





Ethical reflections from a partnership to mitigate antimicrobial resistance in Vietnam: Do collaborative and participatory methods address issues of equity and power in research partnerships?

Thao Tran, Oxford University Clinical Research Unit, Vietnam









A research partnership?

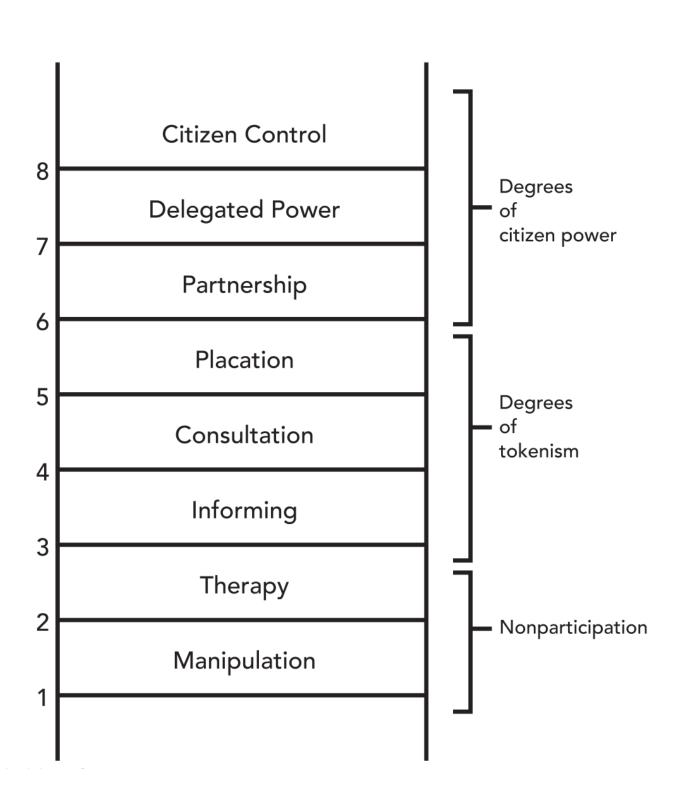






#### Collaborative and participatory research approaches

From tokenistic engagement and consultation...



...to recognising and redistributing power to non-academic actors as research partners.







#### Addressing antimicrobial resistance (AMR) in Vietnam

#### Top-down, biomedical approach

- AMR mitigation is coordinated through a National Action Plan, which until 2023 mainly focused on human health sector.
- Mainly mobilising experts and technical fixes for awareness raising, surveillance, and research

# Superwicked issue with embedded inequalities

- Complex drivers including healthcare and agricultural practices, sociocultural and environmental factors, governance issues
- Partnership involving local authorities and communities can generate insights that better reflect the local context.







## **Collective Action Against AMR**



 A partnership between the Oxford University Clinical Research Unit, Nam Dinh Province Department of Health and Sub-Department of Animal Health









## **Collective Action Against AMR**



2022

2022-2024

Ongoing

Participatory workshop with provincial stakeholders in One Health sectors to identify mechanisms driving inappropriate antibiotic use



Collaboration with partners in intervention design, community entry, and implementation



Main intervention:
Participatory learning and action meetings with primary healthcare doctors, women, and farmers









To what extent have these stakeholders been recognised as a partner?

And to what extent has power been redistributed?







#### Whose agenda matters?

"We need better diagnostics and laboratory capacity to manage AMR."

"AMR is one of the top global public health and development threats. LMICs are most affected."

"AMR is a problem for developed countries with more resources, which can afford to care."

"We didn't think that AMR, a health issue, had anything to do with our work."







#### Distributive justice along existing power structures

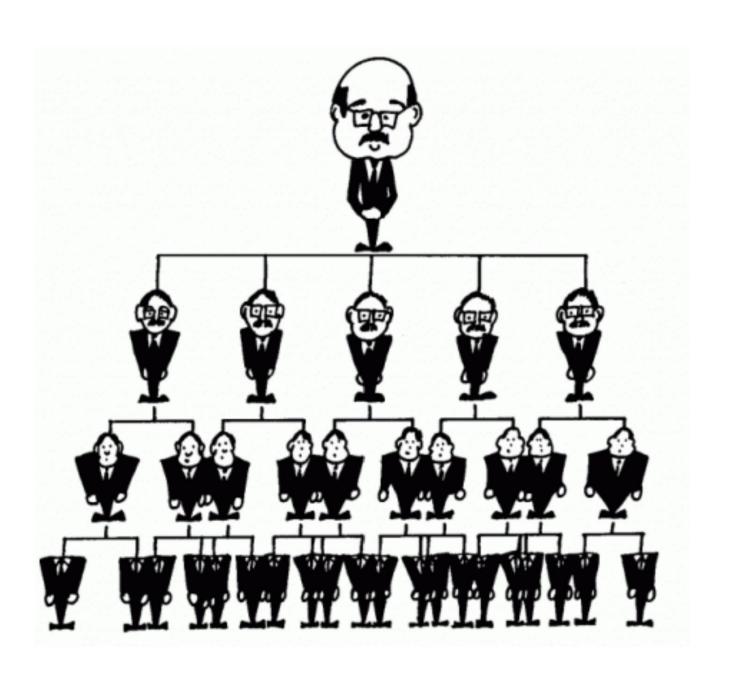








#### Distributive justice along existing power structures



- More influence over how the research is implemented
- Power to assign personnel and distribute resources

- Less influence over how the research is implemented
- Unclear benefits, delayed compensation and uncertainty







#### Conclusion

Meaningful results for action against AMR require meaningful partnerships.

- Who should be considered a partner?
- Who should set the agenda?
- Which structures underlie power imbalances and injustices in the partnership?
- How can resources, burdens and benefits be fairly allocated?







# Towards more ethically justified and sustainable partnerships using collaborative and participatory approaches

- Global health funding and research structures should be reformed to recognise and support non-academic actors as equal research partners: time, funding and administrative support for relationship building, negotiation of interests, and/or research co-design.
- Beyond procedural ethics, reflexive ethics and iterative evaluation practices can help research partners recognise and respond to issues of power and equity as they emerge.







## Thank you

