

# Reimagining research partnerships: Equity, power and resilience

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## Decoloniality as a pathway to equitable research partnerships

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### Brief description of context

Power asymmetries and inequities in global health partnerships have been longstanding challenges of the ethics and effectiveness of collaborative research (1). Although often focused on partnerships between global North and global South actors, these challenges are reproduced in a wider range of partnerships in the field, including among global South partners and between researchers and communities. Therefore, in this paper, we use 'dominant' and 'marginalized' to represent the relative positions of partners based on power and resource disparities. Structural imbalances in research partnerships are often manifested in partners' designated roles, research direction, resource distribution, decision-making processes, intellectual recognition, authorship, and benefit sharing, where dominant partners frequently control the agenda, assigning peripheral roles to the other partners (2). Research partnerships are embedded in and shaped by the global health knowledge systems within which they operate, as well as the broader political, economic, and socio-cultural structures of power (3). Hence, global health research partnerships cannot be reimagined without reimagining these broader systems. Equitable research partnerships cannot emerge from structures that remain deeply unequal.

The legacy of colonialism continues to manifest in profound inequities in present-day systems. Decoloniality has therefore gained traction as a transformative lens for rethinking the power structures that underpin global health disparities (4,5). Decoloniality is a continuous process of recognizing, challenging, and dismantling the systems, structures, beliefs, and narratives that perpetuate colonial relationships between and within countries and communities, in ways that promote self-determination and uphold the epistemic and cultural sovereignty of the colonised (6-8). This paper proposes decoloniality, not just as a critical framework, but as a normative framework for rethinking how equity and power are addressed towards reshaping global health research partnerships.

### Discussion of ethical issues

To confront the underlying dynamics of coloniality, it is crucial to unpack its fundamental elements and their impact. Coloniality is manifested through, among other things, extractive practices, domination, imposition, epistemic injustice, and displacement of knowledge, priorities, voices, and institutions (9,10). These patterns are reproduced in global health research partnerships in multiple ways including how resources are controlled and distributed, designated roles with less dominant partners playing operational research roles as opposed to conceptual and agenda-setting roles by dominant partners, delegitimizing knowers, knowledge and knowledge generation practices that do not align with Eurocentric logics, using deficit-based narratives that reinforce prescriptive approaches, and the extraction of data without full accountability or prioritization of the benefits for partner communities (11,12).

Efforts to address these issues have led to some positive outcomes. Funders have mandated South-led partnerships, funding quotas, and embedded capacity strengthening initiatives in global health partnerships such as the Wellcome-funded DELTAS Africa Initiative (2015 and 2022) and Climate and Health Action Scheme (2025), NIHR-funded Global Health Research Centres Programme (2022), UKRI-funded Applied Global Health Partnership Programme (2024), and Fogarty-funded Medical Education Partnership Initiative (2010). However, it has been argued that some of these actions appear to promote tokenism, superficial changes or 'decolonial washing', seeming more performative than transformative (8,13), measures that run the risk of side-tracking real change. As measures to

address global North versus global South disparities continue to be implemented, the layered nature of the problem has surfaced, and asymmetries among other types of partnerships in which global North actors have limited roles have been increasingly highlighted (14).

A decolonial approach is a critical framework that examines how colonial structures of power and ways of knowing continue to shape the modern world, with the aim of challenging and transforming these enduring systems (15). While we acknowledge ongoing debates surrounding the definition and application of the term, our analysis focuses on the core principles of the framework in advancing systemic change within global health. The decolonial approach serves as an essential lens for illuminating persistent forms of coloniality and developing strategies to confront entrenched inequities and power imbalances. In applying this approach, it is essential to highlight key elements of decoloniality and propose ways to operationalize them within the context of research partnerships. In this analysis, we focus on four interrelated elements of decoloniality that can contribute to more equitable global health partnerships: decentring, pluriversality, epistemic justice, and self-determination.

Decentring is the process of shifting focus away from one dominant viewpoint and recognizing that other perspectives are equally valid (16). In the decolonial context, decentring promotes challenging dominant epistemologies that claim universality and tend to undervalue other forms of knowledge or ways of knowing, by desilencing the voices that have hitherto been marginalized and centring local perspectives (17). Decentring, therefore, has the potential to shift power structures in ways that no longer make the worldviews of dominant actors the de facto choice, making space for other worldviews to exist. Indeed, ways of knowing and doing from the context within which the research is being conducted should shape interpretations of the problem and potential approaches to addressing it. For example, in many international research collaborations, academics, considered as knowers, are often centred in shaping the research questions, analysing, and making sense of the lived experiences of research participants. Local communities, on the other hand, are framed more as the focus of the narrative than its authors and interpreters. The methodologies of academic researchers are centred, while the approaches that local communities use in generating knowledge remain peripheral. The pertinent ideologies and methodologies ought to be consistently centred on addressing local needs.

Pluriversality is a worldview that emphasizes the coexistence and recognition of multiple, equally valid knowledge systems and ways of being (18). It challenges the universal and underscores the need to acknowledge the existence of diverse epistemologies and knowledge practices, promoting co-existence and potential integration of diverse worldviews (18). As partners team up to conduct research, all processes should be guided by the principle that there is no one way of being, knowing or doing. Partners should remain aware of how their own worldviews shape their perspectives and the biases they introduce to avoid imposing predetermined paradigms or methodologies on research processes. Equitable partnerships require deeply reflexive and inclusive consideration of potential pathways to addressing local needs and contextually relevant approaches. As such, it should never be a one-size-fits-all approach to research. It should also require diversity in research teams, including actors beyond researchers and policymakers. Most research collaborations value Euro-scientific methods of inquiry as the primary and most valid forms of rigorous research, often overlooking any available indigenous ways of knowing. Even when these methods, such as storytelling or songs, are used in the process, the outputs are filtered and validated through the standardized scientific frameworks (19-20). Diverse ways of knowing should be given prominence and embraced in scholarship in their original form, and the custodians of these practices should be considered valuable members of research partnerships. Acknowledging such pluriversality will promote respect and reciprocity among partners (8). Beyond approaches to the study, pluriversality recognizes that there are several pathways to creating equitable partnerships, and it is essential to include learning from other traditions with deep-rooted communal practices.

Epistemic justice refers to the right of all involved to contribute to and shape the knowledge systems that affect them (21). Operationalizing this concept promotes fairness across all types of knowledge and knowledge holders, ensuring that local knowledge is not undervalued or extracted without proper credit. It means moving away from practices that consider some contexts as data sources and others as knowledge centres. As Mignolo (22) points out, the Global North is associated with knowledge, and the Global South is considered a source of culture. Local community members—and in some cases, even local researchers—are not always valued as legitimate knowers capable of determining their

own knowledge needs. They are treated as data sources for research questions rather than as active participants in shaping them, effectively overlooking the intellectual agency of those most affected. The inclusion of traditional health practitioners or community elders, for example, as partners in research collaborations, actively involved in conceptualising the study and analysing the data, will showcase truly equitable partnerships. Valuing all perspectives and acknowledging the marginalized as legitimate knowers and valued members of research partnerships enriches the relationships among partners, the research process and the emerging findings.

Finally, self-determination empowers beneficiary communities to define their own knowledge needs, select partners to engage with, voice their expectations, decide on research priorities, shape the research process, and control how findings involving them are interpreted and disseminated (23). Self-determination centres local priorities in research partnerships, a goal that is often challenging to achieve due to the influence of funders and external partners over research agendas. However, research partnerships cannot be considered equitable or balanced if the priorities of the beneficiary population are not paramount in driving decisions. For instance, can local researchers and communities determine whether to focus on questions on a specific neglected tropical disease or on how local folklore influences health decision-making? Will funders and international collaborators prioritize these? It is essential to actively ensure that self-determination is accepted and integrated into the broader practice of collaborative research.

Overall, the processes required to transform global partnerships require ongoing efforts at different levels and scales to deconstruct deep-rooted practices and re-imagine equitable futures. The goal is to achieve partnerships characterized by meaningfully balanced engagements that value local leadership, diverse knowledge systems and knowers, creating space for diverse voices and contextually informed decisions (24-25). This effort demands the collective action and change among individual and institutional stakeholders, from funders to research users.

### **Conclusions and recommendations**

While the proposed decolonial actions suggest pathways toward equitable futures for research partnerships, we acknowledge that implementing these in practice can be challenging given the complex global health systems within which partnerships are nested and the deep-rooted systemic influences. However, having open discussions about the power imbalances and articulating these decolonial goals creates an opportunity for continuous engagement and a shared responsibility in achieving them (26). An essential first step is increased awareness of the colonial legacies manifested in research partnerships (24). This can be facilitated by continuously engaging with the decolonisation discourse to help challenge our implicit assumptions and decolonise our own minds. Subsequently, it is crucial to develop actionable tools that translate these concepts into practical steps. Practical frameworks for making decoloniality practical are gradually being developed, including reflective questions, practical steps, and resources (27-30). The development and application of guidelines and toolkits grounded in decolonial approaches are important starting points for equipping stakeholders and fostering equity in global health research partnerships. In an increasingly interconnected world, partnerships are crucial, and it is a shared responsibility to make deliberate and systematic efforts towards addressing power asymmetries. Decoloniality offers a pathway to transformed research partnerships, both in the way they are formed and operate, and in the conduct of the research for which they were established.

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