Global Justice and Health Systems Research in Low and Middle-Income Countries (LMICs)
Bridget Pratt; Adnan Hyder, MD
*Johns Hopkins Berman Institute of Bioethics*

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**Background:** Health systems research (HSR) in LMICs has increasingly been identified as vital to the reduction of health disparities between and within countries, but it is less clear what implications this has for how international donors' investments should be targeted.

**Research Question and Methods:** To begin to explore what form of HSR is needed, conceptual work was performed that applied a theory of justice—the health capability paradigm—to identify what the features of an equity-oriented model of HSR might be. Elements of the paradigm relied upon to do so include its requirements for health systems, its main principles, and its guidance on how global justice is promoted (direct assistance, capacity-building).

**Results:** Applying the health capability paradigm to HSR generated guidance on three aspects of HSR—selection of research targets, research capacity strengthening, and post-study benefits—that can connect the enterprise with a global health justice agenda. In brief, equity-oriented HSR in LMICs should be targeted to populations at the national or sub-national level who are worst-off in terms of their health. HSR research questions should fall into one of the following categories as a matter of priority: investigating where a health system falls short of the requirements of justice (i.e., equal access and equitable financing); identifying causal factors that contribute to poor performance; and/or developing interventions to address such system failings. Research questions should be determined through an inclusive process involving local researchers and policymakers and should reflect consensus amongst all parties. Ideally, programs of HSR will be performed that consist of projects in the former two categories that are then linked to projects that evaluate interventions. HSR in LMICs should be carried out in partnership with local research institutions and researchers wherever possible and should build their capacity to conduct equity-oriented HSR independently. Interventions proven effective should be implemented post-study in those districts/cities/villages that participated in the project. This is to be financed by a development funder and carried out by local actors and/or international Non-Governmental Organizations involved in health system strengthening.

**Limitations:** The study's reliance on the health capability paradigm restricts the scope of its guidance in several ways. The issue of power disparities, for example, is only addressed indirectly.

**Conclusions:** This work takes a first step towards identifying ethical requirements that link HSR in LMICs to the promotion of global health equity.

**Next Steps:** Future research could investigate whether and how the identified requirements can be achieved in practice.