



Partnership Assessment Toolkit

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CANADIAN COALITION FOR GLOBAL HEALTH RESEARCH

Promoting More Equity in Global Health Research and Better Health Worldwide

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Preamble

Health research partnerships may have a number of benefits, including enhancement of the quality of research, exchange of knowledge between counterparts, and development of research capacity. Health research partnerships have the potential to lead to successful collaborations and lasting relationships, and to research that is translated into action to improve health equity. Partnerships frequently involve collaborations between parties with varied and often unequal resources. In order to truly benefit all collaborators, partnerships must be carefully monitored and evaluated with an equity lens that considers this context of resource disparity.

The need to strengthen equitable partnerships between Southern and Northern researchers is best understood in the context of health research and global health more broadly. The Millennium Declaration and the Millennium Development Goals (MDGs) of the United Nations reflect the commitment of the international community to address persistent disparity in areas such as income, wealth, health and gender. They have galvanized the world to action and have increased awareness of these disparities. Despite this global initiative, millions of people continue to live in conditions of extreme poverty and much remains to be accomplished. Donor supported initiatives, such as Poverty Reduction Strategy Papers, are framed in terms of increased ownership of development policy by Low and Middle Income Countries (LMIC's). A tension persists, however, between true ownership and empowerment and continued top-down colonial models of development. This tension often endures in partnerships for health research.

In the area of global health research specifically, the 10/90 Gap, first acknowledged by the Independent Commission on Health Research for Development in 1990¹, points to a significant inequity in health research investment between the North and South. It states that only 10% of health research funds are directed towards health issues facing 90% of the world's population. Health

research partnerships may contribute to mending the disparity in health research investment and in global health but also need to be carried out in the spirit of equity and fairness. In this respect, both high and low-income countries have responsibilities related to the challenges and successes of partnerships.

The enduring inequity in health faced by the majority of people living in LMIC's is marked by immense challenges: poor access to health services and medications; a high burden of preventable illness and increasing burden of chronic disease; food insecurity; and increased environmental degradation. This indicates that health research in LMIC's must be seen as more than research for the sake of research. Health research, when conducted properly, can be a tool for development that benefits the global community. Equitable and well-governed research partnerships are an effective means through which to ensure that quality research results are translated to policy and that they have an impact on health disparities.

Much as inequity persists globally and top-down models have made much development work prescriptive and inappropriate, inequity often persists in the way health research partnerships, in particular those between the North and South, are governed. There is a need for all parties involved in partnerships- donors, institutions, and researchers- to address the issue of equity in order to achieve effective and sustainable partnerships for health research and development. This evaluation tool was created as a response to this persistent challenge, and seeks to empower all stakeholders in health research partnerships with the necessary tools for negotiation and governance across the lifespan of their partnerships.

Through this tool, we aim to openly and candidly address the persistent problems facing health research partnerships and to insist that a new approach to partnerships is an integral part of

This Partnership Assessment Tool (PAT) is the result of a project supported by the International Development Research Centre (IDRC) and conducted by the Canadian Coalition for Global Health Research in partnership with BRAC (Bangladesh), the Universidad Andina Simon Bolivar (Ecuador), and the Armauer Hansen Research Institute

(Ethiopia). The project was developed in response to observation that the majority of what has been written on best practices for "North- South" health research partnerships has been developed in the North. This project, through three regional consultations (South Asia, Latin America and Africa) has sought to elicit the Southern voice on health research

partnerships and to generate substantive tools for significantly improving the way in which they are conducted. For final reports on all three consultations and more information on the CCGHR's Partnerships work, please visit www.ccgghr.ca.

research ethics. In fact, we advance a new model of “Research Partnerships Ethics” that insists that effective health research partnerships- that is research partnerships which not only lead to the completion of research projects but also lead to increased health equity- will only succeed if all parties are truly engaged in a way that is just and beneficial. We insist that research that takes place in areas of resource scarcity requires a moral obligation that recognizes that resources must be shared in a way that reflects and attempts to rectify this scarcity. We recognize the value not just of financial resources, but also of local and indigenous knowledge, onsite resources, personnel time and skills, arguing that these must be recognized for their true worth. Similarly, we believe that where an imbalance of capacity exists within a partnership, efforts must be made to include appropriate capacity strengthening mechanisms as an integral part of the partnership agreement and in line with the priorities of the relevant institutions.

The following tool is intended for use by members of the donor community, administrators of academic institutions and research institutes, junior and senior researchers, students and all other parties involved in research partnerships. It helps users to identify and evaluate several partnership phases: Inception, Implementation, Dissemination and Wrapping-Up (“Good Ending and New Beginnings”). It is adaptable and can be used for small projects or planning large trans-disciplinary programs of research. The questions are intended to guide conversations by participants in partnerships and to ensure equitable negotiation and evaluation throughout the lifespan of the partnership. It is our hope that this tool will lead to equity in partnerships, effective health research for change, tangible benefits for all parties and lasting relationships that endure beyond the scope of the partnership agreement.

¹ Commission on Health Research for Development. Health research: essential link to equity in development. New York: Oxford University Press; 1990.

Frequently Asked Questions

Other checklists for partnerships have already been developed. What makes the PAT different?

- The questions and exercises that make up the PAT were generated by participants from 8 African countries during a regional consultation in Addis Ababa, Ethiopia. During this pilot phase, the PAT will be tested and evaluated by participants from South Asia and Latin America consultations in addition to other South-North research teams. We believe that, as much as possible, the PAT responds to the experience of Southern researchers and provides a mechanism through which to negotiate equity in partnerships.
- The PAT encourages on-going self-evaluation, discussion, and concrete actions to improve equity, effectiveness and sustainability in partnerships. It allows for negotiation, monitoring and evaluation across the lifespan of a partnership, through four phases (Inception, Implementation, Dissemination, “Good Endings, New Beginnings”).
- The PAT goes beyond a simple checklist to encourage in-depth discussion among partners at all stages of the partnership and acts as a “living document” to be revisited and revised as a means of continuous monitoring and evaluation.

What is the difference between the PAT and a Memorandum of Understanding or Terms of Reference?

- Memoranda of Understanding (MOU) and Terms of Reference (TORs) are important written agreements between parties entering into a working relationship. They both help to clearly establish expectations, goals, roles and responsibilities for a collaborative arrangement.
- The PAT is an interactive tool through which to monitor and evaluate the nature of the collaborative relationship in an ongoing manner. The PAT is focused on equity and seeks to ensure that all partners and members of the partnership benefit from the experience. It also provides guidelines through which to deal with pitfalls in the partnership at any stage.
- The MOU and TOR's are essential formal arrangements between parties. The PAT plays a different role; it provides guidelines for equitable practice within the partnership

throughout its duration, and provides a means through which to negotiate potential difficulties or “road blocks”, thus protecting the partners and maximizing the benefits obtained from the collaboration.

The concept of “equity” is ideal in theory, but how do you really ensure that it comes through in practice?

- Barriers related to inequity and power are hard to break down. We feel, however, that it is essential that the persistence of inequitable North-South research partnerships be acknowledged, and that Southern partners in particular have a tool to guide their negotiations within research collaborations. We encourage, as much as possible, open, frank discussion and honesty. When partners feel that there is a risk involved with engaging in discussions raised in the PAT, we encourage that partners insist that “safe” approaches, such as anonymous written responses, be employed. We feel that simply by engaging in these conversations, steps will be taken toward equity in partnerships.

I like the idea of the PAT, but I already have so much paper work. How can I manage this?

- We feel that using the PAT throughout a research partnership will have tangible benefits for all partners that outweigh the costs. We do understand that more paperwork is not appealing and is sometimes impossible. For this reason, we have integrated existing documents, such as Memoranda of Understanding, Terms of Reference etc into the PAT. This way, existing documents are used as a basis for discussion and elements of the PAT can be integrated into essential documents.
- The PAT is also a flexible document- feel free to prioritize, in consultation with partners, certain questions or activities based on the needs of your partnership. This means the PAT will take less time, but will still be beneficial to the partnership.

I am involved in a project with six other partners. How will I make the PAT work with so many stakeholders?

- The PAT is very flexible, and is designed to be employed by partnerships of any size. It is important to build monitoring and evaluation of the partnership, by means of the PAT, into

your existing governance structure. Choose one person to be in charge of administering the PAT, and ask each partner to designate a point person. This will create structure around the administration of the PAT, and might help to improve communication between partners at the same time.

I am involved in a research partnership that has already begun. Is it too late to start using the PAT during the Implementation phase?

It is not too late to start using the PAT when a partnership and project have already begun. The PAT is a flexible document and can be used in a non-linear fashion. It is useful to refer to the Inception phase questions and activities, even if your partnership is well underway.

Can I use the PAT for a different kind of partnership? I do not work in global health research but think it could be useful in my area.

- Absolutely. The concepts and questions within the PAT are certainly transferable to other fields and types of partnerships. Please feel free to use it in such a way that it benefits your specific collaboration.

I have been using the PAT and have comments/questions/ suggestions. How do I pass these along?

- The CCGHR welcomes all communications related to the PAT. Please contact us at ccgchr@ccgchr.ca.

Setting the Context: A Review of Literature and Project Outcomes

Since its inception, the Canadian Coalition for Global Health Research has placed a high degree of importance on exemplary North-South research partnerships, and has sought to understand how to ensure that these partnerships: a) can ultimately lead to improved health outcomes and b) can improve equity within the domain of global health research itself. This Partnership Assessment Tool (PAT) is the outcome of three years of work on this issue and was designed based on the obvious need, emerging from consultations with colleagues in three Southern regions, to improve equity in health research partnerships.

This brief review of literature aims to establish the context within which this PAT was developed by introducing the potential benefits and risks of partnerships, reviewing existing principles and models for governing partnerships and identifying gaps. In order to properly set the context within which this PAT was developed, we also provide an overview of the results of the above-mentioned regional consultations.

Key Concepts

It is useful to begin with a review of key concepts. The South refers to low and middle-income countries (LMICs) and the North refers to high-income countries. In 2003, the World Bank cutoff for low-income countries was adjusted to a per capita gross national product (GNP) of \$745 or less. At that time, there were approximately 61 low-income countries with a combined population of 2.5 billion people. At the same time, the cutoff for middle-income countries was adjusted to more than \$745, and less than \$9,206 GNP per capita. There were then approximately 65 middle-income countries with populations of one million or more. Their combined population was approximately 2.7 billion. (Canadian Coalition for Global Health Research, 2007)

The Institute of Medicine defines global health as: "...health problems, issues, and concerns that transcend national boundaries, may be influenced by circumstances or experiences in other countries, and are best addressed by cooperative actions and solutions" (Institute of Medicine, 1997). Global health research refers to collaborative research on health related issues that can affect all countries. It may examine health determinants such as climate change, trade, global pandemics, or tobacco control and often takes a health systems approach to these challenges. Often, high-income countries use global health research to refer to the

study of problems that have a disproportionate health burden in LMICs. Global health research recognizes that knowledge is a key driver of health and it aims to address the disparity in research investment in proportion to global burden of disease. This disparity, referred to as the 10/90 Gap, means that 90% of health research funding globally is directed to health challenges that affect only 10% of the world's population. (Canadian Coalition for Global Health Research, 2007; Global Forum for Health Research, 2008). It is this disparity that sets the context in which many health research partnerships are undertaken.

Benefits of Partnerships- Why Collaborate?

The CCGHR believes that partnership is a strategy that facilitates building, consolidating and sharing knowledge and expertise that contributes to promoting research and building research capacities. Partnerships are a means by which to develop sustainable health research systems (local, national or global) with the goal of ensuring that research findings contribute more directly and effectively to health and development. The CCGHR further believes that strong, equitable and mutually beneficial partnerships have the potential to support the development of national health research systems and the capacity to use, produce and share knowledge to inform policy and decision-making. Partnerships may also address issues of inequity in health through the development of new innovative interventions, the critical analysis of existing systems, and pooling of resources.

Key reasons for undertaking research partnerships are outlined in the literature in terms of motivations (Katz and Martin, 1997), benefits (Oldham, 2005) and impacts (Association of Universities and Colleges of Canada, 2006). These approaches contain many overlapping concepts. Primarily, knowledge sharing is recognized as a key factor influencing the decision to partner. According to Oldham, access by scientists in the South to knowledge and expertise in the North with the intention of applying this knowledge to local challenges provides a significant benefit to research partnerships. The Association of Universities and Colleges of Canada (AUCC) argues that learning is certainly not limited to the Southern partner, but that the potential for mutual sharing of knowledge between partners in the North and South may lead to broadened perspectives and new solutions to key challenges.

Also identified as a factor motivating participation in research partnerships is development of capacity. Capacity building resulting from research partnerships may apply to individuals, institutions and systems both in the North and South and is an essential ingredient in promoting sustainability (Association of Universities and Colleges of Canada, 2006; Bradley, 2007). In her literature review about partnerships for international development research, Bradley (2007) indicates that literature is increasingly moving away from the notion that Southern researchers benefit exclusively from capacity development opportunities. Rather, it is increasingly suggested that Northern researchers learn as much, if not more, from their Southern colleagues. This includes increased knowledge of different cultural contexts and the adaptation of methodologies to various research contexts (Bradley, 29-30).

Access to resources is also identified as a potential benefit of partnering. For example, Oldham refers to access to both scientific (laboratories, equipment) and financial (grant money, institutional research budgets) as possible benefits of collaboration. Further to this, Oldham refers to innovative research funding by organizations such as Canada's International Development Research Centre (IDRC) and the Swedish International Development Agency (SIDA), which promote collaboration as a key component of research funding.

The AUCC identifies policy influence as a key impact of partnering. They state that research partnerships between the North and South may often lead to new perspectives that inform or influence policies. Similarly, Oldham recognizes the potential of research collaborations to address health challenges via policy influence.

The Challenges and Risks of Partnership:

Much as there are many potential benefits to partnering for global health research, many challenges and risks exist. Unequal access to resources and the reality of the disparity between the North and the South are identified as major challenges to partnerships and as a threat to achieving equitable collaborations. For example, based on an extensive review of literature on international development research partnerships, Bradley (2007) states that: "asymmetry between partners remains the principal obstacle to productive research collaboration" (Bradley, 2). This includes disparities in access to information (such as scientific literature), training and funding opportunities, international conferences and opportunities to publish. Also detrimental, she states, is the "disproportionate influence of Northern partners in project administration and budget management" (Bradley, 2). Similarly, Forti (2005) identifies inequalities in access to information and publishing opportunities as a major barrier to equity in partnerships.

An additional and substantial challenge to equitable partnerships involves the issue of priority setting for research. As indicated by Forti, many LMIC's have weak national health research systems

and limited local sources for funding research. This means that research is generally funded by foreign donors, who often control research priorities (Forti, 26). Costello and Zumla (2000) state that: "[f]oreign domination in setting research priorities and project management may have negative consequences which outweigh the apparent benefits of the research findings" (Costello and Zumla, 827). Similarly, Forti and Oldham both recognize that a lack of control of the research agenda by Southern partners might result in an imbalance of benefits in the favour of Northern partners.

The two challenges mentioned above are largely reflective of the inequity referred to by the 10/90 Gap: health research funding is heavily weighted in favour of the North, therefore causing structural challenges to equity in health research. These challenges and realities often lead to risks in research partnerships. Exploitation is a major risk factor in North- South partnerships. Oldham identifies the possibility that Southern researchers often are used primarily as data collectors and that their capacity might be unrecognized and untapped by their Northern counterparts. Other risk factors relate to the failure by Northern partners to ensure that research results are properly owned and controlled by local stakeholders. This in turn may lead to the research partnership being of great benefit to Northern partners, while in fact being detrimental to the Southern partners. In other words, where benefits exist as outlined above, risks are also present if partnerships are not properly conducted.

Models and Principles of Partnership:

A major challenge when conducting research partnerships is to ensure that the benefits, as identified above, be maximized, while the risks are mitigated. A number of principles for health research partnerships were advanced as a response to the flawed nature of many North-South research partnerships. Three sets of principles stand out in the field of North-South research partnerships:

1. The Swiss Principles:

In their 1998 document "Guidelines for Research in Partnership with Developing Countries", the Swiss Commission for Research Partnership with Developing Countries (KFPE) advanced 11 principles for health research partnerships. These principles were developed as a means of addressing the need for global research capacity to address critical world issues. The KFPE asserts that research partnerships are an effective way of improving the capacity of the South to do effective and essential research, thus increasing the potential of finding solutions to major global challenges (KFPE, 3). They thus advance the following principles to ensure that research partnerships may lead to effective capacity development for research:

1. Decide on the objectives together
2. Build up mutual trust

3. Share information; develop networks
4. Share responsibility
5. Create transparency
6. Monitor and evaluate the collaboration
7. Disseminate the results
8. Apply the results
9. Share profits equitably
10. Increase research capacity
11. Build on the achievements

The guidelines include each principle, followed by the overall aim of the principle, practical suggestions and a checklist to follow-up on implementation.

The document encourages a spirit of collaboration and collegiality, in addition to communication, as a crucial foundation for North-South partnerships.

2. The RAWOO Principles:

In 1999, the Netherlands Development Assistance Research Council (RAWOO) held an expert meeting on research partnership building. The meeting was hosted by the Kerala Research Programme on Local Level Development (KRPLLD/IDS) at the Centre for Development Studies in Trivandrum, India. The meeting sought to generate discussion between actors from the North and South on a central question: "...is the current practice of North-South cooperation satisfactory to all concerned...?" (RAWOO, 2001, 8). They defined "research cooperation" broadly as referring to collaboration that takes place between the North and South with a mandate for development. Six Southern colleagues made presentations about their experiences with North-South cooperation. The meeting resulted in the call for efforts on behalf of researchers in the North and South to work to achieve the goal of "fruitful partnerships" and the recognition that constant effort is required so that "the effects of asymmetry...be neutralized". In the report, three guidelines for fruitful partnerships were advanced: (RAWOO, 29-30).

- Strengthening the capacity for conducting socially relevant research should be a specific aim of the partnership;
- The Northern partner should be prepared to relinquish control and to accept considerable autonomy on the part of the Southern partner;

- A broad based consultative process, however painstaking and time-consuming it may be, should precede any programme.

The report also calls for a paradigm shift in research, so that the "culture of the science system" better acknowledges socially relevant research. It is believed that this would then open new channels for collaborative research (RAWOO, 30).

3. Costello and Zumla:

In a 2000 BMJ article, Costello and Zumla advance four broad principles for a partnership model to improve the practice of research in LMIC's. They based their principles on a criticism of the practise of "annexed research" whereby researchers from High Income Countries create research sites that are managed by expatriate staff and often employ local people at inflated salaries. They argue that these "annexed" sites are damaging, in that they attract local researchers away from national institutions and rarely involve sufficient local ownership to lead to effective or appropriate policy influence. (Costello and Zumla, 827).

They base their four principles on the Swiss Principles, and use them to promote a model of partnership that "can produce high-quality research at lower cost, with greater influence on national policy and practice" (Costello and Zumla, 828). The principles are as follows:

- Mutual trust and shared decision making
- National ownership
- Emphasis on getting research findings into policy
- Development of national research capacity

The principles are accompanied by a brief checklist that allows for evaluation of the partnership according to the principles.

Analysis

The existing literature on partnerships for research in development has advanced a number of important frameworks for thinking about the benefits and risks of partnerships, in addition to principles to improve the practice of North-South collaboration. Several gaps, however, can be identified in the literature:

- Lack of Southern Perspective on Partnerships: The majority of literature on partnerships has been generated by Northern academics or institutions. For example, the Swiss principles are valuable, but in addition to being produced by a Northern institution, they are clearly intended for Northern researchers who are embarking on "research partnership with developing countries". Similarly, much of what has been written about the benefits, challenges and risks of North-South research

partnerships was also written in the North. An exception to this gap is the report on the RAWOO experts meeting, which

was hosted by a Southern institution and brought Northern and Southern actors to the table.

- Need to “Unpack” the Challenges of Partnerships: Despite its inclusion of Southern partners in the experts meeting, the RAWOO report largely discusses “big picture” challenges related to research culture. While these are certainly valid, they do not significantly touch on the fundamental challenges that take place during the implementation of a research partnership. Discussion of these issues are necessary in order for research partnerships to be undertaken in a way that reflects the overall values captured in the various principles.
- More Direction is Needed: While the Swiss, RAWOO and Costello and Zumla principles all capture key elements of what is needed to improve North-South research partnerships, they lack actionable steps to achieve these goals. The Swiss principles do provide practical examples and checklists for each; Costello and Zumla also provide a checklist to accompany their principles. These checklists may be effective, but more direction is required in order to allow all partners to make use of them. Finally, the principles each touch on issues that are largely essential to establishing and initiating research partnerships. More guidance is needed to allow for such principles to be maintained throughout the duration of a partnership.

Building Effective and Sustainable Partnerships for Global Health Research: Three Regional Consultations

Despite the high quality of existing scholarship on research partnerships, the Canadian Coalition for Global Health Research (CCGHR) identified the persistent need for significant improvement in the way that partnerships are conducted. This includes the enhancement of ethical practice in collaboration between actors from the North and the South and the potential for health research partnerships to have direct, priority relevant impact “on the ground”. Realizing that these factors had previously been explored, the CCGHR questioned what the “missing link” might be in terms of improving practice. The general lack of input from Southern partners, with the exception of the RAWOO expert meeting, was evident. Thus, the CCGHR sought to capture the “Southern voice” as a means of better understanding partnership experiences and generating tools for best practice.

With funding from Canada’s International Development Research Centre, the CCGHR embarked on a three-year, multi-regional project on “Building Effective and Sustainable Partnerships for Global Health Research”. The project had three overall goals:

1. To identify and build regional capacity for effective health research partnerships
2. To provide services to South-North research teams
3. To maintain and expand web-based tools and resources, including e-learning capacity between Canada and each region being targeted

The key activities related to the project included three regional consultations with researchers, members of the donor community, civil society and students. These consultations took place in partnership with local institutions in three regions: South Asia (BRAC, Bangladesh), Latin America (Universidad Andina ‘Simon Bolivar’, Ecuador), and Africa (Armauer Hansen Research Institute, Ethiopia). Each consultation included an average of 30 participants from between five and seven countries.

Other key project outputs include workshops at annual CCGHR learning events, a web-based electronic learning tool on partnerships, and the development of an electronic library on partnerships. The project was co-led by Jennifer Hatfield (Canada) and Afsana Koasar (Bangladesh), with key leadership provided by partners from Ecuador, Ethiopia and Canada.

Prior to each consultation, the planning team, composed of the core CCGHR partnerships team and regional hosts, conducted a pre-meeting consultation and communication process. This involved circulating literature on partnerships, case studies, and requesting biographies from each participant that included their prior experience with research partnerships. This allowed the planning team to be familiar with participants prior to the event, and meant that little time was taken reviewing background information during the face-to-face meeting.

Each regional consultation took place over three days, employing the CCGHR’s signature iterative learning style. While sessions were facilitated by CCGHR leaders, the content and direction of the consultations was largely participant-driven. This led to rich discussion and a great deal of learning about partnership experiences across the three regions. Some key, crosscutting themes emerged¹ :

1. Partnerships are more than “North-South” :

It was clear during each consultation that the health research “landscape” is made up of much more than simply North-South partnerships. For example, in South Asia the importance of South-South research partnerships emerged. In Latin America, participants spoke about the importance of fostering effective partnerships with communities, donor agencies and policy-makers. In Africa, the significance of African research networks was evident, largely due to the involvement of many participants in at least one of these networks.

2. The challenge of sustainability:

Sustainability of partnerships was a key element of the project, and participants often spoke about this theme. Sustainability was largely framed in terms of capacity development, with participants speaking to the importance of development of leadership capacity and mentorship as an essential element of research partnerships. Participants also spoke of the need for research funding to recognize that partnerships for impact require long-term investment; results, both in terms of sustainable relationships and impact of findings, cannot be achieved in the short-term.

3. The persistence of inequity:

Participants at the three consultations spoke extensively about the persistence of inequity in health research partnerships. Many participants spoke about how they felt that their involvement in past partnerships had been defined by “incorporation” rather than “collaboration”. Participants in the Africa consultation advanced a “Briefcase Model” that describes their frequent experience in research collaborations: researchers from the North will arrive in Southern countries, open and fill their briefcases with data, and return to the North with results.

Participants also spoke about the challenge of unequal resources leading to power imbalances in partnerships. This theme is common in the literature, and participant experiences point to its persistence in practice. Participants spoke about the high value placed on financial and technological resources, and the undervaluing by the North of resources such as indigenous knowledge.

Participants again referred to capacity development as a means of improving equity in health research partnerships. They argued that priority-relevant, long-term initiatives are needed to support the development of leadership for health research and health research partnerships in Southern institutions.

The overall message elicited from the three regional consultations is that much improvement is needed in the practice of health research partnerships. Participants largely felt that they lacked the capacity to negotiate for equity in partnership arrangements. They felt that principles and norms are needed in order to promote equitable partnership practice, and that these principles must be embedded in a framework of research partnerships ethics. Furthermore, beyond these principles and norms, a mechanism is needed to empower Southern partners to negotiate for the principles of equity to be put into practice.

Based upon the results of the three consultations and a review of existing models for evaluation of partnerships, the CCGHR decided that a Code of Conduct, in the form of an equity-based toolkit, was needed. The Partnership Assessment Tool (PAT)

draws upon the previously developed principles and checklists for partnerships, but contains a number of unique features:

- The questions and exercises that make up the PAT were generated during the Africa regional consultation, and have been revised in consultation with the same participants. During the pilot phase, the PAT will be tested and evaluated by participants from the South Asia and Latin America consultations.
- The PAT encourages on-going self-evaluation, discussion, and concrete actions to improve equity, effectiveness and sustainability in partnerships. It allows for negotiation, monitoring and evaluation across the lifespan of a partnership, through four phases (Inception, Implementation, Dissemination, “Good Endings, New Beginnings”).
- The PAT goes beyond a simple checklist to encourage in-depth discussion among partners at all stages of the partnership and acts as a “living document” to be revisited and revised as a means of continuous monitoring and evaluation.

Above all, the PAT reflects the voice and experience of partners from the South and truly appreciates the need for improvement in the conduct of partnerships. It offers the stimulus for vital conversations and negotiations that will nurture the partnership and inform future evaluation of its effectiveness.

Works Cited

- Association of Universities and Colleges of Canada (2006). “Highlighting the impacts of North-South research collaboration among Canadian and Southern higher education partners”. Canada.
- Bradley, M (2007). “North-South Research Partnerships: Challenges, Responses and Trends”. International Development Research Centre Canadian Partnerships Working Paper #1. Canada.
- Canadian Coalition for Global Health Research (2007). “Building Respectful and Collaborative Partnerships for Global Health Research: Learning Resource”. Available at: www.ccghr.ca
- Costello, A. and Zumla, A. (2000). “Moving to Research Partnerships in Developing Countries”. *BMJ* (321) 827-829.
- Forti S. (2005). Building a Partnerships for Research in Global Health - Analytical Framework. Canadian Coalition for Global Health Research, Ottawa. www.ccghr.ca.
- Global Forum for Health Research (2008). “10/90 Gap.” <http://www.globalforumhealth.org/About/10-90-gap>

Institute of Medicine (1997). *America's Vital Interest in Global Health*. Washington, DC: National Academy Press.

Katz, J. M., and B. R. Martin (1997). "What is Research Collaboration?" *Research Policy*. (26) 1.

Netherlands Development Assistance Research Council (2001). *North-South Research Partnerships: Issues and Challenges*. Trivandrum Expert Meeting Report, 1999. The Hague.

Oldham, G. (2005) "International Scientific Collaboration: A Quick Guide". *Sci Dev Net*. Retrieved January 10th, 2007 from <http://web.scidev.net/en/policy-briefs/international-scientific-collaboration-a-quick-gui.html>.

Swiss Commission for Research Partnership with Developing Countries (1998). "Guidelines for Research in Partnership with Developing Countries: 11 Principles". http://www.kfpe.ch/key_activities/publications/guidelines/guidelines_e.php

*For full reports of the three consultations, and for other resources generated from this project, please visit www.ccghr.ca <<http://www.ccghr.ca>>

Introduction

This Partnership Assessment Tool (PAT) is composed of a series of questions and exercises that, through subsequent discussions, will equip parties entering into health research partnerships with the means of assessing their partnership through four stages: Inception, Implementation, Dissemination and “Good endings and new beginnings”. The questions represent different topics that should be discussed, agreed upon and, where possible, formalized, between partners across the lifespan of the partnership.

The questions range from the option to answer “yes”, “no”, or “to some extent/ somewhat”, to “satisfaction scales” from 1-5, and invite further elaboration not only to strengthen the impact of the PAT, but also to provide mechanisms through which to continually monitor and evaluate the partnership. We strongly encourage using the space provided (“describe”) to record key discussion points, or appending existing and relevant formal documents, in order to revisit them throughout the lifespan of the partnership. Although the PAT is divided into four phases, it is not strictly linear. We encourage users to read the tool as a whole before beginning, and to refer back and forward throughout its use. For example, planning for “good endings and new beginnings” should begin during the inception phase.

Throughout the tool, questions may refer to “partners” or to “members of the partnership”. This acknowledges that “partners” may refer to the key partner institutions (ie. donor organizations and universities) and/or principal investigators. “Members of the partnership” refers to all parties that are engaged in the research

partnership: donor agencies, principal investigators, senior researchers, junior researchers, students and support staff. Thus, this tool acknowledges the importance of all parties in the establishment and implementation of effective and sustainable partnerships. The PAT also refers to the “project” and the “partnership”. The “project” refers to the research endeavour that has brought the partners together. The “partnership” refers to the collaborative arrangement between two or more parties (“partners”) and to the elements of the relationship between these parties.

Administering the Tool:

We recommend that one member of the partnership be selected to take responsibility for administering and circulating the tool and for documenting the responses of the team. If teams are unable to conduct the dialogue together in a round table discussion, e-mail can be used to circulate questions based on the PAT to each key participant. The results can then be used as material to guide face-to-face discussions or workshops where solutions and strategies can be discussed. Teams should designate one person to summarize and collate the results from all partners and provide feedback on issues and solutions. This will ensure that the tool is used to its full potential throughout the lifespan of the partnership.

Phase I: Inception

Establishing the Vision of the Partnership

1. What does each individual partner identify as their intentions and motivations for becoming involved in this partnership?

Describe:

2. Reflecting on the stated intentions and motivations for the partnership, what does each partner see as the:

- a. Best-case scenario for a successful partnership?
- b. Worst-case scenario for an unsuccessful partnership?

Describe:

3. What are the goals for the project upon which this partnership is based?

Describe:

4. How do the partners plan to work together to achieve these goals?

Describe:

Governance and Management

5. Is there a formal Institutional Agreement for the partnership?

Yes No To Some Extent

If yes, please add this as an appendix to this document.

- 6 a. What formal governance structure has been established for the project in order to provide direction, manage the evolution of the partnership and resolve internal conflicts?

Describe or add as appendix to this document.

Recommended Activity: "Give-Get Exercise"

A useful way to communicate about goals and motivations for partnering is to ask each partner to describe:

1. What they can give to the partnership
2. What they would like to get from the partnership

Depending on levels of comfort and communication, this can be a face-to-face activity, or an anonymous written exercise.

Types of Institutional Agreements:

Memorandum of Understanding: A written agreement between parties to clearly establish expectations, goals and roles and responsibilities.

Letter of Association: A written document defining the terms of a partnership or collaboration.

Terms of Reference: A statement of the rational, structure and goals of a program, project or initiative.

Contract: An agreement by two or more parties, usually enforceable by law

b. Have Terms of Reference been established for the project, with attention to issues of governance related directly to the partnership?

Yes No To Some Extent

Describe or add as appendix to this document

7. a. Have all necessary ethical clearances been obtained for the project?

Yes No To Some Extent

Describe or add as appendix to this document.

b. Have the partners discussed and established a benchmark for ethical conduct within the partnership?

Yes No To Some Extent

Describe or add as appendix to this document.

Roles and Responsibilities

8. Have the partners jointly discussed and formalized in an agreement what resources each partner will provide (financial, human resources, equipment, indigenous knowledge etc)?

Yes No To Some Extent

Describe or add as appendix to this document.

9. a. Have the members of the partnership jointly negotiated and agreed upon capacity building goals, including the roles and responsibilities of each member?

Yes No To Some Extent

Describe or add as an appendix to this document.

b. Have these goals been recorded or formalized so that they may be monitored throughout the partnership?

Yes No To Some Extent

Describe or add as an appendix to this document.

10. How will the partners include and engage other researchers beyond the Principal Investigators?

Describe:

Establishing Research Projects and Priorities

11. Have representatives of all partners been involved in the proposal writing phase ie: (Y=Yes, N=No, S=Somewhat)

a. In developing the research question(s)?	Y	N	S
b. In developing the budget?	Y	N	S
c. In developing the methodology and allocation of tasks?	Y	N	S
d. In discussing any capacity building components?	Y	N	S
e. In discussing the ethics component?	Y	N	S

Describe how representatives were involved:

Communication

12. Have the members of the partnership jointly negotiated a plan to ensure regular and effective communication between all members?

Yes No To Some Extent

Describe or add as an appendix to this document.

Suggested Discussion:

- Does this partnership fill a particular research niche?
- What makes this partnerships' research novel?

Dissemination Plan

13. a. Have the members of the partnership formalized a plan for the engagement of relevant stakeholders in the research project (ex: beneficiaries/ communities, government, academic, civil society and funders)?

Yes No To Some Extent

Describe or add as an appendix to this document.

Suggested Considerations for a Communications Plan:

- Is there a system of monthly check-ins (by email or phone)?
- Have appropriate point-people been designated to coordinate communication?
- Does the communication plan also include regular space for monitoring and evaluation of the partnership?

b. Have the members of the partnership formalized a plan for the dissemination of results to relevant stakeholders in the research project (ex: beneficiaries/ communities, government, academic, civil society and funders)?

Yes No To Some Extent

Describe or add as an appendix to this document.

14. a. Have the members of the partnership jointly negotiated a plan for translation of research results to policy (where applicable)?

Yes No To Some Extent

Describe or add as an appendix to this document.

b. Does this plan include an elaboration of how research results will be disseminated taking into account ethical, cultural and political implications of the dissemination plan?

Yes No To Some Extent

Describe or add as an appendix to this document.

Suggested considerations for publication:

- Who will write up research findings?
- Who will be included on research papers; in what capacity and in what order?
- How will target journals be selected?
- What are appropriate timelines for publishing results?

15. Have the members of the partnership jointly negotiated guidelines for (Y=Yes, N=No, S=Somewhat):

• Publication?	Y	N	S
• Communication of results to the media?	Y	N	S
• Dissemination via the Internet?	Y	N	S
• Representation of the partnership at research conferences?	Y	N	S

Describe or add as an appendix to this document.

16. Have the members of the partnership jointly negotiated and agreed upon who has ownership and control of products and specimens, including samples, data, results and intellectual property and what members of the partnership will also have access?

Yes No To Some Extent

Describe or add as an appendix to this document.

Looking Towards the End of the Partnership

17. Have the members of the partnership jointly negotiated, agreed upon and formalized a “closing plan” that articulates how resources are to be allocated, staff redeployed or transitioned and ownership of biological and intellectual property managed at the end of the project? (We encourage you to review Phase IV: Good Endings and New Beginnings to inform your closing plan).

Yes No To Some Extent

Describe or add as an appendix to this document.

Phase II: Implementation

The implementation phase of a health research partnership may take place over the course of months or several years. For this reason, this section of the PAT is intended to be a “living document” that will be revisited by the partners at regular intervals throughout the partnership as a means of monitoring, evaluation and reflection. For projects taking place over the course of several years, we recommend revisiting the Implementation phase annually. The questions in this phase also provide the opportunity to revisit and revise guidelines and strategies that were established during Phase

I (Inception). This phase includes rating scales as a means by which to reflect on the level of satisfaction of partners and members of the partnership. Similarly to Phase I, we encourage the extensive use of the boxes intended for qualitative description.

Remember that at least one member of your team should be designated to manage the use of tool, its circulation to members of the partnership, the collation of responses and subsequent discussion.

The Evolution of the Partnership

1. Have the partners documented any changes in the vision or governance of the partnership, including (Y=Yes, N=No, S=Somewhat):

a. Intentions, motivations and goals?	Y	N	S
b. Formal institutional agreements (MOU, TOR's etc)?	Y	N	S
c. Governance structure?	Y	N	S
d. Ethical practice?	Y	N	S

If so, describe these changes:

2. Is each member of the partnership satisfied in terms of (where 5 is highly satisfied and 1 is unsatisfied):

a. Management and implementation	1	2	3	4	5
b. Allocation of resources	1	2	3	4	5
c. Conflict resolution	1	2	3	4	5
d. Functioning of governance structure	1	2	3	4	5
e. Skills development	1	2	3	4	5
f. Infrastructure support	1	2	3	4	5
g. Mentorship	1	2	3	4	5
h. Ethics	1	2	3	4	5
i. Meeting timelines	1	2	3	4	5
j. Communication	1	2	3	4	5
k. Project goals “on track”	1	2	3	4	5
l. Monitoring and Evaluation	1	2	3	4	5

Satisfaction of Members of the Partnership: Proposed Monitoring and Evaluation Activity

The above scale is intended to provide a picture of the satisfaction level of all members of the partnership regarding the implementation of the project. We recommend circulating these questions in the form of an anonymous survey and using the combined results as a basis for stocktaking by the management structure and/ or a discussion with members as a means of monitoring, evaluation and, if necessary, improvement.

Nurturing the Partnership

3. Describe two strengths of the partnership, from the point of view of all partners:

4. a. Describe two examples of challenges faced by the partnership from the point of view of all partners:

b. Describe the steps taken by all partners to mitigate these challenges. Were they successful? If so, why? If not, why not?

Help! Our partnership is experiencing difficulty!

It is possible that the responses to the sliding scale questions demonstrated a certain level of dissatisfaction by members of the partnership. It's also possible that despite your best efforts during the Inception phase, the amount of work involved in your research project has left little time and energy for managing the partnership, monitoring and evaluation and, least of all, nurturing the partnership.

Although you might be discouraged, this is precisely the reason for Phase II of the PAT- to help you through the challenges of implementing your research project and sustaining an equitable, beneficial and happy partnership.

Some suggestions to get back on track:

- Look to the changes in your partnership and/or to the responses to the satisfaction

scale not as indications of the failure of the partnership, but as opportunities to regroup and get it back on track. Take the time to explore and understand why changes have occurred, or why certain aspects of the partnership have not met expectations. Use these reflections as lessons learned for moving forward.

- Take the time to revisit the pre-established structures and agreements that were appended to the PAT in the Inception phase. These agreements not only allow partners to negotiate terms at the beginning of the partnership, but also act as structures that will protect and guide the partnership through its life. Also revisit the notes you made in the "describe" section of the PAT to stay on track with the goals and objectives that were outlined at the outset of your partnership.

Phase III: Dissemination

This section of the PAT relates specifically to how the partnership plans for, manages and evaluates knowledge translation activities. Like Phase II (Implementation), this section can be revisited several times for the purpose of monitoring and evaluation specifically related to the dissemination of results.

Note that this section is intended to build upon discussions and structures initiated during Phase I.

1. Following plans initiated during the Inception phase, have the partners revisited the discussion of and/or begun implementing an established framework, for managing: (Y=Yes, N=No, S=Somewhat)

• Authorship criteria	Y	N	S
• Ownership of data/ intellectual property	Y	N	S
• Communication with communities	Y	N	S
• Timelines for dissemination via:			
• Publications	Y	N	S
• Media	Y	N	S
• Policy briefs	Y	N	S
• Representation at meetings/ conferences?	Y	N	S
• Other:	Y	N	S

2. Have relevant stakeholders been engaged in anticipation of dissemination of outputs and/or research results of the partnership? (Y=Yes, N=No, S=Somewhat)

• Beneficiaries /Community members	Y	N	S
• Academic stakeholder	Y	N	S
• Government representatives	Y	N	S
• Civil Society	Y	N	S
• Funders	Y	N	S
• Other:	Y	N	S

Describe.

3. What is the level of satisfaction of the members of the partnership related to (where 5 is highly satisfied and 1 is unsatisfied)

a. Their interests being adequately represented in the dissemination plan?

1 2 3 4 5

b. The allocation of adequate funds to support the dissemination plan?

1 2 3 4 5

Phase IV: Good Endings and New Beginnings

This final section of the PAT will help partners to conclude their partnership in a positive way, and to help them to plan toward future collaborations. As is indicated by Question 17 in Phase I, preparation for the end of the partnership should begin during the project Inception phase. Planning for the end of the partnership will help to prevent negative experiences and will provide a better chance for a positive wrap-up or transition into new opportunities. We believe that nurturing and managing the partnership should be conscious and intentional throughout all stages of the project. This is as true for the closing phase as it is for earlier stages of the partnership.

Because this PAT is based on the principles of equity and research partnership ethics, we urge members of the partnership to revisit the preamble and to evaluate the partnership through the “lens” of these principles.

We recommend a thorough debriefing and evaluation session with all members of the partnership, based upon the questions below and the principles captured throughout the PAT.

Other reflections on the partnership experience:

1. Are the members of the partnership satisfied in terms of (where 5 is highly satisfied and 1 is unsatisfied)

• Fairness in financial resource sharing	1	2	3	4	5
• Fairness in allocation of roles and responsibilities	1	2	3	4	5
• Fairness in performance of roles and responsibilities	1	2	3	4	5
• Fairness in providing capacity building opportunities	1	2	3	4	5
• Fairness in providing authorship opportunities	1	2	3	4	5
• Effective communication	1	2	3	4	5
• Effective conflict management	1	2	3	4	5
• Respectful and ethical conduct	1	2	3	4	5
• Other:	1	2	3	4	5

2. Does the partnership have a jointly negotiated plan for:

• How resources are to be (re)allocated?	Y	N	S
• How staff will be redeployed or transitioned?	Y	N	S
• How ownership of biological and intellectual property will be managed?	Y	N	S

Describe or add as an appendix to this document.

3. Have the partners documented the elements of question 2 and circulated them to members of the partnership?

Yes No To Some Extent

4. Have the partners planned for project meetings and consultations to explore future directions, new relationship opportunities, transition possibilities and other concrete actions when the project ends?

Yes No To Some Extent

Describe:

Suggestions for a wrap-up discussion:

It is very important to debrief at the end of a project and partnership. Some suggestions to guide a discussion with all members for the partnership include:

What have been the three most beneficial aspects of this collaboration?

What were three aspects of the collaboration that should be improved for the future?

Please use this space to provide other reflections on the partnership experience:

Let us know what you think of the PAT!

We would appreciate your feedback on using the PAT- please take the time to let us know:

- How you used it:
- Who managed it on behalf of the partnership?
- What types of activities did you use (ie. face-to-face discussions, web-based exercises etc)
- How often did you revisit it?
- What worked best?
- What could be improved?
- If possible, briefly describe your project and partnership.
- Any other comments or suggestions?



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