



Transforming partnerships through transboundary research

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SUMMARY

Research partnerships are a key entry point for addressing the asymmetries that pervade global health. However, highly competitive and fast-paced science limits the kind of innovation and transformative change needed to reduce the imbalances that undermine the independence and academic freedom of research partners. The goal of this piece is to present a transformative lens for partnerships in which participating research organisations are willing to be mutually influenced through genuine collaborative efforts. In contrast to transactional partnerships, a transformative collaboration identifies a set of goals toward which the partnership wishes to work and agrees on the process for achieving them together. First, reflexivity and awareness of positionality are needed to recognise the power relations embedded in research and how these relations may not serve all people equally. Second, solidarity and togetherness create an interconnected view that transcends differences. Third, collective reflection on how and why the desired changes will occur is needed to guide the planning of ‘who will do what, how and when’ to advance equity-centred actions. Finally, shared responsibility for actions and outcomes will ensure mutual trust and a productive working relationship among partners. Implementing these principles requires some partners to relinquish control and step back when necessary, others to take ownership and greater leadership, and all partners to act with solidarity, accountability and trust. These complementary attitudes underpin the success of transformative partnerships in realising the full societal value of global health research.

VALUE AND CHALLENGES OF WORKING TOGETHER

Collaboration is at the heart of social change. By combining the resources, knowledge, perspectives and skills of different teams and institutions, research collaborations can address global health issues more effectively than any single organisation or country could do alone.^{1,2} They can also increase the visibility, recognition and dissemination of research and advocate for stronger health policies at the national and international levels. However, working together requires more resources, time and effort than working alone, does not always guarantee better

SUMMARY BOX

- ⇒ Research partnerships offer a wealth of opportunities for researchers to learn about and address the dominant narratives and personal privileges embodied in one's geopolitical location, race, class and gender, among others. This introspection requires attention not only to research outputs but also to the process of making and doing research.
- ⇒ By recognising the power relations embedded in research and how these relations may lead to uneven benefits to partners and societies, scientists can identify the pragmatic actions needed to translate the concept of equity into tangible and impactful outcomes.
- ⇒ Transformation requires institutions that are willing to be influenced by each other, the identification of realistic and shared goals toward which the partnership will work, and agreement on the process for achieving them. By setting clear, actionable goals and implementing strategies to achieve them, global health partnerships can monitor their effectiveness and make necessary adjustments.
- ⇒ Balanced partnerships are achieved through collective analysis and awareness of positionality (to challenge inherent assumptions and privileges), solidarity and togetherness (to create an interconnected view that transcends differences), and shared responsibility for actions and outcomes (to ensure an effective relationship).
- ⇒ Complementary attitudes (relinquishing control and stepping back when necessary, allowing others to gain agency and take a greater leadership role through effective governance) underpin the balance needed for the collective mobilisation of global intellect, ambition and action that global health requires.

scientific results and may not always be necessary to address all health challenges.³

There is a wide range of engagement models for joining research efforts (cooperating, collaborating, partnering; [figure 1](#)), each of which requires specific capacities and inter-institutional support. Partnerships are a deeper form of collaboration that is often formalised, has a clearer governance structure and involves a long-term commitment where forces are combined to create



Figure 1 Key drivers for transformative partnerships along the working together continuum. Working together can take place at different levels of engagement, ranging from basic interaction to deeper, more integrated forms of collaboration.⁵⁷ Cooperation is a relationship between individuals who may not have a common goal but who support each other and their objectives through individual tasks or projects. Collaboration is the process by which a group of individuals work together to achieve a common goal. Partnerships typically reflect a higher level of interdependence, often with shared risks, responsibilities and rewards. All partnerships are a form of collaboration, but not all collaboration is a partnership. As we move from left to right on the continuum, working relationships move from more transactional (focused on short-term goals, compliance and structured procedures) to transformational (built on a shared vision, fostering a culture of autonomy and ownership, and taking a long-term approach to support mutual growth and development). Key drivers of transformative partnerships are positional awareness (introspection to understand individual and institutional positions in relation to different social identities such as gender, race, class, ethnicity and geographical location), togetherness (a sense of interconnectedness and shared responsibility among partners), intentionality (a pragmatic purpose to drive change through action rather than rhetoric) and a vibrant culture of accountability (a willingness to take responsibility for one's actions).

something lasting. Global health research partnerships, which focus on health challenges on a global scale, often involve a variety of actors from around the world (governments, philanthropic and non-governmental organisations, universities, the private sector and civil society⁴) and therefore require approaches that cross national, social and cultural boundaries. This transboundary nature poses several challenges to the functioning of global health partnerships.

The power inherent in human interaction permeates transboundary partnerships with asymmetries stemming from colonial history, socioeconomic and knowledge-setting structures, and research capacities and practices.^{5,6} First, the globe is still dealing with the aftermath of colonial history, which manifests itself with profound differences at the political (international relations),

economic (funding and resources) and epistemic (beliefs, thinking and knowledge) levels.^{7,8} This historical asymmetry has empowered former colonising countries⁶ to take on health challenges that are routine problems in former colonised countries,^{5,9} thus laying the foundation for dependent relationships and even subordination. Power asymmetries are further accentuated by the logic of efficiency and benefit maximisation shaped by neoliberal approaches that influence individual and institutional values and choices while undermining people's sense of solidarity.¹⁰ Hegemonic thinking that promotes white, male, Christian, heterosexual, cis-gendered, English-speaking, and bourgeois as superior referents also shapes the exercise of power by defining the desires and actions of individuals and groups while discrediting alternative models. Finally, modern science, which served

the European power during the colonial project,¹¹ is still used to maintain the economic, social, historical and political status quo.^{12 13} Although assumed to be objective and impartial, the academic production of knowledge, intrinsically linked to Western culture but with a shorter history in other cultures,¹⁴ legitimises certain voices and institutional structures that have come to symbolise trust, rigour and knowledge, at the expense of others.¹⁵ All these power imbalances can easily give authority to some partners while taking away agency (ie, the ability to act intentionally) of others.^{15 16}

Whether from a former colonised or coloniser country, deconstructing the views and power structures in research partnerships is essential to promoting new forms of engagement based on bilateral autonomy.¹⁷ Critical race theory,¹⁸ queer theory,¹⁹ feminist theory,²⁰ decolonial perspectives,²¹ slow science,^{12 22} degrowth strategies and planetary health,²³ among others, are examples of these efforts towards alternative ideals and values. Equity is the most powerful driving principle for decolonising mindsets and imaginations, a necessary first step in addressing historical injustices and achieving transformative impact for the benefit of all.²⁴ However, the judgement of justice and fairness is subjective (based on perspectives) and relational (based on the connection between people). Therefore, translating these abstract concepts into pragmatic action is essential to move from aspirations to tangible changes.^{1 21 25} Balancing the long-term vision needed to achieve these deep reforms with the short-term actions that maintain momentum can pave the way for the necessary transformation.

THE TRANSFORMATIVE LENS

Several actions are being taken by global health partnerships to increase equity in research, such as the use of inclusive and culturally sensitive designs, addressing social determinants of health, capacity building and infrastructure development, strengthening equity guidelines, and policy advocacy.^{26–29} Progress has been made in promoting equity, but efforts often fall short due to structural, institutional and funding barriers,³⁰ misaligned priorities and fragmented top-down efforts³¹ and a poor culture of accountability,³² ultimately leading to a lack of locally owned and sustainable solutions³³ that can effectively address the root causes of health inequities. Moving from transactional commitments (typically involving a short-term agreement, controlled by one partner, to complete discrete tasks) to transformational partnerships (based on a jointly developed approach to achieving common goals through pragmatic action^{34 35}; figure 1) has the potential to catalyse the long-term, reciprocal and positive changes that are needed. There is no ‘one-size-fits-all’ recipe for managing transformative partnerships, as each will depend on how ambitious the goals of the collaboration are. However, a core component of equity-centred transformation is the collective definition of concrete actions to achieve the changes sought by the

partnership. Key drivers of such a forward-looking and transformative pathway are positional awareness, intentionality, togetherness and shared responsibility^{21 25 36} (figure 1).

Positionality

Awareness of the roles, perspectives, social identities and power dynamics that each participant brings to the research process is a prerequisite for challenging established beliefs and viewpoints. Global health research provides a wealth of opportunities to learn about and address the dominant narratives and personal privileges embodied in one’s geopolitical location, race, class and gender, among others (guidelines, checklists and hands-on experiences available here^{26 27 30 37–40}). However, finding the time, courage and humility required for questioning how science can be done in an equitable way, not just with equitable intentions, is not an easy task in the daily research routine.

Attention to language use and the mechanisms of scientific knowledge production can provide a first glimpse of the inherent assumptions^{7 8} and unconscious hierarchies that permeate global health research partnerships.¹³ For example, African countries have ‘unstable regimes’ while Europe has ‘democracies’; ‘immigrants’ work and settle in the West, but Westerners are ‘expats’ when living abroad; students travel to high-resource institutions for ‘training’ and to low-resource institutions for ‘capacity building’.¹³ Similarly, questioning highly competitive and fast-paced research practices that promote quantity over quality, boss-employee over mentor-trainee relationships, and short-term productivity over long-term impact^{12 22} can help to identify academic deficits and extractive attitudes that affect global health practice.^{12 41} Several preconceived notions about what each partner brings, what role each plays and how a partnership works in practice emerge from these reflections (figure 2). Common misconceptions include the belief that researchers from low-income countries lack the capacity to address their country’s health problems (which leads to seeing weaknesses where there are strengths)⁴²; that global health partnerships only benefit under-resourced partners (ignoring benefits to high-income institutions)^{43 44}; that ad hoc planning of capacity-building efforts is sufficient to address systemic needs⁴⁵ (which usually leads to fragmentation and inefficiency of development efforts³¹); and that all differences are inequities^{24 33 42 46} (ultimately reducing active engagement to take control rather than relying on external help^{47 48}). Deep introspection about the role of all partners in perpetuating these misconceptions can foster the collective mobilisation of global intellect, ambition and action that balanced partnerships require.^{21 47 48}

Togetherness

Fostering an interconnected view between partners that transcends cultural, social and economic divisions is essential to take research collaborations to greater

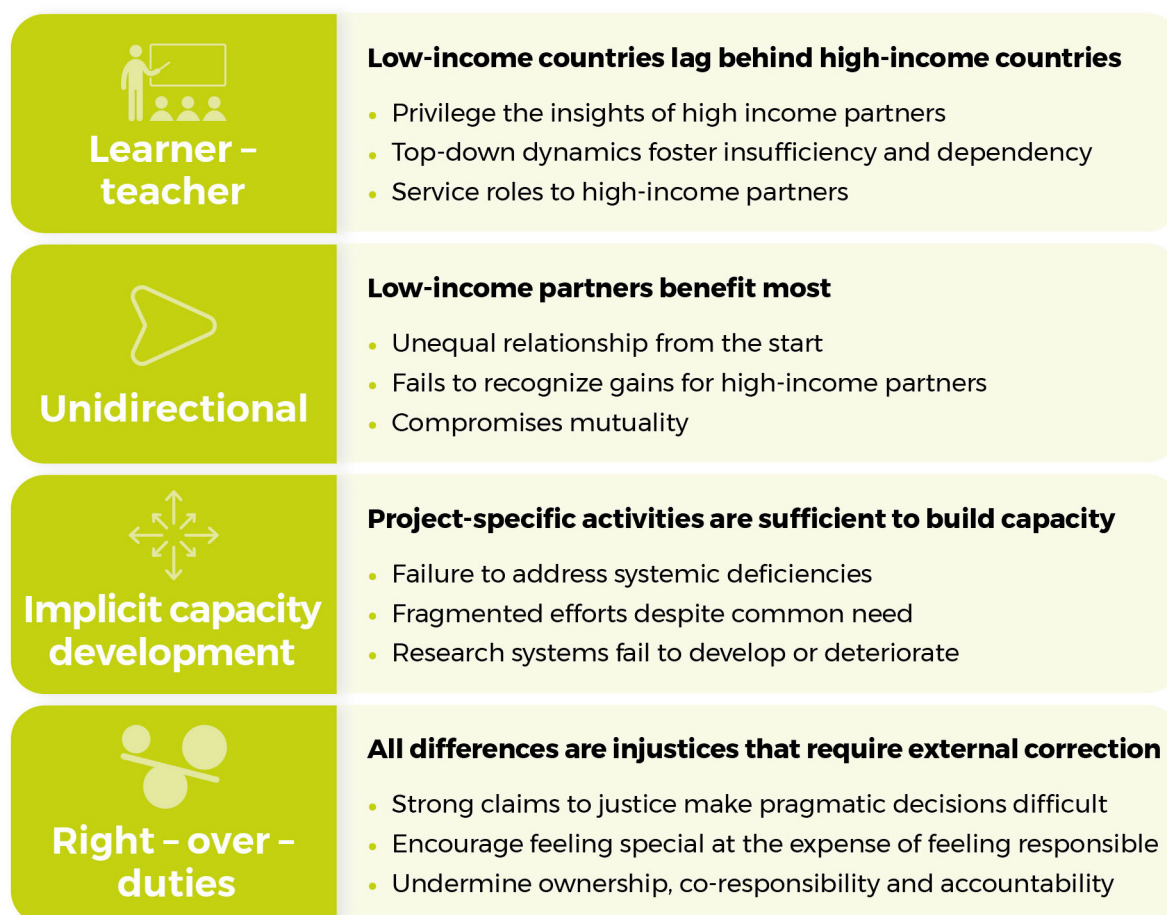


Figure 2 Common misconceptions in global health research partnerships. The ‘learner-teacher’ misconception, which assumes that researchers from low-income countries lack the capacity to address their country’s health problems, leads to seeing only weaknesses where there are strengths.⁴² This emphasis on deficits encourages the formulation of top-down projects dominated by institutions located far from the settings most affected by the health challenge being researched, ultimately reducing agency and perpetuating dependency.⁴² The ‘implicit capacity development’ misconception assumes that ad hoc capacity building linked to specific projects is sufficient to address contextual challenges⁴⁵ and usually leads to fragmentation of development efforts rather than addressing systemic needs.³¹ As knowledge and technology are assumed to be concentrated in high-income countries, it is also wrongly assumed that partnerships only benefit less well-resourced partners⁴³ (the ‘unidirectional’ misconception). However, high-income institutions also gain much from these collaborations because the health challenges that researchers seek to alleviate are also a professional, knowledge-generating opportunity to be exploited² (eg, creation of global health schools and master’s programmes, project overheads, salaries and promotion of researchers).⁴⁴ Recognising the benefits of global health research for all institutions involved in the collaboration, while increasing direct funding to institutions located where the health challenge resides, can help to promote more balanced partnerships. Finally, the belief that all differences are inequities (the ‘right-over-duties’ misconception) can encourage charitable roles, complacency and accommodating attitudes that reduce active engagement^{47 48} and ultimately undermine empowerment.^{24 33 42 46}

heights.^{49 50} However, navigating the partnership while dealing with different perspectives can be a challenging task, especially when it comes to different cultural backgrounds and capacities. How these differences are managed will determine how the partnership progresses and the potential for transformation.

The first necessary step in cultivating a sense of togetherness and solidarity is a mutual understanding of the differences between partners. Being open, empathetic and authentic, while adopting an ethos of empowerment and a commitment to effective communication, is especially critical when there is a real or perceived imbalance

of power. These efforts at understanding can help identify the challenges that others may face. For example, limited investment in research and development in some societies can result in a low-density of research (56 times fewer health researchers per million people in low-income countries than in high-income ones⁵¹), fewer opportunities for specialised training (including analytical and English writing skills)⁵¹ and fragmented public health agendas dependent on external funding.³⁰ These complex environments are usually exacerbated by intransigent institutional policies and bureaucracies, difficulties in international currency transfers, and a

lack of national suppliers, which increases the cost and logistics of obtaining materials and maintaining laboratory equipment. As a result, researchers end up being absorbed into a wide range of responsibilities and taking on leadership roles early in their careers while having to deal with inefficient or non-existent research support systems (ie, project and financial management, internal policies and guidelines, computing infrastructure, access to expensive technical platforms). These weaknesses in the research ecosystem, combined with shorter research traditions and the low status of research in some societies, may encourage seeking prestige and career advancement through bureaucratic roles. On the contrary, Western partners, usually with a more resilient research structure, tend to concentrate resources in highly competitive environments.^{9 21} A key skill for managing diverse perspectives, challenges and strengths that emerge from these asymmetries is respect, understood not as tolerance of differences but as appreciation of them as an opportunity to enrich the partnership (practical experiences described in²⁸). Respecting the agency of each partner requires avoiding coercive attitudes, even in situations where this is not intended.¹⁵ Coercive setting of research agendas, capacity priorities or activity plans are forms of agency-reducing attitudes that can be exerted through funding pressure, epistemic violence or feelings of superiority. The risk of agency violation can be reduced through open deliberation, co-creation of partnership goals and rules of engagement, and shared decision-making, all of which require open communication and dialogue among partners. To be productive and balanced, this dialogue must acknowledge the different memories, habits and truths of each partner. A shift from dialectical conversations, which expect to arrive at a single 'truth' through competition and assertiveness, to dialogical conversations, which seek mutual accommodation rather than resolution,⁵² can promote the balance needed to reach common ground. Transformative efforts can be encouraged by rewarding sustained commitment and personal qualities such as flexibility, humility and willingness to learn.⁴⁶

Equalising partnerships require questioning attitudes under two guiding principles. First, problems and solutions are not exclusive to economically challenged and over-resourced countries respectively.⁵³ Recognising the equal value of the other side's ideas and institutional practices opens a judgment-free zone that avoids parochial biases (eg, the assumption that one's own cultural views and norms are universal)¹⁵ and stimulates an openness to change (transformation) in individual and institutional ways of thinking and working as a result of collaboration.³⁴ Second, the principle of subsidiarity¹⁶ emphasises the key role of those actors who are closest to the object of the problem. Therefore, balance does not necessarily presuppose equivalence (ie, research and non-governmental organisations do not have a decision-making role, which is the responsibility of the country entity representing its citizens)³³ but complementarity

to achieve mutual benefits. Achieving justice is determined by finding the right balance between the two elements comprised by the subsidiarity principle: non-abandonment and agency.^{16 36} Overemphasising non-abandonment without considering agency can lead to charitable approaches, while prioritising agency alone encourages an individualistic approach that ultimately undermines efforts to promote global solidarity.¹⁶ Letting go of some of the control exercised by the most influential partner is a first necessary step to open the space that ensures that agency is not harnessed.¹⁶ This requires recognising the expertise of the collaborating partner (technical, contextual, social, political and institutional, among others)⁴⁴ and empathising with the challenge the other may be facing. In turn, partners with hands-off involvement must carefully consider the needs and means (including better governance) of actively gaining agency to play a greater leadership role. Acceptance of a mutually supportive role, generosity in balancing interests, and adaptability to slow down when necessary will allow all partners to catch up at the same pace for the successful progress of the collaboration.^{33 49}

Collective Intentionality

A key requirement for transformation is a forward-looking shift from general principles to specific actions that will drive the desired change. Purposefulness drives this action-oriented behaviour,⁵⁴ which requires highly open and candid deliberation to jointly define the outcomes that the partnership will pursue and what each organisation hopes to gain from the partnership.^{30 49} This analysis must recognise the strengths, gaps and asymmetries between partners based on cultural and contextual backgrounds, including different capacities, priorities, specific challenges, timeframes and organisational incentive structures, and how these differences may affect partnership goals. Differences can then be used to identify both complementary strengths that support joint efforts and gaps that require special attention and corrective action.

The thinking starts with the problem(s) the partnership wants to address, which will determine the strategies, actions, conditions and resources needed to achieve results through collaboration. The application of this theory of change framework is useful to anticipate the cascade from specific actions to outputs (eg, joint research products, trained researchers and managers, equity-centred guidelines), outcomes (eg, increased quality and validity of scientific knowledge, improved research ecosystem) and partnership impacts (eg, joint solving of global health challenges; balanced agency and power; figure 3). Making explicit how activities, outputs and outcomes is expected to interact within the context will create a shared understanding of the process needed to achieve the desired changes, thereby increasing the chances of success.

Enhancing mutuality and bilateral benefits, but not in the form of calculated and expected returns,⁵⁰ is an important

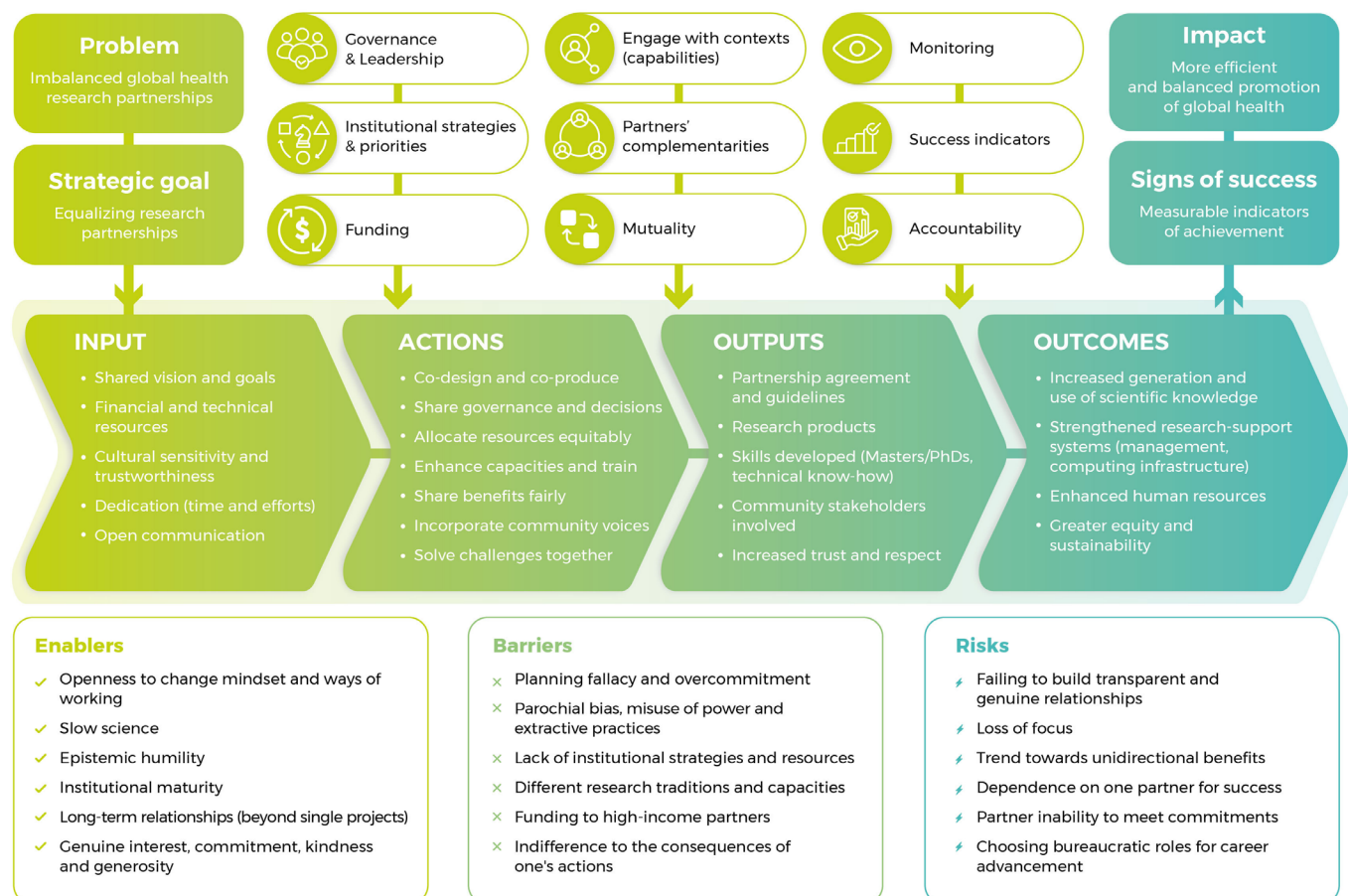


Figure 3 Outcome-driven path for transformative research partnerships. The path begins with the identification of the problem that the collaboration seeks to address, which in the case of global health usually refers to power imbalances and inequalities in relationships, and the changes that the collaboration expects to bring about. The thinking on how to solve the problem can be summarised in a pathway of change that defines (a) the overall strategy; (b) the inputs (resources needed to drive the change); (c) the critical actions that will be required to achieve the strategic goal; and (d) the outputs (tangible, measurable results achieved by the partnership) that will ultimately lead to the joint realisation of the partnership's outcomes (short-term to medium-term effects) and impacts (long-term effects). Designing this path requires critical reflection on key enablers (the conditions needed to ensure the partnership's ability to deliver), barriers (potential obstacles that may prevent success) and risks (the likelihood that something will affect the partnership's ability to achieve its goals). Joint action by partners is required in three main areas: (a) institutional commitment to ensure appropriate governance, leadership and resources; (b) engagement with the context to promote country-owned models by breaking down structural barriers; and (c) effective joint review, monitoring and accountability to ensure the implementation of corrective measures and continuous improvement (feedback loop from the outcomes back to the strategic goal).

outcome of transformative partnerships that should be as equally valued and carefully planned as research activities.^{31 45} To achieve this, global health researchers need to invest as much energy and resources in understanding the contextual barriers⁴⁴ and designing the means to overcome them as they do in initiating research.⁴¹ If the aim is to promote sustainable country-owned models⁴⁴ for a more effective knowledge production in the long term,⁴³ this usually requires designing research projects based on the needs and strengths of the most vulnerable partners rather than on the capacities of the empowered partners. This in turn probably requires investment in the research ecosystem (eg, management preparedness),³⁵ collective advocacy for long-term changes and hands-on involvement to learn while doing (see examples in ²⁹). Conducting activities in those settings challenged by contextual barriers³⁶ (rather than opting for

easier solutions in the short-term such as sending samples or data to well-established institutions) and shifting the focus from capacity to capability strengthening can guide efforts to break down the barriers that prevent the full potential of the capacities already present within partners.⁴⁴ Importantly, any assistance provided by external actors should be delivered in a way that does not undermine (but rather strengthens) the capacity and opportunities of the recipient partner to learn for itself.⁴¹ Rather than focusing on narratives of sustainable capacity building, partners with the complementary expertise should help to catalyse the different parts of the research ecosystem that connect vulnerable partners to more of themselves.⁴¹ These outcomes can be fostered by a healthier and better science culture that thinks in longer time scales, engages in value-based decision making and takes responsibility for relations that may not serve all people equally.^{12 22}

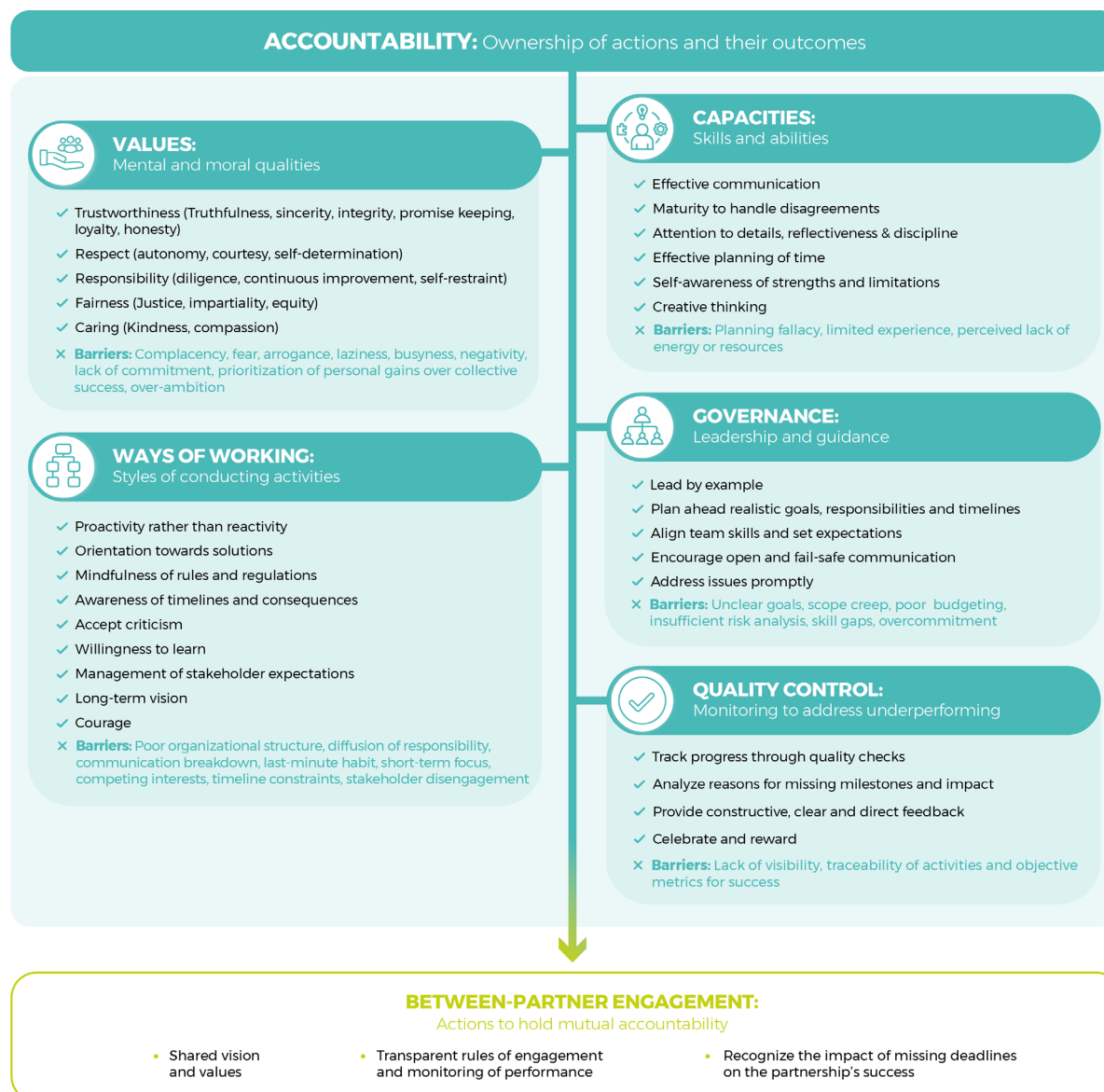


Figure 4 Dimensions of accountability in research partnerships. Accountability in the management of funds, the implementation of activities and the use of research results maintains a productive working relationship between partners and ensures that tasks are completed as planned. Accountability is experienced individually (and thus depends on personal views and capacities) and implemented institutionally (determined by the way collaborative research is approached). Across these two levels, five inter-related dimensions underpin accountability. First, a set of individual and institutional values such as honesty, fairness and solidarity. Common barriers to this dimension include, at the individual level, arrogance, complacency, lack of motivation to improve or fear (of failure, of making a mistake, of being too hard or too risky) and, at the institutional level, the belief that accountability will just happen, perverse incentives and unfair governance. Second, personal skills and capabilities (such as effective communication to articulate ideas and instructions succinctly, maturity in dealing with disagreement, and time management) and institutional mechanisms to ensure accountability. Barriers include opacity in the institution's accountability standards, lack of resources, underestimating the time needed to get things done due to inexperience in thinking realistically or to make a favourable impression, overestimating one's own abilities, self-serving bias (attributing past failures only to external factors and not to one's own abilities and efforts), and memory bias (inability to correctly recall how long similar tasks took in the past). Third, leadership to demonstrate the importance of accountability and to provide clarity about goals, roles, timelines and budgets. Proportionality (ie, balance between scientific ambition and the commitment required to achieve quality and equity-focused outcomes) is essential to avoid over-commitment to too many tasks and projects. Fourth, the style of relationships and work within teams, institutions and partnerships, such as creative and problem-solving thinking, openness to give and receive feedback, speaking up to take responsibility, adherence to rules and regulations, and attention to detail. Poor organisational structure of the teams and institutions involved, skills gaps, last-minute habits and diffusion of responsibilities increase the risk of errors that compromise accountability. Finally, monitoring to ensure the quality, accuracy and completeness of activities, and feedback mechanisms to reflect on shortcomings, failures and missed targets for continuous improvement. Lack of visibility, traceability and objective measures of success, as well as failure to recognise the contributions of team members, are common barriers to this dimension.

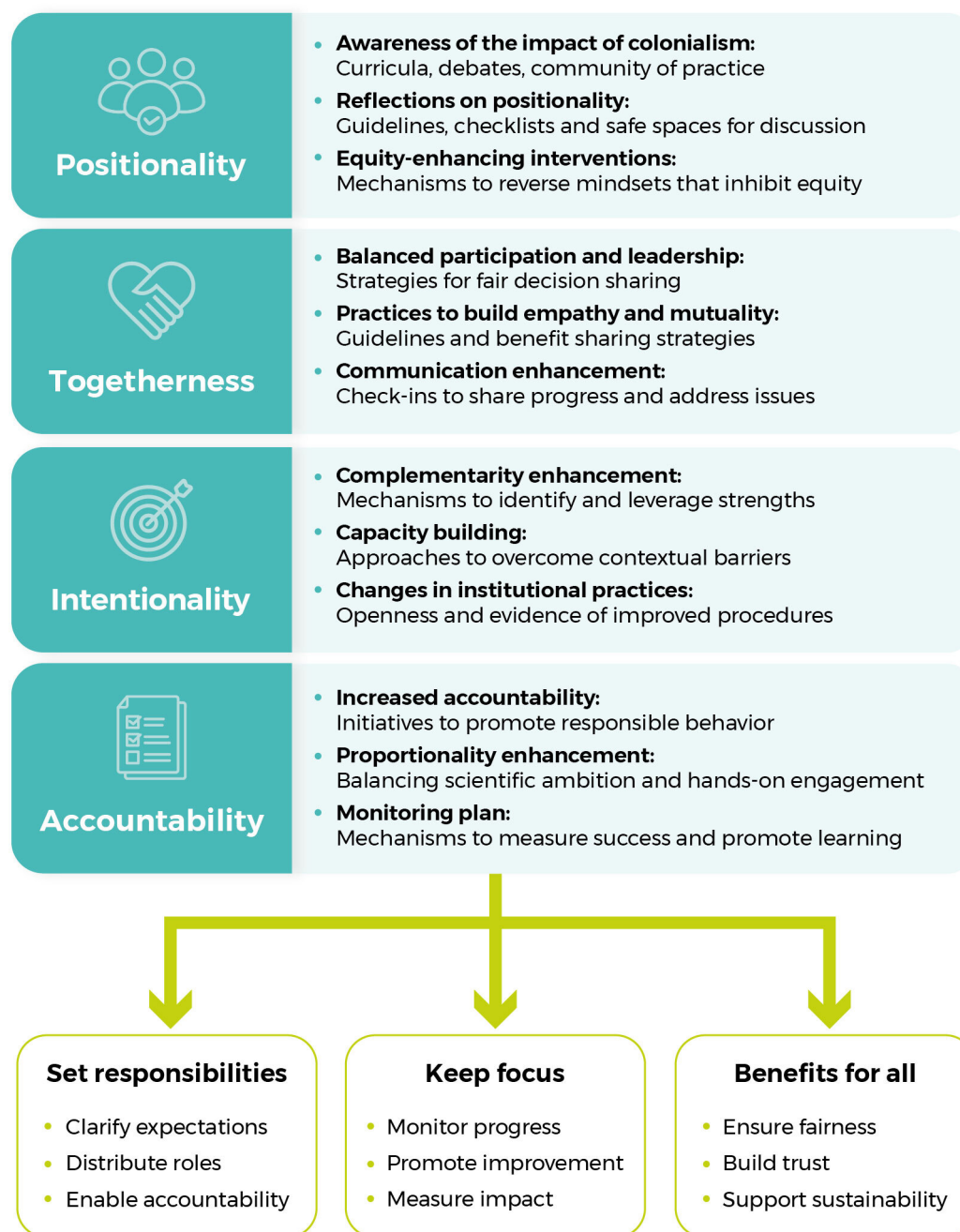


Figure 5 Indicator typologies to monitor transformative partnerships. Representative, simple and specific indicators (signs of success) make it possible to monitor the partnership's activities in relation to the agreed goal and expected outcomes. Success indicators provide a framework to guide and sustain partnerships, ensuring that they remain productive and beneficial for all involved. Well-designed indicators help to set expectations from the outset and to check that all partners understand the aims, roles and responsibilities, enabling accountability. They also allow progress to be monitored, strategies to be adjusted and tangible impacts to be measured, helping to keep the partnership focused on its goals. Finally, and particularly important in equitable partnerships, where success is not just about outcomes for one partner, but for all involved, indicators allow for the establishment of appropriate monitoring mechanisms to ensure that the partnership is beneficial to all, and promote fairness, trust and long-term sustainability.

Equity-focused global health research requires attention not only to what researchers produce and do but also to how research is produced and done in the process.¹¹ Findings from qualitative research can lead to new theoretical frameworks and practical strategies that challenge dominant narratives and support transformative changes.⁵⁵

Shared accountability

Taking responsibility for actions and their outcomes is critical to responsible collaboration as it sustains a productive working relationship between partners.³² Mutual accountability requires a number of qualities and processes, both individual and institutional⁵⁶ (eg, moral qualities and values,

working styles and mechanisms for continuous improvement; figure 4).³⁰ Partnerships involve shared accountability (among partners), which in turn requires shared vision and decision making, as well as transparency in the rules of engagement. The joint development of monitoring, evaluation and learning frameworks at the outset of the partnership is vital to hold each other accountable for performance against mutually agreed commitments.^{25 32} This includes defining representative, simple and specific indicators (signs of success) of partnership outcomes (figure 5) and the defined timelines for evaluating the partnership against these metrics.^{21 57} However, accountability processes (including monitoring of indicators) are not an end in themselves but a means of achieving the objectives of the partnerships, addressing underperformance against commitments and using learning for improvement⁵⁶ (for hands-on experiences in promoting accountability see ²⁶). Respecting commitments defines each partner's level of trust, as the willingness to open up to the other is determined by the other's sense of integrity (being fair and just), dependability (doing what was said to be done), competence (ability to achieve commitments) and credibility (being well respected by the rest of the partners).⁵⁸ Kindness, empathy and trustworthiness are the drivers of this partnership journey to success.

GOING FAR TOGETHER

Combining efforts towards a common goal that we all believe in increases the likelihood of finding solutions and creates a sense of shared satisfaction that enhances our own happiness and well-being. However, it takes longer time and commitment to work with people who have different perspectives, contexts and capacities. Fostering a truly global research environment and sustainable development requires embracing new ways of working and leadership styles that are more collective than individual, more collaborative than competitive and more coaching than commanding.⁵⁹ Partners with greater influence should be willing to relinquish control, slow down, wait when necessary and take some risks; less influential partners should be willing to gain agency in advancing the partnership's goals; and all partners should not take advantage of other partners' vulnerabilities but instead act with respect, accountability and trustworthiness.⁶⁰

Self-awareness and solidarity, powerful tools for these necessary shifts,³³ must be accompanied by a rethinking of the funding strategies, policies and regulatory frameworks, as well as the academic system of prestige, that ultimately set the 'rules of the game'.^{35 41} Funders and journal editors should ensure greater equity by directly funding vulnerable partners⁶¹ and by promoting responsible dissemination and use of the knowledge generated.^{41 62} These shifts may come at the expense of the interests of those partners who are currently more empowered to conduct global health research.⁴⁶ However, there are still many opportunities for mutual benefit that can bring us closer to an ideal world where scientists around the globe, regardless of their origin, work together to generate the knowledge needed to improve human well-being. Transcending race, gender, religion,

nationality, sexual or political orientation can foster the sense of community needed to make global health truly universal and create a ripple effect of positive change that benefits the world at large.

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