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Lessons Learned about Coordinating Academic Partnerships from an International Network for Health Education

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Background
In 2008, five African institutions and University of Michigan entered into a partnership to establish the African Health Open Educational Resources (OER) Network (www.oerafrica.org/healthoer):
• South African Institute for Distance Education
• Kwame Nkrumah University of Science and Technology (Ghana)
• University of Ghana
• University of Cape Town (South Africa)
• University of the Western Cape (South Africa)
• University of Michigan

The mission of the Network is to advance health education in Africa by creating and promoting OER created by African academics to share knowledge, address curriculum gaps, and support health education communities across the continent. A founding principle of the Network was that collaborative regional networks are an essential component to foster multi-directional knowledge transfer.

Objective
The complexity, scope and intensity of global health challenges demand international collaboration. The social, scientific, technological and organizational dynamics of these collaborations must be aligned to effectively address challenges resulting from resource, capacity, and power differences in the interaction of multiple organizational and national cultures. The existing literature lacks a systematic analysis of the communication and project management processes that impact international academic partnerships.

Methods
We employed semi-structured interviews, document analysis, and participant observation to examine the management and communication processes that led to the success of the Network.

Organizational Structure
Participating organizations had senior administrators, project managers, health educators, and multimedia/information services specialists. These roles varied within each organization, and each organization may not have had someone in every role.

Management and Communication Processes

Phase 1: Project Design
• Determined mutually beneficial objectives through in-person planning meeting with senior stakeholders from each participating organization.

Phase 2: Project Planning
• Discussed and addressed the effects of budget structures and organization policies on collaborative work.

Phase 3: Project Execution
• Created dedicated project management teams at the central coordination and participating institution levels.
• Pursued on-site collaborative projects (e.g. educational modules) jointly designed and implemented by staff from the Central Coordination Team and the local partner institutions working side-by-side.
• Liaised with coinciding relevant externally-funded fellowship and training opportunities.

Organizational Values
During the visioning discussions, the Network participants agreed on shared values of transparency, collaboration, and active participation for our learning materials and our interactions. We employed methods to actively engage stakeholders throughout the project life cycle (design, planning, execution, and closure) through ongoing professional development, relationship building, and assessment activities.

Ongoing: Professional Development
• Facilitated loosely structured hands-on workshops.
• Organized interest groups to connect with peers doing similar work at other institutions.

Ongoing: Relationship Building
• Built on existing institutional relationships.
• Convened face-to-face meetings with individual institutions and collectively across institutions.

Conclusion
As a result of this flexible approach to project management, the African collaborators reported that they felt they were considered equal partners and there were rarely concerns about cultural imperialism. The founding members now have in place processes, personnel, and, in some cases, official institutional policies to continue to support the creation, usage, distribution, and research related to health Open Educational Resources.

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