

The principles and challenges of the interplay and dual commitment between research and humanitarian action

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The author's career perfectly illustrates the hybridisation at work between the worlds of humanitarian action and research. Drawing on her experiences and various projects carried out in Laos, Pascale Hancart Petitet presents her reflections and analysis of this "dual commitment".

The research I have been conducting since 2002 is primarily in the field of medical anthropology and addresses sexual health and human reproduction in the context of social and infectious vulnerability. These scientific investigations have been guided, if not prompted, by my professional experience in the field of "mother and child" health when I was a hospital midwife in France (1990-1994), and then coordinator of humanitarian programmes for *Médecins du Monde* (MdM) in Mauritania (1995), Angola (1996-1998), Pakistan (1998-2000) and Afghanistan (2002). For twelve years, my work could therefore be approached from a rich variety of angles: firstly, from the clinical practice perspective; then from the perspective of supervising multidisciplinary teams and planning and managing health activities; and lastly, communicating with and between institutional actors in unstable political and security contexts.

Engagement in such activities often leaves precious little time for reflection or a thorough understanding of their social and cultural contexts. A desire to rectify this led to my two-year Master's degree in anthropology followed by a PhD in anthropology in southern India which I completed in 2007. Between 2008 and 2012, my post-doctoral research took me to Cambodia. Since 2013, my research environment has been in Laos where my projects are run in partnership mainly with the University of Health Sciences in Vientiane and three international non-governmental organisations (NGOs): *Médecins du Monde*, the French Red Cross and more recently Humanity & Inclusion (HI – formerly known as Handicap International).

My involvement in the biomedical and humanitarian field shaped the next stages of this journey as I developed a particular approach and expertise with regard to my research subjects as well as a deep interest in establishing collaborative projects with partners in the Global South to generate results that can be applied to public health programmes. Experience in supervised research in urban and rural settings in the Lao People's Democratic Republic, combined with an ongoing desire for more committed research, changed the way I approached its methodology. I have thus launched multidisciplinary research programmes mobilising participatory approaches¹ and engage in different ways of writing when sharing and reporting the results².

The purpose of this article is to share a reflective look at these experiences in Laos. It will describe this overlap and dual commitment between the research and humanitarian worlds (and their history) and describe the spaces and actors involved. Through ethnographic examples, the aim is to decipher the challenges, issues and institutional, organisational and individual impact of defining models and tools, mobilising funding and implementing initiatives and the challenges posed by the dissemination of

¹ Peter Livermoore, Pascale Hancart Petitet and Souvanxay Phetchanpheng, *Migrations. People and knowledge on the move. The "making-of" a collaborative research programme in Lao PDR* (documentary), 2019, <https://valorisationrecherchevihlaos.com/portfolio/film-documentaire/>

² Pascale Hancart Petitet, « De la crise épistémologique à la médiation scientifique. Nécessité heuristique et savoir engagé au Laos », *Anthropologie & Santé*, 21, 30 novembre 2020, <http://journals.openedition.org/anthropologiesante> ; Pascale Hancart Petitet et Steine Mbina, *Valorisation de la recherche au Laos*, 2020, <https://valorisationrecherchevihlaos.com>

results. Finally, another level of analysis will enable us to understand, from a research and action point of view, the opportunities and constraints posed by this type of collaboration, in order to identify the key lessons and suggest some adjustments.

Collaborative projects between actors from the worlds of research and action

Starting in 2011, we conducted a study with the University of Health Sciences in Vientiane, Laos that aimed to understand the social and cultural aspects of protecting children with anti-retroviral drugs in accordance with the World Health Organization's new recommendations on the prevention of mother-to-child transmission (PMTCT) of HIV³. In 2013, an additional partnership was launched with Mdm France, based around a programme to reduce maternal and infant mortality and to prevent and treat mother-to-child transmission of HIV in two districts in a province of southern Laos. This partnership has been beneficial in several ways. Firstly, thanks to Mdm's support, both institutional (obtaining research permits) and financial (logistical back-up, the secondment of a member of the local team for translation), it enabled the collection of information that would otherwise have been impossible in remote rural areas. This collaboration was thus a tangible and effective encounter between research and action based on applied issues. The national protocol for PMTCT was only just beginning to be implemented and activities in the field of HIV prevention and treatment remained limited. The challenge of this study was to provide national public health authorities with the necessary means to develop, for example, national guidelines for PMTCT, with particular regard to the provision of early post-diagnosis counselling for infants and children exposed to HIV.

In 2015, a partnership with the French Red Cross was established in the framework of a project⁴ that included three "action" components implemented by three institutional partners and one research component. This project's research topic was chosen jointly with the steering committee. The aim was to question the links between mobility, intimacy and infectious vulnerability. Leaving one's homeland and adapting to a new environment was not a new phenomenon in Laos. Since the country embraced the market economy in the 1990s there has been migration from village to town, but also from rural areas to other rural areas because of the government's population-relocation policies and the economic attractiveness of certain regions (road construction, hydroelectric projects, agri-food industry and mining). Many migrants of Chinese and Vietnamese origin also came to work on housing and supermarket construction sites as well as the vast railway-construction project under way throughout the country.

The mandate of the research team was twofold. Firstly, to shed light on the links between migration routes and social and gender-related reconfiguration in a context of rapid development. Secondly, to consider, with our partners, the possible links between the production of this knowledge, the improvement in healthcare and the HIV infection risk of migrant populations in Laos. This multidisciplinary, community-based and participatory research was broken down into five qualitative studies and one epidemiological study.

The ethnographic study was conducted among 100 participants: Vietnamese construction workers in Savannakhet, migrant women working in clothing factories in Vientiane, rural female students working as beer promoters in Vientiane, migrant women living with HIV in Champassak and migrants living with HIV in a number of provinces. The epidemiological study involved 600 participants in ten anti-retroviral treatment centres in eight Laotian provinces.

Thanks in part to the partnership established with the French Red Cross, this project involved a number of stakeholders – women and men, funding bodies, developers and practitioners, community actors,

³ Alice Desclaux *et al.*, « L'enfant protégé par les antirétroviraux. Études ethnographiques comparées : Sénégal, Burkina Faso, Laos », Institut de Recherche pour le Développement, 2018, <https://hal.ird.fr/ird-02086882/file/Rapport%20ANRS12271.300318.pdf>

⁴ This project, "Promoting good governance mechanisms within the Country Coordination Mechanism in Laos, to bring state actors closer to civil society actors", involved four consortia: the French Red Cross, the National Assembly of Laos, associations of people living with HIV and my own TransVIHMI research unit.

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activists, researchers and students – at every level of the knowledge-creation process. During the project's two-year implementation period, quarterly meetings were held to bring together all Ministry of Health partners and to share certain preliminary results. It was agreed that a few days before the project's closing symposium a meeting should be held to present the results to our participants in order for them to validate the statement to be made a few days later at a larger gathering. The data highlighted the problems relating to discrimination against people infected with HIV, the lack of information, access to HIV testing and care and, more generally, the frequently deplorable health conditions endured by migrants. The research programme helped to reveal some highly sensitive realities: the disastrous impact of certain development policies that had forced young people to migrate to business zones, the living conditions of workers that were verging on slavery, the practice of selling sexual services, drug use and so forth. We also shared a particularly sensitive point, namely that the people frequenting HIV care services the least were primarily public servants, who avoided visiting healthcare centres for fear of being identified and outed and then stigmatised and discriminated against. Our participants were very embarrassed about this revelation and asked us not to mention this result, either orally or in the study's report. This request for censorship was respected. The incumbent Minister of Health had delegated the former Minister of Health to attend the symposium and, like the other people present, this former minister was given a USB stick containing many project documents, including key results and various proposals. That evening, at a reception at the French Embassy, information highlighting the problems of this remoteness of HIV care for government officials was given to the incumbent Minister of Health.

It can therefore be confirmed that this project was successfully implemented. It has helped to improve coordination between institutional representatives, strengthen the skills of the people involved, give structure to associations of people living with HIV, promote multidisciplinary and participatory approaches and produce and deliver many scientific results in various forms⁵. The steering committee was a powerful tool for promoting this process of reflection, the dialogue between research and action and the implementation of HIV care programmes for migrants in Laos. Despite the funding body's satisfaction with this research component of the programme, and despite the support of all the actors, including the scientific cooperation of the French Embassy, it was not possible to submit a new funding application that would have allowed this momentum to be maintained and the activities in this area to be pursued. The issue of the infectious vulnerability of migrants was no longer on the agenda in the new calls for tender issued by the funding bodies.

Finally, in 2018, together with the international NGO HI⁶ (which took over all the HIV-related actions carried out by the French Red Cross), we submitted a bid in response to a call for tenders from Expertise France. Thanks to the close ties established *in situ* with all the people involved, our project met all the funding body's demands: multi-disciplinarity, sustainability, construction of activities based on co-constructed "conclusive data", the engagement of civil society, visibility and dissemination of results to the general public in innovative forms. This project, which was selected in 2019, is currently being implemented.

Its aim is to develop an intervention model capable of improving access for women, children and adolescents to sexual and reproductive health services and to HIV, TB and malaria prevention and treatment. The project consists of two interrelated components: the "research" component, with a mandate to inform and guide the "action" component. Given the length of the administrative process required to conclude the agreement, then the closure of provinces and lockdown due to the Covid-19 epidemic, implementation of the scientific activities of this project will be delayed. As our partners, doctors and associations for access to care have limited availability and given that it is not possible to launch missions *in situ*, our funding agency is increasingly impatient about the slow pace of the process. The spectre of a "Plan B", which would reduce the budget allocated to the project, has been raised

⁵ Further information on <https://valorisationrecherchevihlaos.com/publication/> and <https://valorisationrecherchevihlaos.com/portfolio/>

⁶ The other partners in the project are the University of Health Sciences (UHS), the Lao Institute of Public Health (LAOPHI), Laopha (LaoPositive Health Association) and the HIV department of the Lao Ministry of Health (CHAS).

while many zero-cost actions, such as coordinating all stakeholders, have been under way for over a year.

The lessons learnt from these projects and the practice of dual commitment

What can we learn from the experiences reported here? To what extent does collaboration between researchers and humanitarian workers present as many opportunities as challenges? When and how is it silenced, or showcased? What are the processes involved in legitimising or delegitimising such alliances?

When I entered the world of research in 2002, I made no reference to my previous life as a midwife and humanitarian aid worker, both in my writings and in my oral contributions. While the goals and practice of my field research were entirely shaped and guided by my career in humanitarian healthcare, the scientific environment and its social codes, my exploration of anthropologists' highly critical work on humanitarian and development practices meant that I had to sweep a raft of knowledge and know-how deemed unmentionable discreetly under the carpet. This was also the case regarding my experience of organising training courses for medical personnel, negotiating with administrative staff or managing local and international teams.

I discovered that the world was split between intellectuals and, in a somewhat caricatured way, academics dedicated to the production of "Science" and... everyone else. These included actors reduced to "getting involved with the implementation" and researchers whose near "militant" commitment was perceived as inconsistent with the discipline's epistemological demands. This frequently claimed and assumed split appears to persist in some scientific circles, particularly those rooted in academia. At the Institut de recherche pour le développement (IRD), to which I am attached, the separation of the two domains is, admittedly, more complex. As a result of the IRD's colonial past, its dual ministerial control and its funding windows, building partnerships in the Global South with a view to achieving the sustainable development goals in a critical manner is now presented as being part of the IRD's identity⁷. Implementing strong, long-term partnerships with academic actors in the Global South is therefore viewed as a goal to be pursued: for those who want to commit to action aimed at promoting social justice and those who sometimes want to feel and see the tangible impact of their research, leave the anthropologist's often-burdensome solitude in their field behind and be carried along by the team dynamics created by the researcher's commitment to the humanitarian community, this is a sound and healthy path for meaningful research that benefits intelligent humanitarian action.

Adapting the focus, however, requires a more critical analysis of this change, as the openness shown by an institution such as the IRD has spread across the entire ecosystem. Having long been split into two distinct areas of bilateral cooperative actions, the side-by-side advance of science and action is now not only expected at every level of the research administration's decision-making pyramid but has become a standard which determines the evaluation and career of the researcher and their laboratory. The number of projects and the overall volume of funding obtained are in fact criteria for assessing the researcher's work that are just as important as the quantity, quality and visibility of their publications. Under the banner of sustainability science, a firm invitation is sent to the researcher asking them to engage in research that is co-constructed in partnership for the benefit of a cohesive and sustainable world in compliance with the analytical frameworks and pre-formatted models of the funding bodies' calls for tender, beyond which funding is scarce.

Is the research-action collaboration at risk?

Without entering into the debates and challenges surrounding the law of research planning which promotes only project-based research, I have to return here to the very notion of partnership and the increasing role played by humanitarian aid workers within it.

⁷ IRD website: <https://www.ird.fr/notre-identite>

Until quite recently, the term “partnership in the Global South” implied a partnership with a scientific institution in a country in the Global South in a given scientific field, with the aim of building capacities and structuring research. The stated aim of achieving the sustainable development goals, however, entails the researcher’s commitment to innovation and social transformation. But how can we innovate for a sustainable world when the very pillars that shape the health and well-being of states and populations, i.e., public services, are collapsing? How can an integrated and sustainable healthcare service that is as close to the needs of the population as possible be established in a context where the grabbing of resources by the minority – a common and global phenomenon – and the breakdown of government health facilities are the major cause of the problem identified? Women and men researchers, public servants or members of civil society are thus committed to working with the humanitarian aid community. With growing means, institutional power that is often greater than that of the others combined, effective human resources, increasingly complex and sophisticated actions (all the more so when co-constructed with researchers) and quantified and targeted objectives, the actions of international humanitarian NGOs are clear, visible and marketable. At the same time, these projects have a short lifespan that rarely exceeds the thirty-six months prescribed by the funding bodies and a very high cost-effectiveness ratio. Great therefore is the temptation to look equally cynically at this mode of intervention, but if we approach this question with greater flexibility and discernment, what position should we take?

Admittedly, it is tempting to turn our backs on the institutional machine and move once again towards more conventional anthropological research – the type we conducted as students, with few resources and often alone in our field. Perhaps this is a way of breaking free from the administrative and managerial red tape of big projects and returning to the simple pleasures of ethnography and the long hours of reading and writing. Yet we must have the statutory or wage framework that allows this freedom. Being content to observe and document, however, is not always tenable. Conducting research in partnership with the humanitarian sector offers the prospect of disseminating information, providing opportunities and being at the heart of and very close to what is involved – at local and global level – in the configuration of the relationships between society, the economy and health. We must continue to walk a tightrope, more or less keeping our balance, and occupy with others the spaces to be defended and those to be created.

Translated from the French by Derek Scoins

Biography • Pascale Hancart Petitet

A medical anthropologist and research fellow at the TransVIHMI Unit (Institut de recherche pour le développement – University of Montpellier – Inserm), Pascale originally trained as a midwife and was involved in humanitarian action for eight years before obtaining a PhD and becoming a researcher. Her work in India, Cambodia and Laos sits at the intersection of human reproductive anthropology, medical technology, gender, migration and infectious diseases. These themes provide a prism for observing and analysing the social forms governing the organisation of the social relationships of sex, gender and class but also for understanding the emergence of new forms of societal organisation that determine these relationships and help to transform them. She has developed various innovative approaches to scientific production and mediation in Laos (multidisciplinary and participatory research, radio programmes, films, plays, dance). See: <https://orcid.org/0000-0002-7377-8038> and <https://valorisationrecherchevihlaos.com/>

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