

Revisiting the Essence of Global Health Partnerships in Family Medicine

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The discipline of family medicine has a unique opportunity to strengthen primary health care by bridging the gap between person-centered and population-based approaches to achieve universal health coverage.^{1–4} Global health partnerships in family medicine are crucial for advancing this mission but frequently are impeded by challenges like power imbalances, privilege, and financial inequities. In this editorial, we, a group of family medicine global health practitioners based in South Africa, India, and the United States, collectively reflect on the question “What should lie at the heart of global health partnerships in family medicine?” and make a case for building partnerships that promote equity, bidirectional learning, and social accountability.

PROMOTING EQUITY IN PARTNERSHIPS

What Makes a Partnership Truly Equitable?

The best partnerships are built on mutual respect and a shared purpose—reflected in the words, actions, and interactions that

benefit both parties. While these qualities can be difficult to define, common mistakes in partnerships show the importance of clearly outlining principles to guide collaboration. Foundational ethical principles in global health—justice, equity, respect, and transparency—provide a solid framework for equitable partnership.⁵ These principles are especially relevant to family medicine and align closely with the aspirational goals of people-centered, high-quality primary health care as defined by the World Health Organization.¹

The Importance of Defining Equity From the Outset

Clearly defining what equity means at the start of a partnership fosters mutual understanding and trust, which are crucial for effective learning and successful health initiatives. Historically, many global health efforts have been shaped by neocolonial attitudes that adopt a deficit-based approach, often causing more harm than good.^{6–8} Shifting away from this “savior” mindset requires recognizing our unconscious biases and the

importance of cultural humility.⁹ This alternate approach emphasizes learning that promotes ethical and cultural awareness.⁹ Global health interventions should respect and align with community values.⁸

PRAGMATIC APPROACH TO EQUITABLE PARTNERSHIPS

Building equitable partnerships requires practical strategies.^{8,10}

- ▶ Shared accountability for transparency and sustainability. Ensure clarity in allocating and using resources. Consider how work will be sustained over the long-term.
- ▶ Contextual understanding. Value collective expertise and prioritize solutions led by the community.
- ▶ Clear communication based on mutual respect. Establish open and honest dialogue that fosters trust and humility.

These practices create culturally sensitive, mutually beneficial, and sustainable partnerships.¹⁰

The Value of Equitable Partnerships

A key benefit of equitable global health partnerships is the strong sense of camaraderie and shared purpose they foster. This is vital for learning from and with one another to generate new knowledge and build solidarity in the field of family medicine. In our increasingly interconnected world, cross-cultural dialogue is crucial to balance the voices of the global South and North, emphasizing context and expertise to promote innovative global health education practices.¹¹

PARTNERSHIPS BASED ON BIDIRECTIONAL LEARNING

Partnerships in family medicine should prioritize the co-design of global health curricula that integrate diverse experiences, including community-based services, nonprofit organizations, public-private partnerships, health entrepreneurship, and social innovation within health-related sectors. Addressing global health challenges necessitates a whole-of-society approach to mitigate the impacts of social determinants of health. Long-term clinical placements, as opposed to short stints, particularly in rural and underserved areas, are essential for achieving this goal. These placements foster a deeper understanding of the components and processes that shape broader health and care systems.^{9,12}

Effective global partnerships also should prioritize the professional development of all faculty members involved. This professional development includes cultivating knowledge and skills that improve teaching, clinical practice, and leadership in family medicine. Equally important is ensuring the well-being of learners and practitioners.¹³ The high levels of mental health challenges among health professionals underscore the urgent need for education and health system leaders to implement people-centered strategies that emphasize mental health and resilience.¹⁴

Healthy, engaged students and practitioners are essential for sustaining global family medicine efforts. By promot-

ing bidirectional learning, partnerships can build capacity, enhance understanding across cultural and systemic contexts, and establish a foundation for long-term success in improving health equity and outcomes.

KEY LEVERS FOR FACILITATING SOCIAL ACCOUNTABILITY

Addressing the divide in health care requires active collaboration between those focused on patient-centered care and those addressing broader community and population health needs.¹⁵ Advances in medical science in recent decades have intensified an individualistic approach that, while yielding innovative treatments, has further distanced health care from under-resourced populations. As primary care providers, we have a unique responsibility to bridge this gap, amplify the voices of health care professionals and patients in policy discussions, and work to integrate clinical practice with health system governance and policy reform for a more inclusive approach to care and the realization of universal health coverage.^{2,16}

Understanding Social Accountability

Social accountability refers to organizations' responsibility to concentrate their education, research, and service efforts on addressing society's priority health concerns.^{9,17,18} Gaining a broader perspective on the forces shaping patients' lived experiences will foster an understanding of social accountability as a concept that relies on collaborations, especially in meeting the health needs of underserved communities.^{19,20} Social accountability necessitates a revised approach to scholarship.^{9,17} Such engaged scholarship challenges traditional academic boundaries by enhancing community engagement and enabling health care professionals to partner with key stakeholders to develop new solutions to health system challenges.^{5,20,21}

Fostering Decolonial Scholarship and Transformative Learning

The context in which family medicine functions within global health systems is often among the least resourced areas, is closest to communities, and bears the additional responsibility of addressing psycho-social issues that impact health and well-being. We must develop strong decolonial scholarship that critically examines the power dynamics inherent in these systems and their methods of producing knowledge and meaning.^{22,23} Transformative learning theory highlights significant perceptual shifts in adult learners and is particularly valuable for fostering responsible service-learning experiences in rural and underserved community environments.^{9,24,25} These transformative experiences produce adaptable professionals with skills and competencies capable of meeting the complex health care challenges of the 21st century.^{26,27}

CALL TO ACTION

Now is the time for family medicine to lead the way in building equitable partnerships that dismantle siloed, vertical, and nationalistic practices. We must promote integrated

approaches that tackle the broader health system, ensuring fair access to comprehensive primary care for all. Let us draw on the collective wisdom of family doctors across the globe. By forming meaningful and equitable global collaborations, we can enhance collective solutions derived from bidirectional learning and equip health professionals to address today's complex health care challenges.

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