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An Ethics Assessment Model for Teaching Global Health Program and Policy Implementation

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Abstract

This mixed-method study surveyed and interviewed 60 High Income Country (HIC) US citizens/immigrants and Low-to-Middle-Income-Country (LMIC) citizens of African heritage on their perceptions of mental health services in African communities for implementation and research planning. In this study, ethics was a core emergent theme for global health initiatives and challenges, including political will for ethical change, community gatekeepers, level of government involvement, community-wide participation, public-private sector collaboration, health literacy and education, transparency, continuous monitoring, and consequences for ethical infractions. Based on our findings, we propose an active teaching and learning methodology of problem-based (PBL) and team-based learning (TBL) with multi-level HIC-LMIC citizen engagement for ethics in global health program productivity and sustainability. The intended result is to produce ethically trained and equipped health professionals, enhanced HIC and LMIC capacity building, cultural humility, and decolonization of health programs and policies.

Keywords: Ethics, Global Health, High-Income Countries (HIC), Low-to-Middle Income Countries (LMICs), Sustainable Development Goals (SDGs), Teaching & Learning Methods

Introduction

There has been ethics research in global mental health for decades. For example, one study (WHO, 2004) identified specific types of corruption such as informal payments, ghost workers, absenteeism, dual practice, health insurance fraud, as well as substandard and falsified medicine. Globally, sufficient resource allocation could effectively reduce mental health needs and prevent less serious mental health concerns from progressing into more serious ones. Additionally, mechanisms must be in place to ensure equitable and ethical disbursement of resources. WHO promotes Medicines Transparency Alliance (MeTA) and the Good Governance in Medicines (GGM), which are aligned with medical ethics and transparency.

Furthermore, organizations from High-Income Countries (HICs) should consider the motives and effectiveness of their research and service program goals from the perspectives of the Low-to-Middle-Income Countries (LMICs) with which they

seek to assist or partner with. At the 2022 UN General Assembly, General Antonio Guterres spoke of the distancing between science and ethics in reference to the gross disparity of COVID vaccination rates in African countries compared to wealthier nations (Venkatapuram, 2022), described as "...an obscenity." Insel (2022), past Director of the National Institute of Mental Health (NIMH), discussed the need to chart a path to cure for the mental health crisis with not merely elegant medicine and science but incorporating social determinant strategies that can meaningfully and optimally reach those suffering and in need. Policies, research, and service efforts should be in conjunction with Sustainable Development Goals (SDGs) to support collective ethics and accountability in advancing public health. Governments, community partners, and society should collaboratively seek ways to reduce or eliminate corruption and foster greater transparency and accountability (Vian, 2020).

Global Health Ethics Research and Education

Corruption in healthcare, even mental healthcare, is a global concern. Vian (2020) measured "specific types of corruption including informal payments, ghost workers, absenteeism, dual practice, health insurance fraud, and substandard and falsified medicines" and identified risk factors and consequences of each (pg.1). In addition, anti-corruption interventions were discussed which included more standardized and rigid monitoring, social auditing and transparency mechanisms. Similarly, Koller et al. (2020) emphasized the need for more research on the pervasiveness of healthcare corruption, more investigation on the causes of corruption, and more highlighting of successes in anti-corruption measures. The authors note that for Universal Health Care to be implemented, Anti-Corruption Transparency and Accountability (ACTA) measures must be in place. Promoting research capacity could facilitate better education and health service problem-solving and resolutions, yet tackling ethics and corruption is vital for implementing research productivity.

Problem-Based and Team-Based Learning (PBL, TBL) techniques are utilized for the anti-corruption and ethics-based delivery of health services. PBL was developed by Barrow and Tamblyn (1980) and has supported the idea that students learn more effectively through problem-solving than through memorization of facts. TBL encourages students to learn key concepts independently before being immersed in a small group. These groups work through assignments together, test

together and provide accountability for each team member (Michaelson et al., 2005).

Our Center for Global Health hosts a Global Health Case Competition, which engages PBL and TBL in designing initiatives that can address population needs and solve global health dilemmas. Issues that arise in these cases suggest the need to gain a grasp of the population demographics, economy, and political landscape in addition to the healthcare infrastructure. This also gives rise to the development of decision-making skills to balance the objective of health programs in the face of ethical and sometimes even moral challenges. Questions such as the potential for program success in the face of severe resource limitations and corruption vulnerability have often arisen, with even the consideration to factor in some quantifiable measure of corruption into the program budget as the cost of doing business and achieving the greater good to the benefit of the populace. The cost may also be intangible or non-quantifiable in terms of policies that may be incongruent with common or usual human rights standards, for instance. Our current project sought to examine the literature, perspectives, and lived experiences of HIC and LMIC key informants on ethics considerations for mental health service implementation research, from which a proposed teaching model could be devised.

The purpose of this study is to build on our previous work as researchers, current literature, and key informant perspectives to design a conceptual teaching model for ethical global health programs and policies. This model builds upon 1) multi-level citizen engagement, 2) the WHO Theory of Change for mental health service delivery, 3) the Tripod Objective of Cure for ethical reform, 4) political determinants of health, and 5) Sustainable Development Goal (SDG) outcomes of Well-being & Quality Services, Participation, Leadership & Governance.

Methods

This mixed-method study involved a qualitative observational approach primarily to explore perceptions among 46 individuals of recent African descent in the US regarding mental health services on the African Continent and among African immigrant communities, as well as perceptions among 14 Continental African citizens. The data collected would inform LMIC mental health education, research, service, and policy planning. Institutional Review Board (IRB) approval was obtained to conduct the study. Data was collected primarily by the anonymous

online survey to African Diasporans, with purposive sample recruitment by snowballing through community group networks and survey responses compiled directly into the RedCap database. Survey participants were 18 years or older, not based on gender or socioeconomic status. All Diasporan US citizens or immigrants were of Ghana or Nigeria African heritage, as these were the initial LMIC nations of interest for global mental health research and program initiation. The survey introduction with the link documented participant informed consent. Open-ended survey questions pertaining to ethics included perceptions of: 1) existing mental health service challenges; 2) changes for improvement; 3) the role of policies; 4) public, private or international funding; and 5) strategies for accountability. There were also a series of 3 vignettes representing depression, schizophrenia, and no mental health condition (normal) to gain insight into participant perceptions of these conditions, if they considered it necessary to seek help, and if so, from whom and from where. These vignettes were based on earlier work in the field by the Center for Global Health with a Mental health Stigma Survey (unpublished data, Katz & Wong, 2015)

An additional 14 Continental African Key Informant Citizens shared their perceptions through focus group discussion of the survey questions. The purposive sample of key informants that were recruited for the focus group comprised multidisciplinary professionals, including healthcare, higher education, and local and international policy in Ghana and Nigeria. The demographic data of survey respondents were analyzed for descriptive statistics. Survey and focus group data were collectively coded and analyzed thematically using Braun and Clarke's (2016) procedures.

Results

The survey participants consisted of the following: females 18 (39.1%), males 28 (60.9%); 1 individual (2.2%) aged 18-29 years, 14 (30.4%) aged 30-49 years, 30 (65.2%) aged 50-69, and 1 (2.2%) 70 and above; 22 (47.8%) from within the health professions, 24 (52.2%) not from the health professions. Comparative descriptive statistics are displayed in Table 1.

Table 1

Survey Respondents' Demographic Comparisons (Health vs. Non-health professions)

Variable	Descriptive Statistics		p-value
	Non-health profession (n=24)	Health profession (n=22)	
Gender			0.40
Male	16 (66.7%)	12 (54.5%)	
Female	8 (33.3%)	10 (45.5%)	
Age			0.48
18-20	1 (4.2%)	0 (0.0%)	
30-39	5 (20.8%)	2 (9.1%)	
40-49	2 (8.3%)	5 (22.7%)	
50-59	9 (37.5%)	9 (40.9%)	
60-69	6 (25.0%)	6 (27.3%)	
70-79	1 (4.2%)	0 (0.0%)	
Marital status			0.81
Married	18 (75.0%)	15 (71.4%)	
Separated	3 (12.5%)	4 (19.0%)	
Never married	3 (12.5%)	2 (9.5%)	
Education			0.41
High School	1 (4.2%)	0 (0.0%)	
Associate Degree	4 (16.7%)	2 (9.1%)	
Bachelors Degree	8 (33.3%)	5 (22.7%)	
Graduate	11 (45.8%)	15 (68.2%)	

There were no significant differences in demographic characteristics between groups or based on whether or not they were in the health professions. There was a notable difference in the perception of medicines being useful for the treatment of depression, with 16 (66.7%) non-health professional respondents indicating that medications would be helpful, while 21 (95%) health professional respondents indicating that they would ($p = 0.023$). Also noted was the discomfort of a majority of survey respondents with the idea of living next door to, socializing with, and having family in-laws or community leaders with mental health conditions, irrespective of whether or not they were in the healthcare field.

A core emergent theme from the survey was a recognition of mental health service issues with service implementation and treatment access and multi-level ethics challenges among the key barriers to effective implementation. Recommendations from both survey and focus group participants included expanding the LMIC education, service, and research capacity in partnership with HICs. Target areas for program planning were existing challenges identified by grassroots community needs assessment, multi-level stakeholder engagement to execute recommended

changes, engaging leadership at the legislative, administrative, and community levels, allocation and innovation with funding and workforce resources, and comprehensive mechanisms for accountability. It was further noted that bidirectional engagement across both LMICs and HICs participants was recommended and that program planning takes into consideration the development of core evaluative and risk measures, such as the presence of political will for meaningful ethical change, community gatekeepers, level of government involvement, community-wide participation, public-private sector collaboration, health literacy, and education capacity, transparency, continuous monitoring, and consequences for ethical infractions (Oji, Niwagaba, et al., 2021). Examples of participant comments are listed in Table 2.

Table 2

Qualitative Codes, Themes, and Study Participant Quote Examples

Codes	**Risk Assessment Themes (PBL/TBL Topics)**	**Participant Quote Examples**
Community gatekeepers Community-wide participation Continuous monitoring Cultural Humility Education and Health literacy Global Health Decolonization	Accountability with Enforcement Capacity Conflict of Interest Cultural Humility (HIC, LMIC) Financial hardship/vulnerability Fraud Control Insurance/Programs Global Health Service Research Legal/Regulatory Infrastructure Multi-level Engagement	"...A high level of accountability is needed…" "Assessment tools should include accountability necessary to ensure integrity…" "Better checks and balances to prevent corruption" "By decreasing corruption, providing security of life and property, improving education" "Churches and private organizations given more

Public-private sector collaboration Transparency	(includes citizen participation, monitoring) Political Will Research Capacity/Infrastructure (e.g., UEIs, eRA Commons, etc.) Resource Inventory interventions Social Justice Dilemmas (e.g., balancing human rights violations vs. population needs) Teachability Transparency	roles…waste and excesses could be reduced" "Close monitoring and external auditing of funds and services" "Consequences for ethical violations" "Continuous monitoring and evaluation" "Educating people" "Education" "Electing leaders with integrity" "Ensuring…monies are properly accounted for and professionals given the incentives to pursue this agenda" "Funding should be separated from other government work" "Getting community leaders involved" "Hiring trained and trustworthy personnel" "I don't know. There's no accountability in that

		country" "In (this country) there's no accountability throughout the country, everybody is corrupt as far as I am concerned" "Ministry of Health…ensure accountability of health providers" "Monitoring and evaluation …annually before renewing funding" "Our government does not care about these issues" "Providing rules and regulations that governs programs" "Provision of modern tools for close monitoring and ensure people of integrity are put in place" "People need more training" "Results driven protocols" "Setting up checks" "Strict auditing" "Success driven funding will ensure accountability"

		"The program must be audited three times a year by interviewing the patients." “Transparency in processes, regular status reports”

Note: UEI- Unique Entity Identifier, eRA - National Institutes of Health (NIH) Electronic Research Administration system

Discussion

WHO articulates Sustainable Development Goals (SDG), which include a global call for anti-corruption and accountability in order to advance public health (Vian, 2020; WHO, 2015). The emergent qualitative themes (Table 2) fall primarily into the SDG categories of 1) Well-being & Quality Services, 2) Participation, and 3) Leadership & Governance. Thus, our proposed ethics assessment model would identify and evaluate the presence, absence, and potentially positive or negative impact of such factors. Although the survey and focus group responses reflect only the perceptions of the study participants in terms of generalizability, they are consistent with earlier work by the investigators and other work in the field. The discomfort, for instance, with mental health conditions among both health professionals and non-health professionals might suggest a strong persistence of stigma that could influence multi-level decision-making and behaviors, thus underscoring the need for cultural awareness and health literacy for any mental health program effectiveness. This stigma may be a part of the political determinants of health with implementation science in African LMICs. Prioritization of mental health services in Africa is reportedly influenced by leadership perceptions of the problem, feasibility, and support for response (Bird et al., 2011). Political determinants of health are a mechanism by which existing social determinants of health become part of the political mainstream. According to Dawes (2020), "political determinants of health … affect all of the dynamics of health and create structural barriers to equity for population groups that lack power and privilege" (p. 80).

Pursuing Global Mental Health Research Capacity

The lived experiences of LMIC key informants from our study were as remarkable as the COVID vaccination disparity described at the 2021 UN General assembly as a "moral indictment of the state of our world" and an "...F in ethics." (Venkatapuram, 2022). Experienced LMIC clinicians and investigators have sought nearly a year thus far to register their institutions with Unique Entity Identifiers (UEIs) in order to be able to apply for eRA Commons registration and submit electronic research grant applications to the National Institute of Health (NIH, 2022) to no avail, with inadequate helpdesk support and Program Office unresponsiveness, without explanation, and despite a generally professed HIC interest to work collaboratively with LMICs to tackle global health problems. The LMICs also received overtures from private organizations offering to help obtain NCAGEs and active UEIs for a fee. They accurately predicted that it would be impossible to get registered otherwise. It is unclear if such organizations are legitimate or if they are scamming vulnerable LMICs; nevertheless, their predictions have proved to be true. Also interesting, some grant reviewers indicated from a personal opinion that even if these registrations were obtained that NIMH still wouldn't award any grants applied for new organizations due to lack of previous NIH track record, despite research track record from other organizations, and irrespective of unmet population needs and health crises. This raises overall inquiry about process transparency, distancing of science and ethics, disparities, and lack of access by LMICs to global health research resources. Such experiences create misunderstandings of HIC bias, distrust, even prejudice towards LMICs, or HIC disingenuous motives and control through LMIC "favored" collaborator exclusivity to institutions or regions which do not support overall population health needs nor meaningfully elevate research capacity, thus exacerbating perceptions of global health colonization. It also feeds into the problem of political determinants of health with leadership pessimism on implementation feasibility and resource support. Ethics and anti-corruption education should include strategies to assess the levels of transparency and obstacles in LMIC research funding and expanding HIC-LMIC collaborations.

Teaching Model Design for Ethics Assessment

Ethical frameworks in the scholarly literature have generally been categorized into 1) applied ethical questions focused on specific health issue(s) with broad global

relevance, 2) normative ethics or moral philosophical criteria for discerning right from wrong, 3) applied evaluation of issues through a single philosophical tradition, and 4) comparative analysis of multiple ethical frameworks. (Robson, 2019; Roger, 2009). Our project could be said to lean towards exploring the ethical questions of mental health services and policy implementation through Africa and US Diaspora collaboration, as well as normative ethics in addressing corruption. Corruption may be described as an abuse of power for private gain (Vian, 2020) in the form of bribes, conflicts of interest, unofficial or informal payments, kickbacks, fraud, embezzlement, undue political influence, and nepotism, for example. Global health stakeholders have been given a call to action in the SDGs to work on accountability, anti-corruption, and transparency (Vian, 2020) to advance universal healthcare coverage and minimize or eliminate health disparities. Our research will contribute to these goals with an ethical framework that includes what Robeson (2020) describes as multiple levels of engagement: interpersonal, institutional, international, and structural. Global health ethics, as a growing field, has been described as being deficient in LMIC voices, which also mirrors global health disparities (Koplan, 2009; Robeson, 2019). Teaching ethics assessment should include strategies to determine the level of balance in HIC-LMIC collaboration, bidirectional and decolonizing, that minimizes perceptions of bias, exploitation, or dependence and promotes multi-level engagement, transparency, and accountability. One ethical framework to consider is the Tripod Model for ethical reform (Oji & Oji, 2010) based on one of the study LMIC nations, Nigeria. This comprises a 3-pronged or Tripod Objective of Cure, including 1) Correction of Offenders, 2) Education/Reorientation of Values, and 3) Constructive restitution for those impacted. Due diligence in planning for global medical service projects could include screening for indicators of processes, tools, and history of accountability.

Problem-Based Learning (PBL), Team-Based Learning (TBL)

Global health reportedly emphasizes interdisciplinary collaboration on transnational health issues and solutions (Koplan, 2009), which could synthesize and enrich multiple perspectives with problem-based and team-based learning methods. The PBL approach can be incorporated into any learning method. However, studies have shown time and again that introducing complex and real-world problems effectively promotes student learning instead of just presenting concepts and facts. Complex issues in real-world context challenge students to go

beyond their comfort zone and explore ideas of realistic application of the concepts. Additionally, PBL motivates students to solve problems and hones their critical thinking and creativity skills.

Team-based learning integrates small groups of learners or interprofessional teams who come together to contribute their input in order to solve the problem (Gonzalo A et al., 2019). The strategy for TBL is to increase the engagement of participants through collaboration. This method is definitely ideal for multi-level and Translational Education. For instance, issues and projects in Global health demand multi-level learning and international cooperation, and implementing TBL could be an extremely useful approach to achieving respective goals.

Sustainable Development Goals (SDG) and WHO Theory of Change

United Nations Member States adopted a global shared 2030 targeted agenda for sustainable development (UN, 2022) based on 17 Sustainable Development Goals (SDGs). Three SDGs were found to be most relevant to our project: 1) Well-Being and Quality, 2) Participation, and 3) Leadership and Governance. Well-Being and Quality for our proposed model involve patient-centered priorities regarding community awareness, help-seeking, and access to care. Participation would be multi-level from grassroots to legislators, a mobilized interdisciplinary workforce from both healthcare and local community sectors, and creating full community stakeholder and ownership. Leadership and Governance involve sustainability and HIC-LMIC partnerships with balanced and transparent mutual interests. The WHO Theory of Change indicates a strong association between poverty, inequalities, and poor mental health (UK AID, 2020); poverty and inequalities also create strong ethical vulnerabilities. WHO's Comprehensive Mental Health Action Plan 2030 advocates promoting mental health and well-being through action on social determinants of health as one of the key objectives.

HIC-LMIC Engagement

Robson et al. (2019) identify core ethical issues that should be addressed in working to improve global health ethics, although their findings were based on a critical interpretive review of work in the field by over 80% of HIC authors and just 12% of either LMIC authors or HIC-LMIC author collaborations. Our work looks at ethics also from the perspective of HIC-LMIC collaborating study participants, although the HIC participants are US Citizens or immigrants of recent generational

connection or heritage with the African continent, often described as African Diasporans. Overall, this work comprises study participants of 100% African citizenship and/or recent heritage, recent heritage being African immigrants to the Diaspora or 1st and 2nd generation Diasporans with cultural ties to countries of their African ancestry. LMICs' global health programs can sometimes face barriers due to negative impressions associated with ethical challenges and corruption. It should be noted, however, that this vulnerability for corruption may not only exist in the LMIC of program focus but with the motives of the HICs claiming an intent to help. The literature has raised the issue of HICs and an exploitative global economy which leaves ethical implications for LMIC health (Benatar, 1998; Robson, 2019). The lived cultural and socio-political knowledge, vested interest, and experiences of African Diasporans could have the potential to address misperceptions, help to overcome barriers, and galvanize global health resources while engaging with LMICs in their collective goals for better self-determination and decolonization. To this end, an Africa-Diaspora Citizen Engagement Collaborative (CEC) was established.

Based on prior work, mental health stigma and misperceptions (Katz & Wong, 2015) were the key areas for education and intervention in the LMICs of interest for this study, and education emerged among key qualitative codes and themes. Ethics engagement and transformation at multiple levels (Robson, 2019) could serve as evaluative points by which an assessment could be made as to the potential for transparency, program success, or sustainability. Ethical frameworks are often proposed from the medical community and philosophy sectors with input from the social sciences (Robson, 2019); this could be broadened to be fully multidisciplinary and patient-focused or community-focused, especially in LMICs where great workforce mobilization is necessary, as well as recruit citizen leaders and policy stakeholders to effect meaningful change. Koplan (2009) indicates the emphasis on transnational issues and problem-solving involving many health disciplines and interdisciplinary collaboration to pursue a social change of improved global population health and health equity.

We propose an active learning methodology with transcontinental problem-based and team-based learning (PBL; TBL) to gain multi-level engagement across sponsor and recipient (collaborating) nations grounded on WHO Theory of Change (Breuer, 2018; UK AID, 2020) with WHO SDGs, and a Tripod Objective of Cure (Oji & Oji, 2010) for ethical reform. PBL methodology is based upon introducing

a problem to a group of individuals as a stimulus for learning. The group must then actively participate in analyzing the problem and try to solve it using background knowledge. This method allows all participants to brainstorm various theories, solutions, or information that may need to be gathered to solve the problem (Klegeris, 2011). When PBL methodology is used, it aids in the acquisition of behaviors, skills, and knowledge through the utilization of external resources and critical thinking skills. The objective of PBL is to go beyond the traditional method of learning factual information from books and learning information while also using it in the context of real-life situations. Ibrahim (2018) conducted a study to assess the benefits and effectiveness of PBL in gaining knowledge and soft skills from the perspective of medical students. At the conclusion of his study, he found that 92.5% of the medical students surveyed believed that PBL promoted their curiosity, acquisition of attitude, and developed their inter-professional relationships.

Additionally, 89.6% of the students indicated that PBL stimulated their desire to learn basic science concepts and promoted their team working skills. While 88.1% agreed that PBL learning helped to develop their independent learning skills. Hence, this study helps validate that PBL is a great educational method that not only promotes camaraderie but fosters an environment for immersing oneself into the mindset necessary to work through real-life scenarios. This multi-strategy, multi-level teaching model would be utilized as a tool to mobilize an expanded health service and research workforce aiming at greater capacity for productive programs, policies, and research. Figure 1 illustrates balanced relationship elements to be considered between HICs and LMICs to stimulate local and global growth and "brain circulation" (NIH Fogarty International Center, 2022) and positive outcomes. Figure 2 is an initial conceptual model for teaching ethics assessment.

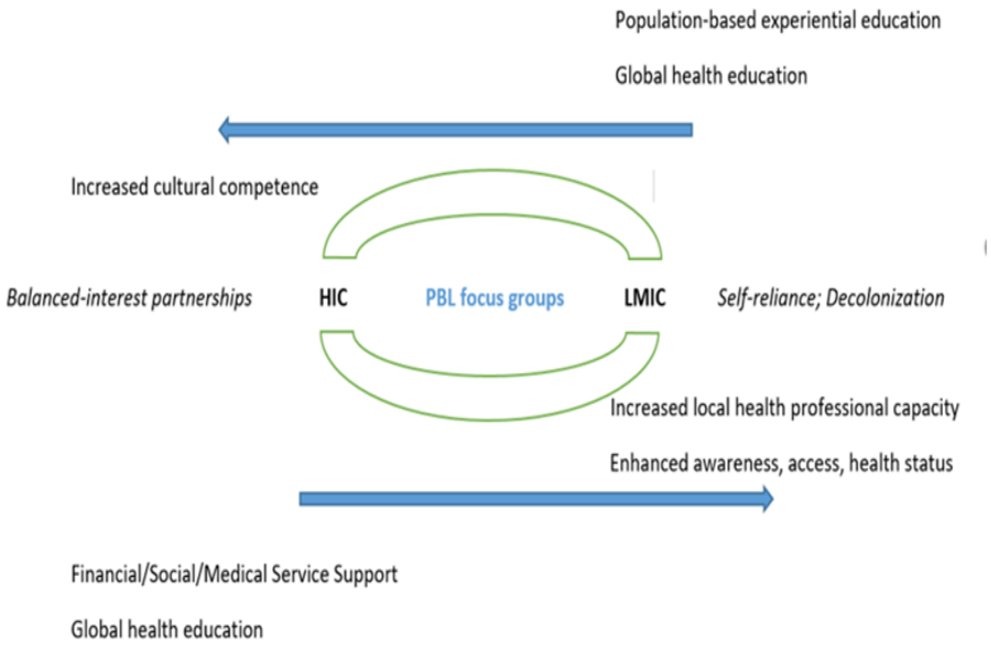

Figure 1. Africa-Diaspora Collaborative Communication Loop

Teaching Model Concept for Ethics Assessment

A preliminary concept is modeled in Figure 2. Both HIC and LMIC citizens should conduct self-reflective and partner evaluations to ensure that efforts are community need-focused, with multi-level participants; that there is mutual autonomy and balanced leverage; political will and capacity for program sustainability, with transparency and accountability. Cultural humility will be necessary to overcome negative perceptions, misunderstandings, and bias; yet where apparent issues are discovered, they must be clearly communicated to pursue resolution and a stance of transformative anti-corruption. A "C" Culture for Promoting Ethics – Communication is the key that is Courteous, that Confronts, and is Continuous.

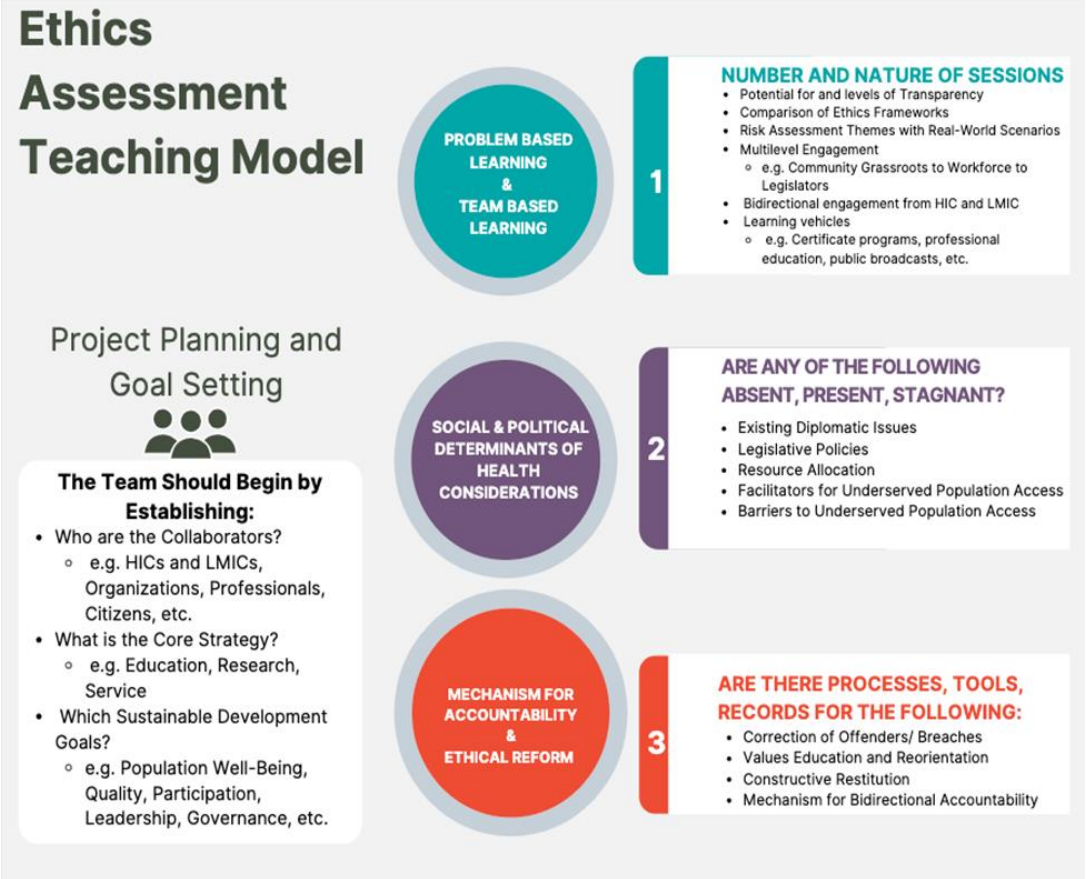

Figure 2. Proposed Ethics Assessment Teaching Model Design

Conclusion

WHO Sustainable Development Goals support ethics and accountability to advance public health. This mixed-methods project was part of planning for a collaborative HIC-LMIC global mental health service research initiative in Africa. It was used to design a model for teaching ethics assessment. The study design was primarily qualitative in order to collect rich data on multi-level perspectives and amplify the voices for whom mental health services, research, and policy are intended. Study participants were enrolled from Ghana and Nigeria citizenry or Diasporan ancestry, which on the one hand, could be limiting in generalizability, or on the other hand, could be considered not specific enough due to ethnic and cultural nuances. These were the two countries in which the global mental health research initiative was planned for implementation. These are two anglophone West African nations of

ECOWAS (Economic Community of West African States) with some similarities in culture, history, and years of political independence. This has afforded an opportunity for collective and unifying perspectives, not limited to the created boundaries of colonization. The study participant perspectives were also consistent with the literature on issues in Africa with stigma, resource limitations, prioritization by leadership, and corruption, thus supporting study applicability and adaptability across multiple LMIC settings. In order to stay true to our goals, the researchers respect the fact that the model will likely need to be tweaked in its adaptation across Africa or Diaspora immigrant populations. In order to practice in a sound, ethical manner, each proposed community, country, or region of focus must consider assessment on its own merits.

The next steps might include more comprehensive data collection into other regions beyond anglophone West Africa. Our ethics teaching model could be tested in further implementation of science research, planning specific medical service programs, as well as didactic or clinical instruction and service learning.

Social change can be challenging, especially when political and socioeconomic entities and stakeholders with varied beliefs, interests, and priorities can oppose change at the expense of population needs. Often those in need of services are overlooked in the conversation of bridging effective therapies to beneficiaries in the community. Our model acknowledges the need for multi-level and balanced collaborations as a strategy for ethical reform. Proposed global health service, research, and policy programs should consider ethical frameworks and strategies to identify ethics and corruption risks, identify corruption consequences, and inventory solutional interventions.

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