

Reimagining research partnerships: Equity, power and resilience

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Pecha Kucha presentation

The unimagined and unforeseen impacts of long-standing North-South collaborations on the research ecosystems in host sub-Saharan African countries

David Nderitu Wanjeri, Egerton University, Kenya

Brief description of context

Sub-Saharan Africa countries are amongst the major participants in the global north-global south health research partnerships ^(1,2). Some of these collaborations have a longer span which translates to significant impacts especially to the global south institutions and countries. Benefits in terms of expansive health research facilities (equipment and human resources), empowerment of partners, enhanced health research and academic programmes, high institutional rankings and increased research funding etc. are evident ^(3,4). Alongside the benefits are well documented ethical issues including aspects denoting equity, such as equality, fairness and justice. A significant number of sub-Saharan Africa countries have well established frameworks to foster effective international partnerships, while other countries do not or they are still developing them ⁽⁵⁾, demonstrating that efforts to level the research ecosystems in the developing countries are inadequately addressed.

The 'empowerment' of the sub-Saharan Africa institutions under the global north-global south health research partnerships presents a tendency of some of them to inadvertently dominate the national research governance systems in their respective countries, and more often, using the standards adopted from the global north. In some countries some of these research institutes take over the mandate of the coordination of health research which in itself, creates a conflict of interests ⁽⁵⁾. In essence, this reality implicitly introduces an element of inequity in two major ways: first, the sub-Saharan Africa institutions under the global north partnership seem to 'outshine' the local non-partnering research institutions; secondly, sometimes the individual research institutions in sub-Saharan Africa are portrayed to have stronger research systems such that the national regulatory bodies do not feel confident to supervise them thus allowing them to operate unregulated. For some of them, their research systems are adopted from the countries of their partnering institutions in the global north which often comes as a condition for the collaboration. Long-standing collaborations between the global north and global south institutions may influence unfair dominance of partnering global south institutions through the global north research systems.

Discussion of ethical issues

1. Long-lasting north-south health partnerships

The rapid spread of HIV/AIDS in Africa and its ravages in mid 1980s and other scientific developments that followed such as genetic studies etc. occasioned the establishment of collaborations in research between institutions in the global north and global south in order to effectively address the health challenges ⁽³⁾. Some programmes like Academic Model for Providing Access to Healthcare (AMPATH) in Western Kenya emerged initially as an academic and research programme that included care for the HIV/AIDS epidemic. Such collaborations have kept expanding for more than three decades. These collaborations have brought significant

developments in terms of healthcare research infrastructure, health research human resource development, health academic institutions and programmes etc. ^(3,4). More importantly, they led to positive transformation of health for communities in the sub-Saharan Africa countries.

2. Centrality of equity in the global north-global south health research partnerships

Equity issues dominate the discourses on the ethics of global health research ⁽⁶⁾. The main issues include general factors of equality, fairness and justice ⁽⁷⁾ which are specifically presented in the form of economic disparities, unequal distribution of research funding, cultural and institutional norms etc. ^(6,7). Specifically, for the north-south health research partnerships, the major inequity discourse has been about the global north providing the funding and therefore getting inclined to control the research agenda ^(3,7,8) though there has been a great desire for change ⁽⁷⁾.

Perhaps the unimagined and less thought impact of global north-south collaborations is its possibility to lead to inequity in low and middle income countries (LMICs) by empowering certain partners who tend to dominate and thwart other local institutions even when it comes to applying for local grants.

Specifically, in sub-Saharan Africa the dominance of the global north research policies in health research systems often comes up whenever the subject of equity in global health research is raised. In most cases, the basic condition for the establishment of partnerships between the global north and global south institutions is the alignment of the research policies of the global south institutions with those of the global north. For example, an institution in sub-Saharan Africa that engages in human subject research supported by any US federal department or agency must obtain the Federalwide Assurance (FWA) for the protection of human subjects. There are several African research institutions which boast of FWA compliance and their research ethics committees (RECs) are enlisted in the US Federal research systems ⁽⁹⁾.

Such compliance is a good thing because it empowers a developing country's institution to be guided by better research regulatory standards thus, raising its research ethics profile. However, such a profile can make an institution elevate itself above other local institutions with no such privileges thus perpetuating inequity or even introducing the element of power imbalance in a country. Some institutions in Africa that have established stronger partnerships with the 'super-power' institutions or countries tend to pose an intimidating posture on other local institutions and this can be a barrier to the establishment of south-south partnerships thus escalating inequity in health research at the local context. However, the exposure to international partnerships may propel the more experienced sub-Saharan Africa institutions to appreciate and easily comply with the local health research systems in comparison to the non-collaborative institutions ⁽⁹⁾.

In sub-Saharan Africa countries with weaker research systems, the perceived 'empowered' research institutions are likely to have a significant influence in the national research systems to the extent of influencing the national regulatory bodies to adopt the foreign-influenced yet less relevant health research policies ^(8,10). The dominance of the global north 'empowered' African institutions over other local institutions in the process of establishing national research systems is a perpetuation of inequity. Such institutions may reluctantly yield to the directives of the national regulator thus occasioning inequality in monitoring and (re) accreditation processes.

The inequities within institutions in the global south can be minimized by encouraging collaborations within and between local institutions with the aim of developing capacity and ensuring that those in the least developed contexts are not left behind ⁽¹¹⁾. Such a south-south partnership is significant in strengthening the overall health research profile in local contexts and thus, minimizing inequality issues in sub-Saharan Africa.

Conclusions and recommendations

North-south partnerships in health have brought significant benefits to the global south communities, partners and institutions. But this is not without ethical concerns significant among

which border on the equity challenges affecting partners, institutions and countries involved in the partnerships. Even though the overarching equity issue in the north-south partnership is the dominance of the global north on significant aspects of the partnerships, but equity issues in the global south emanating from the dominance of the 'empowered' local institutions has largely been ignored. It would make a significant difference if the local equity issues between research institutions in the sub-Saharan Africa countries were adequately addressed. Some of the ways of addressing the challenges include:

1. North-South health research partnerships should be built on the rationale of holistic equity where the empowered global south partners or institutions are obliged to demonstrate plans to extend their empowerment to other local institutions.
2. North-South health research partnerships should be obliged to ensure that they commit to respect national research policies and regulations in the global south and prioritize them in the effort of empowering the global south partners' research systems.

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