

Editorial – STATEMENT OF INTENT IN HPP

Authors: David Boettiger¹, Natasha Salaria², Neha Batura³, Joanna Schellenberg², Joel Francis⁴, Sandra Mounier-Jack², Virginia Wiseman^{1,2}

¹ Kirby Institute, University of New South Wales, Australia

² London School of Hygiene and Tropical Medicine, UK

³ Associate Professor in Health Economics, University College London, UK

⁴ University of Witwatersrand, South Africa

There are clear injustices in the design, structure, and practice of global health. For example, inequalities in the roll-out of COVID-19 vaccines have emerged at great speed and rates of vaccination continue to lag in the poorest countries and communities of the world. Manufacturing capacity for COVID-19 vaccines is also concentrated in a small number of locations. Such inequity is also reflected in the conduct of global health research and within global health research centres. Researchers from high-income countries working and conducting research in low- and middle-income countries (LMICs) have not tended to adequately recognise those leading and enabling the research within countries, including through joint authorship or acknowledgement statements in articles (1). In a recent independent review to address discrimination and advance anti-racism and equality at the London School of Hygiene & Tropical Medicine, one of the UK's leading global health schools and home to *Health Policy and Planning*, inequitable research partnerships emerged as an important theme throughout the review (2).

These examples have led to calls for global health and global health research to be “decolonised”, or in other words, to take a post-colonial perspective on the research and practice of global health, with the purpose of promoting equity and justice (3,4).

We at *Health Policy and Planning* are reflecting on our practices and hereby state our commitment to address existing injustices in the publication of global health research. It is our opinion that academic journals, with a strong standing in the community and power to influence research practice, have a key role to play in promoting diversity, equity, and inclusion in global health (5,6).

Health Policy and Planning was launched in 1986 and is one of the longest standing journals publishing health policy and health systems research from LMICs. Our forum is international, and we have a diversity of scholars making contributions to the field and publishing original, high-quality work that addresses questions pertinent to policy-makers, researchers, and practitioners. We also strive to adhere to publishing policies that promote fairness and representativeness. We are proud of the initiatives we have implemented to date to support this objective and have summarized a mix of our existing statistics, efforts and policies below:

- In the past 3 years, we have published papers by authors from more than 90 countries; our editorial team consists of 26 editors and advisors (55% of whom identify as female) from across 6 continents.
- Our current policy is to not publish papers based on primary data from a given country or region without author representation from that country or region.

- In 2020, our readership audience included North America (27%), Europe (20%), East and South-East Asia (13%), Africa (9%), Central and South Asia (8%), and other parts of the world (23%).
- All our journal supplements are open access.
- We have introduced supporting initiatives for early career women from LMICs to publish for the first time with mentorship (7).
- As a work in-progress, we are aiming to ensure that at least 50% of articles include a first or senior author from a LMIC.
- We regularly convene and lead editorial sessions with other major journals at international conferences such as Health Systems Global, to provide guidance to our authors and reviewers; these include taking part in Meet the Editors sessions and workshops for mentors and mentees to discuss their work.
- On submission we ask all authors for an author contribution statement and a reflexivity statement – more on this below.

We are committed to continuous improvement (8-10), and to doing more to ensure global health research publishing is fair for all who wish to contribute.

Morton and colleagues recently published a statement outlining measures to promote equitable authorship in research publications drawn from international partnerships (10). They recommend that authors submitting to a journal include reflexivity statements with their manuscript to describe how equity has been promoted in the research partnership, and provide a template and guidance for journals on how to assess and incorporate these statements into their standard operation.

The editorial team at *Health Policy and Planning* supports the recommendations by Morton *et al.* Currently, our policy is that there should be an author from the country or region of the study, and, to avoid tokenism, we expect the role of all authors to be described in the author contribution statement. We also allow joint authorship for lead authors, and we have no limits on author numbers, in order to support equitable inclusion. In April of this year, submitting a reflexivity statement became a routine part of our manuscript submission process. This encourages authors to reflect on their practice and to provide a statement about the authorship group that considers inclusivity and balance in dimensions such as gender, seniority, and geographic location. We will use these reflexivity statements to report back to our readers and monitor changes in authorship group dimensions.

We have also obtained transformative journal status

[\[https://academic.oup.com/heapol/pages/About\]](https://academic.oup.com/heapol/pages/About) and are committed to moving to an open access model in the next few years that makes publication affordable for all authors and that will make our articles freely accessible; we will be expanding our editorial advisory board to include stronger representation of members from LMICs; we will be introducing videos for authors on how to submit to *Health Policy and Planning*, and also on what we look for in a reviewer; and we will be commissioning articles from geographic regions of special interest.

We have a strong commitment to actively supporting and leading change that can contribute to redressing inequities and inequalities in global health research practice. Our efforts to date should be seen as work in progress that will evolve and to which we will be accountable. We recognise that these measures alone will not eliminate inequity in global health research published in *Health Policy and Planning*. However, we hope it will lead to our content becoming more reflective of and relevant

to the communities we represent and to whom our research is relevant. We are committed to the long-term action needed and will continue driving and embracing change, welcoming feedback, and always striving to do better.

Competing interests

All authors are on the Editorial Board for *Health Policy and Planning*.

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