











Seminar on Reciprocal Capacity Building

Harvard T. H. Chan School of Public Health March 27, 2019

Seminar on Reciprocal Capacity Building Agenda

Part I. Faculty Perspectives on Reciprocal Capacity Building (Harvard Chan)

- Professor Wafaie Fawzi, Global Health & Population, Nutrition, Epidemiology
- Associate Professor Bethany Hedt-Gauthier, Biostatistics



Part II. Student Perspectives on Reciprocal Capacity Building (Global Cohort of Doctoral Students)

- Overview of the Global Cohort program
- Panel Discussion

Part III. Breakout sessions with facilitated small group discussion

Observing and incorporating reciprocal learning into global health research partnerships





EQUITY IN THE CONDUCT OF GLOBAL HEALTH RESEARCH:

The importance of reciprocal partnerships in academia

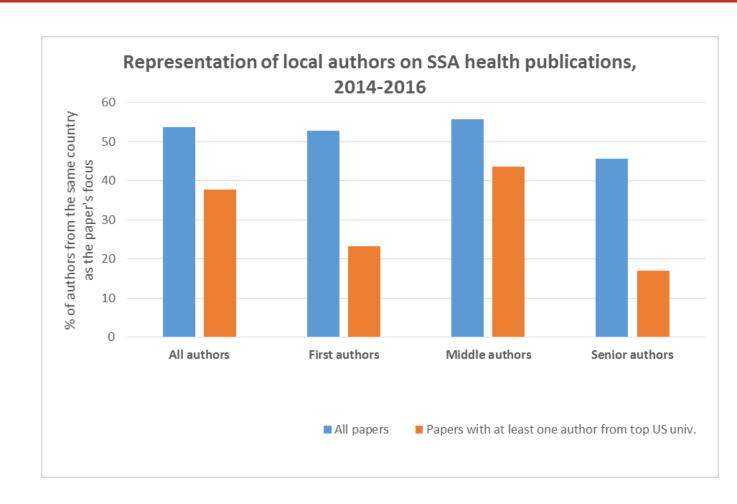
Global Cohort Symposium

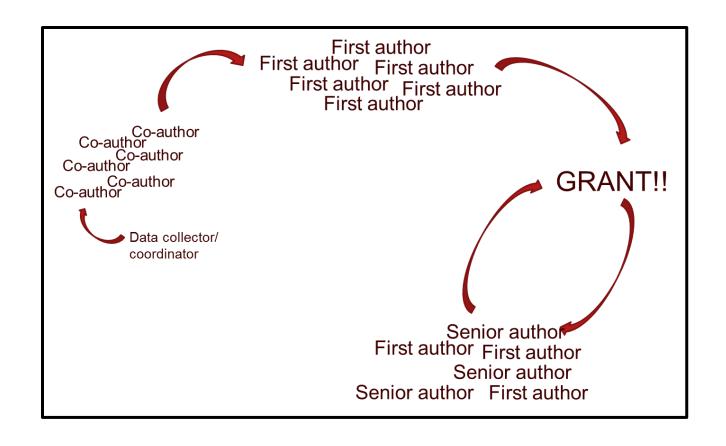
Harvard Chan School of Public Health



Trends in collaborative global health research

- Collaborations between institutions are critical for global health research and training.
- Power dynamics shape the conduct of global health research and lead to inequities, with more benefits to HIC scientists.





- 1. Denying someone an opportunity (or failing to nurture their opportunity) now can have long term consequences for their research career.
- 2. Who moves along these paths and how are determined by people in power.



Are there any issues beyond the impact on a single person?

- Undermines talent development at institutions.
- Limits research independence infrastructure and funding at LMIC institutions.
- Undermines the quality and the potential impact of the science.

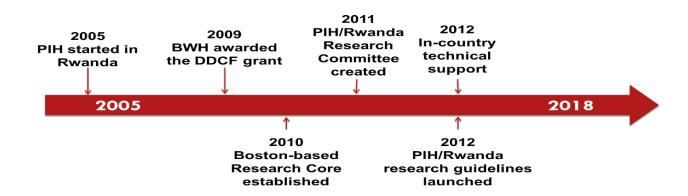
Goal of the work in Rwanda

1. Increase the research documenting PIH/Rwanda's experience.

Share best practices + Identify and improve program gaps

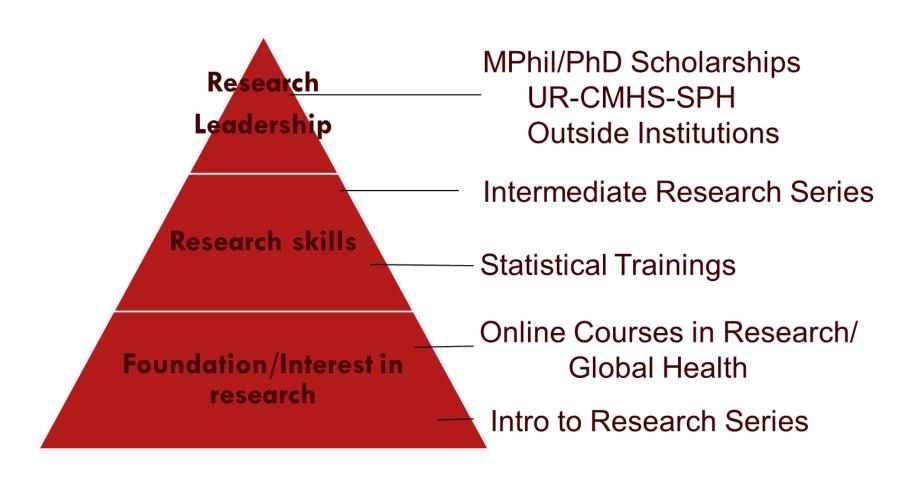
2. Address equity in our research collaborations.

- Inclusiveness of all stakeholders + Fair acknowledgment of contributions
- Sharing "profits"
 - Opportunities to coauthor; lead papers; education/training; present at conferences





Multi-level approach to capacity building





Intermediate Operational Research Course

- Deliverable-driven training
 - <u>Ultimate goal: Submitted paper.</u>
 - Intermediate milestones: Must be achieved to stay in course.
 - Focus on research questions of importance to IMB or MOH.
- In-session and out-of-session mentorship
- Training model:
 - Three 5.5-day sessions, every 3-4 months
 - 112 hours of in-person training and mentorship
 - 110 hours of out-of-session mentorship per project
- Course completed as teams
 - 20 published papers, with 8 under development.





Original article

Growing research in global surgery with an eye towards equity

B. L. Hedt-Gauthier^{1,3}, R. Riviello^{1,2}, T. Nkurunziza³ and F. Kateera³

Correspondence to: Dr B. L. Hedt-Gauthier, Department of Global Health and Social Medicine, Harvard Medical School, 641 Huntington Avenue, Boston, Massachusetts 02115, USA (e-mail: bethany_gauthier@hms.harvard.edu)

Background: Global surgery research is often generated through collaborative partnerships between researchers from both low- and middle-income countries (LMICs) and high-income countries (HICs). Inequitable engagement of LMIC collaborators can limit the impact of the research.

BJS, 2019

 Have global surgery as a topical focus for research trainings.

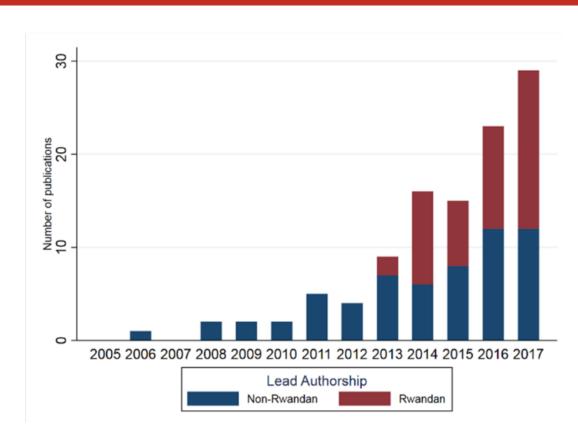
- Link surgical fellows to sitebased research and facilitate joint learning.
 - Require that they are in-country long enough to add benefit to the project.
- Thoughtfully map out research space.

Department of Global Health and Social Medicine, Harvard Medical School, and ²Center for Surgery and Public Health, Brigham and Women's Hospital, Boston, Massachusetts, USA, and ³Partners In Health/Rwanda, Kigali, Rwanda



Does this work have results?

- Increased publications, overall and those first authored by Rwandans.
 - Research is driven by clinical programs.
 - Results are linked back to clinical care.
- Several of trainees have continued to have research as part or focus of their work.
- This work has seeded several research portfolios, and grown careers on "both sides of the pond".







Do (HIC) academic structures perpetuate bad behavior?

"This will ruin your chances for promotion."

"We cannot ask our junior faculty to do this type of work."

"We need you to be available for Harvard students."

> "You cannot spend so much time out of country."



Radcliffe exploratory seminar, February 2018



Collins O. Airhihenbuwa Ayaga A. Bawah Katherine States Burke Teena Cherian Maureen T. Connelly Bethany Hedt-Gauthier Patricia Hibberd Louise Ivers J. Gregory Jerome Fredrick Kateera Yuka Manabe **Duncan Maru** Megan Murray Anuraj H. Shankar Miriam Shuchman Jimmy Volmink

Boston University School of Public Health **George State University** Harvard Chan School Harvard Medical School Johns Hopkins University School of Medicine Kaiser Permanente School of Medicine Mass General Hospital Center for Global Health Mount Sinai School of Medicine Partners in Health/Rwanda Stanford Center for Innovation in Global Health Stellenbosch University University of Ghana University of Toronto Zanmi Lasante



Summary of recommendations

Available in more detail in Lancet comment.

12

Embedding:

- Remove admin barriers.
- Extend tenure clocks.
- Fund extended residencies.

Equitable engagement:

 Request details (from candidate and collaborators) in promotion materials.

Authorship:

- Value authorship that includes LMIC collaborators in prominent positions.
- Question publications without local collaborators.

Training/mentorship:

 Encourage/expect candidate to support trainees at research sites.

Adequate funding:

 Value funding that is obtained, including that given directly to the local site.

Where do students fit in all of this?



What should we be trained to do as students?









The role of reciprocal.







- Recognition that I have as much (or more) to learn as to teach.
- Everyone's success mine and theirs is intertwined.
- We all need help be willing to give as well as receive.
- Deeply care about each other and the work.

Thank you!

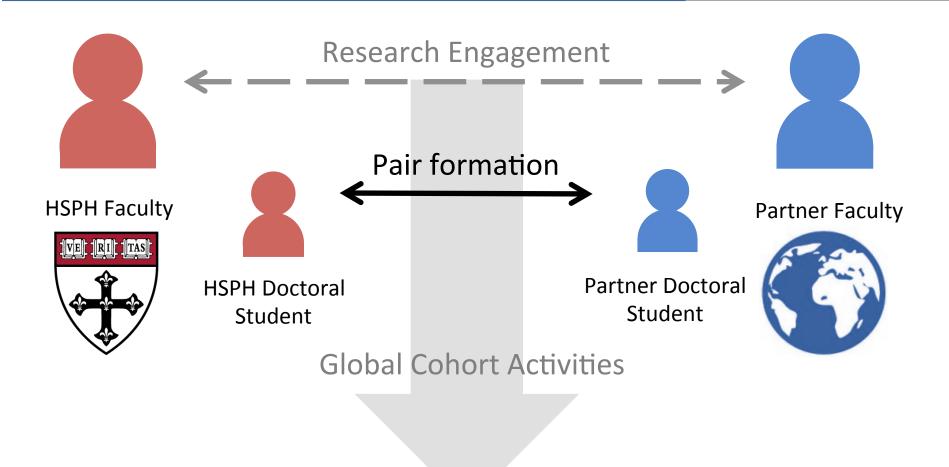
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The Global Cohort of Doctoral Students: A partnership to build global health research capacity



The Global Cohort of Doctoral Students is a community that promotes reciprocal learning between doctoral students around the world.

We promote our shared capacity to address public health problems by engaging in research, contructive forums for feedback, and professional development activities.



Enhanced Research Capacity

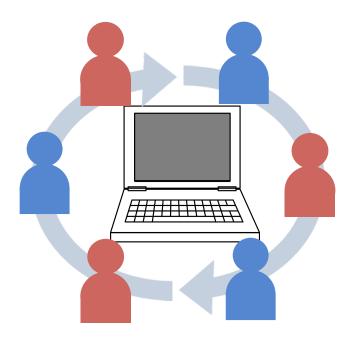
The Learning Contract

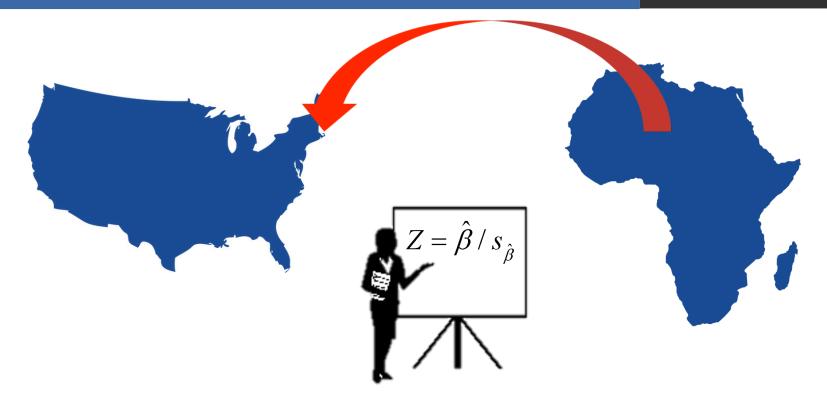


- Students identify personal training goals, deliverables, and how they will support their partner.
- Co-written with partner and faculty supervisor.
- Students spend ~4 weeks each year working at the same research site. Work on learning contract continues throughout the year.

Cohort Web Forum

- Regular web group seminars on Canvas
- One member pre-records a presentation on their learning contract work, along with questions.
- Group members post constructive feedback.





Annual conference

Members meet once per year for a conference that features skill-building workshops, research presentations, community-building activities, and a Harvard-wide symposium.

























- Describe a reciprocal partnership from your experience that worked well. Why did it work well?
 - What did you learn from your partnership?
 - How did you communicate within your partnership to learn?
 - What is one thing you can do going forward to sustain reciprocal learning in your partnership?
 - What is one way to promote reciprocal learning in your current role?

Thank you

Please contact us at:

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