Responsibility and accountability in collaborative partnerships

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Responsibility and accountability

Responsibility: who is responsible for ensuring a truly collaborative partnership:

- Reinforce existing power imbalances?

Accountability: partners are accountable for the research they perform and for their partnership commitments.

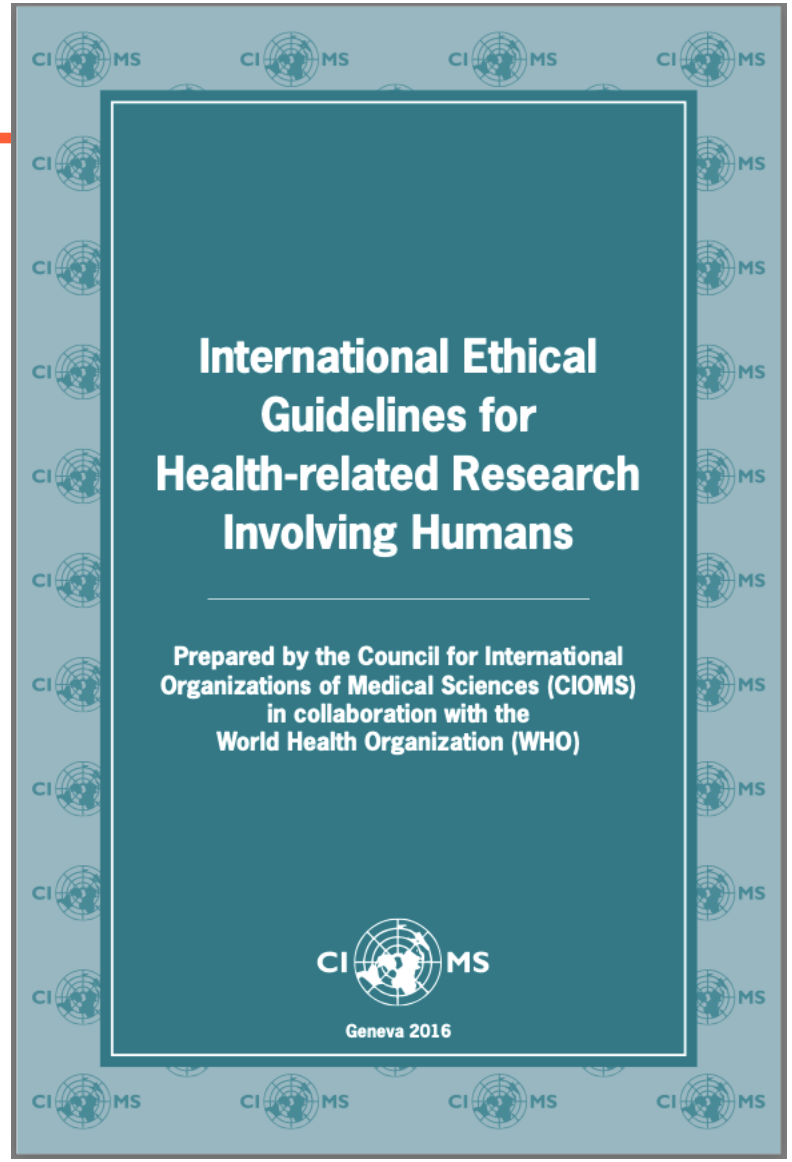
- External (funders/journals/global agencies)
- Internal (research partners/institutions)

Why discuss responsibility and accountability?

1. CIOMS guidelines

2. Mutual collective accountability

3. Centre- periphery; Global North-Global South



GUIDELINE 8:

COLLABORATIVE PARTNERSHIP AND CAPACITY-BUILDING FOR RESEARCH AND RESEARCH REVIEW

CIOMS on Collaborative Partnership

"The development and testing of biomedical interventions frequently require international cooperative research. Real or perceived disparities in power or expertise should be resolved in a way that ensures equity in decision-making and action. **The desired relationship is one of equal partners** whose common aim is to develop a **long-term collaboration** through South- South and North-South cooperation that sustains site research capacity. **To safeguard against power differences, innovative forms of collaboration** should be considered"

Mutual collective accountability

"Through **mutual collective accountability**, all actors working on a health problem agree first on the same goals and respective roles and **responsibilities** in achieving them."

Jennifer Prah Ruger

The American Journal of Bioethics, 12(12): 35–54, 2012

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Target Article

Global Health Justice and Governa

Jennifer Prah Ruger, Yale University

While there is a growing body of work on moral issues and global governance in the fields of global justice and international relations, little w principles of global health justice with those of global health governance for a theory of global health. Such a theory would enable analysis and evalua global health system and would ethically and empirically ground proposals for reforming it to more closely align with moral values. Global health go framed as an issue of national security, human security, human rights, and global public goods. The global health governance literature is essentia theorized framework to illuminate or evaluate governance. This article ties global health justice and ethics to principles for governing the global health a theoretical framework for global and domestic institutions and actors.

Keywords: global health governance, global health justice, health justice, international health relations, provincial globalism, shared health governan

While there is a growing body of work on moral issues and global governance in the fields of global justice and international relations, little, if any, work has connected principles of global health justice to those of global health governance for a theory of global health. Such a theory would enable analysis and evaluation of the current global health system and would ethically and empirically ground proposals for reforming it to more closely align with moral values.

A systematic review of the global health governance literature concludes that the work in this area is uncoordinated and fragmented, as is the current state of the global health architecture itself (Ng and Ruger 2011). Global health governance has been framed as an issue of national security,

values. This line of thought espouses a mixed health system in which respective roles and re are based on functions and needs and volun ments. The PG/SHG line of reasoning integra of global health justice with a framework of governance—shared health governance—tha premise that actors in the global health syst uinely aim to achieve global health justice, a just self-interest or national interest alone. T view puts forth an explanation for the chaos in global health: a rational actor model where domestic actors shape institutions, policies, a in the interests of their own countries and

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Centre- and periphery and fair knowledge generation

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Review

OXFORD

Unfair knowledge practices in global health: a realist synthesis

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Table 1. Mechanisms that trigger manifestations of unfair knowledge practices related to pose and gaze

Unfair knowledge practice	Perspective	
	Pose	Gaze
Credibility deficit	(1) 'The periphery's cultural knowledge does not matter' (2) 'The periphery's technical knowledge does not matter' (3) 'The periphery's "articulation" of knowledge does not matter'	(1) 'The centre's learning needs must drive collective knowledge-making' (2) 'The centre's knowledge platforms must drive collective knowledge-making' (3) 'The centre's scholarly standards must drive collective knowledge-making'
Interpretive marginalization	(1) 'The periphery's sensemaking of partnerships does not matter' (2) 'The periphery's sensemaking of problems does not matter' (3) 'The periphery's sensemaking of social reality does not matter'	(1) 'The centre's learning needs must drive collective sensemaking' (2) 'The centre's social sensitivities must drive collective sensemaking' (3) 'The centre's status preservation must drive collective sensemaking'

Note: Adapted from Bhakuni and Abimbola, 2021; Abimbola, 2023a.

“The periphery’s technical knowledge does not matter”

- Fluency in American- or British-style English
- Editors of Western journals think that because ‘research originating from Africa often address local problems’, it is ‘of little interest to international journals’ and is ‘automatically of lower quality.’
- **Local researchers and practitioners** are thought to have everything to learn from their high-income country counterparts but nothing to **teach them**
- **Front-line health providers** rarely invited to participate in recommendations on risk-benefit.

“The periphery’s sensemaking of partnerships does not matter”

- Global North dominates how partnerships are set up instead – not grounded in the experiences of (Global South) partners
- Most global health research funds are spent in HICs
- HIC experts dominate advisory boards of major funders and global health agencies.
- Evidence that partnerships are set up for or optimized to produce, favoring RCTs over other forms of evidence
- Not having ‘ethics training’ in partnerships
- Not structuring partnerships and their knowledge practices using ‘ethics guidelines’
- **Growing body of literature on how partnerships should function. However: lack of ‘practical and real-world examples of factors contributing to partnership development,’ especially based on the experiences and interpretations of people and organizations at the periphery.**

Focus of this session

- Who is ***responsible*** for an equitable partnership and hence should ultimately be held ***accountable*** for ensuring equitable outcomes in a research partnership?
- **Unfair knowledge generation**: Whose voices are missing in the debate on responsibility and accountability in partnerships?
- What does ***acting responsibly*** in research partnerships mean from the perspective of the periphery or the Global South?
- How might this perspective challenge existing power structures between the centre-periphery and/or between the Global North and the Global South?

Presentation Ms Stella Kakeeto

In the first presentation, Stella Kakeeto (and David Musoke) reflects on ***internal accountability*****,** on institutional practices of Makerere University (Uganda) that undermine ethical research partnerships.

She reflects on the ***responsibility*** **of Southern institutions** and the way in which they themselves sustain practices that undermine collaborative partnerships.

Presentation Dr Sassy Molyneux

In the second presentation, Sassy Molyneux will discuss ***accountability*** **through a participatory approach** as a means to establish and run a research partnership.

Using this approach she will reflect on ***acting responsibly*** in a research partnership: on how international research programmes can ensure fairer research processes that protect frontline staff from moral distress.