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## Goodbye Collaboration, Welcome Partnerships in International Research?

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The lack of adequate human resources for health, especially in low-income nations, has been mentioned more than a hundred and one times. The solutions to the problem have also been mentioned more than once. The reasons why we do not have enough or adequate health human resources on the African continent are the following:

- Out-migration to high income nations of the world,
- Premature deaths, the number of which has been increased by the HIV and AIDS scourge,
- Not enough training posts for both pre-service and post-service courses,
- Health professionals joining other professions even within their own countries,
- Poor working conditions,
- Increased disease burden,
- Poor skills-mix in the service,
- Poor health system planning.

The limited research and publication contribution by low-income countries has also been discussed to some extent. Here is the summary of the reasons for this phenomenon:

- Lack of funding opportunities,
- Isolation,
- Lack of time for research and writing,
- High teaching load among university faculty,
- Poor mastery of the English language,
- Biases of international editors,
- Journals of inadequate quality.

For a long time, access to African research papers has been limited. This has led to a situation in which research output from the continent has been under-used, undervalued, and under-cited in the international and African research arenas. Moreover, many African researchers may

have better access to the main information resources and journal articles in Europe and America. This is usually because information from the high-income countries is more readily available than that from developing countries. To be fair, access to global information resources is essential if one must compete at the international level. However, it is equally important that production and access to the local research output from the continent also be enhanced.

A recent commentary by John D Holm and Leapetsewe Maletse, entitled *Nine Problems That Hinder Partnerships* (1), discussed the problems of research marriages between researchers from the developed countries in the North and African researchers:

- Scholars from developed countries often take the lead in research, while African researchers are relegated to minor roles,
- Scholars from developed countries think they know what curriculum is best for universities in the developing world,
- Scholars from developed countries think a top-down approach is the most effective way to get things done at universities in developing world,
- African universities, students, and faculty members often cannot afford significant project costs,
- Projects with developing countries are often done with multiple partners,
- Researchers from developed countries often feel an obligation to their financial supporters,
- Top-quality universities in Europe and America want to do projects only with institutions of comparable quality,
- The risks to the health and safety of students and staff members in Africa are exaggerated,
- Teaching African university staff members new skills is often done through quick workshops.

I found Holm and Maletse's commentary thought-provoking and here I add my comments.

### WHAT IS PARTNERSHIP?

In my teaching of public health at the University of Malawi, College of Medicine, I introduce undergraduate students to the concepts of community and partnerships. We take MacQueen's definition of a community as "a group of people with diverse characteristics who are linked by social ties, share common perspectives, and engage in joint action in geographical locations or settings" (2). I also bring to the attention of my students that participation and partnerships do not occur in a vacuum but rather in a context, often of power differentials. Furthermore, participation can be a means to an end or an end in itself. When means to achieving set objectives or goal become most important, there is less concern for participation and more concern for the results, emphasis is put on rapid mobilization and not on long-term research goals, the participation is sought solely for implementing a program, and involvement is abandoned after program completes.

If the participation is an end in itself, it becomes an intrinsic feature of an organization or community, the process is slow and painful, and the achievement of project goals may not always be possible.

The observation is that academics from developed countries in the North often come to Africa with research proposals already worked out and then ask the Southern counterparts for their signatures. The conceptualization of the research protocol is often done without the full participation of the Southern researchers. The "pushy" characteristic of the Northerners and the limited assertiveness of Southerners are suggested as reasons for the inequality. It would perhaps be interesting if both Northern and Southern research scientists took courses in globalization, power, and politics in order to more successfully participate in international collaboration.

### References

- 1 MacQueen KM, McLellan E, Metzger DS, Kegeles S, Strauss RP, Scotti R, et al. What is community? An evidence-based definition for participatory public health. *Am J Public Health*. 2001;91:1929-38. [Medline:11726368](#) [doi:10.2105/AJPH.91.12.1929](#)
- 2 Holm JD, Malet L. Nine problems that hinder partnerships in Africa. *The Chronicle of Higher Education*. 2010 Jun 14.