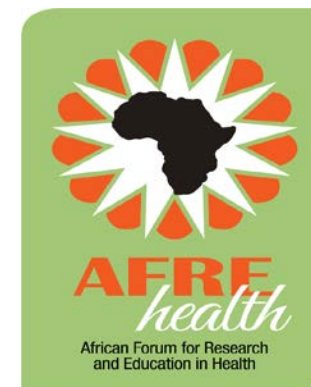


Facilitating successful partnerships – Lessons from North South collaborations

Peter Donkor

President, AFREhealth

CUGH, March 15, 2018, New York



Outline of talk

- Partnerships
- Examples of partnerships
- Ingredients for success in partnerships
- Threats to partnerships
- Conclusion



Levels of Partnership

- Individual – essential catalyst or champion
- Institutional -
- National
- Regional
- Global



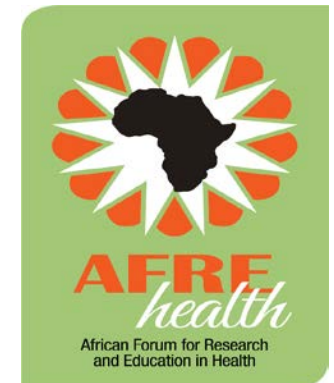
The drivers of collaboration

- Global disparities in health, resources (money) and expertise
- Complex challenges requiring interdisciplinary approaches
- Need by researchers for large and representative samples
- “Trendy” – pull factor
- Increasing funding for networks – push factor
- Developments in technology and communication



Example of unsuccessful partnership

- KNUST Community Health - Canadian University
 - capacity building project to train PhDs
 - Poor understanding of process for placement of candidates into Canadian universities
 - Screening and selection of candidates was poor
 - 4 candidates trained but none returned to KNUST
 - *Poor communication so processes misunderstood*
 - *Department's needs not met*
 - *Retention issues overlooked*



Example of unequal partnership

- KNUST Community Health, Ministry of Health, British University (Vitamin A Supplementation Trial)
 - Research Capacity building
 - Marginal KNUST representation on Advisory Board
 - KNUST not consulted in hiring for key appointments
 - Leftover investments handed over to MOH
 - *Miscommunication*
 - *KNUST lost interest, fell out and lost out*
 - *Low level institutional representation*
 - *Unequal partnership*
 - *wrong expectations*



Example of betrayal of trust

- Late Professor of Pharmacology at KNUST partnered northern colleague
- Studied the analgesic properties of a pepper plant in Ghana
- Crude extracts sent abroad for further analysis by northern partner
- Paper published without reference to the KNUST investigator
- Materials retained abroad



Lack of openness & capacity building – medical missions

- Partnerships for provision of unavailable treatment services
- Southern partner gathers patients, and sometimes resources
- Northern partner brings human experts and material resources
- Intensive treatment activities over short period
- Follow up care not always well catered for
 - ? Lack of openness about underqualified “experts”
 - No long-term training of local experts
 - Records and reports not shared with local partners

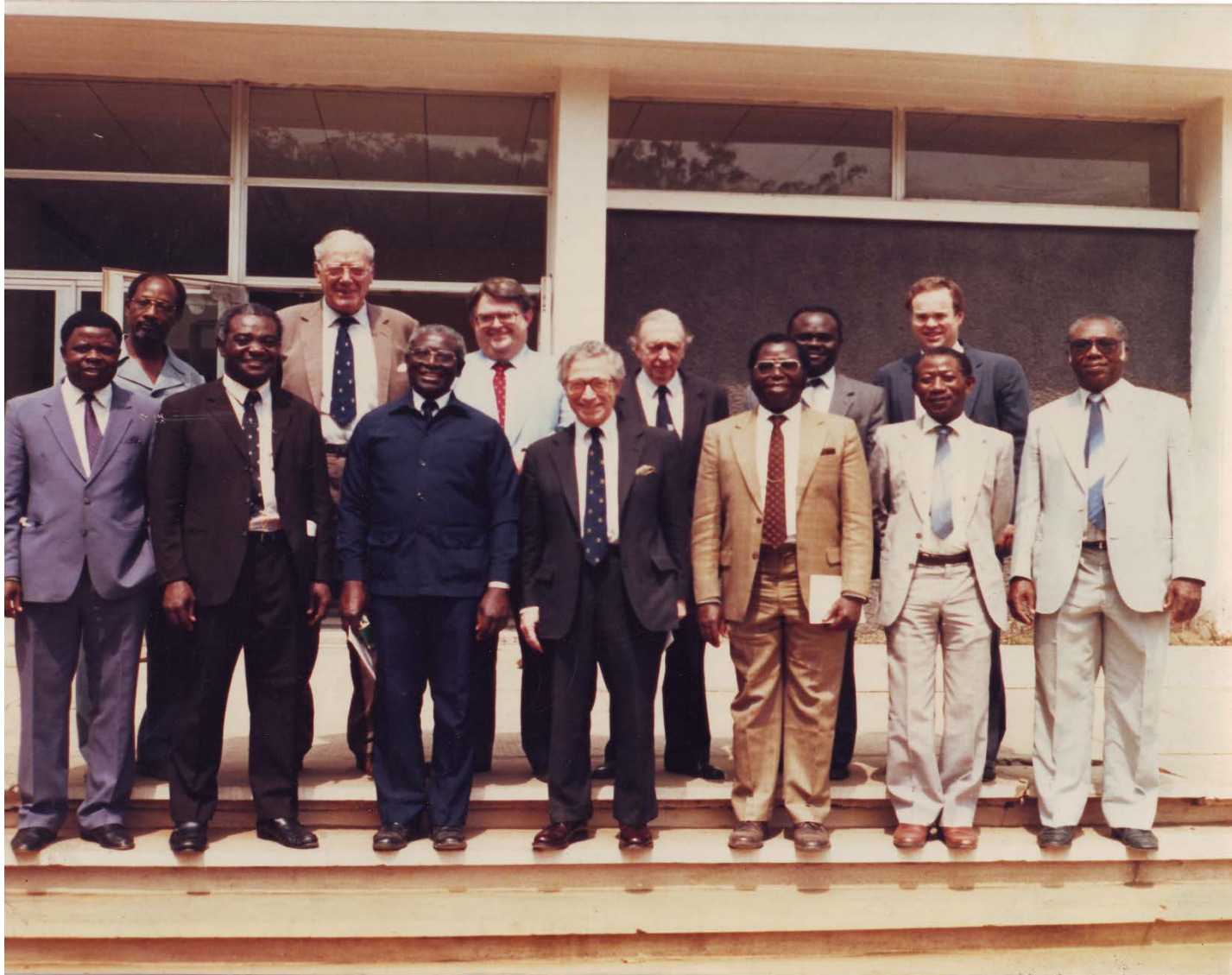


Example of successful partnerships - 1

- OBGYN specialist training in Ghana , 1989
- Multiple international agencies, Ghana, USA (U-M, Johns Hopkins; AMCOG; Sheffield U., RCOG; WACS; UG, KNUST, MOH, Carnegie Corporation
 - MOH ownership after 10 years
 - *Strength of combined international effort*
 - *lower cost, brain drain, local faculty developed*
 - *Benefits outlasted the life of the project*
 - *Bonding between U-M and Ghana → More collaborative projects*



Photograph at OBGYN Programme inauguration in Accra, January 1989



MEPI/NEPI successes

- Northern and African partners launched several collaborative projects
- Specialist training in Zimbabwe, Mozambique, Ghana
- Rural training of students – South Africa, Uganda
- Increased use of ICT in teaching/learning – Ethiopia, KCMC, Malawi etc.
- New medical schools – Botswana



MEPI/NEPI

- Research support centers
 - New PIs created
- Competency based curricula – Nigeria, Zambia
- Increased access to HIV treatments – Lesotho
- PI Council – funder flexibility and involvement
- Birth of AFREhealth



Ingredients for success - 1

- High level engagement of actors – Govt. VCs, Provosts, etc.
- Effective management structure & work plan
- Equity in responsibility & profits
- Agreement on sharing of information and data
- Authorship policy
- Capacity building & mentorship



Ingredients for success - 2

- Communication
- Transparency
- Trust, Respect, Fairness
- **Funder engagement to allow flexibility**
- **Addressing the NEEDS of collaborators**
- **Cultural sensitivity**
- **Aiming for the longer term**



Threats to Partnerships

- Paternalism and prejudices
- Financial compensation
- Unresolved misunderstandings
- Authorship disputes – inclusion, position on paper etc.
- Rule changes mid-stream
- Lack of transparency in actions and intentions
- Lack of succession plan - “Inheritance without sweat”



Conclusion

- Build on achievements – seek newer, bigger opportunities
- Share benefits equitably – intellectual and commercial
- Have an effective governance system in place including a conflict resolution mechanism
- Look after each other and build a global family
- Make sure all gain from the collaboration
- Monitor and evaluate partnerships



AFREhealth Council@Malawi 2018



Thank you

