

Relevance of International Collaborations in Promoting Sustainable Development: The Case of IU-Kenya Partnership

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ABSTRACT

Sustainable development goal number 17 (SDG 17) focuses on international collaboration contemplating the amelioration of the socio-economic situation in low and medium income countries and the responsibility of the developed partners towards this end. Such a vision is influenced by the ideals of utilitarian and egalitarian nature of a responsible constituency of a greater part of the global society which acknowledges the value of shared vulnerability and shared future. The IU-Kenya Partnership, a health collaborative partnership involving a consortium of a number of North American universities and schools of Moi University College of Health Sciences (MUCHS) in Kenya is highlighted in this study as an epitome of such collaboration. This paper is part of a study conducted to show how IU-Kenya Partnership is a form of global North-South 'unequal friendship' and whose benefits particularly to 'inferior' party in the partnership are enormous. The qualitatively descriptive and analytical study had field research carried between January and April 2017 within IU-Kenya Partnership programmes at MUCHS, Moi Teaching and Referral Hospital (MTRH) and Academic Model Providing Access to Health care (AMPATH) Kenya. Co-Directors of AMPATH Research Network, Co-field Research Directors of AMPATH Research, Co-chairpersons of AMPATH Research Working Groups and Cores, principal investigators in collaborative health research projects under the IU-Kenya Partnership and students within the IU-Kenya Partnership programmes were purposively sampled for in-depth oral interviews and focus group discussions. This paper argues that, in the spirit of SDG 17, international collaborations could be used as vehicles for sustainable development in low and medium income countries as it is demonstrated by the success in the thirty year old IU-Kenya Partnership in improving health situation in western Kenya. The paper opines that the situation of the IU-Kenya Partnership ought to be replicated elsewhere in Kenya and the world. There should be measures to ensure that there is also mutual development of partners for global north-south partnerships and genuine empowerment for sustainable development.

Keywords: Sustainable Development, Global Collaboration, IU-Kenya Partnership, Replication

INTRODUCTION

Sustainable Development Goal number 17 (SDG17) adopted from Millennium Development Goal number 8 (MDG 8) is specifically directed towards international co-operation and collaboration for development (United Nations, 2015b). Essentially, the SDG 17 boosts achievement of all other goals. This is by virtue of its emphasis on all aspects of developmental needs of the low and medium income countries and the support needed from developed countries and the international community in achieving all the other SDGs (Osborn, Cutter, & Ullah, 2015; United Nations, 2015a). The call for international collaborations is made in the context of shared vulnerability and shared future because crisis in one part of

the world would have implication on another part no matter how discrete these parts are in terms of economic development and geographical location. For instance, a disease outbreak in Kenya can quickly spread to North America in hours. This is illustrated by the 2016 Ebola Virus Disease (EVD) outbreak in West Africa that quickly spread to Europe and America, in spite of interventions from humanitarian organization like *Medecins Sans Frontieres* (MSF)-Doctors without Borders - and International Organization for Migration (IOM).

A report by the Organization for Economic Co-operation and Development (OECD) indicates that Official Development Assistance (ODA) from developed countries to developing

Relevance of international collaborations in promoting sustainable development: The case of IU-Kenya Partnership

countries increased by 66 per cent in real terms between 2000 and 2014 (OECD, 2011). This may have been as a result of the effects of the preceding MDGs which were launched in 2000 and ended in 2015 to pave the way to the SDGs which took effect from January 2016. This success indicates the significance of global development frameworks. Globalization has necessitated development paradigms as the SDGs which to a large extent has catapulted development in some developing countries though funding, capacity building and assistance coming from their developed partners.

Development in health is one of the areas under partnerships that global development road maps address. Perhaps one of the most successful North-South collaborations in health is the IU Kenya Partnership, a collaboration between Moi University School of Medicine (MUSOM)-Formerly Moi University Faculty of Health Sciences (2005) in Kenya and, initially, the Indiana University School of Medicine (IUSM), Indianapolis, Indiana USA. The Faculty of Health Sciences began with only a few units that made up the School of Public Health (SPH) and the School of Medicine (SOM). Moi University School of Medicine, which has a Federal-wide Assurance from the U.S. Office for Human Research Protections, is one of the pioneer medical schools in Kenya while Indiana University School of Medicine is the second largest medical school in the USA (Sidle *et al.*, 2006).

MUSOM and IUSM have enjoyed a partnership in health education, medical care, and research since the beginning of the Kenyan medical school in 1989 (Sidle *et al.*, 2006). The collaboration evolved to include a large number of highly developed North American research universities and medical schools in a developing country (Tierney *et al.*, 2013). Furthermore, it has expanded into a consortium to include all schools of Moi University College of Health Sciences (MUCHS) including School of Public Health, School of Nursing, School of Dentistry and the Institute of Biomedical Informatics. It also includes the Moi Teaching and Referral Hospital (MTRH), an indispensable institution because of the medical training practical component of the College. In North America the Consortium includes partners in the United States and Canada, including the schools of Medicine at Brown University, University of Toronto, and the University of Utah, as well as the Duke University Medical Centre and the

University of Notre Dame Eck Institute for Global health, among others.¹

The IU-Kenya Partnership has been a significant player in healthcare provision through the MTRH which provides clients for the partnership. The biggest milestone in healthcare that the IU-Kenya Partnership prides in is the AMPATH programme. The birth of AMPATH was as a response to the emergence and escalation of HIV/AIDS pandemic in Western Kenya (McIntosh & Kamaara, 2016). AMPATH serves a population of 3,000,000+ within its Western Kenya catchment area (McIntosh & Kamaara, 2016). and its mission “...in the last five years it has been involved in a comprehensive primary health care programme that is now working on non-communicable diseases like diabetes, cancer, hypertension ...”²

Though its inaugural mission has been healthcare, but it is worth mentioning that AMPATH integrates all the three arms of the IU-Kenya mission – training, care and research. The partners within the programme are at the same time researchers, lecturers (training) and also care providers. Partners at the AMPATH Research Network that are included in interview here represent all these aspects.

One factor that has played a major contribution towards healthcare development is advancement in health research in developing countries. The intensification of international health research collaboration indicates existence of development and dissemination of scientific knowledge to newly developing countries (Freshwater, Sherwood, & Drury, 2006). Scientific research in general and specifically medical research in the past few years has become increasingly global, cross-national, cross-cultural, and collaborative. A part from healthcare provision, the IU-Kenya Partnership, particularly through AMPATH also plays a significant role in health research. Research partners in the AMPATH Research Programme attract research grants from international donors running well over \$500m. Its Projects have been on HIV/AIDS, TB, cancer, and psychiatric genomics etc.

¹ See AMPATH: Leading with Care. Our Partners (<http://www.ampathkenya.org/our-partners/consortium-members/>)

² Interview with the acting AMPATH Research Co-Director from North America on 06/02/2017

Relevance of international collaborations in promoting sustainable development: The case of IU-Kenya Partnership

The IU-Kenya Partnership has maintained its primary mission of improving the health of the Kenyan public through three inter-related submissions previously mentioned. Likewise, healthcare in many developing countries would improve if there is intensification of global collaborative partnerships with developed countries. Health is a fundamental aspect of life and therefore addressing it is equals to addressing many other aspects of human life because health influences the general wellbeing of society and this has direct impact to development.

This paper is based on a study that sought to address the unequal nature of the IU-Kenya Partnership according to Aristotle's analogy of friendship among unequal parties. It presents findings for the objective that set to identify the type of benefits obtained by the partners and institutions within the IU-Kenya Partnership which has a bearing to the Aristotelian analogy.

The IU-Kenya Partnership is presented here as a successful model for global collaboration for sustainable development. It is therefore argued that such a partnership needs to be replicated in other parts of Kenya and the world.

METHODS

This was a cross-sectional qualitative descriptive study. Data was collected between January and April 2017. In depth oral interviews were conducted among the AMPATH Programme and AMPATH Research Network partners, Principal Investigators (PIs) in the IU-Kenya programmes, Riley Mother and Baby Hospital principal fund donor and the IU-Moi AREP students from North America. The Moi University Bachelor of Medicine and Surgery (MBChB) and the IU-Moi AREP students (Moi University) were engaged in two focus group discussions (FGDs) each comprising eight members.

The above categories of participants were purposively sampled and interviewed using unstructured questions on the contribution of specific projects and programmes of the IU-Kenya Partnership towards sustainable health care and research programmes. This gave rise to a sample of 40 participants. Audio-records and field notes were taken in the course of the interviews and the FGDs.

In this paper themes related to the efforts that lead to the success of IU-Kenya Partnership are selected and discussed particularly as they

contribute to sustainable development in Kenya. Relevant verbatim quotes are picked and presented in the result section below enabling the conclusion relating the aspect of correlation of global partnership and sustainable development in developing world and the desire for replication of such efforts elsewhere in Kenya and the world.

The study was approved by the MTRH/MUCHS Institutional Research Ethics Committee (IREC) (approval number 0001753). Written informed consent to participate in the study was obtained from all research participants prior to data collection.

RESULTS

The Participants

Participants were members drawn from various programmes and projects within the IU-Kenya Partnership who are either managers of these programmes, PI in various projects, project sponsors, senior healthcare practitioners from various health institutions in North America and Kenya, health researchers (principal investigators) and students (MBChB, Msc, MA) within the IU-Kenya Partnership-sponsored academic programmes from both Kenya and North America.

These participants were mainly from three nationalities including Kenya, the United States of America and Canada. They were members from different academic institutions within the IU-Kenya Partnership including: Moi University, Indiana University, Purdue University, Duke University, and the University of Toronto. Therefore, all participants were presumed to have adequate knowledge on and experience with the IU-Kenya Partnership.

IU-Kenya Partnership Benefits Contributing to Sustainable Development in Kenya

The benefits of the IU-Kenya Partnership are evident through the foundational tripartite mission mentioned above. These benefits are presented here as forms of sustainable developments emanating From Global Partnerships Which Are Replicable In Other Parts Of The World.

Education and Training

As observed earlier, education or training is among the key pillars of the IU-Kenya Partnership and as such various academic programmes and training facilities have been

Relevance of international collaborations in promoting sustainable development: The case of IU-Kenya Partnership

established in Kenya and North America. As mentioned earlier, the maiden mission of the IU-Kenya Partnership was the establishment of a Kenyan medical school in 1989 (Sidle *et al.*, 2006). This is a *prima facie* benefit that Kenya got from the partnership. The MUCHS continues to be an outstanding health training institution in Kenya to date.

This aspect of the IU-Kenya mission is also evident through the establishment of numerous healthcare educational facilities among the North America partner institutions. There are over 19 medical schools and centers on the North American side.³ Each of these schools has many departments and innumerable education programmes. There are a myriad of undergraduate and post-graduate health-related courses in the partnering institutions across Kenya and North America. There are also some specific academic programmes which are replicated in both sides of the partnership.

For example, there was a mention of the IU-Moi Academic Research Ethics Partnership (IU-Moi AREP) which has seen development of similar health programmes in Indiana University and Moi University. According to Meslin *et al.*, (2013), Indiana University-Moi University Academic Research Ethics Partnership (IU-Moi AREP) is a bioethics training programme co-located in Indianapolis and Eldoret, Kenya. IU-Moi AREP has the following three programmes both in Kenya and North America: Master of Science in International Health Research Ethics and MA in Philosophy; Teaching Skills in International Research Ethics (TaSkR); and short courses in health research ethics.

A student of the programme described the impact of the IU-Moi AREP as follows:

This course of Msc. International Health Research Ethics has really contributed a lot in that some of the people who have been trained and have been training others this course are already members of NACOSTI⁴. In this aspect they give input to the upcoming research ethics regulations in Kenya.

³ www.ampathkenya.org *op. cit.*

⁴ The National Commission for Science Technology and Innovation is a statutory body in Kenya whose objective is to regulate and assure quality in the science, technology and innovation sector and advise the Government in matters related thereto. This body gives guidelines and approval for ethical conduct of research in Kenya. See <https://www.nacosti.go.ke/>

IU-Moi AREP Msc. in International Health Research Ethics in Kenya had seven cohorts at the time of data collection for this study according to the Coordinator of the programme. Since its inception in 2010 the programme has had over forty students. Ten out of these had graduated at the time of data collection.

At Moi University, so far 39 students have been trained in this programme in 7 cohorts since 2010 while at Indiana University 3 students have been trained.⁵ Some of these graduates have excelled in various fields after the training. For example, one of the authors in this paper has done his doctorate research on: “*An Analysis of Aristotelian Analogy of Friendship among Unequal Party: the Case of IU-Kenya Partnership*” out of which this paper is derived. Another co-author is now a member of the Medicines Sans Frontieres Ethics Review Board (MSFERB).

In Indiana University the equivalent of the Moi University programme is the MA in Philosophy (Specializing in either Bioethics or Research Ethics) at School of Liberal Arts. Similar to the above Msc. and MA programmes is a short course programme in research ethics targeting health researchers, research ethics reviewers and students that seeks to educate and create awareness on research ethics and bioethics. TaSkR is an annual 3-day teaching workshop on “Teaching Skills in International Research Ethics” that rotates between Indiana and Kenya (Meslin *et al.*, 2013). Similarly TaSkR aims at building capacity and education on research ethics and bioethics to various health researchers, research ethics reviewers and healthcare professionals.

Training is also facilitated through mentorship programmes given to the faculty and students in the partnership. Particularly for Moi University partners a major benefit to them is that they can have access to some resources that would hopefully support their academic goals. This aspect was variously mentioned by members of the AMPATH Research. A Kenyan Co-PI under the programme shared a personal benefit being in AMPATH Research:

I have been able to go to school; I have engaged in different research projects; I have

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<https://bioethics.medicine.iu.edu/education/irema/iresstudents/> Accessed on 25/05/2017

Relevance of international collaborations in promoting sustainable development: The case of IU-Kenya Partnership

been able to expand my knowledge on research because of the partnership.

Mentorship is also an aspect that is evident through institutions that are neither primarily educational nor research like the Riley Mother and Baby Hospital (RMBH). James Lemon, a renowned neonatologist based at Indiana University, is the coordinator of a \$3million donor funding that built RMBH which was put up to address the needs of expectant mothers from Western Kenya (McIntosh & Kamaara, 2016).

Lemons shared the contribution of the Riley Mother and Baby Hospital to the course of education and training in Kenya. According to him:

The Riley Mother and Baby Hospital has influenced secondary effects of increasing faculty, enhancing faculty happiness, improving teaching of students, starting a pediatric residency with improved support and teaching of house staff, leadership development, incorporation of the arts in the facility, training now of chaplains, expansion of other programmes, serving as a model for other facilities and other health care programmes.

Education is key for any form of development and that is why in the sustainable development

goals there is a specific education goal. Achieving such a goal calls for international cooperation as is the case of IU-Kenya Partnership which makes SDG 17 vital aspect of sustainable development.

Healthcare

Healthcare is arguably the most tangible benefit that can be said to have resulted from the IU-Kenya partnership. Perhaps this is because it is it has been the primary mission of the IU-Kenya Partnership. This is significantly evident in various healthcare facilities and institutions particularly in Kenya as presented below:

AMPATH

Perhaps AMPATH is the maiden healthcare facility that the IU-Kenya Partnership prides in. It is the major programme of the IU Kenya partnership. As McIntosh & Kamaara, (2016) observe, AMPATH is a good case of a North-South, US-Kenya medical collaboration and as such it is cited here as a prototype showing how collaborations can contribute towards the achievement of SDGs. As mentioned above the emergence and escalation of HIV/AIDS pandemic in Western Kenya necessitated a response from the Partnership leading to the birth of AMPATH shortly after the IU-Kenya Partnership had been formed.

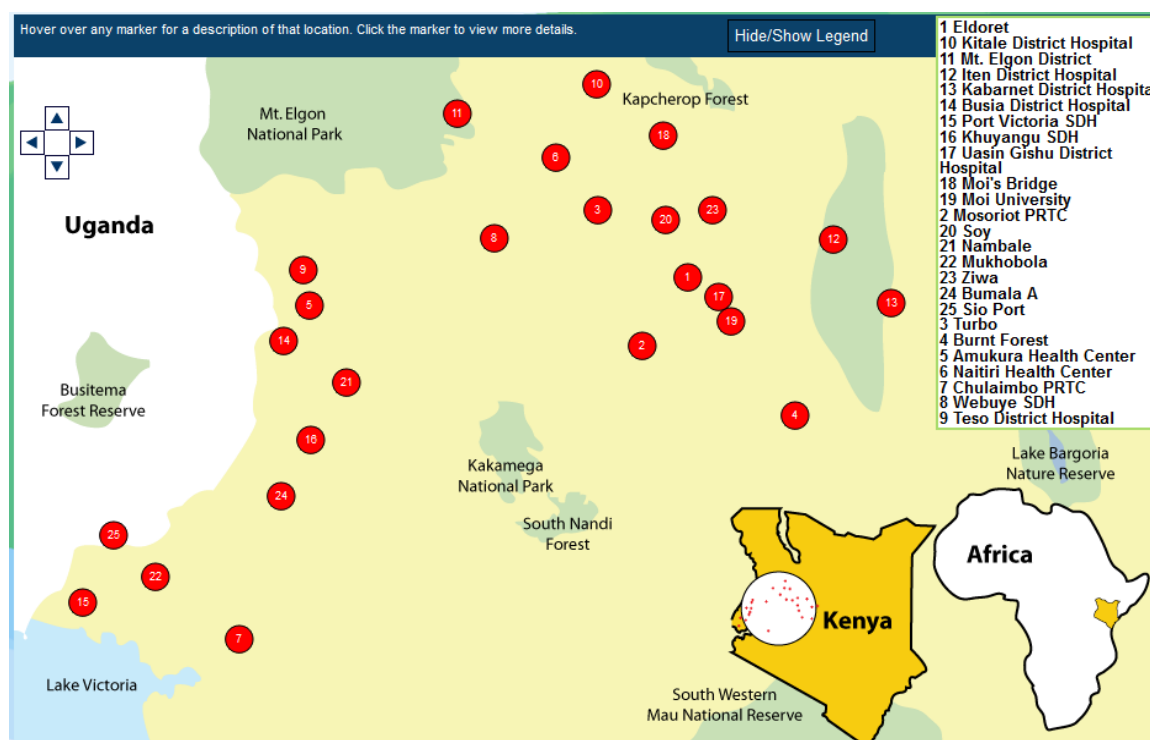


Figure1. AMPATH Clinic Map⁶

⁶ <http://www.ampathkenya.org/our-model/clinic-map/> accessed on 25/05/2017

Relevance of international collaborations in promoting sustainable development: The case of IU-Kenya Partnership

With more than 600,000 patients on HIV care, it is reputed to be the biggest HIV provider in Eastern and Central Africa (McIntosh & Kamaara, 2016). As explained before the focus of AMPATH has expanded beyond HIV care to include chronic and non-communicable diseases. At inception, AMPATH had only one clinical site at the MUCHS campus, now it has over 500 sites throughout western Kenya.⁷

According to a former Deputy Chief of Party for the AMPATH Plus Programme from Kenya:

The care programme of AMPATH provides free treatment to close to 100, 000 HIV patients; The programme is providing care to diabetes patients. The oncology programme, one of the biggest we have in the country, is run under the auspices of AMPATH care programme and it is highly subsidized.

This was echoed by an acting AMPATH Research Co-Director from North America who observed:

AMPATH is largely known by many as an HIV care project but really for the last five years HIV is the main component of that but it is a comprehensive primary health care programme that is now working on non-communicable diseases like diabetes and cancer, hypertension and all those sort of conditions that are present in Kenya and developing the same system we develop for HIV care we develop care systems for those diseases.

A Co-chairperson of one AMPATH Research Working Group from North America explained that the IU-Kenya partnership has improved patient care:

You know what AMPATH has done in Western Kenya; AMPATH has helped with the care of people who needed it most in places that needed it most. AMPATH is involved in HIV care, cardiology, oncology, surgery. Those are the four big areas I think that we make a contribution.

A Co-Chairperson member from a different AMPATH Research Working Group from North America explained:

We have over 150,000 anti-retroviral patients all of these are HIV positive patients who are surviving and thriving and that is one clear-cut benefit.

⁷ <http://www.ampathkenya.org/our-model> Accessed on 11/05/2018

A Kenyan Co-PI under AMPATH Research shared about a study he is involved by observing:

I am involved in a study with street children and I feel like it is having an impact in the community because courtesy of the research study the street children now have a place where they can seek medication, get free medication.

AMPATH has some of the best healthcare facilities and remains the best health establishment under the IU-Kenya Partnership:

Other health facilities that are affiliated to the IU-Kenya Partnership either through MTRH or Moi University include the following:

Riley Mother and Baby Hospital Eldoret (RMBH)

The RMBH maternity facility is the only public mother and baby hospital in Kenya. It was built to address the needs of expectant mothers from Western Kenya and it was opened in 2009. 30-60 babies are born every day in this hospital. It was built on a \$3million donor fund coordinated by James Lemons, a renowned neonatologist based at Indiana University (McIntosh & Kamaara, 2016). In oral interview, Lemons explained during that as stakeholders in the Riley Mother and Baby Hospital:

“...we have always been committed to lifting up women and children throughout the world.”

It (Riley Mother and Baby Hospital) functions as the maternity and new born wing for Moi Teaching and Referral Hospital. Before 2009, the maternity ward was housed within the main hospital. It conducts approximately 20,000 deliveries a year.⁸ This facility serves the residents of the entire Western Kenya region who visit it for maternity care.

Because of the establishment of the RMBH, James Lemons observed:

The quality of care has improved dramatically over the years, in part because of the facility; growth of OB to ~20,000 deliveries annually with over 100 babies in the NICU daily, improved nursing staffing, HIV screening. Alongside this, the accessibility to the facility is enhanced; the facility is readily available, more affordable, easily acceptable and physically

⁸ <http://motherbaby.ryanantcliff.com/about.html>

Relevance of international collaborations in promoting sustainable development: The case of IU-Kenya Partnership

accessible due to its proximity to the majority of women in Eldoret.

Chandaria Cancer and Chronic Disease Centre (CCCDC)

The CCCDC is AMPATH's new outpatient clinic in Eldoret opened in 2015 within the MTRH. It is named after a Kenyan businessman and philanthropist, Manu Chandaria, who helped fund the building. Significant funding also came from the Ruth Lilly Philanthropic Foundation, Pfizer and the IU Simon Cancer Center.⁹ The cost of this was 4 million dollars according to a co-director of the AMPATH Research in an interview CCCDC facility screens about 1,000 patients per month for breast and cervical cancer.¹⁰ The Centre is a milestone in the effort to combat the increasing cases of chronic and non-communicable diseases in Kenya.

The Cardiac Care Unit (CCU)

This is a care unit that was opened in 2013 within MTRH sponsored by the Duke Global Health partners of Duke University. This sponsorship was through the National Heart Lung and Blood Institute which awarded Moi University and Duke University in 2009 a contract to establish the AMPATH Cardiovascular and Pulmonary Disease Center for Excellence. The motivation behind the Cardiac Care unit at MTRH was to "ambitiously tackle the shortage of specialists and infrastructure necessary to address the rising burden of Cardiovascular Diseases" (Binanay, Constantine, & S., 2015). The capacity of the unit at the inception was 10 beds¹¹ and at the moment the unit can record up to 456 admissions capacity for various cardiovascular diseases (Binanay et al., 2015).

According to a member of an AMPATH Research Working Group from Kenya, before 2013:

...we were caring for people who had advanced heart disease in the general medical ward which is not ideal. Now we have a Cardiac Care Unit where we can treat those patients the way they need to be treated.

This is an example of healthcare benefit that Kenya has received from the collaboration

⁹ www.cancer.iu.edu accessed on 25/05/17

¹⁰ *Ibid.*

¹¹ www.dukeglobalhealth.org accessed on 26/05/2017

between Moi University and North American Institutions.

Shoe4Africa Children Hospital

This is sub Saharan Africa's second only public children's hospital (and the first for East & Central Africa) located within the MTRH in Eldoret. It was opened in 2015 and offers a sick child clinic, emergency services, neuro services, surgical wards, medical wards, oncology wards, a burns unit, a number of doctor's consulting rooms, a pharmacy, and childlife programmes. The Hospital has two dedicated Theatre, and Intensive Care Unit and High Dependency Unit. It has a bed capacity of 105 spread over three floors.¹² This hospital is a product of the IU-Kenya Partnership according to a former Deputy Chief of Party for the AMPATH Plus Programme from Kenya.

Over and above the health facilities above it is worth enumerating MTRH as the oldest facility through which the IU-Kenya Partnership has been effecting its healthcare mandate. In addition the newly formed Rafiki Adolescents clinic adds to the list medical facilities in the IU-Kenya Partnership.

Benefit in healthcare can also be seen through capacity building of the experts involved in provision of these services in AMPATH and MTRH. Clinicians who are in management and care get exposure, experience and connectivity through the IU-Kenya Partnership according to a member of the Social Science and Behavioural AMPATH Research Working Group from Kenya. This is also reiterated by a member of the AMPATH Research Operations Core from North America who observed:

For the care programme, there is a big education component that trains next generation of care providers and IU-Kenya Partnership has been doing for decades.

A Co-Chairperson of one AMPATH Research Working Group from North America observed the following regarding healthcare enhancement:

I will talk about care for heart disease as I am a cardiologist, I have done partnership with the Moi Teaching and Referral Hospital as well as the university but most of it with the hospital and there is developed capacity to treat heart

¹² <https://shoe4africa.org> accessed on 25/05/2017

Relevance of international collaborations in promoting sustainable development: The case of IU-Kenya Partnership

diseases in terms of training individuals doctors, nurses, technicians.

Healthcare benefit to Kenya is seen also in terms of the motivation that the staff and employees in the care programmes get from IU-Kenya Partnership. This is in form of the economic empowerment to these people. According an acting AMPATH Research Network Co-Director from North America:

Just look at the AMPATH in the last ten years the project the first one was 65 million dollar grant, the second one was 75 million dollar grant that goes to paying the salaries of thousands of people in Kenya, care providers and community health workers and all activities that goes into supporting care mission.

Even though evidently the healthcare benefit from the IU-Kenya Partnership goes to Kenya, North America also benefits in its own way. The main benefit is the experience particularly with tropical diseases that North America gains while in Kenya. A member of Behavioural and Social Science AMPATH Research Working group from Kenya observed:

They get to learn about tropical diseases; the management of tropical diseases; the impact of tropical diseases on HIV status which I am sure they may not get if they are in the developed world because there are certain diseases which are quite specific to Africa.

According to a former Deputy Chief of Party for the AMPATH Plus Programme from Kenya,

It (AMPATH) started as an academic partnership; the American faculty would come and work here support our very young and our very small faculty. They (North Americans) would benefit by the fact that they are working within an environment where infectious diseases is the main thing. So they get the exposure and their students would also get an encounter with diseases that they only read in books. They don't see them there but they come and see them here. So they would benefit from that. Here they see things that they would never have seen in their own environment.

Even though the ideal aim of such an exposure is the attempt to make contribution towards the solution of challenges in Kenya, it is also an effort to learn about these diseases in order to know how to manage them should there be such an incident in North America. Research

As a key component of the IU-Kenya Partnership research brings immense benefit to Kenya. The research component of the partnership is epitomized through the AMPATH Research Programme. In health research, AMPATH started with a handful of partners. Now there are scores from each side who have attracted grants from sources like the United States Agency for International Development (USAID), National Institutes of Health (NIH) and the Bill Gates Foundation, running well over \$500m. Projects have been on HIV/AIDS, TB, cancer, and psychiatric genomics, among others.

The programme has some of the best research infrastructural facilities in Eastern and Central Africa: Research and Sponsored Programmes Office, an Institutional Research Ethics Committee, that has Federal Wide Assurance, and, state of the art laboratories including the new bio-banking facilities, among others. Additionally, the Partnership has established the IU-Moi Academic Research Ethics Partnership programme “...to offer training in research ethics towards uplifting research ethics capacity particularly in this part of the world.”¹³

Ultimately, the most significant contribution of research in the partnership is its role in the enhancement of healthcare. The evidence of this is the output in terms of impact to healthcare. A member of the AMPATH Research Operations Core from Kenya observed:

If you look at our output in terms of publication we've had collaborative projects that come out; either reviewing the medical records that we have and publication of the data that we have. It has changed care; it has changed care in its own way. I mean there are drugs that have been abandoned because of the research output and the effects in has had on the patients themselves.

Other aspects of benefit in research in the IU-Kenya Partnership would include empowerment in research capacity for the Kenyan partners and establishment of research infrastructure and increase in publication activities for Kenyan institutions within the partnership.

The research component of the partnership also benefits North America particularly by providing research output opportunity for the partners there. An acting Co-director of

¹³ IU-Moi AREP student from Kenya during FGD on 26/01/2017

Relevance of international collaborations in promoting sustainable development: The case of IU-Kenya Partnership

AMPATH Research from North America observed:

For research AMPATH provides, because we have built this sort of infrastructure here it is a very attractive place for research to be conducted and so it allows us to make a very powerful case for funding for research. I think it is seen as a very important asset for that, this kind of facility for conducting research. Just as I described, we transport lessons that are found here in Kenya for addressing similar challenges in the developed world.

The fact that a North American can write or apply for a grant to come and do research in Kenya is a benefit to them. This is according to a former Deputy Chief of Party for the AMPATH Plus Programme from Kenya who is also a Co-PI in a multiple of Research under the partnership. There are institutional and personal benefits associated with winning a research grant for North America.

A Co-Chairperson in one of the AMPATH research working groups from North America observed:

If you are a full time researcher you benefit by being able to do global health research and have one of the best collaborations in Kenya to do that, probably the best collaboration in Kenya to do that research is AMPATH. We get a chance to look at how things we understand to be potentially important in the US and cannot be transferred to a different environment.

Such an experience not only improves one's ability to do research but also gives one a broader understanding of health issues in contextual situations and ultimately it enhances research in general for the benefit of the partnering regions.

Another Co-Chairperson of a different AMPATH research working group from North American shared what he thinks the North American partners benefit from the partnership:

In all I can see, we've benefited more that we can ever contribute. I'll speak from an individual perspective and from a broader perspective. To somebody like me who trained in America, lived in America all of my life and wanted more than I could do in the US, I wanted to have more impact, wanted to have a career in such kind of population research projects, these broader initiatives. I couldn't find opportunities like that in America. And so the amount of

opportunities that AMPATH has created for me is more than I could ever do for the population. My university has made AMPATH partnership one of its big projects it sells to all incoming applicants and that are why most of the incoming students actually choose Purdue.

The research opportunities created through the IU-Kenya Partnership seem to attract individual North American researchers. Furthermore, North American universities use this milestone to attract more students as observed by the participant above.

Another way in which the North American partners benefit from the IU-Kenya Partnership is by engaging in Global health research that is not possible in North America according to the member of one of the AMPATH research cores from Kenya.

Just like Kenyan benefit, North American partners benefit through publications emerging from research activities.

The fact that you have somebody working in Africa it's a big thing for them. It's like they are contributing towards global health goal. This may enhance their personal feeling that they have done some good; or it may help them progress in terms of their academics or in terms of their professional life-(A Kenyan Co-PI in a Social Science Research).

A Co-PI IU-Moi AREP from Kenya pointed out that Indiana University as an institution benefits from the publications that come out from AMPATH. These publications put Indiana University at the Ivy League Universities because of the research they are doing in the third world country.

The IU-Kenya partnership goes beyond its primary mission of health training, healthcare and research and addresses other issues that are not directly related to health like poverty and livelihoods¹⁴ which are related to holistic development in the society. As mentioned above, global partnerships in the spirit of SDG 17 support specific aspects of development desired through the rest of SDGs.

All the benefits raised here are tangible gains that have a direct impact to the community in Western Kenya coming as direct assistance from North America. The IU-Kenya Partnership

¹⁴ [http://www.ampathkenya.org/our-programmes/communicable-diseases/maji-safi-\(safe-water\)/](http://www.ampathkenya.org/our-programmes/communicable-diseases/maji-safi-(safe-water)/). Accessed on 26/05/2017

Relevance of international collaborations in promoting sustainable development: The case of IU-Kenya Partnership

derives funding from a broad base in North America including federal grants such as the Presidential Emergency Plan for AIDS Relief (PEPFAR), NIH, individual donations, local Indianapolis institutions and private and public foundations.¹⁵ A case in point is the mention above of Dr. Lemons and his wife who sourced for \$3 million from private donors to build the Riley Mother and Baby Hospital.

Need and Efforts to Replicate the IU-Kenya Success

The IU-Kenya Partnership presents a case of a successful global north-south partnership that has benefited a developing country setting stage for sustainable development. This aspiration given in the SDG 17 has made it possible for other aspects of the SDGs to be realized western Kenya. Since what is learnt in one environment can be taken to another and thoughtfully shared, adapted and molded, there are attempts to replicate the IU-Kenya Partnership elsewhere in Kenya and other parts of the developing world and other global places as a contribution towards pursuit of the SDGs.

In fact the success of the IU-Kenya Partnership in Kenya has been tried in North America at a partnering institution. For example, at Indiana University Center for Global Health, Debra Litzelman has formed WeCare Indiana, a 'reciprocal innovation' where lessons from AMPATH are tested.¹⁶ The trial at replicating lessons from an IU-Kenya programme is an indication that it is possible to actually initiate some of the IU-Kenya programmes not only in partnering countries but also elsewhere in the world. Such global partnerships prove to be effective agents for sustainable development goals.

DISCUSSION

International co-operation and development underlined in the SDG 17 would remain theoretical if no practical frameworks and projects are initiated. The continued achievements of the IU-Kenya Partnership prior to and after the development of the MDGs prove that the visions and ideals set in the development goals are feasible and tenable.

¹⁵ See

http://www.ampathkenya.org/media/60910/2013-2014_orientation_manual.pdf accessed on 19th July 19, 2017.

¹⁶ <https://news.iu.edu/stories/features/iu-everywhere/debra-litzelman.html>

Though the benefits of this global health partnership is mutual, data on the IU Kenya partnership presented above suggest that developing countries would gain significantly more especially in terms of tangible resources relating to healthcare, research and education.

Improvement of needs in the developing world international collaborations is the main intention of contemplating SDG 17; as noted earlier, the direction that is discerned in the SDG is on uplifting the developmental profile of the developing countries assisted by developed partners. The IU-Kenya Partnership may be cited as a success to achieving the vision of SDG 17. Through the partnership, Kenya has gained in the three central areas of the partnership's mission: Healthcare- Particularly through AMPATH with improved healthcare services through establishment of health facilities infrastructure for the community in Western Kenya; enhancement of training in health care at MUCHS, MTRH and AMPATH and health research mainly through AMPATH Research Network by health research funding.

However, the needs of the global north development partners also have to be factored in for the sake of fairness. Actually, in the IU-Kenya Partnership there is evidence of some mutual benefit in certain circumstances. For example, the mentorship programme for faculty and students discussed above is something that junior members from North America gain when they visit Kenya for exchange programmes.

In addition, North American healthcare practitioners who practice at MTRH end up gaining knowledge of tropical diseases which they rarely experience back at home. McIntosh & Kamaara, (2016) explain that it is very common to hear U.S. medical students and residents reflect on how much better medical practitioners they expected to become as a result of their hands-on experience in Kenya.

Further, some of the academic programmes like the IU-Moi Academic Research Ethics bioethics training programme is co-located in Indianapolis and Eldoret, Kenya (Meslin *et al.*, 2013). The other important gain for North American partners is the opportunity for research which Kenya presents with its fertile ground for health research due to various health issues that are found in the country. This contributes to the improvement in academic profile of the individuals and the institutions involved particularly through publications. This means

Relevance of international collaborations in promoting sustainable development: The case of IU-Kenya Partnership

that in a global north-south partnership sustainable development should not be directed to the global south partner only.

Across all three areas, the findings above reveal that emphasis has been on building the capacity of human resource; faculty, consultant specialists, laboratory staff, health and other health care providers, managers, researchers, research ethicists, and other research staff have been trained in the partner universities in North America. Likewise, North American partners have been enhanced through their experience in Kenya.

In reference to the spirit of the SDG 17, the IU-Kenya Partnership expectedly empowers Kenya. The Kenyan partners get opportunities empowerment either as healthcare practitioners and health researchers through the exposure that they get from the advanced world class experts from North America. Empowerment of Kenyan partners was one of the agenda during the time that the foundation of the partnership was being laid down (Tierney et al., 2013). Despite this, it is critical to analyse whether there is real empowerment of partners.

In certain circumstances, when one party gets used to be 'given' all the time, they could grow lazy and this act contrary to the expectation of real empowerment. In a typical case of collaborative research in the IU-Kenya for example, the North American partner may be involved more in the research than the Kenyan partner. They may be the ones initiating the writing of the proposal and applying for the grants while the Kenyan partners are waiting only to benefit either by getting monetary gain and inclusion in the published work. Even though the Kenyan partners gain by being 'visible' in the partnership activities but real empowerment should be defined in terms of development of skills, ability and right attitude in all aspects of the mission of the partnership. Ultimately, the gain for Kenya should be about tending towards self-reliance.

CONCLUSION

In this paper we show that the IU-Kenya Partnership which idealizes the SDG17 on global partnership for development, has significantly succeeded in contributing towards the achievement of holistic sustainable development in Kenya. The IU-Kenya Partnership as a global health partnership continues to promote many of the the goals set

in the entire SDGs not just in the area of improvement of healthcare in Western Kenya. What this serves to show is that it is practical to promote sustainable through global partnerships. Lessons could be picked from the partnership and be replicated in various places in Kenya and the world. However, development through global north-south partnership should strive at mutual development of partners involved while at the same time ensuring that there is authentic sustainable development for the partners.

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