

Centre for Equitable Global Health Research

Strategy Document, 2024-28

Last updated 30/04/2025

Background

The Centre for Equitable Global Health Research (CEGHR) at the Brighton & Sussex Medical School (BSMS) is a growing network representing more than 200 interdisciplinary researchers focused on research with, and in, ODA recipient countries. It brings together more than 25 partner institutions, across 23 countries, 21 of which are current Overseas Development Aid recipients¹. First launched in 2014, CEGHR is now one of [University of Sussex's 12 Centres of Excellence](#), which draw together world-leading experts and innovative approaches, creating a critical mass of knowledge, skills and training to prove that a challenge is only 'impossible until it's done'.

Aspiration

We aspire to improve global health by building a globally recognized, sustainable, and people-centered research network that models equitable partnerships and conducts rigorous, ethical, and impactful research on neglected health conditions in ODA countries.

Values

To achieve our aspiration, we will structure our activities around five core values. We will measure our success using outcomes that reflect these values.

1. Equity

We are committed to building and sustaining equitable global research partnerships, emphasizing decolonization where this is necessary. Our concept of equity goes beyond partnered institutions and researchers, encompassing relationships between researchers, research participants, and researched communities, and with the health systems that research supports.

2. Co-creation

We believe rigorous, context-specific, and impactful global health research can only be achieved through direct and ongoing engagement with the people and communities affected by our

¹ <https://www.oecd.org/content/dam/oecd/en/topics/policy-sub-issues/oda-eligibility-and-conditions/DAC-List-of-ODA-Recipients-for-reporting-2024-25-flows.pdf>

research, alongside local authorities, civil society, national Ministries of Health, and international policymakers.

3. Ethics and Honesty

We look beyond regulatory ethics and research governance concerns to think deeply about the relational ethics and power dynamics at play in the work we do. Rooted in recognition, support, and acceptance of others' ethical perspectives, our approach embeds honest reflection into all aspects of our practice.

4. Interdisciplinarity and Multi-Sectorality

We embrace interdisciplinary and multi-sectoral collaboration as the best means to tackle neglected health conditions affecting people in ODA countries. By connecting experts in laboratory science, implementation research, epidemiology, microbiology, genomics, health economics, anthropology, and policy analysis, we aim to maximize the direct relevance of our research to people's lives. We advocate for a broader, holistic view of health—one that extends beyond individuals to encompass social and planetary well-being—while prioritizing research that intersects with sectors such as education, agriculture, energy, transport, and justice.

5. Impact

We understand that global health research must create tangible impact, and as researchers, we have a responsibility to contribute to sustainable change by addressing neglected health conditions in ODA countries through equitable, ethical, and sustainable approaches.

Approach

In alignment with our core values, our approach prioritizes:

<i>Equity</i>	<p>Embedding Global South representation across CEGHR to ensure equitable, context-specific and responsive work that reflects each partner's perspectives and priorities.</p> <p>Developing partnerships with intention, guided by the Partnership Maturity Model—developed in collaboration with our Ethiopian partners—when forming new collaborations or strengthening existing ones.</p> <p>Actively involving people and communities affected in defining equity within research relationships.</p>
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	<p>Strengthening and integrating with existing health systems without adding pressure or diverting resources, ensuring research remains collaborative, sustainable, and responsive to local needs.</p>
<i>Co-creation</i>	<p>Placing the voices and experiences of people and communities affected by our research at the heart of the entire research cycle in meaningful and sustainable ways.</p> <p>Collaborating with national Ministries and actively contributing to policy discussions at local, national, and international levels before, during, and after research projects to drive lasting context-specific change.</p>
<i>Ethics and honesty</i>	<p>Engaging communities and stakeholders at every stage of the research process, ensuring their ethical perspectives and voices guide decisions.</p> <p>Fostering a culture of honest reflection and self-examination within research teams to critically assess ethical considerations and power dynamics, ensuring continuous learning and improvement from past mistakes.</p> <p>Transparent and collaborative decision-making that respects the ethical perspectives of all stakeholders, especially marginalized groups.</p> <p>Cultivating long-term, trust-based relationships that foster open discussions on these issues.</p>
<i>Interdisciplinarity and multi-sectorality</i>	<p>Establishing interdisciplinary research teams that integrate biomedical, social science, and policy expertise to address neglected health conditions in a holistic way.</p> <p>Developing mechanisms to enhance knowledge-exchange and collaboration among laboratory scientists, epidemiologists and specialists from across the humanities.</p> <p>Encouraging our partnerships to extend beyond the health sector, engaging stakeholders across diverse areas such as education, agriculture, energy, transport, justice and more to address the broader determinants of neglected health conditions.</p>
<i>Impact</i>	<p>Building context-specific expertise in academia, research management, inclusive public engagement and policy to strengthen our research</p>

	network’s capacity and drive sustainable change by tackling neglected health conditions in ODA countries.
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CEGHR Membership

Full Institutional Membership of the CEGHR is defined as partner institutions with a Memorandum of Understanding (MoU) or Research Contract in place with University of Sussex. Associate Members are those institutions aspiring to collaborate or with MoUs in progress. In the UK, the CEGHR’s centre of gravity is within the Department of Global Health & Infection (GHI) at BSMS², but also includes a further 60 researchers spread across departments at the University of Sussex³, University of Brighton⁴ and Institute of Development Studies⁵. ODA recipient countries in which there are active CEGHR partner institutes include Bangladesh, Cameroon, Colombia, Egypt, Eritrea, Ethiopia, Georgia, Guatemala, India, Nepal, Pakistan, Rwanda, South Africa, Sudan, Uganda and Zambia.

Governance

Executive Team – To take responsibility for the day-to-day running of the CEGHR and be accountable for its work. The Executive Team is made up of a BSMS Director and Deputy Director, a Non-Executive Director from a partner institution in the Global South (with a strategic, advisory role, but no formal accountability) supported by a part-time, core-funded post-doctoral research fellow and a part-time, core-funded administrative assistant.

Steering Group – To provide strategic direction for CEGHR during strategy development and hold the Executive Team accountable for meeting its aspiration and success metrics during the 5-year review in 2028. The Steering Group will provide feedback on successes and challenges within the CEGHR and will provide specific expert advice as and when required on an individual basis. The Steering Group is currently made up of the former Dean of BSMS, two global health academics independent of CEGHR, two ODA partner institute representatives, and an early career researcher representative.

² <https://www.bsms.ac.uk/research/global-health-and-infection>
³ <https://www.sussex.ac.uk>
⁴ <https://www.brighton.ac.uk>
⁵ <https://www.ids.ac.uk>

Partnership Board – To provide twice-yearly input ensuring CEGHR stays true to its aspiration and values in its approach and actions. The Partnership Board will advise on, and where appropriate, enable, opportunities for knowledge-sharing and engagement with key stakeholders and wider networks. In addition to representatives from across CEGHR, the Partnership Board will include representatives from the World Health Organization, relevant Ministries of Health, global health funders, non-government implementation and advocacy organisations, and people with lived experience of the health conditions the CEGHR focuses on.

Objectives, Actions and Measures of Success

Objectives	Actions	Measure of Success	Deadline
Facilitate knowledge exchange across CEGHR	Initiate and promote JISC mailing list: JISCMAIL - EQUITY List at WWW.JISCMAIL.AC.UK Host thrice-yearly hybrid meetings.	Mailing list set up. List used by >50% of CEGHR partners. Meetings held.	Done 01.09.2025 Each year, to 2028.
Embed Global South representation	Appoint Non-Executive Director (NED) from Global South. Establish Partnership Board representing wider stakeholders.	NED appointed Board established. Partnership Board meets twice-yearly.	01.05.2025 01.07.2025 Each year, to 2028.
Communicate work to external stakeholders	Maximise existing social media presence across CEGHR	10% annual increase in LinkedIn impressions	Each year, to 2028.
Map civic engagement partners	Collate information from across the CEGHR on non-academic partners.	Completed civic engagement stakeholder mapping.	31.12.2025
Increase interdisciplinary collaborations	Conduct workshops on cross-cutting areas to facilitate exchange.	Interdisciplinary workshop held annually.	Each year, to 2028.
Increase grant income	Facilitate cross-CEGHR grant applications.	A minimum of three significant (>£1m) grant applications submitted per year.	Each year, to 2028.
Develop grant-writing capabilities among Early Career Researchers (ECRs)	Offer bespoke grant-writing support for ECRs for grant proposals meeting the following criteria – <ul style="list-style-type: none"> • Demonstrated commitment to our five core values; • Includes at least one member of GHI at BSMS; • Includes at least one partner institution in an ODA listed country; 	A minimum of three ECRs from any member institution offered bespoke training per year.	Each year, to 2028.

	<ul style="list-style-type: none"> Aligns with at least one of the areas of research strength identified on the GHI webpages; Uses an approach in which GHI expertise exists (e.g. implementation research, spatial epidemiology, microbiology, genomics, health economics, anthropology, policy analysis); Grant value \geq£100k 		
Increase translation of research	Encourage and support training in research innovation and commercialisation.	At least 20 academics across CEGHR receive innovation training through FLIGHT Business Development Manager.	30.06.2026
Increase impact	Strategic involvement in external working groups (e.g. WHO Committees, cross-NGO networks).	At least one Centre member strategically placed in each relevant external working group.	Each year, to 2028.

Risks and Mitigation Strategies

Globally, a range of challenges continue to emerge, threatening global health research. The funding landscape is shrinking while insecurity, extreme weather events and economic shocks multiply. Since inception, CEGHR partners have experienced numerous challenges in conducting and translating research, and these are likely to increase. Mitigating strategies are implicit in our objectives and will include diversifying CEGHR funding streams, through, for example, identifying applications with implementation partners to non-academic funders and relevant commercial funders. We will also strengthen mechanisms to enable partners to be flexible and adapt research in response to conflict, outbreak control and climate-related problems. Horizon-scanning for non-government streams will be a standing item at our thrice-yearly CEGHR meetings.