Global Health Engagement: Literature Review

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Abstract

Background: Global health engagement often involves partnerships spanning different cultural groups, a range of disparities in health and wealth, and a complex ethics context. Since the Alma Ata Declaration was agreed upon in 1978 (ICPHC, 1978), there has been increasing recognition of the need for equity, relevance, and effectiveness in efforts towards health improvement undertaken between partners with diverse resources. This awareness is also evident in global health research partnerships and collaborative initiatives. A review of recent published and grey literature reveals several major themes relating to global health partnerships and collaborations.

Aims: To review literature on global health partnerships between organisations, institutions, and individuals from different regions and backgrounds to identify the challenges and opportunities in these collaborations. To draw out the salient themes, and identify best practice recommendations, guidelines and trends pertaining to engagement in global health partnerships.

Method: A search of literature relating to the field of global health research and engagement was undertaken of published (using the PubMed® and ProQuest® databases), and unpublished (using Google search) sources. Additional sources were also identified from references and citations in these documents, and institutional (University of Otago) publications and records. Sources were prioritised by publication date and relevance to the Otago Global Health Institute (OGHI)'s emphasis on working with both international and national partners across health disparities. Given OGHI's focus on the Asia-Pacific region and manaakitanga Māori, literature specific to engagement with Māori and Pacific partners was also prioritised. Using Nvivo 12® software (QSR International), a number of overarching topics emerged from the literature, which were then manually distilled into 10 broad themes.

Results: A total of 1,433 sources were identified through database and manual searches. This list was screened to exclude non-relevant sources and then supplemented with known literature on the subject that had not been picked up with the initial searches, and selected references from the existing list of sources. A total of 77 sources were finally included in the analysis, from which ten broad topics emerged:

1. Relevance of research / setting of research priorities
2. Ethics
3. Sustainability
4. Stakeholder and community engagement
5. Financial / funding issues
6. Governance
7. Equity
8. Intellectual property
9. Monitoring and Evaluation
10. Adaptability of structures and processes

Conclusions: Global health partnerships between researchers from different countries should take into account various context-specific requirements in order to be appropriate, effective, ethical, and sustainable.

Background

Tracing the roots of global health back to the colonial era, when a predominantly disease-specific approach to improving health amongst indigenous populations was adopted under the guise of "tropical medicine" (Arnold, 1988), it may be argued that practices in this field have evolved significantly since then. The identification and implementation of programmes aimed at addressing health challenges in developing regions was historically led by external organisations based on perceptions of need in these countries. This model was largely biomedical in nature, seeking to eradicate or reduce preceived disease burdens in developing regions, and as a result failed to take into account the local social, economic, political and cultural factors that influence the health of different populations around the world.

Dissatisfaction with this vertical (and largely Eurocentric) approach gave rise to a philosophy of health built around a need for senstivity and relevance to local context. This paradigm of Primary Health-Care (PHC) provision, which was increasingly accepted by the World Health Organisation (WHO) during the 1970s, culminated in the International Conference on Primary Health Care in Alma Ata in 1978. (GHW, 2011). The meeting proiduced the Alma Ata Declaration (ICPHC, 1978), which redefined global health poririties, asserted the goal of "Health for All by the Year 2000" and emphasized a multidisciplinary approach to delivering PHC which integrates preventive medicine and health promotion while also providing treatment and rehabilitation where needed. In addition, the Declaration expanded the notion of health improvement from a focus on biomedical services, to a broader focus on developing and strengthening health systems which address local concerns and health challenges with concern for equity, community participation and human rights.

Since then, there has been an increasing recognition of the need for equity, relevance, and effectiveness in addressing major global health challenges. This includes an emphasis on the importance of cooperation and partnership between countries. This awareness is also evident in global health research partnerships, where collaboration can have positive spinoffs such as increased productivity and international co-authorship. However, collaboration in itself is not necessarily sufficient to ensure equitable partnerships (Dodson, 2017). Successful research partnerships between countries with varied resources requires bridging gaps between differing cultural norms, perceptions, and knowledge bases. A brief review of recent published and grey literature reveals several major themes relating to such partnerships and collaborations.

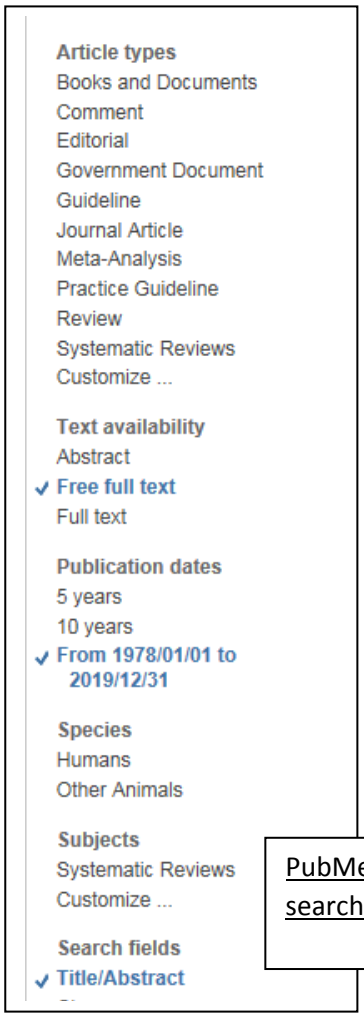
Aim

The aim of this literature review was twofold:

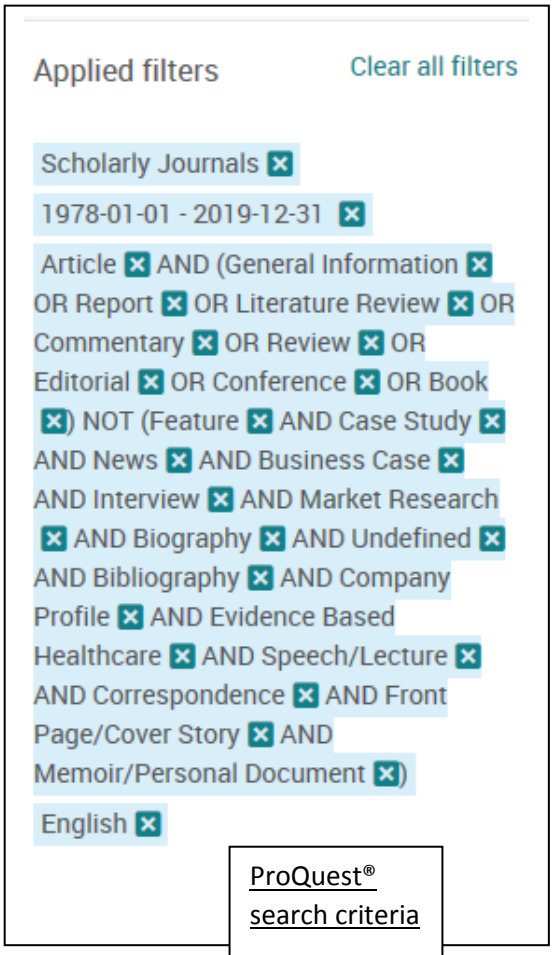
1. To review recent literature on global health partnerships between organisations, institutions, and individuals from different regions and backgrounds to identify the challenges and opportunities in these collaborations; and
2. to identify salient themes, recommendations, guidelines, and trends pertaining to engagement relating to issues of global health.

Method

A search of literature relating to the field of global health research and engagement was undertaken of published (using the PubMed® and ProQuest® databases), and unpublished (using Google search) sources between 1978 and 2019, which yielded 1,424 sources.



PubMed ® search criteria



ProQuest® search criteria

Given OGHI's focus on the Asia-Pacific region and manaakitanga Māori, literature specific to engagement with Māori and Pacific partners was also searched, both through general Google searches and within University of Otago records. This added a further nine documents to the collection. A publication cut-off date of 1978 was used, as this was the year in which the Alma Ata Declaration on Primary Health Care was agreed upon (ICPHC, 1978), and the notion of PHC as an integral part of a multidisciplinary approach to improving health became more established.

Twelve additional sources that were deemed relevant were also identified from citations in these documents, and a further six known relevant references, that had not been picked up in the original searches, were also added. Sources were prioritised by publication date and relevance to OGHI's emphasis on working with both international and national partners across health disparities. Given OGHI's focus on the Asia-Pacific region and manaakitanga Māori, literature specific to engagement with Māori and Pacific partners was also prioritised. Using Nvivo 12® software (QSR International), a number of broad topics emerged from the literature, which were then manually distilled into 10 themes.

Inclusion criteria:

- published/released during or after 1978
- abstracts and full texts available in English
- scholarly articles or grey literature
  focus on multinational or international research initiatives
- books and documents, comment, editorial, government focuments, guideline, journal article, meta-analysis, practice guideline, review, systematic review
- Focus on Pacific or Māori health engagement

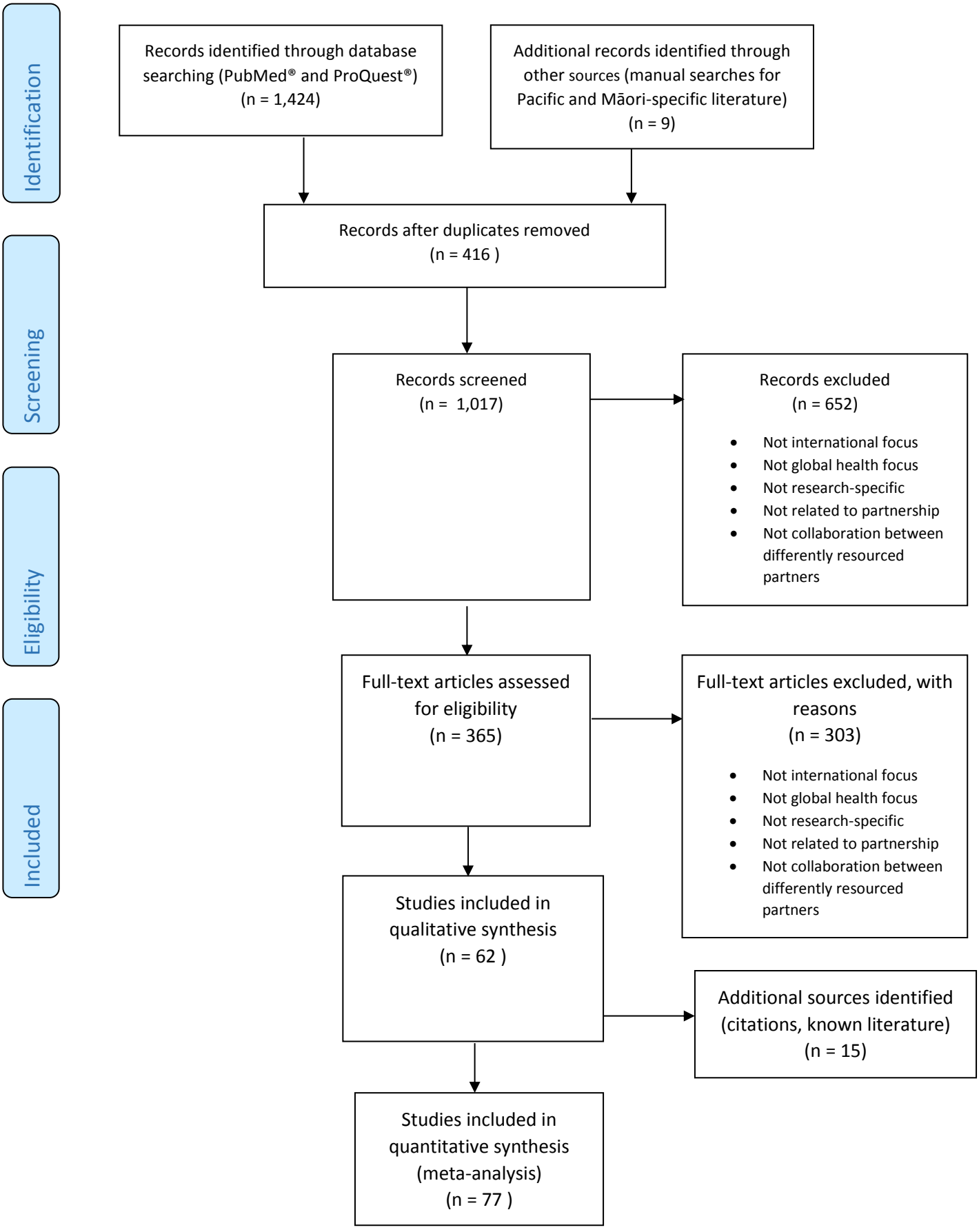
Exclusion criteria:

- Published/released before 1978
- Abstracts and full texts not available in English
- Focus on research initiatives in New Zealand only

Search terms used for all three sources were:
global health research partnership, global health research collaboration, Pacific health research partnership, Māori health research partnership, ethics in health research partnerships

The modified PRISMA® flowchart overleaf shows this process in more detail.

Modified PRISMA ® flowchart showing search process



Results

A total of 1,424 sources were identified through databse searches. This was augmented with a further nine sources from other sources (such as manual searches).

After screening for duplicates and non-relevant sources, and then adding selected references from known sources and from citations within the remaining documents, 77 sources were finally included in the analysis. Ten broad topics emerged from the literature:

1. Relevance of research / setting of research priorities
2. Ethics
3. Sustainability
4. Stakeholder and community engagement
5. Financial / funding issues
6. Governance
7. Equity
8. Intellectual property
9. Monitoring
10. Adaptability of structures and processes

1. Relevance of research / setting of research priorities

It is very important that the research questions are relevant to the local context. Exploring issues that are irrelevant or are viewed as unimportant by local researchers will result in a lack of 'buy-in' by partners. Local researchers, stakeholders, and communities are best placed to determine the most pressing health needs in their setting. There can be challenges in aligning local research priorities with those of funders, and it is important to ensure that all parties are aware of their relative priorities so that the most appropriate projects are selected. Research priorities should be identified by local communities, organisations, and institutions rather than by funders in order to ensure the relevance of the research to local needs, perceptions, and requirements. In particular, disadvantaged or marginalised groups should be represented in these decision-making processes which will help generate research projects that focus on issues pertinent to local health needs.

(Boum Ii et al., 2018; Boutilier, Daibes, & Di Ruggiero, 2011; Chetwood, Ladep, & Taylor-Robinson, 2015; Chung-Do et al., 2016; Costello, 2000; Dodson, 2017; Edejer, 1999; Gautier, Sieleunou, & Kalolo, 2018; James V. Lavery et al., 2013; Mayhew, Doherty, & Pitayarangsarit, 2008; NZHRC, 2010, 2014; Otago, 2010, 2011; Parker & Kingori, 2016; B. Pratt & Hyder, 2017; B. Pratt, Hyder, A. A., 2019; Bridget Pratt, Sheehan, Barsdorf, & Hyder, 2018; Pratt B, 2018; Walker, Campbell, & Egede, 2014; Walsh, Brugha, & Byrne, 2016; Zumla & Costello, 2002)

2. Ethics

When conducting research, it is widely accepted that ethical practices must be followed, particularly with regard to selection of study populations, informed consent, incentivisation, dissemination of study information and benefit of the research to local populations. Similarly, all stakeholders have a responsibility to behave ethically when collaborating in international partnerships, be they for research, training or the provision of service. The promotion of equity as well as the development of local capacity in ethics are crucial in this regard. As a result, global health training programmes are increasingly under ethics scrutiny. Global health research and training should be viewed as mechanisms to effect equitable and beneficial impact (both long-and short-term) on health and development in partner countries, with mutual and reciprocal benefits and achievement of goals for all stakeholders.

(Bhutta, 2002; Chetwood et al., 2015; Crump, Sugarman, & Working Group on Ethics Guidelines for Global Health, 2010; Gautier et al., 2018; Ijsselmuiden, Kass, N Sewankambo, & V Lavery, 2010; Kennedy, 2006; J. V. Lavery & C, 2018; James V. Lavery et al., 2013; Mfutso-Bengu & Taylor, 2002; Murphy, Hatfield, Afsana, & Neufeld, 2015; Parker & Kingori, 2016; Ryan, 1978; Stephen & Daibes, 2010; Sullivan, 2018; WHO, 2002, 2015; WMA, 2013)

3. Sustainability

Partnerships to address global health challenges should result in sustainable improvements to health in the medium to long term. Sustainability requires addressing relevant issues in locally accepted and implementable ways, appropriate and adequate support for infrastructure development and maintenance, and knowledge or skills transfer between research partners to ensure the longevity of any health improvement strategies. Sustainability also requires alignment with strategic needs. While projects that support research or service delivery are considered valuable, education (such as PhD obtainment), and the development of new programmes and pedagogies also contributes to the sustainability of partnerships. Reciprocal international trainee learning experiences are also important for lasting impact, but these need to be implemented ethically, with due regard for both sending and host countries' needs, priorities and capacity for support of students.

(Anderson et al., 2014; Bhutta, 2002; Boum Ii et al., 2018; Boutilier et al., 2011; Bozinoff et al., 2014; Chetwood et al., 2015; Chung-Do et al., 2016; Crump et al., 2010; Dodson, 2017; Dowell & Merrylees, 2009; Eliav, 2018; Godoy-Ruiz, Cole, Lenters, & McKenzie, 2015; Hayman R., 2018; Ijsselmuiden et al., 2010; KFPE, 2018; Miranda et al., 2016; B. Pratt, Hyder, A. A., 2019; Raine, 2017; Stephen & Daibes, 2010; Walker et al., 2014; Zunt et al., 2016)

4. Stakeholder and community engagement

Respect for cultural norms is an integral part of appropriate stakeholder engagement, whether such engagement is with local communities, authorities or researchers. Local authorities and communities should be engaged in a respectful and culturally sensitive manner, deferring to local customs around identification of appropriate community representatives, acceptable meeting venues, and format of interactions. Following traditional community engagement processes limits the social disruption associated with research conducted by outsiders. Engagement with local researchers should be conducted with due regard for local and indigenous knowledge, authority, and standing in the community. In addition, this respect should be extended to traditional ways of viewing and understanding the world at large, which can also include research methodologies and processes. However, it should be borne in mind that certain socio-cultural issues may not be effectively addressed by traditional practices alone, and so a balance between indigenous and external concepts should be sought at the interface between the two. Clear communication and transparency in contractual and operational matters is essential to ensure that the expectations of all research partners and stakeholders are met.

(Bhutta, 2002; Boutilier et al., 2011; Chung-Do et al., 2016; Durie, 2004; Fitzpatrick et al., 2016; King, Kolopack, Merritt, & Lavery, 2014; James V. Lavery et al., 2013; Massey, 2017; NZHRC, 2010, 2014; Otago, 2010; B. Pratt, 2018; Pratt B, 2018; Reynolds & Sariola, 2018; Stephen & Daibes, 2010; Walker et al., 2014)

5. Financial / funding issues

The way research funding is awarded, structured and managed impacts the effectiveness and sustainability of partnerships in many ways. Issues to be considered include:

- prioritising of health research by recipient countries;
- aligning research funding opportunities with local research needs and financial structures;
- clearly defining funders', sponsors' and recipients roles and responsibilities in partnerships;
- allocation of funding for broader health infrastructure (health systems and policy research, in-service training, supply chain improvements);
- restructuring funder fiscal policies to promote capacity building in partner institutions, rather than draining of their resources;
- directly funding recipient government or in-country institutions;
- increasing use of in-country or local technical expertise;
- transparency of reporting by funders, sponsors and recipients;

- coordinating multi-funder projects so as to optimise outcomes and increase participation by local funding agencies and leadership;
- valuing and building research and grant management capacity in partner institutions; and allowing for and learning from failure in order to improve financial support for research partnership; and
- equity in the amount of funds allocated to different countries.

(Ahmed & Shaikh, 2008; Arora et al., 2017; Barugahare & Lie, 2015; Bhutta, 2002; Boum Ii et al., 2018; Chetwood et al., 2015; Costello, 2000; Crane, Andia Biraro, Fouad, Boum, & D, 2018; Dodson, 2017; Edejer, 1999; Gautier et al., 2018; Godoy-Ruiz et al., 2015; Grépin, Pinkstaff, Shroff, & Ghaffar, 2017; Ijsselmuiden et al., 2010; Mayhew et al., 2008; B. Pratt, 2018; B. Pratt, Hyder, A. A., 2019; B. Pratt, Loff, B, 2011; Bridget Pratt et al., 2018; Reynolds & Sariola, 2018; Stephen & Daibes, 2010; Varshney, Atkins, Das, & Diwan, 2016; Walsh et al., 2016; WHO, 2011; Zumla & Costello, 2002; Zunt et al., 2016)

6. Governance

Governance in the context of health research partnerships encompasses the major decision-making structures and processes, including identification of research priorities, agreed outputs, and resource allocation. The concept of shared health governance includes five key components:

- advancing health justice;
- common sovereignty;
- shared resources;
- mutual collective accountability; and
- shared responsibility.

Shared health governance can provide a framework for engagement with international partners by ensuring that decision-making power is equitably distributed amongst and within all stakeholder groups, including researchers, funders, and communities.

(Bhutta, 2002; Canadian Coalition for Global Health Research, 2006; Citrin et al., 2017; Gautier et al., 2018; Godoy-Ruiz et al., 2015; Hayman R., 2018; KFPE, 2018; Larkan, Uduma, Lawal, & van Bavel, 2016; James V. Lavery et al., 2013; Mayhew et al., 2008; Montreal, 2013; Murphy et al., 2015; Otago, 2011; Parker & Kingori, 2016; B. Pratt & Hyder, 2017; Pratt B, 2018; Reynolds & Sariola, 2018; J. Ruger, 2011; J. P. Ruger, 2011; Varshney et al., 2016; Walsh et al., 2016; Ward et al., 2018)

7. Equity

Global health research partnerships should focus on equity rather than on equality. Equitable partnerships ensure that partners are provided with the appropriate resources and support to ensure their success (and these resources may differ between partners).

A key component of an equitable partnership is an awareness by all partners of expectations and priorities. For this reason, it is important that engagement between researcher partners includes extensive and ongoing consultation with local community members at all levels. Also important is flexibility with regard to provision of support and a recognition that equitable partnership will take different forms, depending on the requirements of the stakeholders.

Other issues to be considered include:

- Inclusivity of engagement
- Awareness of context
- Bilateral knowledge sharing
- Representation of diversity
- Appropriate resource allocation

(Anderson et al., 2014; Arora et al., 2017; Bhutta, 2002; Boum Ii et al., 2018; Canadian Coalition for Global Health Research, 2006; Citrin et al., 2017; Gautier et al., 2018; Godoy-Ruiz et al., 2015; Hayman R., 2018; Hedt-Gauthier et al.,

2018; John, Ayodo, & Musoke, 2015; KFPE, 2018; Larkan et al., 2016; Mayhew et al., 2008; Murphy et al., 2015; Ritman, 2016; Walker et al., 2014; Walsh et al., 2016)

8. Intellectual property

There is a need to ensure fairness in intellectual property (IP) rights that stem from collaboration and innovation in research partnerships. As the value of indigenous discoveries and products is increasingly recognised, there is a growing need for intellectual property rights to be vested with the communities who create them. Apart from an ethical imperative to do so, the financial/economic benefits of owning IP rights can support public health initiatives in partner countries. In addition, issues relating to authorship of research publications should also be addressed in such a way as to support the academic development of emerging researchers and acknowledge the respective contributions of partners in a research team.

(Anderson et al., 2014; Hayman R., 2018; Hedt-Gauthier et al., 2018; Ijsselmuiden et al., 2010; KFPE, 2018; Mayhew et al., 2008; Montreal, 2013; Parker & Kingori, 2016; Schneider, 2018; Smith, Hunt, & Master, 2014; Stephen & Daibes, 2010; Walsh et al., 2016)

9. Monitoring and Evaluation

At the local level, monitoring of collaborative global health partnerships is essential to ensure their effectiveness and relevance. At the national and global levels, monitoring of broader data allows for assessment of the extent of this relevance or effectiveness. The trend for performance-based funding at global level has compelled recipient countries to improve their monitoring mechanisms and places more importance on monitoring by funding agencies as well. Partnerships should include a monitoring-specific program or management mechanism as well as associated revision mechanisms to ensure the best-possible outcome for all partners. Both sides of the partnership should be included at all stages of the process.

(Citrin et al., 2017; Crump et al., 2010; Hayman R., 2018; Hosseinpoor, Bergen, & Schlotheuber, 2015; James V. Lavery et al., 2013; Montreal, 2013; Murphy et al., 2015; B. Pratt & Hyder, 2017; Ritman, 2016)

10. Adaptability of structures and processes

An important quality of global health partnerships is the adaptability of processes and structures, so as to enact required changes identified in the monitoring process. Global health partnerships can be fraught with challenges and unforeseen circumstances, and accordingly require an adaptive approach that is responsive to context and changing conditions. This flexibility should be demonstrated by all parties from the inception to the conclusion of a partnership.

(Bhutta, 2002; Chung-Do et al., 2016; Dodson, 2017; Edejer, 1999; Färnman, 2016; Hayman R., 2018; James V. Lavery et al., 2013; Miranda et al., 2016; Parker & Kingori, 2016; B. Pratt, Hyder, A. A., 2019; Reynolds & Sariola, 2018; Stephen & Daibes, 2010; Walker et al., 2014; Walsh et al., 2016)

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