Building Respectful and Collaborative Partnerships for Global Health Research

CCGHR CCRSM
Canadian Coalition for
Global Health Research
Coalition canadienne pour la
recherche en santé mondiale

Learning Resource

This **_Learning Resource_** was developed by the Canadian Coalition for Global Health Research, Building Partnerships Task Group.

IDRC ✳ CRDI

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Using this Resource

This resource is designed as an introduction to the area of partnership building in global health research. It is suitable as an interactive learning tool for one person or a group.

We welcome the use of this resource in whole or part during workshops, courses, tutorials and other settings. We just ask that acknowledgment be made to the Canadian Coalition for Global Health Research.

Individual study

This mode of learning is probably best done when an individual allocates a 'protected' period of time to the resource. To begin, we suggest that those who wish to study the module begin by asking themselves some questions, such as:

- Why am I interested in this topic?
- What specific questions to I have (probably based on some prior experience) that I would like to 'answer' by studying this module?
- What are my objectives in using this module?

We then suggest that individuals looking at the module for the first time read through it fairly quickly, then come back to do the exercises, read the sections more carefully and find the additional resources.

Group Learning

This module or parts of this module may be used in a group setting; a workshop or tutorial setting. As above, it is best if the group decides together what key questions and issues they would like to explore. This will provide focus in working through the different sections of the module.

References and Resources

References and key sources will be marked with notes that will appear at the end of the resource. In addition, extra readings will be highlighted.

The 6 Main Sections in this Module

1. Key *terms* and *concepts* involved in partnerships
2. The *role* of partnerships in global health research
3. Key *issues* and *challenges* faced in building partnerships
4. *Models* for partnership in global health research
5. *Principles* for equitable, collaborative and team based partnerships
6. *Key* partnership *resources*

Our assumptions in building this module…

Better distribution, production, use and sharing of knowledge is fundamental to addressing global health challenges.

Establishing partnerships for global health research is a strategy that contributes to achieve equity in health. Partnerships promote collective and cooperative research aiming to achieve equity on global health.

Key Concepts and Terms

Section 1

Defining our Terms

Global Health

Health challenges that impact both the North and the South. Often, these health problems disproportionately impact low and middle income countries (LMICs) in particular.

Global Health Research (GHR)

Refers to collaborative research on issues that can affect all countries ("international health research" refers to research conducted *between* countries). GHR may tackle health determinants such as climate change, trade, global pandemics, tobacco control, etc. Often, HICs (High income Countries) use GHR to refer to the study of problems that have a disproportionate health burden in LMICs (Low & Middle Income Countries). GHR recognizes that knowledge is a key driver of health and it aims to address the 10/90 Gap (90% of health research funding is directed to health problems of the richest 10% of the world's population).

The "South" / The "North"

The South refers to low and middle-income countries (LMICs) and the North refers to high-income countries (HICs). In 2003, the World Bank cutoff for low-income countries was adjusted to a per capita gross national product (GNP) of $745 or less. At that time, there were about 61 low-income countries with a combined population of about 2.5 billion people. At the same time, the cutoff for middle-income countries was adjusted to more than $745, but less than $9,206 GNP per capita. At that time, there were about 65 middle-income countries with populations of one million or more. Their combined population was approximately 2.7 billion.

Inequity

A preventable inequality; issues that contribute to inequity in partnerships include: differences in national economic resources; access to technology, health research systems infrastructure, political power and mobility, institutional resources (financial and material), networks (formal and informal) and training; working conditions; historical context; post conflict circumstances etc.

Partnership

A cooperative strategy between two or more organizations or individuals; it favors cooperation above substitution, subordination or competition.

What do we really mean by partnership for global health research?

a) establishing a cooperation strategy to support a relationship between players and structures (institutions, organizations, social entities)

b) based on the principles of equality and shared responsibility. It recognizes diversity

c) is governed by a comprehensive and inclusive perspective, geared towards strengthening governance in global/local health and health research by seeking equality in health

d) promotes synergetic actions and initiatives which favour autonomy, an expansion of networks and an increase in the capacity and potential to strengthen governance in health and research.

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Exercise 1 : Case Study in Partnership

Reflect on a partnership you know about - one you have been part of or one you have read about:

How do the terms defined above related to the partnership you have chosen?

Are there elements in the definition of partnership which are new to you and/or which change your view of the partnership you have selected?

Extra Reading

Understanding equity in global health is vital to partnership building. There are a number of useful resources available, two important pieces to begin with are:

Evans, T. Whitehead, M. et al. "Challenging Inequities in Health." In *Challenging Inequities in Health: From Ethics to Action*. New York: Oxford University Press.

David McCoy et al. "Pushing the international health research agenda towards equity and effectiveness." *Lancet* 2004; 364: 1630-31.

The Role of Partnership in Global Health Research

Section 2

Why Partnerships for GHR?

Given that knowledge is a key driver of good health; that its production and use contributes directly to improved health outcomes. A given that health inequity persists in various forms globally…

We believe that…

Partnership is a strategy that facilitates building, consolidating and sharing knowledge and expertise that contributes to promoting research and building research capacities. Partnerships are a means to develop sustainable health research systems (local, national or global) with the goal of having research findings contribute more directly and powerfully to health and development.

Strong, equitable and mutually-beneficial partnerships have the potential to:

❖ Support the development of national health research systems and the capacity to use, produce and share knowledge to inform policy and decision-making

❖ Address issues of inequity in health through the development of new innovative interventions, the critical analysis of existing systems, and pooling of resources

Benefits of Partnership[1]

Knowledge and Viewpoint

Partnership enables the sharing of knowledge and expertise - this redistribution of such a powerful resource, knowledge, enables its application to local problems.

Regional and global problems require research partnerships in order to successfully use a broader view and vision of the local problem and its relation to the bigger regional/global issue.

Capacity and Resources

Collaboration provides capacity building for the local scientific community and strengthens the scientific system as a whole.

Research linkages with northern partners, enable southern partners to access bigger facilities (labs/libraries) to use in analytical work.

Partnership for research creates a bigger pool of funds– both southern and northern partners are able to apply for a large selection of grants through partnership.

Relationships and Connections

Collaboration through research builds trusting relationships which may have spill over affects on tension and conflict in partnering countries

Research partnership may also be used to build stronger political and regional ties between countries

Linkages through research provide an avenue for local researchers who have immigrated to re-engage in research for their country of origin – this potentially reconnects those who have joined the brain drain

Impact of Partnership[2]

Policy Influence

When partnership occurs in proximity to the policy environment, the interaction between researchers and policy makers as a result of the research partnership may begin to inform and influence policy development.

Research Capacity Building

Through partnership, research teams support the strengthening of research institutions, researchers and research-management systems in all the partnering countries.

Personal and Professional Impact

Research partnerships have direct impacts on the professional and personal lives of researchers as they build relationships with colleagues, receive mentorship and support from colleagues, and are challenged to learn and respect the varying contexts in which partners work.

Exercise 2 : Partnership Benefits and Impact

Identify the benefits which exist in the partnership you identified in Exercise 1 and well as the potential impacts.

Are these benefits and impacts acknowledged?
Are they recognized by all the partners?

How do the benefits or impacts get measured?

Extra Reading

Measuring the effect of partnership is a challenge. The following resources are useful for further exploring the benefits and impacts of partnership:

Oldham, G. 2005. International scientific collaboration: a quick guide. Policy Brief, SciDevNet, April 2005. Available at: https://www.scidev.net/dossiers/index

Bradley M. 2006. North-South Research Partnerships: Literature Review and Annotated Bibliography. International Development Research Centre, Ottawa. Available at: www.idrc.ca

Models of Partnership in Global Health Research

Section 3

Partnership Models[3]

There are a number of 'models' for partnership between researchers. Defining models of partnership simplifies the true complexity which exists. However, these models may be useful in thinking broadly and conceptually about partnership.

In this section we present the following models:

- Safari model
- Deficit vs Mutual Benefit model
- South-North model
- North-South model
- South-South model
- Mega-Coalition model

Safari Model

Also called "in and out" or "parachute" research, the Safari Model is a situation in which researchers from "the North" come to LMIC's with their own research interests, obtain the specimens and data they want, then return to their labs and offices to write up their findings for publication.

Another semi-colonial model like this is referred to as the "postal" model - in that Northern partners will have their Southern partners mail specimens to them.

Finally, "annexed sites" are another model related to the safari model in which field research is led and managed by expatriate staff. While these sites have produced important research and trained some of the best researchers, they also represent a great drain on national health research institutions.

Deficit vs Mutual Benefit Models[3]

The Deficit Model <u>presumes</u> that "the South" is deficient in knowledge/people/capacity and that "the North" is able to provide technical assistance - the 'know-how'. The goal of the partnership is the assistance from the North to the South

The Mutual Benefit model <u>recognises</u> that a true collaborative arrangement provides a benefit to both parties. In this model, partners recognise the unique contribution of each other. In particular, Southern partners are recognised as having particular expertise to contribute to the partnership.

South-North (S-N) Partnerships

These are partnerships that are initiated by institutions or research groups in the South, or where southern partners are primarily responsible for the direction and management of the program or project. Inputs from "the north" are mainly technical (when the capacity is not available in the south) and advisory. Or the partnership may in fact have clear mutual benefit for both southern and northern partners.

North-South (N-S) Partnerships

This category includes a variety of arrangements where the main influence in the program (for example, the initial proposal, the research design, the scientific and financial management) emanates from the northern partners. Examples include "annexed sites" where a northern institution sets up a "field research centre" in a southern country, with most of the scientific work led and managed by expatriate staff.

South-South (S-S) Partnerships

These partnerships are initiated, conceived and organised by southern partners, either to work jointly on common problems or share expertise and experience, or to work jointly to interface northern or international partners from a position of equality. In this model, Southern partners pool resources and therefore create a robust partnership model with joint ownership.

From the S-S model may evolve a South-South-North partnership model; this is a partnership which is initiated jointly by Southern partners or a mix of Southern and Northern partners, but in which there is no sense of hierarchy or a northern partner giving technical assistance to the south; it is a partnership of equals. These may be more likely when required for technical discussions or collaborations for narrow technical issues, where the key content is knowledge related. This type of partnership may also require the partners to break out of the "South/North" descriptive paradigm, and not see themselves as such, in order to foster an equal collaboration.

Mega-coalitions and initiatives

These increasingly common arrangements are more complex, and typically involve several northern and southern institutions focused on a specific problem or issue. Examples include the Multi-lateral Initiative on Malaria (MIM) and the European Union Malaria Vaccines Initiative. These coalitions are typically well funded (for example, through the Melinda and Bill Gates foundation) and will certainly have a profound influence on the principles and practices of partnership.

Exercise 3 : Identifying Models

Thinking back to the partnership you identified in Exercise 1, What model does your partnership reflect?

Does it reflect one model or a combination?

What challenges and/or benefits to you see based on the model it reflects?

Key Issues & Challenges in Building Partnerships[4]

Section 4

Key issues and challenges: circumstances and resources

1) Whereas Northern researchers tend to focus on the academic aspects of research, researchers in the South are often more concerned about the societal relevance of the research being undertaken.

2) Access to literature, technology and software are readily available and often taken for granted by researchers in the North, whereas their Southern counterparts often have limited or out of date resources.

3) The enabling environment that often facilitates research work in the North does not exist as readily in the South. This may include circumstances such as having time available to conduct internationally acceptable research and write the corresponding papers. Southern researchers often do not have protected time for research and demands in clinical and teaching work are many.

Key issues and challenges: trust

Building trust between partners can be difficult because:

- historically, Northern research has often had little tangible impact in the countries where the research was undertaken, whether at the policy or community level. This safari research has created skepticism in some southern researchers.

- unhealthy relationships still exist, in which researchers and their projects in the South are highly reliant and dependant on those in the North (funding/resources/approvals). This undermines true feelings of leadership and equality in the South.

- few Northern donors are willing to provide substantial research budgets without reservation to Southern researchers. This unwillingness may be interpreted as mistrust of the Southern partners' ability and accountability.

Key Issues and challenges: funding

Establishing partnerships is difficult because historically :

- the co-ordination of funding distribution in LMICs has been poor, resulting in duplication in some areas and limited funding in others. This has also meant that poor distribution between Southern institutions and researchers, creating inequity within LMICs and between LMICs.

- over-reliance on donor funding can result in a lack of prioritized research in the countries receiving funds. It also results in national research agendas that are strongly influenced by the donor nations/organizations.

- it is very difficult to coordinate the process of submitting funding proposals to Northern donors while building collaborative partnerships with Southern partners….often, the funder's agenda comes first and the partnership second.

Exercise 4 : Challenges to Partnership

Thinking about the challenges in partnership, identify two key challenges your partnership from Exercise 1 illustrates.

What implications does the challenge have for the success of the partnership?

Are the partners aware of the challenge? Are they attempting to address it?

In your opinion, what would be the best way to confront the challenge?

Principles in Building Partnerships for Global Health Research

Section 4

Building Principles for Partnership

Research partnerships are central to global development but historically, south-north relationships have been flawed. A number of organisations in recent years have begun to reflect on the experience of partnership building for research and have proposed a series of principles to attempt to improve the practice of partnership globally.

We present three sets of principles for partnership which can be applied in combination and used in reflection on partnership experiences.

Swiss Principles

Developed by the Swiss Commission for Research Partnerships with Developing Countries (KFPE), these 11 principles of research partnerships" were published in 1998:

- Decide on the objectives together
- Build up mutual trust
- Share information; develop networks
- Share responsibility
- Create transparency
- Monitor and evaluate the collaboration
- Disseminate the results
- Apply the results
- Share profits equitably
- Increase research capacity
- Build on the achievements

RAWOO Principles

In 1999, the Netherlands Development Assistance Research Council (RAWOO) held an expert meeting on research partnership building. The discussion during the meeting led to the proposal of the following three principles of fruitful partnership:

- Strengthening the capacity for conducting socially relevant research should be a specific aim of the partnership

- The Northern partner should be prepared to relinquish control and to accept considerable autonomy on the part of the Southern partner

- A broad based consultative process, however painstaking and time-consuming it may be, should precede any programme

Costello and Zumla Principles[5]

Reviewing the Swiss principles in the BMJ, Costello and Zumla (2000) proposed the following four broad principles to underpin truly cooperative research partnerships between the high income and low-income countries:

- Mutual trust and shared decision-making
- National ownership
- Emphasis on getting research finding into policy and practice
- Development of national research capacity

Extra Reading

Both RAWOO and the KPFE have useful materials related to partnership building in research for development. It may be useful to explore their respective websites:

http://www.rawoo.nl

http://www.kfpe.ch

Exercise 4: Evaluating Partnership

Using the partnership you identified in Exercise 1 and have used throughout this module, work through the questions in the following slides. As you think about this framework for partnership evaluation consider:

Intentionality - what information and processes must be intentionally captured for you to adequately evaluate the partnership?

Challenges - What challenges would you face in capturing the needed information? Are there areas which do not have clear measurements (for example, trust)?

Improving Partnership - How could this framework contribute to improved partnership practice in global health research?

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Big Picture Questions[6]

Do the partners know and trust one another?

Does the research give due consideration to the social, political, economic, and technical situation of partners?

Does the research fit into existing national and/or regional policy?

How will the partner institution sustain research and continue research after the programme is finished?

How will South-South collaborations be promoted?

Detail and Structure Questions[6]

Is communication between partners easy? How is it facilitated?

Is there transparency? Do all partners have access to project budget documents, reports and other scientific information? Has the management of funds been negotiated?

Will partners share equally from the benefit of the research? Is there an agreement? (eg. Commercial, authorship,…)

How will capacity in the partners be built? Who will be trained?

Is there internal and external monitoring of the partnership?

Was the organizational structure collaboratively designed? Have there been, for example, committee co-chairs?

Final Exercise : A Story in Partnership

Using the work you have done throughout this module on your case study partnership:

How would you synthesize what you have learned?

What points would you include in a one page summary of the case study?

Are there actions or a strategy you would suggest to the partners?

Endnotes

1.	Adapted from: Oldham, G. 2005. International scientific collaboration: a quick guide. Policy Brief, SciDevNet, April 2005. Available at: https://www.scidev.net/dossiers/index)

2.	Adapted from: AUCC. 2006. Profiling the impacts of North-South research collaboration for development. AUCC, Ottawa. Available at: http://www.aucc.ca/publications/auccpubs/research/impact_brochure_e.html

3.	Adapted from: Neufeld et al. 2003. South-Canada Paper: South-Canada research partnerships for health and development. Working Paper prepared for the Canadian Coalition for Global Health Research (CCGHR), Ottawa. Available at: www.ccghr.ca
	&
	Bernard AK. 1988. North-South Collaboration: a Canadian Perspective. In North-South Scholarly Exchange: Access, Equity and Collaboration. Shive GL, Gopinathan S, Cumming WK (Editors), Mansell Publishing Limited, New York and London.

•	Adapted from: Forti S. 2005. Building a Partnerships for Research in Global Health - Analytical Framework. Canadian Coalition for Global Health Research, Ottawa. Available at: www.ccghr.ca
	&
	Oldham, G. 2005. International scientific collaboration: a quick guide. Policy Brief, SciDevNet, April 2005. Available at: https://www.scidev.net/dossiers/index)

•	Costello A, Zumla A. 2000. Moving to research partnerships in developing countries. BMJ 321:827-829

•	Adapted from: Costello A, Zumla A. 2000. Moving to research partnerships in developing countries. BMJ 321:827-829

The CCGHR

The Canadian Coalition for Global Health Research (CCGHR) recognizes the central importance of effective, respectful and sustainable health research partnerships between individuals and institutions in Canada, and those in lower and middle income countries (LMICs). In fact, the CCGHR's mission embodies this principle:

> *"To promote better and more equitable health worldwide by: mobilizing greater investment and involvement in global health research; nurturing productive partnerships among Canadians and people from low- and middle-income countries; and translating research into action."*

In 2003 the CCGHR created a Task Group on Building Partnerships. The mandate of this Task Group is:

> *To nurture partnerships among Canadians and LMIC researchers*
>
> *To connect people engaged in doing and applying global health research with people, knowledge and sources of funding that will help them do their work more effectively*

The work of the task group has produced a series of resources available on the website (www.ccghr.ca). The **current challenge is to ensure that these and future resources reflect the ideas and knowledge of partners in South Asia, Africa and Latin America**. To do this, the CCGHR has initiated a three-year project, with the support of the International Development Research Centre (IDRC). This project will engage in regional consultations in South Asia, Latin America and Africa, foster leadership through regional working groups as well as build learning resources to be used globally.

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