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a global dialogue around how SDGs are prioritised in DAH, the approach is less relevant for increased understanding of, and improved decision making in, the health sector of countries included in the study. The authors also acknowledge this aspect as a limitation of their study. Consequently, the Article does not take a health systems approach to the data. Instead, aggregated data on health spending are reported followed by spending in disease categories or, in the case of universal health coverage, covering several diseases. For decision makers in a ministry of health, this way of dividing the funds is not particularly helpful because budgeting systems are commonly constructed on the basis of entities that cut across the health system by expenditure categories (eg, staff costs, medical equipment, rent, pharmaceuticals) and not on disease categories. Further work should seek to develop formats for resource requirements that are aligned with standard government budgeting and we look forward to following the authors work in developing such methods.

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## Equity in excellence or just another tax on Black skin?

There is a cost to being Black in the UK: a tax on the colour of a person's skin. It is the price paid for other people's perceptions of what skin colour means about one's abilities, behaviour, or worth. Black people pay in many ways, including poorer health, higher rates of litigation against them, and slower career advancement. These adverse impacts are well described;<sup>1–3</sup> strategies to address them have been far too slow in coming.<sup>3</sup> Black people also pay a minority tax—ie, the burden of additional responsibilities placed on them by organisations in the name of diversity.<sup>4</sup>

Since the police killing of George Floyd in the USA and the subsequent anti-racism protests in many countries, UK higher education institutions have hastily declared their support for the Black Lives Matter movement. Welcome as these declarations are, what is needed is concrete action that actively includes and responds to the voices of minorities themselves. Therein lies a major problem. How many institutions have effective mechanisms to capture and understand what Black and minoritised academics have to say about their experiences?

The heavy burden of documentary evidence, implicit distrust of complainants' accounts, and inability to maintain confidentiality mean that current equality and diversity procedures may deal poorly with racism as it is often experienced.<sup>5,6</sup> For example, early in my career I encountered a senior colleague who, repeatedly, inaccurately, and always in group settings, referred to my hair as "rastas". This made me feel uncomfortable. How and to whom does a junior staff member in a similar situation safely articulate their discomfort? How do we capture the effect of such behaviour on the seriousness with which others view that junior, or its impact on that junior's performance or career trajectory. Yet typically, it is these uncomfortable and difficult-to-measure personal interactions and processes that require action.

Tools exist, such as the Perceived Racism Scale<sup>7</sup> or Inventory of Microaggressions Against Black Individuals,<sup>8</sup> that can measure racism and unconscious bias within institutions, but who is going to pay for the effort required to make change meaningful? Despite their declarations of solidarity, will universities, still



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reeling from the financial impact of COVID-19, actually commit adequate resources to combating racism?

Institutions pay for what they value. The Research Excellence Framework 2021 (REF 2021) drives UK university rankings. On the basis of their REF 2021 submissions, institutions will be scored on outputs, impact, and environment. Outputs, such as publications, account for 60% of the overall score, impact 25%, and environment 15%.<sup>9</sup> The submission guidance includes multiple statements about increased attention to equality and diversity in the REF process.<sup>9</sup> For example, REF panel chairs will receive equality and diversity training and outputs will be analysed by “protected characteristics”, but these post-hoc analyses will not influence university scores. Narrative submissions describing strategies and approaches to support institutional equality and diversity will be assessed under “environment”, but there is no requirement for data about how minorities experience those environments. This is disappointing, as the presence of strategies has been shown to correlate poorly with actual working conditions and progression for women and minorities in universities.<sup>10</sup> What proportion of the 15% environment score will be determined by equality and diversity is also unclear. This lack of clarity is concerning because easy-to-quantify and high-priority indicators, such as grant income and postdoctoral degrees, are also assessed under “environment”.

Proportionate representation is key to equity. Although the active involvement of an Equality and Diversity Advisory Panel in REF 2021 is welcome, of the nine academics on this 14-person panel, seven are

White, two are Asian, and none are Black.<sup>11</sup> Participation of racially minoritised academics in efforts to promote equity in their universities is key if the subtle but powerful processes of racism are to be addressed. That participation will have a cost.<sup>4,12</sup> Black and minoritised ethnicity academics in UK higher education institutions are few.<sup>13</sup> Given the scale of the problem and the paucity of their number, the opportunity cost for these academics of engaging in such activities is potentially vast. The recognition of the need to act against racism therefore places new pressures on racially minoritised academics. If care is not taken, it will be just another tax on their skin.<sup>12</sup>

Prevailing notions of research excellence typically promote “destructive hyper-competition, toxic power dynamics and poor leadership behaviour”.<sup>14</sup> In academic environments that reward competition and aggression and deinceivise collaboration and citizenship, the price for racially minoritised academics of engagement in pro-equity activities could be a substantial cost to their careers. To avoid this outcome, skills contributed and the effort expended in such activities must be recognised in the hard currency of career advancement.<sup>15</sup> Measures of unconscious bias and indicators of toxic environments, such as high staff turnover or unequal progression, must be reported and scored as part of university assessments.<sup>10</sup> Safe spaces and procedures that allow staff to speak candidly about their experiences must be created; what they have to say must lead to concrete action.<sup>12</sup> In short, valid measures of equity informed by the lived experiences of the minorities working in those institutions must be given sufficient weight to affect institutional rankings.<sup>10</sup>

Real change will require a radical review of what research excellence really means. There needs to be recognition that action to improve fairness has real value and must be rewarded; that there can be no excellence without equity; and that research innovation bought with bullying, prejudice, and exclusion is simply not worth the price.

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## Assessing national performance in response to COVID-19



Before the advent of the COVID-19 pandemic, several countries had their preparedness for pandemics assessed via the Global Health Security Index (GHSI).<sup>1</sup> The USA and the UK were identified as two countries most prepared. Experiences with COVID-19 have shown that in-depth assessments of outbreak preparedness need to go beyond publicised plans. Prior assessments of countries such as Vietnam (ranked 50th on the GHSI) and New Zealand (35th on the GHSI)<sup>1</sup> are inconsistent with actual performance.<sup>2</sup> In practice, it is better to benchmark countries during a pandemic in ways that allow information on outcomes and performance to be obtained, analysed, reported, and used in real time.

In its April, 2020, COVID-19 Strategy Update WHO recommended that every country implement a comprehensive set of measures to slow down transmission and reduce mortality. Assessment of the performance of COVID-19 response systems in implementing these measures is key to relaxing lockdowns and opening of borders between and within nations. It requires an understanding of public health capacities, government actions, and community behaviours, recognising that people, communities, and nations everywhere are learning to live with COVID-19. Making decisions about border closures or lockdown status without such an assessment gives insufficient attention to the extent to which communities are capable of living with the virus; simply put, actions are taken without some of the essential factors being considered. To try to keep cases of COVID-19 sustained at zero while waiting for a vaccine to become available is a naive option and will result in enormous

social and economic harm and isolation for an indefinite period. There are no guarantees that an effective vaccine will be available soon and have high community uptake. The other extreme of accepting uncontrolled transmission leads to excess all-cause mortality and overwhelmed health systems. As people everywhere make sense of the threats posed by COVID-19, they expect decision makers to help them limit both risks to their health and any restrictions on their lifestyles and livelihoods.

Trends in the numbers of COVID-19 cases are being used to judge the performance of national responses to COVID-19. But case numbers are unreliable as indicators of the performance of response systems.<sup>3</sup> Serological investigations suggest that case numbers are a small fraction of the total number of people who have been infected.<sup>4</sup> Additionally, the actual numbers of cases recorded are dependent on a country's testing strategy and capacity and the extent to which individuals go for testing. Furthermore, case numbers do not reflect the performance of systems for containing clusters or suppressing virus transmission. These systems, and the potential for their performance to change over time, must be factored into any choices made during the COVID-19 response.

Communities want to assess whether the response systems are contributing to the best possible outcomes and expect government decisions to make this happen. The most frequently used outcome measure is the number of COVID-19 deaths. It is hard to conceal fatalities, although methods for counting COVID-19 deaths vary between, and even within, countries. Other outcomes that could be tracked in the future will include

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