

# Striving for equitable partnerships in health research



**A year ago, we adopted an ethics framework to help with the assessment of and to increase transparency and accountability for research practices in studies involving partnerships between researchers in high- and low-income settings. We now reflect on our progress, what we learned and the way forward to champion ethical, inclusive and equitable partnerships in the content we publish.**

Health transcends borders. International collaborations in medical research are important to bring together diverse expertise and resources to address global health challenges. However, ‘helicopter research’, in which researchers from high-income countries conduct research in less-privileged settings with limited meaningful engagement of local stakeholders, and ‘ethics dumping’, in which privileged researchers conduct unethical research in settings with different ethical standards, are still prevalent. Such practices reinforce colonial hierarchies, diminish research quality and relevance, exploit resources and instill distrust in communities. Last year, we adopted an ethics and inclusion framework<sup>1</sup>, guided by the principles laid out in the [TRUST Global Code of Conduct for Equitable Partnerships](#), as part of our commitment to tackle exploitative practices and to promote equitable partnerships in research. A year later, we reflect on how this framework has impacted the content we publish, as well as what we learned from authors’ and reviewers’ experiences and feedback.

Journal editors are in a unique position to encourage meaningful attribution of authorship contributions and assess if research has been conducted with adherence to best practices for engaging local communities. Throughout the editorial process, we work with authors to transparently convey the extent of collaborations and authorship diversity. We ask authors to formally recognize

researchers based in the relevant settings who have contributed to the project as co-authors. Authors are also prompted to provide an [Inclusion and Ethics statement](#) in articles for which we feel there were or should have been local collaborations in the course of the research. In doing so, we provide an opportunity for authors and readers to consider the local relevance of their research, reflect on the extent of local stakeholders’ involvement in the research process, and highlight the diversity of authorship in the manuscript. In turn, we seek the advice of researchers from relevant regional settings and communities as peer reviewers, as their insights are essential to considering the relevance of studies to the local context.

Shared authorship is a critical aspect of equitable partnerships. Researchers need to foster equitable partnerships with local stakeholders from the start and throughout the research process, so that their meaningful contributions to a research project can be appropriately recognized. Not only is this simply the right thing to do, but also academic authorship is often needed to build local research capacity and to fund local researchers at every stage of their career. In this issue of *Nature Medicine*, drawing from her experiences with community-led partnerships with the Deaf community in Malaysia, Uma Palanisamy [contends](#) that involving local stakeholders from the outset will ensure that research development addresses the needs of community members and that their rights are protected. Occasionally authors are reluctant to include local researchers as co-authors because they do not meet the criteria for authorship, but this may be because local stakeholders have not been meaningfully involved from the start. Ultimately, as Doris Schroeder, a leading co-author of the TRUST Global Code discusses in a [World View](#), failure to form equitable partnerships throughout the research process might be attributable to the failure of researchers from high-income settings to recognize their own privilege and prejudices.

Findings from equitable collaborations are more likely to be integrated into healthcare

practices and be adopted by communities. Using the example of co-production with indigenous peoples, Cunningham and Mercury [highlight](#) that equitable collaborations with local stakeholders are essential to the production of meaningful, respectful and relevant research that benefits both the local communities and the broader academic community. Local stakeholders have empirical knowledge of local customs and need to be empowered to lead the study, to ensure that medical practices are ethical and culturally respected. For example, a community-integrated trial testing screening programs for human papillomavirus in rural Uganda was driven by local stakeholders who selected the study sites, established feasibility and integration of screening interventions, and ensured safeguarding of the privacy and well-being of participants in the trial, given the stigma around screening for sexually transmitted infections in rural communities<sup>2</sup>. Co-production with local stakeholders ensures that benefits of the research are shared with the communities involved.

It is not uncommon for us to see submissions of articles with analyses of publicly available data from Africa, Asia and Latin America without inclusion of researchers from those regions as co-authors. Equitable research collaborations in secondary data analyses make regional research more relevant and impactful. For example, Boni and colleagues developed a [policy-informing model](#) with researchers from the Rwanda Biomedical Centre who provided valuable insights into the feasibility of interventions that could inform Rwanda’s National Malaria Control Program. The project also included modeling workshops for local researchers. Given that data analyses and interpretation are often led by investigators from high-income settings<sup>3</sup>, such instances of equitable partnerships go beyond results synthesis to support capacity-building and develop the skillsets of local researchers in data analysis and research dissemination.

Our aim is that integration of the Ethics and Inclusion framework for health research into *Nature Medicine* will foster discussion and

inspire researchers to seek equitable partnerships in all their future research efforts. We expect researchers to build effective relationships with the local communities from inception and throughout the entire research process – from study design and data analysis to manuscript writing. Local

stakeholders need to be empowered in driving local research and must be formally acknowledged as co-authors in publications. Equitable partnerships in research that involve benefit-sharing and capacity-building is the way to go to generate long-lasting and positive impact on the communities involved.

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## References

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