Reimagining research partnerships: Equity, power and resilience

Accra, Ghana 18 & 19 November 2025



Invisible labour in global knowledge translation: Ethical reflections on partnership and dependency through the Cochrane Malaysia experience

Teguh Haryo Sasongko, Institute for Research, Development, and Innovation (IRDI), IMU University. Malaysia

Brief description of context

Cochrane is a globally respected organization producing systematic reviews to inform healthcare decisions. It is important to recognize that Cochrane is one of the few global health research producers with a sustained commitment to multilingualism and knowledge translation. Its support for localized language teams, the development of translation workflows, and the provision of a multilingual interface are commendable (1,2). These efforts represent a rare institutional acknowledgment that evidence equity includes linguistic access. My analysis does not critique these initiatives per se, but rather reflects on how — despite their progressive intent — challenges related to power, labor, and governance persist even within such well-meaning frameworks.

While it champions inclusivity and open access, its knowledge production structures remain largely centered in the Global North. One of its most important equity-promoting strategies has been the translation of review summaries into local languages. However, translation is often treated as a downstream task — an act of dissemination rather than co-creation.

Since 2015, I have led Cochrane Malaysia's Bahasa Malaysia Translation Initiative (3), coordinating volunteers to translate thousands of Cochrane summaries (4). We developed localized workflows, trained translators, built university partnerships, and contributed to Malay interface on Cochrane.org (5). Yet despite the visible success in dissemination metrics, deeper ethical questions persisted.

Translators, mostly students, junior academics, and patient carers, contributed unpaid intellectual labor to a global public good. While their names were logged, their voices were largely absent from decision-making, governance, or authorship opportunities. The project was often viewed as peripheral, a communications initiative rather than a knowledge-production partnership. Moreover, attempts to link translation with research (e.g., studying usability, impact, or community needs) were seldom prioritized in funding or strategic planning. This created a paradox: while LMIC partners were essential to making Cochrane's global reach real, they remained at the margins of recognition, governance, and resource allocation.

This case is not an indictment of Cochrane, but a reflection on a broader ethical challenge: how global research ecosystems depend on LMIC labor and commitment while rarely rebalancing epistemic power. It invites us to reconsider what true partnership means in global knowledge translation.

This paper argues that evidence equity includes linguistic access, which is a rarely acknowledged but fundamental element of inclusivity in global research communities. Translation should not be reduced to a downstream activity of dissemination but recognized as part of a holistic inclusivity agenda in science.

From a distributive justice perspective, inclusivity in global research cannot be confined to participation in authorship or governance alone. It must also extend to *epistemic goods* such as linguistic access and recognition of labour. Translation, when positioned merely as dissemination,

reflects a deeper political economy in which LMIC partners sustain global knowledge flows but remain structurally dependent on Northern institutions (6,7).

Discussion of ethical issues

The Cochrane Malaysia experience highlights several overlapping ethical tensions:

- 1. Labor ethics and the moral limits of volunteerism: Relying on unpaid LMIC volunteers to sustain global knowledge dissemination can obscure questions of fair compensation, labour dignity, and sustainability (6,8). When volunteer labour fills structural gaps left by underfunded global institutions, ethical accountability becomes blurred.
- 2. Epistemic injustice and structural dependency: LMIC translators are typically positioned as language conduits, not knowledge contributors. This reflects a deeper issue of epistemic hierarchy where those in the Global North define what counts as expertise, and those in the Global South provide the labour that sustains global dissemination. The dependency of global research ecosystems on LMIC labour and commitment, while rarely rebalancing epistemic power, is not incidental but structural. Reconsidering what true partnership means therefore requires not only acknowledgement of contribution but redistribution of epistemic authority including agenda-setting, authorship, and governance roles.
- 3. Recognition and authorship: Despite thousands of hours of intellectual work, translators are rarely credited in a way that counts toward academic advancement. Moreover, Authorship models across global research publications, including Cochrane, rarely accommodate those working in translation, community engagement, or localization roles often filled by LMIC researchers.

These inequities echo broader analyses of the political economy of science (6,8), where the global South is often relegated to sites of labour and data collection, while the global North dominates theory-building, agenda-setting, and recognition. In this context, translation work exemplifies the structural dependencies described in critical scholarship: Southern actors provide essential intellectual labour but are positioned at the margins of epistemic authority.

These issues raise normative questions:

- What constitutes a partnership in knowledge translation? Beyond shared outputs, true
 partnership implies shared governance, decision-making, and mutual accountability. It
 requires recognizing the interdependence between those who produce, translate, and
 apply knowledge.
- Should translation be viewed as a technical add-on or a co-creative research act?
 Treating translation as a purely technical task obscures its intellectual and ethical dimensions. Reframing it as a co-creative process acknowledges that linguistic and contextual adaptation actively shape the meaning and usability of evidence.
- How can labour, voice, and authorship be ethically redistributed? Redistribution involves moving beyond token acknowledgment to structural inclusion—through coauthorship, compensated roles, and participatory governance models that value LMIC contributors as epistemic partners, not peripheral labour.

One path forward is to develop ethics-informed governance models for global translation partnerships. This could include:

- Shared leadership models where LMIC partners co-design and co-lead strategic translation initiatives.
- Recognition protocols that go beyond contributor listings, enabling citation, academic credit, and co-authorship.
- Compensation frameworks for translation work, especially when tied to outputs valued in the global academic economy.
- Community-led language prioritization based on regional health literacy and epidemiological need.

Such reforms should be understood not only as technical fixes but as steps toward addressing what has been termed the *coloniality of knowledge*: the enduring hierarchies through which Northern epistemologies retain authority. Rebalancing requires building autonomous Southern ecosystems of knowledge production that can sustain themselves, while also engaging in equitable global partnerships.

Thus, there is also the need to cultivate LMIC-led ecosystems of knowledge production. This means embedding translation within local research pipelines, linking dissemination to indigenous scholarship, and fostering South–South collaborations that circulate knowledge without dependence on Northern intermediaries (6,7). Such steps are essential to move from structural dependency towards resilient, autonomous evidence ecosystems in the Global South.

These proposals are not without challenges. Institutions like Cochrane face funding constraints, legacy systems, and cross-cultural governance complexities. However, the ethical imperative remains: global partnerships must not reproduce the very inequities they seek to address.

I propose a novel ethical tool — the Translation Equity Assessment Tool (TEAT) — to help organizations systematically evaluate how equitable their language partnerships are. TEAT would serve as a structured self-assessment and accountability instrument applied at various stages of a translation initiative — from planning and implementation to evaluation and reporting. It would include qualitative and guantitative indicators across four key dimensions:

- Labor value: Are translators appropriately supported, trained, and (when possible) compensated? Is their contribution acknowledged in ways that are meaningful within academic and professional systems?
- Governance inclusion: Are LMIC translation leads and regional stakeholders involved in strategic planning and decision-making? Do they have seats at the table where resource allocation and priorities are decided?
- Recognition mechanisms: Are there structured pathways for contributors to be visibly credited through authorship, project reports, or professional development support?
- Community alignment: Are translation priorities informed by the needs and voices of the communities being served? Are translated materials evaluated for cultural and contextual appropriateness?

TEAT could be adapted across different organizations and networks, fostering reflection and continuous improvement in how language partnerships are governed and valued.

Placing TEAT in this larger frame highlights how distributive justice principles can be operationalised in global research. Each element (labour value, governance inclusion, recognition, and community alignment) directly counters the structural dependencies that characterise current North–South knowledge relations.

TEAT can be expanded into an applied framework. For *labour value*, beyond fair compensation, translation initiatives should create **career pathways** through co-authorship, scholarships, or institutional positions. For *governance inclusion*, LMIC leaders should not only advise but also **co-lead strategic initiatives** with rotating leadership models. For *recognition mechanisms*, academic systems should adopt **structured metrics** that credit translation work — from ORCID-linked contributions to promotion criteria. For *community alignment*, priorities should be set through **co-designed research agendas** with local communities, ensuring that translation responds to local health literacy gaps and epidemiological needs. This expanded approach reframes TEAT as not only a diagnostic tool but also a blueprint for ecosystem-building.

Conclusions and recommendations

The experience of Cochrane Malaysia shows that even within institutions committed to equity, ethical blind spots persist. Translation, a foundational act in democratizing knowledge, risks becoming a site of quiet inequity when labour is invisible, governance is centralized, and LMIC partners are marginalized.

More broadly, the Cochrane Malaysia case illustrates how translation functions as a form of epistemic labour that reveals the hidden infrastructures of global science production. Analysing translation work through the lenses of distributive justice, epistemic injustice, and the political economy of knowledge highlights the structural divisions of labour in global health: LMICs provide the bodies, data, and language labour, while the Global North retains theorisation, governance, and recognition.

This resonates with what scholars call Southern theory: the recognition that the global South has long generated its own frameworks and intellectual traditions, yet these are too often sidelined until validated by Northern institutions. Situating translation work within this perspective invites us to see it not as a downstream service but as a site of Southern epistemic agency.

To promote ethical, equitable, and resilient global knowledge partnerships, I recommend:

- 1. Elevating translation from service to scholarship: Recognize translators as co-creators of knowledge with academic and ethical standing.
- 2. Reforming governance structures in global research organizations to include LMIC translation leads in strategic decision-making.
- 3. Establishing recognition and compensation pathways that reflect the true value of knowledge translation work.
- 4. Embedding translation equity assessments in the planning and evaluation of global health knowledge dissemination projects.

The GFBR offers a unique space to reflect on these issues and develop ethical tools that rebalance power in research infrastructures. The goal is not to abandon global partnerships — but to make them more just, inclusive, and sustainable.

References

- 1. Cochrane Library [Internet]. London: Cochrane; [cited 2025 Oct 21]. Available from: https://www.cochranelibrary.com/
- 2. Cochrane. Cochrane Translation [Internet]. London: Cochrane; [cited 2025 Oct 21]. Available from: https://www.cochrane.org/translation
- 3. Sasongko TH. Bringing evidence to life: Cochrane evidence translated for Malay-speaking population. *Health Eval Promot*. 2025;52(4):619–23.
- 4. Cochrane Malaysia. Cochrane Malay Translation [Internet]. Kuala Lumpur: Cochrane Malaysia; [cited 2025 Oct 21]. Available from: https://malaysia.cochrane.org/libatkan-diridalam-penterjemahan-bahasa-malaysia
- 5. Cochrane. Cochrane Malay page [Internet]. London: Cochrane; [cited 2025 Oct 21]. Available from: https://www.cochrane.org/ms/evidence
- 6. Collyer F, Connell R, Maia J, Morrell R. *Knowledge and global power: Making new sciences in the South.* Clayton (AU): Monash University Publishing; 2019.
- 7. Stengers I. Another science is possible: A manifesto for slow science. Cambridge (UK): Polity Press; 2018.
- 8. Billaud J, Reed R. *Making global health work: Frontline workers and the labour of research and interventions*. Cambridge (UK): Cambridge University Press; 2019.

Acknowledgement

The author sincerely thanks all Cochrane Malaysia volunteers, both past and present, for their dedication and contributions to the Bahasa Malaysia Translation Initiative. Special appreciation is extended to the founding Cochrane Central Translation Coordinator, Ms. Juliane Ried, with whom Cochrane Malaysia first embarked on this initiative, and to the current coordinator, Ms. Judith Deppe, for their unwavering and continued support. The author also gratefully acknowledges the guidance and encouragement of the Co-Directors of Cochrane Malaysia, Professor Jacqueline Ho and Associate Professor Tan May Loong, as well as the steady and hands-on leadership of the Malay Translation Coordinator, Ms. Nilambal Pavadaypillai, who oversees the day-to-day

implementation of the project. Finally, the author acknowledges with gratitude the continuous funding support from the Cochrane Central Executive Team, without which this decade-long effort to increase equitable access to evidence-based health information in Bahasa Malaysia would not have been possible. The author is also grateful to Dr. Jacintha Toohey (University of KwaZulu-Natal) and Dr. Marlyn Faure (University of Oxford) for their thoughtful feedback, which sharpened the framing of this paper around distributive justice, the political economy of science, and the applied expansion of the Translation Equity Assessment Tool.