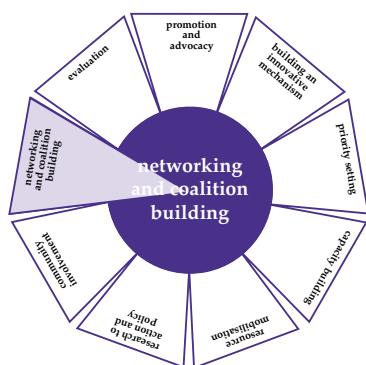


Learning Brief

Development of Innovative North-South Research Partnerships: Overcoming Difficulties



James Afari* is a researcher from the South. Going from project to project, James' entire research career has been driven by the research interests of the donors who have funded his projects, and who care most about the number of papers in international journals that they can get out of his research. James' dream is to formulate a research project which will directly benefit his people - one in which the results will feed into policy decisions made by the politicians in his country, for the good of the country, rather than that of the donors from the North. A ground-breaking partnership between researchers in Ghana and researchers in the Netherlands is about to help James' dream come true.

In 1996 the Dutch Ministry of Development Cooperation provided funding to the Netherlands Development Assistance Research Council (RAWOO) for the establishment of a number of innovative research partnerships between Dutch researchers and research institutions in the South. The Health Research Unit in Ghana was one of the research partners chosen. This Learning Brief focuses on the process which took place between 1996 and the launch of the project in 2001, and the lessons - for both sides of the partnership - which have been gleaned from it.

North-South research partnerships are often difficult and unequal relationships, and can be characterised by the conflicting interests of the two parties; whereas Northern researchers focus on academic quality, researchers in the South are often more concerned about the societal relevance of the research being undertaken. Access to literature is taken for granted by researchers in the North, whereas their Southern counterparts often find that the most recent literature they have on their library shelves is 10 years old. Not only this, but the time available to Southern researchers for writing internationally

acceptable papers - many of whom hold down 2 or more jobs just to survive - does not exist. This, coupled with poor or non-existent infrastructure for undertaking research in many Southern/developing countries, means that research cooperation between North and South often results in a number of publications in prestigious journals, which have little tangible impact at a policy and community level in the countries where the research was undertaken.

The Ghanaian-Dutch Research Cooperation Programme seeks to change this situation. The Programme argues that demand-driven health research can be effective and possible if all stakeholders in the process (ie. donors, policy-makers, the scientific community, national development organisations, international health organisations, organisations of health care professionals and community organisations) can agree about the national organisation of a programme for health research for development. Such a programme, they argue, would stimulate a research agenda based on societal needs, which in turn, would steer research for development.

However, there are problems to overcome. Dependency relationships between countries in the North and South do still exist. Few donors in the North are content with handing over large research budgets to steering committees in the South. Coordination of donor funding to countries is poor, resulting in a lack of prioritised research in the countries receiving the funds, and national research agendas which are strongly influenced by the donors.

The partnership between Ghanaian and Dutch researchers will be based on health needs in Ghana. These were identified and prioritised in a series of workshops with the various stakeholders in Ghana. A number of research activities have been planned, and capacity building will be undertaken through research training- and other related workshops. Health

* Not his real name.

research infrastructure will be improved, as will access to both the latest literature and to a database of all past, present and ongoing research in Ghana. A system for improving the use of research results will be put in place by developing better networks, holding yearly meetings of stakeholders, making all Ghanaian research data available electronically, and improving the possibilities for publications on the Ghanaian health situation and/or health system. At all stages Dutch researchers will be involved, but always in a way that serves Ghanaian research needs.

Problems and constraints

On the Dutch side, in principle there was agreement that the involvement of Dutch researchers would not only be on the process side, but would be steered by the priorities set by the Southern partners: a process over which the Dutch researchers would have no influence.

The Dutch funders stipulated that an “intermediary organisation” without a direct interest in the research itself should be identified to manage the programme, and that this organisation could be either an institution in the Southern partner country, or one in the Netherlands. Not all researchers in the North were happy with this approach, since it would give them less control over the flow of funds, and there was a perceived risk that the Southern partner would not prioritise the topic they were involved in. Thus, many of the Dutch researchers and their organisations tried to influence the choice of partner country, the topic of research, and the approach (ie. That academic criteria come before societal needs and relevance). This resulted in a lengthy process of negotiation, which resulted in a split between those researchers with more academic interests, and those with development backgrounds.

In the chosen partner country - Ghana - the delay in the Netherlands was beneficial to the process of bringing together the relevant stakeholders; and for going through the various stages of the development of a final research agenda. Finally, a Joint Programme Committee was formed, with three participants from Ghana, and three from

the Netherlands. The secretariat for the programme was nominated as the Health Research Unit in Ghana.

However, the process in Ghana was not without its problems and constraints. An inventory of research on health and development had to be carried out so that the resulting research agenda reflected the aims of the country’s Medium Term Health Strategy. This required undertaking a consultative process with the various stakeholders (academics, policy makers, practitioners, mid-to upper-level managers, and civil servants). A review of the available literature on health research in Ghana was proposed, and a six-person team was identified for this task. However, the task of locating the relevant articles was not as easy as it seems. In short, it appeared that literature on Ghana and other countries in sub-Saharan Africa was easier to access in the USA or Europe than in Ghana itself.

Although it seems obvious that genuinely equal partnerships should be developed, the Ghanaian-Dutch programme reveals the long process that occurs before all problems and resistance can be overcome. It was especially difficult to convince the academic community, and still many scientists prefer more conventional programmes. However, the programme’s supporters argue that the present day challenges demand other approaches, and researchers resisting this reality will soon find themselves doing research that can be published but not used, creating costly virtual realities.

To confront this reality, the programme advocates the development of targeted evaluation methods which will gauge whether research partnerships between South and North are useful for all stakeholders.

A model for assessing South-North research partnerships

There are many more problems to overcome in order to get all stakeholders in both the North and South involved in the process of building innovative partnerships that bring about change in health and development in specific countries. To monitor and evaluate efforts to develop better programmes, tools are required.

Stakeholders/ Stages in the research process	Endusers of research: Professionals, NGOs, CBOs	Policymakers: Both national & local	Researchers in the South & their Institutes	Researchers & Donors in the North
Prioritisation & setting the research agenda				
Design of the research: what capacities are needed?				
Management of the research?				
Analysis				
Dissemination of research results				
Utilisation of research results				
Who is empowered by the production of knowledge through this research?				

The matrix presented here is based on the stages of research and the stakeholders involved.

Three stakeholders are identified as important in the research process, to which the partner in the North is added. The three stakeholders in the South are: in the first place, the researchers and their institutes; secondly, the policy makers at both national and local level. The third group of stakeholders are the end users of the research. These can be divided into two clear categories: professionals implementing certain innovations (such as health staff at district health posts); and the local population, represented by NGOs or CBOs.

The stages of the research speak for themselves, but some may not always be so evident for researchers (such as the prioritisation process of the research agenda and empowerment).

Completion of the matrix will help to analyse what happens in a research partnership. Is it a programme in which Northern researchers are empowered and do they publish interesting papers in journals, or are researchers from the South empowered? Is it useful to see researchers from the South empowered if simultaneously nothing happens with the other stakeholders? Asking such questions will confront programme managers with important challenges.

Lessons Learned

Unequal research partnerships can result in:

1. Forced international/regional priorities that do not coincide with national priorities;
2. Divisions of work between the Northern and Southern partner (fieldwork by the Southern partner, blood analysis or statistical analysis in the North) that are not useful for the Southern partner, because it brings insufficient transfer of knowledge and technology;
3. Isolation of the researcher in the South by pushing Northern academic values, so that he or she is not able to deal with local realities anymore;
4. Rendering national cooperation impossible by favouring north-south connections instead of stimulating national networks; and
5. The neglect of national needs for distribution and use of research results by pretending research is done in a vacuum and has its own academic rules and laws that are more important than the national context.

There is a need to introduce a programme for the development of research based on the needs

and priorities of the countries in the South. Such a programme will:

1. Empower countries in the South to enter into negotiation with their Northern funders, thereby creating more equal relationships/partnerships;
2. Force Northern funders and researchers to change their mindset about the way in which “tropical medicine” research should operate.

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