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Authorship and partnerships in health promotion research: issues of erasure, ownership and inequity in knowledge production

Earlier this year, the authors of this editorial submitted a paper to a major international health promotion conference and, after peer review, were accepted and invited to present. The presentation was titled ‘North-South Health Research Partnerships in an Unequal World’ and it presented findings from a qualitative study exploring the experiences of local health research stakeholders in Zambia with international health research collaborations. Because of funding constraints, Corbin (the one Northern partner from a high-income country) was the only author who was able to travel to attend the conference and present on behalf of the team. Because of revenue problems on the part of the conference organizers, they were forced to implement a policy which required that everyone listed in the program pay the ~\$300 USD registration fee (this was the discounted rate for low-income countries). The Zambian partners, lacking funds, were not able to pay even this discounted registration fee. So, while they did appear in the online link to the full text of the conference abstracts, their names were literally erased from their research in the official program.

Also earlier this year, the editorial board of *Health Promotion International (HPI)* were gathered for our annual meeting. Our publisher from Oxford University Press was there sharing our annual report and showed us several tables and graphs that represented our readership, authorship and prominent articles written over the year. Our publisher was noting again, as he does every year, that HPI is one of the most internationally represented journals in his portfolio [also see (Van den Broucke, 2016)]. However, one slide presented gave us all pause. Figure 1 shows the geographical distribution of first authors listed in bylines for the manuscripts

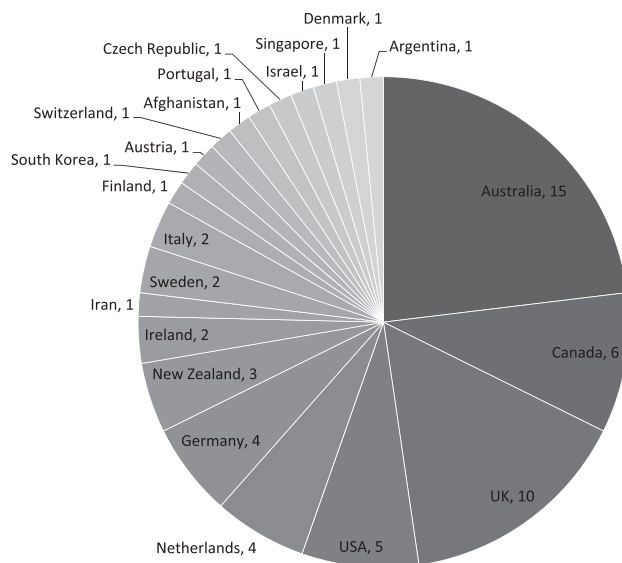


Fig. 1: Geographic location by first author, vol. 33, 2018.

published in volume 33 of *HPI*, 2018 (see below for [supplementary material](#)).

Noting here that the majority of countries represented are from Europe, Australia, North America and wealthy Asian countries [see Figure 2 with all high-income countries, as categorized by the World Bank in 2019–20 (World Bank, 2019), accounted for together], we wondered if the picture would look different if we broadened the search to look at *locations* of the research (as reflected in titles) and then also examined co-authors to see if the authors in this volume of *HPI* represented a broader geographic and economic spread than that depicted in the first pie chart (see Figure 3).

As expected, examining geographic location as listed in titles does indeed provide a more diverse spread of

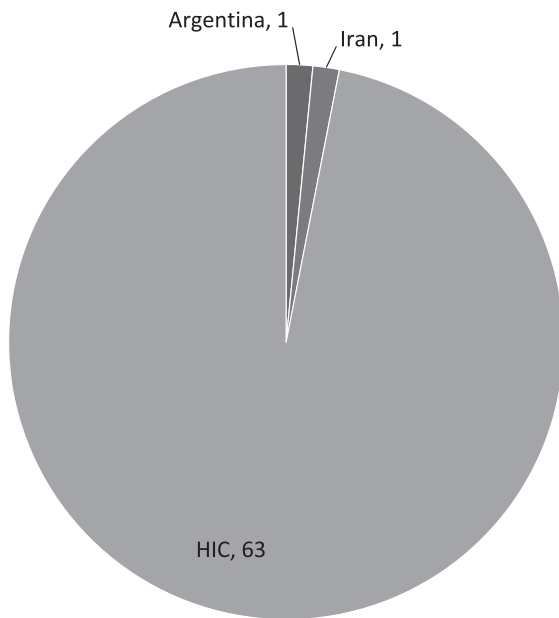


Fig. 2: Geographic location by first author, HIC together, vol. 33, 2018.

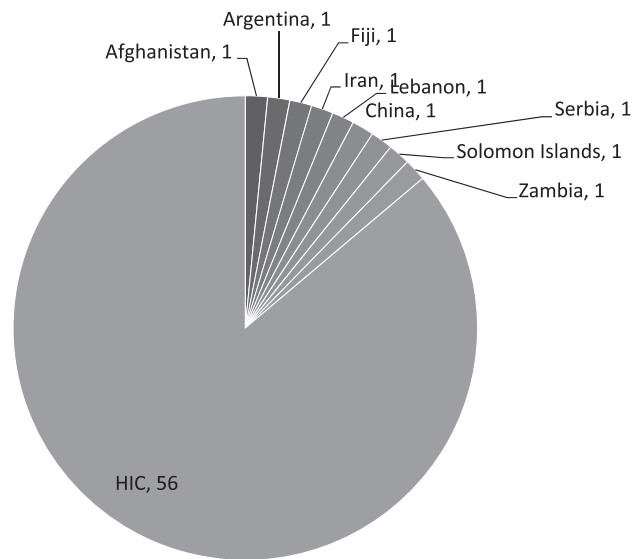


Fig. 4: Geographic location by title, HIC together, vol. 33, 2018.

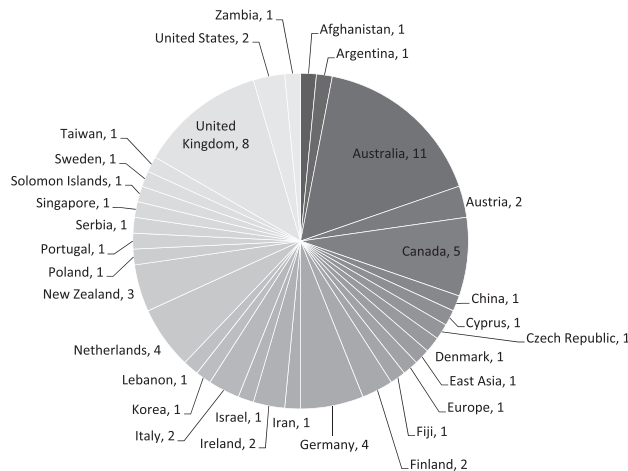


Fig. 3: Geographic location by title, vol. 33, 2018.

countries and regions represented in the research published in volume 33 of HPI. But while it looks somewhat better, when we combine all the high-income countries again (see Figure 4), we still see that only 9 of the 65 (14%) of the studies published in HPI in 2018 represent research initiated or conducted in middle- or low-income countries. Only one study concerns sub-Saharan Africa.

Delving into the author lists for the 65 research articles published in HPI in 2018, we see some interesting trends. The majority of the published studies (46 of 65) listed authors with institutional affiliations within the same country. Forty-four were collaborations within a single high-income country and the other two were

collaborations of authors based solely in LMIC contexts. Nineteen of the papers published were by authors with institutional affiliations in different countries. This suggests, using institutional affiliation as a proxy for physical location, that such papers were published in partnerships between international researchers. The one anomaly which we still included in the table was a paper written by a solo researcher with a Canadian affiliation about research conducted in Finland. Table 1 details the author configurations for each of these papers.

Table 1 shows that 9 out of the 19 papers were co-authored by researchers from different high-income countries. Another nine studies were conducted in low-, middle- or high-income countries and the publications were co-authored with locally affiliated partners. The last study listed stands out because it is the only paper of the 65 that is published by authors affiliated in an HIC reporting on research conducted in that HIC but has a co-author with an affiliation from an institution located in a MIC listed as an author.

Unfortunately, a striking observation illuminated in Table 1 is that the first author slot is dominated by partners from high-income countries. As noted in Figure 2, there were studies from Iran and Argentina which represented local teams and Table 1 reflects four studies where a local partner occupied the first slot. Thus, only 6 of the 65 studies published in HPI in 2018 have first authors from low- or middle-income countries (it is possible that this might be a higher number if researchers or students were affiliated with HIC universities but were actually from the countries that were the sites of the study (this is a limitation of using institutional affiliation for this analysis). There were several authors in the first

Table 1: Locations of institutional affiliation when more than one country is listed as author affiliation from vol. 33, 2018

Title	Location in title	Location of lead author	Partnership structure
Partnerships where the <u>first author</u> listed an affiliation from the country that is listed as the research site in the title			
The family planning conundrum in Afghanistan	Afghanistan	Afghanistan	First author: Afghanistan Second to fourth: Japan
Framing the policy debate over spirits excise tax in Poland	Poland	United Kingdom	First author: double affiliation Poland and UK Second to third: UK
Testing multidimensional well-being among university community samples in Italy and Serbia	Italy/Serbia (dual site)	Italy	First author: Serbia Second to third: Italy fourth to fifth: Serbia
Retirement saving and mental health in China	China	Australia	First author: China Second to fourth: Australia
Partnerships where the <u>first author</u> does NOT list an affiliation from the country that is the research site in the title, but another author lists and affiliation is from the country in the title			
Validation of three Arabic health literacy assessment tools in Lebanon	Lebanon	Switzerland	First author: Switzerland, Second to third: Lebanon; fourth: Switzerland
Social determinants of disability-based disadvantage in Solomon islands	Solomon Islands	Australia	First to third: Australia; fourth to fifth: Solomon Islands
Couples' voluntary HIV counseling and testing provider training evaluation, Zambia	Zambia	United States	First to third and sixth to ninth: USA; fourth and fifth: Zambia (#5 double affiliation)
Openness to help-seeking for mental illness among Greek-Cypriots	Cyprus	Australia	First and second author from Australia; third author from Cyprus
Partnerships where NO authors list an affiliation from the country that is the research site in the title			
Which types of anti-smoking television advertisements work better in Taiwan?	Taiwan	USA	First to third: USA; fourth: USA and Mexico affiliation
Health promotion by stealth: active transportation success in Helsinki, Finland	Finland	Canada	Solo author with Canada affiliation
Protocol to monitor trade agreement food-related aspects: the Fiji case study	Fiji	Australia	All authors from Australia
Partnerships where an author is listed who has an affiliation in an HIC country that is NOT the research site in the title			
Improving health literacy through adult basic education in Australia	Australia	Australia	#8 of 13 USA
Attitudes and beliefs towards alcohol minimum pricing in Western Australia	Australia	Australia	#6 of 7 from UK
Entrepreneurialism and health-promoting retail food environments in Canadian city-regions	Canada	Canada	#6 of 6 from Denmark
Challenges to evidence-based health promotion: a case study of a Food Security Coalition in Ontario, Canada	Canada	Canada	#6 of 7 Australia
Social inequalities in health information seeking among young adults in Montreal	Canada	Canada	#3 of 4 Switzerland
Men's health in alternative spaces: exploring men's sheds in Ireland	Ireland	Ireland	#2 of 2 Canada
Professionals' perspectives towards health promotion in residential aged care: an explorative study in Austria	Austria	UK	First: UK; second and third: Austria
Partnerships where an author is listed who has an affiliation in an UMIC country that is NOT the research site in the title			
Engaging community volunteers in participatory action research in Tamaki community of Auckland, New Zealand	New Zealand	New Zealand	#3 of 6 Thailand

position with HIC affiliations with non-Western names but given our multicultural societies we did not have enough information to draw conclusions about where people were from, all we had was institutional affiliation). We could not help to connect this with the erasure experienced at the conference and to explore the implications for knowledge production in the field of health promotion if it is so thoroughly dominated by researchers in high-income countries leading and first-authoring research.

WHO OWNS HEALTH PROMOTION RESEARCH?

Of course, ‘first author’ is the coveted spot for any researcher; particularly for graduate students and junior faculty whose ability to secure jobs and promotions is directly linked to how often they occupy that primary position. It is generally assumed that author order conveys the level of contribution of the various authors with the first spot reserved for the most significant contribution and decreasing input following (Wager, 2009).

Smith *et al.* (Smith *et al.*, 2014) argue that researchers from low- and middle-income countries may be given reduced authorship ranking because their contributions to subject recruitment, data collection, administration and analysis are categorized as ‘technical tasks’ and may be considered of lesser value than drafting the manuscript. The assigning of these tasks, however, reflects a larger, more entrenched problem which implicates the sources of research funding (high-income countries) and the fact that research needs be designed as part of the applying for funds—a process which may or may not meaningfully involve local researchers from the context in which the research will take place (Freeman and Robbins, 2006; Matenga *et al.*, 2019).

A lack of funding means that Southern researchers need to partner with their Northern counterparts to enable them to have access to funding for career advancement and often have to accept taking up the position of ‘a glorified field worker’ as a part of these arrangements (Parker and Kingori, 2016). Through collaboration, LMIC health researchers hope they can publish in international journals, which leads to career advancements even though they may not be the first author of the publication. This reduced authorship ranking is ethically problematic because it may place LMIC researchers at a disadvantage, which could negatively affect their career prospects, access to research funds, and the scholarly recognition they deserve (Ridde and Capelle, 2011).

In some cases, researchers from the South have voiced explicit complaints to challenge the status quo, but they

have remained a minority. A complex reality of these inequitable relationships is that there can be a culture of ‘pretense’ within these partnerships—the ‘unknowing of what if known’ between Northern researchers and Southern researchers—meaning that the inequitable nature of these relationships is obvious to all involved but the necessity of engaging in them (such as they are) is so vital, particularly to the Southern partner that people willingly engage in the ‘pretense’ (Gautier *et al.*, 2018).

Our own qualitative research with Zambian academics and researchers describes the distribution of labor between the Northern and Southern research partners as faulting along predictable lines. The Northern researchers choose, plan and design the projects, find funding in their countries, partner with Southern researchers whose input is most often relegated to expertise on data collection and knowledge of the context—the data are then exported to the USA or the UK or other Northern country where it is analyzed and written, most often, without input from the Southern partners who is better poised to make sense of the data given their training, expertise and knowledge of the context (Matenga *et al.*, 2019). Chilisa (Chilisa, 2005) describes the deadly consequences of this Northern-owned research that is dominated by the Western knowledge paradigm in HIV and AIDS research in Botswana, which almost always ignores Indigenous ways of knowing, and results in research projects and interventions strategies that lack resonance with local communities and ultimately fail to prevent infection.

This inequity in knowledge production reflects the unfair distribution of wealth globally which makes it difficult for Southern partners to fully participate and lead the research collaborations and consequently research publications (Gautier *et al.*, 2018). This inequity also reflects a general lack of access of Southern partners to not only to funding but also to information, power, positions on editorial boards and even visas for travel to conferences.

ACCESS TO INFORMATION, POWER AND TRAVEL

While global health partnerships should ideally be founded on equal access to information and power to make decisions (Boum *et al.*, 2018), in reality, there is a discrepancy. Information is not free. While there is a movement to publish more research open access, many researchers cannot afford the steep fees associated and so publish under standard licenses which require either institutional subscriptions or for users to pay a fee to access individual articles (Tennant *et al.*, 2016). Limited access to the published literature disproportionately affects researchers from the global South as few

Southern universities can pay for these subscriptions. Lacking access to existing literature makes it difficult for Southern researchers to situate their work or to develop further research. This affects the number and the quality of publications that originate from the global South which further diminishes their ability to argue for grants or be offered opportunities to contribute in a larger way to the field of health promotion. Organizations committed to expanding accessibility of research (e.g. NIH, the European Open Source University Alliance and Plan S) might consider partnering with LIC universities to share their power more evenly.

For instance, researchers and academics from LMIC are rarely invited to serve on editorial boards and very seldom occupy the most influential roles of *Editor in Chief* and *Associate Editor* (Mohammadi *et al.*, 2011). Similarly, they lack access to opportunities to serve on the boards of major research funding organizations or to participate in decision-making processes which set research agendas and terms for funding (Boum *et al.*, 2018).

Another issues that have in recent years become an increasing concern is access to travel visas. Morley (Morley *et al.*, 2018) argues that mobility is not always an equitable process as there are uneven immigration and visa regulations, involving increasing amounts of surveillance and regulation. Certain HIC countries have become so prohibitive in the processes for applying for Visa especially with increasingly conservative, anti-immigration politics that have swept countries such as the UK and the USA (Redden, 2016; Grush, 2017; American Council on Education, 2017).

A MORAL AND PRACTICAL OBLIGATION

As part of the global justice and the health promotion agenda that aims to reduce developmental and health inequalities, it is a moral obligation to find mechanisms to bridge this gap between researchers in the South and in the North as well as to provide space for research from the global South, with Southern partners in first author positions, to be published in influential journals.

The potential for Southern partners to contribute to the body of knowledge in health promotion through the conveying of Indigenous knowledge is vital for both understanding health disparities experienced globally but for finding innovative, appropriate and enduring solutions to challenges (Chilisa, 2005; Corbin, 2016). As Connell (Connell, 2007) argued in her book, *Southern Theory*, the future of social sciences lies with the Southern scientists because the social theory and Indigenous knowledge emerging from the South is increasing helping in understanding the changing worlds.

MULTI-LEVEL, INTERSECTORAL SOLUTIONS

HPI is and has been attuned to these issues and we have made sincere attempts for many years to support authors from economically and linguistically diverse contexts—often sending relevant literature to Southern authors when they lack access and by providing additional editorial supports. For all our striving though, we must acknowledge that at least in this sample of volume 33, we would prefer to reflect more equitable research partnerships across country income categories. Obviously, there are factors involved that extend beyond our editorial decisions to issues that require a post-colonial analysis to untangle (Chilisa, 2005). Indeed, as with many challenges in the field of health promotion, the issues of equity in knowledge production requires a multi-level and intersectoral response.

FUNDING

The ethical obligation of HIC governments

The national funders of international research from HIC need to consider the fact that supporting global health promotion research would be strengthened by the professional development of researchers in LMIC contexts. The whole essence of partnered research is to not only take the careers of Northern partners forward but also develop genuine capacity in the global South so that we reduce global inequalities in health. Funders from rich countries can encourage and support more long-term technical, scientific endeavors in LMIC—we need to move away from ‘mining data’ in which investigators from developed countries merely collect samples and data, return home and publish papers as first authors. This presents no opportunity for Southern researchers. To prevent this, there should be a commitment by those in better positions to assist those at the bottom to participate equitably by incorporating capacity building agendas in research collaborations including encouraging South to South partnerships in such projects.

We also advocate that high-income country funding institutions increase opportunities for researchers from LMIC contexts to have direct access to funding streams to which they can apply. The US-based National Institutes of Health can greatly expand their Fogarty research program. Funding organizations can adopt some of the DFID requirements around authorship for Southern partners (Jeffery, 2014). Organizations such as global South regional offices for the World Health Organization could regularly publish special issue supplements targeting research from the global South. This

would be a win–win situation for WHO regional offices in the global South because they will need this published evidence to target programing and to better support countries in the global South.

HIC governments must also recognize the global nature of knowledge in the 21st century and facilitate exchange by expediting or exempting researchers in the Visa application process (Eckermann, 2017).

The obligation of LMIC governments

For governments in global South, particularly those in Africa, we appeal for the implementation of the Bamako call to action where countries committed themselves to allocate at least 2% of national health budgets to research; and funders were called on to invest at least 5% of health sector aid to research (*The Lancet*, 2008). We urge developing country government to recognize the important role health research players in evidence. In particular, we demand strong commitments from the Ministries of Higher Education and Health to allocate financial resources towards health research in their budget following the Bamako Declaration of 2011. In the same vein, we suggest that governments invest more to support young researchers and junior faculty in higher institutions of learning to build capacity for the future.

PROFESSIONAL ORGANIZATIONS

There is also an important role for international organizations. The International Union for Health Promotion and Education (IUHPE) has created working, interest and regional groups that connect researchers around the world providing a platform to collaborate, develop and conduct projects together. Such enduring structures allow for networks that can be activated in the early stages of research design so that Indigenous knowledge and voices can be incorporated from the beginning. These groups should be as open and accessible as possible to ensure the broadest participation. The IUHPE also enables participation of LMIC researchers by providing discounted membership fees and reduced conference registration. The IUHPE might further support equity in health promotion research by setting up a donation fund to support students and early career researchers to attend their conferences. Holding conferences in the global South may also facilitate access for students and researchers from those contexts to present at these conferences. This provides not only a dissemination platform but also the opportunity to interact, to get and give feedback, and to network with colleagues from both North and South. Through these networks, we hope more scientists from wealthy countries could connect and work

with researchers from LMICs to contribute to evidence-based health promotion in the global South Governments and partners. These researchers, working closely with local partners, gain knowledge and experience while also boosting capacity all around (Northern researchers can also build their capacities just as Southern partners can). This kind of partnership can be powerful.

INTERNATIONAL JOURNALS

Journals can remedy a lack of representation on editorial boards (de Leeuw, 2019) as well as only publish research from contexts with authors that represent those contexts (preferably as first author). A new development in the world of publishing and a new possibility at *HPI* is co-first authorship. This might also provide an additional pathway for sharing ownership. Listing co-first authorship on published papers must be requested at submission, and upon publication it will be clear that more than one author share primary responsibility for the paper.

ACADEMIC INSTITUTIONS

Academic institutions particularly in HIC can reward faculty with jobs and promotion for promoting equity in scientific publishing by relinquishing the first author position to local colleagues when engaging in international research in LMIC contexts.

INDIVIDUAL RESEARCH PARTNERS

As individuals engaged in international health promotion research, how can we promote greater equity? As researchers from HIC contexts, we must think about working with our LMIC collaborators when designing research studies, relying on them in the analysis and interpretation of data (most especially when dealing with data they collected) and in crafting early drafts of manuscripts. Researchers in both LMIC and HIC contexts can benefit by engaging in working and interest groups within professional organizations to strengthen relationships with researchers in diverse contexts. Also recognize that if you are engaged in international research in LMIC contexts and you feel you have expertise that enriches that study, you might also reverse that logic when you are conducting research in your home country and reach out to content experts from LMIC to weigh in or contribute in a meaningful way to your research. You do not always need to reach out to colleagues in other HIC countries, as happened in 19 of the 65 studies published in *HPI* is 2018.

LMIC researchers are encouraged to not only establish research partnerships among themselves but also pool and

share the little resources available to conduct and publish culturally relevant research in international journals. They can also solicit for partners such as WHO for special issue journal volumes that can publish research from the global South, which could be used to inform the programming of cultural relevant interventions in health.

Working across all these level and across these sectors, we can work toward equity in health promotion research which is vital not only for understanding health disparities in diverse contexts, developing the academic workforce globally, but most importantly to inform appropriate context-relevant research to save lives and promote health and social justice.

SUPPLEMENTARY MATERIAL

Supplementary material is available at *Health Promotion International* online.

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