

Voices in the wilderness: how exclusionist article processing charge policies of academic journals underscore what is wrong with global health



The global health landscape has increasingly come under intense scrutiny in the last two years for diverse reasons, traceable to its colonial and, by extension, Western-dominated structure. From the foreign gaze of global health research, to the poor diversity in the composition of the editorial boards of global health journals, to the tendency of high article processing charges (APCs) of global health journals that exclude the contribution of researchers from low-income countries, these issues have been a subject of public discourse.¹⁻³

There is a need for diversity in global health. Who tells the stories counts perhaps as much as what is being said; a concept that might be an essential aspect of the movement to decolonise global health.² Currently, scholarly articles are mainly published in peer-reviewed journals, and they disseminate the results of experiments or research projects that have been funded through grants that include funds to cover APCs in open access journals. In some cases, manuscripts might be eligible for an APC waiver to encourage scholarly contributions from researchers in low-income countries. However, many researchers continue to face a double jeopardy of not being externally funded by grants and being ineligible for APC waivers to publish their self-funded research. It is therefore not surprising that only 1.3% of annual global research outputs come from Africa, with just three countries (Kenya, Nigeria, and South Africa) accounting for 52% of Africa's output.⁴ In this Commentary, we explore the dilemma of such researchers, who we refer to as the voices in the wilderness.

In response to *The Lancet Global Health's* call for articles on what is wrong with global health,⁵ we reviewed the conditions for an APC waiver or discount in 13 major global health journals. We decided to look at these 13 journals by updating the original list of 12 major global health journals identified by Nafade and colleagues,³ which was based on the subgroup of academic journals that explicitly had 'global health' or 'international health' as part of the journal title. One author (OW) searched the website of each journal and extracted information

on the journal's conditions for APC waivers, and this information was crosschecked for accuracy by a second author (EN). We found that three broad conditions were explicitly stated by the 13 journals for authors to qualify for an APC waiver or discount. These conditions include authors' affiliations to an institution from a low-income or middle-income country (LMIC), being a corresponding author from an LMIC, and their availability (or absence thereof) of funding.

To capture the range of authorship scenarios, we created eight groups based on a combination of the three major conditions for APC waivers or discounts. The figure shows the conditions for an APC waiver or discount for every journal and the group of authors who qualify or do not qualify. Two (15%) out of the 13 journals explicitly offer full APC waivers for all authorship scenarios. For most journals, when all the authors are from a low-income country (group 1) they qualify for a full waiver, whereas when all the authors are from an LMIC (group 2) they only qualify for an APC discount, irrespective of the availability of funding. Articles that included any author from a high-income country (group 4) do not qualify for any form of APC waiver or discount, and most journals do not offer an APC waiver for articles that included authors from a combination of low-income countries and LMICs (group 3). Four (31%) of the 13 journals explicitly offered an APC waiver if the corresponding author is from a low-income country, and a discount if they are from an LMIC.

From the eight different scenarios in our figure, we identify three key implications that these APC policies pose to early career researchers from low-income countries. First, researchers in low-income countries are already faced with many challenges such as scarce funding, scarce governmental and institutional support for science, and poor infrastructure, which substantially hampers their research progress. Having to pay high APCs is seen as exacerbating these existing challenges.⁶ Moreover, many of these researchers earn too little from their income or meagre research grants to consider publishing in such top tier open access

	Impact factor*	APC for research papers	Group 1	Group 2	Group 3	Group 4	Group 5	Group 6	Group 7	Group 8
<i>Annals of Global Health</i>	2.037	1365 dollars								
<i>Globalization and Health</i>	2.525	2690 dollars								
<i>BMJ Global Health</i>	4.280	3000 pounds								
<i>Clinical Epidemiology and Global Health</i>	0.708	1200 dollars								
<i>Global Health Action</i>	2.162	1582 dollars								
<i>Global Health Research and Policy</i>	NA	APC covered†								
<i>Global Health: Science and Practice</i>	2.352	Does not charge any fees								
<i>Global Public Health</i>	1.791	3500 dollars								
<i>International Health</i>	1.664	3164 dollars								
<i>Journal of Epidemiology and Global Health</i>	2.200	975 euros								
<i>Journal of Global Health</i>	2.899	1750 dollars								
<i>The Lancet Global Health</i>	21.597	5000 dollars								
<i>Tropical Medicine & International Health</i>	2.308	3150 dollars								

Figure: The conditions for article processing charge waivers or discounts in 13 major global health journals
 Information on the criteria to qualify for a waiver or discount of an APC was extracted from each journal’s website on April 20, 2021. Group 1: all authors are from low-income countries. Group 2: all authors are from LMICs. Group 3: authors are from low-income and LMICs. Group 4: authorship is mixed (including low-income, LMICs, and high-income countries). Group 5: authorship is mixed but the corresponding author is from a low-income country. Group 6: authorship is mixed but the corresponding author is from an LMIC. Group 7: all authors are from low-income countries and have no funding. Group 8: authors are from low-income countries and LMICs and have no funding. APC=article publishing charge. LMIC=low-income or middle-income countries. *2019 Journal Impact Factor, Journal Citation Reports (Clarivate Analytics 2020). †APC covered by the Global Health Institute, University of Wuhan, China.

journals. With some APCs as high as the annual salaries of some scientists in many African countries, these scientists cannot publish and therefore miss out on the visibility needed to compete in the global health research landscape,⁷ which then puts them at a further disadvantage when it comes to competing for research funding, thus resulting in a vicious cycle.

Second, the current APC policies hamper the desire for collaboration amongst scientists in LMICs. As early career researchers ourselves, we recognise the need for collaboration with our peers from LMICs. However, even though we are based in a low-income country, we recognise situations when partnering with our peers from LMICs would alter our eligibility for APC waivers and put us in a less favourable position. We acknowledge that we are privileged simply because we are authors living and working in a low-income country as this gives us access to APC waivers in some high impact journals. Nonetheless, we also recognise that these policies hinder our collaboration with peers in LMICs whose voices are not heard simply because of geography. We agree with Abimbola and colleagues⁸ that the crude dichotomies used by these journals to define who gets an APC waiver and who does not, based on country income classifications, might be obscuring more than they reveal. Such policies continue to perpetuate the serious asymmetry of power and privilege, and the global health

voices that are heard are not truly representative of the so-called global south.

Lastly, these exclusionist APC policies perpetuate the already deeply entrenched imbalance in who tells the story in academic global health. The apparent underrepresentation of authors from low-income countries and LMICs who contribute to articles in mainstream global health journals will continue to tilt the power imbalance, and underscores what is wrong with global health.^{5,9} Even when scientists from low-income countries and LMICs appear in these journals, they are mostly already established researchers who can afford an APC, or if they are early career researchers, they are usually stuck somewhere in the middle of the author list, flanked at both ends by prominent collaborators from high-income countries.¹⁰ As these early career researchers from LMICs rarely attain prominent authorship roles, they will continue to miss opportunities to contribute meaningfully to the global health discourse.^{5,11}

As early career researchers from a low-income country, we consider ourselves as lucky simply because of our location, a luxury that many of our peers who are doing good quality research in LMICs cannot afford. These voices in the wilderness who make up a large proportion of early career researchers from low-income countries and LMICs will continue to be unheard as they have neither the funding from research grants, the luck of

geographical location, nor the prominence to allow their voices to be heard. As expected, the story will always depend on who is telling it.

We expect that the global health research landscape should be more equitable and less about luck. But then, what is the way forward to achieve this expectation? We think that addressing the constraints outlined in this Commentary will require a multifaceted approach. Since collaboration remains a crucial aspect of global health, we advocate that journals include an additional eligibility criterion for APC waivers, such as for early career researchers without external funding, to ensure that the dissemination of good quality research is not determined by the ability to pay. Additionally, governments and philanthropists in low-income countries and LMICs must step up funding for global health research, as was done in 2021 by a Nigerian billionaire who announced an annual fund of US\$100 million for development priorities, including research.¹² This laudable initiative should be encouraged and emulated by other billionaires in Africa. If these issues are not addressed with urgency, the voices of early career researchers from low-income countries and LMICs, like those from a wilderness far away, will be lost.

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