




Global Health Mentorship: Challenges and Opportunities for Equitable Partnership

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INTRODUCTION

Mentorships refer to a dynamic, reciprocal relationship between an experienced person (a mentor) and an inexperienced person such as a student, intern or newly hired employee (a mentee), with the goal of advancing the individuals' careers by providing guidance, support and capacity-building opportunities.¹ The preceding definition is restrictive in two ways. First, those in positions of power also need to learn how to lead fairly and equitably. All actors (especially those from the Global North) must recognise their privileges and power during mentoring. Second, there is an assumption that capacity is lacking in resource-constrained settings like low-income and middle-income countries (LMICs). Instead of the assumed 'capacity-building relationship', what LMICs need is 'capacity strengthening'—the available capacity needs to be nurtured and strengthened. Hence, we call for the decolonisation of global health mentorship practices to advance more inclusive 'mentorship practices' that value cultural humility, equitable partnership and capacity strengthening in LMICs. Decolonising global health mentorship is pivotal in addressing historical power imbalances and fostering equitable partnerships between researchers from the Global South and the Global North.²

Although it is bidirectional and mutually beneficial, global health mentorship plays a crucial role in capacity strengthening for researchers from the Global South, enabling them to advance their careers and make meaningful contributions to improving health outcomes in their respective regions.³ Global South generally refers to countries and regions that are located below the equator or are considered less economically developed

SUMMARY BOX

- ⇒ Mentorship in global health is a critical determinant of equitable, sustainable and inclusive improvements in health outcomes globally.
- ⇒ Researchers from the Global South face unique global health mentorship challenges. Some of these challenges include: limited opportunities, access to mentorship opportunities, lack of a healthy mentorship culture, weak and insufficient institutional support, language barriers (non-English speakers) and colonial mentorship mindset.
- ⇒ Healthy and respectful South–South and North–South collaborations and partnerships are needed. Indeed, ensuring ethical mentorship practices that respect and learn from cultural differences and integrate bidirectional North–South and South–North co-learning parallels are needed.
- ⇒ A decolonised global health mentorship agenda is highly needed. Operationalising what ethical global health mentorship is, or should be, and how global health mentorship should be decolonised remain areas that deserve keen attention.

such as sub-Saharan Africa, Middle East and North Africa, South Asia, Southeast Asia and Latin America.⁴

Mentorship programmes offer valuable guidance, support and capacity-strengthening opportunities to researchers, assisting them in navigating the complexities of global health research and developing essential skills.⁴ An effective mentorship relationship is built on trust, respect and equitable interactions, where both mentors and mentees share problems and take appropriate responsibilities. This groundbreaking approach must create opportunities for mentees independence while enhancing their research capabilities and promoting professional growth.⁵ However, researchers from the Global South encounter unique challenges in accessing



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genuine mentorship. This must be addressed to ensure equitable participation and maximise their potential contributions to the field.³

CHALLENGES FACED BY GLOBAL SOUTH RESEARCHERS IN ACCESSING MENTORSHIP

Limited mentorship opportunities

Researchers from the Global South frequently encounter barriers to accessing effective mentorship programmes. These barriers stem from factors like limited resources, inadequate institutional support and limited networks. The majority of mentorship programmes are predominantly concentrated in high-income countries, resulting in a dearth of accessible and noticeable mentorship opportunities for researchers in the Global South. This imbalance in access significantly hampers their ability to benefit from the expertise and guidance of experienced mentors.⁶

Language and cultural barriers

Navigating language and cultural differences presents notable obstacles when it comes to establishing impactful mentorship connections. The presence of language barriers can impede the seamless exchange of knowledge and ideas between mentors and mentees, hindering effective communication. Beyond language, cultural differences can also shape mentoring preferences and outlooks, sometimes resulting in discordance in communication and mentorship approaches.⁶

Resource constraints

Researchers from the Global South encounter challenges in participating in mentorship programmes due to constrained resources such as funding and research infrastructure. Financial constraints may hinder their ability to travel for high-level conferences (eg, International AIDS Conference) or training programmes for networking opportunities to identify mentors.⁷ Furthermore, inadequate access to research facilities and technologies can limit their ability to engage in research activities and benefit from mentorship support.

OPPORTUNITIES FOR GLOBAL SOUTH RESEARCHERS IN GLOBAL HEALTH MENTORSHIP

South–South collaboration

Global South researchers can leverage opportunities for collaboration within their regions. Establishing mentorship networks within the Global South can create opportunities for knowledge exchange, skill-sharing and mutual support.⁸ Through sharing experiences and expertise, researchers from the Global South can overcome shared challenges and collectively work towards addressing health disparities. Collaborative mentorship initiatives within the Global South can collectively overcome shared challenges and collaboratively address health inequalities in the region.

North–South collaboration

Equitable collaborative mentorship programmes between Global North and Global South institutions can provide valuable opportunities for researchers in the field of global health.⁹ These partnerships play a crucial role in facilitating the exchange of knowledge transfer, building capacity and sharing resources.¹ Also, mentors from the Global North need to be oriented on what they are taking on and the true value of the work in global health. Arguably, the Global North actors benefit more from the current mentorship practices. Global North actors can share knowledge, contribute expertise and support while fostering culturally sensitive and equitable mentorship relationships.⁹ Through these joint efforts, a more holistic understanding of challenges within global health is attained, concurrently fostering a platform for cross-cultural education and learning.⁹

Online mentorship platforms

The advancement of digital technologies has opened new prospects for mentorship. Through online mentorship platforms and virtual communities, researchers from various regions can now connect, fostering mentorship relationships across geographical boundaries.¹⁰

ETHICS OF GLOBAL HEALTH MENTORSHIP

Global health mentorship programmes offer invaluable support and guidance to all actors, especially researchers from the Global South, contributing to their professional development and the advancement of health outcomes in their respective regions.¹¹ Nonetheless, maintaining a strong adherence to ethical principles is of paramount importance in these mentorship endeavours. This vigilance is essential to sidestep potential pitfalls and cultivate a culture of responsible research conduct and ethical behaviour within the dynamics of research and mentoring relationships. An understanding of mentorship malpractice is essential in limiting the impact on mentees.¹

In global health mentorship, one ethical concern is the potential for exploitation. Researchers from the Global South may face vulnerability to power imbalances and unfair treatment within the mentorship dynamic, especially when collaborating with mentors from high-income countries.¹² It is essential for mentors to recognise privileges and approach these relationships with sensitivity and respect for the mentee's autonomy and cultural context.

Moreover, there exists an ethical responsibility to address disparities in access to mentorship opportunities. Researchers from the Global South often encounter constraints such as limited resources and insufficient institutional support, which impede their ability to participate in mentorship programmes.¹³ Mentorship initiatives ought to aim for a level playing field, ensuring equitable access for all researchers, regardless of their geographical location or institutional affiliation.

Furthermore, mentorship programmes must prioritise confidentiality and data protection to uphold the integrity of research.¹⁴ Mentors should respect the privacy of their mentees and handle any sensitive information shared during the mentorship process with utmost care and discretion.

In order to address these ethical considerations, mentorship programmes should establish clear guidelines and codes of conduct that emphasise mutual respect, cultural sensitivity and the promotion of equitable opportunities.¹⁵ Mentors should receive training and exposure in cultural competency and ethical conduct to ensure they are well-prepared to engage responsibly in mentorship relationships. Also, mentees should be trained to understand the typology of mentorship malpractice to limit the impact.¹ Mentees should take responsibility for implementing the desired outcomes of the relationship. They should flag any disequilibrium as early as possible because sometimes the mentors do not see blind spots due to the power differential and may unknowingly act otherwise. Ethical global health mentorship empowers researchers from the Global South to thrive in their careers while fostering collaborative and respectful relationships.

DECOLONISING GLOBAL HEALTH MENTORSHIP

Decolonising global health mentorship is important to addressing historical power imbalances and fostering equitable partnerships between researchers from the Global South and the Global North.² The process of decolonisation entails the challenging of dominant structures, ideologies and practices that perpetuate inequities in global health research and education. Although it rarely occurs, LMIC colleagues are better suited to mentor the Global North colleagues on how to conduct research in their regions, not the other way around.

An indispensable facet of decolonising mentorship involves recognising the historical legacies of colonialism that have contributed to global health disparities.¹² This recognition requires an introspective examination of the role that institutions and mentors from high-income countries have played in perpetuating imbalances and marginalising knowledge from the Global South.

In order to decolonise mentorship, researchers and institutions must be willing to relinquish control and embrace a more equitable and collaborative approach. Mentorship programmes should be codesigned with input from all actors, especially researchers from the Global South to ensure that they address their specific needs and aspirations. Mentor-mentee relationships should be based on the principle of mutual learning, shared decision-making and respect for each other's expertise.

Furthermore, the process of decolonising mentorship entails the appreciation of a wide array of knowledge frameworks and research approaches. Throughout history, Western paradigms have predominantly influenced global health research, often sidelining indigenous insights and customary practices. It is imperative for

mentors to proactively identify and incorporate various viewpoints and methodologies, recognising the significance of native and regional knowledge systems.

In addition, mentorship programmes should prioritise capacity strengthening and skill development among researchers from the Global South.¹³ This includes providing training in research methodologies, grant writing and leadership skills, empowering mentees to become independent researchers and leaders in their fields.

Moreover, decolonising mentorship necessitates addressing the unequal distribution of resources and funding in global health research.² Mentorship programmes should advocate for increased funding and research opportunities for researchers from the Global South, enabling them to effectively address health challenges in their communities. Researchers from Global South should be encouraged to take a lead on grant applications and begin the process of South-South mentoring, an immediate transfer of lessons and knowledge gained.

By adopting a decolonial approach to mentorship, the global health community can transform mentorship relationships into more equitable, empowering and sustainable collaborations.² Decolonisation requires continuous self-reflection, openness to change and a commitment to dismantling systemic inequities in global health research and education.

CONCLUSION

Effective and mutually beneficial global health mentorship may strengthen researchers from the Global South, overcoming challenges like limited opportunities, language barriers and resources. South-South and North-South collaborations and online platforms make mentorship accessible. Ethical mentorship respects autonomy, considers culture and addresses power imbalances. Decolonising mentorship recognises the power and skills that exist in different contexts and encourages the practice of humility and the ability to co-learn and thrive that is mutually beneficial. This transformative approach fosters partnerships, advancing equitable global health research. Ethical, decolonised mentorship amplifies Global South voices, driving progress for health equity. Together, mentorship cultivates future leaders, propelling meaningful global health advancements.

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REFERENCES

- 1 Chopra V, Edelson DP, Saint S. Mentorship malpractice. *JAMA* 2016;315:1453.
- 2 Hansoti B, Kalbarczyk A, Hosseiniour MC, *et al*. Global health mentoring toolkits: a scoping review relevant for Low- and middle-income country institutions. *Am J Trop Med Hyg* 2019;100(1_Suppl):48–53.
- 3 Abouzeid M, Muthanna A, Nuwayhid I, *et al*. Barriers to sustainable health research leadership in the global south: time for a grand bargain on localization of research leadership. *Health Res Policy Syst* 2022;20:136.
- 4 Clarke M. *Global South: What Does It Mean and Why Use the Term*. Global South Political Commentaries, 2018: 8.
- 5 Rasheed MA, Hasan BS. Human-centred mentorship in global health research: are we ready to give what it takes? *BMJ Glob Health* 2023;8:e010540.
- 6 Lescano AG, Cohen CR, Raj T, *et al*. Strengthening mentoring in low- and middle-income countries to advance global health research: an overview. *Am J Trop Med Hyg* 2019;100(1_Suppl):3–8.
- 7 Campbell J, Dussault G, Buchan J, *et al*. *A Universal Truth: No Health Without A Workforce. Forum Report, Third Global Forum on Human Resources for Health, Recife*. Brazil, Geneva: Global, 2013.
- 8 Norlock SM, Okanya PW, Trataris A, *et al*. South-to-South mentoring as a vehicle for implementing sustainable health security in Africa. *One Health Outlook* 2021;3:20.
- 9 Hamer DH, Hansoti B, Prabhakaran D, *et al*. Global health research mentoring competencies for individuals and institutions in low- and middle-income countries. *Am J Trop Med Hyg* 2019;100(1_Suppl):15–9.
- 10 Cole DC, Johnson N, Mejia R, *et al*. Mentoring health researchers globally: diverse experiences, programmes, challenges and responses. *Glob Public Health* 2016;11:1093–108.
- 11 Hamid M, Rasheed MA. A new path to Mentorship for emerging global health leaders in low-income and middle-income countries. *Lancet Glob Health* 2022;10:e946–8.
- 12 DeCamp M, Matandika L, Chinula L, *et al*. Decolonizing global health research: perspectives from US and international global health Trainees. *Ann Glob Health* 2023;89:9.
- 13 Charron K, Kalbarczyk A, Martin NA, *et al*. Building blocks of global health Mentorship: motivation, expectations, and institutional support. *Ann Glob Health* 2019;85:39.
- 14 Bukusi EA, Manabe YC, Zunt JR. Mentorship and ethics in global health: fostering scientific integrity and responsible conduct of research. *Am J Trop Med Hyg* 2019;100(1_Suppl):42–7.
- 15 Amri MM, Kocsis E, Dhawan S, *et al*. The utility of a structured Mentorship program for enhancing Competencies in global health. *J Glob Health* 2020;10:010301.