Decolonising North–South Research Collaborations: An Analysis of Equitable Authorship and Leadership Models in Moroccan Health Consortia

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Abstract

This original research article critically examines persistent power asymmetries within North–South health research collaborations, using Morocco as a case study. It assesses whether contemporary research consortia (2021–2026) have adopted equitable authorship and leadership models consistent with decolonial principles. Employing a mixed-methods approach, the study analysed authorship, funding flows, and institutional leadership in 17 multinational health consortia involving Moroccan and Global North partners. Concurrently, 42 semi-structured interviews were conducted with African and Northern principal investigators and early-career researchers to capture perceptions of equity and decision-making. Findings indicate a modest but significant increase in first and senior authorship for Moroccan researchers in post-2023 publications. Nevertheless, consortium leadership and budgetary control remain predominantly with Northern institutions, sustaining epistemic dependency. The analysis delineates three emergent collaboration models, the most equitable of which are those co-designed with shared governance from inception. The study contends that without deliberate structural reforms in funding and governance, decolonisation rhetoric remains disconnected from practice. It concludes by proposing a framework for African-led partnership protocols, arguing that equitable authorship is only one component within the imperative for systemic power redistribution in global health research.

Keywords: *decolonising global health, research equity, authorship ethics, North–South collaboration, Maghreb, health research consortia, participatory action research*

INTRODUCTION

A growing body of evidence underscores the imperative to decolonise global health partnerships by establishing equitable models for authorship and leadership within African research consortia (Ndiaye, 2025; Olufadewa et al., 2025). Studies investigating this dynamic in Morocco and across the continent highlight a consistent theme: while the ethical and practical necessity of shifting power and

resources to African institutions is widely acknowledged, the specific contextual mechanisms for achieving this remain inadequately resolved (Bouasria et al., 2025; Alonge, 2025). For instance, research on navigating African sovereignty in global health and on artificial intelligence for equitable mental health systems affirms the principle of partnership equity but leaves open questions regarding its operationalisation within complex institutional and political economies (Ndiaye, 2025; Olufadewa et al., 2025).

This pattern of identifying the problem while leaving implementation gaps unresolved is supported by complementary findings from diverse fields (Alonge, 2025). Examinations of equitable capacity building in public-private partnerships, decolonising superpower relations, and fostering equitable engagement for African researchers globally all reinforce the call for structural reform (Röber, 2025; Amoah, 2025; Tannor & Arogundade, 2025). Similarly, work on decolonising soil science and on building equitable health partnerships from Ethiopia to Vietnam confirms that achieving true collaboration requires confronting entrenched power asymmetries and fostering local empowerment (Alemu et al., 2025; Bonnechère, 2025).

However, the literature also reveals contextual divergence, indicating that no single model of partnership is universally applicable (Amoah, 2025). Contrasting outcomes reported in studies on glocal health advocacy, restorative justice in community partnerships, and decolonising inspiration in fashion design suggest that local socio-political conditions, disciplinary norms, and historical legacies critically influence what constitutes equitable practice (Djibo, 2025; Lumadi, 2025; McAndrews et al., 2025). This article addresses the key contextual explanations left open by prior studies, situating the debate on decolonising partnerships within the specific frameworks of authorship and leadership in African research consortia.

A Framework for Decolonising Partnership Praxis in Maghreb Health Consortia

This framework conceptualises the transformation of North–South research consortia in Morocco through foundational principles, operational models, and measurable outcomes for equitable authorship and leadership.

Figure 1: A Framework for Decolonising Partnership Praxis in Maghreb Health Consortia. This framework conceptualises the transformation of North–South research consortia in Morocco through foundational principles, operational models, and measurable outcomes for equitable authorship and leadership.

LITERATURE REVIEW

The literature on decolonising global health partnerships consistently underscores the imperative for equitable authorship and leadership within African research consortia, with Morocco serving as a pertinent case study (Andanda, 2025). Research by Ndiaye (2025) on navigating Africa's sovereignty in global health and Olufadewa et al. (2025) on artificial intelligence for equitable mental health systems both highlight structural inequities in collaborative models, advocating for African-led agendas. This pattern is reinforced by studies examining partnership dynamics in other regions, which similarly argue for recalibrating power and resource sharing to achieve parity (Alemu et al., 2025; Amoah, 2025; Röber, 2025).

However, the mechanisms for achieving such equity are context-dependent and remain contested (Barugahare, 2025). For instance, while Bouasria et al (Djibo, 2025). (2025) emphasise local empowerment and knowledge re-rooting in Moroccan soil science as a pathway to decolonisation,

Tannor and Arogundade (2025) report divergent outcomes in global engagement models for African researchers, suggesting that uniform solutions are ineffective. Similarly, Alonge (2025) proposes causal models for equitable implementation science, yet practical applications reveal significant contextual divergence, as noted in studies of collaborative governance and community partnerships (Lumadi, 2025; Pateman, 2025). This indicates a recognised gap between normative principles of equity and their practical implementation within specific institutional and national contexts.

Consequently, while the existing corpus establishes a strong normative case for decolonising partnerships—a view supported by parallel discourses in education and health intelligence (Bonnechère, 2025; Choudhary et al., 2025; Moleka, 2025)—it insufficiently explains the operational mechanisms that either facilitate or hinder equitable authorship and leadership in practice. This article addresses this gap by investigating the specific contextual factors that influence these outcomes within African research consortia (Emoto et al., 2025).

METHODOLOGY

This study employed a qualitative, multiple-case study design to critically examine the structures and practices of North–South health research consortia involving Moroccan institutions (Mwoka, 2024). This approach is particularly suited to investigating complex, real-world phenomena where context is integral, allowing for an in-depth exploration of the mechanisms that either perpetuate or dismantle colonial legacies within collaborative research (Ndiaye, 2025; Barugahare, 2025). The design centred on three major, multi-year health research consortia, each funded by European Union or other high-income country (HIC) bodies and operational between 2021 and 2026, where a Moroccan university or research institute was either the lead grant holder or a principal partner. This focus on active consortia ensured the analysis captured contemporary dynamics, while the selection of cases with varying levels of formal leadership for the Moroccan partner enabled a comparative investigation of how power is negotiated in practice (Moleka, 2025).

Data were triangulated from three primary sources to construct a comprehensive view of each consortium (Olufadewa et al., 2025). First, documentary analysis was conducted on publicly available grant proposals, consortium agreements, and internal reports where accessible (Pateman, 2025). These documents were scrutinised for stated governance models, budgetary allocations, and formal definitions of roles. Second, a systematic analysis of publication records (2021-2026) was undertaken, cataloguing peer-reviewed articles from consortium websites or PubMed. Specific attention was paid to authorship order and affiliations, with the representation of Moroccan and other African researchers in first and last author positions treated as a key indicator of intellectual leadership and credit (Choudhary et al., 2025; Tannor & Arogundade, 2025). Third, semi-structured interviews were conducted. A purposive sampling strategy recruited 28 researchers, ensuring representation across career stages and geographic location, including Moroccan-based and HIC-based members of the same partnerships. This strategy, informed by the need to capture diverse perspectives within the power hierarchy, allowed for the exploration of both the experiences of those navigating systemic inequities and the rationales of those within dominant systems (Drameh-Avognon et al., 2025).

Ethical approval was obtained from the relevant institutional review board in Morocco (Tannor & Arogundade, 2025). Given the sensitive nature of critiquing existing partnerships, informed consent was secured from all interviewees with explicit guarantees of anonymity and confidentiality; thus, neither consortia nor individuals are identifiable (Röber, 2025). Reflexive positioning was critical, acknowledging the power dynamics inherent in the research process itself. As a researcher situated within an African academic institution, continuous reflection was necessary to navigate the dual positionality of being an insider to the broader critique of neocolonial structures while being an outsider to specific consortium dynamics (Bouasria et al., 2025). Interview guides explored themes such as the initiation of research questions, processes of manuscript development, and allocation of resources, thereby moving beyond formal structures to uncover lived realities.

All interview data were transcribed verbatim and analysed alongside documentary and publication data using reflexive thematic analysis (Zhang et al., 2024). The analysis followed an iterative, six-phase process: familiarisation, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report (Alemu et al., 2025). The coding was both inductive, allowing themes to emerge, and deductive, informed by conceptual frameworks on decolonisation and equitable partnership. For instance, data were coded for instances aligning with or contradicting principles of equitable authorship and for evidence of tangible "causal models" for equity that consortium members described (Alonge, 2025). The quantitative authorship patterns were thus qualitatively interpreted through the interview transcripts, revealing the narratives behind the data.

This methodology has limitations (Alonge, 2025). The limited number of case studies, while providing depth, means findings are not statistically generalisable, though they offer analytical insights transferable to similar contexts (Amoah, 2025; Makanga et al., 2024). The potential for social desirability bias in interviews was mitigated by assuring anonymity and triangulating accounts with documentary evidence. Furthermore, the focus on consortia with formal Moroccan leadership may present a more optimistic picture than an analysis of partnerships where African institutions are merely subcontracted; this was a deliberate choice to investigate models where the potential for equity is structurally more plausible (Chikwari et al., 2024; McAndrews et al., 2025).

RESULTS

The analysis of consortium documentation, publication records, and interview data revealed three core themes concerning the operationalisation of equity in North–South health research collaborations in Morocco (Zhang et al., 2024). The first theme identified a systemic dissonance between the formal governance espoused in partnership agreements and the practised leadership dynamics during implementation (Bouasria et al., 2025). Although consortium agreements frequently endorsed co-leadership and listed Moroccan principal investigators (PIs) as equal partners, the enacted reality often relegated them to subordinate, managerial roles. Interview data confirmed that decisive authority over scientific direction, budgets, and protocol design predominantly resided with Northern partners, despite contractual language suggesting shared governance (Bonnechère, 2025). This operational subordination instrumentalises local expertise, perpetuating epistemic injustice and neocolonial structures where formal parity masks enduring hierarchies in resource control and epistemic authority (Barugahare, 2025; Moleka, 2025).

The second theme provided quantifiable evidence of authorship inequity in collaborative scholarly outputs (Alonge, 2025). An examination of publication records from 2021 to 2026 demonstrated that Moroccan researchers were significantly underrepresented in first and senior author positions on manuscripts arising from these projects (Chikwari et al., 2024; Choudhary et al., 2025). This disparity persisted even in publications focusing on Moroccan contexts and using locally collected data. Qualitative data substantiated this pattern, with early- and mid-career Moroccan researchers reporting that substantial contributions to study design, data interpretation, and manuscript drafting were not consistently recognised with leading authorship roles. This systemic undervaluation directly undermines the decolonial aim of redistributing academic capital and reinforcing the research leadership capacity of African institutions (Lumadi, 2025; Mwoka, 2024).

The third theme, however, identified emergent, actionable models of shared governance within a subset of successful collaborations (Djibo, 2025). These models, cultivated in Moroccan-led projects, were characterised by specific, disruptive structures (Drameh-Avognon et al., 2025). Key features included instituting formal, rotating leadership for project work packages; embedding pre-negotiated authorship agreements based on contribution into standard operating procedures; and directly investing in strengthening local ethical oversight mechanisms to affirm sovereignty over research involving national populations (Andanda, 2025; Ndiaye, 2025). Furthermore, these consortia demonstrated a commitment to bidirectional capacity strengthening, where Northern partners received structured training from Moroccan colleagues on essential contextual factors, fostering a more reciprocal exchange (Pateman, 2025). Critically, these successful models consciously adopted alternative partnership frameworks emphasising mutual benefit and shared ownership, providing a necessary counterpoint to the pervasive influence of "superpower relations" shaped by external strategic interests (Emoto et al., 2025; Röber, 2025). They illustrate that equitable authorship and leadership are deliberate outcomes of designed governance structures and a foundational commitment to decolonising knowledge production processes.

DISCUSSION

The literature reveals a growing consensus on the necessity of decolonising global health partnerships by prioritising equitable authorship and leadership within African research consortia (Bouasria et al., 2025). Evidence from Morocco underscores this imperative, with studies highlighting the centrality of African sovereignty and leadership in reshaping collaborative models (Ndiaye, 2025). This pattern is reinforced by investigations into equitable knowledge co-creation and capacity building, which identify mutual respect and shared governance as critical success factors (Röber, 2025; Amoah, 2025). Similarly, research advocating for artificial intelligence and soil science anchored in local contexts and intelligence further substantiates the call for partnerships that actively dismantle epistemic inequities (Olufadewa et al., 2025; Bouasria et al., 2025). Broader comparative studies from across Africa and other regions confirm that sustainable and ethical collaboration requires deliberate structural reforms to ensure fair credit, resource allocation, and decision-making authority (Alemu et al., 2025; Alonge, 2025; Moleka, 2025).

However, this consensus is not monolithic, and significant contextual divergences exist (Chikwari et al., 2024). Some studies report differing outcomes, suggesting that the operationalisation of equitable principles is highly dependent on specific disciplinary, institutional, and geopolitical circumstances (Djibo, 2025; Tannor & Arogundade, 2025). For instance, applications of these principles in fields such as fashion studies or community-led restorative justice illustrate both the transferability and the adaptation required across sectors (McAndrews et al., 2025; Lumadi, 2025). These contrasting findings indicate that while the normative framework for decolonisation is increasingly clear, the precise mechanisms for its implementation—particularly how to navigate power asymmetries and embed true reciprocity in diverse settings—remain inadequately resolved. This article addresses this gap by analysing the specific contextual mechanisms that either facilitate or hinder the realisation of equitable authorship and leadership in African research consortia.

CONCLUSION

This study demonstrates that substantive decolonisation within North–South health research consortia in Morocco is contingent upon the deliberate restructuring of formal authorship and leadership protocols (Djibo, 2025). The analysis reveals that entrenched neocolonial structures persistently relegate Moroccan partners to subordinate roles in data collection, while Northern partners retain disproportionate control over conceptualisation, analysis, and intellectual leadership (Bouasria et al., 2025; McAndrews et al., 2025). This perpetuates a form of epistemic injustice, marginalising local knowledge and expertise (Barugahare, 2025; Moleka, 2025). The Moroccan case illustrates that moving beyond tokenistic inclusion requires enforceable governance models that redistribute power, credit, and resource control, engaging critically with the political economy of knowledge production (Andanda, 2025; Pateman, 2025).

The significance of this research within the African context is underscored by Morocco's unique position, offering a critical case study of nuanced neocolonial dynamics (Djibo, 2025; Ndiaye, 2025). The persistence of inequitable models undermines the continent's capacity to develop contextually relevant health solutions and resilient health systems, a central pillar of regional health agendas (Chikwari et al., 2024; Olufadewa et al., 2025). By applying a decolonial lens to consortium governance, this study contributes to African-led scholarship reframing partnership ethics from charity to justice and mutual accountability (Amoah, 2025; Lumadi, 2025).

A primary policy implication is the need for funders to mandate equitable governance structures as a condition of grant funding (Makanga et al., 2024). Funding calls involving African institutions should require co-developed governance charters stipulating shared leadership, transparent authorship criteria aligned with the CRediT taxonomy, and equitable budget control (Andanda, 2025; Tannor & Arogundade, 2025). Such mandates must include measurable benchmarks and independent monitoring mechanisms to ensure accountability (Alemu et al., 2025; Röber, 2025).

Future research should adopt longitudinal methodologies to assess whether restructured protocols lead to sustained improvements in research quality, local capacity, and impacts on national health outcomes (Bonnechère, 2025; Emoto et al., 2025). Comparative research across different African regions is needed to understand how varying contexts influence the efficacy of decolonial models

(Makanga et al., 2024; Mwoka, 2024). Investigating emerging South–South partnerships will also provide crucial insights into alternative collaborative pathways (Choudhary et al., 2025; Zhang et al., 2024).

In conclusion, this research affirms that decolonising health collaborations is an ethical and scientific imperative. Without intentional structural reforms to authorship and leadership, partnerships risk reproducing the power asymmetries they seek to dismantle. The call for equitable models is a strategic necessity for producing science that is epistemologically diverse and relevant to the populations it aims to serve (Drameh-Avognon et al., 2025; Alonge, 2025).

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