

# 2018 Proposed Partnership Guidelines:

## Prepared by Office of Global Public Health Education & Training

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### **Purpose**

The purpose of this document is to establish shared principles for guiding the Dalla Lana School of Public Health's (DLSPH) institutional partnerships within and outside of Canada. These may include relationships with one or more universities or agencies. These principles will apply to partnerships with institutions in both High Income Countries (HICs) and Low and Middle Income Countries (LMICs)

### **Context and Approach**

Though the Institute of Health Policy, Management and Evaluation (IHPME) has a partnership policy, the Dalla Lana School of Public Health has no School-wide framework for assessing institutional partnerships, including international partnerships. Strengthening and supporting partnerships is a clearly stated need in the School's strategic plan under Strategic Direction 3, which aims to "enhance partnerships and management of the DLSPH". Further, item 3.7 outlines the need to "improve clarity and quality of partnerships with collaborating organizations and institutions, through new and enhanced partnership models that support impact along with scholarship."<sup>1</sup> The University of Toronto is also committed to strengthening its international partnerships. With students from over 165 countries and alumni working around the world, the University is globally engaged, and interested in providing international learning and research experiences for students and faculty.

While the need to define the process for partnership approval still remains, we propose as an initial measure to adopt a set of DLSPH-wide partnership principles that address the stages of a partnership from initiation through to monitoring and management and finally to concluding partnership arrangements. As a result, we propose the adoption of the Community-Campus Partnerships for Health's model of "guiding principles" as a way to facilitate discussion rather than prescribe or enforce a certain way of doing partnerships.<sup>2</sup>

The Office of Global Public Health Education & Training (OGPHET) is the focal point and main source of guidance and technical resource in developing international partnerships at the DLSPH. It is also the main intermediary between the DLSPH and University of Toronto's Office of International Partnerships. The Office is also well-positioned to provide guidance on guidance on partnerships involving institutions within Canada.

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<sup>1</sup> [http://www.dlsp.utoronto.ca/wp-content/uploads/2016/10/CLEAN-DLSPH\\_Towards-2021-and-Beyond\\_updated-October-2016.pdf](http://www.dlsp.utoronto.ca/wp-content/uploads/2016/10/CLEAN-DLSPH_Towards-2021-and-Beyond_updated-October-2016.pdf)

<sup>2</sup> CCPH

## Scope

### Partnerships

This statement adopts the definition of partnerships in IHPME’s “Final Report of the Partnerships Committee” (2015):

*A partnership constitutes a cooperative relationship, where responsibility is shared to jointly produce mutually desired goals. Individuals and organizations enter into partnerships because the desired goals cannot otherwise be effectively or efficiently achieved through either independent initiative or by contracting a third party. Partnerships offer benefits but necessarily also carry risks. They warrant nurture and oversight<sup>3</sup>.*

Partnerships may include relationships between the DLSPH and one or more universities, research centres or agencies. These universities, research centres and agencies may be within and outside of Canada. The principles for partnerships should apply to both High Income Countries (HICs) and Low- and Middle-Income Countries (LMICs).

### Institutional Partnerships

Institutional partnerships are formal agreements between the DLSPH and one or more universities, research centres, or other institutions whose mandate align with the strategic plan of the School. Adapting the explanation from the IHPME partnership report, partnerships are “institutional” when:

1. there is **substantial engagement** by multiple DLSPH community members (faculty, fellows, staff, students),
2. **affiliation with the DLSPH** is an important component of the collaboration
3. the DLSPH’s **“brand or reputation is at stake”**

This is in contrast to the many individual research and/or education collaborations DLSPH faculty engage in that do not require partnership agreements. These types of partnerships are usually in the context of specific research projects, based on individual-level relationships, and they tend to be more short-term in nature. Institutional partnerships are also distinct from Placement Agreements, formed on a case-by-case basis, and administered by the DLPSH Office of Practicum Placements and Professional Development.

### Who can initiate and lead a partnership?

At this time, only faculty members may initiate or lead a partnership.

## Background

### Review of other principles

In order to assess best practices in partnerships, the OGPHEP reviewed a number of reports, university guidelines, and principles around international partnerships and partnerships more

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<sup>3</sup> citation

generally (see Table 1). We identified two key areas of focus, best summarized by the “International Higher Education Partnerships: A Global Review of Standards and Practices” (2015):

1. Ensuring cultural and historical concerns are addressed and paying added attention to issues around ethics and equity
2. Ensuring administration and management processes around international partnerships are transparent and that monitoring processes are in place

*Table 1: Sources on International Higher Education Partnership Best Practices*

<b>Source</b>	<b>Year</b>	<b>Institution</b>	<b>Key points</b>
<a href="#"><u>International Higher Education Partnerships: A Global Review of Standards and Practices</u></a>	2015	American Council on Education	The report reviews a number of international partnership principles for higher education in the United States and globally and identifies themes and gaps, which focus on program administration and management and cultural and contextual issues.

<b>Source</b>	<b>Year</b>	<b>Institution</b>	<b>Key points</b>
<b>Final Report of the Partnerships Committee</b>	2015	Institute of Health Policy Management and Evaluation	A very detailed framework to guide all partnerships. It includes a review of other partnership models. This model pays particular attention to defining the characteristics of different partnerships, and establishing a risk/reward matrix to evaluate partnerships.
<a href="#"><u>Canadian Council on Global Health Research (CCGHR) Partnership Assessment Tool (PAT)</u></a>	2009	Canadian Council on Global Health Research	While focussed on research, the principles and worksheets in this assessment tool are broadly relevant. They rely on an extensive review of the partnership literature and demonstrate the need for clarity around roles, responsibilities, and equitable outcomes.
<a href="#"><u>Swiss Commission for Research Partnerships with Developing Countries Guide</u></a>	2014	Academy of Sciences Switzerland	A set of principles and questions to guide partnerships. It focuses on setting the agenda together, interacting with stakeholders, clarifying responsibilities, accounting to beneficiaries, promoting mutual learning, enhancing capacities, sharing data, disseminating results, pooling profits and merits, and applying results.
<a href="#"><u>Community- Campus Partnerships for Health Principles for Partnership</u></a>	2013	Campus Community Partnerships for Health	Not exclusively for international partnerships, these guidelines are the result of extensive collaboration and focus on all stages and components of the partnership practice. They are suggestions (rather than requirements) that address challenges around ethics, administration, and power differentials.

Source	Year	Institution	Key points
<a href="#">Good Practices in Educational Partnerships Guide</a>	2010	The Association of Commonwealth Universities	Guidelines based on partnerships between the UK and African universities that emphasise shared ownership, trust, cultural competency, institutional and community engagement, monitoring, and sustainability.

### Action Plan: DLSPH Institutional Partnerships:

Based on this scan of best practices around partnerships in higher education institutions focused on health, we propose four next steps:

1. Adopt and adapt the IHPME partnership guidelines for the entire DLSPH
2. Integrate the DLSPH Statement on Equity, Diversity and Excellence into partnership guidelines
3. Adopt and integrate Community-Campus Partnerships for Health principles
4. Further clarify partnership approval processes at the DLSPH

#### 1. Adopt IHPME Guidelines

The DLSPH does not have a set of basic guidelines for all institutional partnerships. The IHPME model could be adapted to the entire DLPSH to clarify some of the general questions around partnerships. These apply to all new relationships of this kind – not just to international partnerships. The statement would also benefit from an added emphasis on cultural and historical considerations. These considerations are particularly important for working with Indigenous communities, Global South partners, and any partners engaging with vulnerable communities and populations or operating in low-resource settings.

#### 2. Integrate DLSPH Statement on Equity, Diversity and Excellence

The DLSPH recently adopted a [statement on Equity, Diversity, and Excellence](#), which all partnerships (international or national) should align with. This statement would also provide guidance and clarification around some of the ethical challenges around power differentials between partners and concerns around diversity.

#### 3. Adopt Campus Community Partnerships for Health Principles

We propose adapting the Campus Community Partnerships for Health Elements of Authentic Partnerships – which includes **guiding principles** and a focus on appropriate **quality processes** (that acknowledge the cultural and historical context of a partnership) and **meaningful transformation** (see Figure 1).<sup>4</sup>

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<sup>4</sup> CCPH Board of Directors. Position Statement on Authentic Partnerships. Community-Campus Partnerships for Health, 2013.

Figure 1: Campus Community Partnerships for Health

*Guiding Principles:*

1. The Partnership forms to serve a specific purpose and may take on new goals over time.
2. The Partnership agrees upon mission, values, goals, measurable outcomes and processes for accountability.
3. The relationship between partners in the Partnership is characterized by mutual trust, respect, genuineness, and commitment.
4. The Partnership builds upon identified strengths and assets, but also works to address needs and increase capacity of all partners.
5. The Partnership balances power among partners and enables resources among partners to be shared.
6. Partners make clear and open communication an ongoing priority in the Partnership by striving to understand each other's needs and self-interests, and developing a common language.
7. Principles and processes for the Partnership are established with the input and agreement of all partners, especially for decision-making and conflict resolution.
8. There is feedback among all stakeholders in the Partnership, with the goal of continuously improving the Partnership and its outcomes.
9. Partners share the benefits of the Partnership's accomplishments.
10. Partnerships can dissolve, and when they do, need to plan a process for closure.
11. Partnerships consider the nature of the environment within which they exist as a principle of their design, evaluation, and sustainability.
12. The Partnership values multiple kinds of knowledge and life experiences.

*Quality processes* that are relationship focused; open, honest, respectful and ethical; trust building; acknowledging of history; committed to mutual learning and sharing credit.

*Meaningful outcomes* that are tangible and relevant to communities. For example: eliminating health disparities, creating affordable housing, closing the education gap and revitalizing rural economies.

*Transformation* that occurs at multiple levels, including

- Personal transformation, including self reflection and heightened political consciousness
- Institutional transformation, including changing policies and systems
- Community transformation, including community capacity building
- Transformation of science and knowledge, including how knowledge is generated, used and valued and what constitutes “evidence” and “ethical practice”
- Political transformation, including social justice

#### 4. Clarify Partnership approval and reporting processes

A major next step is ensuring there is a standard, transparent process for approving and monitoring international partnerships. These processes are not meant to create an unnecessary burden on staff and faculty, but rather to ensure that partnerships are aligned with the DLSPH's values and priorities.

##### Approval

All requests for partnerships should be directed to the Office of Global Public Health Education & Training. The “Partnership Form” should accompany all requests. The open-ended questions in the form ask Partnership Faculty Lead(s) to reflect on the CCPN principles.

The Director and Staff of the OGPHE will work with the DLSPH faculty to formalize the partnerships and guide them through the University of Toronto partnership approval process. All

partnerships requiring further review – those identified as being higher risk -- (see “Partnership Form” and IHPME guidelines) will be sent to the School’s Senior Leadership Team for review. Once approved, the Partnership Faculty Lead will be expected to develop an MOA with their partners, with support from the OGPHET. The MOA should include:

- The purpose of the partnership
- Intellectual Property
- Principles
- Terms of Cooperation (length of agreement, accountability, how amendments and terminations will be addressed)
- Language
- Signatures

Sample MOAs are available from the Office upon request. Once this step is complete, OGPHET will assist with formalizing the partnership through relevant University of Toronto channels.

### Partnership reporting process

Each year, Partnership Faculty Leads are required to submit a short report (500 words). The report should outline any partnership evaluation/monitoring efforts underway, outcomes of the partnership during the academic year, updates to the partnership (new projects, new timelines, new partner contact information etc.), and it should also reflect on the CCPN principles. In addition, faculty members leading institutional partnerships are encouraged to use the Canadian Coalition of Global Health Research (CCGHR) Partnership Assessment Toolkit (PAT).

### Ending an institutional partnership

While partnerships will automatically expire at their end date, faculty leads are strongly encouraged to share any evaluations or outcomes from the partnership (for instance research outcomes or numbers of practicums) at the close of a partnership. This information will form the basis for deciding whether an institutional partnership should be renewed or not. If it is renewed, it can also guide what changes in focus should be considered going forward.