

Central Lancashire Online Knowledge (CLoK)

Title	Equitable partnerships in global health research
Type	Article
URL	https://clock.uclan.ac.uk/id/eprint/36125/
DOI	https://doi.org/10.1038/s43016-020-00201-9
Date	2020
Citation	Zaman, Mukhtiar, Afridi, Gulman, Ohly, Heather, McArdle, Harry J. and Lowe, Nicola M (2020) Equitable partnerships in global health research. <i>Nature Food</i> , 1 (12). pp. 760-761.
Creators	Zaman, Mukhtiar, Afridi, Gulman, Ohly, Heather, McArdle, Harry J. and Lowe, Nicola M

It is advisable to refer to the publisher's version if you intend to cite from the work.
<https://doi.org/10.1038/s43016-020-00201-9>

For information about Research at UCLan please go to <http://www.uclan.ac.uk/research/>

All outputs in CLoK are protected by Intellectual Property Rights law, including Copyright law. Copyright, IPR and Moral Rights for the works on this site are retained by the individual authors and/or other copyright owners. Terms and conditions for use of this material are defined in the <http://clock.uclan.ac.uk/policies/>

Equitable partnerships in global health research

Mukhtiar Zaman¹, Gulman Afridi², Heather Ohly³, Harry J. McArdle⁴, Nicola M. Lowe^{3*}

*Corresponding Author: ³Nicola M. Lowe, UCLan Research Centre for Global Development,
University of Central Lancashire, UK. PR1 2HE. United Kingdom.

Email: nmlowe@uclan.ac.uk

Telephone: 01772 893599

Co-Authors:

¹Mukhtiar Zaman, Department of Pulmonology, Rehman Medical Institute, Peshawar,
Pakistan.

²Gulman Afridi, Abaseen Foundation, 272 Deans Trade Centre, Peshawar Cantt, Peshawar,
Pakistan

³Heather Ohly, UCLan Research Centre for Global Development, University of Central
Lancashire, UK. PR1 2HE. United Kingdom.

⁴Harry J. McArdle, School of Biosciences, University of Nottingham, Sutton Bonnington
Campus, Leicestershire, UK

To the editor,

Equitable partnerships are essential for global health research. However, the field is dominated by researchers from the Global North and this imbalance results from entrenched power asymmetries (often linked to source of funds) that can undermine the contributions and knowledge of local experts. Some funders promote equity in the way resources are distributed across the partner organisations - the spend to be weighted towards the Global South, and the appointment of Principal Investigators from the Global South. These efforts are not enough, however, and academics from low and middle-income countries are still underrepresented in the global health literature¹. Therefore, it is important for researchers to take the initiative to ensure that equitable, mutually supportive partnerships are developed from the generation of the initial research concept through to the project delivery and final dissemination of the research outcomes. Based on a growing literature on the principles of developing equitable partnerships^{2,3,4} we present a framework comprised of four pillars: co-creation, communication, commitment, and continuous review (Figure 1), which also includes the principles of the Global Code of Conduct² – fairness, respect, care and honesty. We have formally adopted these principles in our own collaboration between the UK and Pakistan over the last fifteen years on micronutrient deficiencies^{5,6} and we would encourage colleagues to establish a similar framework to foster such a mindset when embarking upon collaborations wherever there is the potential for inequity, whether this be in international, or within sub-national contexts.

Co-creation

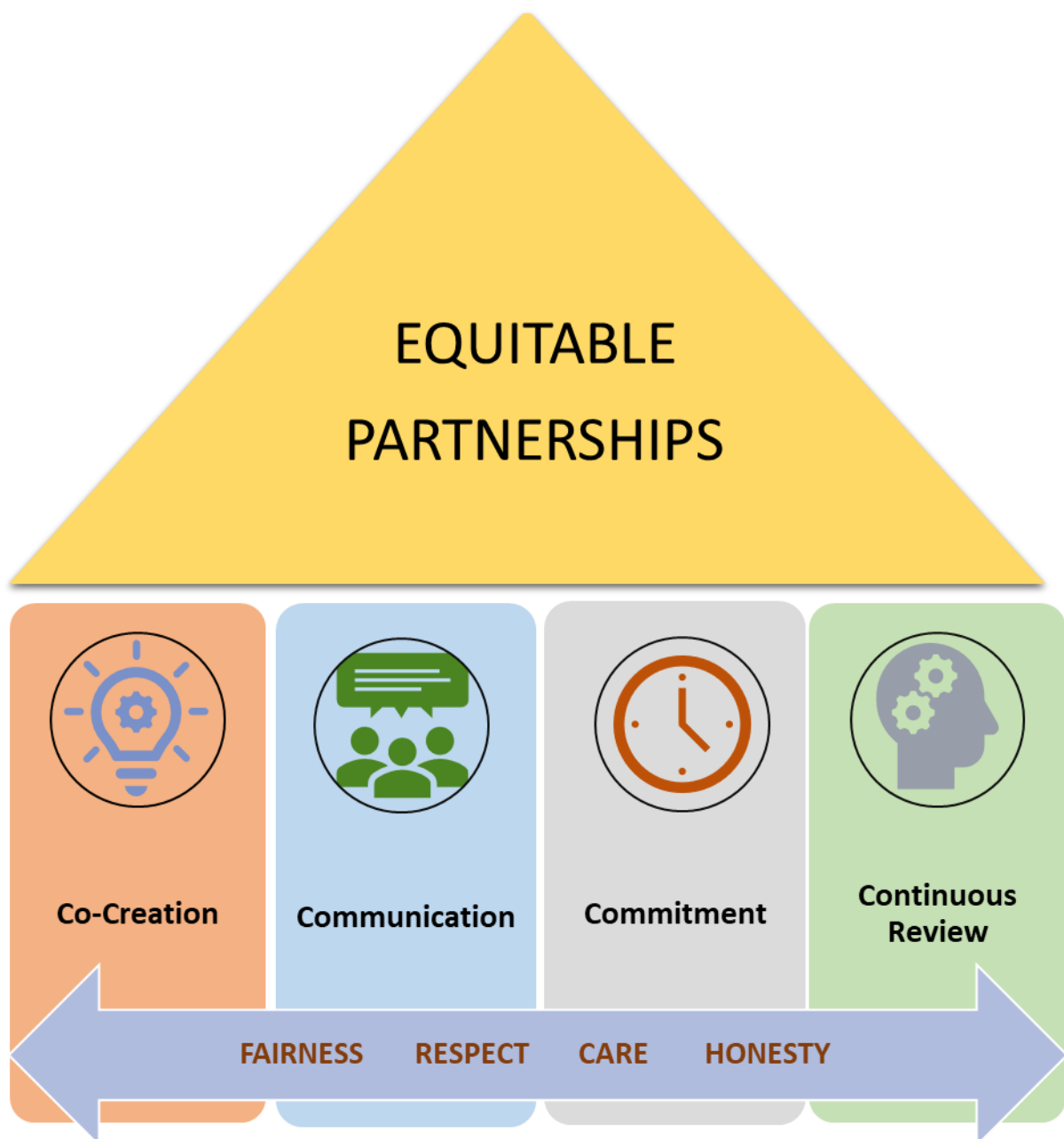
Equity is not just about creating a level playing field for partners to work together, but also means understanding and compensating for inherent inequalities to enable all partners to

fully participate and benefit from interactions. This applies to the co-creation of the research questions to ensure local challenges are addressed. Involving beneficiaries of research as both participants and partners in the research project encourages equitability and engagement. Fairness is key to the distribution of financial resources, and the contribution to and credit for research outputs. Many funding organisations look for evidence of co-creation of the research question by all partners. It is critical that all funders look for evidence of co-creation, and where possible, to facilitate opportunities for potential partners to refine the research questions together, as part of the funding process.

Co-creation of research question: Research questions should be developed in response to the local needs as expressed by the community. In one of our first collaborative projects exploring the barriers that mothers face in providing nutritious meals for their infants and children, interviews and focus group discussions with health visitors and mothers attending antenatal services at a rural emergency satellite hospital inspired the idea of setting up a demonstration kitchen at the hospital - a space where mothers could come to receive basic education around safe food preparation, weaning practices and the benefits of diversifying the diet; share and prepare food together, socialise together, while facilitating research ⁷.

We seek to ensure that infrastructure resources are used in a way that both serves the community and serves the research. The combination of quantitative and qualitative approaches places equity at the heart of the relationship between researcher and research participant, ensuring that all voices contribute to identification and solution of the research question.

71 Figure 1.



72

73 *Co-creation of study implementation:* As partners and stakeholders in the research project,
74 community members can also be instrumental in the development and operationalisation of
75 the data collection protocol. Some examples of this we have found in the area of
76 community nutrition interventions include identification of eligible households for
77 participation in the study, recruitment of local women to join the field team to assist with
78 data collection, logistics around appropriate gender segregation and access to the schools to

interview the participating adolescent girls. This concept of community involvement is well established in medical research⁸.

Co-creation of research outputs: For fairness in representation in the literature, norms and expectations around academic authorship need to be clarified early in the partnership.

There are a number of different rubrics that are used for deciding on the inclusion criteria for authors and the order in which the authors are listed; we recommend the guidance on authorship provided by the International Committee of Medical Journal Editors⁹ with all the options for the order as stated by Tschardt et al¹⁰ to devise a transparent and adjustable plan, including an agreement to explicitly state which approach has been adopted within the acknowledgements section of each publication.

Dissemination research findings to communities and stakeholders is a keystone of equitable partnerships. Laying the ground in advance with a communications plan feeds into the virtuous cycle of trust between project partners.

Communication

Equitable partnerships are built upon mutual understanding and respect for cultural norms, including religious, cultural and societal boundaries. One way to develop a greater cultural awareness in the study location is to create a map of local power structures and communication pathways within and out-with the local communities. Our work, for example, near Peshawar was formerly part of the is a tribal society with traditional and conservative values. Decisions are made on behalf of the community by Jirga, groups of male elders from each village who are trusted and respected by the community and whose decisions filter down to household level. Likewise, problems or concerns at the household

level are escalated, discussed and resolved by the Jirga. Involving the Jirga at regular intervals during the development of our work ensured our methods were feasible and culturally acceptable¹¹.

Commitment

There is often very little time between the announcement of research funding calls and their deadlines, and there is a temptation to seek partners rapidly. Some funding organisations provide partner finding websites to facilitate the rapid identification of relevant and willing research partners in a given field. We favour an incremental approach, where developing equitable partnerships requires patience, building trust and long-term commitment. Beginning with the co-creation of the research needs between partners, small amounts of local funding may enable some formative work to be undertaken such that when larger funding opportunities arise an established track record can be evidenced. Partnerships then develop in line with the complexity of the research projects undertaken, and new partners can join the consortium to broaden the expertise base and enable interdisciplinary and transdisciplinary research. Introducing new partners required careful management to ensure that the central ethos of a community-led approach is maintained as the projects became more complex and the budgets greater. Long term commitment to the partnership involves building and investing in research capacity for the future – including training. The training received by community field workers, postgraduate and postdoctoral research assistants and the opportunity to learn from national and international experts has enabled all staff to broaden their skill base and improve future opportunities.

127 **Continuous review**

128 A continuous process of review and consultation is necessary to develop and refine the
129 equitable partnerships research model. Successful long-term partnerships are not static,
130 they evolve and flex in response to changes in the funding landscape and research priorities.
131 Furthermore, shocks such as the COVID-19 pandemic present additional challenges:
132 emphasised social inequalities between project partner countries, ethical considerations of
133 how and when to re-start laboratory and field work from different partner perspectives,
134 consensus on the way forward for the wellbeing of researchers and communities must all be
135 navigated. Honesty in reflection and evaluation of successes and failure is part of this
136 process. Many projects have monitoring and evaluation formally built in to the study
137 protocol a priori - but many do not. Irrespective of this, it is good practise to consult
138 regularly with all partners regarding the research process, not just at the end of the project,
139 but also while the research is underway so that adjustments can be made, and hazards
140 averted. Like any relationship, an equitable partnership requires continuous attention to
141 flourish and grow.

142

143 Malnutrition, in whatever form, affects every nation of the globe, and our food systems are
144 interdependent. In this, the decade of action on nutrition, greater cooperation between
145 researchers and institutions the Global North and Global South on food systems is
146 paramount. It is crucial that an incremental approach to building research consortia, with
147 pillars of co-creation, communication, commitment and continuous review, sets equity and
148 an ethos of fairness in stone for research, and for researchers.

There is an important role for funders too, in stipulating that equitable partnerships are embedded in programmes they fund. They too must review their own processes and procedures to ensure that their own organisations model this way of working.

Acknowledgements

Please direct all correspondence and requests for materials to Nicola M Lowe. The Authors would like to acknowledge the valuable input of all our project partners and stakeholders, in particular our study communities who have willingly worked with us over the last 20 years. We would particularly like to acknowledge the tireless work of the members of the Board of Governors at AF PK, particularly Obaid Ullah, and the Trustees of the AF UK, particularly Helen Bingley OBE, who have been instrumental in the success of the consortium.

Author Contributions

We have followed the “First-Last” author emphasis approach for the order of the authors listed¹⁰. This approach highlights the importance of the first and last authors. MZ and NML have led the development of research partnerships since 2003. MZ and GA play a central role in stakeholder engagement and community liaison. HJM and HO are members of the BIZIFED research consortium. All authors have contributed to the drafting of this document.

Competing Interests Statement

The authors declare that they have no competing interests

References

1. Lyer, A. R. (2018) Authorship trends in The Lancet Global Health. The Lancet Global Health, 6(2): PE142.
2. TRUST Consortium (2018) Global Code of Conduct for Research in Resource-Poor Settings, available at: <http://www.globalcodeofconduct.org/>. Accessed: 15th May 2020
3. UKCDR (2017). Finding and building effective and equitable research collaborations or partnerships, available at: <https://www.ukcdr.org.uk/resource/finding-and-building-effective-and-equitable-research-collaborations/> Accessed 29th June 2020
4. UKRI (2018) Promoting Fair and Equitable Research Partnerships to Respond to Global Challenges, available at: <https://www.ukri.org/files/international/fair-and-equitable-partnerships-final-report-to-ukri-sept-2018-pdf/> Accessed 29th June 2020
5. Ohly, H., Broadley, M.R., Joy, E.J.M., Khan, M.J., McArdle, H., Zaman, M., Zia, M. and Lowe, N. (2019) The BiZiFED project: Biofortified zinc flour to eliminate deficiency in Pakistan. Nutrition Bulletin, 44: 60-64.
6. Lowe, N. M., Khan, M. J., Broadley, M. R., Zia, M. H., McArdle, H. J., Joy, E. J. M., Ohly, H., Shahzad, B., Ullah, U., Kabana, G., Medhi, R., Zaman, M. (2018) Examining the effectiveness of consuming flour made from agronomically biofortified wheat (Zincol-2016/NR-421) for improving Zn status in women in a low-resource setting in Pakistan: study protocol for a randomised, double-blind, controlled cross-over trial (BiZiFED) BMJ Open, 8: e021364.
7. Lhussier, M., Dykes, F., Bagash, S.A., Zaman, M., Lowe, N. (2011) Implementation and evaluation of a health promotion initiative in north Pakistan: a realist framework. Health Promotion International 27(4) 454-462.
8. Fregonese, F. (2018) Community involvement in biomedical research conducted in the global health context; what can be done to make it really matter? BMC Medical Ethics 2018, 19(Suppl 1):44

9. International Committee of Medical Journal Authors. Defining the roles of Authors and Contributors. <http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html>. Accessed: 10th May 2020
10. Tschardtke, T., Hochberg, M.E., Rand T.A., Resh, V.H., Krauss, J. (2007) Author Sequence and credit for Contributions in Multiauthored Publications. Plos Biology vol 1, issue 5 e18.
11. Mahboob, U., Ohly, H., Joy, E.M.J., Moran, V., Zaman, M., Lowe, N.M (2020). Exploring community perceptions in preparation for a randomised controlled trial of biofortified flour in Pakistan. Pilot and Feasibility Studies 6:117

Figure Legend

Figure 1. Framework for the development of Equitable Partnerships