

# Reimagining research partnerships: Equity, power and resilience

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## Pecha Kucha presentation

### "My PI-ship was a colony": an LMIC investigator's account of systemic betrayal and the need for radical grant restructuring

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#### Brief description of context

Global health partnerships frequently proclaim their commitment to “equity” and “local leadership,” yet the realities within these collaborations often tell a different story. This case study, drawn from an early education research project in Pakistan, examines how preschools can improve not just learning outcomes but also nutrition outcomes through cross-sectoral engagement. It reveals how the language of “capacity building” and “co-creation” can often mask deeply rooted inequities. Through lived experience, it illustrates how performative inclusion sustains dependency and extraction rather than dismantling them and why accountability must evolve from symbolic gestures toward genuine power sharing.

This case examines a multimillion-dollar global health grant awarded to an elite institution in Pakistan in 2018, where I was named Principal Investigator (PI) to comply with funder requirements for LMIC leadership. In reality, decision-making and subaward control remained with a PI affiliated with an institution in a high-income country (HIC), and also a visiting faculty at the institution in Pakistan, who leveraged their networks to secure funding.

The project aimed to 'innovatively' engage young women in remote areas as early education teachers, despite local partners' evidence that older, more rooted women were safer and more sustainable. A hundred preschools were set-up in 100 villages at \$1000 per school, with a total budget of \$100,000. Along with sustainability, critical safeguarding concerns, ranging from theft to fire risks in preschools, were overlooked. Although the grant was presented as an example of “co-creation,” decision-making power and resources remained concentrated with the HIC partner, leaving local teams with minimal flexibility to address ground realities. The limited investment in local implementation reflected a broader pattern of symbolic inclusion rather than genuine collaboration. Moreover, during the project implementation, HIC research assistants arrived unannounced, undermining my authority and bypassing local coordination.

When I raised concerns with the HIC PI, they instead of moving toward resolving it amicably, escalated the matter to my university, portraying me as an “ethical threat” to the project. I ultimately resigned as I could no longer function as a PI while being held responsible for its success. The case reflects systemic failures: 1) LMIC leadership reduced to a performative checkbox, 2) budget allocations reinforcing extraction, and 3) suppression of local expertise in favour of donor-friendly narratives. Notably, my LMIC institution remained silent, highlighting how inequity persists through both HIC dominance and LMIC institutional passivity cum complicity.

#### Discussion of ethical issues

##### *1. LMIC leadership reduced to a performative checkbox*

My PI-ship was not leadership; it was a colony. I often felt that I — my time, intellect, and credibility — had become a territory owned and managed by the HIC partner. I was expected to serve them while remaining “eternally grateful,” as my position existed under *their* grant.

This colonization began with a performative checkbox. Although I held the title of PI, real authority rested entirely with the HIC partner. This was not collaboration; it was tokenism. Decision-making was not overtly denied but diffused, disguised as “mentorship” for a “junior investigator.” In practice, this translated into unilateral HIC control: cancelled workshops, budgetary restrictions, and daily operational directives issued over WhatsApp. Agendas arrived pre-drafted, timelines were fixed to their convenience, and my input was treated as a “consultation tick-box” rather than co-direction. Even when local realities demanded flexibility, every adjustment required external “approval.”

The economy of this colony was purely extractive. We were reduced to data collection conduits; our contextual insights were dismissed and our contributions undervalued. This performative inclusion was simply a new form of extraction, wrapped in the language of “equity.” Our role was to provide the raw material, the data, the local access, the compliance, while the HIC partner retained all intellectual and financial control.

When I raised concerns, the colonial power retaliated to maintain control. The HIC partner escalated the issue to my university, branding me an “ethical threat.” This retaliation was not merely personal; it was systemic. Such tactics send clear warnings to other LMIC researchers about the cost of questioning power. When raising inequity is reframed as “disrupting project quality,” it creates a chilling effect that ensures silence and preserves the status quo.

The human toll of this colonial experience, which is rarely talked about, was devastating. There were nights I woke up choking on tears, fearing uncertainty and professional ruin under the weight of constant undermining by a “credible” HIC PI. The bullying left deep scars. This was not simply about a grant; it was about being systematically broken by a system that demands silence as the price of being included.

## *2. Budget allocations reinforcing extraction*

The project’s financial arrangements laid bare its extractive core. While over \$1 million was spent on HIC partner travel, flights, accommodation, and per diems, the local organizations actually implementing the work received less than 1% in direct funding. My own salary was capped at 3%, far below what HIC PIs routinely command, and vague expectations of “in-kind contributions” like supervising and monitoring these teachers, further burdened already stretched local partners. These weren’t incidental inequalities; they were the predictable outcomes of a system designed to prioritize HIC convenience and visibility over LMIC equity.

In global health, money is power, and controlling the budget means controlling the narrative, timelines, and accountability. The HIC PI’s tight grip on the budget ensured that even as I held the title of PI, I had no real authority to authorize spending, reallocate funds to meet local needs, or even approve minor operational changes. Financial control became the mechanism through which intellectual and ethical control were also maintained, as finances determined where and how resources could be used. For instance, from the outset, there was no budget allocated to the implementing partner organizations apart from the stipends of the teachers.

Budget lines, far from being neutral administrative tools, thus became instruments of hierarchy, reinforcing who gets to decide, whose labour counts, and whose ethics prevail.

## *3. Suppression of local expertise in favour of donor-friendly narratives*

The initiative’s very foundation rested on a flawed premise, the supposed “discovery” of young women as an untapped resource, despite the evidence why this approach was unsafe and unsustainable. Implementing partners, who had worked for years in these communities, warned of exploitation risks of these young women in remote villages by their older male managers. Their expertise was brushed aside in favour of a simplistic narrative that appealed to distant funders but ignored local realities.

This strategic dismissal of inconvenient truths reflects a broader pattern in global health: complex local knowledge is routinely sacrificed for donor-pleasing oversimplifications. My own institution’s silence in the face of these injustices deepened the betrayal. Rather than defending ethical

practice, they chose to protect their position and the funding flow. In doing so, they demonstrated how elite LMIC institutions can become complicit, willing participants in their own marginalization.

This was not mere passivity, it was complicity born out of dependency. The institution's identity and survival were tied to the very funding streams that perpetuated inequity. Over time, the pursuit of resources had replaced the pursuit of ethics. As Stirling notes in his review of Schwab's book *The Bill Gates Problem*, such "*philanthropic monopolies dictate which options and values count (p. 479).*" In this way, our institution's values began to mirror those of the funders, prioritizing compliance over conscience. When the flow of funds dictates the boundaries of integrity, equity becomes impossible, not because people fail to recognize injustice, but because they are structurally disempowered to act against it.

#### *Reflections on accountability and the illusion of equity*

On paper, the project appeared to embody equity, a woman PI from an LMIC leading a multimillion-dollar grant. Yet this image masked the absence of accountability structures that could turn symbolic representation into lived equity. True equity requires redistribution of power, decision-making, and control over resources, not just token leadership or visibility.

The deeper issue lies in the dependency of LMIC institutions on donor funding. Institutional survival often hinges on aligning with funders' priorities, even when these conflict with local realities or ethical integrity. As a result, complicity replaces conviction, and equity becomes performative maintained only as long as it does not disrupt the existing order.

Accountability must therefore be mutual. Funders should be required to ensure equitable budget distribution and shared decision-making, while LMIC institutions must commit to ethical practice even when it risks financial security. Structural safeguards such as transparent governance, ceilings on HIC institutional overheads, and independent regional ethics oversight are essential to prevent symbolic equity from replacing substantive justice.

Ultimately, equity cannot exist without courage, the courage to name imbalances, challenge dependency, and design systems that protect dignity over deliverables. Until then, equity will remain a promise often spoken, but rarely lived.

#### **Conclusions and recommendations**

**Empowering LMIC institutions:** Funders must allocate at least 50% of grant budgets to LMIC institutions with transparent breakdowns. Shared decision-making authority between HIC and LMIC PIs should be mandated, covering subawards, staffing, and travel, with enforceable penalties for violations. This ensures LMIC institutions actively shape and lead projects, challenging their silence in power imbalances.

**Accountability and transparency:** Biannual anonymous feedback on power dynamics should be collected and monitored by independent bodies like Retraction Watch works for journals. Platforms like GFBR should publish anonymised case studies on equity violations, normalizing accountability conversations and empowering institutions in the LMIC to demand equal partnerships. Publicly acknowledging where partnerships fail is not punitive, it is a necessary step toward building systems grounded in fairness, humility, and mutual respect.

#### **References**

Rasheed MA. Navigating the violent process of decolonisation in global health research: a guideline. *The Lancet Global Health*. 2021 Dec 1;9(12):e1640-1. DOI: 10.1016/S2214-109X(21)00440-X

Rasheed MA. The case for a Global South centred model in global health. *BMJ*. 2023 Oct 16;383.DOI: 10.1136/bmj.p2256

Stirling A. Do billionaire philanthropists skew global health research?. *Nature*. 2024. 626, pp. 477-479.