

Podcast 2: Partnerships in Global Health

Hello and welcome to the International Health and Tropical Medicine Podcast series.

My name is Proochista Ariana, and I'm here with my colleague and friend Cesar Attuire.

Today the topic of our podcast will be Partnerships in Global Health.

This picks up on our last podcast on decolonisation,

where we talked about needing to co-create knowledge and the need to have equity within the partnerships.

So to begin with, let me ask Cesar. Why do we need equitable partnerships in global health?

I think global health by nature and by definition, because it is transnational,

it affects issues that deal with health across the globe, requires partnerships because there's a lot of interdependence.

Even some of our greatest, most advanced scientific interventions usually require collaboration.

That begins some days with collecting data in one part of the world.

Analysing it in another part of the world and creating a health intervention which is perhaps produced in another part of the world.

So partnerships in terms of coming together and working together is the order of the day.

Now this brings us to the issue of interdependence.

One of the greatest achievements of the 20th century in the so called phenomenon of globalisation is an increase in interdependence.

It's interesting that if any of us think about the medicines that we have consumed in the past 12 months and we look at the labels,

we'd see that they come from different parts of the world. Now the issue at stake here is if there is so much interdependence.

Which is usually formalised into partnerships.

Are these partnerships equal?

Are they skewed in a way that some people benefit more and others less?

Are they silencing the voices of some people or actually even to be more radical,

Are they actually, you know, practising a form of extractivism?

So that is why the equity comes into it.

As for the partnerships, they already exist. But are these partnerships good for everybody?

Do people get their due? And that is why we need equitable partnerships.

Can you give us some history behind how partnerships have existed in the space of global health and how we're evolving in thinking about those partnerships?

Well, I think, I mean, if we look at it from history, going back to the beginning, a lot of health was situated within the colonial era.

I mean, a lot of international health was predicated on the colonial system.

But, once we started moving to international health, it was more about aid to countries that are poorer.

And if I want to give some examples, let's talk about the AIDS pandemic in the 1990s.

As you know, parts of the United States suffered a lot, especially in California, San Francisco, around there, many people were dying.

There was need to generate a lot of knowledge about this new disease.

And people in Southern Africa, were also getting infected.

And a lot of data was gathered from the populations of Southern Africa in order to be able to create the antiretrovirals that eventually emerged but

The fact is that when these antiretrovirals were created and were generated, they were totally inaccessible to the people in South Africa,

in the Southern part of Africa, who had contributed, with their lives, basically, and their illness, to generating these solutions.

So we create, we have these situations whereby we depend on certain people to be able to acquire knowledge.

But when that knowledge becomes a health intervention, these people have no access to it.

And it had to, I mean, it took the intervention of many people, including international bodies like the U.N. to be able to make these antiretrovirals available to people in Southern Africa.

So in synthesis, yes, we do have a lot of interdependence, but equity is needed.

Otherwise, this sort of interdependence can damage some people while playing to the advantage of others.

I think that's right. And that both in the health space and outside of health, we have often and historically seen an imbalance in partnerships.

And perhaps that's what we're trying to encourage moving forward in the global health space, thinking about the equity and equitable partnerships.

Can you outline for us some of the key features of equitable partnerships?

Well, I think, when we want to talk about equitable partnerships, first of all, allow me to make a distinction.

From the way I see this, partnerships should become a way of being, equitable

partnerships should become a way of being. We already live in a world in which we depend on each other.

We should be cognisant of that and give respect to the people, to everybody who forms part of this space.

That means that when we're thinking about partnerships,

we should not only be thinking about partnerships in terms of a sort of instrumental approach.

I want to do this. Who can help me to do this? And it is my idea that I want to do this and I want to build partners.

So we are already tied together. We are already interdependent, and there's no way we can get out of this.

Now, how can we make this space fairer? So there is the premise then to make this space fairer, we need to say,

well, these partnerships that we've created, what are the power imbalances?

Does everybody in this space have the capacity to express themselves,

the capacity to enjoy the benefits that are generated as a result of our coming together?

equal access to those benefits. And, of course.

Also, I mean, recognise that those who have a lot of power may even inadvertently

be crushing other people, which is what historically has happened.

And therefore, how can we unlock these spaces so that other people may be able to breathe more freely?

And could I add to that, the idea that we have different values and we need to extend our thinking around

whose values matter and what values should be considered when thinking about that balance within a partnership.

Absolutely. And I think you're absolutely right there.

And this is where looking back or thinking back to our previous podcast, we spoke about the pluriverse.

The interesting thing about a complex world like the one in which we live is that people do have different values.

People have different ways of understanding how they live in this world.

That is, the ways of being, and ways of knowing and ways of acting and.

We should be careful about just saying that. Well, this is the right way and this is the wrong way.

We need to,

take seriously these differences and ensure that there is sort of, the mutuality of these differences that can contribute to what we all desire now,

what we all desire. Yes. Broadly speaking, we all know that everybody wants some form of wellbeing.

Everybody wants to be healthy. But then that way of being healthy, that way of actually living out the wellbeing, differs.

And we ought to be respectful of that and actually allow people to be able to expect to, to, pursue those goals.

We should not predetermine and force people to live according to the way we want them to live.

And that is what I mean, partnerships and equitable partnerships should be looking at.

But I mean, coming back to the global health space. So one of the areas that I find quite troubling is that sometimes we say, well.

Equitable partnerships. And we start looking at, you know, the funding space, the research space, and.

It is about a certain checklist that we need to create where the data is being shared, where the postdocs are

being included and are being trained, whether capacity building has been included in a certain project.

But then we don't do the detailed work of what these terms actually mean in different places and to different people.

Can I take you a step back and come back to the key features?

And one feature that I think many would articulate is this aspect of trust, but trust is hard to interpret.

Can you, can you elaborate on what trust means in the context of partnerships?

Right.

Trust as an abstract concept is nice, and we, we often say, oh, these days there is no trust, but actually these days there's too much trust.

If I may, if I may dare say, because sometimes we trust the wrong people.

So what we really need is trustworthiness and trustworthiness

means that, we need to have partners that engage according to three features.

The first feature of trustworthiness is to be competent, and competence means actually recognising that when you enter into a relationship,

different people bring different competencies and whatever competencies they bring, we should take them seriously, taking them seriously.

And as we go along, you see that we will hold them to account for those competencies.

But it is not by saying that one person only has the competencies and is going to share those competencies or is going to impose those competencies on the other.

That is not taking seriously the other side. So that is the first condition for, for trust, which is competence.

The second condition to be able to build trusting, trustworthy relationships is to be reliable, to say, to do what we say and to be reliable over time.

So quite often what we find in the global health space and even in the international collaboration space is that at the beginning,

for example, we insist on certain values or we are all in this together.

Let's share our data. Let's make everything open.

But then as we go along, if this research is maturing into a health intervention,

another set of values kick in and we start talking about private ownership,

intellectual property rights and that openness that was predicated at the beginning suddenly gets lost.

Now, when you do this,

you are no longer reliable because you came to me or we came together with a certain set of values to work together and to be together.

But now that something is coming out, those rules,

those values are suddenly changing. We no longer want to share.

So that challenges reliability. So we need to be consistent and reliable.

And then the last aspect of trustworthiness is to be accountable.

And to be accountable means that, you know, we have to be able to give account,

accountability, that is to explain and make ourselves vulnerable, to be challenged by everybody involved.

So if I am doing research and I'm even working with communities and working,

I should be accountable to those communities and therefore I should allow myself to be challenged.

So if we do not take into consideration that we need to be competent and respect the competencies of other people,

That we are reliable, which means we say we do what we say over time and allow ourselves some amount of vulnerability.

Then we can't build trust in our relationships and therefore we can't build equitable partnerships.

And I think that issue of competence and related to accountability also relates to knowing the limits of our knowledge.

Absolutely. Yes. So this is also linked to, you know, power sometimes.

You know, the important thing is actually admitting that we do not know.

It's important. I mean, if I'm going back to global health research, if I go into a community as a researcher,

whether I'm a biomedical research or an epidemiologist, then there are limits to what I know.

But the limits to what I know does not mean that other people do not know anything.

You see, that is the positivistic approach. I, I can't be an expert on everything, but if I'm entering into a relationship,

a partnership with another group of people, it is precisely because I do not know everything.

That is why I actually need other people and I need to be cognisant of those limits and respect what those other people bring on board as well.

However, if I am not cognisant of the limits of my knowledge and I believe that anything outside the limits of my knowledge is simply irrelevant,

then I'm a positivist and in that way I'm a reductionist.

And actually, if I may be crude about it, I'm ignorant.

So kind of bringing it back to the importance of equitable partnerships in research.

What would you say is the key message you'd like to convey?

The key message is this. We live in an interdependent world.

Health is now more and more transnational and interdependent in order to tackle the health challenges we have.

We need to work together now.

Unfortunately, health also sits on the structures that already exist in the world,

and these structures that exist in the world are predicated sometimes on extractivism or they are predicated on forms of colonialism from the past,

and that still continues today.

So if we do not want to reinforce or re entrench those inequities, we need to move away from those models.

And to move away from those models means that we should try to build relationships that are different to the ones that are generally at play.

And in doing so, what we need to do is, one,

respect other people's knowledge and values, and values, and at the same time not think of partnerships as instrumental moments,

but as a permanent way of acting and living within the global health space.

So we are partners with everybody,

and our partnerships should be grounded on the fact that we want to create a world in which we trust each other.

And that trust means respecting, being competent and respecting our competencies,

being reliable over time, and also making ourselves vulnerable when the need arises.

Thank you very much, Cesar,

for that very important discussion and consideration and the key questions and considerations we'd like our listeners to take

away is when engaging in partnerships in global health or otherwise, seriously consider and respect competencies and values.

Carefully consider benefit sharing,

and avoid this tendency to be extractive in the partnerships or relationships

that we develop and this importance of the reliability and accountability.

And that's our responsibility. So our next podcast will be looking at breaking down barriers in global health.

Thank you for joining us.