Delft University of Technology

Document Version
Final published version

Licence
CC BY

Citation (APA)
Kolpa, N. E. M., Kamerling, R., Chattopadhyay, S., Ojo, E., Biru, M., Bonfrer, I., de Kok, B., van Heteren, G., Bloemenkamp, K. W. M., Stikkers-Muller, B., Jerene, D., Bailey, A., Koi-Larbi, K., Roseboom, T., Voskuijl, W., Lange, I. L., Filippi, V., Murni, I. K., Beyuo, T. K., ... Browne, J. L. (2026). How funders can shape epistemically just practices in grantmaking: an implementation science-oriented call. *The Lancet. Global health*, *14*(2), e181-e183. https://doi.org/10.1016/S2214-109X(25)00403-6

Important note
To cite this publication, please use the final published version (if applicable).
Please check the document version above.

Copyright
In case the licence states “Dutch Copyright Act (Article 25fa)”, this publication was made available Green Open Access via the TU Delft Institutional Repository pursuant to Dutch Copyright Act (Article 25fa, the Taverne amendment). This provision does not affect copyright ownership.
Unless copyright is transferred by contract or statute, it remains with the copyright holder.

Sharing and reuse
Other than for strictly personal use, it is not permitted to download, forward or distribute the text or part of it, without the consent of the author(s) and/or copyright holder(s), unless the work is under an open content license such as Creative Commons.

Takedown policy
Please contact us and provide details if you believe this document breaches copyrights.
We will remove access to the work immediately and investigate your claim.

This work is downloaded from Delft University of Technology.

How funders can shape epistemically just practices in grantmaking: an implementation science-oriented call

Published Online
November 11, 2025
https://doi.org/10.1016/S2214-109X(25)00403-6

Despite calls to decolonise global health research, funding remains concentrated in high-income countries (HICs), perpetuating disparities in authorship, agenda-setting, and decision-making.[1] As a result, research funding structures and practices often create conditions for epistemic injustice and can reinforce existing systemic inequities. Epistemic injustice takes multiple forms, for example marginalised actors are often not seen as credible (testimonial injustice) and they are excluded from shaping how problems and solutions are defined (hermeneutic injustice).[2] Just research ecosystems require rebalancing the relationship between HICs and low-income and middle-income countries (LMICs) through co-leadership, accountability, and trust. Yet, legal systems and national capacities to allocate research funding keep LMICs dependent on HIC institutions, constrained by rigid donor-driven frameworks.[3] As a result, LMIC voices remain peripheral, HIC frameworks dominate, and LMIC participation is tokenistic or extractive. Even when LMIC actors are included, they might echo and not be able to challenge HIC priorities.

However, there is hope; older systems are losing their legitimacy, making space for new approaches to emerge, leading to epistemically just funding practices by shifting power from HIC-led dynamics to LMIC stakeholders, investing in contextual knowledge, and supporting locally-led research.[4] This Comment shares lessons from an implementation science-oriented funding call and explores how funders can enable more equitable and inclusive grantmaking. As a group of call coordinators, researchers, and practitioners directly involved in co-developing the text for said funding call (and aware of our own positionality, with many of us holding senior, secure positions), we share our insights to contribute to broader debates about responsible funding and research equity in global health implementation research.

The Dutch Research Council funds interdisciplinary research on societal challenges through its Research along Routes by Consortia scheme.[5] One of its 25 biannual calls, focusing on UN Sustainable Development Goals and inclusive development, selected global health as its theme. Following informal consultations within the Global Research On Worldwide Challenges network, alignment with national policy priorities like the Dutch Global Health Strategy, and a concurrent WHO call to action the focus was refined to UN Sustainable Development Goals 3.1 and 3.2 (maternal, newborn, and child health).[7]

The call preparation team aimed to be more inclusive and participatory, guided by epistemic justice,[2] specifically fostering hermeneutic justice. It started with four publicly accessible webinars, which were held over 3 weeks in October, 2024, where global experts (clinicians, policymakers, researchers across disciplines, and patient representatives), including those from LMICs, shared insights. Around 100 participants attended, and recordings were made available for future applicants. Contributions from webinar speakers and moderators shaped the draft, many of whom joined the writing team. The Dutch Global Health Knowledge Institutes Network ensured transdisciplinary engagement across academia, non-governmental organisations, and health-care systems.

A recurring frustration was the persistent gap between existing evidence-based maternal, newborn, and child health interventions and failed attempts at implementation or scale-up. Also noted was the tendency of funding to be structured in ways that favour HIC researchers, limiting LMIC involvement. These insights shaped the call's central theme: actionable, implementable maternal, newborn, and child health research. In the call text we required proposals to include dedicated budgets for LMIC partners, including researchers, patients, and health-care professionals. Projects were expected to focus on scaling existing innovations within real-world health systems. After minor revisions, the final call text was approved by the Dutch Research Council Board and is now public.[7]

Funders can make global health research fairer and more relevant by supporting inclusive, participatory processes that amplify diverse voices. Research agendas, calls, and funded projects should reflect the priorities of communities, practitioners, and researchers in

Panel: Key lessons and practical actions for embedding equity and epistemic justice in global health funding

Embed epistemic justice in funding call and decision processes

Practical actions:

- Explain and embed epistemic justice explicitly in call texts, review criteria, and funding decisions
- Create mechanisms for low-income and middle-income country (LMIC) voices to shape research agendas and calls, not just respond
- Guarantee equitable LMIC representation on review and decision-making panels
- Allocate dedicated resources and ensure appropriate formats for participatory (pre-funding) agenda-setting processes, such as workshops and consultations

Example: Godrie and colleagues show how participatory research can embed local priorities into research design, showing the value of co-production as a mechanism for epistemic justice and equitable agenda-setting.[8]

Ensure fair and flexible budgets

Practical actions:

- Allocate flexible, sufficient funds that enable LMIC partners to lead and participate meaningfully in projects
- Ensure equitable overheads for LMIC institutions, not just high-income country (HIC) institutions
- Provide resources for early involvement of LMIC partners in proposal design, agenda-setting, and proposal assessment
- Provide, if necessary, capacity strengthening support workshops for potential applicants
- Anticipate the need for budget and time flexibility to cover ad-hoc support needs during projects, so that LMIC participation is not restricted when unexpected events arise
- Ensure equitable mobility and treatment across teams by budgeting for reciprocal travel and applying consistent standards for accommodation and working conditions
- Acknowledge and account for local contributions of LMIC institutions and advocate for recognition of these efforts to support sustainable research funding
- Disburse funds upfront where possible rather than reimbursement only, and keep audit and reporting demands proportionate
- Ensure LMIC partners control their own data and agreements

Example: Kok and colleagues highlight how locally available but latent research capacity in Ghana was mobilised when dedicated funding through a 5-year programme with a HIC for locally led projects became available, underscoring the importance of fair and flexible budgets.[9]

Mutual capacity building and learning

Practical actions:

- Provide ongoing training on equity and epistemic justice for funders, reviewers, and researchers for both HICs and LMICs
- Incentivise long-term, trust-based, reciprocal partnerships by issuing multiyear funding calls rather than short-term project collaborations
- Require joint leadership structures and equitable authorship between LMIC and HIC teams
- Budget explicitly for mutual capacity strengthening across partners

Example: Cakouros and colleagues show how power asymmetries in Liberia constrained equitable collaboration, highlighting the need for accountability mechanisms and joint leadership structures to ensure LMIC partners influence both decision-making and authorship.[10]

LMICs, not just funders or academic elites. True fairness requires addressing deep-rooted HIC–LMIC imbalances in knowledge production, authorship, and funding control. In the panel, we present three key lessons from our experiences and literature, each accompanied by practical actions and examples from the field.

To move from words to practice, funders must ensure that these mechanisms are not just aspirational but implemented and monitored. Justice on the ground can be gauged by looking at everyday processes, ie, whether resources flow equitably, whether partners have meaningful control, and whether benefits are shared fairly.

These lessons show that funders have concrete levers to rebalance power and promote more just research ecosystems. Global health is at a turning point. The political and ethical foundations of funding must be confronted; ask who sets priorities, who benefits, and who holds power. Real change requires courage and humility from funders, researchers, and communities with equitable partnerships that are long-term, relational commitments that centre trust, accountability, and co-creation.

SH-K and JLB are joint senior authors. TR reports receiving royalties for the books *De rest 1000 dagen* and *Gelijk goed beginnen* and holds unpaid roles within the Dutch Ministry of Health (Ambassador of Solid Start program) and the International Science Council, all are unrelated to the submitted work. RK reports that, in relation to the present manuscript, they served as coordinator of the described call for the Dutch Research Council (NWO); this role was unpaid. All other authors declare no competing interests.

During the preparation of this work the authors used Chat GPT in order to improve language and readability. After using this tool, the authors reviewed and edited the content as needed and take full responsibility for the content of the publication.

Copyright © 2025 The Author(s). Published by Elsevier Ltd. This is an Open Access article under the CC BY 4.0 license.

**Noa E M Kolpa, Roel Kamerling, Sreeparna Chattopadhyay, Emmanuel Ojo, Mulatu Biru, Igna Bonfrer, Bregje de Kok, Godelieve van Heteren, Kitty W M Bloemenkamp, Beatrijs Stikkers-Muller, Degu Jerene, Ajay Bailey, Koiwah Koi-Larbi, Tessa Roseboom, Wieger Voskuijl, Isabelle L Lange, Veronique Filippi, Indah K Murni, Titus K Beyuo, Manouk A W van de Klundert, Saba Hinrichs-Krapels, Joyce L Browne*

n.e.m.kolpa@umcutrecht.nl

Department of Global Public Health and Bioethics, University Medical Center Utrecht, Utrecht University, 3584 CX Utrecht, Netherlands (NEMK, JBL); Utrecht Centre for Global Challenges, Faculty of Law, Economics and Governance, Utrecht University, Utrecht, Netherlands (NEMK, JBL); TU Delft, Global Initiative, Technische Universiteit Delft, Delft, Netherlands (RK); Manipal Law School, Bangalore, Manipal Academy of Higher Education, Manipal, India (SC); Faculty of Humanities, Wits School of Education, University of the Witwatersrand, Johannesburg, South Africa (EO); United Nations University International Institute for Global Health, HCTM, Jalan Yaacob Latif, Bandar Tun Razak, Cheras,

Kuala Lumpur, Malaysia (MB); Erasmus School of Health Policy and Management, Erasmus University Rotterdam, Rotterdam, Netherlands (IB); Department of Anthropology, University of Amsterdam and Amsterdam Institute for Global Health and Development, Amsterdam, Netherlands (BdK); Netherlands (GvH); Department of Obstetrics, University Medical Center Utrecht, Utrecht, Netherlands (KWMB); Tuberculosis Foundation, Den Haag, Netherlands (BS-M, DJ); International Development Studies, Department of Human Geography and Spatial Planning, Utrecht University, Utrecht, Netherlands (AB); Action on Preeclampsia Ghana, Accra, Ghana (KK-L); Amsterdam University Medical Center, University of Amsterdam, Amsterdam Reproduction and Development Research Institute, Amsterdam, Netherlands (TR); Amsterdam University Medical Center, University of Amsterdam, Amsterdam Institute for Global Child Health, Emma Children's hospital, Amsterdam, Netherlands (WV); Department of Infectious Disease Epidemiology and International Health, London School of Hygiene and Tropical Medicine, London, UK (ILL, VF); Department of Neurology, Center for Global Health, Technical University of Munich, Munich, Germany (ILL); Department of Child Health Dr Sardjito Hospital and Faculty of Medicine, Public Health, and Nursing, Universitas Gadjah Mada, Sekip, Sleman, Yogyakarta, Indonesia (IKM); Lambussie Constituency, Parliament of Ghana and Departments of Obstetrics and Gynecology, Accra, Ghana (TKB); Medical Pharmacology, University of Ghana Medical School, Accra, Ghana (TKB); Knowledge Centre Global Health, Utrecht, Netherlands (MAWvdK); Institute of Health Systems Science, Faculty of Technology, Policy and Management, Delft, Zuid-Holland, Netherlands (SH-K)

1 Abimbola S, Asthana S, Montenegro C, et al. Addressing power asymmetries in global health: imperatives in the wake of the COVID-19 pandemic. *PLoS Med* 2021; **18:** e1003604.

2 Fricker M. Epistemic injustice: power and the ethics of knowing. New York: Oxford University Press, 2007.

3 Bhakuni H, Abimbola S. Epistemic injustice in academic global health. *Lancet Glob Health* 2021; **9:** e1465–70.

4 Silvestri G, Diercks G, Matti C. X-Curve: a sensemaking device to foster collective narratives on system change. DRIFT and EIT Climate-KIC; 2022. https://drift.eur.nl/app/uploads/2023/08/X-Curve-booklet-DRIFT-EIT-Climate-KIC-2022-1.pdf

5 Dutch Research Council (NWO). Research along Routes by Consortia (NWA-ORC). The Hague, NWO. https://www.nwo.nl/en/researchprogrammes/dutch-research-agenda-nwa/research-along-routes-by-consortia-nwa-orc (accessed 29 Jul, 2025).

6 Pratt B. Sharing power in global health research: an ethical toolkit for designing priority-setting processes that meaningfully include communities. *Int J Equity Health* 2021; **20:** 127.

7 Dutch Research Council (NWO). First 1000 days: actionable research for maternal, newborn & child health in LMICs. The Hague, NWO. https://www.nwo.nl/en/researchprogrammes/dutch-research-agenda-nwa/research-along-routes-by-consortia-nwa-orc/nwa-orc-2025/themes/first-1000-days-actionable-research-for-maternal-newborn-child-health-in-lmics (accessed 29 Jul, 2025).

8 Godrie B, Boucher M, Bissonnette S, et al. Epistemic injustices and participatory research: a research agenda at the crossroads of university and community. *Gateways* 2020; **13:** 1–15.

9 Kok MO, Gyapong JO, Wolffers I, Ofori-Adjei D, Ruitenberg EJ. Towards fair and effective North-South collaboration: realising a programme for demand-driven and locally led research. *Health Res Policy Syst* 2017; **15:** 96.

10 Cakouros BE, Gum J, Levine DL, et al. Exploring equity in global health collaborations: a qualitative study of donor and recipient power dynamics in Liberia. *BMJ Glob Health* 2024; **9:** e014399.