

Breaking barriers:

Empowering researchers from low- and middle-income countries in global health communication

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Abstract

This feature explores the author's experience in supporting researchers in low- and middle-income countries (LMICs). After years of honing her skills in both basic research and medical writing, Julie Chaccour transitioned into a position in research management, where she occasionally gets to apply her expertise to help address disparities in scientific authorship. The author describes an especially rewarding experience of facilitating a three-day workshop to a diverse team of social science researchers. Efforts like the one described highlight the importance of structured support for LMIC researchers in expanding their contributions to the scientific community.

My background

I began my career as a medical writer both because I wanted to blend my passions for research and literature and because medical writing offered flexibility when I needed it most. Looking to learn from the experiences of others, I joined EMWA in 2012 and quickly appreciated the close-knit community. At EMWA conferences, I observed that many people initially approach medical writing with a relatively narrow pharmaceutical or regulatory frame of mind. However, the field actually provides a broader

range of opportunities, especially in academic medical writing, where I have developed my professional expertise. The need for trained medical writers is evident.

But could I carve a niche by transferring my knowledge of the pharmaceutical and medical device industry to a field as seemingly distant as global health? The challenges inherent in global health have motivated me since the beginning of my formative years. Global health is most commonly defined as "an area for study, research and practice that places a priority on improving health and achieving equity in health for all people worldwide".¹ Thus, my university studies were aimed at paving the way into vaccine development for underserved communities and neglected diseases. My actual work experience, however, opened my eyes to the many hurdles young researchers from low- and middle-income countries (LMICs) have to overcome on their way to "improving health and achieving equity in health for all people worldwide".

Persistent disparities in authorship

Just as health disparities are rooted in fundamental social, political, and economic inequalities, so is the representation of LMIC authors in scientific communication. The scientific literature is heavily dominated by researchers based in the US, UK, and Europe, whereas the remaining 88% of the world's population produces less than 12% of the scientific literature.²

Now, even though LMIC authors are increasingly contributing to reporting the results of global health research, true representation, especially in leading authorship positions, remains inadequate,³⁻⁵ which has important

ramifications for the attention given to health issues in LMICs. There are many reasons for this disparity but one way we can address this as medical writers is to expand the skill set of young researchers to successfully take the initiative in publications.

I previously shared with EMWA some insights from a four-month stint in Mozambique in 2015,⁶ which then led to a position as scientific coordinator of the Centro de Investigação em Saúde de Manhiça (also in Mozambique) 2017 through 2018. This role integrated many functions of institutional research support, one of which was identifying and ameliorating bottlenecks in the publication of research results. The training I had received from EMWA was instrumental in this endeavour.

Tailored writing support for global health researchers

During my two years in Mozambique, the Bill and Melinda Gates Foundation pledged financial support for a global programme aimed at identifying the real (not estimated) causes of mortality in children in LMICs. Called the Child Health and Mortality Prevention Surveillance, or CHAMPS, the programme generates data that are crucial for designing the right interventions to combat preventable deaths worldwide. To determine the causes of death, the programme uses an innovative, minimally invasive method instead of traditional autopsies.⁷ Being of such delicate nature, the success of this programme hinges on the day-to-day labour of teams of sociologists and anthropologists who prepare its implementation in communities.

The coordinators of the initiative told me about the impressive data collection and



community engagement the global teams were accomplishing in the field but stressed that their teams would benefit from getting structured in-person training in communicating their work. We opted to leverage the global CHAMPS Network meeting in Addis Ababa, Ethiopia, to ensure maximum participation. A key challenge was that, while many participants had a humanities background, their target audience consisted primarily of scientists and healthcare professionals. Together, we identified the essentials to be covered in Addis Ababa in a short timeframe and tailored a three-day workshop to suit the different skill levels of participants from nine African and Asian LMIC countries.

While I am much more comfortable in the biomedical sciences where I do the large majority of my writing and editing, this particular workshop challenged me to do extensive background reading on conventions in the social sciences regarding study design, data analysis, and publication formats. On a side note, one of

the perks of working in medical writing is that you never stop learning. Therefore, in addition to the usual elements of my workshops (structuring papers, writing abstracts, improving flow and style, overcoming writer's block, and understanding publication ethics), we covered how to formulate research questions and concrete objectives and how to develop concept notes for qualitative studies. I then worked individually with researchers on their manuscripts in progress, which was very appreciated, as their different levels required much different input. While some struggled to structure their introduction, more advanced researchers wanted feedback on the clarity of particular sections or input on the editing process.

This close collaboration also opened my eyes to the significance of their work; their insights and anecdotes left a lasting impression on me. We then made concrete plans for virtual follow-up meetings a month later to ensure accountability. Ideally, as the facilitator of such a workshop

I would suggest accompanying researchers in the long term but unfortunately, only the largest and most affluent institutions can afford a fixed writing support position.

Conclusion

Overall, the experience has been immensely rewarding and relevant, and I am eager to engage in similar opportunities more frequently. Yet such research support is often not contemplated in the budget of global health projects. I firmly believe the LMIC researchers involved in these projects need the necessary support to give a voice to their research and challenge the authorship inequalities prevailing in international collaborations despite ongoing calls to decolonise global health. To all my fellow medical communicators, I invite you to consider the value and potential impact of transcending the traditional boundaries of the medical writing world.

Table 1. Challenges and rewards of working with authors from low- and middle-income countries

Challenges	Rewards
<ul style="list-style-type: none"> It may be difficult to determine the “baseline” of the authors when designing a workshop. Often, LMIC authors do not enjoy formal scientific writing training in their university years. 	<ul style="list-style-type: none"> You benefit from a fresh and “unspoiled” audience that is motivated to absorb as much as possible and apply what they have learned.
<ul style="list-style-type: none"> Opportunities are rare. The funding for formal training in scientific writing has to be identified and may come from limited project funds. However, “capacity building” has become a more frequent budget item, so there is hope. 	<ul style="list-style-type: none"> A wealth of data is collected as part of larger research projects in many LMIC countries but is yet to enter the public sphere. Enabling local researchers to publish them is an indirect contribution to the pathway to improving health in these countries.
<ul style="list-style-type: none"> Some LMIC authors are non-native English speakers and workshops should keep this in mind. 	<ul style="list-style-type: none"> You get to see the impact of your work up close and celebrate the many wins of “your” authors on their way to becoming cited researchers.
	<ul style="list-style-type: none"> You receive opportunities to broaden your personal horizon and learn about the amazing work done by skilled researchers from LMICs.

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The opinions expressed in this article are the author’s own and not necessarily shared by her employer or EMWA.

Disclosures and conflicts of interest

The author declares no conflicts of interest.

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