






# “Together we move a mountain”: celebrating a decade of the Emerging Voices for Global Health network

Prashanth Nuggehalli Srinivas <sup>1</sup>, Dorcus Kiwanuka Henriksson <sup>2</sup>, Vladimir S Gordeev <sup>3</sup>, Kristof Decoster,<sup>4</sup> Stephanie M Topp <sup>5</sup>, Seye Abimbola <sup>6</sup> Emerging Voices for Global Health Alumni

**To cite:** Srinivas PN, Henriksson DK, S Gordeev V, et al. “Together we move a mountain”: celebrating a decade of the Emerging Voices for Global Health network. *BMJ Global Health* 2020;**5**:e003015. doi:10.1136/bmjgh-2020-003015

Received 27 May 2020  
Revised 11 June 2020  
Accepted 25 June 2020

## INTRODUCTION

It was otherwise an unremarkable November bus ride from Antwerp to Montreux; cold, but in the rather warm company of early career researchers who were to soon become the first cohort of Emerging Voices for Global Health (EV4GH; <http://www.ev4gh.net>). On that ride, 52 early career health system researchers from 30 countries began a journey. Little did they know it would continue for over a decade, gathering in its wake, 208 more early career researchers from 60 countries, overwhelmingly from the global south. The EV4GH programme has come a long way, from the first meeting at the 2010 annual colloquium of Institute of Tropical Medicine, Antwerp, Belgium, and the subsequent road trip from Antwerp to the first Global Symposium on Health Systems Research at Montreux, Switzerland.

EV4GH began as a leadership and capacity-building programme incubated within the Institute of Tropical Medicine, Antwerp (ITM-A) by a team led by Professor Wim Van Damme. With an explicit commitment to *switching the poles* (between the global north to the global south), the team at ITM-A sought to design a unique programme to provide early career researchers with communication skills to critically examine global health agendas and events, and more importantly to not become passive consumers of *evidence* in global health events (such as the one that was, at the time, coming up in Montreux).

This was a disruptive idea. Early career researchers typically enter global events in awe of the authoritative and prominent names featured in keynotes and panels. Indeed, the first EV4GH programme began by acknowledging the elderly white male high-income country dominance of the global health agenda. The programme wanted to do

something about it, beginning at that first symposium in Montreux. This year, 2020, marks the 10th year of this programme and offers an opportunity to look back and look within. In this editorial, alumni and members of the EV4GH globally representative elected governance entity share a brief historical overview of the network and subsequently summarise reflections of 31 alumni across all six cohorts till date.

## SKILL-BUILDING FOR CRITICAL EARLY CAREER HEALTH RESEARCHERS

The EV4GH programme deliberately selects a cohort of 30–40 early career researchers in health systems, living or working in low-income and middle-income countries and with an interest to engage critically on global health issues that have local relevance within their country/local health systems. While scientific merit and excellence have shaped the selection, EV4GH peer reviewers and selection committees have rarely relied purely on scientific achievements. An explicit eye for candidates who have a history of critical policy and/or community engagement and ensuring a mix in each cohort of gender, geographical regions and nature of experience with health systems has guided the selection in addition to academic excellence and achievements.

Each EV4GH cohort receives 6–8 weeks distance learning programme. Participants get to know each other and engage in vibrant discussion and debates on global health topics related to the upcoming health systems research symposium. They also receive interactive online training designed to improve communication skills in oral presentations and posters through design inputs and critical peer review. The EV4GH programme has



© Author(s) (or their employer(s)) 2020. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.

For numbered affiliations see end of article.

### Correspondence to

Dr Prashanth Nuggehalli Srinivas, Health equity cluster, Institute of Public Health, Bengaluru, Karnataka, India; prashanthns@iphindia.org

built skills that are often not part of University curricula, especially focusing on effective communication in oral presentations, panel discussions and framing and posing questions in meetings and global health events.

Rather than being taught, often, what participants have found beneficial is the opportunity to develop these skills within an engaging peer-steered learning environment that the programme offers. After going through the EV4GH programme, participants have often continued to engage with fellow EV4GH alumni in collaborative blogs and opinion pieces often in the International Health Policies newsletter or on one of several blog platforms offered by international global health journals. These pieces have often sparked critical discussions in countries or regions which participants find to be a strength of the network. Participants' skill to confidently speak on global health issues on social media platforms or among colleagues in-country improved through the programme.

### FROM AN INSTITUTIONAL PROGRAMME TO A NETWORK

At the time the EV4GH programme was being birthed, the health systems research community was actively involved in field-building activities, trying to raise the profile of what has today come to be recognised as a coherent field—health policy and systems research (HPSR). Under the leadership of various global health actors and the WHO Alliance for Health Policy and Systems Research, efforts were being made to bring together a society of practitioners of health policy and systems research.<sup>1</sup>

The global HPSR community grew from strength-to-strength and eventually launched a society of its own, Health Systems Global (HSG). A biennial global symposium is hosted by HSG as a platform for exchange and community-building, with an explicit focus on people-centred health systems, action on social inequalities by addressing the social and political determinants of health, engaging with a wide variety of biomedical, social science and humanities approaches to strengthening health systems and leadership embedded in the global south. EV4GH had begun to organically coalesce around these values, such that when HSG announced the possibility of becoming one of its thematic working groups in 2015, EV4GH found a home within HSG, while retaining its identity.

As the global symposia on health systems research was being hosted from one HPSR centre of excellence to another (Beijing, Cape Town, Vancouver and Liverpool), EV4GH invited universities and institutions, many of them in the global south, to become member organisations of the EV4GH network. With a desire to further acquire a more global character and egged on by ITM-A to not feel rooted within one high-income country institution, between 2014 and 2016, the EV4GH established a globally representative governance structure. This governance structure has EV4GH representatives from each of the six WHO regions in a governance committee and with

a secretariat established at one of the EV4GH member institutes, the Institute of Public Health, Bangalore.

### LEVERAGING THE NETWORK FOR LEADERSHIP AND LOCAL CHANGE

Following each biennial EV4GH venture, participants join an email discussion group that serves as a common platform to be in touch with participants from all cohorts. Other interested global health researchers are also welcomed to join this open email discussion group. The discussion group serves as a bulletin board for tracking global health events and commentary. It is often the place where collaborative opinion pieces and blogs by EV4GH alumni begin. EV4GH alumni work with peers rather than with supervisors and this improves their confidence and enables collaborative and multidisciplinary engagements. For many EV4GH alumni, being a member of this network has helped them to raise their voice locally and speak with confidence on how global forces could be influencing local change within their settings.

The collective engagement every 2 years during the biennial global health systems symposia enables community-building and several EV4GH alumni have taken on leadership roles within our network and within the broader HPSR community and beyond. Some have become elected members of the HSG board, and others have taken the lead in managing other thematic working groups within HSG, and many others participate actively in other regional and global events while coordinating with fellow EV4GH alumni in such fora, leveraging the membership in the network to seek wider change in the health systems and global health community.

Possibly, the most important take-away message for the EV4GH has been the emphasis on the nature of change that the network seeks at local, national, regional and global levels. Over the years, the network has nurtured a focus on equity and action on social determinants of health. An equity focus has been embedded in the programmes of various cohorts, including through application of a gender and power lenses, and a more recent focus on climate change and on fragile and conflict affected states. EV4GH alumni have continued to apply these lenses to their work in other aspects of health, and as part of a larger advocacy goal that they take on after the programme.

### THE NEXT DECADE OF EMERGING VOICES

Given its growth over the years, many EV4GH alumni from early cohorts are today established researchers themselves (with a few practitioners, policymakers and advocates as well). There are therefore increasing opportunities for mentorship in-house. Either because of a lack of secure funding commitments, or due to the organic nature of its growth, it is likely that the EV4GH network will remain informal, even as several alumni identify this as a possible weakness of the network. Finding solutions for funding of EV4GH without losing

its inherent flexibilities and getting co-opted to the extent that it becomes one of the usual suspects in global health is a challenge facing the EV4GH leadership and a tension that needs to be worked out over the next 10 years.

The premise for developing the EV4GH programme a decade ago was that global health symposia were *plagued* by presentations of poor quality and with limited attention to communicating messages to a truly global audience. To enliven, energise and make global health events more vibrant, to improve the global health dialogue and to ensure that they are participatory and truly inclusive of voices from the global south, EV4GH programme and its diverse participants challenged head on the text-heavy PowerPoint and expert-driven presentation formats, by integrating community voices and prioritising participatory formats like fish-bowls, helping foreground real-world issues and provide a global-south orientation. And indeed, HSG itself, and the organising leadership of subsequent global symposia on health systems research—in Beijing (2012), Cape Town (2014), Vancouver (2016) and Liverpool (2018)—welcomed this changing format.

As we prepare for the next symposium in Dubai (2020), it is clear that the global HPSR community has come a long way in accepting the need for debate and dialogue on the best ways for challenging the norms and structures that shape social inequalities from the global to the local. With the COVID-19 pandemic continuing unabated in many parts of the globe, the unfinished agenda on multiple fronts ranging from health systems to the SDGs casts a shadow on the response. Amid such uncertainty, there is one clear agenda still waiting on the other side of this pandemic; in an era of physical distancing, how to stick together is an important challenge facing the health research community.

Looking back at the past decade of EV4GH, we seek to reaffirm its promise of continuing to incubate disruptive and critical early career leadership within global health. Together we move a mountain. Long may it continue!

#### Author affiliations

<sup>1</sup>Health equity cluster, Institute of Public Health Bangalore, Bangalore, Karnataka, India

<sup>2</sup>Department of Global Public Health, Karolinska Institute, Stockholm, Sweden

<sup>3</sup>Institute of Population Health Sciences, Queen Mary University of London, London, UK

<sup>4</sup>Department of Public Health, Institute of Tropical Medicine, Antwerpen, Belgium

<sup>5</sup>College of Public Health, Medical and Veterinary Sciences, James Cook University, Townsville, Queensland, Australia

<sup>6</sup>School of Public Health, University of Sydney, Sydney, New South Wales, Australia

**Twitter** Prashanth Nuggehalli Srinivas @prashanthns, Vladimir S Gordeev @vladgordeev, Stephanie M Topp @globalstopp and Seye Abimbola @seyeabimbola

**Acknowledgements** The EV4GH network ([www.ev4gh.net](http://www.ev4gh.net)) is very grateful to Prof. Wim van Damme and David Hercot, who initiated the venture 10 years ago, the many people (aka 'Friends of EV') who have generously supported the programme over the years in various ways, the EV secretariat staff at IPH in recent years (Pragati Hebbar, Ketki Shah, Diljith Kannan), secretariat staff of partner institutes and co-hosts, including ITM (and Annelies De Potter in particular). The authors would like to thank Nityasri SN from the EV4GH secretariat in IPH, Bangalore for steering the process towards this article. The authors would also like to thank generous funders and supporters over the past 10 years, with a special mention for the Belgian Development Cooperation (DGD) and HSG who have been very supportive throughout these 10 years. Last but not least, the EV network would not be what it is now without the enthusiasm of the many EV alumni who have together 'moved a mountain' over the past 10 years, and will no doubt continue to do so in the future.

**Collaborators** Emerging Voices for Global Health Alumni: Albino Kalolo, Anar Ulikpan, Omesh Kumar Bharti and Temmy Sunyoto (EV2010), Marsha Orgill and Radhika Arora (EV2012), Freddy Eric Kitutu, Kurfi Abubakar and Kpangon Amadohoué Arsène (EV2013), Angeli Rawat, Anne Musuva, Anteneh Asefa, Eryln Rachele Macarayan, Gladys Reuben Mahiti, Kerry Scott, Nasreen Jessani, Renzo Guinto, Roger A. Atinga, and Shakira Choonara (EV2014), Alemayehu Hailu, Angela Chang, Charles Ssemugabo, Deepika Saluja and Veena Sriram (EV2016), Ferdinand C Mukumbang, Loai Albarqouni, Nandini Sarkar, Okikiolu Badejo, Olivia Biermann and Sameh Al-Awlaqi (EV2018).

**Contributors** All authors participated in the conceptualisation of the article. NSP, DKH, VSG and KD wrote the first draft, and SMT, KD and SA reviewed and provided comments. All authors reviewed, commented on and approved the final draft.

**Funding** The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

**Competing interests** All authors (except KD) are alumni of the Emerging Voices for Global Health Network. NSP, DKH and VSG are either current or earlier elected members of the governing group of the network. All authors have been earlier or currently involved in supporting the network in voluntary capacities.

**Patient consent for publication** Not required.

**Provenance and peer review** Not commissioned; internally peer reviewed.

**Data availability statement** No additional data are available.

**Open access** This is an open access article distributed in accordance with the Creative Commons Attribution Non Commercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited, appropriate credit is given, any changes made indicated, and the use is non-commercial. See: <http://creativecommons.org/licenses/by-nc/4.0/>.

#### ORCID iDs

Prashanth Nuggehalli Srinivas <http://orcid.org/0000-0003-0968-0826>

Dorcus Kiwanuka Henriksson <http://orcid.org/0000-0002-2359-9891>

Vladimir S Gordeev <http://orcid.org/0000-0003-3906-2316>

Stephanie M Topp <http://orcid.org/0000-0002-3448-7983>

Seye Abimbola <http://orcid.org/0000-0003-1294-3850>

#### REFERENCE

- 1 Kraushaar D, Kiény M-P, Lazarus JV, *et al.* Health systems global, the new International Society for health systems research. *Health Policy Plan* 2012;27:535–40.