

Equity-focused tool for valuing Global Health Partnerships (EQT-GHP)

Instruction manual

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1.0 Introduction

Partnerships involve complex relationships between individuals and organizations, each with particular positions, needs, resources, and agendas. Such relationships can be difficult to navigate, particularly because issues of power are rooted in complex sociopolitical and economic histories. Extending beyond the control of any one individual involved in a partnership, discussing these issues of power can be both sensitive and difficult, especially if such discourse is viewed as being outside the immediate goals of the partnership. This tool can provide a mechanism for opening productive and relationship-building dialogue aimed at raising awareness and developing responses to the complex relationship and relational processes of partnerships. Attempts to construct a meaningful guide on what makes global health partnerships successful are varied and context-specific, often without clear consideration of issues of equity.

The Equity-focused Tool for valuing Global Health Partnerships (EQT-GHP) proposed here (see *Annex 1*) offers all types of global health partnerships a common construct to value its functioning within an equity, evidence-informed lens. The EQT-GHP has been developed through a sequence of steps beginning with a scoping review of the literature, a synthesis of key partnership indicators, surveys and interviews with content experts, workshops in Canada and internationally and a content validation exercise.. In particular, it builds upon the Canadian Coalition for Global Health Research's (CCGHR) Partnership Assessment Tool and integrated findings from the CCGHR's Principles for Global Health Research study (see reference list below).

This initiative was co-led by representatives from CCGHR and McGill University, in collaboration with representatives from Healthbridge Canada and Healthbridge Vietnam, Université Laval, University of British Columbia, the Regroupement stratégique en santé mondiale (RS-SM) of the Réseau de recherche sur la santé des populations du Québec (RRSPQ), la Société d'études et de recherche en santé publique (SERSAP) in Burkina Faso, and the (Vietnam) Center for Creative Initiatives in Health and Population (CCIHP).

The EQT-GHP is designed to ensure that partnerships are guided by principles of equity. Its use offers a partnership the opportunity to periodically value or re-calibrate its equity compass with respect to essential attributes of best practice in global health. As such, it is intended to foster learning and is not intended to be an evaluation tool. Rather, it is intended to ensure that essential attributes of best practice are appreciated and that a culture of mutual respect permeates throughout the partnership at all levels and at all times.

2.0 Methods/Evidence base

2.1 Scoping review

To inform the development of the new global health partnership valuation tool, it was necessary to explore if, and how, global health partnerships had already been assessed. Therefore, a scoping review was undertaken to identify i) the extent of evidence available; ii) the methods used to assess partnerships; and iii) key characteristics, metrics and factors used in any assessment. Briefly, the review included evidence published in English or French between 2010 and 2019 and which examined global health partnerships between one or more organizations in at least one high-income country and one low-income country. It could include any type of partnership (e.g. academic, capacity-building, research) but excluded government-to-government partnerships.

Of a total of 2502 publications obtained from searching six health and health-related databases, a final selection of 30 provided a parsimonious set of domains and indicators which had been used to assess global health partnerships. This set of domains and indicators has informed the current EQT-GHP.

2.2 On-line-survey

To capture the experience and expertise of a broad range of stakeholders from the global health community who might have participated in some way in assessing global health partnerships, an on-line survey was conducted between February 15 and April 15, 2019. This survey solicited, from the wider global health community, pertinent documentation from the gray literature or personal documentation and appreciation of relevant metrics and data collection tools currently in use, and especially those metrics and tools which had previously been evaluated in terms of their validity or reliability. Of 88 responses (78 in English and 10 in French), 20 were from non-governmental organizations (8 based in LMICs), 55 were from academics (1 in an LMIC), 10 were from other organizations, and 3 from unknown sources. Importantly, 26 indicated that they had been involved in some way in assessing a partnership.

2.3 Telephone follow-up

From contacts via the on-line survey and other recommendations, a total of 48 interviews (34 in English and 14 in French) were conducted. This provided information with respect to means used to assess partnerships (36 respondents explained how they formally or informally assessed their partnerships), and three additional instances of current research being undertaken with respect to developing an assessment tool.

2.4 Workshops

Workshops provided the opportunity to obtain feedback on how the EQT-GHP would be developed and how it would be used. Especially important were previous domains and indicators that had been used and the priority attached to each one. Barriers and concerns were noted. It was important to have feedback from both Canadian and international groups.

2.4.1 Canadian Workshops

Two interactive workshops were conducted in Canada. The first workshop was in English in Ottawa and hosted by Healthbridge Canada in September 2019. Participants' institutions included Global Affairs Canada, CanWACH (Canadian Partnership for Women and Children's Health), and several non-governmental organizations and universities.

The second workshop was in French in Montréal and hosted by the École de santé publique de l'Université de Montréal in September 2019. Participants' institutions included several non-governmental organizations and universities.

2.5 International Workshops

Two interactive workshops were conducted in two LMICs, Vietnam and Burkina Faso. The workshop in Hanoi in November 2019 was in English. It was hosted by Healthbridge-Vietnam. The second workshop was conducted in Ouagadougou in December 2019 in French. It was hosted by the Société d'Études et de Recherche en Santé Publique (SERSAP).

3.0 Equity Tool for valuing Global Health Partnerships (EQT-GHP)

3.1 What is the EQT-GHP?

The EQT-GHP is a practical means of appreciating the quality of different aspects of a partnership in terms of established equity and best practice parameters. It is a 2-page document divided into four domains: A. Governance/Process; B. Procedures/Operations; C. Progress/Impacts and D. Power/Inclusion. Each domain incorporates an essential indicator in the form of a number of statements to be considered in valuing an individual's experience within the partnership and perceptions of the partnership: Green, yellow and red colors for the answers provide a visual representation of this valuation. Keep in mind that the tool's domains and indicators were identified from the cumulative evidence base of our study but it may be that other equity considerations may arise in specific situations. Use the space provided in each domain for additional relevant considerations.

3.2 When should the EQT-GHP be administered?

Because a partnership evolves over different phases, a periodic appreciation of equity and other considerations is appropriate at different times between start-up and completion. The EQT-GHP has been designed to be efficiently used as often and as strategically as needed to ensure adequate and timely reflection and an impactful response. Because there are special needs at the beginning of a partnership, a separate checklist has been developed for this phase (*Setting the Stage – Annex 2*).

3.3 Who should complete the EQT-GHP?

The EQT-GHP is intended to be used by partnering individuals or organizations who are initiating, or are currently participating in, a global health partnership. It can also be used by individuals working at different levels within a partnership or by partner organizations as a whole (as represented by one or more of the lead partners). For organizations initiating a partnership, key partners may find it useful to complete the companion "Setting the Stage" check list of considerations for the start-up phase. The lead partners should discuss, as early as possible in the partnership, how the EQT-GHP will be used in the partnership. Considerations might include the size of the partnership, the roles and responsibilities of all persons working in the partnership at different levels, how results will be managed, and so on. To assist with completing this stage, a set of references is provided below.

3.4 How should the EQT-GHP be administered?

Ideally, the lead partners in a partnership should discuss how the EQT-GHP should be administered within their partnership. One or more persons should be designated for this purpose. Issues of confidentiality should be discussed and agreed upon. The EQT-GHP can be completed either individually or collaboratively, or both, so that all voices can be heard.

3.5 To whom should completed EQT-GHPs be sent?

Completed EQT-GHPs should be submitted to that person (or persons) designated to receive the completed EQT-GHPs.

3.6 Who should compile the results?

Results of completed EQT-GHPs should be compiled by that person (or persons) designated for this task by the lead partners in the partnership.

3.7 How should the results be interpreted?

The results should be interpreted and reported following a process which has been established at the outset of a partnership. Ideally, an action plan and corresponding accountability process should be established to implement recommended actions to mitigate indicators of concern. It should be reiterated that the primary intent of the EQT-GHP is to flag areas that need attention (i.e. indicators identified in yellow or red), such that a conversation can follow, ultimately leading to improving the partnership. Colors need not be the result of a consensus, as even one person who feels that a red accurately describes her/his appreciation of an indicator, should trigger a discussion.

4.0 Phases of a partnership valuation

4.1 Start-up phase

It is recommended that the *Setting the Stage* checklist be completed to ensure a firm equity-focused foundation for the partnership.

4.2 Implementation phase

The EQT-GHP is recommended to be completed once the partnership has been created. As early as possible, lead partners should agree to undertake a periodic valuation of the partnership and identify how the EQT-GHP will inform the work of the partnership. At this time, it is recommended that action plans and processes pertaining specifically to the application of the EQT-GHP be established, including identifying those persons who will manage its administration, analysis and follow-up actions.

4.3 Wrap-up phase

As appropriate, the EQT-GHP may also be used when a partnership ceases to exist, when it transforms into a new partnership or when an important partnership activity has been completed and new activities taken on. Pausing to reflect on each indicator at these times will inform the conduct of future partnerships.

5.0 Adapting the EQT-GHP to particular circumstances

There may be particular circumstances which the partnership might want to explore in addition to those included in the EQT-GHP. For this reason, every section has space for additional questions to be included. More space should be considered, if appropriate. It is recommended that these additional questions be included subsequently at every administration in order to review the answers periodically.

6.0 Conclusions

The EQT-GHP has been developed to assist global health partnerships in ensuring that an equity focus is core to all their actions and interrelationships, at all levels within the partnership. By periodically addressing areas identified as needing attention, partnerships can be responsive, positive and inclusive, fostering a dynamic and respectful culture of practice in global health.

How to complete the EQT-GHP:

Mark the box that best reflects your agreement with the statements in each domain.

The four domains are:

- A. Governance/Process;
- B. Procedures/Operations;
- C. Progress/Impacts and
- D. Power/Inclusion.

Each domain incorporates an essential indicator in the form of statements to be considered in appreciating an individual's experience within the partnership and perceptions of the individual about the partnership itself.

Green, yellow and red colors for the answers provide a visual representation of your valuation.

Green = Yes, you agree with the statement.

Yellow = Unsure, you are not sure about the statement (i.e. you do not understand the meaning of the statement or you are uncertain about how to respond, etc.)

Red = No, you do not agree with the statement.