

**The US-Kenya Partnership: A model  
North-South 'unequal friendship' in  
health research where balanced  
priority setting remains but a mirage**

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# Description of the context

- Based on a research that I led back in 2017 (Nderitu D PhD thesis, 2019; Nderitu and Kamaara, 2020)
- *Argument:* a Global North - South collaborative partnership is a form of Aristotelian 'friendship among unequal parties' (Irwin, 1999).
- The superiority and inferiority- based on contributions and expectations

# Description of the context

- Superior party
  - ❑ Contribution-tangible
  - ❑ Expectation- immaterial gains e.g. honour/pride
- Inferior party
  - ❑ Contribution- immaterial e.g. Respect/loyalty
  - ❑ Expectation- Material gain

# Description of the context

## IU-Kenya Partnership

- Began as a collaboration between medical schools of IU and MU/MTRH
- Primarily to improve health situation in Kenya- through education, research and clinical **service** (Tierney et al., 2013; McIntosh & Kamaara, 2016; Mercer, T., Gardner, A., Andama, B. et al., 2018)
- Now includes several schools of MU-CHS and a consortium of over 11 institutions in NA

# Description of the context

## IU-Kenya Partnership, unequal friendship?

There are lots of benefits for different parties but broadly, the table below summarizes outstanding Contributions and benefits for each party

Partner	Kenya	North America
Contributions	<ul style="list-style-type: none"><li>✓ Ready field for research</li><li>✓ Population for research</li></ul>	<ul style="list-style-type: none"><li>✓ Significant healthcare institutions- Riley Mother and Baby Hospital, Shoe4Africa Children's Hospital, and Chandaria Chronic Diseases Centre, AMPATH Centre etc.</li><li>✓ Millions of dollars in the form of funding to sustain projects and programmes</li></ul>
Gains	<ul style="list-style-type: none"><li>✓ Healthcare infrastructure/ institutions</li><li>✓ Improved healthcare for the community</li></ul>	<ul style="list-style-type: none"><li>✓ Pride and personal satisfaction for altruism</li></ul>
Status	'Inferior'	'superior'

# Description of the context

- The Partnership has always strived for equity/equality, mutual benefit & respect (Tierney et al., 2013; Mercer, *et al.*, 2018)
  - Established in SOPs and MoU
  - AMPATH Research Network is co-led by partners from NA & Kenya
- But still there arises inequality/inequities

## Ethical issues

- Inequalities/inequities in the partnership
  - Implied in some responses from the research
  - Underlying in discussions by the collaborators
  - Evident description of the collaborators' work in the Partnership
- Does the inequality affect priority setting?

# Ethical issues

- “Global North Competence”-(perceived)
- Some respondents argued that NA partners should lead because:
  - ❖ the global north provides funds (needs a bigger stake on the decision to utilize funds & areas or types of research)
  - ❖ NA partners have better training in professional areas and research (Tierney et al., 2013; Nderitu and Kamaara, 2020)
  - ❖ NA partners are more competent in grant writing (Nderitu and Kamaara, 2020)



## Ethical issues

- “Laidback” attitude of global south partners
- ❖ Kenyan partners assume multiple roles researchers, lecturers and physicians-do not fully concentrate on research
- ❖ NA partner with ‘research faculty tracks’ often have to make most decisions (Tierney et al., 2013)
- ❖ Some Kenyan partners consider it a privilege working with NA partners and pay less attention to the concerns about domination (Nderitu and Kamaara, 2020)

## Ethical issues

- ❑ Historical north-south inequalities in global health
- ❖ Characterized by disease-specific (AMPATH name change), donor-funding, limited focus on social and structural determinants of health in the design of health interventions and passive patient-initiated, facility-based model of care  
(Mercer *et al.*,2018)
- ❖ Paternalism in healthcare/research
- ❖ Lack of multi-disciplinary approach to healthcare and research (AMPATH before SSRN/BSS core)

## Significant Steps

- Enhanced IU-Kenya Partnership
- ✓ The last decade has seen AMPATH research expand beyond HIV/AIDs to include non-communicable chronic diseases, health system strengthening, and population health more broadly (Mercer et al, 2018)
- ✓ Attributable to the inclusion of diverse disciplines and the community in put in the AMPATH Network

## Significant Steps

- ✓ Programs now address broader dimensions of health care for the community thus contributing to prioritization of communities needs

## Conclusion and recommendations

- Need to readjust North-South health collaborations considering power imbalance & contextual issues in Africa like holistic approach to health

Specifically,

1. Build partnerships that are:
  - ✓ sensitive to power dynamics and socio-economic disparities & strive towards empowering of the 'inferior' party

## Conclusion and recommendations

- ✓ Based on fair contributions and realistic expectations
- ✓ Promote local research capacities in order to set relevant priorities for African communities

2. Engage multi and inter-disciplinary and even non-experts in health research to broaden dimensions of community health needs and therefore, set the right priorities for local communities in research

**End**

**Thank You!**  
**Asante!**