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25 To the editor,

26 Equitable partnerships are essential for global health research. However, the field is 27 dominated by researchers from the Global North and this imbalance results from 28 entrenched power asymmetries (often linked to source of funds) that can undermine the 29 contributions and knowledge of local experts. Some funders promote equity in the way 30 resources are distributed across the partner organisations - the spend to be weighted 31 towards the Global South, and the appointment of Principal Investigators from the Global 32 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 33 important for researchers to take the initiative to ensure that equitable, mutually 34 35 supportive partnerships are developed from the generation of the initial research concept 36 through to the project delivery and final dissemination of the research outcomes. 37 Based on a growing literature on the principles of developing equitable partnerships^{2,3,4} we 38 present a framework comprised of four pillars: co-creation, communication, commitment, 39 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 40 41 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 42 43 framework to foster such a mindset when embarking upon collaborations wherever there is 44 the potential for inequity, whether this be in international, or within sub-national contexts. 45

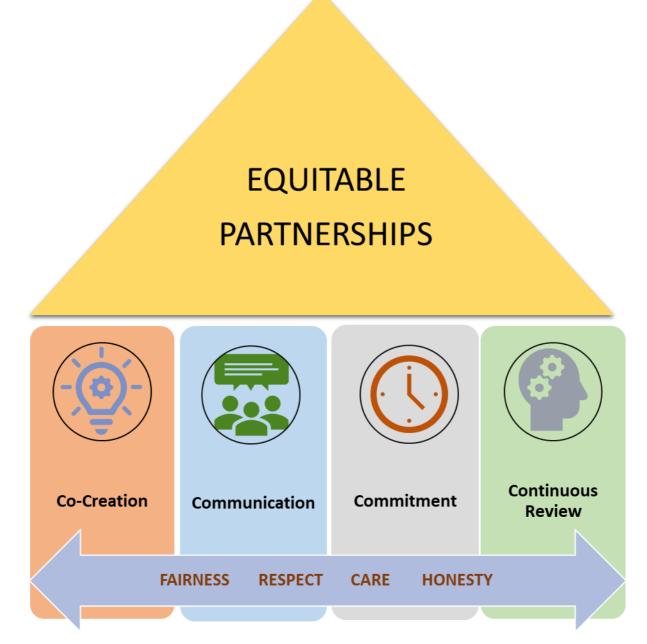
46 **Co-creation**

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

49 fully participate and benefit from interactions. This applies to the co-creation of the 50 research questions to ensure local challenges are addressed. Involving beneficiaries of 51 research as both participants and partners in the research project encourages equitability 52 and engagement. Fairness is key to the distribution of financial resources, and the 53 contribution to and credit for research outputs. Many funding organisations look for 54 evidence of co-creation of the research question by all partners. It is critical that all funders 55 look for evidence of co-creation, and where possible, to facilitate opportunities for potential 56 partners to refine the research questions together, as part of the funding process.

57

Co-creation of research question: Research questions should be developed in response to 58 59 the local needs as expressed by the community. In one of our first collaborative projects 60 exploring the barriers that mothers face in providing nutritious meals for their infants and 61 children, interviews and focus group discussions with health visitors and mothers attending 62 antenatal services at a rural emergency satellite hospital inspired the idea of setting up a 63 demonstration kitchen at the hospital - a space where mothers could come to receive basic 64 education around safe food preparation, weaning practices and the benefits of diversifying 65 the diet; share and prepare food together, socialise together, while facilitating research ⁷. 66 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 67 68 approaches places equity at the heart of the relationship between researcher and research 69 participant, ensuring that all voices contribute to identification and solution of the research 70 question.



73 Co-creation of study implementation: As partners and stakeholders in the research project,

community members can also be instrumental in the development and operationalisation of

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

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.

81

82 *Co-creation of research outputs*: For fairness in representation in the literature, norms and 83 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 84 for authors and the order in which the authors are listed; we recommend the guidance on 85 authorship provided by the International Committee of Medical Journal Editors⁹ with all the 86 options for the order as stated by Tscharntke et al¹⁰ to devise a transparent and adjustable 87 plan, including an agreement to explicitly state which approach has been adopted within 88 89 the acknowledgements section of each publication. 90 Dissemination research findings to communities and stakeholders is a keystone of equitable 91 partnerships. Laying the ground in advance with a communications plan feeds into the 92 virtuous cycle of trust between project partners. 93 Communication 94 95 Equitable partnerships are built upon mutual understanding and respect for cultural norms, 96 including religious, cultural and societal boundaries. One way to develop a greater cultural 97 awareness in the study location is to create a map of local power structures and 98 communication pathways within and out-with the local communities. Our work, for 99 example, near Peshawar was formerly part of the is a tribal society with traditional and 100 conservative values. Decisions are made on behalf of the community by Jirga, groups of 101 male elders from each village who are trusted and respected by the community and whose 102 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.

106

107 Commitment

108 There is often very little time between the announcement of research funding calls and 109 their deadlines, and there is a temptation is to seek partners rapidly. Some funding 110 organisations provide partner finding websites to facilitate the rapid identification of 111 relevant and willing research partners in a given field. We favour an incremental approach, 112 where developing equitable partnerships requires patience, building trust and long-term 113 commitment. Beginning with the co-creation of the research needs between partners, small 114 amounts of local funding may enable some formative work to be undertaken such that 115 when larger funding opportunities arise an established track record can be evidenced. 116 Partnerships then develop in line with the complexity of the research projects undertaken, 117 and new partners can join the consortium to broaden the expertise base and enable 118 interdisciplinary and transdisciplinary research. Introducing new partners required careful 119 management to ensure that the central ethos of a community-led approach is maintained as 120 the projects became more complex and the budgets greater. 121 Long term commitment to the partnership involves building and investing in research 122 capacity for the future – including training. The training received by community field 123 workers, postgraduate and postdoctoral research assistants and the opportunity to learn 124 from national and international experts has enabled all staff to broaden their skill base and 125 improve future opportunities.

126

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.

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

- 149 There is an important role for funders too, in stipulating that equitable partnerships 150 are embedded in programmes they fund. They too must review their own processes and 151 procedures to ensure that their own organisations model this way of working. 152 153 Acknowledgements 154 Please direct all correspondence and requests for materials to Nicola M Lowe. The Authors 155 would like to acknowledge the valuable input of all our project partners and stakeholders, in 156 particular our study communities who have willingly worked with us over the last 20 years. 157 We would particularly like to acknowledge the tireless work of the members of the Board of 158 Governors at AF PK, particularly Obaid Ullah, and the Trustees of the AF UK, particularly 159 Helen Bingley OBE, who have been instrumental in the success of the consortium. 160 161 **Author Contributions** 162 We have followed the "First-Last" author emphasis approach for the order of the authors listed ¹⁰. This approach highlights the importance of the first and last authors. MZ and NML 163 164 have led the development of research partnerships since 2003. MZ and GA play a central 165 role in stakeholder engagement and community liaison. HJM and HO are members of the 166 BIZIFED research consortium. All authors have contributed to the drafting of this document. 167 **Competing Interests Statement** 168 169 The authors declare that they have no competing interests 170
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208	Figure Legend
209	Figure 1. Framework for the development of Equitable Partnerships