Barriers to the representation of researchers from developing countries in international health and potential strategies to address these

To the Editor: I write in response to the SAMJ editorial titled ‘Research imperialism resurfaces in South Africa in the midst of the COVID-19 pandemic – this time, via a digital portal’, in which the author outlined the concept of ‘safari research’, involving foreigners from the Global North conducting research in Africa, to the exclusion of local professionals.

The following text critically analyses present-day educational, geographical and financial barriers that contribute to the under-representation of scholars and practitioners from African contexts in international health research. The barriers outlined are not exhaustive; however, they are intended to highlight the need for further research into the determinants of the aforementioned concern and point to the potential for action to ameliorate it.

Education

For many, especially those in developing countries, international health-related education is financially and geographically inaccessible. A study by Svadzian et al. revealed that out of a total of 41 international health or related degree programmes identified worldwide, the majority were based in Europe (n=19; 46%) and North America (n=17; 42%); those based in Asia constituted 5% (n=2) and those in Africa 2% (n=1). Across all 41 programmes, the average cost of tuition was USD1 790 for international students and USD3 603 for domestic students (i.e. those students resident in the countries where the programmes are delivered). These findings offer insights into why international health research predominantly originates in the Global North and why it tends to reflect viewpoints that emanate from those contexts. Further, the implication is that there is a need to increase access to educational programmes among local researchers in African settings, to build capacity and afford them a seat at the table in the shaping of both national and international health narratives, priorities and research approaches.

Costs of publication

High article processing charges (APCs) pose a further financial barrier, impeding the ability of researchers – especially those who reside in developing countries – to contribute to the global body of scientific evidence, particularly on health topics that relate to their individual contexts. The open sharing of knowledge is curtailed by the competing commercial interests of publication bodies that seek to profit from high APCs. Gadagkar describes this phenomenon as an obstacle to the ‘equal participation’ of researchers from developing countries, as it generates ‘a form of knowledge hegemony incompatible with [representation]’. Furthermore, it may be argued that with insufficient funds to meet high APCs, there is heightened vulnerability to publishing in ‘predatory journals’, i.e. journals with ‘deceptive characteristics’ such as the absence of peer review. A study by Cobey et al. revealed that among 82 authors who had published their work in identified predatory journals, two of the leading countries represented were India (n=21; 25.9%) and Ethiopia (n=5; 6.2%). The USA was the second most common country represented (n=17; 21%). More than a third of participants (n=32; 45.1%) reported that they were not required to pay publication fees. Overall, there is scope for further research into the relationship between APCs and authors’ motivation to publish in predatory journals. Additionally, further research into the impact of high APCs on the inclusivity of scholars and practitioners from African countries may be useful to guide strategies to address their under-representation in international research.

Lack of open access

A lack of open access to full-text journal articles and a requirement for paid subscriptions further undermine the inclusivity of researchers, especially those from resource-constrained settings. Inadequate funding limits their ability to access scientific research on topics of interest and to employ it in the generation of new research output. Although there have been strides in advocacy for and the implementation of open access, it has not been universally adopted. Its relevance in academia as a widespread preclusion to the participation of researchers from developing countries therefore persists.

In summary, the under-representation of researchers from Africa in international health endures, in part due to limited financial and geographical access to education programmes in related fields. Affordable, accessible and high-quality education and capacity-building, as steps toward greater representation, therefore need to be prioritised. Other financial barriers to research access and output among scholars from developing countries include high APCs and a lack of widespread open access to journal publications. Consequently, there may be increased vulnerability to publishing in predatory journals. Greater collaborative research between the Global North and the Global South, employing an approach of decolonisation, capacity-building, lower APCs or APC waivers for researchers from developing countries, and surveillance initiatives to counteract predatory journals may be proposed as strategies to ameliorate the status quo, at least to some extent.

Sonia Haribhai
Independent medical practitioner, Durban, South Africa
sonia.haribhai@gmail.com


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