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Toward decolonizing knowledge production in global public health: results of a multi-level intervention to improve equity of authorship at a global health journal

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Over a six-month period in 2020–2021, the *Global Health: Science and Practice* (GHSP) journal implemented a multi-level strategy to increase meaningful equity and inclusion of authors from low- and middle-income countries (LMICs) in knowledge production. This strategy consisted of changing its editorial policy to encourage authors to include authors from the country where the research and/or program activities were done and standardizing practice that manuscripts about a country should be reviewed by at least one reviewer from that country. GHSP also decided to make its editorial staff and advisory board more inclusive and diverse regarding gender, race, and ethnicity. GHSP staff carried out an evaluation of this effort to assess whether three authorship metrics that it prospectively tracks had improved in terms of inclusion of authors from LMICs. A before-after analysis of all articles submitted to the journal at baseline (2018–2020) and after the journal changed its authorship policy guidelines (2021–2022) showed that the percentage of all authors from LMICs increased from 40% to 55%; the proportion of first authors from LMICs increased from 18% to 45%; and the proportion of articles with any LMIC author increased from 70% to 94%. Although the three metrics showed an increase in LMIC authorship, a gap in acceptance rate persisted between articles with an LMIC first author and a high-income country first author. Other strategies to improve the acceptance rate by authors in LMICs are under consideration.

Keywords: decolonization of knowledge; global health; authorship; equity; academic journals

Introduction

Efforts to "decolonize global health" have attempted to dismantle the entrenched inequities and power imbalances in knowledge contribution and access between those in high-income countries (HICs) and those in low- and middle-income countries (LMICs) (Demeter, 2021). These power

imbalances have contributed to the persistent exclusion of LMIC authors in knowledge production and, as a result, epistemic injustice (Boogaard, 2021). The lack of authors from LMICs in articles about research conducted in LMICs has been well documented. Recent analyses of article authorship on research conducted in LMICs found that as much as 13%–15% of articles did not include any authors from the country where the research was done (Cummings and Hoebink, 2017; Hedt-Gauthier et al., 2019; Rees et al., 2021).

Since its inception in 2013, the primary mandate of the *Global Health: Science and Practice* (GHSP) journal has been to make robustly grounded knowledge relevant to global health program policy and practice more accessible to policymakers, health managers, and practitioners, particularly those in LMICs where these programs and policies are implemented. Although GHSP did not have an explicit "decolonizing agenda" at its inception, it had some measures in place to help eliminate barriers to publishing and improve the accessibility of its published articles. First, the journal has always used an open access model for both readers and authors. That is, the journal does not charge subscription fees to readers, nor does it levy author processing charges (APCs). Journals that use a traditional open access model make their articles free to readers but charge APCs (Baker et al., 2019). GHSP is able to avoid author and reader fees because its major funder, the United States Agency for International Development (USAID), prioritizes open access and pays for associated costs. As a result, GHSP's publishing model not only removes paywalls for researchers and health policymakers to access its articles but also eliminates barriers for authors with limited financial resources to contribute evidence and disseminate their research, particularly those in LMICs who otherwise would not be eligible for fee waivers (Ellingson et al., 2021; Smith et al., 2022). Second, potential authors who are policymakers, program managers, practitioners, or early-career researchers from LMICs may lack the time, experience, and skills to successfully write and publish a peer-reviewed article (Oronje et al., 2022; Baltazar et al., 2019). So, a second strategy has been for the editorial team to provide additional support by providing pre-peer review feedback for LMIC authors who have less experience with peer-reviewed journal article writing. When a submission by LMIC authors has clear merit but does not meet certain criteria that make it suitable for the journal, the managing editor sends suggestions for improvement to the corresponding author. Third, in a modest effort to address linguistic accessibility, which has been raised as a barrier to the consumption of knowledge in global public health as most of the literature is published in English (Pakenham-Walsh, 2018; Hommes et al., 2021), GHSP has translated the abstracts of some of its articles into French, Spanish, or Portuguese when one of those is the official language of the country where the research or program activity was conducted. Fourth, at the end of 2019,

the GHSP journal editorial team recognized the need to further address power imbalances and better reflect the diversity of experience, knowledge, voices, and perspectives of public health practitioners. To do this, we recognized the need to examine how our practices could better reflect this diversity. An analysis of the gender and LMIC composition of the editorial boards and staff of 12 top global health journals, including GHSP, reported that across all journals, 35% were female and, at GHSP, which ranked the highest, 46.7% were female. Across all journals, 33% of members were based in an LMIC, and at GHSP, 20% of members were (Nafade et al. 2019).

At a retreat in October 2019, GHSP editorial staff discussed how to apply anti-racism, inclusion, and decolonization frameworks to the work of the journal. The group agreed that the journal ought to increase its efforts to move toward more equitable and inclusive knowledge production and dissemination. After subsequent discussions with its editorial advisory board, the editorial staff engaged in an informal collaboration to help generate and adopt strategies to increase equity and inclusion in GHSP. This led to connecting with other global health journal editorial boards on this topic and the development of a joint panel presentation at the Health Systems Research 2020 Conference entitled "Where is the local voice in academic global health? Reimagining how we produce and consume research." Other panelists were Seye Abimbola (Global Health Editor-in-Chief of the *British Medical Journal*), Peter Waiswa (Makerere University), and Purnima Menon (International Food Policy Research Institute, India).

After this idea-generating period, from September 2020 to March 2021, GHSP operationalized a multi-level strategy to increase meaningful equity and inclusion of authors from LMICs. First, it updated its editorial policy on the journal's website. The editorial staff outlined these changes in an editorial GHSP published in October 2020 (Abraham et al., 2020). The policy encouraged all authors with submissions where research or a program activity was conducted in a country to include at least one author from that country (Nafade et al., 2019) to avoid "author parasitism" (Erondu et al., 2021; Rees et al., 2021) and to provide justification if no LMIC authors were included. However, this was not a requirement and did not apply if the article was written on broad global health topics and not about a specific country. GHSP also made it standard practice that manuscripts from a country have at least one reviewer from that country. The second component of the strategy was to make the composition of its editorial staff more diverse in terms of gender, race, and geography (Dada et al., 2022). In early 2021, GHSP began to address this component of the strategy with the addition to the editorial staff of public health leader Dr.

Rajani Ved (based in India) and its promotion of Associate Editor, Dr. Abdulmumin Saad (US-based member of the African diaspora) to Deputy Editor-in-Chief.

In this article, we aimed to evaluate whether these policy and staff changes have been associated with any changes in: 1) the number of publications written by authors based in LMICs, representing increased local voice, local knowledge, and local power; 2) the number of submissions from authors based in LMICs; and 3) the rate of acceptance for manuscripts from LMICs. Here, we present an analysis of progress using these three authorship metrics and article acceptance rate, prospectively tracked using data in the journal's database.

Methods

Data source

The source of the data for this analysis of authorship is GHSP's Editorial Manager database for all manuscripts received, reviewed, and published. When submitting a manuscript, the corresponding author is required to indicate the country of origin of the first author. All authors are also required to provide an institutional affiliation that includes the country.

Inclusion/exclusion criteria

GHSP publishes regular issues six times a year. In addition, GHSP publishes themed supplements on behalf of donors, charitable organizations, and nongovernmental organizations on an irregular basis. For this analysis, we included articles from regular issues and supplements. Editorials by the journal's editorial staff and colleagues were excluded from the analysis because they are not subject to peer review. All other article types were included in the analysis (Original Articles, Reviews, Program Case Studies, Field Action Reports, Short Reports, Technical Notes, Innovations, Methodologies, Commentaries, and Viewpoints). These article types are explained on GHSP's website (GHSP, Instructions for Authors, accessed July 2022). In other words, for the articles that met inclusion criteria, this was a census of all articles published over the 24-month period before and the 21-month period after the implementation of the multi-level intervention.

Metrics

The three authorship metrics tracked were the following:

- Number/percentage of all authors giving an affiliation with an organization located in an LMIC

- Number/percentage of articles with any author giving an affiliation with an organization located in an LMIC
- Number/percentage of articles with a first author giving an affiliation with an organization located in an LMIC

The acceptance rate for articles was calculated as the number of all articles published divided by the number of all articles received. This was disaggregated by articles with a first author giving an affiliation with an organization located in an LMIC and articles with a first author giving an affiliation with an organization located in an HIC.

Data analysis

The editorial staff felt that the element of the intervention most likely to affect authorship was the policy change disseminated in the September 2020 editorial and the simultaneous revision to its authorship guidelines. For GHSP, the median time from initial receipt of an article until publication has consistently been approximately six months. So, any change attributable to this intervention could not be seen until early 2021. For the analysis, articles were therefore grouped into all those published over the 24-month period, December 2018–December 2020 (pre-intervention), and all those published in the 21-month period, January 2021–September 2022 (post-intervention).

Findings

Table 1. Authorship from LMIC and HICs, December 2018–September 2022

ALL ISSUES	2019	2020	2021	2022
% LMIC authors	39.7	34.0	49.8	54.6
% HIC authors	58.6	64.5	48.0	41.8
% Articles with any LMIC author	70.3	56.1	75.0	93.8
% Articles LMIC first author	17.6	10.6	25.9	45.4

Table 1 shows the data used for the authorship metrics. Comparing the baseline period of 2018–2020 with the post-intervention period of 2021–2022, the percentage of all authors of published articles who are from LMICs increased from 40% to 55% (Figure 1).

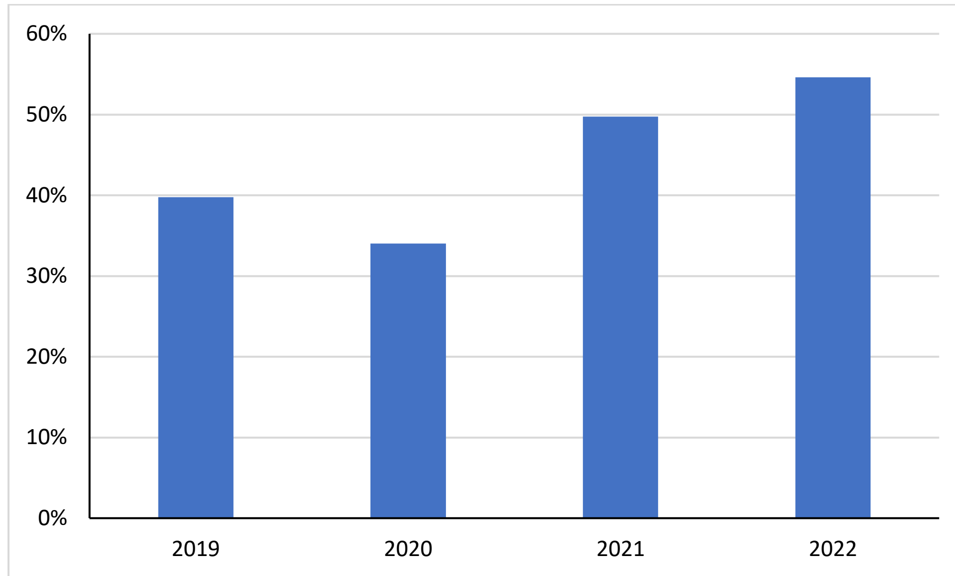

Figure 1. Percentage of all authors of published articles from LMICs.

Comparing baseline to the post-intervention period, the percentage of published articles with any LMIC author increased from 70% to 94% (Figure 2).

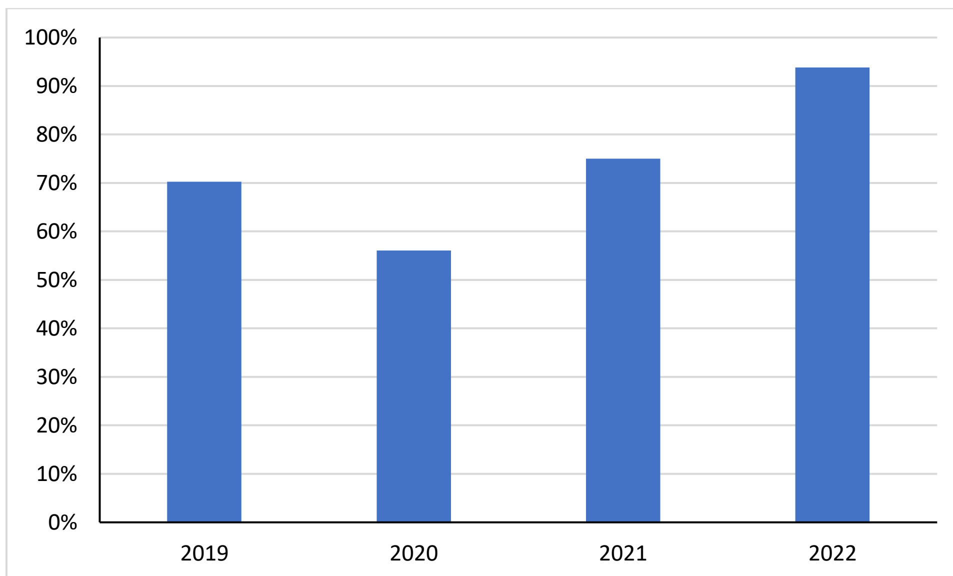

Figure 2. Percentage of published articles with any authors from LMICs.

Comparing baseline to the post-intervention period, the percentage of published articles with a first author from an LMIC increased from 18% to 45% (Figure 3).

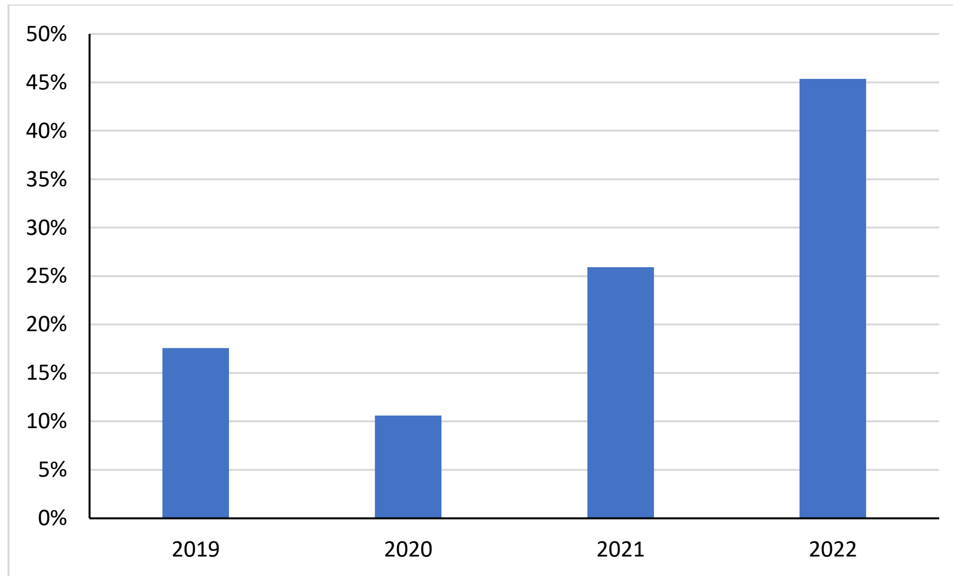

Figure 3. Percentage of published articles with first authors from LMICs.

The study team also looked to see if the acceptance rate of articles had changed before and after the intervention. In the pre-intervention period (2018–2020), the acceptance rate for all submissions was 19%. In the post-intervention period (2021–2022), the volume of submissions received increased mainly due to receiving so many additional articles about COVID, so the overall acceptance rate decreased to 15%. The acceptance rate for articles with a first author from an LMIC remained constant at 10% in the pre- and post-intervention periods. But for submissions with an HIC first author, the acceptance decreased from 21% to 17%. So, the gap in acceptance of submissions with HIC and LMIC first authors narrowed but remained.

Discussion

All three authorship metrics showed improvements when comparing baseline with the post-intervention period. This is a before-after analysis, with no comparison group, so the question of attributability will be in question. However, the fact that this is an analysis of all eligible articles with no sampling, that all three metrics chosen before the intervention showed the same upward trend, and that there was a clear temporal correlation with the intervention meant to address this

issue suggest that the positive changes were attributable, at least in part, to the multi-level intervention. As we have noted, this improvement in authorship metrics was not associated with an increase in the acceptance rate of manuscripts from LMIC authors. The fact that the article acceptance rate for manuscripts with an LMIC first author continues to be lower than that of manuscripts with an HIC first author points to an inequity that needs to be addressed, perhaps by providing more mentorship of LMIC authors or ensuring that peer reviewers are knowledgeable and familiar with the setting context.

How does the level of LMIC authorship documented for GHSP compare with the global public health literature in general? A recent comprehensive analysis of the global public health literature (Hedt-Gauthier et al., 2019: 1) found that of the 7,100 articles the authors identified that had been published between 2014 and 2016 on health in sub-Saharan Africa:

> 68.3% included collaborators from the USA, Canada, Europe and/or another African country. 54.0% of all 43,429 authors and 52.9% of 7,100 first authors were from the country of the paper's focus. Representation dropped if any collaborators were from USA, Canada or Europe with the lowest representation for collaborators from top US universities—for these papers, 41.3% of all authors and 23.0% of first authors were from country of paper's focus. Local representation was highest with collaborators from another African country. 13.5% of all papers had no local coauthors.

Pre-intervention, 40% of all authors in GHSP were from an LMIC. Post-intervention, this rose to 55%, which is about the same as the proportion (54%) found in this study by Hedt-Gauthier et al. (2019). LMIC first authorship at GHSP was 18% before the intervention. Although it increased to 45% post-intervention, it still did not reach the 53% found in this study. When comparing against these benchmarks, it is important to point out that more than 90% of GHSP's articles and submissions have collaborators from the USA, Canada, or Europe, whereas this analysis found only 68% of the articles it analyzed did. We also note the much lower—and worrying—rate of all authors from the country of study (43%) and first authors (23%) that this published analysis found when there were collaborators from top US universities. Special mention should be made of the GHSP metric of papers with "any LMIC author." In the GHSP analysis, even post-intervention, 94% of papers had "any LMIC author" (i.e., 6% did not have any LMIC authors). However, because most of these articles that did not include LMIC authors published over the last two years in GHSP have been about broader global health topics and have not focused on specific countries, the journal's editorial policy on LMIC author inclusion has not been

applicable. The number of articles published by GHSP since the intervention that could fit the definition of "author parasitism" (i.e., about a country with no authors from that country) (Erondu et al., 2021; Rees et al., 2021) is only 3% (6 articles). Although the results of this evaluation show a promising positive trend in increasing LMIC authorship, GHSP's interventions are just one small step in efforts to address power asymmetries in knowledge production and dissemination. This imbalance and the persistent exclusion of "local authors" represent the colonialist infrastructure upon which they were built. Global health knowledge production and dissemination are still largely centered among individuals, journals, institutions, and donors in HICs, thus creating additional social, political, and financial barriers for LMIC authors to contribute to the "global" dialogue rather than only their own "local" agendas and priorities. Ironically, even calls for decolonizing global health have been "colonized," with those calling most loudly for decolonization based in HICs (Oti, 2021; Opara, 2021). They are often working on donor-funded projects and studies in institutions that may not themselves be taking active measures to improve inclusion.

Improvements with LMIC authorship alone do not fully redress the inequitable distribution of power. Power asymmetries and injustice not only occurs between those in HICs and LMICs but within HICs and within LMICs. In that sense, the problem is not just an HIC issue. Authors living in LMICs may feel compelled to modify or blunt their message to improve their chances of being heard in a field still dominated by the global North. This is the so-called problem of "northern ventriloquism" (Naidu, 2021), one manifestation of the broader phenomenon of the "foreign gaze" (Hedt-Gauthier et al., 2019; Abimbola, 2019). To no longer perpetuate the colonialist attitudes and hierarchies that contribute to epistemic injustice on multiple levels, we must continue to dismantle the deeply entrenched systems and practices that assume that local researchers and authors have less credibility and capacity to contribute to research (Bhakuni and Abimbola, 2021). We recognize that decolonizing knowledge is an ongoing process, one in which we strive to make continued progress. The interventions we implemented in 2019 represent the beginning of our process in promoting justice, diversity, inclusivity, and equity of voices and perspectives who are currently un- or under-represented in global health knowledge production and dissemination.

As a global health journal based in an HIC, we recognize we have a responsibility to leverage our position in publishing to ensure more equitable author partnerships between those in HICs and LMICs and inclusion of LMIC author perspectives. To that end, GHSP has recently begun implementing a reflexivity checklist for authors to submit with their manuscripts (Morton et al.,

2022). The reflexivity statement provides more structured guidance for authors to reflect on and document ways they promoted equity and inclusion in the research and/or program activity and for journal editors to use to assess the equity of author partnerships and inform decision-making on evaluating submissions.

In an effort to further increase accessibility and eliminate language barriers, we now offer the entire GHSP website and all its content in more than 100 languages through Google Translate. Although we recognize the limitations in the accuracy of machine translation, particularly with certain languages and emerging health terms, the benefits of providing content in more Indigenous languages than just those "rooted in colonialism" outweighed the disadvantages. In addition, we continue to make efforts to increase the diversity in the composition of our editorial staff and advisory board in terms of gender and ethnicity. In 2022, we added Dr. Mathews Mathai (a Newfoundland-based member of the Asian diaspora) to our editorial team and added several experts from or based in LMICs to our advisory board. With these additions, 48% of the advisory board and editorial staff are female and 38% are in or from LMICs. We recognize that more needs to be done to eliminate barriers for LMIC authors, help dismantle power structures that unfairly confer privilege on authors in certain categories, address inherent bias among editorial staff and reviewers, and develop stronger mechanisms to support LMIC authors in publishing.

Limitations – Who is an LMIC author? And issues of true inclusivity and privilege

One of the main limitations of this analysis is the difficulty in correctly classifying an author as being either from an LMIC or from an HIC. Some other analyses (e.g., Hedt-Gauthier, et al., 2019) make the reasonable assumption that if an author gives multiple affiliations, the one in the HIC should take precedence in the analysis. We did the same, with the operational assumption that an LMIC author is one living in and working in an LMIC for an LMIC-based institution (Khan et al. 2022). In doing so, we avoided more complex hybrid classification schemes used in some other analyses (Akudinobi and Kilmarx, 2022). Our assumption is that being from that environment and embedded in it helps one be familiar with that setting. Yet, we are also aware that this classification scheme categorizes those originally from LMICs but living and working for HIC institutions—so-called "double agents" (Pai, 2022)—as being HIC-based. We are also aware that this categorization may have implications on authorship because it does not consider the inherent role of privilege and bias afforded to authors who are from LMICs, living in LMICs, but working for HIC institutions; authors who are from LMICs, living in LMICs, but working for LMIC institutions that are heavily "colonized"; and authors from HICs who live in LMICs but

work for HIC institutions. We also note that only one of the authors on our paper is located in and has an LMIC affiliation. The difficulties we encountered are much the same that authors encounter who are submitting to GHSP and other journals of global public health. Namely, those in LMICs may have the interest and ability to collaborate and write manuscripts but may lack the availability because of competing priorities and scheduling.

Conclusions

A multi-level intervention to begin to more meaningfully address decolonization, diversity, inclusion, equity, and accessibility in a journal of global public health has yielded encouraging results. However, vexing issues remain. First, there are important measurement challenges. Namely, how can we validly measure LMIC authorship to track progress? And there are deeper questions, notably:

- What strategies can we pursue to yield better results, not only in the three authorship metrics shown here but also in terms of narrowing the gap in acceptance rate between articles with LMIC first authors and HIC first authors?
- Should GHSP pay special attention to articles that are globally focused which tend to have lower rates of LMIC co-authorship to more strongly incentivize authors from HICs to collaborate with and include as co-authors? The nature of financing of research is often exclusionary, so that those from countries are mainly only paid to do research in and on their own country.

We realize that the geographic location and primary affiliation of authors is a simple metric that cannot cover the various issues of diversity, and we need to address deeper questions as well. So, we conclude by noting several of these more holistic issues:

- Are we inadvertently incentivizing tokenism with the strategy and measures we are using?
- How do we define "local voice" and elevate local power, especially in a field like scientific publishing that is steeped in hierarchy, formal education, and rigid knowledge production and dissemination rules?
- How can we have reviewers and editors critically reflect on the topics covered by articles?
- Are there ways to encourage inclusion of the voices of those who are of the subjects of research?

- Even within countries, there are hierarchies in terms of class, ethnicity, race, gender, and age. Are there ways to look more closely at these realities and address them? In other words, are we hearing the authentic voices of those from LMICs and, more specifically, the voices of the disempowered within LMICs?

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