

Payment in arrears: a global health inequity that must be corrected



Every collaboration between low-income and middle-income countries (LMICs) and high-income countries (HICs) is an opportunity to either rewrite principles of equitable engagement, or to entrench inequities. Despite efforts to bridge these gaps, the situation persists.

Research focused on LMICs is typically, and problematically, led by institutions from HICs.¹ Resultant reputation-enhancing publications therefore can be overly-populated with authors from HICs in the more prestigious first and last author positions.² Capacity-development and policy impact in LMICs can be a low-profile afterthought, rather than a primary motivation.³

A further power imbalance for research institutions in LMICs is payment in arrears. Typically, money moves from the funders to the lead research partner (usually institutions from HICs) and then, eventually, onto the LMIC institution. However, all too often, monies are not transferred until contracts have been signed, and until the research has been carried out.

The funding to LMIC institutions might not cover institutional overheads that reflect the indirect costs of research. For example, the Wellcome Trust allow the total cost for overheads to be a maximum of 20% of the LMIC institution's direct research costs.⁴ Arrears in payment for research activities means that institutions from LMICs, including non-governmental organisations and universities, are being asked to fund direct and indirect costs of research. These costs can be considerable, and they are often not included in institutional budgets. The time taken for reimbursement can be lengthy and often creates financial pressures for institutions from LMICs.

Feedback from research collaborators from institutions in LMICs, including co-authors of this paper, suggests that payment in arrears and the need to locally fund research activities upfront can result in funding being diverted from health programmes until reimbursement occurs. This approach creates serious challenges for investigators in LMICs who might not be in leadership positions that can secure adequate funds from their institutions to meet research costs until reimbursement. This situation is particularly problematic when there are delays in the start and completion of a research project.

Retrospective reimbursement can also affect research rigour, as institutions in LMICs might not have the required money to adequately fund project activities in advance of payment, and expenditure incurred before contracts are signed risk not being honoured.

Budget inequities have been noted by global health funders. The 2017 UK Collaborative Development Sciences report highlighted how institutions in LMICs might not be able to "cope with funding agencies making payments in arrears".⁵ The consequences of this prompted some research funding agencies in the UK and the USA to explore fairer approaches for funding institutional overhead costs.⁶ However, despite their recommendations around provision of fairer budgets for research institutions from LMICs, the issue of payment in arrears has yet to be resolved.

Greater fairness and good practice in collaborative research among institutions in both HICs and LMICs can be fostered by influential stakeholders. For example, the egregious withholding of data during the 2014–15 Ebola outbreak in west Africa led to calls for high-impact journals to require evidence that data had been transferred to the appropriate stakeholders at time of first submission.⁷ This change prompted greater data sharing during the COVID-19 pandemic where real-time data were made available to inform public health decisions.⁸

The issues of payment in arrears could be decisively addressed by the research funders. For example, the UK Medical Research Foundation now provide quarterly upfront payments to institutions in LMICs (as noted by VM, co-author and a research awardee, this approach enabled timely implementation of research activities). By contrast, research institutions in HICs receive funding in arrears.⁹

If research funders are not able to provide upfront funds to institutions in LMICs, funding could be provided by institutions from HICs that are the primary funding recipients. To mitigate the risk of delayed or non-payment by research funders, suitable insurance could be included as part of indirect costs. This approach could be a condition stipulated in the research award.

Addressing the challenge of payment in arrears would be an important contribution to decolonising

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global health research. For example, a 2023 charter on transformative research collaboration challenges brought together entities from HICs and LMICs (the latter being mostly African higher education and research institutions) to pursue principles that empower rather than discourage equity in collaborative research.³ Likewise, the Africa Evidence Network has been advancing a manifesto on capacity development in Africa, which pursues similar ideals of empowering locally led practice for evidence-informed decision making.¹⁰

Payment in arrears perpetuates the existing inequities in global health research and reinforces the dominance of privileged institutions who continue to wield undue power on the research agendas. This practice can and must change if global health research is to be truly decolonised.

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- 1 Head MG, Brown RJ, Newell M-L, Scott JAG, Batchelor J, Atun R. The allocation of US\$105 billion in global funding from G20 countries for infectious disease research between 2000 and 2017: a content analysis of investments. *Lancet Glob Health* 2020; **8**: e1295–304.
- 2 Skrivankova VW, Hossmann S, Cornell M, et al. Authorship inequalities in global health research: the leDEA Southern Africa collaboration. *BMJ Glob Health* 2023; **8**: 13316.
- 3 Aboderin I, Fuh D, Gebremariam EB, Segalo P, Za SA. Beyond 'equitable partnerships': the imperative of transformative research collaborations with Africa. *Global Social Challenges Journal* 2023; **2**: 212–28.
- 4 Wellcome Trust. Overheads policy. October, 2024. <https://wellcome.org/grant-funding/guidance/policies-grant-conditions/overheads-policy> (accessed Jan 1, 2025).
- 5 Dodson J. Building partnerships of equals: the role of funders in equitable and effective international development collaborations. London: UK Collaborative on Development Sciences, 2017.
- 6 Haberer JE, Boum Y 2nd. Behind-the-scenes investment for equity in global health research. *N Engl J Med* 2023; **388**: 387–90.
- 7 Whitty CJM, Mundel T, Farrar J, Heymann DL, Davies SC, Walport MJ. Providing incentives to share data early in health emergencies: the role of journal editors. *Lancet* 2015; **386**: 1797–98.
- 8 Alghamdi NS, Alghamdi SM. The role of digital technology in curbing COVID-19. *Int J Environ Res Public Health* 2022; **19**: 8287.
- 9 Simmons A. Embedding equity in research funds: how a historical fund has evolved to meet 2024's challenges. Sept 4, 2024. <https://ukcdr.org.uk/embedding-equity-in-research-funds-how-a-historical-fund-has-evolved-to-meet-2024s-challenges/> (accessed Sept 19, 2024).
- 10 Africa Evidence Network. Manifesto of capacity development for EIDM in Africa. 2023. <https://www.africaevidenceweek.org/event/africa-evidence-network-aen-2> (accessed Sept 19, 2024).