Chapter 9

Reflections: Partnership and Collaboration in Global Health – Valuing Reciprocity

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In 2014, I led a team to organize the inaugural network for global health at the Pennsylvania State University (PSU) to which several institutions were invited. The inaugural network meeting built on my work for several years in which we showed that global health goals could be achieved but for it to be sustainable, partnership must be the key. Commitment alone on my part was not enough, however. There needed to be institutional support from key leaders at the university. The credit for the primary institutional champions goes to Dr. Michael Adewumi. As the vice provost for global engagement at PSU, it was Michael's vision that created a PSU global engagement network (GEN) with strategic partner institutions in different regions. The initial invitations to the inaugural network for global health were sent to the GEN institutional partners to participate in a 2-day meeting during which the global health network was launched.

Well-deserved credit also goes to Dr. Nan Crouter who as the Dean of the College of Health and Human Development supported my plan to not only host this event but also for the college to be the academic unit host for the new network. With the support of an incredible team of staff (Jodi Heaton as my assistant and Nathan Jones and the web master) we launched the network with 13 universities represented, including 3 from the US – NYU, Minnesota and Michigan. Following the inaugural meeting, Professor Neil Sharkey, as vice president for research, provided 50% of the initial funds that was matched by both Crouter and Adewumi which allowed the network to fund pilot projects over 2 years. I would like to reiterate that it took committed leaders at PSU to launch the network; institutional commitment is critical to initiating and sustaining a network such as this one. As a network, my vision was to challenge us to draw on lessons from commerce and trade in reframing spaces for engagement in partnership. For example, how do we ensure that the

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partnership would not simply reproduce the old model of drawing raw materials from the global south, in the forms of data collection, only to be refined in the west in the form of publications with no reciprocity in production of raw materials and refinement.

As we continue to face major challenges in reducing the inequity gaps in global health, I remained committed to the vision that it is only through partnership and collaboration that we can achieve impact that are meaningful and sustainable based on the principle of reciprocity. Scholars and educators should come together with a commitment and the belief that globalization means every local space is a global space. Urbanization and the intersection of infectious and communicable diseases were the two priorities agreed to at the inaugural meeting for the network. This means that these two issues are researchable for raw materials and refinement in the global north and south. Urbanization is a major issue in Johannesburg, New York City, and Delhi and lessons from one location can inform how we address the other locations even though cultural and economic contexts may be different. The other important aspects of global health is seeking ways to bring scholars together to share knowledge and expertise rather than being fractured into the disciplines or specialization that marked one's training. It is not unusual to hear at global meetings that one group is comprised of infectious disease experts while another group, chronic disease. Yet our communities are not broken down into one or the other but instead have to confront the co-existence of these and other conditions in the same family and in some cases in the same person. I have often cited HIV/AIDS, TB and some cancers as both infectious and chronic so we are better served to examine the intersection of infectious and chronic diseases.

What Should be our Focus for the Future?

As the network and institutions evolve, it is important to examine its relevance and make adjustments to reflect changes that are likely to maximize and strengthen partnership. To that extent, I very much welcome and commend the leadership of the network for substituting 'Institution' for 'University' such that non-university institutions can find a home in the network. Such periodic reexamination is a part of the life line for any institution and network. The priority set for this network continues to be an example of where the focus should be for the future. The idea to have no more than two foci was deliberate. There are several other networks around the world and it is important that a new network has a focus and recognize that it cannot respond to all issues. Diseases intersections and urbanization are two priorities that very much align with future global direction. At the end of a meeting hosted by World Health Organization in Shanghai, China in November 2016, four key priorities were identified as the focus for health promotion globally – governance, healthy city, health literacy and social mobilization. With good governance as an overarching priority, echoing the core value of partnership in a network, healthy city and urbanization are very much aligned. Some degree of professional mobilization is called for if a network is to achieve its goals and a level of health literacy is required for us all (donors and researchers alike) to appreciate and value the important of focusing at the intersections of conditions rather than focusing on the

binaries that separate us. In the final analysis, the most important role of a network is to remind us all that it takes a collective body to have a sustainable outcome and impact on population health.

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