Global health research funding applications – brain drain under another name?

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In 2019, the UK was one of the largest funders of global health research. It had a government manifesto commitment to spend 0·7% of gross national income on official development assistance (ODA).[1] Much of this ODA funding was channelled to enable global health research, with an aim of improving lives and livelihoods in low-income and middle-income countries (LMICs) by providing new evidence for effective interventions and improving research and research capacity.[2] This extra funding ensured that global health was an academic growth area. It had the positive effect of broadening the field of enquiry beyond the traditional fields of infectious diseases and maternal, neonatal, and child health,[1] deepening international collaboration and cooperation, and developing new knowledge with benefits that extended beyond nation state borders.

However, at the beginning of 2021, the UK Government revoked its manifesto commitment and cut the ODA budget to 0·5% of gross national income. These cuts stalled global health research activity, leaving expanded numbers of global health researchers competing more than ever before for the remaining funds. It also left funding agencies struggling to deal with the huge numbers of applications, resulting in numerous research teams being rejected without any feedback. For researchers in all countries, the process has been disheartening and a huge waste of rare and expensive expertise. For those in LMICs, it is a tragedy, as we explain below. But while the cuts exposed faults in the system, many existed prior to the slashing of the ODA budget.

The scale of research waste from the current funding system is massive. The amount of time taken to develop a grant application by a lead applicant was estimated in 2012 to be 38 full-time researcher days, while others estimated the time to be equivalent to what it would take to do the research, if funded.[3,4] The relatively recent, laudable aims of UK grant funders to ensure that, if funded, research will deliver impact (perhaps even policy change), has a well-thought-through community engagement and involvement (CEI) plan, and demonstrably builds capacity, have substantially increased the amount of time needed to develop grant applications. Commensurate with these additional requirements has been a growth in publications and seminars about how to write these sections of applications; these are read or attended by researchers eager to receive funding, adding further time to the development of a grant proposal which is, considering the odds, unlikely to be funded.[5]

Developing the text and plans for these well-intentioned sections might require involvement of, and letters of support from, government and civil society stakeholders; doing capacity needs surveys; and engaging community members to develop detailed CEI plans. All of these are context dependent and require substantial time investment and technical expertise from LMIC researchers. Applicants from high-income countries are usually privileged in having time built in to job plans to write grant applications. The majority of researchers in low-resourced LMIC institutes do not have this privilege, a fact that is well recognised by the funders who require that much of the funding—if awarded—goes towards capacity building. The irony is that the vast majority of these funding applications are rejected without any feedback or with limited superficial feedback at best, providing no ability to learn from them. Furthermore, for most of these applications, the funding call is so specific that there is no possibility to submit elsewhere, and in other cases, resubmissions are discouraged. This means a gross waste of time and resources spent on those grants.

Although there are flaws found with all ways of selecting studies for funding,[4,6–8] we believe that the current process of applying for research funding in the UK is particularly detrimental for research capacity building in LMICs. Indeed, the process could be said to contribute to so-called brain drain as we drain away the scant and valuable time of the few experts in LMICs for the unlikely chance of securing research funding.

We call for an urgent review and amendment to the way that global health funding applications are conducted in the UK. First is to ensure that all funding calls have a minimal input triage stage, where they can be appraised on their relevance and proposed methodological rigour, with further details captured

at a full application stage. Second, that detailed and constructive reviewer feedback is given to all applicants to enable them to learn from the experience. Third, that the process is fair and transparent, with a scoring system based on detailed reviewer comments, used to determine the fate of proposals. Fourth, that funding calls are designed to encourage researchers to apply to subsequent calls if they can address reviewers' comments. That other funders—for example, the US National Institutes of Health (NIH)—manage to achieve these suggestions, even with large numbers of applications, assures us that our requests are feasible. With the good will and commitment of research funders, we are sure it is possible to turn applications for research funding, even when rejected, into the capacity-building opportunity that funders and researchers desire.

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