

Reimagining research partnerships: Equity, power and resilience

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An ethically-focused critical review of Medécins Sans Frontiers' (MSF) collaborative research partnerships¹

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Brief description of context

Equity and fairness within international research collaborations in humanitarian and emergency settings are at the heart of ethical research debates. The specificities of humanitarian work require translating and adapting equitable research partnerships to its contextual particularities, as well as dispelling certain myths of emergency culture, such as the pressure for speedy results at the expense of robust and ethical research. However, challenging to assess, equity—understood as a need to reduce power imbalances, recognition of stakeholders added value, clear and transparent procedures and fair distribution of roles, costs and benefits [16]—is fundamental to quality research.

Despite the growing availability of ethics-centred guidance [1, 8, 9, 10], tools, and checklists for equity in global health research partnerships [16, 17, 18]—particularly between institutions in high-income and majority-world countries—implementation remains a challenge [11, 12, 13, 15]. The MSF Ethical Review Board (ERB) framework for review of research proposals explicitly requests information on ethical aspects of research collaborations and their context [3], including appropriate ethical approval by local/national bodies, consultations and involvement of health authorities, effective participation of local research institutions, and precise information on strategies to reinforce capacities and engage communities. Despite clear research guidance, a strong perception persists that fair collaborative partnership in MSF research studies is often neglected or insufficiently implemented, information is incomplete, patchy, or vague in many research protocols, even after requests for additional details [4].

Recognizing equitable partnerships as a moral imperative, MSF commissioned a study to identify and understand the practical experiences of implementing this ethical standard. The study focuses on collaborative partnerships in MSF³ research projects between 2018 and 2023. The study is a sequential, mixed-methods research, with a quantitative phase based on a retrospective desk review, followed by a qualitative phase based on in-depth interviews. The research aims to contribute to two strategic goals. On one hand, ensuring MSF's ability to act and defend access to quality health care by improving collaborations with partners and communities. On the other hand, it aims to improve the future operational research strategy. This paper presents preliminary results from the quantitative analysis of a purposive selection of MSF studies conducted in emergency settings and discusses some ethical considerations related to research collaborations in humanitarian settings.

¹ The research protocol has passed two internal MSF quality controls and to avoid the potential conflict of interests of an MSF ERB "self-approval". It was successfully presented and approved by the Kenya Medical Research Institute (KEMRI) independent Ethical Review Board (Protocol #5222, September 2025)

² The research team is composed of MSF colleagues including 3 Co-Investigators: Eman Ahmed, MD-PhD, MSF Ethics Review Board Officer, MSF International office, Brussels, Amrish Baidjoe, PhD, Director MSF Operational Research and Epidemiology Unit Luxor and Kumar B Chandiramani, MSF OCB, Coordinator Ethical Platforms. Lead Advisor: Umberto Pellecchia, MSF LuxOR Senior Research Advisor, PhD and Co-Advisor: Lekha Rathod, MBBS MSc, MSF OCB

³ Operational Centre Brussels, or MSF OCB is one of the five MSF centers for coordination of operational activities. This particular research piece is based on the OCB experience in the period from 2018 to 2023

A taster of comparative analysis. Preliminary results

The analytical framework of the ERB is at the base of interpretative variables⁴ of this study: equity at its core through meaningful exchanges with local partners since inception to determine the social value of the study, clear and meaningful defined roles for local researchers beyond data collection, explicit skill transfer activities and fair benefit sharing plans. However, these guidelines on best practice often clash with realities on the ground. MSF's core activity is to respond to humanitarian needs in a principled manner, and potential confrontation at local level can hamper the capacity of MSF to do emergency response [4, 6].

The precise scope of the collaborative medical research partnerships in MSF is challenging to determine. The MSF intersectional research mapping 2019-2022 [5] identifies a total of 526 studies, with 69% mentioning the Ministry of Health as a partner and 30% referencing a national research partner⁵. While the quantitative phase of the research is being finalised, a preliminary analysis of 17 studies⁶ implemented in emergency settings provides some trends⁷.

The top three studies scored higher on key dimensions⁸:

- Democratic Republic of Congo: Case report on immunisation “Field evaluation of measles vaccine effectiveness” (2020)
- Nigeria: Diagnostic viral haemorrhagic fever non-Ebola “Field evaluation of validity and feasibility of Pan Lassa rapid diagnostic test for Lassa fever” (2021)
- Guinea Conakry: Randomised control trial “Immune response to a delayed second dose of oral cholera vaccine. Conakry” (2021)

The best scoring studies share some key ethical features despite the acute emergency situation in which they were implemented: appropriately documented inclusion of national Co-Investigators with significant and clear roles throughout the research cycle, beyond data collection; transparent collaboration agreements documenting explicit roles, responsibilities and recognition - including authorship- that facilitate mutual accountability; explicit community engagement, inclusive dissemination of results strategies; and concrete plans for capacity reinforcement (for staff and systems). The research topics align with national research agendas and are relevant to the priorities of the affected population. Interestingly, while power dynamics analyses have traditionally overlooked gender as an aspect of collaborative research, [7] all three top-scoring studies are led or co-led by women.

Conversely, the studies with lower scores failed to document meaningful partners' roles and responsibilities, provide details on effective collaboration, or local/national ethical overview beyond generic mentions, and did not demonstrate efforts to strengthen existing research capacities and infrastructures nor to disseminate results in an accessible and appropriate manner to national stakeholders and communities.

⁴ Significance of partner's participation throughout the research cycle (initiation of the research, who is consulted, who decides), roles and responsibilities, implementation of activities for local capacity reinforcement, dissemination and authorship

⁵ **An approximation of MSF research scope**, MSF internal mapping of 526 research studies [reference #5]: main topic of research were HIV (92, 18%), TB (55, 11%), Antimicrobial resistance (34, 7%), Vaccine (34, 7%), Nutrition (33, 6%), Covid-19 (29, 6%) and the countries with the highest number of studies were in Africa, with DRC with the most studies (67) followed by South Africa (30), Nigeria (28), Niger (24), CAR (22) South Sudan (22) and Uganda (22). The great majority of the studies were in English (85%)

⁶ The locations span geographically across continents but have a clear lead of Sub-Saharan countries with leading Democratic Republic of Congo (DRC, 6 studies), followed multi-country studies (6) and Nigeria (3) The topics include pathologies such as epidemic outbreaks (measles, cholera, COVID-19, malaria), war/violent injuries resulting in trauma, forced displacement and nutrition, tuberculosis and HIV/AIDS

⁷ Specifically epidemic outbreaks (Lassa fever, malaria, cholera, measles), trauma injuries from armed conflict/violent settings (occupied Palestine-Gaza, Iraq, Haiti), forced displacement and nutritional crisis

⁸ The quantified variables include those listed in foot note 3, plus the ethical supervision at country level and modality of partnerships

Discussion of ethical issues

Emergency settings act as accelerators and exacerbators of the challenges and barriers to equitable research partnerships. Extractive research practices, like ‘parachute research’ [8, 14], are always negative, but in emergency settings can actively *do harm* as they divert attention and focus from realising the humanitarian imperative. However, as the preliminary results demonstrate, the scale and acute impact of emergencies should not be used as an excuse to bypass ethical research practices. The factors identified in the top-scoring studies contribute to generating mutual recognition and accountability, as well as trust and established communication channels. In turn, these facilitate overcoming usual humanitarian context features such as staff turnover and excessive reliance on tacit knowledge by transparently documenting collaborative research processes, as an integral part of an accountable and ethically sound traceability of evidence paths. A key enabler identified in these studies was the prior collaboration via MSF’s longstanding presence in the countries, including collaborative work with Ministries of Health in joint responses to outbreaks and humanitarian crises. These experiences demonstrate that ethically sound and equitable collaborative research in emergencies is not only possible but also important for sustainable research processes and outcomes.

Beyond practical challenges, the analysis of the selected studies also raises conceptual difficulties. One key issue is the definition of an “emergency” and its relationship to equity. Who decides the definition of emergency, and crucially, whose voices are heard in the categorisation of emergency? Armed conflicts are considered an emergency setting, but why are other situations of violence not considered such, despite humanitarian consequences of similar magnitude? Are protracted crises or cyclical “natural” disasters, particularly slow-onset ones where humanitarian standards are systematically under threshold, also emergencies? Forced displacement by war is an emergency, but what about coerced displacement caused by climate change or poverty, or extractive practices that destroy the planet? Official recognition of emergency situations triggers legal obligations and political commitments beyond the humanitarian imperative to act. It is not a clear-cut situation, as shown in cases like nutritional crises and famine declarations, or epidemic outbreaks, whether officially declared or not, are often disputed or polemical.

Another key dimension that the study aims to explore is the role of power dynamics. The final findings are expected to support MSF in strengthening its approach to equity by explicitly integrating a critical analysis of power dynamics and a fair recognition of contributors’ roles. Addressing these issues will allow MSF and partners to advance the erosion of double standards and promote reflexivity of each actor’s position. The timeliness of taking a critical look at MSF’s collaborative research practices, at a time where principled humanitarian action is challenged by systemic inequalities and racism (Black Lives Matter (BLM), COVID-19 response [26], ongoing genocide in Gaza/Palestine) cannot be understated. At the heart of critical decolonising debates lies the concept of power [20-26]; whose perspective counts and ultimately who holds the power to decide topics, research agendas, evidential quality, resource allocation, authorship, and so forth. This raises further questions about the motivations and incentives to push for greater equity in collaborative research partnerships, and about how strengths and enablers can be enhanced while reducing challenges and obstacles, which is particularly important in emergency settings.

In conclusion, the diversity of research approaches to collaboration — from instrumental to practical to ethical [2, 12, 13, 15, 19, 20] — reflects the challenges of research in humanitarian and emergency settings. Collaboration is not easy in practice; establishing and maintaining quality relationships among stakeholders is time-consuming and hard work. There are myriad challenges and feasibility issues, including differences in timelines and work cultures between humanitarian and academic institutions and/or countries, diverse yet sometimes divergent assessment criteria for evidential quality, and unclear or assumed expectations for handling conflict and dissent. There are also issues around formalisation of collaboration, diverging bureaucracies, and time constraints. All these factors are exacerbated and accelerated in emergency humanitarian settings. This raises important questions: How to balance ambition with feasibility? To what extent can systemic issues such as racism, the

inclusion of women, and rampant inequalities be realistically addressed through equitable research projects? We need to reimagine our understanding of equity by expanding our knowledge base, by incorporating diverse epistemic perspectives of evidential quality and knowledge(s), such as indigenous knowledge and local and cultural conceptualizations of evidence – thereby relativizing the Western-based (and colonial) concept of "truth" [20, 21, 22, 25].

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