Reimagining the role of funders in equitable global health research partnerships

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Brief description of context

Global health research partnerships have long promised mutual learning and shared advancement but continue to reproduce inequities rooted in colonial histories and the global political economy. High-income country (HIC) funders and institutions dominate agenda-setting and resource allocation, while low- and middle-income country (LMIC) partners are frequently placed in subordinate roles, undermining the potential for fair collaboration. (1,2)

Much of the literature on partnership equity focuses on the behaviors of researchers or institutions. While valuable, this risks obscuring the structural determinants of inequity, which are often shaped by funders. Funders, including government agencies, philanthropic foundations, and multilateral institutions, are pivotal actors in these dynamics. (3) They define the rules of engagement through financing, governance, and accountability mechanisms. Yet despite commitments to equity, funder practices often fail to systematically address existing hierarchies, leaving LMIC institutions under-resourced, under-recognized, and under-represented. (4–7)

Drawing on insights from my doctoral research examining how funders enable partnership equity in global health, this paper considers what the future of research partnerships could look like if funders embraced equity not only in rhetoric but also in structures.

Discussion of ethical issues

To reimagine partnerships, we must center funders in discussions of equity. I do so in three ways: analytically, by treating funders as active subjects of analysis whose policies and discourses set the architecture of partnerships; ethically, by extending principles of fairness, justice, and reciprocity not only to researchers but also to funders themselves; and practically, by requiring mechanisms, from funding reforms to accountability structures, that place funders within, rather than outside, the frame of equity.

Funders, however, operate within political and fiscal constraints that shape their ability to prioritize equity. Current funding gaps in the U.S., for example, risk sidelining equity and partnership reform, as resources are diverted to other national priorities. (8) Yet precisely under such conditions, equity becomes most urgent. When resources are scarce, equitable partnerships ensure that investments are used efficiently, strengthen LMIC institutions, and build resilient systems. At the same time, centering funders too heavily can inadvertently reproduce the very power imbalances it seeks to address. Equity must be co-constructed with LMIC and HIC partners so that responsibility for fairness is mutual rather than funder defined. By centering funders critically, holding them to account while avoiding recentralizing their authority, we shift focus from asking how researchers can mitigate inequities within existing systems to asking how systems themselves can be transformed at the current locus of power, without reproducing it. Funders' commitments to equity must be reflected not only in intent but in the design of their financial, governance, and accountability systems.

I highlight three structural opportunity spaces where funders could reimagine their role: (1) *financing models that enable sustainability for LMIC institutions, including fair indirect cost policies and direct funding mechanisms*; (2) *governance models that embed co-leadership and participatory decision-making, normalizing shared power and voice*; and (3) *reciprocal accountability systems that institutionalize equity beyond political cycles*. These opportunity spaces point to a world in which funders are not passive financiers but active enablers of equitable, resilient, and future-facing partnerships.

1. Financing futures: Equity in resource flows

Current funding structures systematically disadvantage LMIC institutions. For example, NIH indirect cost recovery is capped far below rates available to U.S. institutions (8% vs. 60%), leaving institutions unable to sustain administrative infrastructure or reinvest in local systems. (9) Some funders have begun to adjust these policies, though progress varies widely across funders. For example, Gates generally applies a 10% cap, while Wellcome Trust allows a higher rate at 20%. (10–12) Indirect cost disparities often stem from funder risk management practices and accountability requirements shaped by donor-country politics and fiduciary concerns. While these policies are intended to safeguard resources, in practice they reinforce mistrust and impose burdensome compliance requirements. Emerging models like the Good Financial Grant Practice (GFGP) certification sets tiered standards for financial management and governance, helping simplify compliance and build funder trust.(13) If adopted more widely, it could enable LMIC institutions to negotiate fairer indirect costs, access direct funding more readily, and build long-term financial sustainability.

Historically, funders have privileged HIC institutions as prime award managers, relegating LMIC institutions to sub-recipient roles, while short-term grants limit opportunities for sustained capacity strengthening. Some funders have begun to expand direct funding to LMIC institutions. For example, the NIH Fogarty International Center (through D43 and R25 programs) and the European and Developing Countries Clinical Trial Partnerships (EDCTP) have supported LMIC institutions as prime awardees. USAID, before its dismantling in July 2025, had committed to directing 25% of its funding to local partners by 2025, although it was falling short of its target in 2024. (4) These examples show that direct LMIC funding is possible and aligns with the vision for a more equitable future.

The future of such funding mechanisms remains uncertain given shifting political priorities and the overall decline in overseas development assistance. In September 2025, NIH introduced a new structure eliminating sub-awards to foreign institutions, instead requiring them to apply as a separate project component and receive parallel awards directly from NIH. (14) This change could have mixed implications for LMIC institutions. It may increase transaction costs, fragment project management, and diminish autonomy, especially for smaller LMIC institutions. On the other hand, parallel funding arrangements could also enable more direct engagement with funders, strengthening LMIC institutions' negotiating position and financial independence. At this stage, it is unclear how these regulations will play out in practice, underscoring the need for close monitoring to assess whether they advance or undermine equity. More broadly, U.S. retrenchment, European austerity, and shifting philanthropic priorities threaten the sustainability of direct LMIC funding, highlighting the need to institutionalize reforms that can withstand political and economic shocks.

Amid these uncertainties, addressing inequities in indirect cost policies, enabling simplified compliance and expanding direct funding to LMIC institutions are essential steps toward LMIC institutions being able to retain talent, lead collaborations, and build resilient research systems.(15)

2. Governance futures: Shared leadership as the norm

Governance structures today often prioritize HIC investigators in agenda-setting and leadership, while LMIC partners are frequently collaborators, not co-leaders. Funders' discourse frequently narrows equity to efficiency or capacity rather than shared authority, obscuring questions of voice and decision-making.

Some funders have begun to shift governance norms. For instance, NIH Fogarty International Center programs through their R25, D43, G11 grant mechanisms, encourage multiple PI structures with LMIC co-leads, and leadership has in some cases transitioned from U.S. to LMIC institutions. The EDCTP has also funded trials led primarily by LMIC investigators and includes LMIC researchers on its governing and scientific advisory boards, creating space for more representative decision-making. These examples, though promising, remain voluntary or program-specific, and in some cases tokenistic, where LMIC leadership exists in name but not in practice.

Embedding shared governance principles across funding systems, such as requiring co-principle investigators from HICs and LMICs, embedding participatory agenda setting, ensuring equitable intellectual property (IP) and data ownership agreements, and incentivizing joint steering committees, so that leadership, agenda-setting, and recognition are equitably distributed, remains a critical but under-realized step toward rebalancing power within partnerships. (1,2,15,16)

3. Resilient futures: Reciprocal accountability

Perhaps the most transformative opportunity lies in rethinking accountability. Currently, accountability is largely unidirectional: research institutions report extensively to funders through compliance mechanisms, while funders' equity commitments remain voluntary and unmonitored. This asymmetry perpetuates inequities, leaving research partners with little recourse when equity is neglected. A re-imagined future would embrace reciprocal accountability, where fairness and reciprocity demand that funders be accountable to research institutions just as research institutions are accountable to funders.

Recent examples signal this shift through the adoption of equity metrics and shared accountability measures. USAID had committed to ensuring at least half of its programs by 2030 enabled local actors to lead priority setting, while EDCTP requires LMIC principal investigators to lead many of its funded trials, creating an implicit metric of leadership equity.(4) The GFGP framework similarly builds shared oversight by providing transparent standards that both funders and LMIC institutions can reference. (17)

Existing toolkits and frameworks further highlight domains for both quantitative and qualitative evaluation of funder practices, such as LMIC participation in setting research agendas, representation in governance and decision-making structures, commitments to long-term institutional capacity strengthening, fair arrangements for data ownership and intellectual property, and meaningful community engagement and benefit-sharing.(15,16,18) Applying these domains to systematically assess and integrate partner feedback would create iterative learning loops, enabling funders to adapt policies based on lived partnership experiences.

Finally, accountability should extend outward to communities, governments, and other stakeholders who are directly affected by research. Partnerships that are accountable not only to funders and institutions but also to the people and contexts where research takes place are more legitimate, participatory, and resilient.

Conclusions and recommendations

Funders hold decisive influence over international health research partnerships. Today, their practices often reproduce inequities and leave LMIC institutions structurally disadvantaged. If funders embedded equity into financing, governance, and accountability, partnerships could become fairer, more inclusive, and more resilient. Centering funders in this discussion underscores that equity is not only the responsibility of researchers or institutions, but must be embedded at the structural level where power is concentrated. Two priorities stand out. First, funders should revise financing and governance structures by providing parity in indirect cost recovery, increasing funding of LMIC institutions and priorities directly, simplifying compliance, and requiring co-leadership and participatory agenda-setting in all funding calls. Institutionalizing these structures would normalize power-sharing rather than relying on the goodwill of individual partnerships. Second, funders should institutionalize reciprocal accountability that assesses their own equity performance as rigorously as financial or scientific outcomes. Mechanisms such as equity metrics, mutual reporting frameworks, and peer review can help track progress. (3,6,13) For example, metrics could capture the proportion of total grant funds retained at LMIC institutions or the percentage of projects led by LMIC principal investigators. In practice, this requires multidirectional accountability between funders, institutions, and the communities as well as other stakeholders that are impacted by the research. Embedding reciprocal accountability in this way would transform equity from a rhetorical aspiration into a shared, measurable responsibility, building trust, reducing inefficiencies, and creating resilience against political cycles. By embracing these opportunities, funders can move beyond symbolic commitments to reimagine partnerships that are scientifically productive, ethically fair, and politically resilient.

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