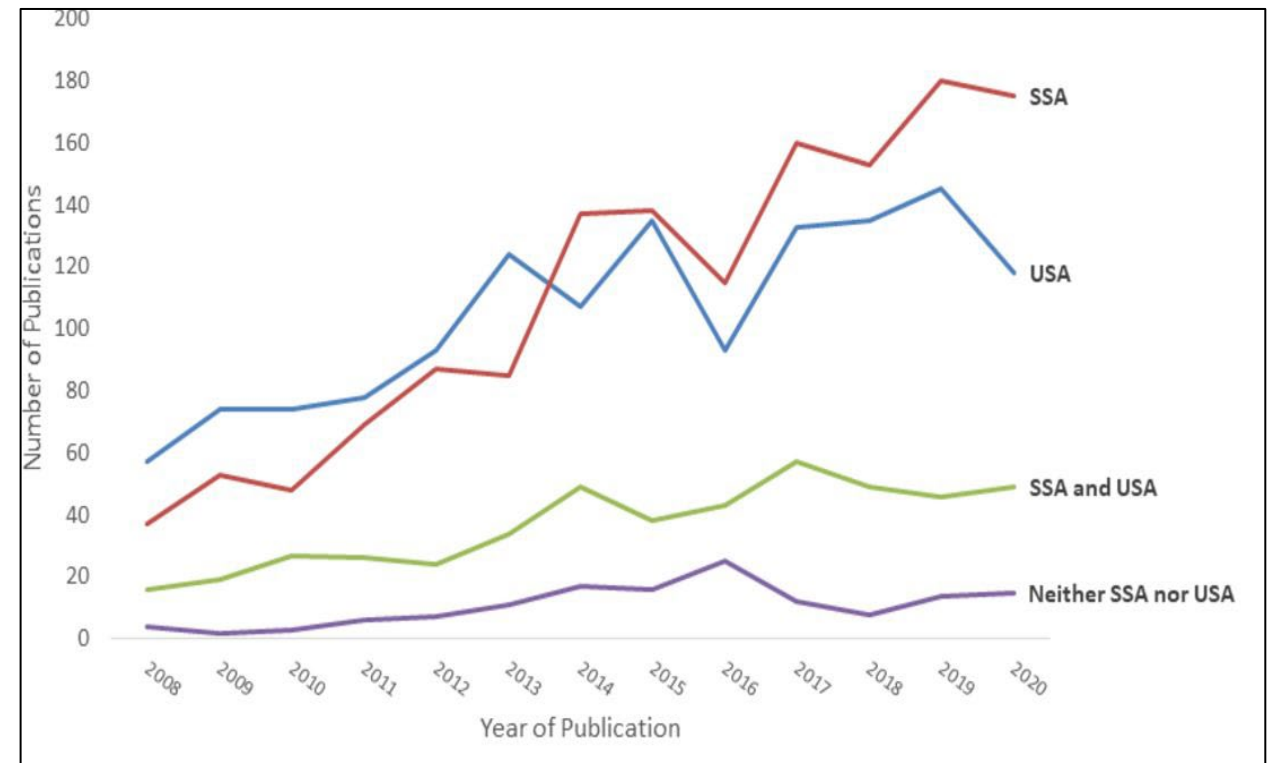


August 23, 2022.

BMJ Global Health

- SSA-affiliated **first** authors **increased** from 53 (47%) in 2008 to 224 (63%) in 2020
- SSA-affiliated **last** authors **increased** from 32 (28%) to 166 (47%)
- Median **RCR value** of publications with SSA-affiliated authors **lower** than for US-affiliated authors
- Possible increasing **equity** in research activities funded by FIC, but additional investigation and actions needed

Number of publications about SSA funded by FIC, 2008–2020, by first author affiliation





Promoting Equity in Global Health Research



Blythe
Beecroft

- Fogarty-led NIH-Wide Working Group on *Promoting Equity in Global Health Research*
- Issued *Request for Information* (NOT-TW-22-001) as a first step of larger NIH-wide activity
- In process of analyzing responses

8 Partner ICs:

- NIAID
- NIMH
- NINDS
- NICHD
- NCI
- NIEHS
- NHLBI
- FIC

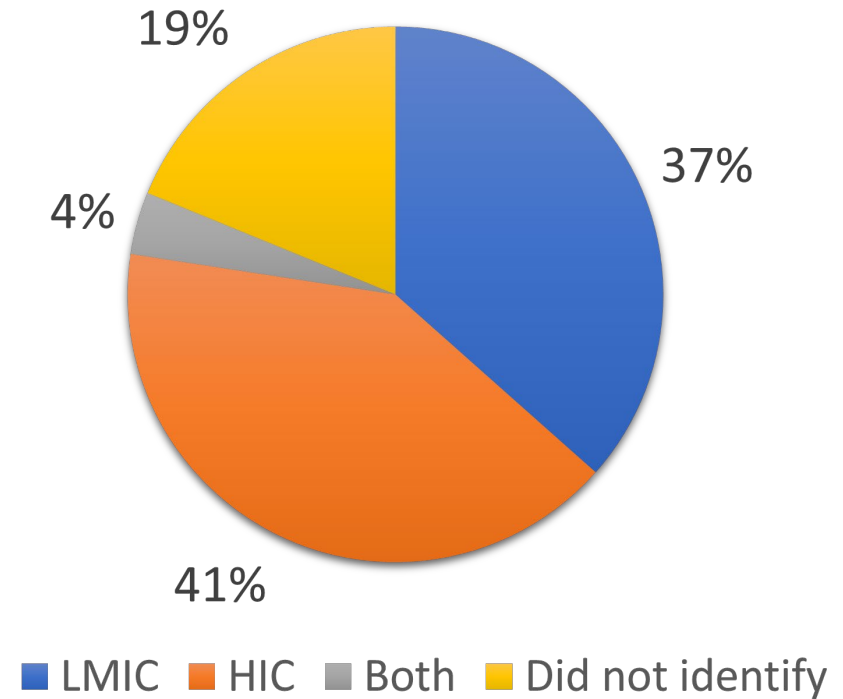


Request for Information (NOT-TW-22-001)



- Open May 20 to August 1, 2022
- 186 total responses
- Both institutional and individual responses
- Primarily academics (67%)
- Regional representation greatest for North America then Sub-Saharan Africa

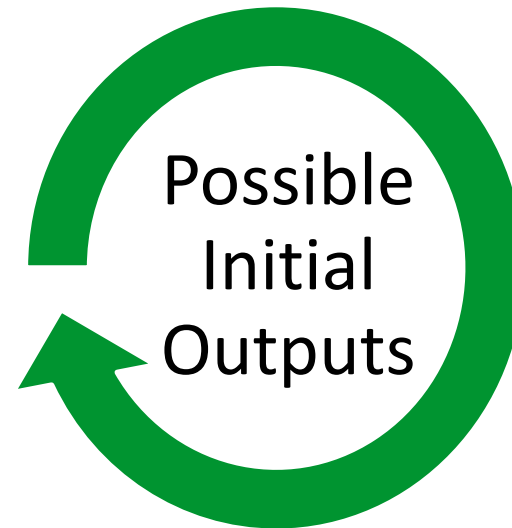
Distribution of Respondents
(HIC vs. LMIC)





Emerging Themes

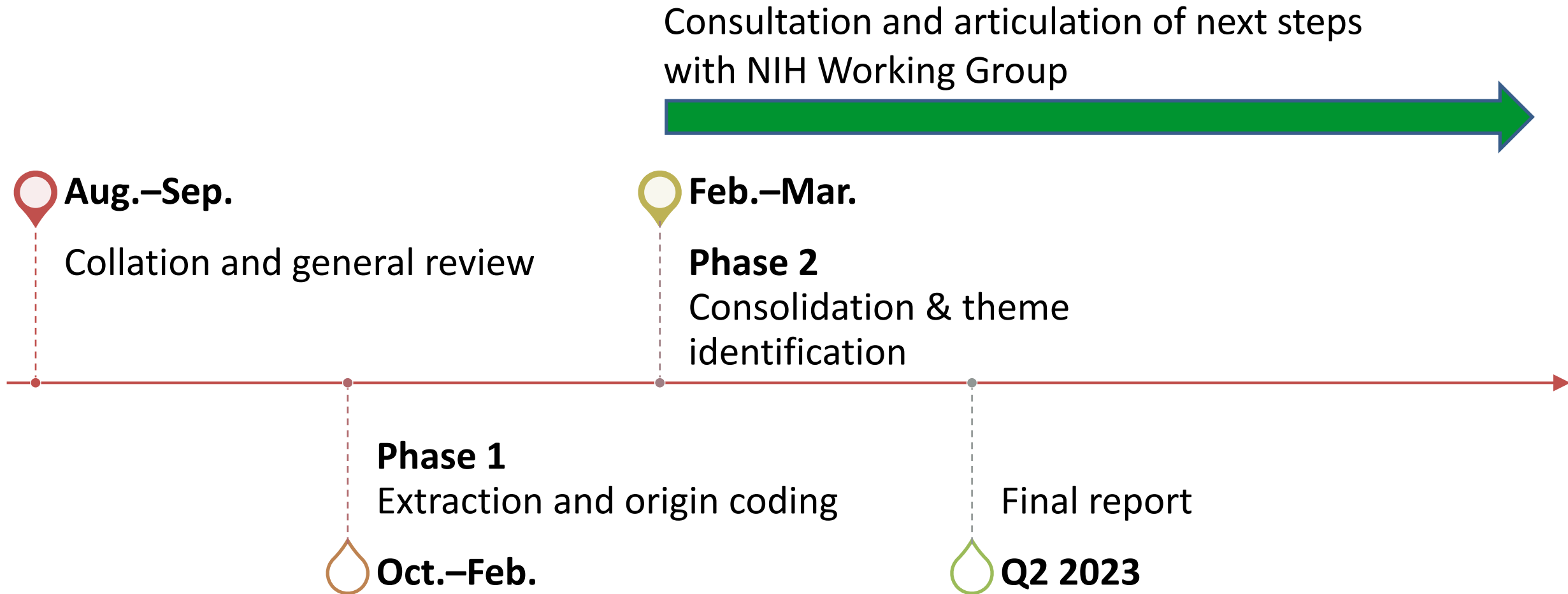
- Research-training continuum
- Inequity in research partnerships
- Data access and ownership
- Grants management and administrative infrastructure
- Representation in peer review
- Research priority setting
- Funding models/access to funding
- Lack of meaningful community engagement



- Focused consultations on specific thematic areas
- Collection of cases/models of equitable partnership



Planned Process & Timeline



Summary

- Strong support from NIH for diverse international research and training
- Fogarty International Center and other NIH Institutes seeking to increase equity in global health partnerships
- Subscribe: bit.ly/SubscribeFogarty
 - Global health funding news – weekly
 - *Global Health Matters* newsletter
- Follow us on Twitter: @Fogarty_NIH; Facebook: @fogarty.nih; LinkedIn

