

Partnership Conference



John A. Bartlett, MD, Sarah Cao, MA, Blandina Mmbaga, MD, PhD, MMed, Xu Qian, PhD,
Michael Merson, MD, Randall Kramer, PhD
Durham, NC

Abstract

BACKGROUND The Duke Global Health Institute (DGHI) was founded in 2006 with a goal to foster interdisciplinary global health education and research across Duke University and Duke Medical Center. Critical to achieving this goal is the need to develop and sustain strong international partnerships.

OBJECTIVE To host a conference with multiple international partners and strengthen existing relationships.

METHODS After a deliberate year-long planning process, DGHI convened a Partnership Conference with its international partners on the Duke University campus in conjunction with its 10th Anniversary Celebration. The Partnership Conference sought to promote an exchange of novel ideas in support of global health education and research, explore new collaborations in South-South relationships, and identify and facilitate pursuit of new educational and research opportunities.

FINDINGS A total of 25 partners from 10 countries and 46 DGHI faculty members participated in the 3-day event in October 2016. Activities included workshops on preselected research topics, educational symposia on novel teaching methods and harnessing technological advances, introduction of the Health Humanities Laboratory to prepare students and trainees for fieldwork, and discussions of research infrastructure and training needs. Surveys from visiting partners revealed a high degree of satisfaction. Proposed action items include methods to realize improved communications, enhancement of mutual education opportunities, support and mentoring to build local research capacity, and more exchange of faculty and students between partnering institutions.

CONCLUSIONS With careful planning from all parties, a multilateral partnership conference including both university and medical center faculty can be a productive forum for exchange on global health education and research. Sustaining such partnerships is vital to the success of global health scholarship.

KEY WORDS academic, conference, global health, international, partnerships.

INTRODUCTION

The study of global health has attracted unprecedented interest from universities around the world, including schools of medicine. The Duke Global Health Institute (DGHI) was founded in 2006, with the goal of supporting interdisciplinary education, research, and service across both the university and the medical center. Ten years after its creation, DGHI provides academic appointments to a diverse group of 82 faculty and 110 affiliates. The educational activities of DGHI encompass course offerings and field experiences for undergraduates, graduate students,

postdoctoral fellows, and clinician researchers as Global Health Fellows. This spectrum includes more than 250 Duke undergraduates co-majoring or minoring global health, more than 70 students enrolled in a 2-year master of science in global health degree, and 15 doctoral scholars. DGHI's research program has grown to encompass 7 priority areas that reflect the global burden of disease in low- and middle-income countries.

For DGHI to achieve its goals in education and research, it must partner effectively with international academic, governmental, and nongovernmental institutions. In its current strategic plan, DGHI

established a goal to “create a robust network of international partners to exchange global health knowledge and skills.”¹ After 10 years, DGHI has categorized the most robust partnerships as priority partnership locations (PPLs). The criteria for designating a PPL include the need for a Duke faculty champion (or leader); committed partners in the PPL; the demonstration of activities in multiple sectors of education, research, and service; receipt of external funding; and a formal memorandum of understanding between DGHI and the partner institution. DGHI currently has 12 PPLs geographically dispersed across Asia, Africa, the Caribbean, Latin America, and North America (Fig. 1). In addition, DGHI is developing partnership relationships with other institutions in differing locations and has designated these sites as emerging locations (ELs).

In 2015, DGHI began preparations for the celebration of its 10th anniversary on the Duke University campus. In this context, the DGHI leadership decided to engage members from PPL and EL institutions in the celebration and to use this opportunity to further promote conversations among DGHI faculty, staff, and students and leaders from PPL and EL sites on steps that could be taken to enhance our collaborations and address challenges that had arisen. DGHI anticipated that a face-to-face meeting would offer an opportunity to strengthen existing partnerships, foster new partnerships within the network, and problem solve if impediments were interfering with successful relationships. DGHI was especially keen to promote South-South interactions in the network, such as China-Africa connections, and amplify the impact for partnering institutions. The planning process engaged each of these stakeholders. To our knowledge, this was the first partnership conference to engage faculty from across a US university and academic medical center with multiple international collaborators from different geographic regions on topics of global health education, research, and service. We describe here the methods employed to plan and execute the conference, present results of the conference, and discuss how the conference aims to strengthen the DGHI partners network. We believe that our experiences and results may be useful for enhancing other academic partnerships in global health and other topic areas.

METHODS

The process of hosting and follow-up for the conference was divided into three phases: initial concept development and planning, refinement, and execution. Each phase is described separately next.

Initial Concept Development and Planning. As noted earlier, the initial concept for the Partnership Conference was developed in October 2015, 1 year in advance of the planned 10th anniversary celebration. The process was led by the DGHI Assistant Director for International Partnerships and a Planning Committee composed of faculty champions and staff representing each of the 12 PPL sites. After an active period of deliberation, the Planning Committee agreed that the goal for the conference would be “to strengthen our partnerships in accordance with the DGHI strategic plan *to create a network of international partners to exchange global health knowledge and skills*. Powerful partnerships can foster dialogue, exchange knowledge and play an important role in building capacity in research and education.” The Conference’s 5 objectives followed logically from this goal:

1. Explore ways to expand education initiatives through more multidirectional learning, facilitating collaboration with peer learners across the network, and exploring the role of humanities in global health;
2. Identify project collaboration opportunities among like-minded partners and discuss issues related to global health research of mutual interest;
3. Offer a dedicated venue for partners to come together to share operational best practices and challenges in international research administration as they relate to project development and sustainability;
4. Explore South-South collaboration and strengthen partnerships through networking opportunities; and
5. Celebrate DGHI’s 10th anniversary through a day-long symposium that would highlight many of our collaborative projects and activities.

The desired outcomes of the Partnership Conference included an evaluation of current progress of the existing collaborative programs, identifying potential areas of mutual interest, and implementing new and strategic ways to move forward together. Logistical issues were considered, including the development of a conference budget, selection of the Partnership Conference dates in coordination with the 10th anniversary celebration, the number of invited participants from each PPL and EL institution (2 persons), and the desire to solicit PPL and EL feedback on the conference planning and agenda. The Planning Committee was instrumental in developing a strategic vision for the conference, identifying

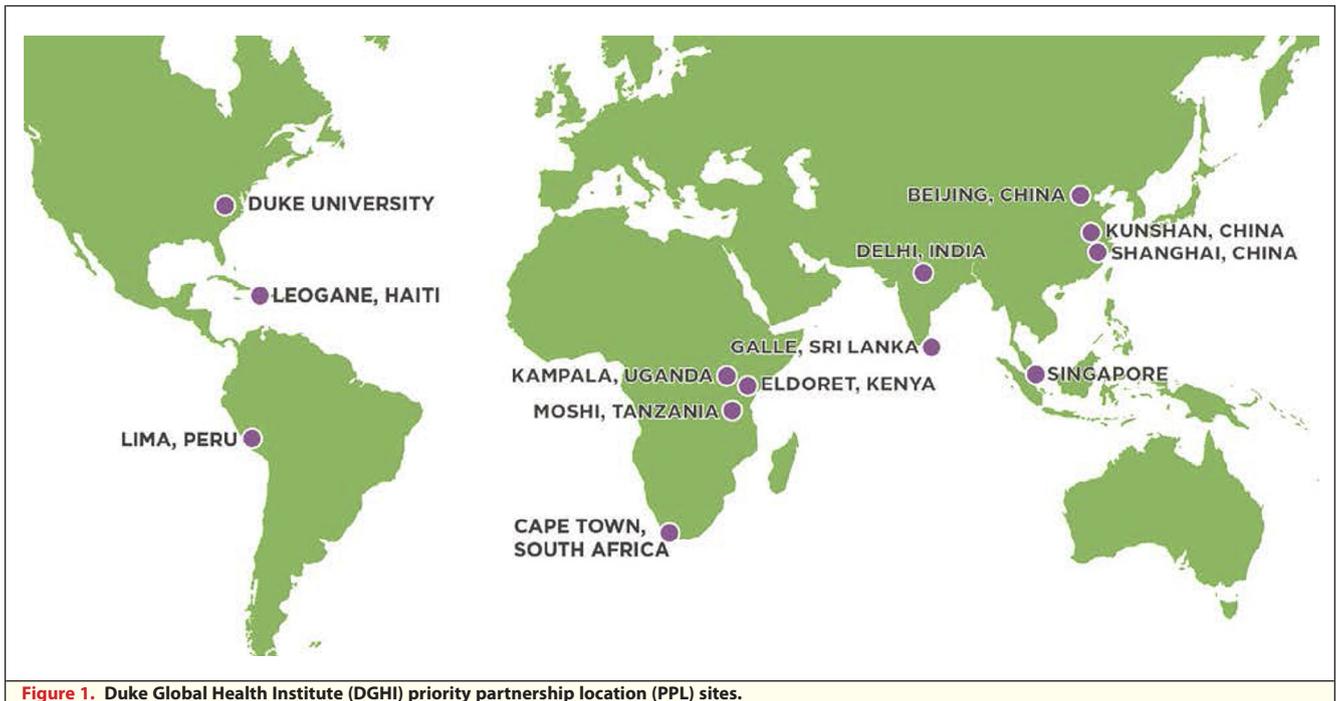


Figure 1. Duke Global Health Institute (DGHI) priority partnership location (PPL) sites.

the best participants from the partner institutions and selecting measurable objectives. Choosing the optimal time for the conference and creating a timeline for planning and implementation were critically important steps. In retrospect, starting the planning process 1 year in advance was crucial given the complexity of planning and logistics, especially with regard to the cost of the Conference. In addition, the complementary benefits of celebrating our partners and the 10th DGHI anniversary were anticipated but became abundantly clear as the events took place.

Refinement. A standard survey was sent to each PPL and EL institution to identify topics for discussion at the conference in order to meet their needs and expectations. Surveys were received from 8 PPL sites and 1 EL site. From the survey results, important principles were identified to design the conference agenda:

1. Ensure the active participation of Duke and PPL/EL faculty by having all breakout sessions led jointly;
2. Topics for the half-day breakout sessions would be noncommunicable disease, global mental health, global environmental health, trauma/injury care, and maternal and child health;
3. One half day would be devoted to education, technology, and library resources;
4. One half day would focus on research administration, project management, ethics, and funding sources; and

5. One half day would be devoted to the Health Humanities Laboratory.

Special topics for discussion at evening meal presentations would include health care financing and a panel discussion on managing multiple international partners (Fig. 2).

Execution. Implementing the revised plan began with issuing 30 invitations to all PPLs and ELs 6 months in advance of the conference. A conference logistics information packet was created that included information on the travel reservation process, payments, and reimbursement policy. The expenses covered by DGHI included coach airfare, transportation between the Raleigh–Durham Airport and the hotel, hotel stay for up to 5 nights, meals during the conference, US visa fee, and travel to their in-country US embassy to obtain a visa. Reservations for air travel began 3 months in advance of the conference, and changes continued until the day of arrival. The month before the conference the agenda was finalized, the conference materials assembled, and transportation and meal arrangements finalized.

RESULTS

Twenty-five participants attended the Conference from 11 PPLs and 3 ELs; 1 PPL was not represented because of scheduling conflicts (Cape Town,

■ ■ OCTOBER 4 - DGHI PARTNERSHIP CONFERENCE

Breakout Sessions 1

- Non-communicable Diseases
- Maternal Child Health
- Global Environmental Health

Breakout Session 2

- Infectious Diseases
- Global Mental Health
- Trauma/Injury Care

Plenary Sessions

- Global Health Librarian: Resources Available
- Distance Learning and Technology
- Education Initiatives and Student Engagement

Tour of Duke University

Dinner Talk "How can universities help achieve the sustainable development goal for health?"

■ ■ OCTOBER 5 - DGHI 10TH ANNIVERSARY CELEBRATION

10-Minute TED Talks

- Integrating Science and Service for Transformative Impact
- China Rising: The Shift from Aid Recipient to Donor
- Achieving a Grand Convergence in Global Health
- From One to Four Billion: Population Shifts in Africa
- Shining a Light on Global Mental Health
- Climate Change's Hidden Secrets

Panel Discussion: Global Health Education- Current Strengths and Future Directions

- Innovations in Global Health Education
- The Transformative Power of Experiential Learning
- The Physician and Global Health
- The Future of Undergraduate Global Health Education

Duke Leaders Reflect on the Future of Global Health at Duke University

10-Minute TED Talks on Innovation in Global Health

- Harnessing Technology to Address Global Health Challenges
- Increasing Diversity in STEM Through Using Human Centered Engineering Design
- Reverse Innovation in Global Health

Keynote Speaker: Richard Horton "Global Health: The Basic Science of Humanity"

Dinner Panel Discussion "Managing collaborations with multiple partners"

■ ■ OCTOBER 6 - DGHI PARTNERSHIP CONFERENCE

Conversation Café: Research Administration- Challenges and Solutions

- Project Communication & Integration
- Research Ethics
- Data Collection and Study Planning
- Grant Management

Duke Health Humanities Lab: Engaging Culture, Language and History in Partnership Locations

Health Systems Strengthening

Idea to Implementation: Research Funding

Figure 2. Duke Global Health Institute (DGHI) Partnership Conference agenda.

Table 1. Survey Results with Excellent or Good Rankings from PPL and EL Participants

Day 1: PPL Conference*	
Research breakout sessions	
Noncommunicable diseases	11/12 (92%)
Maternal child health	11/11 (100%)
Global environmental health	5/5 (100%)
Infectious diseases	9/9 (100%)
Global mental health	5/7 (71%)
Trauma/injury care	5/5 (100%)
Global health librarian	16/16 (100%)
Distance learning	16/17 (94%)
Education initiatives	18/18 (100%)
Dinner talk	16/16 (100%)
Day 2: DGHI 10th Anniversary Celebration†	
All presentations rated excellent or good	(100%)
Dinner panel rated excellent or good	(100%)
Day 3: PPL Conference‡	
Research administration	23/23 (100%)
Health Humanities Laboratory	23/23 (100%)
Health systems strengthening	18/19 (95%)
Research funding	23/23 (100%)
DGHI, Duke Global Health Institute; EL, emerging location; PPL, priority partnership location.	
* A total of 23 surveys returned.	
† A total of 22 surveys returned.	
‡ A total of 23 surveys returned.	

South Africa). Up to 4 participants came from a single PPL, although DGHI only covered expenses for 2 representatives per PPL and additional participants traveled at the expense of the DGHI faculty champion. The participants represented diverse disciplines; 17 were medical doctors from 8 different specialties, 7 had received PhD degrees (economics, epidemiology, anthropology, public health, and chemistry), and 4 had MD and PhD degrees. Forty-six DGHI faculty with content expertise participated in the conference, including the faculty champions, and 28 DGHI staff members. The leadership of Duke University attended the conference, including the president, provost, chancellor for health affairs, director of the Hubert Yeargan Center for Global Health, and the full DGHI leadership. Overall attendance at the PPL conference sessions varied between 30 and more than 250 persons. All of the Partnership Conference participants attended the DGHI 10th anniversary celebration.

Surveys were conducted for each day of the conference, and the results are presented in [Table 1](#). Almost all sessions were rated as excellent or good: Overall benefits included exchanging ideas with colleagues during the breakout sessions (87%), networking with colleagues during breaks, meals and

informal gatherings (70%), and quality of the speakers (70%). Suggestions for future conferences included more time allocated for research collaborations; more discussion of research funding opportunities; no competing breakout sessions, which resulted in missing some sessions; more discussion of research administration. In addition, it was noted that the infectious diseases breakout session was attended by too many participants, more break time was needed between sessions, and it was difficult to keep up with e-mail. Eleven interviews were recorded with PPL and EL faculty to help prepare students and trainees for field activities at their respective institutions in collaboration with the Health Humanities Laboratory.

PPL and EL participants requested additional activities for the future such as assistance with grant applications, twinning of students, promotion of South-South partnerships, improvement of communications and networking through creation of a website, and inviting potential funders to future meetings.

Recommended action items from the conference were carefully delineated from the surveys and feedback from conference participants and are listed in [Table 2](#). Several general areas emerged: (1) Provide better communication through mutual visits between DGHI and PPL and EL institutions, and creation of a communication platform such as a website, which would allow for effective dialogue among collaborators and a dedicated site to post news and learning and research funding opportunities; (2) enhance learning opportunities by offering language courses and advanced cultural documents to better prepare students and trainees traveling overseas for fieldwork studies; (3) implement innovative learning opportunities by promoting teaching resources such as Duke Coursera offerings in global health or an annual One Health course and the collaborative development of future online materials; (4) provide support and mentoring to expand local research capacity by offering collaborators the opportunity to access Duke online resources such as journals, research management modules, library services, notification of funding opportunity announcements, and assistance with presubmission peer reviews of grant applications; and (5) help expand research capacity and support collaborative research by offering travel grants that would lead to more exchanges between DGHI faculty and PPL and EL institutions, and create a pilot grants program to support collaborative research proposed by researchers from 2 PPL or EL institutions and a DGHI faculty member.

Table 2. Action Items at PPL Conference Conclusion

1. Communication
 - DGHI folder in Duke Box account to share information about opportunities and future activities.
 - Creation of PPL blog on DGHI website.
2. Education
 - PPL students encouraged to enroll in Global Health Coursera course.
 - Short course training opportunity in One Health.
 - Additional distance learning opportunities to be discussed with Duke CIT.
 - Increased planning for student fieldwork experiences with partners and Health Humanities Laboratory.
3. Research
 - Online access for partners to Duke libraries and research management modules.
 - Competitive pilot grants for DGHI faculty and PPL collaborators in follow-up of travel grants.
 - Competitive pilot grants to support multisite research projects for DGHI faculty and at least 2 PPL.
4. Exchange
 - Rotating travel grants for DGHI faculty designed to diversify activities at each PPL.
 - Competitive visiting scholar awards to bring PPL visitors to DGHI.
 - Future conferences—rotating locations?

CID, Center for Instructional Technology; DGHI, Duke Global Health Institute; EL, emerging location; PPL, priority partnership location.

DISCUSSION

Planning and executing a conference with 25 international partners from 14 PPL and EL sites required a deliberate, year-long process, which engaged many members of the host institution and their partners. The leadership of Duke University, both within DGHI and more generally across the university, participated enthusiastically in the conference, which was a key factor for success. Together with participants from PPL and EL institutions, they discussed education, research, and service opportunities from the perspectives of diverse intellectual disciplines and cultural backgrounds. Through careful communication and solicitation of partner feedback in planning, the conference goal and objectives were achieved in the short term. Surveys of visiting partners confirmed a high degree of satisfaction with the conference and identified priority action items to strengthen partnerships. Within education, an emphasis was placed on multilateral training opportunities, student and trainee twinning, online resources, and better preparation of Duke students for fieldwork through the Health Humanities Laboratory. Within research, the identified priorities included local capacity building in research methods and administration, sharing of funding opportunities, diversifying the research agenda at PPL and EL institutions, and seeking opportunities for multisite research across several PPLs and ELs in the global South.

These observations and priorities are consistent with past surveys of global health leaders and their

partners.² The process of conference planning and partner engagement is consistent with published recommendations for an approach to global health partnerships.^{3,4} Notable aspects of the DGHI Partnership Conference included bringing partners from 14 different sites to a host institution with a breadth of intellectual disciplines across the university and including the medical center. Such an unprecedented effort to bring together partners with highly diverse intellectual disciplines from 4 different continents led to very rich discussions on global health, addressing topics selected in advance by the participants. Linking the Partnership Conference to the DGHI 10th anniversary celebration also provided an opportunity to showcase activities between DGHI and its partners, providing specific examples of their collaborative achievements and reinforcing a spirit of cooperation.

Activities to address a number of the conference action items are underway, but ultimately the success of the conference will be measured in the longer term through robust and durable research and education collaborations. Implementation of these action items requires resources, a sustained commitment from DGHI and its partners, and continuing communication. In response to the Partnership Conference specific recommendations, a section of the DGHI website has been dedicated to communications between DGHI and PPL and EL sites, especially the identification of research funding and training opportunities. A program to support DGHI faculty travel to PPL and EL sites to expand and diversify

research collaborations has been extended, and a new program to support travel for scholars from PPL and EL sites to DGHI is being created. Two pilot grants programs to support research diversification at PPL and EL sites and to support new partnerships between DGHI and 2 or more PPL and EL sites have been initiated. The Health Humanities Laboratory has targeted 4 PPL locations to prepare students and trainees for their fieldwork. Online connections addressing Duke University Library resources, research administration training, and course availability are currently active. The metrics for successful research collaborations could be research grant applications submitted, research funding, number of participating investigators, diverse disciplines of investigators, and scholarly productivity. The metrics for educational collaborations could include participating students, new educational initiatives, student exchange, and shared courses and resource materials.

We suggest that the first DGHI Partnership Conference may serve as a model for other universities and their partners to approach and improve the conduct of future global health partnership meetings. Contingent on the availability of resources, DGHI and its partners have begun to contemplate a second Partnership Conference, perhaps held in a location to be rotated, to build on initial successes.

ACKNOWLEDGMENTS

Members of the DGHI Partnership Planning Committee included Cynthia Binanay, John Bartlett, Sarah Cao, Randall Kramer, Truls Ostbye, Shenglan Tang, Christine Tobias, and Kathy Walmer. Participating partners included Kien Mteta (Bugando Medical Center, Tanzania), Zhang Jiahui (Development Research Center of State Council China), Qin Liu (Chongqing Medical University, China), Yan Lijing and Di Dong (Duke Kunshan University, China), Tazeen Jafar (Duke-National University of Singapore, Singapore), Valerie Paz-Soldan, Jaime Miranda and Maria Lazo-Porras (Cronicas, UPCH, Peru), Katherine and David Walmer (Family Health Minsitries, Haiti), Xu Qian (Fudan University, China), Anthony Wanyoro (Kenyatta University, Kenya), Ahaz Kulanga, Egbert Kessi, Gileard Masenga and Blandina Mmbaga (Kilimanjaro Christian Medical Center, Tanzania), Charles Ibingira and Joel Kiryabwire (Makerere University, Uganda), Paul Ayuo, Winstone Nyandiko and Abraham Siika (Moi University, Kenya), Susanta Roy (Shiv Nadar University, India), Suraj Koirala (Transcultural Psychosocial Organization, Nepal), and Champika Bodinayake and Ajith de Silva (University of Ruhuna, Sri Lanka). Megan Von Isenburg provided assistance with the literature search.

REFERENCES

1. Duke Global Health Institute. Transforming Global Health: Duke Global Health Institute Strategic Plan 2013-2017. Durham, NC: Duke University; 2013. Available at: https://globalhealth.duke.edu/sites/default/files/publications/strategic_plan_2013-3-1-13.pdf. Accessed February 10, 2017.
2. Muir J, Farley J, Osterman A, et al. Global health partnerships: are they working? *Sci Transl Med* 2016;8:334.
3. Anderson F, Donkor P, de Vries R, et al. Creating a charter for collaboration for international university partnerships: the Elmina Declaration for Human Resources for Health. *Acad Med* 2014;89:1125-32.
4. Farmer P, Rhatigan J. Embracing medical education's global mission. *Acad Med* 2016;91:1592-4.