OPINION

Protecting global health partnerships in the era of destructive nationalism

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Long-standing global partnerships, critical for protecting the health of human beings and the planet we share, are under attack in 2025. Around the world, a pendulum swing towards nationalism and populism [1] has threatened to destroy international scientific collaborations that took decades to build. Globally, the rise of hard-right extremism jeopardizes fragile structures established to protect the health and human rights of people everywhere [2]. The chaos of haphazard disruption, devoid of accountability, normalizes a lack of perceived responsibility for our fellow human beings [3]. Reckless global socio-political shifts hurt all of us, as citizens of one world, sharing its limited resources and facing common threats of diseases that respect neither borders nor executive orders [4,5].

As scientists and global health advocates, we have dedicated our careers (and much of our lives) to developing and testing innovative solutions that anticipate, prevent, manage and eliminate serious threats to the health of our global community. Our new reality drives us to continue our work. We are accustomed to challenges and recognize their capacity to strengthen our vision for the future. We have learned important lessons, over decades of combined experience and we have joined forces, across the globe, to communicate these broadly [6]. We believe that long-term, trusting, resilient global partnerships have the potential to carry our global community through crises. If the global health community is to weather the current storm, we must rebuild, restore and reinforce our critically important bridges of collaboration, by tethering them to a set of solid, tested foundations [6], summarized here and illustrated in Fig 1.

Holistic systems approach

First, we recognize the interconnectedness and interdependence of the environment, animal, and human systems. The onslaught of recent disease outbreaks have been undeniably linked to climate change. Resulting calls for a unified One Health approach deserve our immediate attention [7]. In the short term, this demands the purposeful creation of a shared agenda, supported by science, in anticipation of a future in which rational governments will prioritize it. To that end, we must persist in hopefulness. Despite current challenges, we have agency, and we can use our partnerships to foster and prepare for needed change.

Team science is better science

The science underlying a holistic systems approach can only be accomplished through partnerships across scientific disciplines, diverse areas of expertise and lived experience. Team science emerges as a powerful way of conducting scientific research [8]. Most global health challenges are multi-dimensional, so the teams studying them need to include various dimensions of expertise and different perspectives. This involves expanding the boundaries of what is accepted as legitimate science, beyond Euro-western-centric science, to include complementary ways of understanding the world. Collaboration across disciplines involves embracing the diverse, often challenging, roles of global health work and nurturing our different perspectives through adaptive teamwork and flexibility. Furthermore, we must evaluate and iteratively improve our *practice* of team science, using key frameworks, models and approaches to identify procedural strengths and weaknesses. Iterative collaboration goes beyond repetition.

Decolonizing global health

Throughout history, colonialism has fueled health disparities, disenfranchisement, and high mortality among colonized peoples. When powerful nations impose systems that neglect certain groups, major health disparities are inevitable. We must acknowledge these origins



 $Fig \ 1. \ Foundations \ of \ global \ health \ practice \ and \ partnership.$

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of global health disparities, educate ourselves on the history of the place and the people with whom we partner, and work to address the effects of colonization. For example, local communities are central to the co-creation process, if the resulting solutions are to be effective. We must seek mechanisms for equipping and supporting local leaders, while we apply anti-racism, gender, and intersectional frameworks to redress historical injustices. We must transform funding schemes, educational systems, and research incentives to increase equitable

recognition in science, equitable benefits, improved resource sharing, and capacity-building. We need collaborations free of neo-colonial power-hierarchies and structures, characterized by transparency and aligned resource flows. Such global partnerships will benefit the health of marginalized communities worldwide and, in so doing, benefit all.

Communication matters

Science-based health messages must be delivered in ways that are accessible to diverse, global audiences. This involves meeting people where they are – including where they consume information – and considering their diverse life experiences related to education, language, literacy and cultural affiliation. The design of effective global health communications ideally involves the audiences they aim to reach – creating health messages with them and for them. Strong lines of communication are essential for the promotion of an interconnected and resilient global society. These lines can only be built upon a foundation of mutual respect and shared humanity.

Effective communication among global health partners is equally important and should be centered around trust. Consistently applying ethical principles actively levels power imbalances, promotes gender equity and elevates marginalized voices. We will inevitably work within imperfect systems to drive change. The imperfections challenge all of us to maintain our capacity for empathy and our sense of shared humanity. That sense allows us to experience the joy of basic human connections that powerfully catalyze and sustain our work – and joy is critical for the fulfillment and long-term commitment of individuals and teams. Above all else, if we are to be effective global health partners, we must stay open and humble, practice respectful listening, use authentic storytelling, lay aside biases, self-reflect, learn from our failures, and grow with the process.

Call to action

Throughout history, human beings have flirted with self-destruction. Globally, the rise of extreme nationalism has fueled xenophobia, racism and withdrawal from international agreements. Populist ideologies have spread unprecedented mistrust in science. Basic human rights have been deprioritized. We have waged brutal wars on one another and on our planet. We have learned, the hard way, that terrible things happen when we fail to work together. As a global team of researchers, physicians, community health advocates, scientists and educators, our work depends on shared leadership as we design human-centered solutions for the health of our world. The shifting socio-political landscape emboldens and further motivates us to realize a different vision for our future – a consensus future characterized by respect, shared humanity and mutual responsibility for our fellow global citizens and the planet we share. Our call to action is both urgent and critical: join us in protecting global health and the partnerships that sustain it.

References

- Jenne EK. Populism, nationalism and revisionist foreign policy. International Affairs. 2021;97(2):323–43. https://doi.org/10.1093/ia/iiaa230
- 2. Falkenbach M, Heiss R. Populist radical right and health. Springer; 2021.
- Apostolidis P. Desperate Responsibility: Precarity and Right-Wing Populism. Political Theory. 2021;50(1):114–41. https://doi.org/10.1177/0090591720985770
- Gostin L, Constantin A, Meier B. Global health and human rights in the age of populism. Foundations
 of global health & human rights. 2020;15:439–58.
- Williams C, Kestenbaum J, Meier B. Populist nationalism threatens health and human rights in the COVID-19 response. American Journal of Public Health. 2020:1766–8.

- 6. Stewart Ibarra A, LaBeaud AD. Transforming Global Health Partnerships: Critical Reflections and Visions of Equity at the Research-Practice Interface. Springer Nature; 2024.
- Kickbusch I, Bright RA. Governing global health with a planetary mindset. British Medical Journal Publishing Group; 2024.
- 8. Hilton ML, Cooke NJ. Enhancing the effectiveness of team science. 2015.