



BMJ Open is committed to open peer review. As part of this commitment we make the peer review history of every article we publish publicly available.

When an article is published we post the peer reviewers' comments and the authors' responses online. We also post the versions of the paper that were used during peer review. These are the versions that the peer review comments apply to.

The versions of the paper that follow are the versions that were submitted during the peer review process. They are not the versions of record or the final published versions. They should not be cited or distributed as the published version of this manuscript.

BMJ Open is an open access journal and the full, final, typeset and author-corrected version of record of the manuscript is available on our site with no access controls, subscription charges or pay-per-view fees (<http://bmjopen.bmj.com>).

If you have any questions on BMJ Open's open peer review process please email info.bmjopen@bmj.com

BMJ Open

Expectations and experiences of a global mental health research programme: A prospective longitudinal evaluation

Journal:	<i>BMJ Open</i>
Manuscript ID	bmjopen-2021-059590
Article Type:	Original research
Date Submitted by the Author:	26-Nov-2021
Complete List of Authors:	Rajabzadeh, Vian; Queen Mary University of London, Unit for Social and Community Psychiatry, WHO Collaborating Centre for Mental Health Services Development McGrath, Michael ; Queen Mary University of London, Unit for Social and Community Psychiatry, WHO Collaborating Centre for Mental Health Services Development van Loggerenberg, Francois; Queen Mary University of London, Unit for Social and Community Psychiatry, WHO Collaborating Centre for Mental Health Services Development Bird, Victoria; Queen Mary University of London, Unit for Social and Community Psychiatry, WHO Collaborating Centre for Mental Health Services Development Priebe, Stefan; Queen Mary University of London, Unit for Social and Community Psychiatry, WHO Collaborating Centre for Mental Health Services Development
Keywords:	MENTAL HEALTH, International health services < HEALTH SERVICES ADMINISTRATION & MANAGEMENT, Organisational development < HEALTH SERVICES ADMINISTRATION & MANAGEMENT

SCHOLARONE™
Manuscripts



I, the Submitting Author has the right to grant and does grant on behalf of all authors of the Work (as defined in the below author licence), an exclusive licence and/or a non-exclusive licence for contributions from authors who are: i) UK Crown employees; ii) where BMJ has agreed a CC-BY licence shall apply, and/or iii) in accordance with the terms applicable for US Federal Government officers or employees acting as part of their official duties; on a worldwide, perpetual, irrevocable, royalty-free basis to BMJ Publishing Group Ltd ("BMJ") its licensees and where the relevant Journal is co-owned by BMJ to the co-owners of the Journal, to publish the Work in this journal and any other BMJ products and to exploit all rights, as set out in our [licence](#).

The Submitting Author accepts and understands that any supply made under these terms is made by BMJ to the Submitting Author unless you are acting as an employee on behalf of your employer or a postgraduate student of an affiliated institution which is paying any applicable article publishing charge ("APC") for Open Access articles. Where the Submitting Author wishes to make the Work available on an Open Access basis (and intends to pay the relevant APC), the terms of reuse of such Open Access shall be governed by a Creative Commons licence – details of these licences and which [Creative Commons](#) licence will apply to this Work are set out in our licence referred to above.

Other than as permitted in any relevant BMJ Author's Self Archiving Policies, I confirm this Work has not been accepted for publication elsewhere, is not being considered for publication elsewhere and does not duplicate material already published. I confirm all authors consent to publication of this Work and authorise the granting of this licence.

Expectations and experiences of a global mental health research programme: A prospective longitudinal evaluation

Rajabzadeh V^{1*}, McGrath, M¹, van Loggerenberg F¹, Bird VJ¹, Priebe S¹

¹ Unit for Social and Community Psychiatry, WHO Collaborating Centre for Mental Health Services Development, Queen Mary University of London, London, UK

*Corresponding author

Email: vian.rajabzadeh@qmul.ac.uk

Address: Unit for Social and Community Psychiatry (WHO Collaborating Centre for Mental Health Service Development), Queen Mary University of London, Newham Centre for Mental Health, London E13 8SP, United Kingdom

Funding: National Institute of Health Research (NIHR) and Queen Mary, University of London

Word count: 5063

Abstract word count: 297

Key questions: 166

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Abstract

Objectives: Global health research collaborations between partners in high-income countries (HICs) and low-middle-income countries (LMICs) aim to generate new evidence, strengthen research capacity, tackle health inequalities and improve outcomes. Previous evaluations of such programmes have identified areas for improvement, but consisted only of retrospective experiences. We conducted the first prospective study to assess the initial expectations as well as the final experiences of participants of a global health research programme.

Design, settings and participants: This study adopted a prospective longitudinal qualitative study, 38 participants of a global mental health research programme with partners in Bosnia-Herzegovina, Colombia, Uganda, and the United Kingdom (UK).The interviewees included senior investigators, coordinators, and researchers. Framework analysis was used to analyse the data.

Outcome measures: Participants were interviewed about their initial expectations at the inception of the research programme and their final experiences at the end.

Results: Many of the original expectations were later reported as met or even exceeded. They included experiences of communication, relationships, developed research expertise, further research opportunities and extending networks. However, other expectations were not met or only partially met, mainly on developing local leadership, strengthening institutional research capacity, and opportunities for innovation and for mutual learning. Around equity of partnership and ownership of research the views of participants in the UK tended to be more critical than those of partners in LMICs.

Conclusions: The findings suggest that global health research programmes can achieve several of their aims, and that partners in LMICs feel equity has been established in the partnership despite the imbalance of the funding arrangement. Aims of global health research projects should have a realistic focus and be proportionate to the parameters of the funding arrangement. More resources and longer time scales may be required to address sustainable structural capacity and longstanding local leadership sufficiently.

Data availability statement

No additional data available

Keywords: global mental health, global health, international collaboration, capacity strengthening

Strengths and Limitations

- To our knowledge, this is the first longitudinal qualitative exploration of expectations and experiences of a GMH collaboration exploring partnership dynamics throughout implementation.
- Social desirability bias may have played a role in the responses of the participants involved in the collaboration
- The findings are derived from only one research collaboration which is specific to mental health research, therefore one must be cautious when drawing overall conclusions
- The initial interviews took place at the inception of the group's formation, and it was only the senior investigators who were awarded the funding, therefore these interviews depict mostly the expectations of these individuals

Background

Global health research collaborations between organisations in high-income countries (HICs) and low-middle-income countries (LMICs) commonly pursue several aims. These can include generating new research evidence, strengthening the research capacity in LMICs, tackling health inequalities across and within countries, and improving the quality and outcomes of health care in LMICs. Previous research has developed frameworks to guide such collaborations and identified critical areas for successful, sustainable, and equitable cooperation (1–4), including funding arrangements, rules for authorship of publications, the ownership of research, the contributions of different stakeholders to the research and implementation process, and the building of lasting research capacity in LMICs.

These frameworks were derived from retrospective evaluations of global health research projects, capturing participants' experiences at a cross-sectional time point, usually after the completion of the project (5). To our knowledge, there has been no prior research that assessed initial expectations and assumptions about a global health research project of a range of participants in both HICs and LMICs as well as their experiences at the end of the project (1,6). Prospective longitudinal evaluations can explore how views changed over time and to what extent initial expectations were or were not met. This may help to develop realistic expectations from the beginning and manage expectations during the research to maximise a sense of achievement and reduce potential frustration. Such evaluations should consider the views of different types of

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

participants in the research, i.e. senior researchers, managers, and researchers who implement the study designs on the ground.

Against this background, we conducted a prospective longitudinal qualitative evaluation of a Global Mental Health Research programme with partners in Bosnia-Herzegovina, Colombia, Uganda, and the United Kingdom (UK). The programme focused on developing and testing resource-oriented interventions for people with severe mental illnesses in the three participating LMICs, and this evaluation explored and compared initial expectations and later experiences of the partners.

Methods

Setting

This study evaluated the work of a research programme funded by the National Institute of Health Research (NIHR) in the UK. The NIHR Global Health Research Group on ‘Developing Psycho-Social Intervention for Mental Health Care’ (GLOBE; August 2017 to March 2022) comprises partners in Sarajevo (Bosnia-Herzegovina), Bogotá (Colombia), Kampala (Uganda) and London (UK), thus including partners in LMICs based in three continents. Further partners in Buenos Aires (Argentina), Karachi (Pakistan) and Lima (Peru) joined the programme later and participated in only very limited activities so that they were not considered in this evaluation. GLOBE aimed to foster relationships between experts in HICs and LMICs and work with local stakeholders to develop and test three resource-oriented interventions for patients with severe mental illnesses. Resource-oriented interventions aim to mobilise and utilise resources that already exist in communities, families and health care systems.

The three interventions were 1) Befriending through volunteers; volunteers regularly met individual patients or small groups of them to provide psychological, social and practical support; 2) Multi-family groups: several patients with family members or friends had regular meetings guided by a mental health professional to exchange experiences and encourage mutual support and learning; and 3) DIALOG+: clinicians and patients used an app-supported intervention to turn routine meetings into therapeutically effective interventions (7).

The adaptation of each intervention and the design of the study protocols involved local stakeholders – i.e. patient groups, clinicians, service managers and policymakers - to ensure appropriateness and practical relevance for the given context. Each intervention was provided for six months with a further six month follow-up period. The overall protocol and results of studies have been published elsewhere (8,9). GLOBE also sought to provide capacity strengthening

activities, including regular meetings with senior researchers and research assistants in all LMICs, placements of researchers in the coordinating centre in London, monthly seminars, and extensive training covering the management and analysis of qualitative and quantitative data using relevant software programmes.

Study design and sampling

In a prospective longitudinal qualitative evaluation, we assessed the expectations and experiences of the NIHR Global Health Research Group. Two interviewers conducted two rounds of semi-structured one-to-one interviews, between June and December 2017 at the group's inception and between September 2020 and February 2021 towards the end of the programme.

Participants included senior investigators, project managers and researchers, all involved in the setting up and delivering GLOBE. Most of the interviews on expectations were in-person and took place in each participant's country. Due to the COVID-19 pandemic, interviews on experiences were all conducted online.

Data collection

All interviews were conducted in English using semi-structured interview guides. The guide for the initial interviews addressed individual expectations, concerns and anticipated challenges of the global mental health research collaboration in GLOBE. The findings informed the guide for later interviews on the experiences (see Additional file 1: Appendix A for the topic guide).

On average, interviews lasted 50 minutes (range: 30-70 minutes). All the interviews were recorded on two different devices and transcribed ad verbatim. Written informed consent was obtained from all participants. The Ethics Committee of Queen Mary, University of London, approved the study (QMREC2047a).

Data analysis

Transcripts were imported into NVivo 12 and analysed using framework analysis (10). Initial interviews on expectations were analysed first, with the results informing the interview guide for the interviews on experiences.

Initial interviews on expectations were read several times to ensure familiarity and identify the key themes. Codes were developed and refined until no new aspects were identified and organised into a thematic framework, which the experiences were compared against. Codes for both sets of interviews were first developed by one researcher (VR), and 40% of the transcripts two secondary reviewers (FvL, MM) conducted independent coding and theme development to

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

ensure trustworthiness of the findings. The results were regularly discussed in the team of authors who were all involved in global health research, had grown up on different continents, had different clinical and non-clinical backgrounds and were at different stages of their career, and also in the wider multi-disciplinary research group of the Unit for Social and Community Psychiatry.

Patient and public involvement

It was not appropriate to involve patients or the public in the design, or conduct, or reporting, or dissemination plans of our research.

Results

Sample characteristics

Thirty-eight participants were interviewed (for professional characteristics see Appendix B). Initial expectations were assessed in 19 and experiences in 30 interviews. Thus, there were 49 interviews in total, with 11 participants being interviewed about both initial expectations and later experiences. Three participants who for different reasons left the programme midway were also interviewed about their experiences to include potentially more negative views of participants who discontinued their involvement.

Overall framework

The overall framework, presenting the main expectations derived from the interviews, is shown in Table 1.

[insert table 1]

Table 2 shows how the experiences fit into the following categories: (i) expectations met; (ii) expectations exceeded; (iii) expectations partially met, and (iv) expectations not met. The results section is structured using this categorisation and additional quotes to illustrate each category are provided in text boxes (Tables 3-6).

[insert table 2]

Expectations met

Clear, regular, transparent communication

The respondents hoped for clear, ongoing communication amongst the wider research group to ensure a joint commitment to the programme.

Communication is so important to make sure there are no misunderstandings and people remain committed to the programme. (R-16 Ugandan Senior Investigator expectations)

I think productive communication needs regular communication. (R-32 UK Senior investigator expectations)

Transparency was hoped for to ensure a shared understanding of all processes within the project, particularly for those who had worked in previous collaborative projects where they reported that important processes were kept hidden.

There were many other projects also regional I was involved in. [...] All these projects were done behind closed doors. [...] And this happened as I said is the general culture in our country. [...] I'm not saying that everyone should be involved, but some transparency should be there. (R-02 Bosnian Researcher's expectations)

All participants felt that clear communication was sustained throughout. The regular meetings enabled a collective awareness throughout the programme, which many acknowledged as valuable.

So I think the facilitators of the project have maintained open communication lines, in that anytime you have a challenge, you can reach out. (R-20 Ugandan Coordination/management experiences)

And when we hear about the work in different places, I think it's important for the group's creativity. (R-07 Colombian Coordination/management experiences)

LMIC partners felt that being involved in the initial stages of setting up the studies, ensuring all were copied in on correspondence relevant to them, and an explicit authorship policy contributed to the transparency experienced.

I would say yes especially with the UK team and our local team and the PI, there was transparency [...] You were present at our meetings with the finance team, with the admin team. So we always knew what was happening. (R-04 Bosnian Researcher experiences)

Relationships based on mutual respect and trust

Given that participants would be working across different contexts, it was expected that relationships convey mutual respect, display cultural sensitivity, and accommodate different working styles.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

It's about the people, the relationship that you develop with people once it is solid, then you can always move forward. (R-22 Ugandan Senior Investigator expectations)

Many participants experienced mutual respect in relationships, to the extent of facilitating new research opportunities. One researcher reflected on their role in developing new research studies as an extension to the original GLOBE study:

My opinion was respected. My ideas were respected. And the idea to research DIALOG+ in primary health care was mine. So yes, I feel quite respected. (R-01 Bosnian Senior Investigator experiences)

Language as a barrier

Language was also identified as a potential concern in the context of working across multiple countries, especially with the partner groups being expected to understand and relay complex information to the rest of the group when needed, and articulating ideas during the teaching weeks.

But really understanding takes time. So that's one barrier. Language is another barrier. Communication and everybody because communication doesn't work smoothly. (R-06 Colombian Senior Investigator expectations)

Despite initial concerns, individuals did observe how language impacted on the capacity to work collaboratively and communicate effectively across the countries.

The other thing is that language is a huge barrier. So, when you ask about mutual learning, about collaboration, they face a barrier in the language. (R-06 Colombian Senior Investigator experiences)

Developing research expertise

Individuals expected to develop their understanding of research methods and designs and learn how to conduct high-quality research.

And this is also rewarding because we'll develop methodological skills and research-related skills like writing papers or projects or applying for funds (R-01 Bosnian Senior Investigator expectations)

Many respondents outlined the specific research skills they gained from the collaboration, including defining and standardising procedures to ensure consistency and reduce errors when implementing specific tasks.

I learned about the protocols, and how we make protocols for everything, and present that information to the sites. I didn't do that kind of work before, and I think it was very useful ...(R-07 Colombian Coordination/management experiences)

Publications and dissemination

Publications were considered a vital output of the research collaboration, allowing researchers to exhibit competency to the research community, and support career development.

So I think that comes from other research because they are very important for the careers, for us recently publishing has become more important. (R-06 Colombian Senior Investigator expectations)

Experiences of the publication process were perceived as positive. Early-career researchers from LMIC partners were given the opportunity to be the lead author on papers and contribute contextual insight gained from working directly with the intervention and its recipients.

We were given an opportunity to write [...] do the literature review, and be genuine with what has been happening in the hosting community. (R-27 Ugandan Researcher experiences)

Expectations exceeded

Commitment to the research

Since not all researcher assistant had been recruited when senior researchers in LMICs were interviewed about their expectations, some expressed doubts about whether research assistants would remain committed to the research programme.

I hope I make the right choice for the research assistants [...] Because if I train someone to deliver the interventions, and they decide to leave after three, six months, it will be necessary to train another. (R-01 Bosnian Senior Investigator expectations)

Yet when discussing the commitment of the group's members, including the researcher assistants, many participants remarked on their enthusiasm and dedication, suggesting that the experiences exceeded initial expectations.

I think what I really enjoyed about working on the project was the people. So, everyone on the teams were very nice people to work with but also very engaged, interested, enthusiastic about the work and very hard working. (R-36 UK Coordination/management experiences)

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

New research opportunities and extended networks

Respondents anticipated that participating in the GLOBE programme would lead to further research opportunities.

Then research opportunities will come out of this, depending on how much effort are you putting in. (R-24 Ugandan Coordination/management expectations)

Indeed, several new research projects emerged from the GLOBE programme that received competitive funding, indicating that expectations were exceeded. One study, led by the Ugandan research group, explored patient support during consultations:

The idea for the first proposal came from the Uganda team, but was co- developed together with the UK team. The things we wanted to appreciate were the reasons for patients coming back for review and who is supporting them in doing this (R-17 Ugandan Senior Investigator experiences)

As a result of additional funding to the site in Colombia the network expanded in Latin America.

We are planning another network with two countries of Latin America we could help both groups, groups that are intermediate like ours and groups that are beginning. (R-05 Colombian Senior Investigator experiences)

Expectations partially met

Ownership of the research

Partners expressed a desire for autonomy and ownership when describing their ideal collaborations, especially being responsible for their studies.

The best collaborations I've had are when they let me be their driver because I know the system [...] but they feel like they should control what's going on locally and usually makes you feel disempowered. (R-17 Ugandan Senior Investigator expectations)

LMIC partners perceived the collaboration as meeting their expectations for acquiring ownership of their studies. In contrast, UK participants believed this difficult to realise when the whole programme is being funded by one country.

So, to me whenever there are institutions from other countries, as long as I have ownership, I tend to like it better. You know, it's better organised, you know, some things to learn from them because they're from different cities. (R-21 Ugandan Coordination/management experiences)

Limitations to partnership in designing the interventions

Regarding partners' contributions, a UK senior researcher emphasised that the collaboration would be a space where every member could contribute their perspectives and input. Partners' expected their knowledge of the local context and health systems to help adapt the interventions and foresee any likely challenges.

I think Queen Mary already has a protocol somewhere, but I think we're going to have to put in the nitty-gritty details for the process of the adaptation (R-23 Ugandan senior investigator expectations)

Although the collaboration created space to share and exchange input, when asked about contributions made towards adjusting the interventions, a Colombian senior investigator commented:

The research designs and many of the main components come from the UK, the role of Colombia or other countries is limited because the money and the resources are not ours. So that means that the possibility of really making changes or deciding many things about the project is limited. (R-06 Colombian Senior Investigator experiences)

Participants in the UK echoed this opinion when asked about how the partner's contributed to this process.

If they needed things changed, they did put their case forward. But because they were all interventions that were developed in the UK, I suppose they went with the flow for a lot of it, just to test things out. (R-37 UK Coordination/management experiences)

Coordination and power dynamics

The UK group expected to provide administrative and research support during the programme's rollout, whilst anticipating the challenges around ensuring their involvement was not too prescriptive. There were concerns about the uneven distribution of power:

Rather than having a partnership of four equal sites, it still looks like you have one side that is partnering down on the three other sites and setting the agenda. I know this is where the research expertise is. (R-35 UK Senior Investigator expectations)

The need to meet the grant requirements imposed a way of coordinating the group in a more prescriptive manner than anticipated and influenced the power dynamic within the collaboration.

I think we're quite restricted by the actual mechanisms of the grant and things such as the fact that the contracts must be issued through Queen Mary [...] it all rests with the lead organisation [the UK] (R-33, UK Senior Investigator experiences)

The LMIC partners did not comment on the presence of a power dynamic, but rather around the consistent and constructive support they had received.

I would like to say that the UK team was immensely supportive. At times I felt like we were pestering them, they had this infinite patience for us and our constant questions. So I think none of this would have gone as quickly and well as it did if we weren't sort of supervised by the UK team (R-04 Bosnian Researcher experiences)

Investing in local leadership

Investing in and developing in local leadership was recognised as essential for working toward the sustainability of the research groups and a key expectation of the programme.

I would have the opportunity to employ three young researchers. The project will employ them, we will have them in the department, and they will simultaneously be acquiring research skills in collaborations with Queen Mary and Uganda and Colombia. And they will remain an asset to the department where I work (R-01 Bosnian Senior Investigator expectations)

Participants felt that the grant lacked the resources to make the infrastructural changes needed to establish academic posts.

So I think that that role that it had being able to help other people, to develop their career has been fulfilled with the limitation of the structure of any faculty that is flexible, but it's not entirely flexible to changes. (R-06 Colombian Senior Investigator experiences)

Strengthening research capacity

Building on and strengthening research capacity was a significant expectation, with one respondent viewing it as a central part of the collaboration.

We don't have the capacity to do some things. For example, we don't have capacity to successfully submit a Wellcome Trust grant and win it without help. So, for selfish purposes, we need to build our capacity. (R-22 Ugandan Senior Investigator expectations)

One participant perceived capacity building as developing skills at the individual level to deliver the current programme and achieve it.

There was need for capacity building for the members on the team at different stages of the study [...] we needed to train the researchers in REDCap, data entry, collecting data for qualitative interviews, reviewing transcripts, all that was part of the capacity building that has been emphasised through the study (R-20 Ugandan Coordinator experiences).

Although the pandemic hindered some aspects of capacity strengthening, a UK respondent considered the programme's efforts inadequate overall.

I'm not so sure. It was difficult. Yes, of course, we build up research capacity a bit, but if the whole group stopped tomorrow, we wouldn't leave long-term, highly functioning research groups behind. (R-32 UK Senior Investigator experiences)

Expectations not met

Opportunity for innovation

There was an expectation that working in resource-limited contexts and collaborating with international experts would lead to new ideas and interventions, given that constraints can lead to innovation.

So, looking at different cultures and seeing how distress is dealt with around the world can be one way to get new perspectives that could lead to real innovation rather than just I'm going to tweak this intervention slightly or I'm going to try this intervention with a different population (R-34 UK Senior Investigator expectations)

The LMIC partners expected to learn more about psychosocial interventions and new treatment approaches that are not common in LMIC contexts. The experience of delivering the interventions fulfilled the expectations of learning about novel, low-cost interventions.

So I think this is very important because it shows us new opportunities and new ways to help people with a mental concern. [...] And it's very cheap. So I think it is a new way that we have not explored yet enough. I also saw these interventions reduce stigma which is very high in Colombia (R-13 Colombian Researcher experiences)

But the expectation of working collectively to generate new ideas for interventions in the context of

was ultimately not met.

Maybe the thing that we have still need to do is how to develop research ideas collectively [...].I would like to learn how to work with a group and think together to develop new research ideas. (R-06 Colombian Senior Investigator experiences)

Mutual learning

In the expectation interviews, a key motivation for international collaboration was the strong desire to work collaboratively with a diverse group of researchers and promote cross-cultural discussion and learning.

Mutual learning means sharing experience and discussing different points of views. (R-02 Bosnian Researcher expectations)

A UK senior investigator expressed doubts about the arrangements established to encourage mutual learning, such as the teaching weeks and seminars being hosted in the UK.

My understanding is that lots of the sharing and learning is going to be done in Britain and I suppose you're out of your comfort zone in somebody else's country and you don't own it as much. (R-35 UK Senior Investigator expectations)

While partner perspectives demonstrated the development of research expertise, learning on the UK side was less apparent. Although the UK team did not necessarily acquire research skills, one UK investigator acknowledged:

One of the things I've personally learned from Uganda approach is how better to include different stakeholders. They're very good at hearing multiple voices in the research and to deal with that in a sensitive way that everybody feels heard (R-33 UK Co-investigator experiences)

Generally, some interviewees perceived mutual learning to be even less evident amongst the partner groups, perhaps due to the lack of interaction between them.

There should be intercommunication between the different players, a lot of communication with the other institutions as opposed to the communication being only between, Uganda and Queen Mary (R-16 Ugandan Senior Investigator experiences).

[insert tables 3-6]

Discussion

Main findings

The findings indicate that most expectations were either partially met, met, or exceeded, and there were hardly any unexpected challenges. Expectations were met concerning good and open communication, collegiate and trustful personal relationships, developed individual research expertise, further research opportunities and extending professional networks. However, other expectations were not met or only partially met. They were about developing local research leadership, strengthening institutional research capacity, and opportunities for innovation and for mutual learning. Around equity of partnership and ownership of research the views of participants in the UK tended to be more critical than those of partners in LMICs.

Strengths and Limitations

To our knowledge, this is the first prospective longitudinal qualitative evaluation of a global health research collaboration, assessing expectations and corresponding experiences. Also, the study

includes perspectives from a multidisciplinary research group and participants at a different career stage across three continents.

The study also has several limitations. Firstly, a social-desirability bias might have influenced participants' responses. Secondly, the study assessed expectations and experiences of only one research collaboration, potentially making the findings specific to research in mental health and this programme's context. Thirdly, we assessed only the view of the researchers in the group, not of other stakeholders or the funding body. Finally, one can only speculate whether the collaboration might have been different without the restrictions of the pandemic.

Interpretations and comparisons with the existing literature

Most of the identified expectations and experiences address aspects previously raised in the literature, although not necessarily in the nuanced way as in this evaluation. Many initial expectations were met or even exceeded, and the general tone of experiences was positive. Central to the positive experiences appear good personal relationships with open, regular and inclusive communication, mutual trust and respect for everyone involved. Still, some expectations remained not or only partially fulfilled.

The latter included the hope for mutual learning, both between LMICs and HICs and among the partners in LMICS themselves. Whilst partners in LMICS were satisfied with what they had learned through the research activities guided by the centre in a HIC, they felt they had learnt rather little from each other (8,9). Having a site in a HIC as the coordinating centre, being located on different continents, working in very different contexts, establishing relationships with new partners, and having different mother tongues may have hindered direct exchange and interaction among the LMIC partners. Subsequently, the main relationships from the collaboration that led to further successful grant applications were bilateral between the centre in the UK and partners in the different LMICs. Explicitly identifying what all partners may learn from each other could be discussed throughout collaborations to foster mutual learning (1).

Another related disappointment was the limited scope for developing innovative ideas. Much time was dedicated to establishing relationships and delivering what the group had promised to deliver in the grant application, which may have limited the options for creative and innovative thinking (11–13). At the same time, the feeling of a lack of innovation might be a wider phenomenon in mental health research and be only reflected in global health research rather than specifically arising in it (14).

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Achieving equitable relationships is a crucial goal for many global health research collaborations (4). The literature highlights how the dynamic imposed by Western funding structures can impact the equality of a partnership, especially with the obligations of meeting the funding expectations (2). Similar concerns were initially expressed by participants in this evaluation, more so from UK participants than LMICs. Overall, participants in the UK remained sceptical about a true and equal partnership until the end. In contrast, most participants in LMICs felt their initial hopes for equity among partners had actually been met and this occurred despite the restrictions and potentially paternalistic nature of funding channelled by a HIC that all partners had been aware of from the beginning (2,4,13). Again, communication and relationships appear central to this.

Similarly to the positive experience of equity, partners in LMICs also perceived expectations of capacity building as fulfilled, a view that participants in the UK did not share. In the literature, there are different understandings of what capacity building entails; some view it as training related to the current research project, whereas others view it as enhancing infrastructural support (4). Addressing both individual and organisational aspects and balancing the development of project-specific and general skills are required to establish sustainable research groups in LMICs (15,16). All participants agreed that the research expertise of various individuals in each country had markedly improved, also benefiting from individual mentoring and longer spells of some researchers at the co-ordinating centre in London (17,18). Yet, there were doubts as to whether the progress of individuals would lead to a sustained increased research capacity on an institutional level when there was no infrastructure for research careers and respective funding. Related to this, participants in all countries considered that the efforts to invest in local leadership were beyond the research programme's resources and that more resources and particularly longer time-scales were needed to ensure the continuity of research posts and, subsequently, research infrastructure (19).

Implications for research and practice

The study evaluated a global health research programme that was relatively successful in terms of conventional academic outcome criteria: despite the unforeseen complications through the pandemic all trials were completed as planned in the protocol, the tested interventions were shown to be feasible and beneficial, and various results were published in peer-reviewed journals. Meeting or even exceeding these criteria was mentioned in the reported experiences, although it did not dominate them. Yet, meeting the conventional aims of research projects may still have been the basis for the generally positive perception of the overall research programme. Experiences were favourable on a number of aspects of the research programme and they

underline the importance of investing enough time and energy into establishing transparent communication and trustful relationships from the very beginning.

With respect to the areas of disappointment – developing local leadership, strengthening institutional research capacity, and opportunities for innovation and for mutual learning – the question arises as to whether research collaborations can and should put more emphasis on these aspects from the outset or whether achieving all the aims of global health research within one programme is unrealistic.

Expectations relating to building institutional research capacity and investing in early-career researchers need to be realistic and proportionate to the amount of funding and time available within a single programme. While more resources and a longer time scale are likely to help strengthen institutional research capacity, changes in the options and arrangements for academic funding in LMICs may also be required so that there are realistic career paths with sufficiently paid long-term positions available to early-career researchers.

Conclusion

The evaluation suggests that many initial expectations and hopes for the outcomes of a global health research programme can be met. Establishing good communication and mutually trustful relationships are central, yet not sufficient to ensure that all initial aims are finally achieved. Participants in HICs were more sceptical in their eventual appraisal than those in LMICs. Evaluations of other global health research programmes should explore whether this reflects a general trend. In any case, it shows that the views of different participants can vary significantly and that all need to be considered in an evaluation of a global health research project.

The funding imbalance in global health research is difficult to change, but this study shows that nevertheless researchers in LMICs can feel equity and fairness in partnerships. At the same time, it may be helpful to identify the expectations of all participants at the outset and monitor progress against them, not only against the milestones defined in the grant application.

Funding bodies on global health research may want to consider whether it is helpful to define a wide range of aims, some of which may be unrealistic to achieve in one single programme. Finally, higher-level agreements with established or potential research institutions in LMICs may be required to secure options for long-term research careers and strengthen sustainable research capacity.

Abbreviations

GMH: Global Mental Health; HICs: High-income countries; LMICs: Low- and middle- income countries **Declaration of interest**

The authors declare that they have no competing interests related to the research studies outlined in this research paper.

Acknowledgements

Not applicable

Funding

This research was funded by the National Institute for Health Research (NIHR) (Global Health Research Group on Developing Psychosocial Interventions for Mental Health Care, project reference 16/137/97) using UK aid from the UK Government to support global health research. The views expressed in this publication are those of the authors and not necessarily those of the NIHR or the UK Department of Health and Social Care.

References

1. Dean L, Njelesani J, Smith H, Bates I. Promoting sustainable research partnerships: A mixed-method evaluation of a United Kingdom-Africa capacity strengthening award scheme. *Heal Res Policy Syst* [Internet]. 2015;13(1):1–10. Available from: <http://dx.doi.org/10.1186/s12961-015-0071-2>
2. Gautier L, Sieleunou I, Kalolo A. Deconstructing the notion of “ global health research partnerships ” across Northern and African contexts. 2018;19(Suppl 1).
3. Larkan F, Uduma O, Lawal SA, van Bavel B. Developing a framework for successful research partnerships in global health. *Global Health*. 2016;12(1).
4. Faure MC, Munung NS, Ntusi NAB, Pratt B, de Vries J. Mapping experiences and perspectives of equity in international health collaborations: a scoping review. *Int J Equity Health*. 2021;20(1):1–13.
5. Matenga TFL, Zulu JM, Corbin JH. Dismantling historical power inequality through authentic health research collaboration : Southern partners ’ aspirations. 2021;
6. Langhaug LF, Jack H, Hanlon C, Holzer S, Sorsdahl K, Mutedzi B, et al. “ We need more big trees as well as the grass roots ”: going beyond research capacity building to develop sustainable careers in mental health research in African countries. *Int J Ment Health Syst* [Internet]. 2020;1–14. Available from: <https://doi.org/10.1186/s13033-020-00388-1>
7. Priebe S, Kelley L, Golden E, McCrone P, Kingdon D, Rutterford C, et al. Effectiveness of structured patient-clinician communication with a solution focused approach (DIALOG+) in community treatment of patients with psychosis - a cluster randomised controlled trial. *BMC Psychiatry* [Internet]. 2013;13(1):1. Available from: *BMC Psychiatry*

8. Sikira H, Janković S, Slatina MS, Muhić M, Sajun S, Priebe S, et al. The effectiveness of volunteer befriending for improving the quality of life of patients with schizophrenia in Bosnia and Herzegovina - an exploratory randomised controlled trial. *Epidemiol Psychiatr Sci.* 2021;30:e48.
9. Botero-Rodríguez F, Hernandez MC, Uribe-Restrepo JM, Cabariqe C, Fung C, Priebe S, et al. Experiences and outcomes of group volunteer befriending with patients with severe mental illness: an exploratory mixed-methods study in Colombia. *BMC Psychiatry.* 2021;21(1):1–10.
10. Gale NK, Heath G, Cameron E, Rashid S, Redwood S. Using the framework method for the analysis of qualitative data in multi-disciplinary health research. *BMC Med Res Methodol [Internet].* 2013;13(1):1. Available from: BMC Medical Research Methodology
11. Beran D, Perone SA, Alcoba G, Bischoff A, Bussien C, Eperon G, et al. Partnerships in global health and collaborative governance : lessons learnt from the Division of Tropical and Humanitarian Medicine at the Geneva University Hospitals. *Global Health [Internet].* 2016;1–13. Available from: <http://dx.doi.org/10.1186/s12992-016-0156-x>
12. Kerasidou A. The role of trust in global health research collaborations. *Bioethics.* 2019;33(4):495–501.
13. Jenkins C, Hien HT, Chi BL, Santin O. What works in global health partnerships ? Reflections on a collaboration between researchers from Vietnam and Northern Ireland. 2021;10–3.
14. Priebe S. A social paradigm in psychiatry - Themes and perspectives. *Epidemiol Psychiatr Sci.* 2016;25(6):521–7.
15. Edwards S, Ritman D, Burn E, Dekkers N, Baraitser P. Towards a simple typology of international health partnerships. *Global Health [Internet].* 2015;11(1):1–7. Available from: <http://dx.doi.org/10.1186/s12992-015-0132-x>
16. Sewankambo N, Tumwine JK, Tomson G, Obua C, Bwanga F, Waiswa P, et al. Enabling Dynamic Partnerships through Joint Degrees between Low- and High-Income Countries for Capacity Development in Global Health Research : Experience from the Karolinska Institutet / Makerere University Partnership. 2015;1–8.
17. Bowsher G, Papamichail A, El Achi N, Ekzayez A, Roberts B, Sullivan R, et al. A narrative review of health research capacity strengthening in low and middle-income countries: Lessons for conflict-affected areas. *Global Health.* 2019;15(1):1–13.
18. Naslund JA, Kalha J, Restivo JL, Amarreh I, Callands T, Chen H, et al. Identifying challenges and recommendations for advancing global mental health implementation research: A key informant study of the National Institute of Mental Health Scale-Up Hubs. *Asian J Psychiatr.* 2021;57(October 2020).
19. Merritt C, Jack H, Mangezi W, Chibanda D, Abas M. Positioning for success: building capacity in academic competencies for early-career researchers in sub-Saharan Africa. *Glob Ment Heal.* 2019;6.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

Themes	Ensuring group coherence and commitment	Equity in the partnership	Learning and development	Sustainability and impact
Subthemes	Clear, regular, transparent communication	Ownership of the research	Developing research expertise	Publications and dissemination
	Relationships based on mutual respect	Limitations to partnership in designing the interventions	Opportunity for innovation	New research opportunities and extended networks
	Language as a barrier	Coordination and power dynamics	Mutual learning	Investing in local leadership
	Commitment to the programme		Strengthening research capacity	

Table 1. Themes and subthemes relating to the key expectations of global collaboration

Expectations met	Expectations exceeded	Expectations partially met	Expectations not met
Clear, regular, transparent communication	Commitment to the research	Ownership of the research	Opportunity for innovation
Relationships based on mutual respect and trust	New research opportunities and extended networks	Limitations to partnership in designing the interventions	Mutual learning
Language as a barrier		Coordination and power dynamics	
Developing research expertise		Investing in local leadership	
Publications and dissemination		Strengthening research capacity	

Table 2. Expectations met, exceeded or partially met

Expectations met		
	Expectations	Experiences
Clear, regular transparent communication	<i>It's about clear communication, making sure people understand, and that there's no sort of misunderstandings. (R-33 UK Senior Investigator)</i>	<i>So even though you're collecting your data, you are always in the know of what other people are doing where it is that they have reached otherwise communication back and forth through emails. And even though the data was being collected locally, it was certainly a collaborative research. (R-17 Ugandan Senior Investigator)</i>
	<i>You know, you need to be very well informed of exactly what your role is going to be on a project, how much time you're putting in, how much you getting paid for that and what the outcomes are supposed to be, what the indicators are and then you evaluate yourself and make sure that work is done. (R-23 Ugandan Senior Investigator)</i>	<i>Yes, it has been transparent enough for me. Because when the communication is passed on, sometimes from UK to Uganda, you're copied in from the first communication, you do not necessarily receive second hand like flow through the coordinator (R-30 Ugandan Researcher)</i>
		<i>Even authorship has been discussed during all these meetings. Then, as the programme went on and we discussed more things, I was delighted to see that it was done fairly. Yeah, it has been transparent. (R-18 Ugandan Senior Investigator)</i>
Relationships based on mutual respect	<i>If a particular group likes communicating in a particular way that you adapt your, your style and it is some sort of negotiation that people have different aims that they want to get out of this. (R-33 UK Senior Investigator)</i>	<i>There was, on a personal level, mutual respect acknowledgement for different expertise. (R-32 UK Senior Investigator)</i>
	<i>But still open towards challenges that and respecting everyone on a similar level the better it will be. Curiosity also helps, not tolerance, but curiosity and respect. (R-32 UK Senior Investigator)</i>	<i>And then the other one in having a collaboration of course, we made friends we've met people that we didn't know before. We continue to work on things together. So, I guess that was also achieved in terms of creating a collaboration. (R-17 Ugandan Senior Investigator)</i>
	<i>But ensuring that things work out well, respect for each other, and whatever it is you've agreed to be working on. (R-17 Ugandan Senior Investigator)</i>	

Language as a barrier	<i>Of course, there are many barriers. It begins with the language. In European project meetings, it is also fascinating that after a few hours only the native speakers keep talking [...] But the others ones just get tired. And it's difficult to, to negotiate in language that's not your own. (R-32 UK Senior Investigator)</i>	<i>And then I guess, disadvantages I think one of the hardest things was communication with each of the teams I guess there's, there was always a language barrier with all the teams. (R-36 UK Coordination/Management)</i>
	<i>The research and who are very good doing research and know how to do it and so that's something that's also important for me because many groups do design and try to, to run and research, but they are not very effective. (R-06 Colombian Senior Investigator)</i>	<i>I think I've learned a lot of how collaborative research works and what is amazing to me is to see that in Colombia, we are doing great research (R-15 Colombian Researcher)</i>
Developing research expertise		<i>We had a lot of things to learn how to write protocol or standard operating procedure and things like that, and writing a information sheet [...] that was something new for us. (R-03 Bosnian Researcher)</i>
Publications	<i>For my intellectual growth, for my visibility, um, because I'm working in research and academia. When you don't publish then it's like everybody's wondering what you're doing. And so the university has expectations. (R-23 Ugandan Senior Investigator)</i>	<i>The first drafts were actually written by the research assistants, but not the drafts didn't have the analysis bit of it. Yes butt it was what we have actually done on the sites.(R-26 Ugandan Researcher)</i>

Table 3. Additional quotes supporting expectations being met

Expectations exceeded		
	Expectations	Experiences
Commitment to the research	<i>Commitment could be a challenge when collecting the data and documenting this. We have seen it before in some projects where the commitment is not that great (R-16 Ugandan Senior Investigator)</i>	<i>I thought that the teams were really eager to to make a difference. I know that the local teams tried their level best to make the research possible. [...] I thought that the teams were really dedicated and so they were big part of the facilitation process of making the research happen. (R-37 UK Coordination/Management)</i>

	<i>And I think that we must select very good that people here, we have some problems about that. [...] So, we must think about that in maybe it, we must select very well the person that they are going to be involved in in these types of projects. (R-05 Colombian Senior Investigator)</i>	<i>Let's start with the facilitators for conduction of the study. We had a good research team. We had a good administrative team. (R-17 Ugandan Senior Investigator)</i>
New research opportunities and extended networks	The reputation of the academic institution is a necessity proved so it's needs to be done well because this is where we are will representing institution here. (R-34 UK Senior Investigator)	<i>From my point of view, it is a bit easier, since we're working with already established partners. I think a challenge of GLOBE was sort of from the beginning establishing those partnerships and those working relationships and learning how to work with each partner. Whereas with OLA [new study], we already knew the partners, and we already knew what to expect in terms of how we would work together. (R-36 UK Coordination/management)</i>
	<i>Whereas a project, like they say we have our network and all the other partners have their networks, I suppose it's about forming those links with those other networks. So we, we set to gain, um, from those experiences and also from those connections. (R-33 UK Senior Investigator)</i>	<i>Rather than having a completely new study, on let's say healers in Colombia, we decided to spread our network. That was a decision. I think it was a good decision. (R-32 UK Senior Investigators)</i>
	<i>I would like to have a good network, to make more projects in continuing to do being a network not only to have it last three years but maybe to construct a real network between all the universities. (R-05 Colombian Senior Investigator)</i>	

Table 4. Additional quotes supporting expectations being exceeded

Expectations partially met		
	Expectations	Experiences
Ownership of the research	<i>Sometimes partnerships don't do so well because the local people feel like they're not being treated fairly. They don't give you a chance to voice, to be active participants and they are relegated to data collectors (R-16 Ugandan Senior Investigator)</i>	<i>So it's not just the UK come and provide training for X, Y, and Z that would help people feel increased a sense of ownership that this is a group that is led by a certain country, but this is a group where we are all in equal partnership and we all have a role to play. (R-33 UK Senior Investigator)</i>

		<p>We just want you to implement it. I think that it wasn't like that the proposals had to be developed with the input from the UK team, but with a lot of input from the Ugandan team. So I think that also was very good in terms of helping us as learning experience, but also for collaboration. So that there's a sense of ownership on our part as well. Not feeling like it should all be just, you know, them to us. (R-33 Ugandan Senior Investigator)</p>
Limitations to partnership in designing the interventions	<p>So, it's expanding and making the research would be more democratic. So it's not just based on how much money you can get in your own country, but it's increasing collaboration so that more people can be introduced to high quality research and that can bring they own specific contribution to that. (R-33 UK Senior Investigator)</p>	<p>There's fair ground. In terms of collaboration really, there's no issues with the collaborators. I have no problems with anyone. Yeah. I think it's fair in collaboration, people are open. You're free to voice your opinion. So is that's not a problem really (R-17 Ugandan Senior investigator)</p>
	<p>Challenges locally in Uganda and challenges with the partnership. So locally of course the work is going to be done here and uh, that means there needs to be called first of all can clear understanding what it is what that this project is all about. (R-16 Ugandan Senior Investigator)</p>	<p>And to some extent, they accepted the things I suggested and dismissed the things that were wrong, but I felt that I was listened to, that I was heard. The UK team understood the suggestions I had and if they were good, they were accepted. (R-04 Bosnian Researcher)</p>
		<p>And when you mentioned everyone, I mean, everyone from the most junior researcher to the PI. It was a beautiful experience coming from a completely different backgrounds that is more hierarchical and more oppressing. This was democratic research platform. (R-01 Bosnian Senior Investigator)</p>
		<p>I feel like we did make the decisions like in teams, if they suggested something and we didn't agree with it, then we would have the final say, even though we didn't necessarily know their context, as well as them and what works. (R-38 UK Researcher)</p>

Coordination and power dynamics	<i>I think my role, it's to keep things moving and making sure we meet deadlines from all funders here, and supporting our partner countries and delivering the studies. (R-36 UK Coordination/management)</i>	<i>It's tough because it's like, how equitable can it really be when the money comes from the high-income country? [...] There were points at which the teams would be like happy for the UK team to lead it because they [UK team] were experts in how things are run here and how money was won and how grants were, were achieved and, you know, that sort of thing. (R-37 UK Project Manager)</i>
	<i>I mean in this project we as the coordinating centre so as a coordinating centre, it's our overall responsibility but I think the more collaboration you can build into that process the better [...] if it's just one partner coming in and telling the other partners what to do, that can be quite disempowering (R-33 UK Senior Investigator)</i>	<i>It was a very, very positive experience because they [UK group] were very supportive all the times, they were available anytime for any need. So they were very professional and they were very supportive in that way. (R-16 Colombian Researcher)</i>
Investing in local leadership	<i>They are [researchers] going to have an opportunity that many of us did not have to work in international collaborations at the beginning of their careers.[...]I believe that the return will be great too.. (R-06 Colombian Senior Investigator)</i>	<i>We do not leave enough money for this career path. These academic roles required to do professional research are simply not there (R-33 UK Senior Investigator)</i>
Strengthening research capacity	<i>I think the three interventions are subsidiary to that and supposed to be a vehicle whereby relationships and capacity will be developed for the future. (R-35 UK Senior Investigator)</i>	<i>I do think that COVID, hasn't helped because it prevented face-to-face contact in the last this last year. And this year, was going to focus on dissemination, grant writing, and ideas generation that's not been able to happen. (R-33 UK Senior Investigator)</i>
	<i>So the more capacity we have means we're a better research in the area, better quality research, but also would be able to provide very competitive grants that are attracting international funding and be seen as global players, uh, in addressing a challenging issues. (R-16 Ugandan Principal Investigator)</i>	

Table 5. Additional quotes supporting expectations being partially met

Expectations not met		
	Expectations	Experiences
Opportunity for innovation	<i>But when you look into the health system of the UK and that you have been working a lot on providing psycho-therapeutic interventions, not only the classical intervention. So trying to learn about how to really do that, is inspirational is for me. (R-06 Colombian Senior Investigator)</i>	<i>I think that these kinds of studies are a novelty here, it is not very frequent to have these. So this research will bring attention to these interventions. (R-08 Colombian Coordination/management)</i>
		<i>I mean, we are part of this business that is, I don't think, very innovative [...] I hope we had an atmosphere where this was stimulated. (R-32 UK Senior Investigator)</i>

Mutual learning	When we participate in international collaborations we tap into resources and here, I don't mean financial resources [...] but rather in the intellectual resources that exist out there (R-16 Ugandan Senior Investigator)	So I didn't observe much learning across the groups as much as we very much did try and get them to communicate to each other. I don't feel they did. I felt like there was for the main three partners, like the three separate partners or feeding into us, not feeding into each other. (R-38 UK Researcher)
	It's about learning. It's about working together. It's about being on the same page. I think all groups have an equal contribution to make. (R-23 Ugandan Senior Investigator)	Maybe we need some interaction a little bit more in some proposals that come from South to North, not North to South. And, I think that it will be very useful to have at least one meeting every three months, for new ideas of research. Because we have a lot of options, different from the UK. (R-05 Colombian Senior Investigator)

Table 6. Additional quotes supporting expectations not being met

Appendices

Appendix A Topic Guides

Section	Question (Expectations)	Question (Experiences)
Introduction	<p>Please tell me a bit about yourself and your professional role(s)</p> <p>Have you previously worked on international projects, or ‘global health’ projects?</p> <p>If so, please describe your experience working on such projects?</p>	<p>Please tell me a bit about yourself and your professional role(s)</p> <p>[If appropriate] To what extent did your previous experiences or collaborations help you in this role?</p> <p>[If appropriate] How did this collaboration differ from previous collaborations?</p>
Motivations	<p>What were your motivations for getting involved in the project?</p>	<p>Were these motivations realised during the project?</p>
Understanding the group's aims	<p>From your perspective, what are the key aims of the collaboration?</p> <p>How do you think these aims will be achieved?</p> <p>What things do you feel will be important in achieving these aims?</p>	<p>Now having experienced working on the project, what do you believe to be the most important aim(s)?</p> <p>And do you think any of these aims have been achieved?</p> <p>How did your role help achieve these aim(s)?</p>
General expectations/experiences	<p>What do you expect your participation in the collaboration will involve?</p> <p>Can you share with me any potential advantages of being a part of this collaborarion?</p> <p>Can you share with me any potential disadvantages of being a part of this collaborarion?</p>	<p>Please describe your role within this current collaboration?</p> <p>Can you share with me any advantage you experienced or observed in being a part of this collaborarion?</p> <p>Can you share with me any disadvantage you experienced or observed in being a part of this collaborarion?</p>
Mutual learning	<p>Can you give me an overview of your understanding of the term mutual learning?</p> <p>What do you feel that others may be able to learn from you over the next few years?</p> <p>What do you feel you may learn from others over the next few years?</p> <p>How do you see this process of mutual learning working in practice?</p>	<p>Do you think others learnt from your expertise? What specifically did you learn from others?</p> <p>[If appropriate] Have you been able to use of these skills and experiences in other roles?</p> <p>Do you feel the process of mutual learning took place during the project, and how did this happen in practice?</p>

BMJ Open: first published as 10.1136/bmjopen-2021-059590 on 3 June 2022. Downloaded from <http://bmjopen.bmj.com/> on April 10, 2024 by guest. Protected by copyright.

<i>Closing remarks</i>	Is there anything you would like to add, or anything you feel we have not discussed that may be important?	Is there anything you would like to add, or anything you feel we have not discussed that may be important?
------------------------	--	--

Appendix A Topic Guide

Respondent ID	Country	Position	Expectation interviews	Experience interviews
R-01	Bosnia-Herzegovina	Senior Investigator	✓	✓
R-02	Bosnia-Herzegovina	Researcher	✓	
R-03	Bosnia-Herzegovina	Researcher		✓
R-04	Bosnia-Herzegovina	Researcher		✓
R-05	Colombia	Senior Investigator	✓	✓
R-06	Colombia	Senior Investigator	✓	✓
R-07	Colombia	Coordination/management		✓
R-08	Colombia	Coordination/management		✓
R-09	Colombia	Researcher	✓	✓
R-10	Colombia	Researcher	✓	✓
R-11	Colombia	Researcher	✓	
R-12	Colombia	Researcher	✓	
R-13	Colombia	Researcher		✓
R-14	Colombia	Researcher		✓
R-15	Colombia	Researcher		✓
R-16	Uganda	Senior Investigator	✓	✓
R-17	Uganda	Senior Investigator	✓	✓
R-18	Uganda	Senior Investigator		✓
R-19	Uganda	Senior Investigator		✓
R-20	Uganda	Coordination/management		✓
R-21	Uganda	Coordination/management	✓	✓
R-22	Uganda	Senior Investigator	✓	
R-23	Uganda	Senior Investigator	✓	
R-24	Uganda	Coordination/management	✓	
R-25	Uganda	Researcher		✓
R-26	Uganda	Researcher		✓
R-27	Uganda	Researcher		✓
R-28	Uganda	Researcher		✓
R-29	Uganda	Researcher		✓
R-30	Uganda	Researcher		✓
R-31	Uganda	Researcher		✓
R-32	UK	Senior Investigator	✓	✓
R-33	UK	Senior Investigator	✓	✓
R-34	UK	Senior Investigator	✓	
R-35	UK	Senior Investigator	✓	
R-36	UK	Coordination/management	✓	✓

BMJ Open: first published as 10.1136/bmjopen-2021-059590 on 3 June 2022. Downloaded from <http://bmjopen.bmj.com/> on April 10, 2024 by guest. Protected by copyright.

R-37	UK	Coordination/management		✓
R-38	UK	Researcher		✓

Appendix B Participant characteristics

For peer review only

BMJ Open: first published as 10.1136/bmjopen-2021-059590 on 3 June 2022. Downloaded from <http://bmjopen.bmj.com/> on April 10, 2024 by guest. Protected by copyright.

BMJ Open

What are the expectations and experiences of a GMH research programme delivered in Bosnia-Herzegovina, Colombia and Uganda? A prospective longitudinal qualitative study

Journal:	<i>BMJ Open</i>
Manuscript ID	bmjopen-2021-059590.R1
Article Type:	Original research
Date Submitted by the Author:	12-Apr-2022
Complete List of Authors:	Rajabzadeh, Vian; Queen Mary University of London, Unit for Social and Community Psychiatry, WHO Collaborating Centre for Mental Health Services Development McGrath, Michael ; Queen Mary University of London, Unit for Social and Community Psychiatry, WHO Collaborating Centre for Mental Health Services Development van Loggerenberg, Francois; Queen Mary University of London, Unit for Social and Community Psychiatry, WHO Collaborating Centre for Mental Health Services Development Bird, Victoria; Queen Mary University of London, Unit for Social and Community Psychiatry, WHO Collaborating Centre for Mental Health Services Development Priebe, Stefan; Queen Mary University of London, Unit for Social and Community Psychiatry, WHO Collaborating Centre for Mental Health Services Development
Primary Subject Heading:	Global health
Secondary Subject Heading:	Mental health
Keywords:	MENTAL HEALTH, International health services < HEALTH SERVICES ADMINISTRATION & MANAGEMENT, Organisational development < HEALTH SERVICES ADMINISTRATION & MANAGEMENT

SCHOLARONE™
Manuscripts



I, the Submitting Author has the right to grant and does grant on behalf of all authors of the Work (as defined in the below author licence), an exclusive licence and/or a non-exclusive licence for contributions from authors who are: i) UK Crown employees; ii) where BMJ has agreed a CC-BY licence shall apply, and/or iii) in accordance with the terms applicable for US Federal Government officers or employees acting as part of their official duties; on a worldwide, perpetual, irrevocable, royalty-free basis to BMJ Publishing Group Ltd ("BMJ") its licensees and where the relevant Journal is co-owned by BMJ to the co-owners of the Journal, to publish the Work in this journal and any other BMJ products and to exploit all rights, as set out in our [licence](#).

The Submitting Author accepts and understands that any supply made under these terms is made by BMJ to the Submitting Author unless you are acting as an employee on behalf of your employer or a postgraduate student of an affiliated institution which is paying any applicable article publishing charge ("APC") for Open Access articles. Where the Submitting Author wishes to make the Work available on an Open Access basis (and intends to pay the relevant APC), the terms of reuse of such Open Access shall be governed by a Creative Commons licence – details of these licences and which [Creative Commons](#) licence will apply to this Work are set out in our licence referred to above.

Other than as permitted in any relevant BMJ Author's Self Archiving Policies, I confirm this Work has not been accepted for publication elsewhere, is not being considered for publication elsewhere and does not duplicate material already published. I confirm all authors consent to publication of this Work and authorise the granting of this licence.

1

2

3 **What are the expectations and experiences of a GMH research programme delivered in Bosnia-**

4 **Herzegovina, Colombia and Uganda? A prospective longitudinal qualitative study**

5

6 Rajabzadeh V^{1*}, McGrath, M¹, van Loggerenberg F¹, Bird VJ¹, Priebe S¹

7

8

9

10 ¹ Unit for Social and Community Psychiatry, WHO Collaborating Centre for Mental Health Services

11 Development, Queen Mary University of London, London, UK

12

13

14 *Corresponding author

15

16 Email: vian.rajabzadeh@qmul.ac.uk

17

18

19 Address: Unit for Social and Community Psychiatry (WHO Collaborating Centre for Mental Health

20 Service Development), Queen Mary University of London, Newham Centre for Mental Health,

21 London E13 8SP, United Kingdom

22

23

24 Funding: National Institute of Health Research (NIHR) and Queen Mary, University of London

25

26

27

28 **Word count: 5113**

29

30 **Abstract word count: 297**

31

32 **Key questions: 166**

33

34

35

36

37

38

39

40

41

42

43

44

45

46

47

48

49

50

51

52

53

54

55

56

57

58

59

60

BMJ Open: first published as 10.1136/bmjopen-2021-059590 on 3 June 2022. Downloaded from <http://bmjopen.bmj.com/> on April 10, 2024 by guest. Protected by copyright.

Abstract

Objectives: Global health research collaborations between partners in high-income countries (HICs) and low-middle-income countries (LMICs) aim to generate new evidence, strengthen research capacity, tackle health inequalities and improve outcomes. Previous evaluations of such programmes have identified areas for improvement but consisted only of retrospective experiences. We conducted the first prospective study to assess the initial expectations as well as the final experiences of participants of a global health research programme.

Design, settings and participants: This study adopted a prospective longitudinal qualitative study, 38 participants of a global mental health research programme with partners in Bosnia-Herzegovina, Colombia, Uganda, and the United Kingdom (UK). The interviewees included senior investigators, coordinators, and researchers. Framework analysis was used to analyse the data.

Outcome measures: Participants were interviewed about their initial expectations at the inception of the research programme and their final experiences at the end.

Results: Many of the original expectations were later reported as met or even exceeded. They included experiences of communication, relationships, developed research expertise, further research opportunities and extending networks. However, other expectations were not met or only partially met, mainly on developing local leadership, strengthening institutional research capacity, and opportunities for innovation and for mutual learning. Around equity of partnership and ownership of research the views of participants in the UK tended to be more critical than those of partners in LMICs.

Conclusions: The findings suggest that global health research programmes can achieve several of their aims, and that partners in LMICs feel equity has been established in the partnership despite the imbalance of the funding arrangement. Aims of global health research projects should have a realistic focus and be proportionate to the parameters of the funding arrangement. More resources and longer time scales may be required to address sustainable structural capacity and longstanding local leadership sufficiently.

Data availability statement

No additional data available

Keywords: global mental health, global health, international collaboration, capacity strengthening

BMJ Open: first published as 10.1136/bmjopen-2021-059590 on 3 June 2022. Downloaded from <http://bmjopen.bmj.com/> on April 10, 2024 by guest. Protected by copyright.

Strengths and Limitations

- To our knowledge, this is the first longitudinal qualitative exploration of expectations and experiences of a GMH collaboration exploring partnership dynamics throughout implementation.
- Social desirability bias may have played a role in the responses of the participants involved in the collaboration
- The findings are derived from only one research collaboration which is specific to mental health research, therefore one must be cautious when drawing overall conclusions
- The initial interviews took place at the inception of the group's formation, and it was only the senior investigators who were awarded the funding, therefore these interviews depict mostly the expectations of these individuals

Background

Global health research collaborations between organisations in high-income countries (HICs) and low-middle-income countries (LMICs) commonly pursue several aims. These can include generating new research evidence, strengthening the research capacity in LMICs, tackling health inequalities across and within countries, and improving the quality and outcomes of health care in LMICs. Previous research has developed frameworks to guide such collaborations and identified critical areas for successful, sustainable, and equitable cooperation (1–4), including funding arrangements, rules for authorship of publications, the ownership of research, the contributions of different stakeholders to the research and implementation process, and the building of lasting research capacity in LMICs.

These frameworks were derived from retrospective evaluations of global health research projects, capturing participants' experiences at a cross-sectional time point, usually after the completion of the project (5). To our knowledge, there has been no prior research that assessed initial expectations and assumptions about a global health research project of a range of participants in both HICs and LMICs as well as their experiences at the end of the project (1,6). Prospective longitudinal evaluations can explore how views changed over time and to what extent initial expectations were or were not met. This may help to develop realistic expectations from the beginning and manage expectations during the research to maximise a sense of achievement and reduce potential frustration. Such evaluations should consider the views of different types of participants in the

1
2
3 research, i.e. senior researchers, managers, and researchers who implement the study designs on
4 the ground.
5
6 Against this background, we conducted a prospective longitudinal qualitative evaluation of a Global
7 Mental Health Research programme with partners in Bosnia-Herzegovina, Colombia, Uganda, and
8 the United Kingdom (UK). The programme focused on developing and testing resource-oriented
9 interventions for people with severe mental illnesses in the three participating LMICs, and this
10 evaluation explored and compared initial expectations and later experiences of the partners.
11
12
13
14
15

16
17 **Methods**

18
19 **Setting**

20 This study evaluated the work of a research programme funded by the National Institute of Health
21 Research (NIHR) in the UK. The NIHR Global Health Research Group on ‘Developing Psycho-Social
22 Intervention for Mental Health Care’ (GLOBE; August 2017 to March 2022) comprises partners in
23 Sarajevo (Bosnia-Herzegovina), Bogotá (Colombia), Kampala (Uganda) and London (UK), thus
24 including partners in LMICs based in three continents. Further partners in Buenos Aires (Argentina),
25 Karachi (Pakistan) and Lima (Peru) joined the programme later and participated in only very limited
26 activities so that they were not considered in this evaluation. GLOBE aimed to foster relationships
27 between experts in HICs and LMICs and work with local stakeholders to develop and test three
28 resource-oriented interventions for patients with severe mental illnesses. Resource-oriented
29 interventions aim to mobilise and utilise resources that already exist in communities, families and
30 health care systems.
31
32
33
34
35
36
37
38

39 The three interventions were 1) Befriending through volunteers; volunteers regularly met individual
40 patients or small groups of them to provide psychological, social and practical support; 2) Multi-
41 family groups: several patients with family members or friends had regular meetings guided by a
42 mental health professional to exchange experiences and encourage mutual support and learning;
43 and 3) DIALOG+: clinicians and patients used an app-supported intervention to turn routine
44 meetings into therapeutically effective interventions (7).
45
46
47
48
49

50 The adaptation of each intervention and the design of the study protocols involved local
51 stakeholders – i.e. patient groups, clinicians, service managers and policymakers - to ensure
52 appropriateness and practical relevance for the given context. Each intervention was provided for six
53 months with a further six month follow-up period. The overall protocol and results of studies have
54 been published elsewhere (8,9). GLOBE also sought to provide capacity strengthening activities,
55 including regular meetings with senior researchers and research assistants in all LMICs, placements
56
57
58
59
60

BMJ Open: first published as 10.1136/bmjopen-2021-059590 on 3 June 2022. Downloaded from <http://bmjopen.bmj.com/> on April 10, 2024 by guest. Protected by copyright.

of researchers in the coordinating centre in London, monthly seminars, and extensive training covering the management and analysis of qualitative and quantitative data using relevant software programmes.

Study design and sampling

In a prospective longitudinal qualitative evaluation, we assessed the expectations and experiences of the NIHR Global Health Research Group. Two interviewers conducted two rounds of semi-structured one-to-one interviews, between June and December 2017 at the group's inception and between September 2020 and February 2021 towards the end of the programme. The initial interviews were conducted once the programme was initiated.

Participants included senior investigators, project managers and researchers, all involved in the setting up and delivering GLOBE. Most of the interviews on expectations were in-person and took place in each participant's country. Due to the COVID-19 pandemic, interviews on experiences were all conducted online. This study is reported adhering to the guidelines defined by the Standards for Reporting Qualitative Research (SRQR) (10).

Data collection

All interviews were conducted in English using semi-structured interview guides. The guide for the initial interviews addressed individual expectations, concerns and anticipated challenges of the global mental health research collaboration in GLOBE. The findings informed the guide for later interviews on the experiences (see Additional file 1: Appendix A for the topic guide).

On average, interviews lasted 50 minutes (range: 30-70 minutes). All the interviews were recorded on two different devices and transcribed ad verbatim. Written informed consent was obtained from all participants. The Ethics Committee of Queen Mary, University of London, approved the study (QMREC2047a).

Data analysis

Transcripts were imported into NVivo 12 and analysed using framework analysis (11). Initial interviews on expectations were analysed first, and later compared with the interviews on experiences.

Initial interviews on expectations were read several times to ensure familiarity and identify the key themes. Codes were developed and refined until no new aspects were identified and organised into a thematic framework, which the experiences were compared against. Codes for both sets of interviews were first developed by one researcher (VR), and 40% of the transcripts two secondary

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

reviewers (FvL, MM) conducted independent coding and theme development to ensure trustworthiness of the findings. All researchers determined data saturation during the final stages of the analysis (12,13). The results were regularly discussed in the team of authors who were all involved in global health research, had grown up on different continents, had different clinical and non-clinical backgrounds and were at different stages of their career, and also in the wider multi-disciplinary research group of the Unit for Social and Community Psychiatry. Reflexivity was continuous, from the stages of data collection to manuscript development (14).

Patient and public involvement

It was not appropriate to involve patients or the public in the design, or conduct, or reporting, or dissemination plans of our research.

Results

Sample characteristics

Thirty-eight participants were interviewed (for professional characteristics see Appendix B). Initial expectations were assessed in 19 and experiences in 30 interviews. Thus, there were 49 interviews in total, with 11 participants being interviewed about both initial expectations and later experiences. Three participants who for different reasons left the programme midway were also interviewed about their experiences to include potentially more negative views of participants who discontinued their involvement.

Overall framework

The overall framework, presenting the main expectations derived from the interviews, is shown in Table 1.

[insert table 1]

Table 2 shows how the experiences fit into the following categories: (i) expectations met; (ii) expectations exceeded; (iii) expectations partially met, and (iv) expectations not met. The results section is structured using this categorisation and additional quotes to illustrate each category are provided in text boxes (supplementary tables 1-4).

[insert table 2]

BMJ Open: first published as 10.1136/bmjopen-2021-059590 on 3 June 2022. Downloaded from <http://bmjopen.bmj.com/> on April 10, 2024 by guest. Protected by copyright.

Expectations met

Clear, regular, transparent communication

The respondents hoped for clear, ongoing communication amongst the wider research group to ensure a joint commitment to the programme.

Communication is so important to make sure there are no misunderstandings and people remain committed to the programme. (R-16 Ugandan Senior Investigator expectations)

I think productive communication needs regular communication. (R-32 UK Senior investigator expectations)

Transparency was hoped for to ensure a shared understanding of all processes within the project, particularly for those who had worked in previous collaborative projects where they reported that important processes were kept hidden.

There were many other projects also regional I was involved in. [...] All these projects were done behind closed doors. [...] And this happened as I said is the general culture in our country. [...] I'm not saying that everyone should be involved, but some transparency should be there. (R-02 Bosnian Researcher's expectations)

All participants felt that clear communication was sustained throughout. The regular meetings enabled a collective awareness throughout the programme, which many acknowledged as valuable.

So I think the facilitators of the project have maintained open communication lines, in that anytime you have a challenge, you can reach out. (R-20 Ugandan Coordination/management experiences)

And when we hear about the work in different places, I think it's important for the group's creativity. (R-07 Colombian Coordination/management experiences)

LMIC partners felt that being involved in the initial stages of setting up the studies, ensuring all were copied in on correspondence relevant to them, and an explicit authorship policy contributed to the transparency experienced.

I would say yes especially with the UK team and our local team and the PI, there was transparency [...] You were present at our meetings with the finance team, with the admin team. So we always knew what was happening. (R-04 Bosnian Researcher experiences)

Relationships based on mutual respect and trust

Given that participants would be working across different contexts, it was expected that relationships convey mutual respect, display cultural sensitivity, and accommodate different working styles.

It's about the people, the relationship that you develop with people once it is solid, then you can always move forward. (R-22 Ugandan Senior Investigator expectations)

Many participants experienced mutual respect in relationships, to the extent of facilitating new research opportunities. One researcher reflected on their role in developing new research studies as an extension to the original GLOBE study:

My opinion was respected. My ideas were respected. And the idea to research DIALOG+ in primary health care was mine. So yes, I feel quite respected. (R-01 Bosnian Senior Investigator experiences)

Language as a barrier

Language was also identified as a potential concern in the context of working across multiple countries, especially with the partner groups being expected to understand and relay complex information to the rest of the group when needed, and articulating ideas during the teaching weeks.

But really understanding takes time. So that's one barrier. Language is another barrier. Communication and everybody because communication doesn't work smoothly. (R-06 Colombian Senior Investigator expectations)

Despite initial concerns, individuals did observe how language impacted on the capacity to work collaboratively and communicate effectively across the countries.

The other thing is that language is a huge barrier. So, when you ask about mutual learning, about collaboration, they face a barrier in the language. (R-06 Colombian Senior Investigator experiences)

Developing research expertise

Individuals expected to develop their understanding of research methods and designs and learn how to conduct high-quality research.

And this is also rewarding because we'll develop methodological skills and research-related skills like writing papers or projects or applying for funds (R-01 Bosnian Senior Investigator expectations)

Many respondents outlined the specific research skills they gained from the collaboration, including defining and standardising procedures to ensure consistency and reduce errors when implementing specific tasks.

BMJ Open: first published as 10.1136/bmjopen-2021-059590 on 3 June 2022. Downloaded from <http://bmjopen.bmj.com/> on April 10, 2024 by guest. Protected by copyright.

I learned about the protocols, and how we make protocols for everything, and present that information to the sites. I didn't do that kind of work before, and I think it was very useful ...(R-07 Colombian Coordination/management experiences)

Publications and dissemination

Publications were considered a vital output of the research collaboration, allowing researchers to exhibit competency to the research community, and support career development.

So I think that comes from other research because they are very important for the careers, for us recently publishing has become more important. (R-06 Colombian Senior Investigator expectations)

Experiences of the publication process were perceived as positive. Early-career researchers from LMIC partners were given the opportunity to be the lead author on papers and contribute contextual insight gained from working directly with the intervention and its recipients.

We were given an opportunity to write [...] do the literature review, and be genuine with what has been happening in the hosting community. (R-27 Ugandan Researcher experiences)

Expectations exceeded

Commitment to the research

Since not all researcher assistant had been recruited when senior researchers in LMICs were interviewed about their expectations, some expressed doubts about whether research assistants would remain committed to the research programme.

I hope I make the right choice for the research assistants [...] Because if I train someone to deliver the interventions, and they decide to leave after three, six months, it will be necessary to train another. (R-01 Bosnian Senior Investigator expectations)

Yet when discussing the commitment of the group's members, including the researcher assistants, many participants remarked on their enthusiasm and dedication, suggesting that the experiences exceeded initial expectations.

I think what I really enjoyed about working on the project was the people. So, everyone on the teams were very nice people to work with but also very engaged, interested, enthusiastic about the work and very hard working. (R-36 UK Coordination/management experiences)

New research opportunities and extended networks

Respondents anticipated that participating in the GLOBE programme would lead to further research opportunities.

Then research opportunities will come out of this, depending on how much effort are you putting in. (R-24 Ugandan Coordination/management expectations)

Indeed, several new research projects emerged from the GLOBE programme that received competitive funding, indicating that expectations were exceeded. One study, led by the Ugandan research group, explored patient support during consultations:

The idea for the first proposal came from the Uganda team, but was co- developed together with the UK team. The things we wanted to appreciate were the reasons for patients coming back for review and who is supporting them in doing this (R-17 Ugandan Senior Investigator experiences)

As a result of additional funding to the site in Colombia the network expanded in Latin America.

We are planning another network with two countries of Latin America we could help both groups, groups that are intermediate like ours and groups that are beginning. (R-05 Colombian Senior Investigator experiences)

Expectations partially met

Ownership of the research

Partners expressed a desire for autonomy and ownership when describing their ideal collaborations, especially being responsible for their studies.

The best collaborations I've had are when they let me be their driver because I know the system [...] but they feel like they should control what's going on locally and usually makes you feel disempowered. (R-17 Ugandan Senior Investigator expectations)

LMIC partners perceived the collaboration as meeting their expectations for acquiring ownership of their studies. In contrast, UK participants believed this difficult to realise when the whole programme is being funded by one country.

So, to me whenever there are institutions from other countries, as long as I have ownership, I tend to like it better. You know, it's better organised, you know, some things to learn from them because they're from different cities. (R-21 Ugandan Coordination/management experiences)

Limitations to partnership in designing the interventions

Regarding partners’ contributions, a UK senior researcher emphasised that the collaboration would be a space where every member could contribute their perspectives and input. Partners’ expected their knowledge of the local context and health systems to help adapt the interventions and foresee any likely challenges.

BMJ Open: first published as 10.1136/bmjopen-2021-059590 on 3 June 2022. Downloaded from <http://bmjopen.bmj.com/> on April 10, 2024 by guest. Protected by copyright.

I think Queen Mary already has a protocol somewhere, but I think we're going to have to put in the nitty-gritty details for the process of the adaptation (R-23 Ugandan senior investigator expectations)

Although the collaboration created space to share and exchange input, when asked about contributions made towards adjusting the interventions, a Colombian senior investigator commented:

The research designs and many of the main components come from the UK, the role of Colombia or other countries is limited because the money and the resources are not ours. So that means that the possibility of really making changes or deciding many things about the project is limited. (R-06 Colombian Senior Investigator experiences)

Participants in the UK echoed this opinion when asked about how the partner's contributed to this process.

If they needed things changed, they did put their case forward. But because they were all interventions that were developed in the UK, I suppose they went with the flow for a lot of it, just to test things out. (R-37 UK Coordination/management experiences)

Coordination and power dynamics

The UK group expected to provide administrative and research support during the programme's rollout, whilst anticipating the challenges around ensuring their involvement was not too prescriptive. There were concerns about the uneven distribution of power:

Rather than having a partnership of four equal sites, it still looks like you have one side that is partnering down on the three other sites and setting the agenda. I know this is where the research expertise is. (R-35 UK Senior Investigator expectations)

The need to meet the grant requirements imposed a way of coordinating the group in a more prescriptive manner than anticipated and influenced the power dynamic within the collaboration.

I think we're quite restricted by the actual mechanisms of the grant and things such as the fact that the contracts must be issued through Queen Mary [...] it all rests with the lead organisation [the UK] (R-33, UK Senior Investigator experiences)

The LMIC partners did not comment on the presence of a power dynamic, but rather around the consistent and constructive support they had received.

I would like to say that the UK team was immensely supportive. At times I felt like we were pestering them, they had this infinite patience for us and our constant questions. So I think none of this would have gone as quickly and well as it did if we weren't sort of supervised by the UK team (R-04 Bosnian Researcher experiences)

Investing in local leadership

Investing in and developing in local leadership was recognised as essential for working toward the sustainability of the research groups and a key expectation of the programme.

I would have the opportunity to employ three young researchers. The project will employ them, we will have them in the department, and they will simultaneously be acquiring research skills in collaborations with Queen Mary and Uganda and Colombia. And they will remain an asset to the department where I work (R-01 Bosnian Senior Investigator expectations)

Participants felt that the grant lacked the resources to make the infrastructural changes needed to establish academic posts.

So I think that that role that it had being able to help other people, to develop their career has been fulfilled with the limitation of the structure of any faculty that is flexible, but it's not entirely flexible to changes. (R-06 Colombian Senior Investigator experiences)

Strengthening research capacity

Building on and strengthening research capacity was a significant expectation, with one respondent viewing it as a central part of the collaboration.

We don't have the capacity to do some things. For example, we don't have capacity to successfully submit a Wellcome Trust grant and win it without help. So, for selfish purposes, we need to build our capacity. (R-22 Ugandan Senior Investigator expectations)

One participant perceived capacity building as developing skills at the individual level to deliver the current programme and achieve it.

There was need for capacity building for the members on the team at different stages of the study [...] we needed to train the researchers in REDCap, data entry, collecting data for qualitative interviews, reviewing transcripts, all that was part of the capacity building that has been emphasised through the study (R-20 Ugandan Coordinator experiences).

Although the pandemic hindered some aspects of capacity strengthening, a UK respondent considered the programme's efforts inadequate overall.

I'm not so sure. It was difficult. Yes, of course, we build up research capacity a bit, but if the whole group stopped tomorrow, we wouldn't leave long-term, highly functioning research groups behind. (R-32 UK Senior Investigator experiences)

BMJ Open: first published as 10.1136/bmjopen-2021-059590 on 3 June 2022. Downloaded from <http://bmjopen.bmj.com/> on April 10, 2024 by guest. Protected by copyright.

Expectations not met

Opportunity for innovation

There was an expectation that working in resource-limited contexts and collaborating with international experts would lead to new ideas and interventions, given that constraints can lead to innovation.

So, looking at different cultures and seeing how distress is dealt with around the world can be one way to get new perspectives that could lead to real innovation rather than just I'm going to tweak this intervention slightly or I'm going to try this intervention with a different population (R-34 UK Senior Investigator expectations)

The LMIC partners expected to learn more about psychosocial interventions and new treatment approaches that are not common in LMIC contexts. The experience of delivering the interventions fulfilled the expectations of learning about novel, low-cost interventions.

So I think this is very important because it shows us new opportunities and new ways to help people with a mental concern. [...] And it's very cheap. So I think it is a new way that we have not explored yet enough. I also saw these interventions reduce stigma which is very high in Colombia (R-13 Colombian Researcher experiences)

But the expectation of working collectively to generate new ideas for interventions in the context of was ultimately not met.

Maybe the thing that we have still need to do is how to develop research ideas collectively [...].I would like to learn how to work with a group and think together to develop new research ideas. (R-06 Colombian Senior Investigator experiences)

Mutual learning

In the expectation interviews, a key motivation for international collaboration was the strong desire to work collaboratively with a diverse group of researchers and promote cross-cultural discussion and learning.

Mutual learning means sharing experience and discussing different points of views. (R-02 Bosnian Researcher expectations)

A UK senior investigator expressed doubts about the arrangements established to encourage mutual learning, such as the teaching weeks and seminars being hosted in the UK.

My understanding is that lots of the sharing and learning is going to be done in Britain and I suppose you're out of your comfort zone in somebody else's country and you don't own it as much. (R-35 UK Senior Investigator expectations)

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

While partner perspectives demonstrated the development of research expertise, learning on the UK side was less apparent. Although the UK team did not necessarily acquire research skills, one UK investigator acknowledged:

One of the things I've personally learned from Uganda approach is how better to include different stakeholders. They're very good at hearing multiple voices in the research and to deal with that in a sensitive way that everybody feels heard (R-33 UK Co-investigator experiences)

Generally, some interviewees perceived mutual learning to be even less evident amongst the partner groups, perhaps due to the lack of interaction between them.

There should be intercommunication between the different players, a lot of communication with the other institutions as opposed to the communication being only between, Uganda and Queen Mary (R-16 Ugandan Senior Investigator experiences).

Discussion

Main findings

The findings indicate that most expectations were either partially met, met, or exceeded, and there were hardly any unexpected challenges. Expectations were met concerning good and open communication, collegiate and trustful personal relationships, developed individual research expertise, further research opportunities and extending professional networks. However, other expectations were not met or only partially met. They were about developing local research leadership, strengthening institutional research capacity, and opportunities for innovation and for mutual learning. Around equity of partnership and ownership of research the views of participants in the UK tended to be more critical than those of partners in LMICs.

Interpretations and comparisons with the existing literature

Most of the identified expectations and experiences address aspects previously raised in the literature, although not necessarily in the nuanced way as in this evaluation. Many initial expectations were met or even exceeded, and the general tone of experiences was positive. Central to the positive experiences appear good personal relationships with open, regular and inclusive communication, mutual trust and respect for everyone involved. Still, some expectations remained not or only partially fulfilled.

The latter included the hope for mutual learning, both between LMICs and HICs and among the partners in LMICS themselves. Whilst partners in LMICs were satisfied with what they had learned through the research activities guided by the centre in a HIC, they felt they had learnt rather little

BMJ Open: first published as 10.1136/bmjopen-2021-059590 on 3 June 2022. Downloaded from <http://bmjopen.bmj.com/> on April 10, 2024 by guest. Protected by copyright.

from each other (8,9). Having a site in a HIC as the coordinating centre, being located on different continents, working in very different contexts, establishing relationships with new partners, and having different mother tongues may have hindered direct exchange and interaction among the LMIC partners. Subsequently, the main relationships from the collaboration that led to further successful grant applications were bilateral between the centre in the UK and partners in the different LMICs. Explicitly identifying what all partners may learn from each other could be discussed throughout collaborations to foster mutual learning (1).

Another related disappointment was the limited scope for developing innovative ideas. Much time was dedicated to establishing relationships and delivering what the group had promised to deliver in the grant application, which may have limited the options for creative and innovative thinking (15–17). At the same time, the feeling of a lack of innovation might be a wider phenomenon in mental health research and be only reflected in global health research rather than specifically arising in it (18).

Achieving equitable relationships is a crucial goal for many global health research collaborations (4). The literature highlights how the dynamic imposed by Western funding structures can impact the equality of a partnership, especially with the obligations of meeting the funding expectations (2). Similar concerns were initially expressed by participants in this evaluation, more so from UK participants than LMICs. Overall, participants in the UK remained sceptical about a true and equal partnership until the end. In contrast, most participants in LMICs felt their initial hopes for equity among partners had actually been met and this occurred despite the restrictions and potentially paternalistic nature of funding channelled by a HIC that all partners had been aware of from the beginning (2,4,17). Again, communication and relationships appear central to this.

Similarly to the positive experience of equity, partners in LMICs also perceived expectations of capacity building as fulfilled, a view that participants in the UK did not share. In the literature, there are different understandings of what capacity building entails; some view it as training related to the current research project, whereas others view it as enhancing infrastructural support (4). Addressing both individual and organisational aspects and balancing the development of project-specific and general skills are required to establish sustainable research groups in LMICs (19,20). All participants agreed that the research expertise of various individuals in each country had markedly improved, also benefiting from individual mentoring and longer spells of some researchers at the co-ordinating centre in London (21,22). Yet, there were doubts as to whether the progress of individuals would lead to a sustained increased research capacity on an institutional level when there was no infrastructure for research careers and respective funding. Related to this, participants in all

countries considered that the efforts to invest in local leadership were beyond the research programme's resources and that more resources and particularly longer time-scales were needed to ensure the continuity of research posts and, subsequently, research infrastructure (23).

Implications for research and practice

The study evaluated a global health research programme that was relatively successful in terms of conventional academic outcome criteria: despite the unforeseen complications through the pandemic all trials were completed as planned in the protocol, the tested interventions were shown to be feasible and beneficial, and various results were published in peer-reviewed journals. Meeting or even exceeding these criteria was mentioned in the reported experiences, although it did not dominate them. Yet, meeting the conventional aims of research projects may still have been the basis for the generally positive perception of the overall research programme. Experiences were favourable on a number of aspects of the research programme and they underline the importance of investing enough time and energy into establishing transparent communication and trustful relationships from the very beginning.

With respect to the areas of disappointment – developing local leadership, strengthening institutional research capacity, and opportunities for innovation and for mutual learning – the question arises as to whether research collaborations can and should put more emphasis on these aspects from the outset or whether achieving all the aims of global health research within one programme is unrealistic.

Expectations relating to building institutional research capacity and investing in early-career researchers need to be realistic and proportionate to the amount of funding and time available within a single programme. While more resources and a longer time scale are likely to help strengthen institutional research capacity, changes in the options and arrangements for academic funding in LMICs may also be required so that there are realistic career paths with sufficiently paid long-term positions available to early-career researchers.

Strengths and Limitations

To our knowledge, this is the first prospective longitudinal qualitative evaluation of a global health research collaboration, assessing expectations and corresponding experiences. Also, the study includes perspectives from a multidisciplinary research group and participants at a different career stage across three continents.

The study also has several limitations. Firstly, a social-desirability bias might have influenced participants' responses. Secondly, the study assessed expectations and experiences of only one

BMJ Open: first published as 10.1136/bmjopen-2021-059590 on 3 June 2022. Downloaded from <http://bmjopen.bmj.com/> on April 10, 2024 by guest. Protected by copyright.

research collaboration, potentially making the findings specific to research in mental health and this programme's context. Thirdly, we assessed only the view of the researchers in the group, not of other stakeholders or the funding body. Finally, one can only speculate whether the collaboration might have been different without the restrictions of the pandemic.

Conclusion

The evaluation suggests that many initial expectations and hopes for the outcomes of a global health research programme can be met. Establishing good communication and mutually trustful relationships are central, yet not sufficient to ensure that all initial aims are finally achieved. Participants in HICs were more sceptical in their eventual appraisal than those in LMICs. Evaluations of other global health research programmes should explore whether this reflects a general trend. In any case, it shows that the views of different participants can vary significantly and that all need to be considered in an evaluation of a global health research project.

The funding imbalance in global health research is difficult to change, but this study shows that nevertheless researchers in LMICs can feel equity and fairness in partnerships. At the same time, it may be helpful to identify the expectations of all participants at the outset and monitor progress against them, not only against the milestones defined in the grant application.

Funding bodies on global health research may want to consider whether it is helpful to define a wide range of aims, some of which may be unrealistic to achieve in one single programme. Finally, higher-level agreements with established or potential research institutions in LMICs may be required to secure options for long-term research careers and strengthen sustainable research capacity.

Abbreviations

GMH: Global Mental Health; HICs: High-income countries; LMICs: Low- and middle- income countries

Contributors

VR conceptualised and led this study. VR, MM, and FvL contributed to the data analysis. All authors (VR, MM, FvL, VB, SP) contributed to the data interpretation and drafting of the manuscript. All authors (VR, MM, FvL, VB, SP) approved the final manuscript and were responsible for the decision to submit it for publication.

Declaration of interest

The authors declare that they have no competing interests related to the research studies outlined in this research paper.

Acknowledgements

Not applicable

Funding

This research was funded by the National Institute for Health Research (NIHR) (Global Health Research Group on Developing Psychosocial Interventions for Mental Health Care, project reference 16/137/97) using UK aid from the UK Government to support global health research. The views expressed in this publication are those of the authors and not necessarily those of the NIHR or the UK Department of Health and Social Care.

Ethics

The Ethics Committee of Queen Mary, University of London, approved the study (QMREC2047a).

Data availability statement

No data are available

References

1. Dean L, Njelesani J, Smith H, Bates I. Promoting sustainable research partnerships: A mixed-method evaluation of a United Kingdom-Africa capacity strengthening award scheme. *Heal Res Policy Syst* [Internet]. 2015;13(1):1–10. Available from: <http://dx.doi.org/10.1186/s12961-015-0071-2>
2. Gautier L, Sieleunou I, Kalolo A. Deconstructing the notion of “ global health research partnerships ” across Northern and African contexts. 2018;19(Suppl 1).
3. Larkan F, Uduma O, Lawal SA, van Bavel B. Developing a framework for successful research partnerships in global health. *Global Health*. 2016;12(1).
4. Faure MC, Munung NS, Ntusi NAB, Pratt B, de Vries J. Mapping experiences and perspectives of equity in international health collaborations: a scoping review. *Int J Equity Health*. 2021;20(1):1–13.
5. Matenga TFL, Zulu JM, Corbin JH. Dismantling historical power inequality through authentic health research collaboration : Southern partners ’ aspirations. 2021;
6. Langhaug LF, Jack H, Hanlon C, Holzer S, Sorsdahl K, Mutedzi B, et al. “ We need more big trees as well as the grass roots ”: going beyond research capacity building to develop sustainable careers in mental health research in African countries. *Int J Ment Health Syst* [Internet]. 2020;1–14. Available from: <https://doi.org/10.1186/s13033-020-00388-1>
7. Priebe S, Kelley L, Golden E, McCrone P, Kingdon D, Rutterford C, et al. Effectiveness of structured patient-clinician communication with a solution focused approach (DIALOG+) in community treatment of patients with psychosis - a cluster randomised controlled trial. *BMC Psychiatry* [Internet]. 2013;13(1):1. Available from: *BMC Psychiatry*
8. Sikira H, Janković S, Slatina MS, Muhić M, Sajun S, Priebe S, et al. The effectiveness of volunteer befriending for improving the quality of life of patients with schizophrenia in Bosnia and Herzegovina - an exploratory randomised controlled trial. *Epidemiol Psychiatr Sci*. 2021;30:e48.
9. Botero-Rodríguez F, Hernandez MC, Uribe-Restrepo JM, Cabariqe C, Fung C, Priebe S, et al. Experiences and outcomes of group volunteer befriending with patients with severe mental illness: an exploratory mixed-methods study in Colombia. *BMC Psychiatry*. 2021;21(1):1–10.
10. O’Brien BC, Harris IB, Beckman TJ, Reed DA, Cook DA. Standards for reporting qualitative

BMJ Open: first published as 10.1136/bmjopen-2021-059590 on 3 June 2022. Downloaded from <http://bmjopen.bmj.com/> on April 10, 2024 by guest. Protected by copyright.

research: A synthesis of recommendations. Acad Med. 2014;89(9):1245–51.

11. Gale NK, Heath G, Cameron E, Rashid S, Redwood S. Using the framework method for the analysis of qualitative data in multi-disciplinary health research. BMC Med Res Methodol [Internet]. 2013;13(1):1. Available from: BMC Medical Research Methodology
12. Morse JM. The Significance of Saturation. Qual Health Res [Internet]. 1995 May 1;5(2):147–9. Available from: <https://doi.org/10.1177/104973239500500201>
13. Saunders B, Sim J, Kingstone T, Baker S, Waterfield J, Bartlam B, et al. Saturation in qualitative research: exploring its conceptualization and operationalization. Qual Quant [Internet]. 2018;52(4):1893–907. Available from: <https://doi.org/10.1007/s11135-017-0574-8>
14. Dodgson JE. Reflexivity in Qualitative Research. J Hum Lact. 2019;35(2):220–2.
15. Beran D, Perone SA, Alcoba G, Bischoff A, Bussien C, Eperon G, et al. Partnerships in global health and collaborative governance : lessons learnt from the Division of Tropical and Humanitarian Medicine at the Geneva University Hospitals. Global Health [Internet]. 2016;1–13. Available from: <http://dx.doi.org/10.1186/s12992-016-0156-x>
16. Kerasidou A. The role of trust in global health research collaborations. Bioethics. 2019;33(4):495–501.
17. Jenkins C, Hien HT, Chi BL, Santin O. What works in global health partnerships ? Reflections on a collaboration between researchers from Vietnam and Northern Ireland. 2021;10–3.
18. Priebe S. A social paradigm in psychiatry - Themes and perspectives. Epidemiol Psychiatr Sci. 2016;25(6):521–7.
19. Edwards S, Ritman D, Burn E, Dekkers N, Baraitser P. Towards a simple typology of international health partnerships. Global Health [Internet]. 2015;11(1):1–7. Available from: <http://dx.doi.org/10.1186/s12992-015-0132-x>
20. Sewankambo N, Tumwine JK, Tomson G, Obua C, Bwanga F, Waiswa P, et al. Enabling Dynamic Partnerships through Joint Degrees between Low- and High-Income Countries for Capacity Development in Global Health Research : Experience from the Karolinska Institutet / Makerere University Partnership. 2015;1–8.
21. Bowsher G, Papamichail A, El Achi N, Ekzayez A, Roberts B, Sullivan R, et al. A narrative review of health research capacity strengthening in low and middle-income countries: Lessons for conflict-affected areas. Global Health. 2019;15(1):1–13.
22. Naslund JA, Kalha J, Restivo JL, Amarreh I, Callands T, Chen H, et al. Identifying challenges and recommendations for advancing global mental health implementation research: A key informant study of the National Institute of Mental Health Scale-Up Hubs. Asian J Psychiatr. 2021;57(October 2020).
23. Merritt C, Jack H, Mangezi W, Chibanda D, Abas M. Positioning for success: building capacity in academic competencies for early-career researchers in sub-Saharan Africa. Glob Ment Heal. 2019;6.

Themes	Ensuring group coherence and commitment	Equity in the partnership	Learning and development	Sustainability and impact
--------	---	---------------------------	--------------------------	---------------------------

Subthemes	Clear, regular, transparent communication	Ownership of the research	Developing research expertise	Publications and dissemination
	Relationships based on mutual respect	Limitations to partnership in designing the interventions	Opportunity for innovation	New research opportunities and extended networks
	Language as a barrier	Coordination and power dynamics	Mutual learning	Investing in local leadership
	Commitment to the programme		Strengthening research capacity	

Table 1. Themes and subthemes relating to the key expectations of global collaboration

Expectations met	Expectations exceeded	Expectations partially met	Expectations not met
Clear, regular, transparent communication	Commitment to the research	Ownership of the research	Opportunity for innovation
Relationships based on mutual respect and trust	New research opportunities and extended networks	Limitations to partnership in designing the interventions	Mutual learning
Language as a barrier		Coordination and power dynamics	
Developing research expertise		Investing in local leadership	
Publications and dissemination		Strengthening research capacity	

Table 2. Expectations met, exceeded or partially met

Expectations met		
	Expectations	Experiences
Clear, regular transparent communication	<i>It's about clear communication, making sure people understand, and that there's no sort of misunderstandings. (R-33 UK Senior Investigator)</i>	<i>So even though you're collecting your data, you are always in the know of what other people are doing where it is that they have reached otherwise communication back and forth through emails. And even though the data was being collected locally, it was certainly a collaborative research. (R-17 Ugandan Senior Investigator)</i>
	<i>You know, you need to be very well informed of exactly what your role is going to be on a project, how much time you're putting in, how much you getting paid for that and what the outcomes are supposed to be, what the indicators are and then you evaluate yourself and make sure that work is done. (R-23 Ugandan Senior Investigator)</i>	<i>Yes, it has been transparent enough for me. Because when the communication is passed on, sometimes from UK to Uganda, you're copied in from the first communication, you do not necessarily receive second hand like flow through the coordinator (R-30 Ugandan Researcher)</i>
		<i>Even authorship has been discussed during all these meetings. Then, as the programme went on and we discussed more things, I was delighted to see that it was done fairly. Yeah, it has been transparent. (R-18 Ugandan Senior Investigator)</i>
Relationships based on mutual respect	<i>If a particular group likes communicating in a particular way that you adapt your, your style and it is some sort of negotiation that people have different aims that they want to get out of this. (R-33 UK Senior Investigator)</i>	<i>There was, on a personal level, mutual respect acknowledgement for different expertise. (R-32 UK Senior Investigator)</i>
	<i>But still open towards challenges that and respecting everyone on a similar level the better it will be. Curiosity also helps, not tolerance, but curiosity and respect. (R-32 UK Senior Investigator)</i>	<i>And then the other one in having a collaboration of course, we made friends we've met people that we didn't know before. We continue to work on things together. So, I guess that was also achieved in terms of creating a collaboration. (R-17 Ugandan Senior Investigator)</i>
	<i>But ensuring that things work out well, respect for each other, and whatever it is you've agreed to be working on. (R-17 Ugandan Senior Investigator)</i>	

Language as a barrier	<i>Of course, there are many barriers. It begins with the language. In European project meetings, it is also fascinating that after a few hours only the native speakers keep talking [...] But the others ones just get tired. And it's difficult to, to negotiate in language that's not your own. (R-32 UK Senior Investigator)</i>	<i>And then I guess, disadvantages I think one of the hardest things was communication with each of the teams I guess there's, there was always a language barrier with all the teams. (R-36 UK Coordination/Management)</i>
	<i>The research and who are very good doing research and know how to do it and so that's something that's also important for me because many groups do design and try to, to run and research, but they are not very effective. (R-06 Colombian Senior Investigator)</i>	<i>I think I've learned a lot of how collaborative research works and what is amazing to me is to see that in Colombia, we are doing great research (R-15 Colombian Researcher)</i>
Developing research expertise		<i>We had a lot of things to learn how to write protocol or standard operating procedure and things like that, and writing a information sheet [...] that was something new for us. (R-03 Bosnian Researcher)</i>
Publications	<i>For my intellectual growth, for my visibility, um, because I'm working in research and academia. When you don't publish then it's like everybody's wondering what you're doing. And so the university has expectations. (R-23 Ugandan Senior Investigator)</i>	<i>The first drafts were actually written by the research assistants, but not the drafts didn't have the analysis bit of it. Yes butt it was what we have actually done on the sites.(R-26 Ugandan Researcher)</i>

Table 1. Additional quotes supporting expectations being met

Expectations exceeded		
	Expectations	Experiences
Commitment to the research	<i>Commitment could be a challenge when collecting the data and documenting this. We have seen it before in some projects where the commitment is not that great (R-16 Ugandan Senior Investigator)</i>	<i>I thought that the teams were really eager to to make a difference. I know that the local teams tried their level best to make the research possible. [...] I thought that the teams were really dedicated and so they were big part of the facilitation process of making the research happen. (R-37 UK Coordination/Management)</i>

	<i>And I think that we must select very good that people here, we have some problems about that. [...] So, we must think about that in maybe it, we must select very well the person that they are going to be involved in in these types of projects. (R-05 Colombian Senior Investigator)</i>	<i>Let's start with the facilitators for conduction of the study. We had a good research team. We had a good administrative team. (R-17 Ugandan Senior Investigator)</i>
New research opportunities and extended networks	The reputation of the academic institution is a necessity proved so it's needs to be done well because this is where we are will representing institution here. (R-34 UK Senior Investigator)	<i>From my point of view, it is a bit easier, since we're working with already established partners. I think a challenge of GLOBE was sort of from the beginning establishing those partnerships and those working relationships and learning how to work with each partner. Whereas with OLA [new study], we already knew the partners, and we already knew what to expect in terms of how we would work together. (R-36 UK Coordination/management)</i>
	<i>Whereas a project, like they say we have our network and all the other partners have their networks, I suppose it's about forming those links with those other networks. So we, we set to gain, um, from those experiences and also from those connections. (R-33 UK Senior Investigator)</i>	<i>Rather than having a completely new study, on let's say healers in Colombia, we decided to spread our network. That was a decision. I think it was a good decision. (R-32 UK Senior Investigators)</i>
	<i>I would like to have a good network, to make more projects in continuing to do being a network not only to have it last three years but maybe to construct a real network between all the universities. (R-05 Colombian Senior Investigator)</i>	

Table 2. Additional quotes supporting expectations being exceeded

Expectations partially met		
	Expectations	Experiences
Ownership of the research	<i>Sometimes partnerships don't do so well because the local people feel like they're not being treated fairly. They don't give you a chance to voice, to be active participants and they are relegated to data collectors (R-16 Ugandan Senior Investigator)</i>	<i>So it's not just the UK come and provide training for X, Y, and Z that would help people feel increased a sense of ownership that this is a group that is led by a certain country, but this is a group where we are all in equal partnership and we all have a role to play. (R-33 UK Senior Investigator)</i>

		<p>We just want you to implement it. I think that it wasn't like that the proposals had to be developed with the input from the UK team, but with a lot of input from the Ugandan team. So I think that also was very good in terms of helping us as learning experience, but also for collaboration. So that there's a sense of ownership on our part as well. Not feeling like it should all be just, you know, them to us. (R-33 Ugandan Senior Investigator)</p>
Limitations to partnership in designing the interventions	<p>So, it's expanding and making the research would be more democratic. So it's not just based on how much money you can get in your own country, but it's increasing collaboration so that more people can be introduced to high quality research and that can bring they own specific contribution to that. (R-33 UK Senior Investigator)</p>	
	<p>Challenges locally in Uganda and challenges with the partnership. So locally of course the work is going to be done here and uh, that means there needs to be called first of all can clear understanding what it is what that this project is all about. (R-16 Ugandan Senior Investigator)</p>	<p>And to some extent, they accepted the things I suggested and dismissed the things that were wrong, but I felt that I was listened to, that I was heard. The UK team understood the suggestions I had and if they were good, they were accepted. (R-04 Bosnian Researcher)</p>
		<p>And when you mentioned everyone, I mean, everyone from the most junior researcher to the PI. It was a beautiful experience coming from a completely different backgrounds that is more hierarchical and more oppressing. This was democratic research platform. (R-01 Bosnian Senior Investigator)</p>
		<p>I feel like we did make the decisions like in teams, if they suggested something and we didn't agree with it, then we would have the final say, even though we didn't necessarily know their context, as well as them and what it works. (R-38 UK Researcher)</p>

Coordination and power dynamics	<i>I think my role, it's to keep things moving and making sure we meet deadlines from all funders here, and supporting our partner countries and delivering the studies. (R-36 UK Coordination/management)</i>	<i>It's tough because it's like, how equitable can it really be when the money comes from the high-income country? [...] There were points at which the teams would be like happy for the UK team to lead it because they [UK team] were experts in how things are run here and how money was won and how grants were, were achieved and, you know, that sort of thing. (R-37 UK Project Manager)</i>
	<i>I mean in this project we as the coordinating centre so as a coordinating centre, it's our overall responsibility but I think the more collaboration you can build into that process the better [...] if it's just one partner coming in and telling the other partners what to do, that can be quite disempowering (R-33 UK Senior Investigator)</i>	<i>It was a very, very positive experience because they [UK group] were very supportive all the times, they were available anytime for any need. So they were very professional and they were very supportive in that way. (R-16 Colombian Researcher)</i>
Investing in local leadership	<i>They are [researchers] going to have an opportunity that many of us did not have to work in international collaborations at the beginning of their careers.[...]I believe that the return will be great too.. (R-06 Colombian Senior Investigator)</i>	<i>We do not leave enough money for this career path. These academic roles required to do professional research are simply not there (R-33 UK Senior Investigator)</i>
Strengthening research capacity	<i>I think the three interventions are subsidiary to that and supposed to be a vehicle whereby relationships and capacity will be developed for the future. (R-35 UK Senior Investigator)</i>	<i>I do think that COVID, hasn't helped because it prevented face-to-face contact in the last this last year. And this year, was going to focus on dissemination, grant writing, and ideas generation that's not been able to happen. (R-33 UK Senior Investigator)</i>
	<i>So the more capacity we have means we're a better research in the area, better quality research, but also would be able to provide very competitive grants that are attracting international funding and be seen as global players, uh, in addressing a challenging issues. (R-16 Ugandan Principal Investigator)</i>	

Table 3. Additional quotes supporting expectations being partially met

Expectations not met		
	Expectations	Experiences
Opportunity for innovation	<i>But when you look into the health system of the UK and that you have been working a lot on providing psycho-therapeutic interventions, not only the classical intervention. So trying to learn about how to really do that, is inspirational is for me. (R-06 Colombian Senior Investigator)</i>	<i>I think that these kinds of studies are a novelty here, it is not very frequent to have these. So this research will bring attention to these interventions. (R-08 Colombian Coordination/management)</i>
		<i>I mean, we are part of this business that is, I don't think, very innovative [...] I hope we had an atmosphere where this was stimulated. (R-32 UK Senior Investigator)</i>

Mutual learning	<i>When we participate in international collaborations we tap into resources and here, I don't mean financial resources [...] but rather in the intellectual resources that exist out there (R-16 Ugandan Senior Investigator)</i>	<i>So I didn't observe much learning across the groups as much as we very much did try and get them to communicate to each other. I don't feel they did. I felt like there was for the main three partners, like the three separate partners or feeding into us, not feeding into each other. (R-38 UK Researcher)</i>
	<i>It's about learning. It's about working together. It's about being on the same page. I think all groups have an equal contribution to make. (R-23 Ugandan Senior Investigator)</i>	<i>Maybe we need some interaction a little bit more in some proposals that come from South to North, not North to South. And, I think that it will be very useful to have at least one meeting every three months, for new ideas of research. Because we have a lot of options, different from the UK. (R-05 Colombian Senior Investigator)</i>

Table 4. Additional quotes supporting expectations not being met

Appendices

Appendix A Topic Guides

Section	Question (Expectations)	Question (Experiences)
Introduction	<p>Please tell me a bit about yourself and your professional role(s)</p> <p>Have you previously worked on international projects, or ‘global health’ projects?</p> <p>If so, please describe your experience working on such projects?</p>	<p>Please tell me a bit about yourself and your professional role(s)</p> <p>[If appropriate] To what extent did your previous experiences or collaborations help you in this role?</p> <p>[If appropriate] How did this collaboration differ from previous collaborations?</p>
Motivations	<p>What were your motivations for getting involved in the project?</p>	<p>Were these motivations realised during the project?</p>
Understanding the group's aims	<p>From your perspective, what are the key aims of the collaboration?</p> <p>How do you think these aims will be achieved?</p> <p>What things do you feel will be important in achieving these aims?</p>	<p>Now having experienced working on the project, what do you believe to be the most important aim(s)?</p> <p>And do you think any of these aims have been achieved?</p> <p>How did your role help achieve these aim(s)?</p>
General expectations/experiences	<p>What do you expect your participation in the collaboration will involve?</p> <p>Can you share with me any potential advantages of being a part of this collaborarion?</p> <p>Can you share with me any potential disadvantages of being a part of this collaborarion?</p>	<p>Please describe your role within this current collaboration?</p> <p>Can you share with me any advantage you experienced or observed in being a part of this collaborarion?</p> <p>Can you share with me any disadvantage you experienced or observed in being a part of this collaborarion?</p>
Mutual learning	<p>Can you give me an overview of your understanding of the term mutual learning?</p> <p>What do you feel that others may be able to learn from you over the next few years?</p> <p>What do you feel you may learn from others over the next few years?</p> <p>How do you see this process of mutual learning working in practice?</p>	<p>Do you think others learnt from your expertise? What specifically did you learn from others?</p> <p>[If appropriate] Have you been able to use of these skills and experiences in other roles?</p> <p>Do you feel the process of mutual learning took place during the project, and how did this happen in practice?</p>

BMJ Open: first published as 10.1136/bmjopen-2021-059590 on 3 June 2022. Downloaded from <http://bmjopen.bmj.com/> on April 10, 2024 by guest. Protected by copyright.

<i>Closing remarks</i>	Is there anything you would like to add, or anything you feel we have not discussed that may be important?	Is there anything you would like to add, or anything you feel we have not discussed that may be important?
------------------------	--	--

Appendix A Topic Guide

Respondent ID	Country	Position	Expectation interviews	Experience interviews
R-01	Bosnia-Herzegovina	Senior Investigator	✓	✓
R-02	Bosnia-Herzegovina	Researcher	✓	
R-03	Bosnia-Herzegovina	Researcher		✓
R-04	Bosnia-Herzegovina	Researcher		✓
R-05	Colombia	Senior Investigator	✓	✓
R-06	Colombia	Senior Investigator	✓	✓
R-07	Colombia	Coordination/management		✓
R-08	Colombia	Coordination/management		✓
R-09	Colombia	Researcher	✓	✓
R-10	Colombia	Researcher	✓	✓
R-11	Colombia	Researcher	✓	
R-12	Colombia	Researcher	✓	
R-13	Colombia	Researcher		✓
R-14	Colombia	Researcher		✓
R-15	Colombia	Researcher		✓
R-16	Uganda	Senior Investigator	✓	✓
R-17	Uganda	Senior Investigator	✓	✓
R-18	Uganda	Senior Investigator		✓
R-19	Uganda	Senior Investigator		✓
R-20	Uganda	Coordination/management		✓
R-21	Uganda	Coordination/management	✓	✓
R-22	Uganda	Senior Investigator	✓	
R-23	Uganda	Senior Investigator	✓	
R-24	Uganda	Coordination/management	✓	
R-25	Uganda	Researcher		✓
R-26	Uganda	Researcher		✓
R-27	Uganda	Researcher		✓
R-28	Uganda	Researcher		✓
R-29	Uganda	Researcher		✓
R-30	Uganda	Researcher		✓
R-31	Uganda	Researcher		✓
R-32	UK	Senior Investigator	✓	✓
R-33	UK	Senior Investigator	✓	✓
R-34	UK	Senior Investigator	✓	
R-35	UK	Senior Investigator	✓	
R-36	UK	Coordination/management	✓	✓

BMJ Open: first published as 10.1136/bmjopen-2021-059590 on 3 June 2022. Downloaded from <http://bmjopen.bmj.com/> on April 10, 2024 by guest. Protected by copyright.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

R-37	UK	Coordination/management		✓
R-38	UK	Researcher		✓

Appendix B Participant characteristics

For peer review only

BMJ Open: first published as 10.1136/bmjopen-2021-059590 on 3 June 2022. Downloaded from <http://bmjopen.bmj.com/> on April 10, 2024 by guest. Protected by copyright.

No.	Topic	Item	Page no.
Title and abstract			
S1	Title	Concise description of the nature and topic of the study Identifying the study as qualitative or indicating the approach (e.g., ethnography, grounded theory) or data collection methods (e.g., interview, focus group) is recommended	Title page
S2	Abstract	Summary of key elements of the study using the abstract format of the intended publication; typically includes background, purpose, methods, results, and conclusions	1
Introduction			
S3	Problem formulation	Description and significance of the problem/phenomenon studied; review of relevant theory and empirical work; problem statement	2-3
S4	Purpose or research question	Purpose of the study and specific objectives or questions	3
Methods			
S5	Qualitative approach and research paradigm	Qualitative approach (e.g., ethnography, grounded theory, case study, phenomenology, narrative research) and guiding theory if appropriate; identifying the research paradigm (e.g., postpositivist, constructivist/interpretivist) is also recommended; rationale ^b	4
S6	Research characteristics and reflexivity	Researchers' characteristics that may influence the research, including personal attributes, qualifications/experience, relationship with participants, assumptions, and/or presuppositions; potential or actual interaction between researchers' characteristics and the research questions, approach, methods, results, and/or transferability	Appendix B
S7	Context	Setting/site and salient contextual factors; rationale ^b	3
S8	Sampling strategy	How and why research participants, documents, or events were selected; criteria for deciding when no further sampling was necessary (e.g., sampling saturation); rationale ^b	4
S9	Ethical issues pertaining to human species	Documentation of approval by an appropriate ethics review board and participant consent, or explanation for lack thereof; other confidentiality and data security issues	4
S10	Data collection methods	Types of data collected; details of data collection procedures including (as appropriate) start and stop dates of data collection and analysis, iterative process, triangulation of sources/methods, and modification of procedures in response to evolving study findings; rationale ^b	4
S11	Data collection instruments and technologies	Description of instruments (e.g., interview guides, questionnaires) and devices (e.g., audio recorders) used for data collection; if/how the instrument(s) changed over the course of the study	4
S12	Units of study	Number and relevant characteristics of participants, documents, or events included in the study; level of participation (could be reported in results)	4
S13	Data processing	Methods for processing data prior to and during analysis, including transcription, data entry, data management and security, verification of data integrity, data coding, and anonymization/deidentification of excerpts	4
S14	Data analysis	Process by which inferences, themes, etc., were identified and developed, including the researchers involved in data analysis; usually references a specific paradigm or approach; rationale ^b	4
S15	Techniques to enhance trustworthiness	Techniques to enhance trustworthiness and credibility of data analysis (e.g., member checking, audit trail, triangulation); rationale ^b	4-5
Results/findings			
S16	Synthesis and interpretation	Main findings (e.g., interpretations, inferences, and themes); might include development of a theory or model, or integration with prior research or theory	5
S17	Links to empirical data	Evidence (e.g., quotes, field notes, text excerpts, photographs) to substantiate analytic findings	5-12
Results/findings			
S18	Integration with prior work, implications, transferability, and contribution(s) to the field	Short summary of main findings; explanation of how findings and conclusions connect to, support, elaborate on, or challenge conclusions of earlier scholarship; discussion of scope of application/ generalizability; identification of unique contribution(s) to scholarship in a discipline or field	13-14
S19	Limitations	Trustworthiness and limitations of findings	15
Other			
S20	Conflicts of interest	Potential sources of influence or perceived influence on study conduct and conclusions; how these were managed	16
S21	Funding	Sources of funding and other support; role of funders in data collection, interpretation, and reporting	16