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COMENTARY

The importance of SDG 17 and equitable partnerships in maximising participation of persons with communication disabilities and their families

Shakila Dada[1], Karen Wylie[2,3], Julie Marshall[4,5], David Rochus[6], Josephine Ohenewa Bampoe[7,8]

1. University of Pretoria, Pretoria, South Africa

2. Curtin University, Perth, WA, Australia

3. University of Ghana, Accra, Ghana

4. Manchester Metropolitan University, Manchester, UK

5. University of KwaZulu Natal, Durban, South Africa

6. Yellow House Children's Services, Kisumu, Kenya

7. University of Ghana, Accra, Ghana

8. Charles Sturt University, Australia

Correspondence: Karen Wylie, Curtin University, Perth, WA, Australia. Email: karen.wylie@curtin.edu.au

Running head: Equitable partnerships (SDG 17)

Key words

Communication disability, equity, families, global practice, partnerships for the goals (SDG 17), Sustainable Development Goals (SDG)

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Abstract

Background: Equitable partnerships across borders, sectors and communities are integral in creating shared understanding, novel solutions, and sustainable development. Sustainable Development Goal 17: Partnerships for goals, focuses on strengthening global partnerships. This highlights the importance of partnership as a tool to support the achievement of all SDGs. Partnerships are particularly vital to creating sustainable and appropriate services to support people who experience communication or swallowing disability and their families, in under-served communities, where services and expert personnel may be limited and where innovative strategies are required for working with families and communities to improve service accessibility.

Purpose: To reflect on key principles underpinning the creation of a speech-language pathologists' (SLPs') community of practice, designed to support SLPs from high-, low- and middle-income countries to develop equitable partnerships, aimed at supporting people who experience communication or swallowing disability their families.

Result: We draw on the authors' experiences of building partnerships to enhance participation for people who experience communication or swallowing disability. We discuss the need for global partnerships and challenges with current funding mechanisms.

Conclusion: We use the principles of the speech-language pathology community of practice and concepts from the Partnership Accelerator 2030 Agenda to frame reflections and recommendations. This commentary paper focusses on partnerships for the goals (SDG 17).

Key words

Communication disability, equity, families, global practice, partnerships for the goals (SDG 17), Sustainable Development Goals (SDG)

Introduction

The Sustainable Development Goals (SDGs, United Nations, 2015) call for countries around the world to work towards building a more equitable and sustainable future for all. At the pinnacle of the goals is partnerships for the goals (SDG 17) defined to "Strengthen the means of implementation and revitalize the global partnership for sustainable development", which speaks to the processes used to establish and maintain global partnerships for achievement of the other SDGs. Specific indicators for partnerships for the goals (SDG 17) represent large-scale systemic outputs, focussed on macro-indicators around finance, technology, capacity building, trade, and complex systemic issues (United Nations, n.d.; 2015). In this paper, rather than focusing on these macro-indicators, we focus on the principles underpinning the creation of sustainable and equitable global partnerships, in relation to SLPs and services for people who experience communication or swallowing disability. Global partnerships are complex endeavours, with the effectiveness of partnerships relying on multiple actors co-operating closely (Boeren, 2016). Critical reflection, focussing on power and power imbalances in relationships, and the ongoing impact of history or colonialisation, in shaping and sustaining inequities, is vital in creating reciprocal and equitable global partnerships (Eichbaum et al., 2021).

The importance of global partnerships

Global partnerships have multiple purposes including improving global equity in access to services and support for people who experience communication or swallowing disability. This is important, as despite increasing awareness of disability issues globally, access to services and supports for people who experience communication or swallowing disability around the globe continue to be unequal (Wylie et al., 2013), with few formal services available in many low- and middle-income countries. Global partnerships between stakeholders in high-, low- and middle-income countries, should carefully consider how

services or support for people who experience communication or swallowing disability could best be provided, beyond the Eurocentric view of speech-language pathology services (Khoza-Shangase & Mophosho, 2018). This should include a shift in focus from a primarily individually focused services, towards speech-language pathology services aimed at supporting the population equitably, and prioritising approaches that support equitable access to information and services (Mulhorn & Threats, 2008).

Limitations in health and education infrastructure, funding, and the availability of appropriately skilled and supported workforces in many low- and middle-income countries, often drive innovative thinking about services and support. For example, the shortage of SLPs in low- and middle-income countries requires solutions beyond one-on-one clinical service, rely on partnerships with families, communities, and non-governmental organizations. For example, in South Africa, adding a caregiver coaching intervention to existing systems of care, has been argued to be the feasible in meeting the unmet needs of children with autism (Makombe, 2019). These experiences can challenge SLPs to reflect both on what can be learned from low- and middle-income countries about better forms of practice for high-income countries and the relevance of high-income countries approaches to low- and middle-income countries. Considering practice differences can also prompt SLPs to critically reflect on aspects of high-income countries' services, such as the cultural responsivity of services, the need to make services responsive to needs of the whole population and how services, structures and processes can privilege some groups. Partnerships can potentially benefit all stakeholders (Jones, Knights & Sinclair, 2013) and can result in the production of shared benefits, for example scientific outputs.

In 2020, a open membership, online, community of practice was started, to bring together SLPs and others, from high, low-and middle-income countries, who had an interest in promoting partnerships between stakeholders in high-, low- and middle-income countries.

Four partnership foci were agreed: speech-language pathology education; service delivery; research; policy and strategy to support partnerships. This community of practice aims to discuss, challenge, share ideas and information, as well as to forge new relationships. This is being enacted through online meetings, podcasts, and a shared online discussion space.

The authors of this paper are the inaugural group members from Australia, Ghana, Kenya, South Africa, and the United Kingdom. While the group is in its infancy, we specified its four guiding principles, developed collaboratively by the wider group as part of early group discussions:

- mutuality, with people from low- middle and high-income countries working collaboratively to harness the power of collective action;
- capacity building, focused on systems and groups, rather than benefits for specific individuals;
- developing new and more equitable ways of working collaboratively;
- recognising and challenging power inequities between groups in low-and middle-income countries and high-income countries.

Principles of equitable and sustainable partnerships

The 2030 Agenda Partnership Accelerator is an initiative of the United Nations Department of Economic and Sociation Affairs and the Partnering Initiative, in collaboration with a range of United Nations agencies. The collaboration aims to promote effective partnerships to support transformations addressing the SDGs, through developing a "partnership-enabling ecosystem" (Stibbe et al., 2020, p. 4) and providing a framework for effective partnerships. The SDG Partnership Guidebook (Stibbe et al., 2020) provides a collection of resources illustrating how effective partnerships are developed and sustained. In this paper we use the four interrelated Building Blocks for Effective Partnerships suggested by Stibbe et al., (2020): to frame our commentary:

1. Fundamentals for partnerships. Partnerships need to add value, include key stakeholders, identify a compelling shared vision, ensure partners' values are compatible and that each partner is sufficiently empowered to contribute, and establish a partnering mindset in senior-level representatives.
2. Partnership relationships. Partnerships require strong trusted relationships. Trust, transparency, power balance and equity, mutual benefit, accountability/commitment all contribute to the partnering relationship.
3. Structure and set up. Partnerships should be clearly structured and have well documented legal, governance, partnership arrangements, program logic, and financial resources and processes.
4. Management and leadership. Partnerships require clear results-oriented management and leadership, with well-structured processes for managing risk, communicating, sharing knowledge, and managing partnership relationships.

(Stibbe et al., 2020, p. 45)

Critical reflections on the development of the speech-language pathology community of practice

While the Partnership SDG Partnership Guidebook (Stibbe et al., 2020) targets complex partnerships, the building blocks offer a useful framework on which to reflect on how partnerships develop and become sustained. In this section we consider how our small-scale partnerships in the community of practice align with the Building Blocks for Effective Partnerships (Stibbe et al., 2020). The guiding principles developed in 2020, for our speech-language pathology community of practice, primarily align to Building Block 1: fundamentals of partnerships, with a focus on describing shared values and visions. It is unsurprising to the authors that there is less synergy between our group's guiding principles with the later stages of the Building Blocks, as they are more operationalised and speak to well-established (and likely well-funded or supported) partnerships. Our observations are that partnerships amongst the community of practice group members are largely outside of their paid work roles (e.g., volunteering to teach), and based on goodwill by SLPs working to support developments to improve services for people who experience communication or swallowing disability around the world. Lack of large, funded partnerships in speech-language pathology, linking organisations rather than individuals, reflects the lack of public and policy direction regarding the needs of people who experience communication or swallowing disability. While some funded larger-scale global partnerships exist, for example the ASHA-PAHO collaboration (Rosa-Lugo et al., 2015), these are the exceptions. Most

community of practice members report either seeking partnerships or engaging in small-scale partnerships, focussing on discrete initiatives that are unfunded or with limited funding. The need for change at multiple levels within speech-language pathology, has already been proposed by Wylie et al. (2013), who recommended leveraging influence at micro-, meso- and macro- levels. Although many collaborations are small-scale, partnerships that have the potential to influence at multiple levels should be prioritised.

We recognise that challenges to developing partnerships within the community of practice often reflect larger, systemic issues and that inequity between countries and people results in unequal partnerships. It continues to be important for the authors to reflect on the individuals involved in the partnership and how individuals' capacities can be combined to benefit those who experience communication or swallowing disability. Similarly, individuals' understanding of epistemic injustice in the profession of speech-language pathology, is crucial. This mirrors wider global health experiences (Bhakuni & Abimbola, 2021). Speech-language pathology partnerships need to acknowledge the imbalance, in terms of who are credible knowers and owners of knowledge in the field. Given the historical context of the speech-language pathology profession, reflection on perceptions about people's ability to participate in knowledge production, use and circulation, is necessary. There is also a need to recognise and consider how to address the more challenging work contexts of most low- and middle-income country SLPs. Less obvious, but important, is the inequity in availability of funding to high-income compared to low- and middle-income countries SLPs.

Having provided general reflections on the development of this community of practice, we give three examples of partnerships in which the authors have been engaged with using the Stibbe et al. (2020) principles.

Example 1. Critical reflection. Establishing speech-language pathology education in Ghana

In 2016, the University of Ghana commenced a Masters in Speech and Language Therapy program run by small teams of SLPs with limited prior teaching experience. The team recognised the need to build capacity for high quality teaching and sought to establish a partnership with organisations/universities outside Ghana. Despite protracted efforts, they were unable to secure a major partner providing support across a range of areas. Instead, small partnerships, with discrete purposes, were established, with a range of individuals and organisations. The team believed that there was ample benefit for an external partner, including opportunities for global research, international placements, building cultural responsivity or opportunities to recruit international research students. These potential benefits did not, however attract a major partner.

A building block for partnerships is creating a compelling shared vision (Stibbe et al., 2020). The vision for creating speech-language pathology services originated inside Ghana (Haig, 2007). With global rehabilitation policy concerning low- and middle-income countries centred on community-based rehabilitation (Geberemichael et al., 2019), commencing speech-language pathology training may not have been seen as strategic (shared vision) within international development circles (Stibbe et al., 2020). It may have been challenging for external potential partners to understand the vision and the contextual complexity. The program aimed to create SLPs with capacity to support a range of rehabilitation approaches, including health-related rehabilitation, community-based rehabilitation, and prevention through public health. We question if the label 'Speech and Language Therapy' provoked assumptions by external agencies about the high-income country nature of speech-language pathology practice, (i.e., health-service based, rather than speech-language pathology supporting community-based services). Perhaps the vision was not communicated clearly, or agencies made assumptions about how SLPs may contribute, based on Western-derived preconceptions of the profession. While we believe that shared visions within partnerships

are vital, we also reflect on the need for people inside a country to set their own agenda for development, rather than subscribing to external and neocolonialistic notions of what is required by the 'development agenda'.

Engaging with power / senior level commitment is another building block for partnerships (Stibbe, et al., 2020). As the program was developing the Dean of Allied Health, who drove the establishment of speech-language pathology education, left the University of Ghana. He was well-connected in international rehabilitation circles and had a clear vision for the development of the speech-language pathology profession. With leadership changes, a change in direction or priority often occurs. One key issue may have been that the partnering agenda was subsequently pursued by individuals with limited power (the speech-language pathology team), rather than a senior university representative and thus did not gain sufficient traction with potential funders and partners.

Example 2. Critical reflection. Establishing partnerships within clinical services in Kenya.

Yellow House Health and Outreach Services (Yellow House) is a not-for-profit Kenyan company, providing affordable services to people in Western Kenya who experience communication or swallowing disability. In 2013, Yellow House partnered with the Department of Speech-Language Pathology, University of Toronto, Canada to provide a global experience for its students. Yellow House sought to broaden its income base, access continuing professional development opportunities and provide student experience, all without negatively impacting its client-facing services. The two partners thus had compatible, but different goals. Through open and honest communication, they shared a "compelling overarching vision" to produce SLPs with a wide range of culturally responsive and flexible clinical skills. Both partners recognised that funding was necessary to sustain the partnership. Yellow House provided clinical education opportunities to the University of Toronto's students and, in recognition of this, the University of Toronto provided some funding to

Yellow House and gave Yellow House staff access to their library resources. This initial collaboration led to further work, including a collaborative research project, although externally funded research projects have yet to occur.

Example 3. Critical reflections on research partnerships

The authors have also experienced funded research projects that required partnerships between high-, low- and middle-income countries. We reflect on the personal and professional circumstances and experiences that institutionalise power imbalances, not only in professional, but also in organisational structures. Most calls for funding focussed on people who experience communication or swallowing disability, are funded by high-income countries, often with high-income country SLPs leading the work, even when that research is conducted in low- and middle-income countries. Hence, the nature of the partnerships is often unequal, with budgets being managed primarily from high-income countries (Oti & Ncayiyana, 2021). There is a need to honestly reflect on how such asymmetries in funding perpetuate inequalities in partnerships. We echo the call to reject 'saviourism' by refusing to be part of partnerships and collaborations that do not give equal opportunity and rewards for contributors from low- and middle-income countries (Oti & Ncayiyana, 2021). Equitable partnerships require moves from low- and middle country partners providing research sites, participants, samples, and data, whilst high-income countries provide funds and technical expertise (writing bids, writing, data analysis and interpretation). Whilst the nature of the partnerships is influenced by the principal investigators, systemic regulation of funding calls requires critical reflection, as they also shape partnerships. The typical placement of European or Northern American experts working in low- and middle-income countries in leadership positions, is underpinned by an assumption that they can generate more valuable insights than those with local or indigenous expertise. Furthermore, these calls often require one partner to be from a high-income country, but not necessarily a partner from a low- and

middle-income country. This sets an interesting precedent regarding high-income country researchers' ability to conduct research in contexts in which they may have very little experience. Research funding review panels often have limited representation experts from low- and middle-income countries. Partnerships and funders should better acknowledge different forms of knowledge.

Conclusion

Global partnerships are pivotal to enhancing global equity in access to services and supports for people who experience communication or swallowing disability, specifically focussing on partnerships between high-, low- and middle-income countries, to address the SDGS. The authors call for critical reflection on the nature of these partnerships and for change in order to increase equity. We stress the need to lobby funders and their panels to ensure more equitable calls. This paper critically reflects on how partnerships can evolve and the importance of focussing on the softer aspects of developing partnerships, through shared vision, building trust and open communication, outlining the nature and structure of partnerships and the management and leadership of these partnerships in an equitable manner.

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