

# Reimagining research partnerships: Equity, power and resilience

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## Pecha Kucha presentation

### Gotong Royong for global health: building equitable research partnerships through collective solidarity

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#### Brief description of context

Partnership is an instrument of power. Under the guise of collaboration, it perpetuates neocolonial inequities in global health research, controlling resources, and knowledge production. Global North dominates funding, decision-making, agenda-setting, knowledge production, and authorship, relegating Global South researchers to data collection, (1–4) prompting responses such as early inclusion of Global South partners, equitable authorship, and capacity-building toolkits (5). These “symptomatic” measures address visible symptoms but fall short of dismantling the deeper structural roots of resource control, data, and agenda-setting.

Drawing on Foucault, Sen, Polanyi, and Bourdieu, I interpret these inequities as both biopolitical and market-driven. Global North-led partnerships, rooted in biopower, use forms of surveillance and standardization to downplay Global South participation. (1) Sen’s capability approach highlights how these dynamics limit Global South autonomy and leadership. (2) Polanyi’s critique reveals how market commodification prioritizes commercial outputs, sidelining Global South needs. (6) A perfect example is Indonesia’s withdrawal from the World Health Organization (WHO)’s virus-sharing scheme during the H5N1 crisis due to a lack of consultation on the use of their samples, highlighting issues of biopiracy. (7) While the decision garnered global attention on global health governance, it only reveals the stark violation of the Indonesian collective solidarity value, gotong royong, where, for example, community health workers (kader kesehatan) selflessly and voluntarily monitor diseases like malaria for their neighbors’ welfare, often without formal pay and employment. (8,9) Following Indonesia’s sharing of samples, mutual reciprocity was absent; instead, the output was subjected to market commodification.

The rise of South–South cooperation, exemplified by BRICS, a group of Global South countries comprising Brazil, Russia, India, China, and South Africa, seeks to increase the influence of Global South countries in international governance. With Indonesia’s recent accession, BRICS has expanded to eleven member countries. This development signals a multipolar shift challenging Global North dominance and a new opportunity to redefine ethical principles to guide global health research partnerships. (10–13) This paper contends that research partnerships are biopolitical governance, requiring accountability to resist unjust structures. I propose gotong royong as a guiding principle, prioritizing selfless unity and shared responsibility to foster equitable North-South partnerships and reshape their future.

#### Discussion of ethical issues

Equity in global health partnerships often focuses on procedural facades of fairness, such as inclusive authorship and capacity building, but overlooks deeper asymmetries in knowledge production and governance. These partnerships rely on platforms and infrastructures that are far from neutral, shaped instead by international regimes and geopolitical interests, such as intellectual property and surveillance. Consequently, Global South countries face techno-

dependence, constrained by collaborations that limit access and benefit-sharing, perpetuating inequities. (14) This dynamic exemplifies biopower, where Global North exert control over Global South populations through research priorities, funding allocations, and standardized protocols. (1) The colonial legacy of tying progress to urgency and acceleration amplifies this imbalance, disrupting traditions of epistemic coherence, valuing local knowledge and temporal restraint, and prioritizing long-term community cohesion in favor of economic prosperity. (15)

Intellectual property regimes exacerbate these inequities, favoring Global North biotech entities and imposing unilateral control that undermines relational governance. For example, Indonesia's H5N1 biopiracy case showed how pathogen sharing led to monetized vaccines inaccessible to Global South countries. (7,8) The proposal for a COVID-19 intellectual property waiver, led by India and South Africa and blocked by many Western countries, laid bare the limits of global solidarity and highlighted biopower in action. (16) Sen's capability approach is useful here to reveal how such inequities restrict Global South autonomy, leadership, and hamper health system resilience. (2) The ongoing Pandemic Treaty negotiations signal an effort to confront these disparities and rebalance relational governance. While the negotiation marks progress, global health partnerships must also embrace practical, culturally grounded ethical principles, such as those rooted in mutual responsibility and solidarity, to ensure meaningful equity.

### **Ethical values for accountability**

To resist unjust structures, Nderitu and Kamaara (2020) explored the application of Aristotle's concept of friendship to international partnerships. (17) This paper takes camaraderie further and proposes gotong royong as a guiding principle for global health research partnerships, prioritizing ethical values of reciprocity, solidarity, and equity. Foucault's biopower frames Global North governance as surveillance and hegemony, seen in funding control and international regulation. Polanyi's critique warns that market-driven research commodifies knowledge, sidelining the Global South needs for commercial outputs. (6) The emergence of a multipolar world reshapes global health politics, a shift widely recognized in recent analyses. (13,18) The gravitational center of health governance is moving, thus challenging the current frameworks, but Polanyi cautions that transitions may redirect and perpetuate power instead of an attempt to create something new. (12) Without critically examining biopolitical governance, partnerships risk reproducing colonial legacies.

### **Gotong royong as a way forward**

To address these challenges, global health partnerships can draw on Indonesia's gotong royong, a principle of collective solidarity rooted in selfless unity and mutual obligation. Unlike social capital models (Bourdieu) that prioritize individual or institutional gain, gotong royong values enduring relationships and shared well-being as ends in themselves. Born in Indonesia's agrarian past, it reflects a worldview where individual health hinges on community vitality. Historically, villagers pooled labor for planting or rebuilding, driven by interdependence, not profit, offering a decolonial alternative. (19) In Indonesia, community health workers embody gotong royong's ethos, volunteering for primary health services such as maternal and child health with minimal incentives, often just transport stipends, to prioritize their local community well-being. Their contributions extend to participation in Indonesia's national health insurance system (Jaminan Kesehatan Nasional; JKN), alongside all Indonesians, even though vigilance is needed as the state may exploit gotong royong by offering no betterment in the form of formal employment or adequate pay. (20,21) This contrasts with intellectual property regimes, such as in Indonesia's H5N1 case, that ignore reciprocity.

Avoiding and actively resisting unjust structures may benefit from adopting gotong royong values, prioritizing mutual responsibility and solidarity. A foundational principle is shared governance with community involvement and harmony. Community leaders can arbitrate if research misaligns with local values, halting the activity to discuss and reach a consensus beforehand. This counters biopower's dominance (Foucault) and commodification (Polanyi), while enhancing autonomy (Sen) and redistributing social capital (Bourdieu). By prioritizing coherence over procedure, partnerships

can resist unjust structures, fostering sustainable collaboration. I propose two recommendations to operationalize these values, with cautions to guide further discussion and future research.

## Conclusions and recommendations

Global health research partnerships can transcend neocolonial inequities by embracing the ethos of Indonesia's collective solidarity, gotong royong.

First, the global research community can adopt gotong royong values in high-visibility, high-stakes collective threats such as in infectious disease outbreaks and vector control where solidarity becomes instinctive. However, reciprocity challenge must be anticipated: pre-negotiated rules, particularly around benefit-sharing from commercialization/production of research outputs, managing tension and possible conflicts between research participant's liberty and the state's role to protect its citizens' "asset", and ensuring the guardrails to protect the voluntarism spirit from exploitation.

Second, restraint should be embedded as a formal value to prioritize procedural harmony. In many Indonesian contexts, the how (the process of engagement) outweighs the what is studied. Structured consensus-building forums—facilitated by local mediators—can mitigate timeline disruption and ensure procedural alignment without compromising cultural coherence. This resists extractive timelines by embedding decision-making within local temporalities. Formal restraint empowers the communities to resist extractive practices by valuing communal coherence over procedural-driven timelines. However, cautions around potential delays frustrating research partners, cultural misalignment if restraint lacks sensitivity, and resource demands for facilitation.

These recommendations aim to reimagine partnerships as equitable and community-driven, learning from Indonesia's traditional values. Future research should explore the operationalization across diverse settings to ensure collective relevance.

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