GLOBAL HIV/AIDS INITIATIVES NETWORK

CREHS

BRIEFING SHEET

MULTI-COUNTRY PARTNERSHIPS:

ADDING VALUE TO RESEARCH

North-south multi-country health research partnerships between academic institutions are a recognized mechanism for research (Bradley, 2007). Besides adding value to research outputs, they provide opportunities for capacity development. While partnerships have been subjected to considerable scrutiny (Bradley 2007; Masseli et al, 2006, Anderson and Metcalfe, 2006) reflection from the health systems field is lacking (WHO, 2009, Green & Bennett, 2007). In late 2009 a number of researchers from two research partnerships, CREHS and GHIN [Box 1] came together to compare lessons learned from collaborating in research partnerships. Participants at the meeting drew on many years of experience of different sorts of partnerships as well as on the particular experience from these two programmes.

A number of common positive and negative characteristics of multi-country research partnerships were identified at the meeting, many of which are reflected in the literature on research partnerships. Figure 1 captures the most important of these. Participants also identified four key insights into research partnerships which funders, research institutions and researchers could take into account when planning and collaborating in multi-country research partnerships.

PARTNERSHIPS ARE DIVERSE AND HAVE MULTIPLE OBJECTIVES

There are many forms of research partnerships – which can also be termed networks, consortia, collaborations and alliances. Participants likened research partnerships to a continuum [Figure 2]. At one end are loose and permeable associations of research groups, who may have relatively low levels of interaction among themselves (and low overall levels of financial support), but for whom being part of a network offers valuable benefits. These include the real or assumed status gained by partnering with reputable others, or those derived from exchanges of information or intellectual debate. Moving along the continuum, membership may become more formalized with specified partner commitments.

All academic research partnerships share scientific goals that stress the exchange of ideas and expertise to address specific problems or issues. However, their objectives may be complex and not always explicit. Research partnerships may be initiated for largely instrumental reasons e.g. where sponsors make

Figure 1: Selected positive and negative factors affecting research partnerships

POSITIVE FACTORS

- Full-time research coordinators, strong leadership
- Experience in partnerships, shared interests
- Good communication, trust between partners
- Applying same standards to all partners
- Willingness to share resources, to ask for and get help
- Inclusiveness in decision-making
- Managing partner expectations & turnover
- Investment in networking allowing time for involvement

NEGATIVE FACTORS

- Lack of/over commitment
- Insufficient time/funding for partnership activities
- Lack of relevant skills, low competence levels
- Paternalistic perceptions of partners as means of data collection
- Unrealistic expectations, failure to manage risk
- Non-collective agenda setting, poor consultation
- Attrition of key staff, juniors marginalised
- Dominance of one partner

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Figure 2: The partnership continuum

funds conditional on partnering between developed and developing countries. The time and process constraints of forging partnerships may set the style for later relationships, with some partners seen as dominant or with decision-making controlled by a few. Many partnerships may also have additional goals – for example, to provide training opportunities for developing country partners, or to develop capacity to communicate and publish peer-reviewed papers, or getting research into policy and practice. These may be implicit or explicit, leading to differences in expectations between partners.

Lessons include

- Locating the partnership on a continuum may help to identify and clarify expectations and responsibilities.
- Objectives for the partnership need to be agreed and motivations and expectations for the individual partners should be explicitly discussed at the beginning to avoid later contradictions.
- Reasonable time and resources need to be factored into initial processes of establishing partnerships establishing partnerships.

Developing capacity is multi-dimensional and needs institutional support

The importance of capacity development in international health research has been well documented, as demonstrated in a wealth of training tools, conferences and guidelines (Green & Bennett 2007; Maselli et al, 2006; Nuyens, 2007). Capacity development can be required in northern as well as southern partners. Participants felt that identifying what was needed in order to develop capacity was seldom given sufficient attention.

There are multiple dimensions to developing research capacity - the most basic being to build up critical skills that encourage individual potential to ask pertinent, policy-relevant research questions, to design and undertake rigorous research, and then to analyse and communicate the results through academic publications and other channels. But sometimes it is to 'unleash' existing capacity, where knowledge levels are high but constrained by institutional factors.

A recurring theme in discussions was that good researchers are hampered where institutional support is weak: where access to libraries, software and hardware support is limited, where teaching commitments are overwhelming, or where financial or administrative services do not provide individual researchers with support. Some participants felt their institutions did not sufficiently manage the process of multiple and competing approaches for collaboration.

Lessons include

- Both institutional and individual needs must be taken into consideration when recruiting partners. This may need a pre-assessment of strengths and weaknesses, as well as skill needs, so that gaps can be addressed explicitly . Funders need to be persuaded to support systems within researchers' home institutions which facilitate the development of research capacity and to accept higher levels of risk around financial and administrative outcomes. In partnerships with contractual research obligations, the development of capacity (both institutional and individual) may compete with the need to produce research outputs. Funders need to be persuaded to accept capacity-building as an objective of equal weight to research outputs.

- Research capacity building requires long-term, continuous effort based on the three F's: full-time, full commitment and full funding. Where researchers are pulled in many different directions, where commitment (institutional and/or individual) is partial or split between many different partners and where funding is not sufficient, capacity will be undermined. There needs to be investment in the partnership itself for it to support capacity development - allowing resources of time and finances to support full participation and communication.

Managing national versus cross-country research outputs

One of the contributions of health research partnerships is to engage in cross-country research, which may help to disentangle contextual factors in one setting from factors common to many settings. However the inter disciplinary nature of health policy and systems research makes cross-national research particularly challenging, both methodologically and in terms of meaning and value (WHO 2009, Gonzalez-Block, 2004). For example, it is often acknowledged that methodologies for health systems questions are still under developed and synthesis methods have not been widely tested empirically (WHO 2009, Green & Bennett 2007).The evidence from cross-national studies is thus complex and open to interpretation.

Partners may come to the partnership with different expectations. Southern partners may view the national experience as more relevant than cross-national comparison, while northern partners may assume the latter to be their responsibility. This can have implications in the partnership in terms of time and interest: for example, researchers may be more concerned to invest in completion and communication of their own country case studies than to take part in longer, complex discussions and outputs related to cross-country analyses. There may also be real contradictions between global agendas and national or local agendas, where the research questions or issues are set and driven by international funders without the same level of demand or interest from national institutions or policy makers. Developing country partners may or may not be initially conscious of such contradictions, but join partnerships in order to access financial and intellectual resources. Such tensions need to be recognized and managed by acknowledging them and their implications from the start.

Lessons include

- Balance cross-national and international relevance with national policy needs in building a research programme. This means that the agenda cannot be established by only one partner, but needs to be developed by all partners.
- Explicit planning of dissemination of findings at the international and national level is an important part of partnership work: national researchers can sometimes use their membership of partnerships to gain influence with policymakers.
- Appointing communications officers to work with all partners to produce interim policy briefs for example, can assist partners in their local contexts as well as at global level.
- If cross-country analysis is essential to draw out policy-relevant findings, then sufficient time and resources must be allowed for this phase of the research.

Tensions relate to issues not membership

A common problem reported in the literature is that tensions between multi-country research partnerships are centred on north-south differences in resources among other things (Jentsch & Pilley 2003). However, participants suggested that where tensions existed, they were around particular issues. For example, decision-making processes could initially be shared but in the last stages of the research, might be perceived as hierarchical, especially where one or two partners were held responsible by the funders for the delivery of outputs.

The key to managing tensions appears to lie in establishing trust and being explicit about expectations and entitlements on all sides within the partnerships, not just between groups of northern and southern members. Where there is mutual respect among researchers, clear lines of accountability and responsibility, and fairness and transparency in processes, then it is usually possible to resolve difficulties over authorship, how resources are channelled, and timing of outcomes. Some participants reported intense discussion within partnerships over sharing funding, concluding that equity between partners does not necessarily mean equal shares in the allocation of funding, but understanding the different needs and roles of different partners. There may also be tensions over how data are shared or on balancing the focus and time spent on communication versus research or capacity development.

Tensions are also more easily managed where there is a history of collaboration, built over time (sometimes decades) and often through training exchanges. 'Blind partnering' – where partners know very little of each other but form part of a consortium to answer a particular funding bid for research – was recognized to be risky, especially where time contingencies led to little performance, capacity or institutional assessment. Acknowledgement that research partnerships need to develop over time (and need resources to allow this), and respond to changes as the partnership evolves was seen as crucial to success.

Lessons include

- Conduct explicit discussions about sharing power and how to do it, recognizing that, although this is not easy, such discussions are likely to build trust in research collaborations.
- Discuss guidance on authorship of publications openly and plan for equitable opportunities for all partners. Be pro-active about potential problems, such as differences in funding allocations between partners.
- Set ground rules with agreed targets for the way the partnership functions from the beginning, and make clear all operating procedures, roles and responsibilities.
- Agree governance and partnership management structures (if any) at an early point, and build in explicit review points of these structures during the course of the partnership.
- Hold regular management meetings (telephone or internet-based communications) where problems are discussed and attempts made to resolve these, but also invest in regular face to face engagement where more in-depth discussions can take place.

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Box 1: Two Research Partnerships: GHIN and CREHS

GHIN – the Global HIV/AIDS Initiatives Network – was established in 2006. It is a network of researchers based in 17 countries, exploring the effect of global health initiatives on health systems. The network is funded by DANIDA and Irish Aid, while the research in each country is funded by a number of different donors. See **www.ghinet.org**

CREHS – Consortium for Research on Equitable Health Systems – was established in 2005 and aims to generate knowledge about how to strengthen health system policies and interventions in ways that preferentially benefit the poorest. It is a research partnership of eight members, and is funded by the Department for International Development (DFID), UK.
See **www.crehs.lshtm.ac.uk**

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