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REAL COLLABORATION: WHAT IT TAKES FOR GLOBAL HEALTH TO SUCCEED

MARK L. ROSENBERG, ELISABETH S. HAYES, MARGARET H. MCINTYRE, AND NANCY NEILL

REVIEW BY LAURA RAY

California/Milbank Books on Health and the Public; no. 20.

Berkeley: University of California Press; New York: Milbank Memorial Fund, c2010.

In Real Collaboration: What It Takes for Global Health to Succeed, Mark L. Rosenberg, Elisabeth S. Hayes, Margaret H. McIntyre, and Nancy Neill provide an empirically based framework for global health partnership efforts. Believing that collaboration is critical for effective resolutions to challenging long-term global health issues, and seeking answers for how global health initiatives could perform better, the authors analyzed global health initiatives to identify common key elements of successful collaboration. The analysis was largely “personal,” in that most data came from over 100 interviews and meetings with health, education, government, and business leaders. The result of this research is the “Partnership Pathway” -- considerations and suggestions for successfully navigating the evolution of a global health partnership.

The authors begin by positioning their research within the current global health landscape. They argue global health expectations have changed in the wake of increased global resources (eg, nongovernmental organizations (NGOs), World Bank spending, communications technologies) as well as the heightened attention to health issues, integration of prevention and treatment efforts, and increased participation of local citizens in health initiatives in developing countries. “The right to have basic health needs met became an expectation, as did the right to have a voice in health services. . . . With greater resources available and greater participation expected, global health leaders began to have different kinds of discussions about the future. The world had taken a step toward global health equity.” (p. 23) These new expectations helped fragment the traditional UN World Health Organization international health architecture, and shift authority to a wide assortment of global and regional agencies, NGOs, bilaterals, philanthropies, and business organizations. Such developments have made effective collaboration more difficult, yet more important than ever.

Rosenberg, Hayes, McIntyre, and Neill initially examined circumstances faced by several partnerships that addressed global diseases and health threats. Based on this examination, they argue disease/threat efforts follow a common evolution of isolated efforts, joining forces, uniting for advocacy large-scale responses, and “scaling up” via mass interventions. Partnerships in the first two stages focus on research, funding, and health education, and are challenged by a host of sociological issues. Partnerships in the last two stages focus on advocacy and intervention, and are challenged by gathering data, identifying supporting organizations, researching implementation, policymaking, and delivering programs. In addition to these challenges, global health partnerships face the “traditional culture of global health” -- emphasis upon scientific certainty, technical expertise, and diplomacy as well as agency loyalty, anti-business feelings, and accountability problems. Finally,

partnerships must negotiate national and regional social and cultural issues, organizational cultures, and individual personalities. “Differences in personal style may be the single biggest driver of conflict on a partnership,” and “until personal agendas are aligned with the larger goal of the partnership, they are likely to interfere with the group’s progress.” (62-63)

With this understanding of the global health landscape and global health partnerships, the authors culminated their research with the identification of the Partnership Pathway. They present the successful collaboration elements of the Pathway via numerous examples from their interviews, meetings, and partnership analysis. The Pathway consists of the First Mile, Journey, and Last Mile.

The First Mile involves the discussion of, and agreement upon, foundational elements -- membership, shared goal, appropriate structure, strategy, and organizational roles. Successful global health partnerships tend to have stakeholder members, including NGOs and developing countries, rather than shareholders, limited to funders and sponsors. Other important membership considerations include individual skills and size -- finding the right people who will work, not merely sit on the board. Full discussion of, and agreement upon, the goal is critical to effective partnership. Successful structures vary, but clear understanding of governance and responsibilities is important to help avoid tensions between partners. Strategy discussions should result in an operating plan and include target populations, intervention objectives and activities, resources, responsibilities, timeline, and funding. During the respectful discussion of differing views and collaborative work through conflict in the First Mile, partner members will become a team capable of real collaboration.

The Journey entails “the arduous work of moving toward the goal, dealing with hazards and obstacles every step of the way,” (p. 76) with the need for flexible and disciplined management as well as complementary individual leaders. Global health efforts have a great need for individuals with management skills, and management efforts are further complicated by the start-up/scale-up nature of the projects, project team issues, medical challenges, and conditions in the country being served. Successful collaborative research concerns specific approaches to specific populations, focusing on outcomes whenever possible, and involves key country personnel to help keep it operating. Planning should build upon the First Mile’s strategy and develop supporting strategies for launching and evaluating interventions. Communications to stakeholders should include traditional vehicles (eg, newsletters), reflect local preferences, and share credit for progress. Partners should be continuously engaged in problem solving discussions via productive meetings and communications, and a “shortfall team” should be established to be able to respond to operating plan revision needs. Successful partnerships had complementary leaders capable of stepping back to allow others to come forward to fill needed roles, thereby contributing to trust-building and real collaboration.

For successful global health partners, the Last Mile is “a galvanizing moment when they realized the end was in sight -- they would actually achieve the goal that had often seemed impossible,” and “a signal for them to think about their remaining work in a different way.” (p. 143) Successful partners should be cognizant of the possible need to adapt surveillance methods and other strategies, as well as involve more stakeholders. Plans should be in place for transferring project control to regional and local stakeholders, as well as acknowledge all project partners. Information learned from projects should be gathered and communicated via articles,

workshops, and conferences. Finally, plans should be in place for ending the partnership, with an understanding of potential emotional reactions.

In addition to the recommendations encompassed in their Partnership Pathway, the authors articulate key donor roles of successful partnerships that extend beyond funding. Collaboration should be encouraged via grant policies that include accountability and incentives, particularly incentives such as sustained funding. Infrastructure support considerations should be included via streamlined reporting requirements, covering overhead expenses, and tapping local expertise and professionals. Finally, donors should support collaboration management and leadership skills education and networking by linking research and skills training in their grants as well as supporting forums, meetings, workshops, and conferences.

While an organizational behaviorist might take issue with the above collaboration considerations and recommendations based upon a small number of partnerships, the authors do not hold out *Real Collaboration* to be a comprehensive analysis of global health partnerships. Indeed, they did not select the limited number of partnerships examined “based on their success or because they represented the full range of global health issues,” but “because they were rich in lessons to apply to other partnerships and because the partners were willing to look back on their efforts to reflect on their strengths and weaknesses.” (p. 10) They sought real lessons learned from real collaborations, and gleaned their Partnership Pathway from successful partnerships. The book’s preface by William Forge, Senior Fellow at the Carter Center and Bill & Melinda Gates foundation, reflects the level of expertise and partnerships tapped for information. This work, of course, should be of great interest to international and national health professionals and policymakers, but also provide insights applicable to regional and local efforts. Particularly helpful are the supplemental Pathway Toolkits with worksheets and discussion materials, also provided in a DVD accompanying the book.

Rosenberg, Hayes, McIntyre, and Neill firmly believe in the critical role of collaboration in successful global health initiatives, and *Real Collaboration* reflects their further belief in the necessity to communicate and cultivate collaborative interpersonal, leadership, and management skills. Recognizing the complexities of global health initiatives, they offer the Partnership Pathway as one model for successful collaboration, as well as call upon donors to support collaboration. This work is based upon research conducted at the recently established Center for Global Health Collaboration, a resource center based at the Center for Global Health Collaboration. It is the 20th work in the California/Milbank *Books on Health and the Public* series, published by the University of California Press at Berkeley and Milbank Memorial Fund, and exemplifies the publishers’ desire to disseminate “findings from research and experience that could contribute to more effective health policy.” (p. ix)