



UNITED NATIONS
UNIVERSITY

UNU-IIGH

International Institute
for Global Health

**GLOBAL HEALTH AND
GLOBAL HEALTH
THINK TANKS:
Repositioning low- and
middle-income countries**

April 2019



GLOBAL HEALTH AND GLOBAL HEALTH THINK TANKS: Repositioning low- and middle-income countries

Context

'Global health' retains the historical baggage of colonialism. With rapid technological developments in science and medicine, most of which occurs in the Global North, low- and middle-income countries remain, largely, the passive recipients of knowledge generated in contexts removed from the realities of life in many parts of Africa, Asia, and South America. While attempts have been made to address capacity in the low- and middle-income countries (LMIC) context, these arise from an assumption that the current trajectory of knowledge generation is the right benchmark against which progress should be assessed.

The number of think tanks in low- and middle-income countries has grown considerably since the early/mid-2000s, accompanying the entry of new players into the global health space. Conversely, despite the fact that think tanks have been accused of being a predominantly Anglo-American phenomenon, the rate of newly established think tanks in the United States and Europe has declined whilst the number in LMICs is growing. However, of the 35 top global health policy think tanks identified in the 2018 Global Go To Think Tank Report (1), just nine are located in LMICs.

To be a global health think tank that leads from the South, the development of southern science and research is essential, as well as facilitating opportunities to increase the range and frequency of southern voices at the table. Identifying and contextualising established academic and practical knowledge translation of evidence into policy in LMICs whilst also fostering unique and innovative context-specific approaches may present a pathway to sustainable success.

To that end, the United Nations University's International Institute for Global Health (UNU-IIGH) convened a half-day roundtable of global health and policy experts to explore the role that global health think tanks can play in low- and middle-income settings. The aim of the discussion was to interrogate what it means to be a global health think tank in a LMIC setting and to identify practical approaches to decolonise global health.

Split into two sessions, each discussion opened with three to five interventions from invited 'provocateurs' to stimulate conversation followed by open dialogue and debate. What follows is a summary of that discussion.

1 McGann, James G., "2018 Global Go To Think Tank Index Report" (2019). [TTCSP Global Go To Think Tank Index Reports. 16.](#)

Discussion prompts:

1. Is 'global health' simply a new way of perpetuating an old colonial model of 'northern science' for 'southern problems'?
2. As new players enter the global health space, is this narrative shifting/is there an opportunity to influence a shift in the narrative?
3. Think tanks are an ideal mechanism for transforming ideas, scholarship, and policy. Are the growing number of (global health) think tanks in the Global South set up to challenge and transform ideas?
4. How can we collectively influence an agenda for global health think tanks that pushes a transformation to decolonise global health?

Session 1: Global Health in the 21st Century

1.1 Is 'global health' an anglophone concept?

- It is taken for granted that global health = global good, but the ways in which development aid is administered and research institutes set up outposts suggests that global health is a powerful tool in the soft diplomacy kit.
- Having grown out of a history of colonial/tropical medicine and then international health, coloniality is baked into the global health architecture. As such, is the current conceptualisation of global health one that is shared? To what extent is the term adopted without the underlying values?
- When considering values, how many of those values are shared? For example, is the presence of a robust civil society as a key part of social architecture with a role to play in health an accepted feature?

1.2 Whose evidence and expertise do we acknowledge and value?

- What is meant by capacity? What is the role of tacit knowledge and is it valued?
 - There is a tendency to focus on 'hard capacities' often used synonymously with technical skills. A person either does or does not have these skills, which are easy to teach and track, thus helping to demonstrate 'impact'.
 - Questions were raised asking to what extent do we acknowledge and value cultural knowledge and the relationship that it has with 'the scientific method'?
- Research relationships between the 'Global North' (GN) and 'Global South' (GS) are rarely equitable.
 - Funding flows for improvements in the GS are often disbursed directly to entities in the GN, conferring power to the northern actor.
 - Large talent flows of some of the brightest minds from the GS to northern institutions lead to brain drain. For many, this occurs at a formative time for shaping ideas and results in individuals who are trained in the science of the GN. This risks producing researchers that are not well suited to home contexts.

- GS researchers trained in the GN are taught “narrow, bounded, complex, dominated by single disease-based frameworks”, but they come from societies in which health is culturally understood in a more holistic way that encompasses emotional, mental, and social factors/problems.
- These researchers also face a lack of resources and the shared technical expertise required to implement skills learned overseas upon their return to the GS.
- Power dynamics between researchers are often unequal.
 - Principle Investigators are more often from the GN than the GS.
 - Northern structures, e.g., research institutions, publications etc, are privileged and deemed a better demonstration of success with clear career impacts.
 - Prevailing political, social, and economic contexts may not allow or value independent thought or research outside of Western paradigms.

2.1 *What can we do to break the unidirectional flow of information?*

- Balance the voices of those who are deeply familiar with the context and the value of outside, uninvested voices.
- At both an organisational and individual level, examine our biases and interactions to make them more equitable.
- However, perhaps these conversations are too heavily focused on geography due to the GN/GS framing. What are other ways through which we can understand the power dynamic?
 - How can we level the playing field and encourage dialogue?
 - What can be learned from the GS that is applicable to challenges in the GN?
 - What structures can promote/enhance/strengthen South-South collaboration?

Session 2: Think Tanks of the Global South

3.1 *What is a think tank?*

- Definitions of their purpose and audience vary. Often this is due to the ideological origins of the ‘think tank’ in a given setting. The history of think tanks needs to be understood in order to interrogate existing structures:
 - In Europe and America, a post-WWI increase was generated by the establishment of ‘think houses’ to prevent another war; these often focused heavily on peace and security.
 - In South America, ‘safe houses’ were established by/for intellectuals in times of political turbulence, and often functioned as incubators of opposition thought.
- As such, inclusion in think tanks is very diverse with a variety of structures and funding models. What is common, however, is that they are often the preserve of the intellectual and social elite.

3.2 What do think tanks do?

- Often, think tanks are characterised as much by what they do *not* do as what they do do. This was conceptualised as:
 - Universities = think, do not necessarily make a difference.
 - Lobbyists = do, make a difference but not always based on evidence/thinking.
 - Think tanks = think + do.
 - Participants posited that the ability to make the shift to being a ‘do tank’ will be a future determinant of think tank success.



Think tanks truly excel if they expand our sense of what is possible by discovering and promoting new ways of making lives better.



- Think tanks also serve a variety of other functions:
 - Facilitate the relationship between academics and policy makers
 - Work in the public interest, to conduct research and engage for policy change
 - Provide clear, concise, and practical recommendations to pressing social or economic controversies.
- Political insights: If informing policy is the end goal, the inherently political nature of think tanks cannot be underestimated. Think tanks should explicitly develop expertise and knowledge of the local political context, for example through carrying out ‘political and power’ assessments on any given issue.

3.3 Think tanks of the future in an LMIC context

- How can think tanks be spaces to present a counter narrative?
- Involve other actors in the discourse where other institutions may be limited, such as civil society, community voices, and public-private partnerships.
- Is there an imperative to do so in contexts without a strong civil society?
- Intellectual independence means being willing to not be relevant today, in order to be relevant tomorrow.

3.4 How to we measure effectiveness? Who holds think tanks accountable?

- What are the metrics for measurement?
- What are the accountability mechanisms?

Next steps

With many more questions raised than addressed, UNU-IIGH will use these as a starting point to develop a programme of work that explores the role of think tanks and to inform its own *modus operandi* and strategic direction. Furthermore, we hope to continue to engage and partner with a broad range of actors and stakeholders to interrogate the fundamental structures that underpin the global health architecture.

Acknowledgements

UNU-IIGH wishes to thank all provocateurs and participants for their contributions to this roundtable. Thank you as well to the organising team for supporting this and future dialogues.

UNU International Institute for Global Health (UNU-IIGH), Kuala Lumpur, Malaysia is the designated UN think tank on global health, serving as a policy translation hub for UN member states, agencies and programmes. It was established by a statute adopted by the Council of the United Nations University in December 2005.

The Institute generates policy-relevant analysis by applying a gender lens to inform the development, implementation, and evaluation of health programmes. UNU-IIGH also supports capacity development of local decision-makers and stakeholders to engage effectively with global health challenges within the 2030 Agenda for Sustainable Development.

This report was prepared by Emma Rhule.

For more information on this topic or other, please contact:

- Pascale Allotey: pascale.allotey@unu.edu
 - Emma Rhule: rhule@unu.edu
-

UNU-IIGH roundtable reports are intended to be brief summaries of the main points and conclusions of an event. Reports reflect rapporteurs' accounts of the proceedings and do not necessarily reflect the views of the rapporteur.

Suggested citation: United Nations University - International Institute for Global Health (2019). "Global Health and Global Health Think Tanks: Repositioning low- and middle-income countries".