

Institutional partnerships in global health

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The role and changing landscape of partnerships

The attainment of better health outcomes in many parts of the world, particularly in sub-Saharan Africa, is hampered by a lack of qualified healthcare workers, and limited access to high quality educational opportunities, such as continued professional development. This is further compounded by a dearth of trained faculty, and often inadequate university facilities, particularly information technology, laboratory and library infrastructure.

There is now renewed interest in the opportunities presented through a range of north–north and south–south institutional health partnerships, involving universities, research organisations, hospitals, the private sector and civil society, to overcome these challenges and address the major global health issues of today. The UK has a rich tradition of international health partnerships with the developing world and the 2007 Crisp Review by the former chief executive of the NHS identified ‘the need for better coordination and more strategic partnerships, to harness all the enthusiasm and realise the full potential of the UK’s experience’.¹

The universities’ tripartite strength in research, education and healthcare delivery, coupled with their unique ability to foster innovative solutions and provide access to a highly trained pool of health workers, mean that they are uniquely placed to forge sustainable partnerships with institutions in the global south. Benefits include access to better library and laboratory facilities; improved training and career opportunities for local researchers and faculty; and enhanced possibilities for publication, dissemination and translation of research into policy. The key role of university partnerships in individual and institutional capacity building has been recognised through multiple new funding schemes supported by the Wellcome Trust, European and Developing Countries Clinical Trials Partnership, the Bill and Melinda Gates Foundation, Doris Duke, US National Institutes of Health Fogarty programme and others.

Some challenges

Although these partnerships may provide institutions and individuals in lower income countries with many benefits, there are also potential pitfalls, particularly with north–south partnerships. Since many of these partnerships are compartmentalised, rather than institution wide, southern researchers working vertically with northern partners may become isolated from other researchers in their own institution or national networks. This

risks fragmentation at a time when greater cohesion is needed. There is also the inevitable imbalance in power between northern and southern institutions in deciding the research agenda, management of decision making, and access to funding. Finally, the need to consult with multiple partners may lead to delays in decision making and increasingly complex team management.

While traditional north–south partnerships are still the most common type of collaborative arrangement, the major global economic and social changes of the last two decades have led to a shift away from traditional terminology of ‘north’ and ‘south’ and ‘developed’ and ‘developing’ world. A new paradigm of partnership is emerging, with a greater emphasis on the development of more equitable research partnerships between institutions (be they north–south or south–south), as well as those that straddle both the public, private and non-governmental sectors. An increasing emphasis is also on the effective translation of research findings into practice.

South–south partnerships are being actively promoted by the United Nations and have some distinct advantages. In many regions there is already a strong core of established healthcare and research institutions that allow resources to be combined to work on common priority areas. Furthermore, such networks may also offer high quality training of the next generation of research leaders, so expanding indigenous research capacity. A number of south–south partnerships are beginning to emerge. The Initiative to Strengthen Health Research Capacity in Africa (ISHReCA) – an organisation of health researchers from more than 30 healthcare research institutions in Africa, established in 2007, is one such example. The rapidly transitioning economies such as Brazil, India, South Africa and China are also likely to have a growing future role in such south–south partnerships.

Public–private partnerships between university-based researchers, non-governmental organisations, the government sector, charitable foundations and private industry, are another form of partnership that bring new sources of revenue and offer the potential for commercial uptake of research results. However, such alliances also raise important issues about research ownership and intellectual property.

Principles of partnerships

Although there is no single strategy for success, all partnerships need to adhere to a few basic principles based on mutual trust and shared decision making; national ownership; emphasis on getting research findings into policy and practice; and development of national research capacity.²

In 2000, the Swiss Commission for Research Partnership with Developing Countries established guidelines for

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north–south research partnerships, which highlighted several basic principles (see box 1).³

These principles provide an initial checklist that can be used at the beginning of a partnership to ensure that all parties share a common vision and understanding. However, there was no mention of the benefits that accrued to the northern partners, and future partnerships between north and south must be seen as a two-way process with clear advantages for both partners.

Building institutions through equitable partnerships in global health

To date there has been limited discussion as to the optimal role of the UK university in global health and the types of future partnerships with southern institutions that will meet their needs and priorities, as well as building and sustaining capacity for the future. There are many challenges facing the development and maintenance of these partnerships. In response to the need for a forum to debate this important area of global health, the Royal College of Physicians (RCP), in partnership with the Academy of Medical Sciences, the Wellcome Trust, Universities UK and the Bill and Melinda Gates Foundation will host a two-day high-level conference on ‘Building institutions through equitable partnerships in global health’ in April 2011.

The conference will bring together key stakeholders from institutions in the north and south to better define the role of the university sector in global health, and to share best practice and lessons learned in institutional partnerships. While there is a growing body of literature about these partnerships, much of it has been generated by authors from northern institutions. Therefore, a particular focus of the conference will be on hearing the perspective of the southern institutions, and more than three quarters of the invited speakers and panellists are from institutions in sub-Saharan Africa, Asia and South America.

The conference is divided into nine main sessions, with the first day focusing on the challenges relating to institutional part-

nerships and capacity building, and the second looking at the way forward, and innovative strategies to respond to these challenges. The emphasis is on focused panel discussions in the following areas:

- the value of institutional partnerships in global health from the perspective of both southern and northern institutions; and why the university sector is crucial in these partnerships
- the changing landscape and nomenclature of partnerships, which will be informed by a mapping exercise with Universities UK to document existing institutional partnerships with UK universities, their range of activities and challenges faced
- key challenges and barriers in individual and institutional capacity building, and how well current models address these challenges, including factors that determine successful partnerships
- governance issues in partnerships, such as balance of power, intellectual property, authorship, distribution of financial resources and defining the role of the northern institution
- securing sustainable, long-term funding for partnerships, including innovative funding strategies such as endowed lectureships and private philanthropy, as well as how to incentivise northern institutions to engage in international partnerships
- evaluating partnerships: what are the optimal tools for monitoring and evaluation, and how to harmonise the use of these tools and measures of effectiveness of partnerships from their inception
- achieving interdisciplinarity: how best to achieve interdisciplinarity in global health partnerships and to attract a range of complementary disciplines into health research.

The provisional conference programme is available from the RCP website, and a full conference report with conclusions will be published in 2011.

Box 1. The 11 principles of research partnership.

1. Decide on the objectives together.
2. Build up mutual trust.
3. Share information; develop networks.
4. Share responsibility.
5. Create transparency.
6. Monitor and evaluate the collaboration.
7. Disseminate the results.
8. Apply the results.
9. Share profits equitably.
10. Increase research capacity.
11. Build on the achievements.

References

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