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Declaration of Interests

The author is an employee of *The Lancet* group of journals, owned by Elsevier.

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Acknowledging tribal affiliations in medical research

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In response to an author's request, *The Lancet* recently decided to allow the inclusion of tribal affiliations in published articles. In a cross-sectional study of Indigenous—non-Indigenous inequities in a community-controlled First Nations cohort in Australia, tribal names were added in parentheses after the authors' names in the author list on the title page of the article—for example, 'Makayla-May Brinckley (Wiradjuri)'.¹ The decision was made in the context of expanding inclusiveness and efforts to address the under-representation of Indigenous and minority groups as contributors to research.

Although the term Indigenous has prevailed as a generic term, other more nuanced terms, such as tribe, nation, or aboriginal are preferred in some countries. As commonly defined, the term Indigenous refers to those who self-identify as having ancestors who 'inhabited a country or a geographical region at the time when people of different cultures or ethnic origins arrived'.2 Indigenous People include Native Americans, Aboriginal and Torres Strait Islander Peoples in Australia, the Māori Peoples of New Zealand, the Sami of Northern Europe, Indigenous minorities in Africa, as well as various tribal peoples throughout Asia, or any of the estimated 370-500 million Indigenous Peoples worldwide living in more than 90 countries across 6 continents. They represent over 5000 language and cultural groups. Despite making up just 6.2% of the global population, they account for about 19% of the extremely poor and their life expectancy is up to 20 years lower than the life expectancy of non-Indigenous People worldwide.3-5

The acknowledgement and amplification of Indigenous Peoples' identity in authorship details aim to accord value to cultural wisdom and expertise and thereby improve standards of good practice in research governance. Other journals have argued for a publication standard, which may be summarized as a 'nothing about us, without us' approach; in other words, they propose that 'an article about people in any country or region without authors from that country or region will not be published.² Along with ongoing efforts to clarify the involvement of local investigators and stakeholders, we hope that The Lancet's move towards more transparent authorship will help to counter the ongoing legacies of colonialism and racism and the privileging of so-called Western knowledge and healthcare preferences. We encourage other editors, funders, publishers, and bibliographic databases to do likewise to achieve the best-quality research evidence, with the ultimate aim of improving equity and health outcomes for Indigenous People globally.

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