

**Background:** Universities are critical building blocks for health systems. Interuniversity partnerships are one means of increasing university capacity. Longerterm partnerships with universities from highincome countries and, increasingly, consortia and South SouthNorth partnerships are favoured in the literature, although critical, contextualised assessments of such partnerships are few. We examine how the international global health partnerships of four East African universities have adapted to remain resilient and responsive over time.

**Methods:** Four universities in East Africa with medicine, nursing and public health programmes were purposefully selected: Moi University and UoN (Kenya) and KCMUCo and MUHAS (Tanzania). In Phase 1, 42 KIIs were conducted with senior representatives of each university to identify international university partnerships they considered most significant for increasing the capacity of their health professional programmes in education, research and/or service. A rating system was developed to classify each partnership as higher, medium or low value to the universities. In Phase 2, 88 students and lecturers from the four universities participated in FGDs or interviews to gain additional insight into the nature and value of the partnerships. In Phase 3, 56 KIIs were conducted with representatives from 24 of the partner universities (3 African, 8 European, 13 North American) to understand their perspectives on the partnerships. The interviews were transcribed and analysed for emerging themes.

**Results:** One hundred and twenty four distinct university to university partnerships were identified. Twenty nine of the partnerships were classified as higher value for building the capacity of the focus universities. These 29 partnerships were 3 to 35 years old ( $15 \geq 15$  yrs) and 26 were still active. Many of the older higher value partnerships experienced distinct stages. Tactics that allowed partnerships to remain resilient and responsive varied, including maintaining disciplinary focus, broadening the scope of partnerships to include additional disciplines or components of the tripartite mission of academic health science centres, involving trainees, welcoming new partners, embracing consortia, diversifying funding to include private, foundation or association support, and adjusting to new donor agency approaches. Implementing specific interventions within a consortium at a focus university or partnering with a regional consortium brought benefits that appeared to outweigh the transactional costs of such arrangements