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Supplementary appendix 2

This Equitable Partnership Declaration (EPD) was submitted by the authors, and we reproduce it as supplied. It has not been peer reviewed. *The Lancet*'s editorial processes have not been applied to the EPD.

Supplement to: Monroe-Wise A, Mbogo L, Sambai B, et al. Efficacy of assisted partner services for people who inject drugs in Kenya to identify partners living with HIV and hepatitis C virus infection: a prospective cohort study. *Lancet Glob Health* 2024; **12:** e859–67.

Equitable Partnership Declaration questions

This Equitable Partnership Declaration is a statement being published online alongside papers at *The Lancet Global Health*, as a separate appendix, to allow researchers to describe how their work engages with researchers, communities, and environments in the countries of study. This is part of our broader goal to decolonise global health, handing control and leadership of research to academics and clinicians who are based in the regions of study, and to affected communities.

Please answer all questions with as much detail as possible, noting that all included information will be published open-access and it will be freely available online to all who wish to read it. If a question does not apply to your study, please state "Not applicable".

The format of and questions in this statement are currently in a pilot phase. Please email Dr Liam Messin (Liam.Messin@lancet.com; deputy editor) and Dr Kate McIntosh (Kate.McIntosh@lancet.com; senior editor) with any feedback, particularly if you find any questions unclear.

Researcher considerations

1. Please detail the involvement that researchers who are based in the region(s) of study had during a) study design; b) clinical study processes, such as processing blood samples, prescribing medication, or patient recruitment; c) data interpretation; and d) manuscript preparation, commenting on all aspects. If they were not involved in any of these aspects, please explain why.

   This question is intended for international partnerships; if all your authors are based in the area of study, this question is not applicable.

   This should include a thorough description of their leadership role(s) in the study. Are local researchers named in the author list or the acknowledgements, or are they not mentioned at all (and, if not, why)? Please also describe the involvement of early career researchers based in the location of the study. Some of this information might be repeated from the Contributors section in the manuscript. Note: we adhere to ICMJE authorship criteria when deciding who should be named on a paper.

   Overall:

   Of the 18 authors on this manuscript, 10 are Kenyan, and all were integral in various aspects of conducting this study. An additional 2 authors are Americans who have been living in Kenya for over 5 years.

a) Study design: Study design was primarily driven by researchers in Seattle, WA but did include input from Dr. David Bukusi, the Kenyan PI. Several other Kenyan team members contributed to development of procedures and processes, including Dr. Bhavna Chohan (laboratory director), Dr. Sarah Masyuko (co-investigator), and Loice Mbogo (study coordinator).
b) Clinical study processes: Many Kenyan research team members contributed to study procedures, including Loice Mbogo (study coordinator), Bhavna Chohan (laboratory director), Emily Juma (study coordinator), Paul

Macharia (ICT and data lead), Betsy Sambai (data manager), Sara Masyuko (co-investigator), Rose Bosire (co-investigator), and Esther Gitau (SAPTA manager).
c) Data interpretation: Data interpretation was led by Betsy Sambai, the study's data manager.
d) Manuscript preparation: Manuscript preparation was led by the lead author for each paper, but included substantial critical inputs from all authors.

2. Were the data used in your study collected by authors named on the paper, or have they been extracted from a source such as a national survey? ie, is this a secondary analysis of data that were not collected by the authors of this paper. If the authors of this paper were not involved in data collection, how were data interpreted with sufficient contextual knowledge?

   The Lancet Global Health *believe contextual understanding is crucial for informed data analysis and interpretation.*

The data used in this study were collected by authors named on the paper.

3. How was funding used to remunerate and enhance the skills of researchers and institutions based in the area(s) of study? And how was funding used to improve research infrastructure in the area of study?

   Potentially effective investments into long-term skills and opportunities within institutions could include training or mentorship in analytical techniques and manuscript writing, opportunities to lead all or specific aspects of the study, financial remuneration rather than requiring volunteers, and other professional development and educational opportunities.

   Improvements to research infrastructure could be funding of extended trial designs (such as platform trials) and use of master protocols to enable these designs, establishment of long-term contracts for research staff, building research facilities, and local control of funding allocation.

Skills: All staff involved in this study were invited and encouraged to enroll in professional development courses on an annual basis, and these courses were funded by the study. All members of the research team were encouraged to write abstracts and present results at national and international conferences, and many did so.
Research infrastructure:

Equipment purchased for this study has stayed in Kenya and is available for use by other researchers.

4. How did you safeguard the researchers who implemented the study?

   Please describe how you guaranteed safe working conditions for study staff, including provision of appropriate personal protective equipment, protection from violence, and prevention of overworking.

We were very aware of safety concerns for study staff, given the environment they were working in. We worked very closely with the organizations that we partnered with to follow basic safety guidelines for our staff, and we followed their lead on this. Staff were assigned to drop-in-centres that had security guards for safeguarding. Additionally, staff had close relationships with peer educators who were able to ensure that potential safety problems were prevented or addressed.

<u>Benefits to the communities and regions of study</u>

5. How does the study address the research and policy priorities of its location?

   How were the local priorities determined and then used to inform the research question? Who decided which priorities to take forward? Which elements of the study address those priorities?

Before writing the research grant, many meetings were held between the main partner organization, SAPTA, and the research team. These meetings included discussions about priority areas for research. Additionally, there were several smaller studies that occurred before the launch of this study, and those studies informed areas in need of further research.

6. How will research products be shared in the community of study?

For instance, will you be providing written or oral layperson summaries for non-academic information sharing? Will study data be made available to institutions in the region(s) of study? The Lancet Global Health *encourages authors to translate the summary (abstract) into relevant languages after paper editing; do you intend to translate your summary?*

Results from this study have already been shared both within the communities in which we worked, and with the Kenyan government. We held a series of meetings for clinicians, peer educators, and beneficiaries at all of the drop-in-centres where we worked. In these meetings we described study results and encouraged dialogue about the meaning of these results and suggested next steps. We also held both in-person and virtual dissemination workshops for Ministry of Health, policy makers, members of the key populations technical working group, and other national key stakeholders.

7. How were individuals, communities, and environments protected from harm?

a) *How did you ensure that sensitive patient data was handled safely and respectfully? Was there any potential for stigma or discrimination against participants arising from any of the procedures or outcomes of the study?*

We worked closely with partner community organizations to plan and execute all study procedures in a way that empowered communities and minimized harm. A community advisory board was formed, composed of community members, peer educators, site staff, and others not involved in the research processes. This board helped ensure study procedures were culturally appropriate and that potential for harm was minimal.

b) *Might any of the tests be experienced as invasive or culturally insensitive?*

The provision of partner services might be experienced as invasive in some contexts. We took measures to ensure this would not cause discomfort by working closely with partner organizations and with peer educators, who led the development of protocols that would minimize any experience of discomfort or harm. In addition, the community advisory board met biannually with team members to provide input on study implementation and results dissemination.

c) *How did you determine that work was sensitive to traditions, restrictions, and considerations of all cultural and religious groups in the study population?*

We did this by involving members of the study population in the planning and execution of study procedures, along with the partner organizations that we worked with and the community advisory board.

d) *Were biowaste and radioactive waste disposed of in accordance with local laws?*

Not applicable

e) *Were any structures built that would have impacted members of the community or the environment (such as handwashing facilities in a public space)? If so, how did you ensure that you had appropriate community buy-in?*

Not applicable

f) *How might the study have impacted existing health-care resources (such as staff workloads, use of equipment that is typically employed elsewhere, or reallocation of public funds)?*

We did work with peer educators who were employees of the organization that we worked in. We minimized overloading staff workloads by working with the leadership in the community organizations we worked with to ensure responsibilities were shared among staff. We also contributed to peer educator salaries.

8. Finally, please provide the title (eg, Dr/Prof, Mr/Mrs/Ms/Mx), name, and email address of an author who can be contacted about this statement. This can be the corresponding author.

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