



The power and promise of international collaboration in a complex and contested world

ARTICLE INFO

Keywords:

Internationalisation
Global health
Research
Universities

Global challenges in healthcare

Climate change, pandemics, the rising burden of non-communicable disease, and geopolitical conflicts are transnational challenges that require collaborative, transdisciplinary approaches.¹ These complex and “wicked” problems cannot easily be solved by a single individual, profession or nation.² Research and the pursuit of new knowledge have historically been international in focus, and universities have played a critical role in knowledge exchange. International research collaborations enable the sharing of knowledge, expertise and resources to address complex problems and develop solutions that are scalable and have global relevance.³ For example, large-scale scientific endeavours, such as genomic research and space exploration, commonly require shared infrastructure and resources beyond the capacity of single institutions or nations.⁴ Collaborative models may reduce duplication, leverage complementary strengths, and accelerate translation of evidence into practice.

Despite strong foundations of knowledge across millennia, for example knowledge in the Islamic Golden Age and in Traditional Chinese Medicine, the rise of globalisation has accelerated research while also introducing new challenges. Globalisation has been a double-edged sword, on the one hand offering economic prosperity and the other increased inequity and environmental degradation.⁵ Moreover, the forces of colonisation and the prominence and valuing of Western knowledge have contributed to persistent inequalities, particularly in the Global South. These disparities, together with increased global mobility, have fuelled the rise of nationalism and populism across many nations, threatening international collaboration.⁶

These trends have led to actions, including Brexit, where the United Kingdom withdrew from the European Union. Restrictions on student numbers in many countries has led to a reduction in student mobility. Isolationism has the potential impact of contracting innovation, increasing stigma and disrupting social cohesion. There is a global trend towards a rise in violence, with 2024 recording the highest number of state-based armed conflicts since 1946.^{7,8} Such conflicts are associated with mass displacement, destroyed infrastructure, diversion of public expenditure towards defence as, and increases in gender-based violence

and human rights abuses. Some of these conflicts are highly visible and politicised, but for many they are less perceptible. Within these environments, health research may be deprioritised and perceived as futile and esoteric.

We argue that in these challenging and evolving times, research should be accorded higher priority, from documenting the impacts of conflict to developing and evaluating innovative solutions. In this paper, we discuss the importance of internationalisation, diversity, health diplomacy, and pragmatic strategies for advancing a global research agenda. Drawing on a refined definition of global health and the work of Jacobsen et al. describing strategies for “health for all”,⁹ we make recommendations structured around priorities, people, planet, policies and practices (Fig. 1). Implicit in this definition is the need for transparency and consideration of the broader external environment—global, national, economic, political, technological, social, and environmental forces. Without systematic documentation of global conflicts, their effects and the factors generating and sustaining them, suffering remains invisible, accountability is limited, pathways to recovery and reconciliation remain unclear.

The power of internationalisation in forging knowledge

Universities have played a critical role in fostering education, research, knowledge exchange and mobility since ancient times.¹⁰ Internationalisation refers to an intentional integration of a global perspective into the goals, functions, and delivery of education, research and community engagement, and serves to foster diversity. Over the years, the concept of internationalisation has evolved, and multiple definitions now exist.

The International Association of Universities has adopted the following definition:

*Internationalisation is the intentional process of integrating an international, intercultural or global dimension into the purpose, functions and delivery of post-secondary education, in order to enhance the quality of education and research for all students and staff, and to make a meaningful contribution to society.*¹¹

<https://doi.org/10.1016/j.hcr.2026.100063>

Received 28 January 2026; Accepted 25 February 2026

3050-6131/© 2026 The Authors. Publishing services by Elsevier B.V. on behalf of KeAi Communications Co. Ltd. This is an open access article under the CC BY license (<http://creativecommons.org/licenses/by/4.0/>).



Fig. 1. An approach to focus health research in times of conflict. Figure adapted from Jacobsen, K.H., et al., *An updated definition of global health*. Global Health Research and Policy, 2025.

The importance of diversity in fostering innovation

The role of diversity in driving discovery and problem-solving is well recognised, although in recent time there has been increasing pushback against these concepts.¹² Innovation is diverse research teams that bring together varying cultural, domain-specific, theoretical and methodological perspectives, thereby fostering creativity and problem-solving capacity. Collaboration across countries can also accelerate the validation and diffusion of knowledge. Beyond innovation and discovery, societies that embrace diversity and inclusion and promote equity have the potential experience of greater social cohesion, which is critical for achieving political stability, economic growth, and improved population health.^{13,14} However, this relationship remains contested, depending on the definitions of how diversity and cohesion are defined, and the context of the powerful forces of nationalism and populism, which may undermine these theoretical advantages.¹⁵

Global research agendas to build capacity and foster equity

The UN Sustainable Development Goals (SDGs) provide a global roadmap for addressing shared challenges.¹⁶ Strengthening research capacity in low- and middle-income countries (LMICs) through investment in local infrastructure, workforce development, and institutional capability is critical. Increasingly, it is recognised that there is a need to decolonise research by respecting traditional knowledge systems and focussing on regionally defined needs and agendas.

Internationalisation in research

Partnerships between researchers, institutions, and networks across countries are a critical first step in advancing international collaboration. Exchange programs, such as visiting scholar schemes, can foster knowledge exchange across borders. The guiding principles for engagement should be based on respect and reciprocity and should avoid ‘extractive’ research processes. Co-design, joint projects and research consortia are among the strategies used to foster global collaboration. Mutual learning and recognition of the diverse knowledge systems, particularly First Nations knowledge, are also essential. Importantly, international funding schemes, such as the Fogarty International Center and Erasmus programs, provide opportunities for researcher mobility and collaboration.

Responding to the challenge– Lebanon as an exemplar

The Middle East is facing unique challenges, with the number of displaced persons continuing to rise.¹⁷ Lebanon has been subject to multiple crises in recent years, including war, the COVID-19 pandemic, and the devastating Beirut port explosion. The compounding stressors have intensified humanitarian needs and placed increasing pressure on health and social systems. It is estimated that Syrian refugees in Lebanon constitute more than 25% of the country’s population.¹⁸ These rapid population shifts are profoundly disruptive for both the host communities and the refugee populations. Yet, amidst these challenges, numerous initiatives have emerged to improve the well-being of refugee populations.^{19,20}

Universities need to be international and collaborative

For higher education institutions to achieve an internationalisation agenda, they must adopt thoughtful and intentional approaches. Universities and research centres should embed internationalisation within their institutional policies rather than focusing solely on the mobile minority, largely students with resources to travel. An equity-driven agenda that promotes reciprocity, integration, collaboration and respect, is essential. Support through funding, infrastructure, and capacity development initiatives is critical as a strategic initiative means of strengthening research systems in LIMCs.¹⁹

To advance global health and the goal of “health for all”, it is necessary to address priorities, people, planet, policies and practices through a contemporary lens that acknowledges current global challenges. This lens is intentionally transdisciplinary, bringing together researchers and practitioners across disciplines.

Health diplomacy, and soft power

Soft power refers to the ability of an individual, institution, or country to influence relationships, foster norms, and seek alliances through attraction and persuasion rather than coercion or force.²¹ In the context of global affairs, the provision of aid and resources can contribute to soft diplomacy and influence. Health diplomacy, as a multidisciplinary field, can foster credibility and legitimacy, building alliances and shared commitments to health goals.²² Public health

diplomacy integrates health objectives with foreign policy and development agendas to advance shared health priorities while promoting collaboration across governments, multilateral organisations, academia, and civil society.²³

Research collaborations can also serve as a form of science diplomacy, promoting personal relationships and fostering cooperation even in politically contested environments. By bridging scientific exchange and diplomatic engagement, health and science diplomacy can create non-coercive platforms for sustained interaction, mutual benefit, and collective action.

Navigating a complex and contested world

In a world marked by geopolitical tension, misinformation, disinformation and conflict, international research collaborations have the power to transcend borders, strengthen the evidence base, and promote scientific integrity. Ensuring the transparency and credibility of data sources and information is therefore critical. The recent politicisation and weaponisation of vaccination-related information provides a clear example of where international scientific voices have served as important checks and balances.

Universities must also leverage their social contract and roles as anchor institutions to engage communities and drive collaboration and innovation.²⁴ As shown in Fig. 1, progress in the global health agenda will not be achieved without sustained international collaboration, clearly articulated goals, and concern for and commitment to people and planet.

Moreover, health professionals and systems must continue to evolve in response to changing global expectations and circumstances. Health professionals play a central role in sustaining dialogue and collaboration in a contested and complex world. Despite the atrocities witnessed daily, many continue to advance science and healthcare in the face of barriers that can seem insurmountable.

Conclusion

Internationalisation is a driving force for fostering global perspectives, and collaboration has the potential to increase the relevance, quality, and impact of research. Collaboration among individuals, professions and nations is not merely desirable but essential for addressing the complex and “wicked” problems facing contemporary societies. This approach is critical for tackling global challenges, advancing innovation, strengthening equity, and improving global health outcomes.

CRediT authorship contribution statement

Patricia M. Davidson: Conceptualization, Writing – Original Draft, Writing – Review & Editing. **Bernard Saliba:** Writing – Review & Editing. **Angela Massouh:** Writing – Review & Editing. **Hiba Deek:** Writing – Review & Editing. **Gladys Honein-AbouHaidar:** Writing – Review & Editing. All the authors have read and approved the final version of this manuscript.

Ethics approval

Not applicable.

Funding

None.

Declaration of Competing Interest

The authors declare no conflict of interest. Patricia M. Davidson, Honorary Editor-in-Chief of *Healthcare and Rehabilitation* confirms no

involvement in any stage of this article's peer-review process, ensuring unbiased editorial decision-making.

Acknowledgments

None.

References

1. Abubakar I, Aldridge RW, Devakumar D, et al. The UCL–Lancet Commission on migration and health: the health of a world on the move. *Lancet*. 2018;392(10164):2606–2654. [https://doi.org/10.1016/S0140-6736\(18\)32114-7](https://doi.org/10.1016/S0140-6736(18)32114-7)
2. Devine JA, Magliocca NR, Mcsweeney K, et al. A convergence research approach to resolving ‘wicked problems’: lessons from an interdisciplinary research team in land use science. *Appl Geogr*. 2025;177:103538. <https://doi.org/10.1016/j.apgeog.2025.103538>
3. Xu C, Zong Q. The effects of international research collaboration on the policy impact of research: a causal inference drawing on the journal *Lancet*. *J Inf Sci*. 2025;51(6):1502–1512. <https://doi.org/10.1177/01655515231174381>
4. Lawless MT, Tieu M, Archibald MM, Pinero De Plaza MA, Kitson AL. From promise to practice: how health researchers understand and promote transdisciplinary collaboration. *Qual Health Res*. 2025;35(1):3–16. <https://doi.org/10.1177/10497323241235882>
5. Davidson PM, Daly J, Meleis A, Douglas MM. Globalisation as we enter the 21st century: reflections and directions for nursing education, science, research and clinical practice. *Contemp Nurse*. 2003;15(3):162–174. <https://doi.org/10.5172/conu.15.3.162>
6. Speed E, Mannion R. Populism and health policy: three international case studies of right-wing populist policy frames. *Sociol Health Illn*. 2020;42(8):1967–1981. <https://doi.org/10.1111/1467-9566.13173>
7. Rustad SA. *Conflict Trends: A Global Overview, 1946–2024*. Peace Research Institute Oslo (PRIO); 2026 <https://www.prio.org/publications/14453> [Accessed 28 February 2026].
8. Hastrup T. *Global Conflict Trends: Planning for the Future*. Folke Bernadotte Academy: Swedish Agency for Peace, Security and Development; 2024 https://pure.manchester.ac.uk/ws/portalfiles/portal/352773498/24-00357_Bilaga_II_Haastrup_Global_conflict_trends.pdf [Accessed February 28].
9. Jacobsen KH, Waggett CE, Adeyi O, et al. An updated definition of global health. *Glob Health Res Policy*. 2025;10(1):1–5. <https://doi.org/10.1186/s41256-025-00460-8>
10. De Wit H, Merckx G. The History of the Internationalization of Higher Education. In: Deardorff DK, de Wit H, Leask B, Charles H, eds. *The Handbook of International Higher Education*. Routledge; 2023:23–52.
11. De Wit H, Hunter F, Egron-Polak E, Howard L. On October 28, 2015 Laura Rumbley presented at a meeting of the Washington International Education Group, which featured the launch of a new publication—internationalizing higher education worldwide: national policies and programs—jointly produced by the American Council on Education's Cen. *Education*. 2015;147:30.
12. Gurin P, Dey E, Hurtado S, Gurin G. Diversity and higher education: theory and impact on educational outcomes. *Harv Educ Rev*. 2002;72(3):330–367. <https://doi.org/10.17763/haer.72.3.01151786u134n051>
13. Meer TVD, Tolsma J. Ethnic diversity and its effects on social cohesion. *Annu Rev Sociol*. 2014;40(1):459–478. <https://doi.org/10.1146/annurev-soc-071913-043309>
14. Arieli G. Does diversity erode social cohesion? Conceptual and methodological issues. *Polit Stud*. 2014;62(3):573–595. <https://doi.org/10.1111/1467-9248.12068>
15. Figueiredo A, Baysu G, Uluğ ÖM, Psaltis C. Social cohesion in (post-) conflict and divided societies: recent advances and future directions. *Eur J Soc Psychol*. 2025;55(6):967–978. <https://doi.org/10.1002/ejsp.70024>
16. United Nations General Assembly. *Sustainable Development Goals*. 2015 <https://sdgs.us.org/2030agenda> [Accessed 28 February 2026].
17. Honein-AbouHaidar G, Noubani A, El Arnaout N, et al. Informal healthcare provision in Lebanon: an adaptive mechanism among displaced Syrian health professionals in a protracted crisis. *Confl Health*. 2019;13(1):40. <https://doi.org/10.1186/s13031-019-0224-y>
18. Honein-AbouHaidar G, Bou-Karroum L, Parkinson SE, et al. Integrating Syrian refugees into Lebanon's healthcare system 2011–2022: a mixed-method study. *Confl Health*. 2024;18(1):43. <https://doi.org/10.1186/s13031-024-00600-w>
19. Al Omari S, Honein-AbouHaidar G, Mehio Sibai A. By the numbers and in their own words: a mixed methods study of unmet needs and humanitarian inclusion of older Syrian refugees in Lebanon. *PLoS One*. 2024;19(7):e0302082. <https://doi.org/10.1371/journal.pone.0302082>
20. Abouzeid M, Elzalabany MK, Nuwayhid I, Jabbour S. Conflict-related health research in Syria, 2011–2019: a scoping review for The Lancet-AUB Commission on Syria. *Confl Health*. 2021;15(1):92. <https://doi.org/10.1186/s13031-021-00384-3>
21. Rothman SB. Revising the soft power concept: what are the means and mechanisms of soft power? *J Political Power*. 2011;4(1):49–64. <https://doi.org/10.1080/2158379X.2011.556346>
22. Kickbusch I, Liu A. Global health diplomacy—reconstructing power and governance. *Lancet*. 2022;399(10341):2156–2166. [https://doi.org/10.1016/S0140-6736\(22\)00583-9](https://doi.org/10.1016/S0140-6736(22)00583-9)
23. Joshi A, Magana L, Tsai KH, et al. Public health diplomacy: summary of the methods and outcome of the 1st University of Memphis School of Public Health Diplomacy Summit. *Front Public Health*. 2025;13:1564709. <https://doi.org/10.3389/fpubh.2025.1564709>

24. Harris M, Holley K. Universities as Anchor Institutions: Economic and Social Potential for Urban Development. In: Paulsen MB, ed. *Higher Education: Handbook of Theory and Research*. Vol 31. Springer; 2016:393–439.

Patricia M. Davidson^{*,1}

International Centre for Future Health Systems, University of New South Wales, NSW 2052, Australia

E-mail address: Patricia.davidson1@unsw.edu.au

Bernard Saliba²

School of Public Health, University of Technology Sydney, Sydney 2007, Australia

E-mail address: Bernard.Saliba@uts.edu.au

Angela Massouh³

Hariri School of Nursing, American University of Beirut, Beirut 1107 2020, Lebanon

E-mail address: am50@aub.edu.lb

Hiba Deek⁴

Faculty of Health Sciences, Beirut Arab University, Beirut 5020, Lebanon

E-mail address: h.deek@bau.edu.lb

Gladys Honein-AbouHaidar⁵

Hariri School of Nursing, American University of Beirut, Beirut 1107 2020, Lebanon

E-mail address: Gh30@aub.edu.lb

* Correspondence to: University of New South Wales Sydney Australia, Australia.

¹ ORCID ID: 0000-0003-2050-1534.

² ORCID ID: 0000-0001-8752-4242.

³ ORCID ID: 0000-0002-8766-033X.

⁴ ORCID ID: 0000-0002-0242-4339.

⁵ ORCID ID: 0000-0002-6534-3851.