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Special Issue: Critical perspectives on US global health partnerships in Africa and beyond

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By Anna Zogas

The open-access journal **Medicine Anthropology Theory** has published a special collection of essays titled "Critical perspectives on US global health partnerships in Africa and beyond." Here are the abstracts:

Introduction: Critical perspectives on US global health partnerships in Africa and beyond
Nora Kenworthy, Lynn M. Thomas, Johanna Crane

[Excerpt] […] This issue examines the *longue durée* of partnerships in global health, exploring how and why they are formed, persist, change, and/or dissolve over time, and how differently situated actors have understood and constructed partnerships in and across various locales. The authors also attend to the ways that broader political, economic, cultural, and academic settings give rise to, and reinforce, partnership as a mode of process and an ongoing aspirational ideal.

What the word 'partnership' conjoins, and what it does
Janelle S. Taylor

This essay proposes that 'global health partnership' might usefully be conceived as a boundary object, in that the term's capacity to encompass widely divergent and incompatible understandings, and to facilitate mutual misunderstandings, is a crucial part of how it 'works' in the world to help bring together assemblages of people and organizations across great distances and steep gradients of inequality.

Partnerships for now? Temporality, capacities, and the durability of outcomes from global health 'partnerships'
Iruka N. Okeke

Scientific alliances are typically referred to as 'collaborations' but in recent times, those with global health or other development goals are increasingly referred to as 'partnerships'. I observe that one of the features common to this type of partnership is temporality: flagship programs are frequently initiated but less commonly sustained. Thus the pressure that short-term transnational projects place on African health and

educational systems that implement them is sometimes hard to justify. I suggest that one reason for the short life spans of partnerships is inadequate attention to the need to build 'hard' and leadership capacities: infrastructure, managerial expertise, administrative capabilities, and the capacity to improvise at African partner institutions.

Is Africa part of the partnership?
Yap Boum II

This essay presents an African perspective on medical research partnerships done in Africa. While African institutions have a long history of establishing research partnerships with Western institutions it is important to assess how they have been contributing to this relationship. After describing how partnerships are established and how they currently function for many institutions, I discuss how mutual and antagonistic interests can affect those global health relationships that finish in 'divorce'. I end with defining the place of Africa in its partnerships with Western institutions in medical research, and argue for a new mind-set that would bolster African ownership and funding of research done in Africa.

Collaboration and discord in international debates about coca chewing, 1949–1950
Adam Warren

This essay complicates our thinking about unequal North-South 'collaborations' by considering how distinct scientific traditions, national politics, forms of racial thinking, and conditions of internal colonialism in the global South shape relations with individuals and entities based in the global North. It does this by examining conflicts between Peruvian scientists and the United Nations' Commission for the Study of the Coca Leaf, which visited Peru and Bolivia in 1949 to investigate the health effects of coca consumption on highland Indigenous populations. Sent at the Peruvian government's invitation, commission members saw themselves as conducting a field survey. However, they quickly found themselves embroiled in conflict with a Peruvian high-altitude physiologist, Carlos Monge, who sought long-term, laboratory-based collaboration. Monge's scholarship and experiments proved controversial for UN authorities because they emphasized the racial alterity of highland Indigenous peoples even as he and his peers disagreed about the health effects of coca chewing.

Habit or addiction? Collaboration and misunderstandings in international debates about coca-leaf chewing
Rossio Motta-Ochoa

[Excerpt] It is a pleasure to comment on Adam Warren's thoughtful and engagingly written account of the mid-twentieth-century collaboration between representatives of the United Nations Commission for the Study of the Coca Leaf and Peruvian scientists and authorities. Although outside of my immediate field of expertise, this topic is familiar to me for several reasons. As a Peruvian, I grew up exposed to the constant and continuing lay and academic discussions about the benefits and harms posed by coca-leaf chewing. Furthermore, as a medical anthropologist, I did my doctoral fieldwork in a major Peruvian psychiatric hospital where one of the vocal detractors of coca-leaf chewing, Dr. Carlos Gutiérrez-Noriega, conducted part of his research about the effects of coca and cocaine. My experience as a postdoctoral fellow in an addiction unit at the University of Sherbrooke and as an ethnographer who has conducted extensive research with people who use cocaine in Montreal, Canada, has also influenced my reading of Warren's essay.

Friends, partners, and orphans: Relations that make and unmake a hospital
Jenna Grant

The essay juxtaposes three moments of medical infrastructure and technology aid in Phnom Penh, Cambodia: 1960, 2010, and 2005. The operative terms of these moments are relationship terms: 'friendship', 'partnership', and 'orphan'. The 1960 gift of a hospital, equipment, and training made a friend, and reciprocity involved political alignment at the level of the nation-state. The 2010 gift of equipment and training made a partner, and reciprocity involved brand alignment spread across diverse government ministries, public hospitals, private universities, and private businesses. Focusing on the materiality of technology and infrastructure gifts brings us to the orphan. The orphan is a gift that turns toxic. Its toxicity is health-threatening if there is no infrastructure to secure it. The elaborate partnerships required to identify and secure orphan sources of radiation show how gifts of medical technology and infrastructure exist beyond their immediate utility to humans. What technology of partnership will the medical physicist of 2050 unearth, and what ethic of relationality will come to care for, repair, and secure it?

Cobalt diplomacy in Cambodia
Rethy Chhem

[Excerpt] Medical diplomacy – 'the winning of hearts and minds of the people by exploiting medical care, expertise, and personnel to help those who need it most' (Thompson 2005, 3) – both produces positive health outcomes in the recipient country and helps the donor country to build symbolic capital and prestige, while simultaneously improving relations between the two countries (Feinsilver 2010, 86). Governments are not the

only actors to engage in medical diplomacy in global health settings. Since the end of World War II, a myriad of new actors with various agendas have stepped into this emerging field of diplomacy, including multinational corporations selling medical equipment, philanthropic organizations, and nongovernmental organizations (NGOs) (Adams et al. 2008). During my tenure as director of the Division of Human Health at the International Atomic Energy Agency (IAEA) in Vienna, my team and I published a paper on global health diplomacy that reviewed the agency's program activities in human health, which focus on radiation medicine and cancer, and on the peaceful applications of atomic energy within the context of global health diplomacy (Deatsch-Kratochvil et al. 2013). The idea of reflecting on the role of cobalt radiotherapy machines in medical diplomacy was born from that seminal paper, leading to the title chosen for this current essay.

Donor data vacuuming: Audit culture and the use of data in global health partnerships
Sarah Gimbel, Baltazar Chilundo, Nora Kenworthy, Celso Inguane, David Citrin, Rachel Chapman, Kenneth Sherr, James Pfeiffer

In this essay, we seek to understand how the stunning rise of data vacuuming, necessitated by the pretense of 'partnership' within global health, has fundamentally altered how routine health data in poor countries is collected, analyzed, prioritized, and used to inform management and policy. Writing as a team of authors with experiences on multiple sides of global health partnerships in the United States, Mozambique, Nepal, Lesotho, Kenya, and Cote d'Ivoire, we argue that solidarity-based partnership between donor and recipient countries is impossible when evidence production and management is effectively outsourced to external organizations to meet the criteria of donor partners. Specifically, to meet the 2030 Sustainable Development Goals, equity-oriented strategies are critically needed to create data collection, analysis, and use activities that are mutually beneficial and sustainable.

NGOs, partnerships, and public-private discontent in Nepal's health care sector
David Citrin, Hima Bista, Agya Mahat

Public-private partnerships (PPPs) have become increasingly popular models of collaboration in the global health arena to deliver, scale, and evaluate health care services. While many of these initiatives are multicountry, large-scale partnerships, smaller NGOs play increasingly central roles in new forms of privatization. This article draws on our collective experiences working in a PPP between the nongovernmental organization Possible and the Ministry of Health in Nepal to ethnographically examine the fragile and contested nature of these arrangements in the Nepali context, amidst an increasingly privatized

health care landscape that is resulting in widespread discontent and distrust throughout the country, as well as financial hardship. We discuss the Possible PPP as one approach that simultaneously seeks to strengthen public-sector health care systems, yet still taps into some of the promises, anxieties, and blind spots – such as the broader social determinants of health – inherent in new forms of public-private global health work.

Academic dependency: A postcolonial critique of global health collaborations in oncology
Tamer M. Fouad

[Excerpt] As a medical oncologist at the National Cancer Institute in Egypt and an adjunct assistant professor at the University of Texas, MD Anderson Cancer Center, I participate in multicenter international cancer research collaborations. In addition, my role as an official coordinator for Egypt involves working in close cooperation with the Global Academic Program at MD Anderson to develop and encourage collaborations in oncology between the two institutions. I also serve on the editorial board of the Journal of Global Oncology, published by the American Society of Clinical Oncology. My aim in this article is to reflect on the dynamics of scientific collaboration in the relatively new field of cancer medicine with a special focus on a specific type of collaboration between institutions in the West and their counterparts in postcolonial countries. Although I use examples from my own experience in Egypt, the discussion presented here applies more broadly to the challenges facing postcolonial countries that participate in global oncology collaborations. In particular, I would like to focus on the elements that prevent postcolonial countries from breaking a cycle of academic dependency. Among the characteristics of academic dependency is the inability to initiate and conduct science at a global level, a reliance on foreign aid, and a dependence on Western research agendas and priorities (Alatas 2003).

The trouble with inequalities in global health partnerships
Carina Fourie

In this essay, I offer a philosophical–ethical analysis of inequalities in global health partnerships. Using literature from medical anthropology and the health sciences as a basis, I begin by distinguishing two categories of concern. First, I identify the inequalities between partners, such as between research institutions in the United States and African countries, which can include resource, epistemic, and power inequalities, and, second, I highlight associated concerns such as the lack of acknowledgement of inequalities. I then focus on what might be ethically wrong with these inequalities, emphasizing that there can be significant instrumental and noninstrumental harms associated with them. By

underscoring what may be ethically troubling about inequalities in global health partnerships, this essay provides preliminary guidance on how to create more equal and more equitable relationships between partners in the field of global health.

Global health enabling systems: Accounting and critique in the era of 'America First'
Johanna T. Crane

This think piece argues for the importance of administrative and bureaucratic labor –'mundane' things – in maintaining US-African global health research partnerships and the power relations within them. The daily work of accounting, compliance, and risk management undertaken by global health 'enabling systems' created by US universities contrasts with global health's heroic self-image and conjures up negative imaginaries of intransigent African bureaucracies, crumbling communication infrastructure, and corruption. These negative imaginaries help to authorize forms of US fiscal and administrative control that may contradict global health's ethic of partnership and its related goal of 'building capacity' in low-income partner nations, as well as feed 'creative accounting' practices by both partner entities. Critiquing these inequalities may seem risky in an era of 'America First' and threatened cuts to global health funding. In fact, advocating for equity in global health partnerships and prioritizing the building of African institutional capacity are only made more urgent by the current political climate.

Drone philanthropy? Global health crowdfunding and the anxious futures of partnership
Nora Kenworthy

This piece explores some of the dynamics of global health crowdfunding by examining the work of Watsi, a highly successful crowdfunding platform that raises funds to cover the costs of medical care for patients in countries throughout the global South. While Watsi relies on a somewhat traditional formula for fundraising that uses individual patient stories to attract donations, its origins, aims. and values reflect an imagined (and perhaps, probable) future of global health partnerships. What relationships and connections are enabled in this future space? What subjectivities, anxieties, and values are brought to the fore by Watsi's modes of work? And what forms of intimacy and estrangement are enabled by such connections and relations? Watsi represents, I argue, a new kind of 'drone philanthropy' that both disrupts and evokes older forms of partnership, affiliation, and connection among donors, organizations, and individual recipients of aid.

Critical perspectives on global health partnerships in Africa

Celso A. Inguane

[Excerpt of Conference Report] On 8 February 2018, the colloquium ‘Critical Perspectives on Global Health Partnerships in Africa’ was held at the University of Washington (UW), Seattle. It was sponsored by UW’s Simpson Center for the Humanities and organized by Lynn M. Thomas (UW Seattle, History), Johanna Crane and Ben Gardner (UW Bothell, Interdisciplinary Arts & Sciences), and Nora Kenworthy (UW Bothell, Nursing & Health Studies). The colloquium was a discussion between Iruka Okeke (Pharmacology, University of Ibadan) and Paul Farmer (Partners in Health, Brigham and Women’s Hospital, and Harvard University) with an audience of faculty, students, and community members interested in global health, and it was moderated by Gardner and Kenworthy. The colloquium addressed issues raised by the collaborative project ‘Humanistic Perspectives on US Global Health Partnerships in Africa and Beyond’, and was preceded the night before by the Katz Distinguished Lecture in the Humanities, given by Farmer, and, earlier in the day, by a discussion between Farmer and medical anthropology and global health students, and a working lunch with members of the collaborative project.