2023

Final Report for the Taskforce on Fairness and Antiracism to Enhance Academic Research, Partnership and Education in Global Health (FAARE)

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Chairs' reflections

This report represents the culmination of work that began in June 2021 when a small group of individuals came together to draft the terms of reference for a committee on decolonization in global health at the Faculty of Medicine (FoM), University of Ottawa. Since that time, this work has evolved towards the values of fairness and antiracism to enhance three areas of global health activities at the FoM – education, partnership and research. We have learned from each other, other universities and from our global health partners as we prepared this document.

During our review process for the final document, two reviewers commented that it seemed the actions recommended within this document focused too prominently on the Canadian context. They commented that true fairness and antiracism in our global health portfolios requires action on the part of the FoM as well as action on the part of our partners in global health. In our efforts towards fairness and antiracism, we cannot perpetuate structures that "imprison" them as "receptacles to receive all that is proposed," as our colleague wrote. Rather, we must prepare for, engage in and expect an equal dialogue with our partners.

We acknowledge our position as researchers, teachers, students and members of the development and humanitarian community, coming from diverse backgrounds, situated in Ottawa. We recognize the systems we currently have in place in Canada and at the FoM risk maintaining imbalance in our global health activities. The process to address those imbalances at the FoM began with the creation of this Taskforce and the recognition that we needed to enhance our global health activities and partnerships. The FAARE Taskforce recommends where concrete action is needed at the FoM to assure the necessary structures for fair global health partnerships, education and research, and to lay the foundation for transparency and open dialogue with and for our global health partners. We recommend this report be a living document which adjusts as the FoM learns together with its partners and as education and research expand and grow. This document is only the beginning.

Alison Krentel and Fawad Akbari
March 15, 2023

Executive Summary

The Taskforce on Fairness and Antiracism to Enhance Academic Research, Partnerships and Education in Global Health (FAARE) was established in late 2021 to identify and make recommendations on issues related to fairness, equity and antiracism in global health activities within the Faculty of Medicine (FoM) at the University of Ottawa. The FAARE Taskforce provides recommendations to operationalise the key tenets outlined in the Brocher Declaration which the FoM endorsed in 2021.

The recommendations of the FAARE Taskforce align with the FoM's Strategic Plan, which prioritizes an inclusive and equitable academic foundation, research initiatives that address the health needs of marginalized communities and partnerships that promote social accountability. The FoM's commitment to equity, diversity and inclusion, as well as its unique feature of being the only bilingual medical faculty in Canada, position it to engage in diverse partnerships in low- and middle-income countries (LMICs), particularly Francophone Africa.

This report summarizes the key findings and recommendations of the FAARE Taskforce. The report is divided into three main sections: Education, Research and Partnerships. Task teams prioritized issues and met throughout 2022 to review evidence from the literature, document experiences at other universities and understand current practices at the FoM. Each section includes key recommendations based on these findings.

The recommendations for education focus on ensuring the FoM's teaching in global health across different training programs is antiracist and fair. One recommendation is to align the pre-departure training program for global health students and trainees according to six areas: in-person training, engagement, partner relations, ongoing feedback, post-return debrief, and offering alternatives. By aligning the training program in these areas, students and trainees will have a comprehensive understanding of the global health landscape and their roles and responsibilities in it.

Another recommendation is to review and update the core competencies for FoM global health students and trainees. This will ensure that students and trainees are equipped with the necessary knowledge and skills to work in global health and that these competencies are aligned with antiracist and fair principles.

The third recommendation is to provide guidance and simple checklists for professors and instructors teaching global health students and trainees to assist them in their course reviews and development and make them available online for FoM faculty and others seeking guidance. This will ensure that faculty members have the necessary resources to incorporate antiracist and fair principles into their global health teaching.

The recommendations for research focus on ensuring the FoM's research activities and partnerships are antiracist and fair. One recommendation is to establish a set of guiding principles for global health research partnerships. These guiding principles will promote transparent contract negotiations, setting agendas together, clarifying responsibilities, providing accountability to research participants, promoting mutual learning, sharing of data and networks and pooling of

profits and merits from the grant. The guiding principles are based on the values of fairness, respect, humility, care and honesty.

Another recommendation is to establish a feedback procedure or mechanism to ensure global health research partners and participants have a system in place to provide confidential feedback with regards to research partnerships. This mechanism can also aid in co-constructing creative solutions in disputes and can foster collaborative responses to challenges and opportunities.

The third recommendation is to advocate with Canadian universities and funding agencies for more transparency on the allocation of a proportion of indirect funds to be shared with LMIC institutions. This will ensure LMIC research partners receive their fair share of resources.

The recommendations for partnerships focus on ensuring the FoM's partnerships in education and research are antiracist and fair. One recommendation is to systematically implement international exchange placements based on a defined approach and objectives that contribute towards a long term and impactful mission that is mutually beneficial for both FoM and LMIC partners. Consideration should be given to how subsequent placements may build upon the last one. Input from LMIC partners along the pathway is necessary.

Another recommendation is to be accountable and transparent by clearly outlining the expectations and variables upon which new partnerships can be evaluated. Each partnership has its own expectations and there are no one-size-fits-all approaches. Therefore, it is important to establish clear expectations from the outset and to evaluate the partnership against those expectations. Expectations need to be co-developed between FoM and LMIC partners.

The third recommendation is to collaborate with other universities (in Canada and abroad) that have similar global health programs. This will have a dual purpose of sharing and learning, as well as maximizing the impact of FAARE recommendations.

Finally, the Taskforce identified general opportunities for the FoM, including the creation of an accountability system to report back to on the implementation of the recommendations, integrating the recommendations into the FoM's Strategic Plan, promoting inclusive and antiracist language in global health activities and creating an algorithm for the implementation of the recommendations.

Overall, the recommendations of the FAARE Taskforce underscore the importance of adapting and innovating to meet the needs of stakeholders, particularly in fairness and antiracism in partnership, research and education in global health. The implementation of these recommendations will ensure the FoM remains at the forefront of medical education, research and innovation globally and in Canada.

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Complete list of FAARE recommendations

The following recommendations are the result of the Taskforce's deliberations on three areas related to global health within the University of Ottawa's Faculty of Medicine: research, partnership and education. For each of these areas, the Taskforce considered how the Faculty of Medicine (FoM) might ensure antiracism and fairness in its activities.

Landscape scan

1. The FoM is pioneering in its FAARE Taskforce among Canadian universities that have global health or public health programs. Leveraging the work of the FAARE Taskforce and using its convening power, we recommend the FoM collaborates with other universities (in Canada and abroad) that have similar programs. This will have a dual purpose of sharing and learning, as well as maximizing impact.
2. It is recommended the FoM make this report and resulting action steps available publicly on the IGHO website to highlight its strategic action in this area.

Education

3. Align the current redesign of the FoM predeparture training program according to the following six areas: in-person training, engagement, partner relations, ongoing feedback, post-return debrief and offering alternatives.
4. Institute a process of monitoring and evaluating with faculty by incorporating students and trainees in the redesigned predeparture training program to capture feedback and areas for reinforcement and improvement.
5. For existing and future global health courses, review and update core competencies for FoM global health students and trainees.
6. Provide a summary of guidance and simple checklists for professors and instructors teaching global health to assist them in their course reviews and development; make them available online for FoM faculty and others seeking guidance.
7. Explore potential collaboration with the FoM Office of Equity, Diversity and Inclusion (EDI) when developing guidance and checklists to ascertain alignment between global health and Canadian contexts.
8. Encourage international partners to be part of the selection and review process for international placements.
9. Provide resources and opportunities for faculty new to global health to reflect on cultural competency, power asymmetries (e.g., via CPD workshops) and the current FoM activities related to FAARE.
10. Ensure resources are available for students and trainees to reflect on cultural competency and power asymmetries within global health research, education and partnerships that go beyond pre-departure training (leverage opportunities to collaborate with the FoM Social Accountability office).

Research

11. Establish a set of guiding principles for global health research partnerships to promote the following: transparent contract negotiations, setting an agenda together, clarifying responsibilities, assigning accountability to research participants, promoting mutual learning, sharing data and networks and pooling profits and merits from the grant (adapted

from CCGHR Principles for Global Health Research and others and using the guiding values of fairness, respect, humility, care and honesty).

    a. In addition to the guiding principles, we recommend developing with partners a set of indicators or systems of checks and balances to measure progress and review where these indicators can apply to fair partnerships.

12. Recommend the uOttawa FoM conduct a formal Research Fairness Initiative assessment for its preferred partnership initiative and make results available online.
13. Establish a feedback procedure or mechanism to ensure global health research partners and participants have a system to provide confidential feedback with regards to research partnerships (this is also applicable to the education and partnerships section). This mechanism can also aid in co-constructing creative solutions in disputes and can foster collaborative responses to challenges and opportunities.
14. Recommend uOttawa formally recognize shared authorship, KT and provision of mutual learning opportunities within global health research partnerships.
    a. Include dedicated funding available for conference travel for low- and middle-income country (LMIC) partners, guidance for promotion review to include comments or notes on the inclusion of global health partners as authors (government, research partners, stakeholders, global trainees).
    b. In alignment with recognized guidelines on authorship, develop specific authorship guidance for global health research endeavours at the FoM to help researchers navigate discussions about authorship with global health partners to ensure fairness in knowledge dissemination opportunities.
    c. Promote the new APUO inclusion of KT as part of scholarly activities.
15. Advocate within Canadian universities and funding agencies for more transparency on the allocation of a portion of indirect funds to be shared with LMIC research partners.
    a. Advocate for the inclusion of LMIC partner opportunities as part of the assessment of grants (could relate to infrastructure development, mutual learning opportunities, community development).
    b. Advocate with Canadian funding bodies to determine mechanisms to share a proportion of indirect costs with LMIC partner institutions.
    c. Carry out an assessment within the FoM and uOttawa central level to understand where opportunities and barriers exist within current funders to share indirect funds.
    d. Work within existing mechanisms like the University Advisory Council and the Association of Faculties of Medicine of Canada (AFMC) to raise this issue and support in wider advocacy efforts.

Partnerships

16. It is recommended an international exchange placement is done systematically based on a defined approach and objective that contributes towards a long-term, impactful mission that is mutually beneficial for both the FoM and LMIC partner. Consider how subsequent placements may build upon the last placement.
17. To be more accountable and transparent, we recommend new partnerships clearly outline the expectations and variables upon which they can be evaluated. Each partnership has its own expectations, and there is no one-size-fits-all model (e.g., inputs/outputs: publications, grants, student mobility, capacity building, social accountability, intangibles – reputation, branding, etc.). However, there could be minimum standard evaluation metrics that could

then be supplemented by the individual partnership-specific evaluation frameworks that are established during the initial development phase. Both metrics should include specific equity and fairness indicators and measures. Furthermore, the partnerships should be regularly updated and reported to the Executive Faculty Leadership Team.

18. Understand and address barriers—where possible—to incoming clinical observerships for medical students and residents related to available hospital spots.
19. Understand how clinical placements from uOttawa students disrupts the ecosystem of our LMIC partner institutions. Suggest mitigation measures.
20. As part of the minimum standard evaluation and specific indicators of equitable partnership, track the number of meetings, exchanges, funding applications, scientific communications, implementation of capacity building strategies, technical resource sharing and regular reflexive meetings to ensure we are on track and to ensure sustainability.
21. Partnerships—including on their fairness and equity indicators—should be showcased in regular FoM global health events.
22. uOttawa's international partnerships outside the FoM as well as Canadian partnerships should be included on the IGHO website in separate tabs to allow interested audiences to explore as per their interest.
23. Outcomes and reports from previous and completed partnerships will allow for accountability and promotion of future collaborations and should be published.
24. Ensure partnerships align with the Sustainable Development Goals.

General recommendations

25. A key next step for the work of the FAARE Taskforce is implementation of recommendations coupled with creating an accountability system that reports back to the FoM leadership on a regular basis.
26. Linked to the above recommendation, it is recommended to integrate the recommendations of the FAARE Taskforce into the plan of action for the Strategic Plan. This will ensure these recommendations are not parallel, and that they work hand in hand with the FoM's main plans. Recommend liaising formally with the FoM Research Office; the Office of EDI; the Office of Social Accountability; the Office of Continuing Professional Development (CPD); academic programs (PGME, UGME, undergraduate studies); central office; and uOInternational.
27. Promote shifts in language within global health activities. There are several day-to-day terminologies that have unfair, discriminatory or unpleasant connotations from a fairness and antiracism point of view. Potential for alignment with the Office of EDI.
28. Create an algorithm of how the FAARE Taskforce recommendations will be implemented, outlining where accountability lies for each action point.
29. Share Taskforce findings and create awareness within the wider university community with potential for adaptation (liaise with uOttawa Office of the Vice-President, International and Francophonie).

Background

The University of Ottawa (uOttawa) Faculty of Medicine (FoM) includes internationalization and global health as one of the strategic priorities outlined in the 2020-2025 Strategic Plan entitled *Innovation for a Healthier World*. Specifically, the FoM outlines four areas within its internationalization and global health priorities:

1. Ensure impactful and diverse partnerships
2. Improve global health locally and abroad
3. Prioritize our social accountability mandate
4. Empower our learners for global citizenship

Over the last few years, power and structural imbalances have been increasingly highlighted in global health research, partnerships and education. Acknowledging and addressing these imbalances must be taken into account within the scope of the FoM Strategic Plan. Globally, this movement has often been termed "decolonizing global health" and has emerged as an important focus in academic institutions with global health education and research activities (Affun-Adegbulu & Adegbulu, 2020; Lawrence & Hirsch, 2020). Although definitions of decolonization of global health are varied, Mishal Khan et al. (2021) describe it as a "fight against ingrained systems of dominance and power in the work to improve the health of populations, whether this occurs between countries…and within countries." Decolonizing global health can have multiple implications within the context of a university programme. At its core, decolonizing education aims for more inclusivity in both academic teaching and learning (Atkins et al., 2021). To decolonize teaching in global health, for instance, reviewing curricula and reading lists can be a starting point to ensure more diversity and representation in line with the student body and scholarly community (Schucan Bird & Pitman, 2020). Decolonization within the context of medical education provides an opportunity "to train decolonizers" to enable medical students to practice more equitably and to be aware of the colonial history of tropical medicine and international health as pre-cursors to the current global health movement (Garba et al., 2021). This training aim equally applies to global health graduate and postgraduate students who also need to be cognizant of their own positions within the power dynamics of global health. Within the context of research partnerships, decolonization spans the continuum of research, beginning with the determination of research needs and hypotheses to the establishment of partnerships, to data collection, analysis and ownership to the development of final knowledge products and translation. Shared ownership of intellectual property arising from research partnerships should align with international standards that ensure fair access and use, specifically for genetic resources via the Nagoya Protocol. Fairness should be at the center of our research partnerships.

At the intersection of the current movement and recognized need to address decolonization in global health and the FoM's focus on internationalization and global health activities, the FoM launched a Taskforce to specifically review these issues and make recommendations for the FoM's activities, in line with the current Strategic Plan. During the development of the proposal for the Taskforce, the committee agreed the FoM global health and internationalization activities should

be based on values of fairness, equity and reciprocity. [1] As such, over the one-year remit of the Taskforce, it was agreed the focus would be on the steps needed to attain these principles within research, academic partnerships and educational activities carried out within the FoM. This required an examination of current global practices that guide the decolonization of global health activities and recommendations to ensure our activities are antiracist at their core. The Taskforce was also tasked with providing recommendations to maintain these principles in the future. The FoM has already taken an important step in being the first Canadian university to sign the Brocher Declaration, which establishes ethical parameters for short-term visits by researchers, students and educators that are guided by mutual respect, solidarity, social justice and accountability. This report will help guide the operationalization of the Brocher Declaration at the FoM and contribute towards the achievement of the FoM Strategic Plan.

The Taskforce was launched in January 2022 with the name, "Fairness and antiracism to enhance academic research, partnerships and education in global health," or FAARE. The selection of this name was deliberate, given the complexities surrounding these issues and current global discourse. At the 2021 Canadian Conference for Global Health held in Ottawa (November 24–26, 2021), a plenary panel of well-known researchers, leaders and advocates in the decolonizing global health movement came together to discuss power and privilege in global health, including their perceptions on terminologies we collectively use.[2] The term "decolonization" was called into question as risking to be another example of a Northern-directed imperative for Southern partners. An article by Professor Madhu Pai (2021) in Forbes magazine in July 2021 highlights many of the current criticisms against the use of "decolonization" and suggests structural changes needed to address current power imbalances that exist in global health and humanitarian aid.

We took these reflections into consideration when deciding on the right name for this Taskforce. Fundamentally, the Taskforce aims to ensure academic research, partnerships and education in global health at the FoM are antiracist and fair. While this may imply the structural changes that must come with decolonization, we wanted to orient the Taskforce towards the values that will guide its global health activities internally and externally.

[1] Members of ToR committee: 2 IGHO, 2 SEPH, 2 community representatives, 1 medical student, 1 Bruyère RI, 1 Social Accountability office

[2] Drs. Stephanie Nixon, Seye Abimbola, Catherine Kyobutung, Pamela Roach and Mrs. Thoko Elphick-Pooley.

Proposed remit of the FAARE Taskforce

The following remit was determined by the FAARE proposal development committee and was approved by the Executive Leadership Team (ELT) in January 2022. These parameters determined the composition of the committee as well as the direction the different task teams took over the course of the year.

The FAARE Taskforce adheres to the definition of global health as outlined by the FoM International and Global Health Office (IGHO). Global health is "an area of study, research and practice that places a priority on improving health and achieving equity in health for all people worldwide. Global Health emphasizes transnational health issues, determinants and solutions; involves many disciplines within and beyond the health sciences and promotes interdisciplinary collaboration; and is a synthesis of population-based prevention with individual-level clinical care." (Koplan et al., 2009).

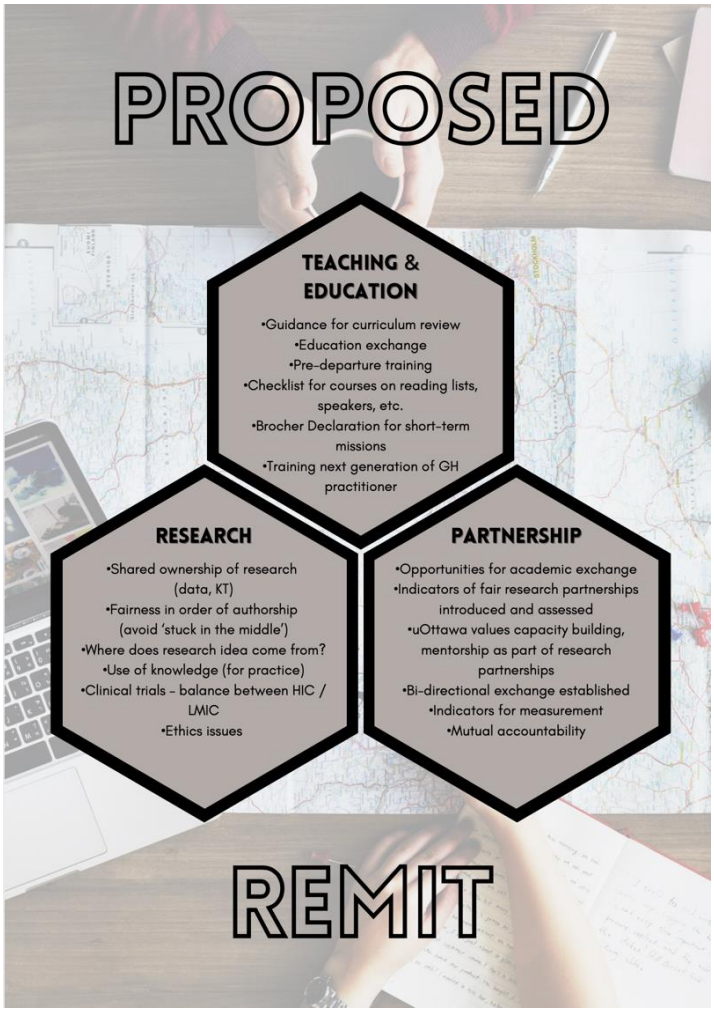


Figure 1 Proposed remit for the Taskforce

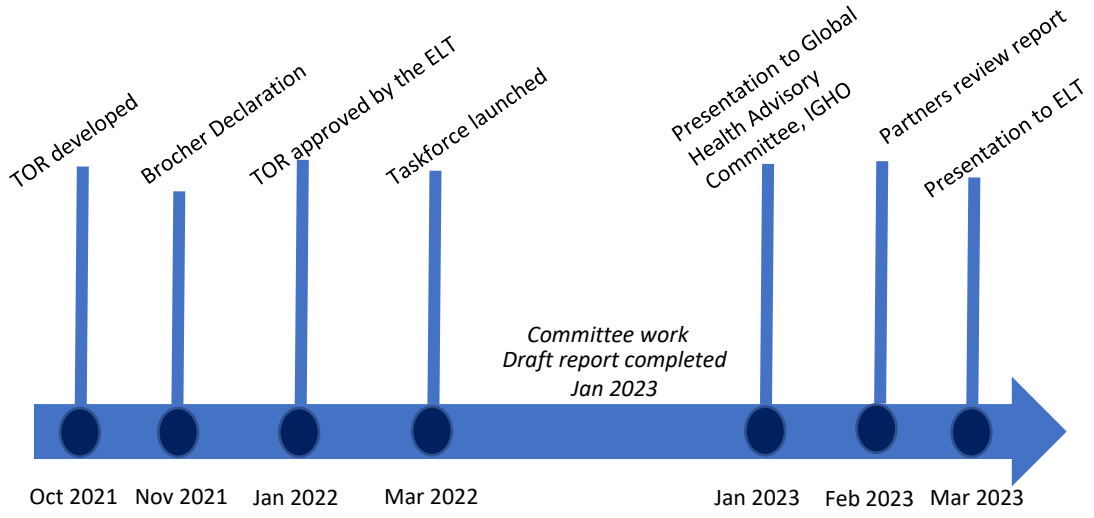
Geographical remit of the FAARE Taskforce includes Canadian academic partnerships, research and educational opportunities that occur *outside* of Canada. We did not include issues of internal Canadian decolonization as these fall under the remit of the FoM Centre for Indigenous Health Research and Education. There will be lessons learnt and opportunities for cross-learning as the FAARE Taskforce carries out its mandate.

Three specific areas of focus for the Taskforce are outlined in Figure 1. These are intersecting domains of global health teaching and education, research and partnerships. Awareness and advocacy were listed as important areas of focus and were initially proposed as an area of focus. In its deliberations, the FAARE Taskforce decided to incorporate advocacy and awareness into the three domains of teaching and education, research and partnership. As such, advocacy is not outlined specifically in Figure 1.

Proposed Goals of the Taskforce

1. Define best practices for establishment and measurement of fair and equitable global health research partnerships.
2. Document existing practices used at the FoM to establish, monitor and evaluate global health research partnerships in terms of idea generation, ownership of data, use of knowledge, ethics remit and authorship.
3. Review existing practices related to commercialization of any technologies resulting from uOttawa research, but more specifically from a partnership involving a partner in a LMIC.
4. Develop a feedback and response mechanism from IGHO global health partners, uOttawa FoM research partners and student exchanges to the FoM.
5. Outline a process to review educational curriculum for decolonization (checklist on reading lists and speakers).
6. Explore opportunities for bi-directional learning for Canadian-based faculty, graduate, postgraduate, medical students and IGHO partner institution faculty and students.
7. Review current pre-departure training and suggest framework to guide the process based on tenets of the Brocher Declaration.
8. Explore opportunities for the FoM efforts to align and advocate for fair research funding and practice within global health research partnerships.
9. Create a report.
10. Make recommendations for a faculty development strategy to ensure equity in global health across FoM partnerships, research and education.

Timeline of activities



Landscape scan

To understand the Canadian landscape with regards to the remit of the FAARE Taskforce, we conducted a brief landscape scan to understand the extent to which other universities in Canada had a dedicated committee to address antiracism, fairness or decolonization in global health. The remit of the scan focused on universities with medical schools. The scan was carried out between June and July 2022. Websites from a total of 15 universities were explored. Table 1 provides a summary of the findings. Please see the appendix for a full list of the results with website links. We noted there was variation in the terms used for these committees, including decolonization, global equity and host inclusivity.

Table 1 Summary of Canadian universities with a global health committee related to decolonization and/or antiracism

University	Name of committee	Faculty home	FAARE goals
Dalhousie University	No specific committee; decolonizing GH part of their GH office	Faculty of Medicine	Teaching/ education; partnership; advocacy/awareness
McGill University	No specific committee (Facebook group, talks, summer institute)	Faculty of Medicine	Teaching/ education; research; advocacy/awareness
McMaster University	Equity and Inclusion framework, various student-led committees	Faculty-wide	Teaching/ education; partnership; advocacy/awareness
Memorial University	No specific committee (student led GH Interest group; Certificate in Local and Global Health Equity)	Not part of Faculty of Medicine	Teaching/ education; partnership; advocacy/awareness
Queen's University	No specific committee (part of GH Research)	Faculty of Medicine	Teaching/ education; partnership; advocacy/awareness
University of Alberta	Anti-Racism Lab	Dept of Sociology, Faculty of Arts	Teaching/ education; partnership; advocacy/awareness
University of British Colombia	Anti-Racism and Inclusive Excellence Task Force	Faculty-wide	Teaching/ education; advocacy/awareness

University of Calgary	Indigenous, Local and Global Office Strategic Plan, 2021-4	Faculty of Medicine	Teaching/ education; partnership; advocacy/awareness
University of Toronto	Learner Equity Action and Discussion Committee (LEAD)	Faculty of Medicine	Teaching/ education; partnership; advocacy/awareness
University of Saskatchewan	Social accountability committee (unclear if global or local remit)	Faculty of Medicine	Teaching/ education; partnership; advocacy/awareness
Western University	Anti-racism Task Force	Faculty of Medicine	Teaching/ education; advocacy/awareness

While this is not an exhaustive list, it demonstrates the ongoing action and direction other Canadian Faculties of Medicine are taking in this area. In these cases, many of the FAARE goals are directed towards nationally focused decolonization activities and committees dedicated to equity, diversity and inclusion. These may not necessarily include global health focused activities. By indicating a purposeful focus on global health activities, the FoM has demonstrated both its leadership and intent to prioritize FAARE goals in its mandate.

Recommendations

1) The FoM is pioneering in its FAARE Taskforce among Canadian universities that have global health or public health programs. Leveraging the work of the FAARE Taskforce and using its convening power, we recommend the FoM collaborates with other universities (in Canada and abroad) that have similar programs. This will have a dual purpose of sharing and learning, as well as maximizing impact.
2) It is recommended the FoM make this report and the resulting steps available publicly on the IGHO website to highlight its strategic action in this area.

Education

Priorities

1. Review current pre-departure training and suggest framework to guide the process based on tenets of the Brocher Declaration.
2. Suggest steps to assist professors and instructors in global health to review their content and courses within the remit of FAARE goals.

Main findings

1. Review of pre-departure training and recommendations

Global health electives and international placements are common practice in many medical and educational institutions across North America. The benefits of such departures include exposing participants to unfamiliar medical settings, participating in research partnerships, building confidence in hands-on practical skills and gaining knowledge of different cultures and practices

around the globe. These are usually short-term trips taken to low- and middle-income countries (LMIC) with a fixed goal or learning objectives in mind.

Pre-departure training (PDT) is an essential component of preparing medical and graduate students as well as other trained professionals for placements outside of Canada. However, despite the increase in global health departures, there lacks a consensus of what constitutes PDT across programs. At the FoM, the PDT falls under the remit of the Internationalization and Global Health Office. As part of the uOttawa's internationalization and global health priorities outlined in the 2020-2025 Strategic Plan entitled "*Innovation for a Healthier World*," one of the primary goals is to identify gaps in Canadian PDT to facilitate a more fulfilling and inclusive global health experience for both participants and their international hosts and partners. Figure 2 suggests some of the proposed learning outcomes from PDT.

Figure 2 Adapted from Purkey and Hollaar (2016) figure on the organization of pre-departure preparation and post-return debriefing

To understand how PDT is carried out by other Canadian and American universities and by Canadian civil society organizations, a purposive outreach to selected institutions was carried out. An email was sent to various medical and public health schools across North America to gauge interest on discussing PDT success and challenges. Of those interested, one-on-one interviews with Global Health offices were coordinated. A rapid literature review was also conducted to incorporate findings from existing PDT research. The aim of this work was to 1) Learn from universities and non-profit organizations who implement PDT strategies that are proven to be successful and 2) Identify gaps and challenges to compile a list of best practices.

Almost all interviewed institutions experience challenges with student engagement, program organization and long-term partnerships. A range of programs and approaches were described and many programs reported their PDTs were undergoing revision following the onset of the COVID-19 pandemic.

Table 2 outlines recommendations arising from this work. By implementing the following practices, participants are more likely to recall information they learned, report an increase in mission preparedness and develop a genuine and lasting interest in global health.

Table 2 Results and recommendations on pre-departure training

Recommendation	Research
#1: In-person training	- Implementing a hybrid or in-person PDT is more effective in terms of engagement and information retention than providing training exclusively online. - For time management purposes, certain administrative topics can be taught online, such as how to obtain a visa, forms and vaccinations required before departure, etc. - Complex topics such as cultural competency, safety and security, social media etiquette, etc. are better taught in group settings.
#2: Engagement	- Didactic teaching often lacks participation and discourages active thinking processes. - The use of different sources such as articles, quotes, interviews, videos and guest speakers are better received than the traditional lecture approach. - The Catholic Health Association of the United States of America (CHAUSA) has developed a Video Case Series showcasing otherwise complex topics in a timely and professional manner.
#3: Partner relations	- International partners often feel under-represented in the selection process and training phase of departures. - To strengthen partner relations and increase participant outcomes, involving partners earlier on is essential for departure and ongoing mission success. - Options include matching students earlier, involving partners in student interviews, giving partners a list of names to choose from, etc.
#4: Ongoing feedback	- Collecting anonymous feedback from students throughout the PDT program is more useful than collecting feedback exclusively at the end. - Feedback may be collected in various formats such as surveys, mandatory journal entries, 1:1 sessions in-person or over-the-phone for sensitive topics, etc. - Offering options makes participants and hosts feel more valued and increases the chances of constructive feedback.
#5: Post-return debrief	- Post-return debriefs are designed to address participant concerns that may otherwise go unnoticed in surveys or other forms of digital feedback. - These sessions are meant specifically for students to share their experiences, both good and bad, with their peers. - Offering resources such as counselling services, options for self-management etc. at this stage is very important.

	- Ensures partners and hosts have opportunities to comment on their experiences with the trainee.
#6: Offer alternatives	- There are ways to get involved in global health without leaving the country, and these alternatives need to be shared as part of the application process. - Not all applicants to departure programs are successful; encourage those who are interested in global health to apply to different opportunities within the institution. - Options include remote research overseas, assisting in global health initiatives such as re-vamping existing protocols, assisting with departure logistics, etc.

2. Guidance for professors when developing courses

The aim of this goal was to identify tools that can help professors and instructors of the FoM global health courses to develop course content and courses considering decolonization and its power imbalances. Part of these imbalances also relate to how we consider knowledge and what content we include in our courses. Rowena Arshad writes:

> *Decolonising is not about deleting knowledge or histories that have been developed in the West or colonial nations; rather it is to situate the histories and knowledges that do not originate from the West in the context of imperialism, colonialism and power and to consider why these have been marginalised and decentred.*

Training the next generation of medical and public health professionals requires us to consider these ideas to ensure we are infusing our learners with an understanding of their positionality in the world and to provide relevant guidance for them in their current and future global health encounters.

Within the context of the Taskforce, we reviewed some resources that can help guide professors and instructors when creating courses and classes in global health. In addition to what is reviewed here, the FoM Office of Equity, Diversity and Inclusion (EDI) has recently developed guidance on increasing diversity in instruction within the FoM. These resources could be adapted to a global health learning context.

Two guidelines are outlined here in more detail: the American Association of Colleges & Universities (AAC&U) Global Learning VALUE Rubric and the Consortium of Universities for Global Health's (CUGH) Global Health Education Competencies Tool-Kit.

The AAC&U (n.d.) rubric uses the following framing language:

> *"Effective and transformative global learning offers students meaningful opportunities to analyze and explore complex global challenges, collaborate respectfully with diverse others, apply learning to take responsible action in contemporary global contexts, and evaluate the goals, methods, and consequences of that action. Global learning should enhance students' sense of identity, community, ethics, and perspective-taking. Global learning is based on the principle that the world is a collection of interdependent yet inequitable systems and that higher education has a vital role in expanding knowledge of human and natural systems, privilege and stratification, and sustainability and development to foster individuals' ability to advance equity and justice at home and abroad. Global learning cannot be achieved in a single course or a*

single experience but is acquired cumulatively across students' entire college career through an institution's curricular and co-curricular programming."

The following rubric has been adapted from the AAC&U Global Learning VALUE Rubric.

	Capstone	**Milestones**	
Global Self-Awareness	Effectively addresses significant issues in the natural and human world based on articulating one's identity in a global context.	Evaluates the global impact of one's own and others' specific local actions on the natural and human world.	Analyzes ways human actions influence the natural and human world.
Perspective Taking	Evaluates and applies diverse perspectives to complex subjects within natural and human systems in the face of multiple and even conflicting positions (i.e., cultural, disciplinary, and ethical.)	Synthesizes other perspectives (such as cultural, disciplinary and ethical) when investigating subjects within natural and human systems.	Identifies and explains multiple perspectives (such as cultural, disciplinary and ethical) when exploring subjects within natural and human systems.
Cultural Diversity	Adapts and applies a deep understanding of multiple worldviews, experiences and power structures while initiating meaningful interaction with other cultures to address significant global problems.	Analyzes substantial connections between the worldviews, power structures and experiences of multiple cultures historically or in contemporary contexts, incorporating respectful interactions with other cultures.	Explains and connects two or more cultures historically or in contemporary contexts with some acknowledgement of power structures, demonstrating respectful interaction with varied cultures and worldviews.
Personal and Social Responsibility	Takes informed and responsible action to address ethical, social and environmental challenges in global systems and evaluates the local and broader consequences of individual and collective interventions.	Analyzes the ethical, social and environmental consequences of global systems and identifies a range of actions informed by one's sense of personal and civic responsibility.	Explains the ethical, social and environmental consequences of local and national decisions on global systems.
Understanding Global Systems	Uses deep knowledge of the historic and contemporary role and differential effects of human organizations and actions on global systems to develop and advocate for informed, appropriate action to solve complex problems in the human and natural worlds.	Analyzes major elements of global systems, including their historic and contemporary interconnections and the differential effects of human organizations and actions, to pose elementary solutions to complex problems in the human and natural worlds.	Examines the historical and contemporary roles, interconnections and differential effects of human organizations and actions on global systems within the human and the natural worlds.
Applying Knowledge to Contemporary Global Contexts	Applies knowledge and skills to implement sophisticated, appropriate and workable solutions to address complex global problems using interdisciplinary perspectives independently or with others.	Plans and evaluates more complex solutions to global challenges that are appropriate to their contexts using multiple disciplinary perspectives (such as cultural, historical and scientific).	Formulates practical yet elementary solutions to global challenges that use at least two disciplinary perspectives (such as cultural, historical and scientific).

These elements can guide FoM faculty as they develop courses oriented to postgraduate students in global health streams and for medical trainees training in and considering global health learning opportunities. The milestones can be applied as part of the evaluation of both postgraduate students and medical trainees and can be considered for the overall assessment of students participating in the Global Health Certificate program within the FoM.

The Consortium of Universities for Global Health (CUGH) (2018) has developed a second edition of its *Global Health Education Competencies Tool-kit*. It outlines 11 domains, each with 38 specific competencies for global health learners at either the global citizen level or the basic operational program-oriented level. The Toolkit provides teaching strategies, key terms and resources (websites, articles and reports, study questions, videos, books, etc.) for each specific competency. This Toolkit is an excellent resource for professors and instructors reviewing their course content and can provide opportunities for alignment across different courses that focus on global health.

11 Domains of the CUGH Global Health Education Competencies

1) Global Burden of Disease
2) Globalization of Health and Healthcare
3) Social and Environmental Determinants of Health
4) Capacity Strengthening
5) Collaboration, Partnering and Communication
6) Ethics
7) Professional Practice
8) Health Equity and Social Justice
9) Program Management
10) Sociocultural and Political Awareness
11) Strategic Analysis

Other important considerations and guidance for FoM faculty in line with FAARE's remit are included in Table 3.

Table 3 Considerations for adapting course content in line with FAARE priority areas

Thematic area	Main findings
Representation in instruction and authorship of course materials	Increased representation of Black, Asian and minority ethnic people in curricula as instructors and authors within reading materials (Finn et al., 2021).
Diversity in visual representation in course and lecture materials	Increased visual representation of Black, Asian and minority ethnic people in course and lecture materials (Finn et al., 2021). This has also been highlighted in medical training materials where the lack of racial and skin colour diversity in textbooks has been suggested to risk perpetuating inequalities in healthcare (Finn et al., 2021; Louie & Wilkes, 2018). This must also consider diversity of visualization in roles (e.g., minority ethnic people should not be represented only as 'sick' or as 'cleaners' in the hospital, but should also be shown as doctors, nurses and administrators).
Training in cultural competency	Include cultural competency education as part of medical undergraduate training for all students interested in global health (Rapp, 2006). This has advantages for students who will work in clinical and public health within Canada as they increasingly serve a diverse cultural clientele. For the global health learner and practitioner, understanding how culture

	impacts health behaviour, health outcomes and perceptions of health care is key to providing care and programming in a culturally sensitive manner. Trevalon (2003) provides core components for training on culture in health for undergraduate medical students. This framework can also guide cultural learning for public health and postgraduate students. Recommend to also include an understanding of how religion and spirituality may affect and influence patients and community members as part of cultural competency training (Jain & Kassam, 2022; Klitzman, 2021).
Training on compassion in global health	Training for all learners on the importance of compassionate leadership. Learners should recognize some of the key internal barriers to compassionate leadership which include difficulty to regulate workload, perfectionism, lack of self-compassion and key external barriers which include excessive work-related demands, legacy of colonialism and lack of knowledge. By training compassionate global health leaders, FoM graduates will play an important role in ensuring global equity (Harrel et al., 2021).

Resources available at the FoM and other universities offer a variety of guidelines to guide curriculum review and development oriented towards global health as well as equity, diversity and inclusion (EDI). Those oriented towards EDI can be adapted to a global health approach. These and other specifically developed resources can be made available to faculty new to global health. These learning opportunities can be made available as part of Continuing Professional Development (CPD).

Some selected resources:

- University of Ottawa's Faculty of Medicine Equity, Diversity and Inclusion Office Resource page.
- Carleton University's (Canada) EDI Toolkit for Instructors outlines concrete and practical actions for the following areas: course outline, course website, in the classroom, assignment ideas, in-class activities and ongoing learning.
- University of Waterloo's School of Public Health Sciences (Canada) provides online resources for instructors to decolonize and indigenize teaching and learning.
- Keele University's (UK) Keele Manifesto outlines what decolonization of the university curriculum means—not only in practical terms but also with regards to philosophical underpinnings.
- The London School of Hygiene and Tropical Medicine (UK) has launched a community of students, staff and alumni (DGH-LSHTM) whose remit is to, "challenge the status quo in global health research, teaching and careers at LSHTM and in the countries where we live and work." Their newsletter and suggested actions for change can be found online.

Recommendations

1) Align the current redesign of the FoM predeparture training program according to the following six areas: in-person training, engagement, partner relations, ongoing feedback, post-return debrief and offering alternatives.
2) Institute a process of monitoring and evaluating with faculty by incorporating students and trainees in the redesigned predeparture training program to capture feedback and areas for reinforcement and improvement.
3) For existing and future global health courses, review and update core competencies for FoM global health students and trainees.
4) Provide a summary of guidance and simple checklists for professors and instructors teaching global health to assist them in their course reviews and development; make them available online for FoM faculty and others seeking guidance.
5) Explore potential collaboration with the FoM Office of EDI when developing guidance and checklists to ascertain alignment between global health and Canadian contexts.
6) Encourage international partners to be part of the selection process for international placements.
7) Provide resources and opportunities for faculty new to global health to reflect on cultural competency, power asymmetries (e.g. via CPD workshops) and the current FoM activities related to FAARE.
8) Ensure resources are available for students and trainees to reflect on cultural competency and power asymmetries within global health research, education and partnerships that go beyond pre-departure training (leverage opportunities to collaborate with the FoM Social Accountability office).

Research

Priorities

The following five priorities were identified by the Research task team. The current assessment is based on priorities 1-4.

1. Review current practices with regards to ownership of research between the FoM researchers and LMIC colleagues—defining guiding principles.
2. Review current practice for recognition of authorship at the FoM and recommend mechanisms to ensure fairness in order of authorship (avoid ‘stuck in the middle’) - defining minimum standards.
3. Use of knowledge (for practice)—how is this ensured / followed up by uOttawa faculty in their global health research activities?
4. Review of funding process, with focus on indirect cost sharing.

Main findings

1. Operationalization of the Brocher Declaration

The FoM at uOttawa was the first within Canada to sign onto the Brocher Declaration (see Box 1), which provides a statement of ethical principles to guide short-term engagements in global health. The Brocher Declaration has been endorsed by universities as well as non-governmental organizations around the world. Although its remit is not specific to research partnerships, the principles outlined in the declaration are applicable to global health research and training at the FoM. While the Faculty of Medicine signed the Brocher Declaration in October 2021, many working within global health research at the Faculty of Medicine may be unaware of the endorsement. As such, there are no checks and balances currently in place for researchers engaged in global health research initiatives. To fully adhere to the endorsement at the FoM, specific areas have been identified by the task team to operationalize the principles within the research domain: authorship, guiding principles for research partnerships, metrics to measure progress and transparency with regards to funding.

Principles of the Brocher Declaration

1) Mutual partnership with bidirectional input and learning
2) Empowered host country and community define needs and activities
3) Sustainable programs and capacity building
4) Compliance with applicable laws, ethical standards, and code of conduct
5) Humility, cultural sensitivity, and respect for all involved
6) Accountability for actions

2. Existence of frameworks to develop guiding principles for global health research

There are excellent frameworks to guide the development of the FoM guiding principles for global health research. These are written with research partnerships and aims in mind, and generally cover the continuum from research conceptualization through knowledge translation. Several are outlined below, with Table 3 combining the concepts across frameworks.

Prompted by their concern that there were no agreed-upon standards for Canadians engaged in global health research, the Canadian Coalition for Global Health Research (CCGHR)[3] held a series of consultations to develop guidance for the Canadian global health research community (Plamondon & Bisung, 2019). The CCGHR Principles for Global Health research include: authentic partnering, inclusion, shared benefits, commitment to the future and responsiveness to causes of inequities and humility (CCGHR, 2015).The TRUST Consortium (2018) has established a Global Code of Conduct for Research in Resource-Poor Settings. This framework complements the European code of conduct for research integrity with particular focus on research in resource-poor settings. The tenets are based on four areas: fairness, respect, care and honesty. The Swiss Academy of Sciences has developed a guideline outlining 11 principles and 7 questions

Figure 1: Six CCGHR Principles to Guide Global Health Research

[3] CCGHR was amalgamated with the Canadian Society for International Health to become the Canadian Association for Global Health.

to guide transboundary research partnerships (Stockli et al., 2014). This guide reflects a "continuous process" of knowledge generation, mutual trust and learning and shared ownership. Many of the concepts overlap between the three frameworks or guidance documents.

Table 4 Summary of concepts related to guiding principles for global health research

Concept	Description	Source
Fairness	- Local relevance of research; setting the agenda together - Ensuring good participatory practices (inclusion of community and research participants as well as local researchers throughout research process) - Meaningful and appropriate KT with local communities and participants; ensure KT is relevant to audience - Ensure fair compensation to local research support systems - Benefits of the research collaboration (papers, conference proceedings, patent rights, profits from discoveries, etc.) should be distributed as equally as possible and rules should be established early in the partnership when specific ownership rights are at stake	TRUST Consortium; 11 Principles; CCGHR Principles
Respect	- Cultural sensitivities should be explored with local communities and appropriate local experts with relevant contextual knowledge - Community assent should be obtained through recognized local structures - Local ethics review should be sought and local customs and approaches respected - Authentic partnering requires a strong foundation of trust	TRUST Consortium, CCGHR Principles
Care	- Informed consent should be tailored to local requirements - Clear and fair procedures for complaints and feedback - Research that would be prohibited or severely restricted in high-income settings should not be carried out in low-income settings - Measures must be taken to mitigate stigma, incrimination or discrimination for study participants - Ensure local resources and/or capacity is not depleted due to introduction of research activities - Issue of environmental protection, animal protection, etc. should always adhere to higher standard even if non-existent in local setting	TRUST Consortium

Honesty	- Clear and fair division of roles and responsibilities across partners, including capacity building plans for local researchers - Clarify responsibilities - Lower education standards, illiteracy or language barriers are not an excuse for inadequate communication with local communities, researchers or research participants - Zero tolerance for corruption and bribery - Data protection standards and compliance should be ensured at the highest level - Ensure transparency and foster the flow of information when sharing data; consider developing an incentive system to guide the process	TRUST Consortium; 11 Principles
Humility	- Awareness of positionality of research team members and positions of power and privilege - Promotion of learning and listening - Examination of how beliefs, assumptions, motivations manifest into what is done - Recognition of one's limitations	CCGHR Principles
Mutual learning	- Use existing monitoring and evaluation systems to not only evaluate progress and findings, but also as a reflection for internal evaluation of experience during research - Recognition of the diverse and rich spectrum of knowledge each partner brings to the research partnership - Consider how to enhance capacities of early career researchers, students and stakeholders during the research	11 Principles
Forward-thinking research	- Commitment to the future ensures global health research is focused on contributing to improving equity for current and future generations - Consider how global health research is oriented towards the Sustainable Development Goals, longer-term health and development goals and environmental goals	CCGHR Principles
Translating research into action	- In cases where research is results- or implementation-oriented, a phase of implementation or action should follow research to apply the findings - Researchers should engage early with potential users and their institutions to lay the necessary groundwork for uptake and application of findings	11 Principles

Adhering to the principles outlined in the above table will help minimize the inevitable asymmetry in research. It is rare to find research projects where there is equal resource contribution or

allocation, equal scientific capacity between partners and the same overall interests (Stockli et al., 2014). However, adhering to the principles outlined above will help mitigate the effects of asymmetries.

3. Metrics to assess global health research partnerships

To operationalize some of the principles of global health research outlined above, assessing current and future partnerships will be important. There are two tools which could be used for this purpose. The Equity Partnership Tool can be used within individual research partnerships and the Research Fairness Initiative tool can be used by the FoM to describe how it establishes partnerships based on fairness, transparency and durability. It is suggested any tool developed by the FoM as a result of Taskforce recommendations be done in consultation with our global health partners. This is in line with the tenets of empowerment evaluation whereby the evaluation process fosters self-determination (Fetterman, 2019).

Equity Partnership Tool (EQT)

Developed by Canadian researchers, the EQT can be used to guide the development of the research partnership. It is divided into four domains: 1) governance/process; 2) procedures/operations; 3) progress/impacts; and 4) power/inclusion. It is recommended to use this tool and its indicators periodically throughout the research partnership as the project evolves [EQT instruction manual]. Fifty-five questions in The Equity Focused Tool for Valuing Global Health Partnerships can support the dialogue necessary to assess the equity (or inequity) in the project (Larson et al., 2022).

The Research Fairness Initiative

The Research Fairness Initiative is based at the Council on Health Research for Development (COHRED). It is a service "to improve the fairness, efficiency and impact of research collaborations globally" (COHRED, n.d.). The RFI is designed to be a learning tool for organizations. The RFI Summary Guide outlines three domains for assessment, each with five major topic areas and each topic having three reportable indicators. The three domains are: 1) fairness of opportunity; 2) fair process; 3) fair sharing of benefits, costs and outcomes. The RFI Reporting Guide provides specific questions for each of the indicators. An organization may choose to produce an RFI report which can carry the RFI logo after validation. Universities involved in global health partnerships have published their reports online, allowing viewers to read their institutional progress towards these three domains.

4. Recognition of authorship within global health research

Authorship of scientific papers is one of the key elements reviewed as part of the tenure and promotion process and aids in the recognition or attribution of an area of thought or study to a researcher. While guidelines exist to identify authorship eligibility and position within research collaborations, there has been increased recognition that authorship in global health research has not been fair and demonstrates inherent power imbalances. A review by Bethany Hedy-Gauthier et al. (2019) sought to understand how local African authors were included in papers resulting from international collaborations, particularly as first or last authors. Studies have highlighted the persistence of power imbalances when it comes to the positioning of authorship, with some papers (15%) not including an author from the country where the research was carried out (Rees et al.,

2021). Similar findings were seen in earlier analysis across scientific papers related to tropical medicine, pediatrics, infectious diseases and parasitology (González-Alcaide et al., 2017).

Within the FoM, faculty working in global health research have been encouraged (informally) to note their global health partners who have co-authored papers in tenure and promotion documents. A similar practice has been seen for those with local community-based research collaborations. For early career researchers, the prime real estate of first or last authorship is important as they seek to establish their research portfolios and develop their tenure dossiers. However, a rational and fair process must guide the identification of those spots, including encouragement and benefit to the researcher for publishing together with their community partner (global health or other). Models that include joint first/last authorship can be promoted. Global health research collaborations rely heavily on their LMIC counterparts' community knowledge, cultural competency and understanding of the local context to carry out successful research (Smith et al., 2014). These 'softer' contributions to the final research outcome and products must be acknowledged.

Global health researchers at the FoM may want to consider publishing in journals that provide guidance or language related to authorship in papers resulting from research in LMIC settings. Rees et al. (2022) provide a table reviewing many prominent journals cataloguing where this guidance is available to authors.

5. Translating knowledge and generating action from evidence

Within the most recent collective agreement of the Association of Professors of the University of Ottawa 2021-2024 under Section 20.3 "Scholarly activities" it is listed:

20.3.5 "Knowledge mobilization is an umbrella term encompassing a wide range of activities relating to the production and use of research results, including knowledge synthesis, dissemination, transfer, exchange, and co-creation or co-production by researchers and knowledge users both within and beyond academia."

Several awards within the university (Knowledge Mobilisation Award) and the Faculty of Medicine (International Impact Award) provide recognition for professors who contribute to knowledge translation and exchange.

Within the context of global health research, much of the collaboration and evidence generation can be applied to the improvement of health in the country where research is carried out. Faculty and researchers working in global health (and other areas, in fact) at the FoM should be encouraged to include their knowledge mobilisation activities as part of their annual reports, CVs and tenure and promotion applications. Academic personnel and teaching committees, in turn, must also recognize the time commitment required to sufficiently carry out these activities. This directly responds to the Strategic Plan's commitment to improve health globally and locally by sharing research findings and evidence with parties that can use them.

6. Transparency in sharing indirect funds

Indirect funds provide institutions with flexible funding that allows for the maintenance of infrastructure, administration, development of new programs, etc. This kind of flexible funding

helps an institution sustain its research and education initiatives and support infrastructure development. Many global health research partnerships do not allow or consider sharing a proportion of the indirect costs with LMIC partners, thereby excluding them from the kind of funding they need to create sustainability and growth within their institutions. In their recent paper, Drs. Jessica E. Haberer and Yap Boum (2023) make a critical appeal to funders, particularly the National Institutes for Health (NIH), in taking steps towards addressing inequities through sharing indirect costs with LMIC institutions. They argue the fixed rate (8%) currently allowed by NIH for LMIC funded institutions is below what is needed by these institutions to carry out their research—particularly given economic instability, supply chain disruptions, fluctuating exchange rates and the costs required for dissemination of research. The authors suggest that with this rate and these constraints, carrying out NIH-funded research may come at a loss for some LMIC institutions.

At the FoM, we should reflect on how some indirect costs could be shared with LMIC partners in accordance with funding agency requirements. Within Canadian Tri-Council funding, indirect funds are shared directly with Canadian institutions and non-Canadian research partners are not eligible to receive any portion of indirect funds. Within research institutes affiliated with uOttawa, a negotiable approach to share a proportion of indirect funds has been allowed in some cases. The International Development Research Council (IDRC) allows sub-grantees to share in the total indirect costs allocated to a project as long as the total percentage of indirect costs is not exceeded. The Taskforce was not able to conduct a fulsome inquiry into this matter to identify granting agencies and mechanisms that would allow sharing of indirect costs. Furthermore, this is likely to be an issue that must also be reviewed from the central university standpoint. It is therefore recommended to carry out an assessment within the FoM to understand where opportunities and barriers exist.

Where funding agencies do not allow shared distribution of indirect costs, the FoM may play a key role in advocating a review of policies to promote structural changes needed to ensure fairness in global health research partnerships. In addition, in cases where sharing of indirect funds is not allowed by the granting agency, FoM researchers should consider how learning opportunities, knowledge translation or investment opportunities can be provided in alignment with the grant for LMIC researchers. These may include student learning exchanges to Canada, conference attendance, guest lectureships, publication costs, infrastructure investments (lab equipment, computers, software), among others.

Recommendations

1) Establish a set of guiding principles for global health research partnerships to promote the following: transparent contract negotiations; setting an agenda together; clarifying responsibilities; assigning accountability to research participants; promotion of mutual learning; sharing of data and networks; and pooling profits and merits from the grant (adapted from CCGHR Principles for Global Health Research and others and using the guiding values of fairness, respect, humility, care and honesty).
    a. In addition to guiding principles, we recommend developing with partners a set of indicators or systems of checks and balances to measure progress and review where these indicators can apply to fair partnerships.

2) Recommend the uOttawa FoM conduct a formal Research Fairness Initiative assessment for its preferred partnership initiative and make results available online.
3) Establish a feedback procedure or mechanism to ensure global health research partners and participants have a system to provide confidential feedback with regards to research partnerships (this is also applicable to the education and partnerships section). This mechanism can also aid in co-constructing creative solutions in disputes and can foster collaborative responses to challenges and opportunities.
4) Recommend uOttawa formally recognize shared authorship, KT and provision of mutual learning opportunities within global health research partnerships.
    a. Include dedicated funding available for conference travel for LMIC partners, guidance for promotion review to include comments or notes on the inclusion of global health partners as authors (government, research partners, stakeholders, global trainees).
    b. In alignment with recognized guidelines on authorship, develop specific authorship guidance for global health research endeavours at the FoM to help researchers navigate discussions about authorship with global health partners to ensure fairness in knowledge dissemination opportunities.
    c. Promote the new APUO inclusion of KT as part of scholarly activities.
5) Advocate within Canadian universities and funding agencies for more transparency on the allocation of a portion of indirect funds to be shared with LMIC research partners.
    a. Advocate for the inclusion of LMIC partner opportunities as part of the assessment of grants (could relate to infrastructure development, mutual learning opportunities, community development).
    b. Advocate with Canadian funding bodies to determine mechanisms to share a proportion of indirect costs with LMIC partner institutions.
    c. Carry out an assessment within the FoM and uOttawa central level to understand where opportunities and barriers exist within current funders to share indirect funds.
    d. Work within existing mechanisms like the University Advisory Council and the Association of Faculties of Medicine of Canada (AFMC) to raise this issue and support in wider advocacy efforts.

Partnerships

Priorities

The Taskforce identified a longer list of priorities that could be assessed under this section, but given the limited time and members' availability, we had to prioritize the four that were deemed critical. The current analysis is based on assessment of priorities 1–4 below.

1. Academic (both faculty and students) exchange reviewed from an equity and fairness lens, including recommendations.
2. Indicators of fair partnerships suggested and mutual accountability mechanisms and tools recommended.
3. Bi-directional exchange explored (with institutional partners)—what are the barriers? Facilitators?
4. Advocacy: Recommendations for a dedicated website (content, audience).
5. Review current uOttawa values, knowledge capacity sharing and mentorship as part of research partnerships and suggest future direction.
6. Indicators for measurement explored—which could be used by our LMIC partners?

7. Advocacy: What is happening in Canada—how can uOttawa ensure a Canada-wide focus?
8. Advocacy: uOttawa-wide linkages with other faculties and schools identified.

Main findings

The assessment included an online search of relevant articles, sources and material as well as interviews with representatives from various FoM departments, students and staff members. The Taskforce members' experience and personal observations have also been included in the following findings.

1. Academic exchange

An equitable and fair international exchange program ensures bi-directional learning between the global north and global south partners. In this approach, partner universities establish clear, equitable and pre-defined success indictors and measure their progress accordingly.

The FoM has an Interuniversity Global Health Partnership plan that aims to promote "cooperative relationships" and "mutually desired goals" between the FoM and its LMIC partners. This plan also acknowledges the interests and desires of LMIC partnerships in forming partnerships with high-income country (HIC) partners, such as the FoM. While this Interuniversity Global Health Partnership plan provides a great overarching framework for academic exchange programs, in practice, there are no formal academic exchange programs at the FoM at this time and student mobility for global health related activities is done via individual faculty member's research projects.

IGHO's Global Health Program also supports summer global health studentships for MD students, and more recently for graduate students, some of which involve travel to LMICs.

Information from faculty and students indicate that while many of these exchange programs are viewed positively, there are no intentional and systematic approaches to ensure the exchange program is equitable and fair between the FoM and its LMIC partners.

2. Indicators of fair partnerships

According to the Tropical Health and Education Trust (THET) principles, fair partnerships are characterized as strategic, harmonized and aligned, effective and sustainable, respectful and reciprocal, organized and accountable, responsible, flexible, resourceful and innovative, committed to joint learning and embedding equity and diversity.

While some of these elements are embedded in the FoM Strategic Plan and many other guiding documents, the FoM as a whole lacks a set of general indicators for measuring fairness and equity in its partnerships, particularly with LMICs.

3. Bi-directional exchange with institutional partners

Brocher Declaration principles emphasize "mutual partnership with bidirectional input and learning." Important features of bi-directional exchange include a structured program with routine monitoring and evaluation, a selection process for trainees, orientation and preparation built on

mutual respect and common priorities (Hutchinson et al., 2019). In the meantime, reciprocity does not necessarily mean 1:1 exchange; e.g., a LMIC partner may prioritize longer-term PhD training for fewer students while a HIC partner may prioritize shorter-term experiences for a larger numbers of medical or MSc level trainees (Pai, 2020; Yarmoshuk et al., 2018).

The FoM's endorsement of the Brocher Declaration in October 2021 signaled the Dean's support for bi-directional global health partnership activities. Also, since 2021, the Global Health Program within IGHO has made a purposeful move towards bi-directional exchanges with institutional 'preferred partners' in Tanzania and Benin. This includes focusing on student mobility to select partner institutions for medical and graduate learners undertaking global health experiences. Discussions have been initiated and plans are in place for student and faculty exchanges in 2023; incoming MSc and/or MD students will participate in educational activities and attend the Canadian Conference on Global Health.

Dedicated funding has been granted by the FoM to the Global Health Program to support bi-directional exchanges with preferred global health partners. However, this will only support a small number of students each year. Ongoing exploration of additional funding streams to support incoming students (e.g., Mitacs, and outgoing students, e.g., uOttawa Global scholarships) are also underway.

4. Advocacy – website

The FoM has a website for its International and Global Health Office (IGHO), with a subdivision for the Global Health Program. For the Partnership page, the information presented is limited and not all information is up to date. The page format could be improved as well.

Additionally, uOttawa has a main website regrouping international and Francophonie information. This does not link FoM information as it is aimed at all faculties.

The student body of the FoM (Student Association) has a website with some resources and information on global health electives and partnerships, but it is not always up to date.

The Taskforce also looked at other universities' Faculty of Medicine websites for global health partnerships:

- McGill University's Department of Family Medicine has an interactive website listing various partnerships by country and what opportunities and ongoing research activities are linked to that country. It was the most complete and comprehensive website reviewed. https://www.mcgill.ca/familymed/global-health/projects
- Queen's University School of Medicine has a list of collaborative projects through several departments. The partnerships are through departments only (e.g., radiology, dermatology). https://healthsci.queensu.ca/research/global-health/research-and-collaborative-projects
- University of Toronto has a FoM Global Health Partnership web page, divided by country and partner. It presents the partner, goal and description. There is also a collaboration section. Another tab lists international learning opportunities. Partnerships and Collaborations | Department of Family & Community Medicine (utoronto.ca)
- Université de Montréal's FoM has 49 partnerships in 16 countries. They are presented by country on their website. It seems the partnerships are limited to electives, divided by department or program. Relations internationales - ententes - Faculté de médecine - Université de Montréal (umontreal.ca)
- Overall, websites from other universities seem to be presenting their partnerships either by country or by targeted population (e.g., opportunity for UGME vs PGME vs research). Not all schools have active partnerships or updated websites.

Recommendations

The following are key recommendations that emerged under the partnership theme:

1) It is recommended that international exchange placements are done systematically based on a defined approach and objective that contributes towards a long term, impactful mission that is mutually beneficial for both the FoM and LMIC partner.
2) To be more accountable and transparent, we recommend new partnerships clearly outline the expectations and variables upon which they can be evaluated. Each partnership has its own expectations, and there is no one-size-fits-all (e.g., inputs/outputs: publications, grants, student mobility, capacity building, social accountability, intangibles—reputation, branding, etc.) situations. However, there could be minimum standard evaluation metrics that could then be supplemented by the individual partnership-specific evaluation frameworks that are established during the initial development phase. Both metrics should include specific equity and fairness indicators and measures. Furthermore, the partnerships should be regularly updated and reported on to the Executive Faculty Leadership Team.
3) Understand and address barriers—where possible—to incoming clinical observerships for medical students and residents related to available hospital spots.
4) Understand how clinical placements from uOttawa students disrupts the ecosystem of our LMIC partner institutions. Suggest mitigation measures.
5) As part of the minimum standard evaluation and specific indicators of equitable partnership, track the number of meetings, exchanges, funding applications, scientific communications, implementation of capacity building strategies, technical resource sharing and regular reflexive meetings to ensure we are on track and to ensure sustainability.

6) Partnerships—including their fairness and equity indicators—should be showcased in regular FoM global health events.
7) uOttawa's international partnerships outside of the FoM as well as Canadian partnerships should be included on the IGHO website in separate tabs to allow interested audience to explore as per their interest.
8) Outcomes and reports from previous and completed partnerships will allow for accountability and promotion of future collaborations and should be published.
9) Ensure partnerships align with the Sustainable Development Goals.

General Recommendations

In addition to the recommendations under three main themes, the Taskforce also identified a few general opportunities for the FoM that are summarized in the following recommendations:

1) A key next step for the work of the FAARE Taskforce is implementation of recommendations, coupled with creating an accountability system that reports back to the FoM leadership on a regular basis.
2) Linked to the above recommendation, it is recommended to integrate the recommendations of the FAARE Taskforce into the plan of action for the Strategic Plan. This will ensure that these recommendations are not parallel, and that they work hand in hand with the FoM's main plans. Recommend liaising formally with the FoM Research Office; the Office of EDI; the Office of Social Accountability; the Office of Continuing Professional Development (CPD); academic programs (PGME, UGME, undergraduate studies); central office; and uOInternational.
3) Promote shifts in language within global health activities. There are several day-to-day terminologies that have unfair, discriminatory or unpleasant connotations from a fairness and antiracism point of view. Below are a few examples of such terminologies and their alternatives:
    - Capacity sharing instead of *capacity building*
    - Funding partner or awardee rather than *grantee*
    - Site visit instead of *mission*
    - Site visit instead of *field visit*
    - End-user or partner population instead of *beneficiary*
    - End-users or partner population instead of *target population*
    - Frontline, underserved, hardest-to-reach rather than *vulnerable*
    - Survivors instead of *victims*

    This list is not exhaustive and would need to be expanded. We recommend the FoM assign the relevant department to review these terminologies and develop an evergreen "Inclusive and Antiracist Language Glossary" that could be made available on the FoM website. We also recommend the FoM promote these inclusive terminologies in the FoM's official communications, material and academic content. This work can be combined or done in concert with existing and ongoing initiatives within the Office of EDI and should include how different groups prefer to be addressed.
6) Create an algorithm of how the FAARE Taskforce recommendations will be implemented outlining where accountability lies for each action point.

7) Share Taskforce findings and create awareness within the wider university community with potential for adaptation (liaise with uOttawa Office of the Vice-President, International and Francophonie).

Alignment with the FoM Strategic Plan 2020-2025

The FoM at uOttawa has developed a Strategic Plan in 2018, *"Leading Innovation for a Healthier World,"* that prioritizes a solid and multidisciplinary academic foundation, with a focus on expertise, passion and innovation. The Plan was developed through a comprehensive consultation process that included input from all members of the faculty. This approach aligns with the recommendations of the Taskforce on Fairness and Antiracism to Enhance Academic Research, Partnerships and Education in Global Health (FAARE) that call for inclusive and equitable processes in all affairs of the FoM.

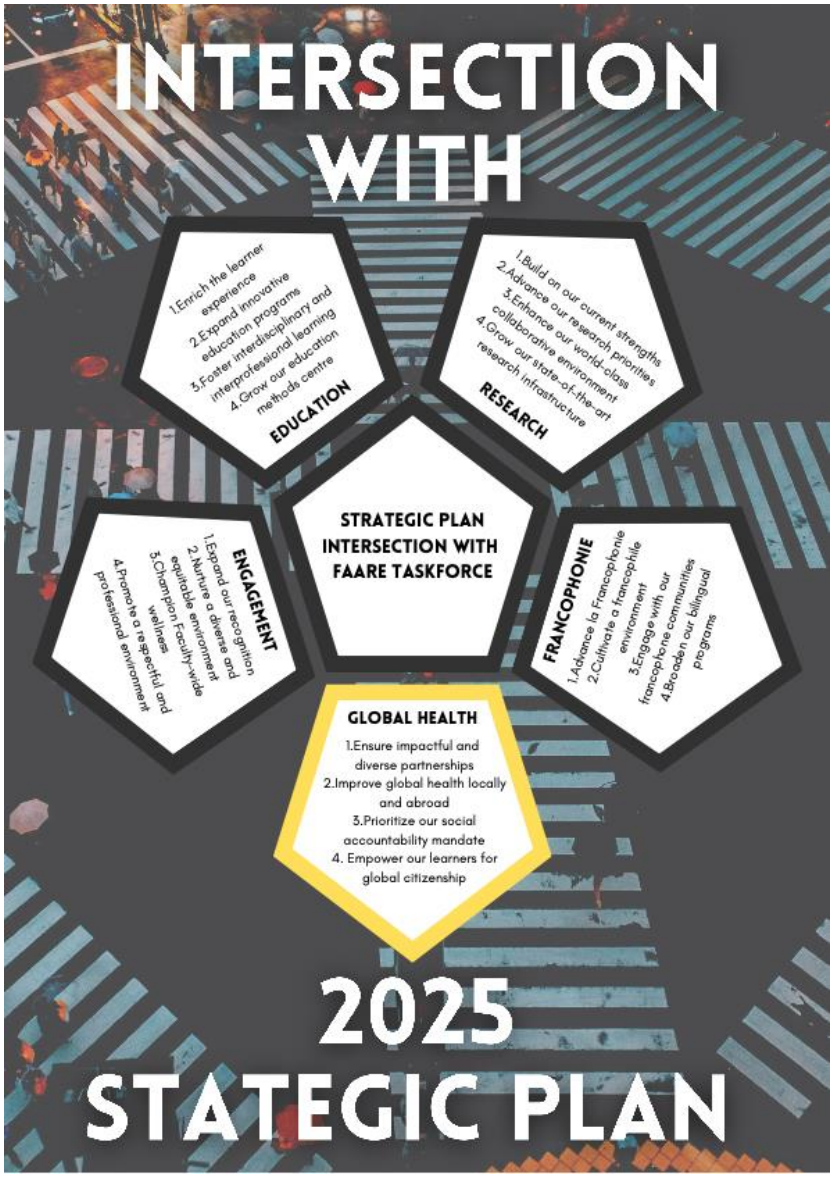
The FoM is already recognized as a leading medical school, consistently ranking among the top five in the country. Its unique feature of being the only bilingual medical faculty in Canada, and its commitment to providing superior medical education in both official languages, aligns with the FAARE Taskforce recommendations that call for the inclusion and representation of diverse communities in academic programs. This unique feature of the FoM also positions it to engage in diverse partnerships in many low- and middle-income countries, including Francophone Africa. Additionally, the FoM has an active commitment to equity, diversity and inclusion and has signed a number of international commitments, which is aligned with the FAARE's recommendation of incorporating antiracism in all aspects of academic research, partnerships and education in global health. The FoM also has a dedicated Office of EDI, which aligns with the FAARE's recommendation of creating dedicated offices to address discrimination and racism in academic institutions.

The FoM's research initiatives are also noteworthy, attracting 50-60% of the total research funding received at uOttawa and making it the most research-intensive faculty in Canada. Additionally, the FoM has strong partnerships with the academic health science centers in low- and middle-income countries and is increasingly recognized for its international presence, leading the way with academic partnerships across the globe. These initiatives align with the FAARE Taskforce recommendations that call for the promotion of research that address the health needs of marginalized communities both locally and globally. The FoM also has a specific program that focuses on the health of Indigenous peoples and communities which is aligned with the FAARE's recommendation of addressing health disparities and social determinants of health in marginalized communities. The FoM also has a specific program that focuses on global health, which is aligned with the FAARE's recommendation of creating programs that focus on global health and address health disparities across the globe.

Overall, the recommendations of the FAARE Taskforce for the FoM in its commitment to inclusive and equitable processes, representation of diverse communities in academic programs and promotion of research that addresses the health needs of marginalized communities in Canada and in LMICs, aligns with the FoM's strategic plan. The essence of the Plan and the recommendations of the FAARE Taskforce underscore that the FoM should continue to adapt and

innovate to meet the needs of its stakeholders and fulfill its social accountability mandate—particularly in the area of fairness and antiracism in academic partnership, research and education in global health.

More specifically, the diagram below shows the linkage between the Strategic Plan's priorities and the FAARE Taskforce recommendations:



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