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| **An Article on North-South Health Research Partnerships in an Unequal World** |
| **Background/Objectives:** While health research partnerships have attracted growing interest, key partner interactions such as power-sharing and trust have not been fully examined from the southern partner’s perspective. The Bergen Model of Collaborative Functioning was used to examine power-sharing and trust in north-south health research partnerships from the experiences of southern partners.**Methods:** A qualitative inquiry was employed using in-depth interviews with 20 key informants in Lusaka district in Zambia. Interviewees were purposively sampled from a wide range of health research partnerships. **Results:** Southern partners working jointly with their northern counterparts produce knowledge to influence policy and designing of health interventions using funds and experience from northern partners. Despite these benefits, international health research partnerships still struggle to make the most of collaborations and accomplish their goals which negatively affects their functioning. Southern partners identified factors that negatively affect partnership functioning which include: input processes which hinder authentic participation of southern partners, throughput processes which cause unequal distribution of roles and responsibilities, and output processes which cause unequal distribution of rewards resulting from funding mechanism which often favor northern partners. This unequal distribution of research rewards such as authorship, publication, and access to health research data creates synergies for the northern partner while creating antagony for the southern partner. **Discussion:** Power imbalances continue to hinder successful health research partnerships and may lead to the exploitation of southern partners due to power imbalances. This power imbalance negatively affects partnership and subtracts from the collaborative arrangements. Often caused by funding mechanism which often favors northern partners, this kind of funding mechanisms may lead to poor capacity building and inaccessibility of results from samples/data that could facilitate research progress for most developing countries. The implications of this power discrepancy on partnership is the creation of a collaborative context, which does not nurture trust between partners. **Keywords:** Partnership, North-South, health research, Inequality, Antagony, Power  |