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REVIEW ARTICLE

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The gatekeepers of global health knowledge: A systematic review of diversity in editorial boards

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ABSTRACT

Editorial boards (EBs) can shape global health research by determining what is published, which methods are legitimised, and whose knowledge is prioritised. The persistent underrepresentation of scholars from minoritised backgrounds raises concerns about which researchers and types of knowledge may be systemically disregarded. This review consolidates all evidence on EB diversity, highlighting how power and representation are distributed in global health publishing. Five databases were searched from inception to 30 July 2025, with no language restrictions. Eligible studies included primary, peer-reviewed, quantitative studies examining diversity among EB members in global health journals. Of the 266,669 records screened, 226 specifically

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addressed EBs, analysing a median of 15 (IQR: 5.0, 41.0) journals and 859 (IQR: 374.0, 2754.0) editors. Most studies examined gender ($n = 213$) and geographic representation ($n = 53$), with limited assessment of race and ethnicity ($n = 16$), academic rank ($n = 12$), sexual orientation ($n = 3$), and disability ($n = 1$). Despite incremental gains, EB members and editors-in-chief were predominantly men based in high-income countries, particularly the US. A supplementary analysis of 603 studies on global health authorship found similar patterns. The composition of EBs reflects and may perpetuate systemic epistemic inequities. Addressing this requires structural reform beyond improving representation to ensure meaningful inclusion, accountability, and equitable governance.

Introduction

Editorial Boards (EBs) manage and shape manuscript submissions, implying their ability to influence scientific research by deciding what is published, which methods are legitimised, and whose knowledge is prioritised. As so-called '*gatekeepers*' of academic publishing, their composition substantially influences the direction of research, knowledge dissemination, and the establishment of potential collaborative networks and funding flows (Crane, 1967). Diverse editorial expertise and epistemic perspectives are essential for upholding rigorous and contextually relevant scientific processes. Conversely, skewed EB participation risks reinforcing systemic disparities in knowledge production and dissemination and perpetuating a status quo that benefits more privileged scholars over those from minoritised backgrounds (Abimbola, 2019; Espin et al., 2017; Pike et al., 2017). At a structural level, academic influence remains concentrated among a relatively homogenous minority of institutions, regions, and individuals. Meanwhile, those most affected by global health inequities - whose contexts often serve as sites of data extraction and parachute science - are routinely marginalised in knowledge production, despite the key expertise, perspectives, and lived experiences they hold. This persistent underrepresentation, along with the exclusion of diverse epistemologies, is rooted in legacies of colonialism, global disparities in resource allocation, and unequal socio-economic advancements (Abraham et al., 2020; Busse & August, 2020).

As a discipline, global health is committed to advancing health equity through inclusive, interdisciplinary, and collaborative approaches. Yet, academic global health often falls short of these ideals, with knowledge production, dissemination, and learning typically shaped by a '*White, Western*' lens. This has been well documented by studies exploring diversity across aspects of academic global health. Illustratively, analyses of 591 public health and environmental sciences EBs found that 75.5% were majority men (>55% men), and 84% of 27,772 editors were based in high-income countries (HICs) (Dada et al., 2022). Comparable patterns have been observed in authorship, funding allocation, and academic conference participation (Abraham et al., 2020; Busse & August, 2020). In response, there is a growing movement to redress power asymmetries and decolonise academic spaces (Bhakuni & Abimbola, 2021; Sheikh et al., 2017). Transforming EB structures and practices is a crucial step towards driving this process. Such reform is not merely a matter of representational justice, but a necessary condition to improve the impact of global health research (Perez-Sepulveda et al., 2025).

To date, no study has systematically synthesised the available evidence on EB diversity across global health journals. This Review addresses that gap by analysing the full body of literature on EB composition within the field. It examines a broad range of individual and demographic characteristics, including sex, gender identity, race, ethnicity, location of residence (or affiliation), sexual orientation, and disability. In doing so, this review maps patterns of representation, and further contextualises findings by discussing the extent to which EBs could reflect or reproduce broader structural inequities in knowledge production and dissemination.

Methods

The protocol was prospectively registered with OSF (CODE) (El-Gamal et al., 2023). As described, this review initially intended to synthesise literature on EB diversity as well as authorship diversity. Due to the large volume of relevant publications, this work focuses primarily on EB diversity publications and provides

supplementary analyses on authorship diversity. Findings were reported following the PRISMA guidelines (**Supplementary Table 1**) (Moher et al., 2009; Page et al., 2021).

Search strategy

Five electronic databases were searched (PubMed, EMBASE, SciELO via WoS, Global Health via CABI, WHO Global Index Medicus including AIM, IMEMR, IMSEAR, LILACS), using search terms related to 'global health', 'diversity', and 'academic research'. The database was initially searched from inception to 16 March 2023 and subsequently updated to 30 July 2025. All EB data were updated accordingly, while the supplementary authorship dataset remains based on the 2023 search. The full search strategy for each database is included in **Supplementary Table 2**. Forward and backward screening of included records in full-text screening was conducted to identify additional records meeting the inclusion criteria.

Study selection and definitions

After deduplication in Endnote, titles and abstracts were independently double-screened in Covidence following the selection criteria by 30 researchers (given the volume of search results), and subsequently in full-text. Conflicts at any stage were resolved by a third arbitrator. The key definitions (El-Gamal et al., 2023) are described in **Supplementary Table 3**. In the title-abstract and full-text screening, we included primary peer-reviewed quantitative studies that report on diversity in EBs and authorship in the field of global health academic research. We excluded studies (1) on diversity in participation in global health in areas other than academic research, such as global health programme implementation, global health policy, or the clinical global health workforce, (2) in non-academic settings such as pharmaceutical companies' reports, and (3) on diversity in the participation in terms of research participants (e.g. diversity in a cohort, case-control study and randomised control trials). We further excluded studies with (4) only a qualitative component, (5) a secondary study design or that reported on data already included in another study, and (6) conference proceedings, and (7) studies that lacked access to the full text after contacting the authors. Given the large number of studies included after full-text screening, this publication focuses on EBs, and briefly summarises findings related to authorship diversity. All non-English records were reviewed by a fluent speaker from our research team, which included members proficient in Arabic, Catalan, Dutch, English, Farsi, French, German, Hindi, Italian, Kannada, Kazakh, Malayalam, Mandarin Chinese, Marathi, Spanish, and Russian.

Study quality assessment

The quality of the studies was appraised using a bespoke quality appraisal tool developed by the authors, based on pre-existing tools (CASP UK, 2024; Sterne et al., 2016; Wells et al., 2021). This tool included elements relating to the study objectives, methodology, data collection and analysis, ethical considerations, and reporting to contextualise the evidence presented in the included studies. No summary scores were presented, as they can oversimplify important differences between studies in bias, contextual factors, and quality.

Data extraction and synthesis

A piloted data extraction form was developed to facilitate the extraction of relevant information in Covidence. Data were independently extracted and subsequently checked by two researchers. Discrepancies were adjudicated by consensus. Extracted information included: author, title, study design, study methods, time period, journals included, number of EB members, field of EBs, diversity outcomes assessed, methods of individual characteristic ascertainment, and results. Studies were categorised as cross-

sectional or longitudinal based on their methodologies. An open field to record additional relevant information was also available.

Due to heterogeneity (in outcome definition, methodology, study design) evidence was synthesised narratively. In the descriptive analysis, groups were classified as 'minority' if they accounted for less than 45% of the EB. This applied to gender, race and ethnicity (Black et al., 2023; JAMA Network, 2023), and geographic location.

Inferring gender and geographic diversity in the authorship of included studies

The first and last author names and institutional affiliations (including city and country) of each included publication were extracted. Each country was assigned to their corresponding 2024–25 World Bank country region and income group (World Bank Data, 2024). Of the 226 included publications, one was excluded due to equal group authorship, yielding 236 first and 225 last authors. Following previously described methods, gender was inferred through gendered language in online biographies (Dada et al., 2022; van Daalen et al., 2024). When gendered language was not available, a name-to-gender algorithm (genderize.io) was used with a cut-off probability of >95%; for 28.3% ($n = 67$) of first authors and 19.1% ($n = 43$) of last authors. Given their poor performance for non-Western names and inability to recognise non-binary identities, such algorithms were used only as a last resort (Lockhart et al., 2023; Sebo, 2022). The gender of 5.1% ($n = 12$) first authors and 2.7% ($n = 6$) last authors, and country of 0.4% ($n = 1$) first authors and 0.4% ($n = 1$) last authors could not be inferred.

Research team

The research team is an internationally diverse group of researchers from different socio-cultural backgrounds (Australia, Belgium, Benin, Cameroon, Canada, Egypt, Germany, India, Ireland, Italy, Jordan, Kazakhstan, Mauritius, Netherlands, Pakistan, Palestine, Philippines, Spain, Sudan, Taiwan, United Kingdom, United States). The team includes anthropologists, biomedical scientists, epidemiologists, global health researchers, health financing specialists, library and information science professionals, midwives, ophthalmologists, orthopaedic surgeons, physicians, social workers, veterinarians, and those in training for these professions (i.e. students). Several members brought experience in examining diversity in global health scholarship or governance (Dada et al., 2022; Gabster et al., 2020; Krithi et al., 2021; Singh et al., 2024; van Daalen et al., 2020, van Daalen et al., 2022, van Daalen et al., 2024).

All analyses and data visualisation were conducted in R version 4.4.1 (www.r-project.org), using tidyverse, dplyr, patchwork, sf, rnaturalearth, and ggplot packages among others.

Results

The database search identified 401,893 publications (Figure 1). After deduplication, 266,669 publications were screened by title and abstract, with 3,263 undergoing full-text screening. 1,540 described diversity in EBs, authorship or both. Among those, 226 publications examined EBs, and formed the primary focus of this review. Table 1 provides a summary of the included studies' characteristics, while **Supplementary Table 4** describes each publication and its key findings. The 603 authorship-related publications identified in the first screening round (up to March 2023) are briefly discussed to contextualise broader patterns in global health scholarship.

Most included publications were cross-sectional ($n = 166$), of which 150 had one time point and 15 (Alkhawtani et al., 2021; Amering et al., 2011; Bibbins-Domingo et al., 2024; Hsu et al., 2025; Jacobs et al., 2023; James et al., 2023; Keiser et al., 2003; Mathee et al., 2021; McMullen et al., 2022; Nguyen et al., 2022; Olive et al., 2020; Schacher et al., 2025; Starchl et al., 2023; Toney et al., 2023; Ural et al., 2024) had two time points. The remaining publications ($n = 60$) were longitudinal with time-series analyses, of which eight had only three time points (Bissing et al., 2019; Harris et al., 2019; Henderson et al., 2019; Mah et al., 2022; Ravioli et al., 2021; Rynecki et al., 2020; Schrager et al., 2011; Théard et al., 2020). Records were published between 1976 and 2025, with the median year of publication being 2022 (Interquartile Range [IQR]: 2020, 2023). Publications examined a median of 15 (IQR: 5.0, 41.0) journals, 859 (IQR: 374.0, 2754.0) editors, and 39.5

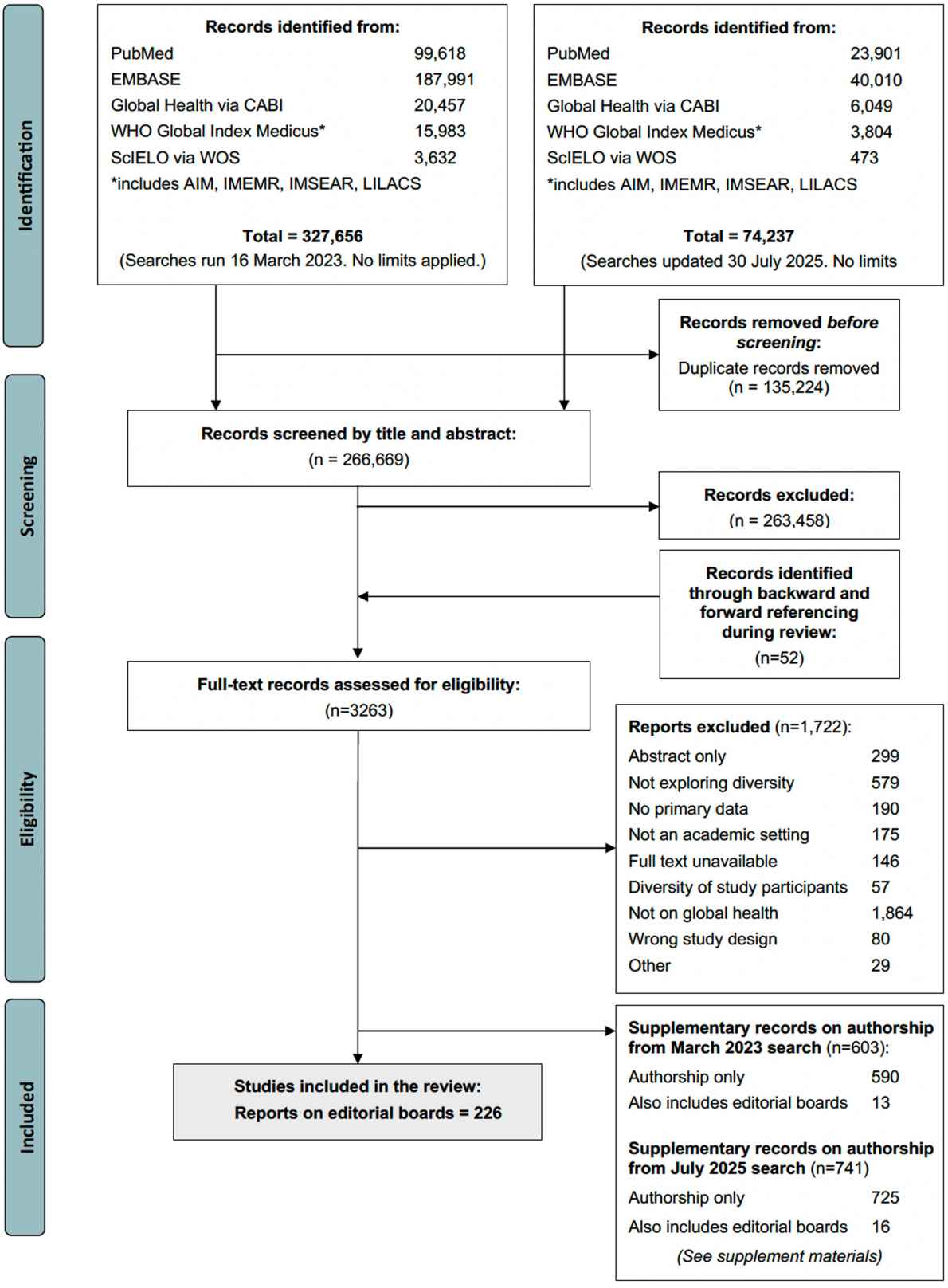

Figure 1. Flow diagram illustrating selection process of included studies.

Table 1. Summary of included studies.

Median no. of journals in study	15 (IQR: 5.0, 41.0) journals	
Median no. of editors in study	859 (IQR: 374.0, 2754.0) editors	
	39.5 (IQR: 16.3, 84.8) editors-in-chief	
Study design ($n = 226$)	Cross-sectional	166 (73.5%)
	Longitudinal	60 (26.5%)
Diversity focus ($n = 226$)	Gender	213 (94.2%)
	Geography	53 (23.4%)
	Ethnicity or race	16 (7.1%)
	Academic rank	12 (5.3%)
	Sexual orientation	3 (1.3%)
	Disability	1 (0.4%)
Global health disciplines ($n = 226$)	60 subdisciplines, e.g.	
	General medicine	32 (14.2%)
	General surgery	14 (6.2%)
	Psychiatry	12 (5.3%)
	Orthopaedics	12 (5.3%)
Method(s) of diversity ascertainment ($n = 226$)	Name inspection	124 (54.9%)
	Online profiles	134 (59.3%)
	Language	76 (33.6%)
	Photo inspection	96 (42.5%)
	Algorithm	65 (28.8%)
	Affiliation	44 (19.5%)
	Survey	9 (4.0%)
	Contact with editors or EiCs	30 (13.3%)
	None specified	1 (0.4%)
Does the study mention ethical approval, if relevant?	Ethical approval was considered, but not needed.	105 (46.5%)
	Ethical approval was obtained.	26 (11.5%)
	Ethical approval is not mentioned.	95 (42.0%)
Gender results ($n = 213$) - *Editorial boards*	Majority men	197 (93.4%)
	Gender parity	10 (4.7%)
	Majority women	4 (1.9%)
Gender results ($n = 161$) - *Editors-in-chief*	No women	25 (15.8%)
	Majority men	146 (90.6%)
	Gender parity	5 (3.2%)
	Majority women	3 (1.9%)
Geography results ($n = 53$) - *Editorial boards*	*Majority country income group*	
	Majority HICs	53 (100%)
	Most common country of affiliation ($n = 29$)	
	United States of America	27 (95.0%)
	United Kingdom	3 (10.6%)
Geography results ($n = 17$) - *Editors-in-chief*	HIC or majority HICs	15 (88.2%)

(IQR: 16.3, 84.8) EiCs. Journals included in each study are listed in **Supplementary Table 5**. Sixty subdisciplines within global health were examined, with most focusing on general medicine ($n = 32$), general surgery ($n = 14$) (Abbas et al., 2025; Battisti et al., 2023; Bevilacqua et al., 2022; Campos et al., 2023; De Mugica et al., 2022; Ehrlich, 2021; Gallivan et al., 2021; Harris et al., 2019; Lin et al., 2021; Melhem et al., 2022; Myrcha et al., 2024; Sue et al., 2025; Toney et al., 2023; White et al., 2021) psychiatry ($n = 12$) (Arafat et al., 2022; Benedek, 1976; González-Alvarez & Cervera-Crespo, 2019; Hafeez et al., 2019; Koopmans & Özgen, 2022; Melhem et al., 2022; Mun & Akinyemi, 2020; Porter et al., 2003; Salazar et al., 2021; Saxena et al., 2003), and orthopaedics ($n = 12$) (Brisbin et al., 2023; Hing et al., 2011; Meena & Chowdhury, 2014; Okike & Swiontkowski, 2024; Okike et al., 2012; Pujari et al., 2023; Ramos et al., 2022; Ravioli et al., 2021; Reeves et al., 2023; Rynecki et al., 2020; Vij et al., 2022; Wen et al., 2023).

Diversity on editorial boards

Publications explored different personal/demographic characteristics, including gender (94.2%; 213/226), geography (23.4%; 53/226), academic rank (5.3%; 12/226) (Agarwal et al., 2018; Atluri et al., 2021; Bauman et al., 2021; Brisbin et al., 2023; Ellinas et al., 2021; Harris et al., 2019; Hing et al., 2011; Hutchinson et al., 2021; Lee et al., 2021; Noyola-Pérez et al., 2023; Okike & Swiontkowski, 2024; Salazar et al., 2021), race or ethnicity (7.1%; 16/226) (Akers et al., 2021; Alvarado et al., 2021; Bibbins-Domingo et al., 2024; Diatta et al., 2022; Harada et al., 2023; Lim et al., 2022; Okike & Swiontkowski, 2024; Patel et al., 2023; Patel et al., 2023; Pujari et al., 2023; Rakhra et al., 2021; Salazar et al., 2021; Sue et al., 2025; Toney et al., 2023; Vij et al., 2022; White et al., 2021), sexual orientation (1.3%; 3/226) (Akers et al., 2021; Okike & Swiontkowski, 2024;

Salazar et al., 2021), and disability (0.4%; 1/226) (Akers et al., 2021), with some exploring multiple dimensions (26.9%; 61/226). The primary combination was gender and geography ($n = 41$). Few publications ($n = 16$) provided options for editors to self-identify individual characteristics (Akers et al., 2021; Benedek, 1976; Bibbins-Domingo et al., 2024; Dickersin et al., 1998; Gallivan et al., 2021; Hing et al., 2011; Ing et al., 2022; James et al., 2023; Lee et al., 2021; Okike & Swiontkowski, 2024; Okike et al., 2012; Porter et al., 2003; Rawat et al., 2025; Salazar et al., 2021; Ural et al., 2024; White et al., 2021), whilst most publications ($n = 85$) used proxy self-identification methods (e.g. based on online biographies) or inference (manual and/or algorithmic) of personal characteristics based on names or photos ($n = 130$).

Gender was assessed in 213 (94.2%) publications, with nearly all studies using a binary definition of gender (man/woman). Gender was inferred based on online profiles ($n = 132$), first name inspection ($n = 122$), photos ($n = 94$), gendered language ($n = 75$), gender-to-name algorithms ($n = 65$), contact with a representative from the EB ($n = 30$), or use of a personal survey ($n = 9$) (Akers et al., 2021; Benedek, 1976; Bibbins-Domingo et al., 2024; Hing et al., 2011; Lee et al., 2021; Okike & Swiontkowski, 2024; Salazar et al., 2021; Ural et al., 2024; White et al., 2021). Nearly all publications ($n = 197$) found that EBs were majority men (>55% men) (Figure 2), whilst few found gender parity (45-55% women) ($n = 10$) (Al-Busaidi et al., 2021; Bhaumik & Mathew, 2014; Haidinger et al., 2024; Kim et al., 2022; Lin et al., 2024; Manan et al., 2024; Rampersad, 2025; Rawat et al., 2025; Salazar et al., 2021; Schaechter et al., 2024), and almost none were majority women ($n = 4$) (Agyenim-Boateng et al., 2025; Akers et al., 2021; Gea-Caballero et al., 2023; Mendoza-Holgado et al., 2023). Likewise, most publications on EiCs found a majority of men (90.6%, 146/161), with some (15.3%) reporting no woman serving as with EiCs at all (Figure 3) (Agarwal et al., 2018; Bhaumik & Mathew, 2014; Bissing et al., 2019; Covington et al., 2020; De Mugica et al., 2022; Dotson, 2012; Dunne et al., 2022; Goldstone et al., 2020; Gooding, 1983; Henderson et al., 2019; Kaji et al., 2019; McMullen et al., 2022; Moeller et al., 2021; Morrison et al., 2010; Nguyen et al., 2022; Olive et al., 2020; Pagel et al., 2019; Pan et al., 2022; Piper et al., 2018; Plana et al., 2022; Prunty et al., 2022; Resar et al., 2020; Rynecki et al., 2020; Schisterman et al., 2017; Williams et al., 2018). Whilst longitudinal studies indicated modest improvements over the last two decades, substantial disparities remain, particularly in senior roles. Exceptions to these patterns were rare; select paediatrics, occupational health, mental health, and medical education journals demonstrated higher levels of women's representation, which occasionally approached or surpassed parity.

Geographic diversity was assessed in 53 (23.4%) publications. Most reported on multiple levels (country, region, income group) of geographic diversity ($n = 31$), whilst others only reported on either country ($n = 10$) (Agyenim-Boateng et al., 2025; Alkhawtani et al., 2021; Alonso-Arroyo et al., 2021; Atluri et al., 2021; Barajas-Ochoa et al., 2023; Camacci et al., 2020; Hafeez et al., 2019; Lalloo, 2022; Nguyen et al., 2022; Théard et al., 2020), country income level ($n = 6$) (Bojanic & Tan, 2021; Guetter et al., 2022; Keiser et al., 2004; Nafade et al., 2019; Rawat et al., 2023; Saxena et al., 2003), or world region ($n = 6$) (Bauman et al., 2021; de Céniga & Fernández, 2025; Kaveh et al., 2024; Lydon et al., 2021; Madden et al., 2021; McCray et al., 2011). Geographic location was determined by listed affiliation ($n = 44$), or survey ($n = 2$) (Okike & Swiontkowski, 2024; Salazar et al., 2021). EBs were overwhelmingly composed of a majority of scholars based in HICs (100%; 53/53), particularly in the United States, Canada, and the United Kingdom. Scholars based in LMICs were often nearly absent, even in journals focused on LMIC-specific health issues. Few studies (16; 7.1%) systematically collected data on race and ethnicity, highlighting a substantial evidence gap. Race or ethnicity were usually inferred by online profiles ($n = 9$) (Alvarado et al., 2021; Harada et al., 2023; Lim et al., 2022; Patel et al., 2023; Patel et al., 2023; Pujari et al., 2023; Rakhra et al., 2021; Sue et al., 2025; Vij et al., 2022), personal survey ($n = 5$) (Akers et al., 2021; Bibbins-Domingo et al., 2024; Okike & Swiontkowski, 2024; Salazar et al., 2021; White et al., 2021), last names ($n = 5$) (Diatta et al., 2022; Harada et al., 2023; Lim et al., 2022; Patel et al., 2023; Pujari et al., 2023), photos ($n = 5$) (Diatta et al., 2022; Harada et al., 2023; Patel et al., 2023; Pujari et al., 2023; Rakhra et al., 2021), language(s) spoken ($n = 1$) (Rakhra et al., 2021), and a photo-processing-algorithm ($n = 1$) (Toney et al., 2023). Findings consistently demonstrated severe underrepresentation of racially and ethnically minoritised scholars (Akers et al., 2021; Alvarado et al., 2021; Rakhra et al., 2021; Salazar et al., 2021; Toney et al., 2023; Vij et al., 2022; White et al., 2021).

Other individual/demographic characteristics, such as disability and sexual orientation, were hardly examined across the included studies. When included, findings pointed to homogeneity across multiple intersecting dimensions of identity. Diversity in academic rank (i.e. the seniority of editors) was examined in 12 (5.3%) publications, which inspected online (academic) profiles ($n = 7$) (Agarwal et al., 2018; Atluri et al., 2021; Bauman et al., 2021; Brisbin et al., 2023; Ellinas et al., 2021; Harris et al., 2019; Hutchinson et al., 2021)

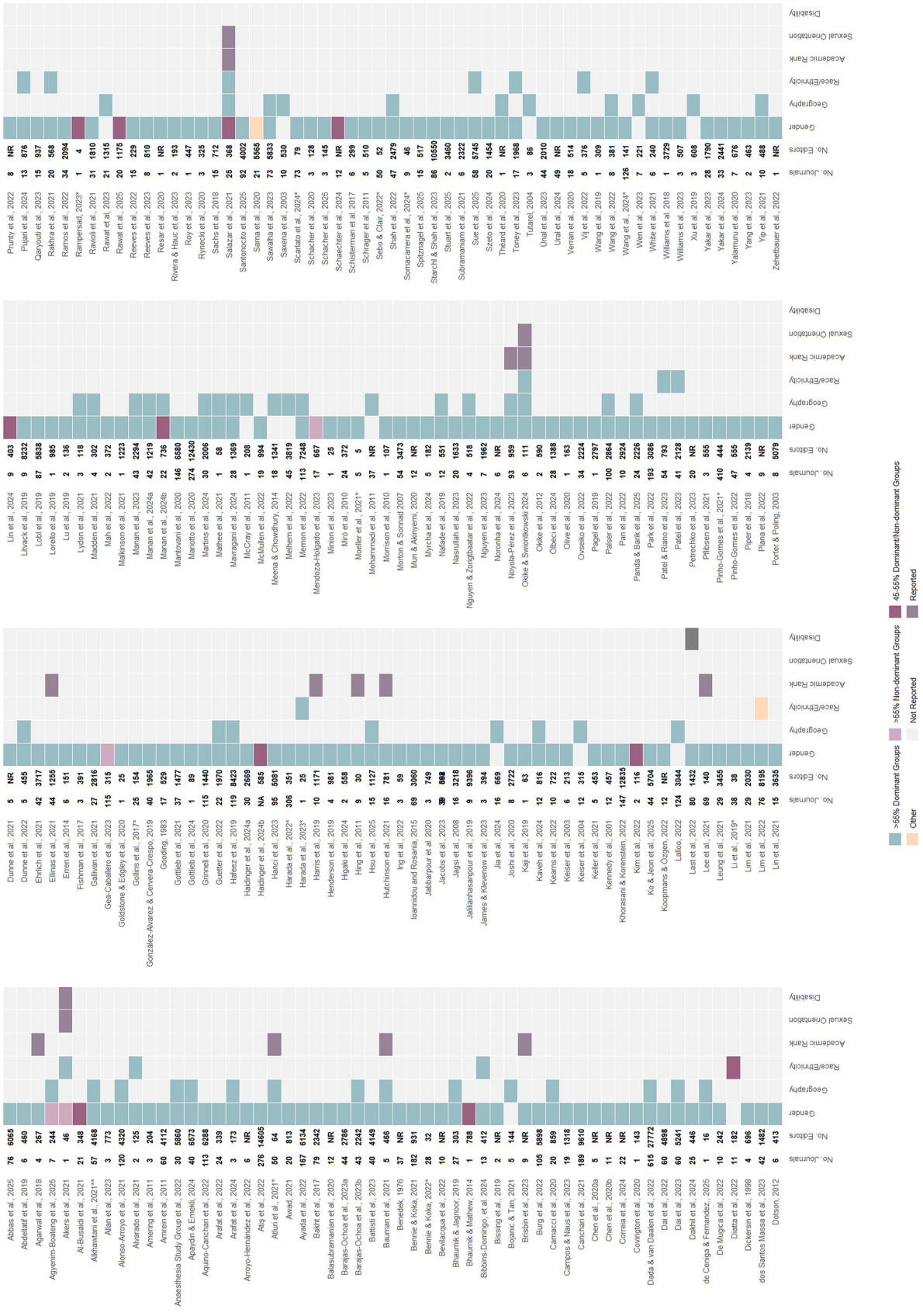

Figure 2. Summary of the individual study results on diversity in EBs ($n = 226$). Dominant groups refer to those typically most represented in global health scholarship- namely, men, scholars based in HICs and white scholars. In contrast, non-dominant groups include those historically underrepresented, such as women, scholars based in LMICs, and individuals

(*Caption on next page*)

from minoritised racial or ethnic backgrounds. 'Other' was used for Lim et al. (2022) because the study compared the race and ethnicity of EBs identifying as Asian with those identifying as non-Asian, and for Sarna et al. (2020) because the study reported on the underrepresented gender (either women or men) dependent on a specific subdiscipline.

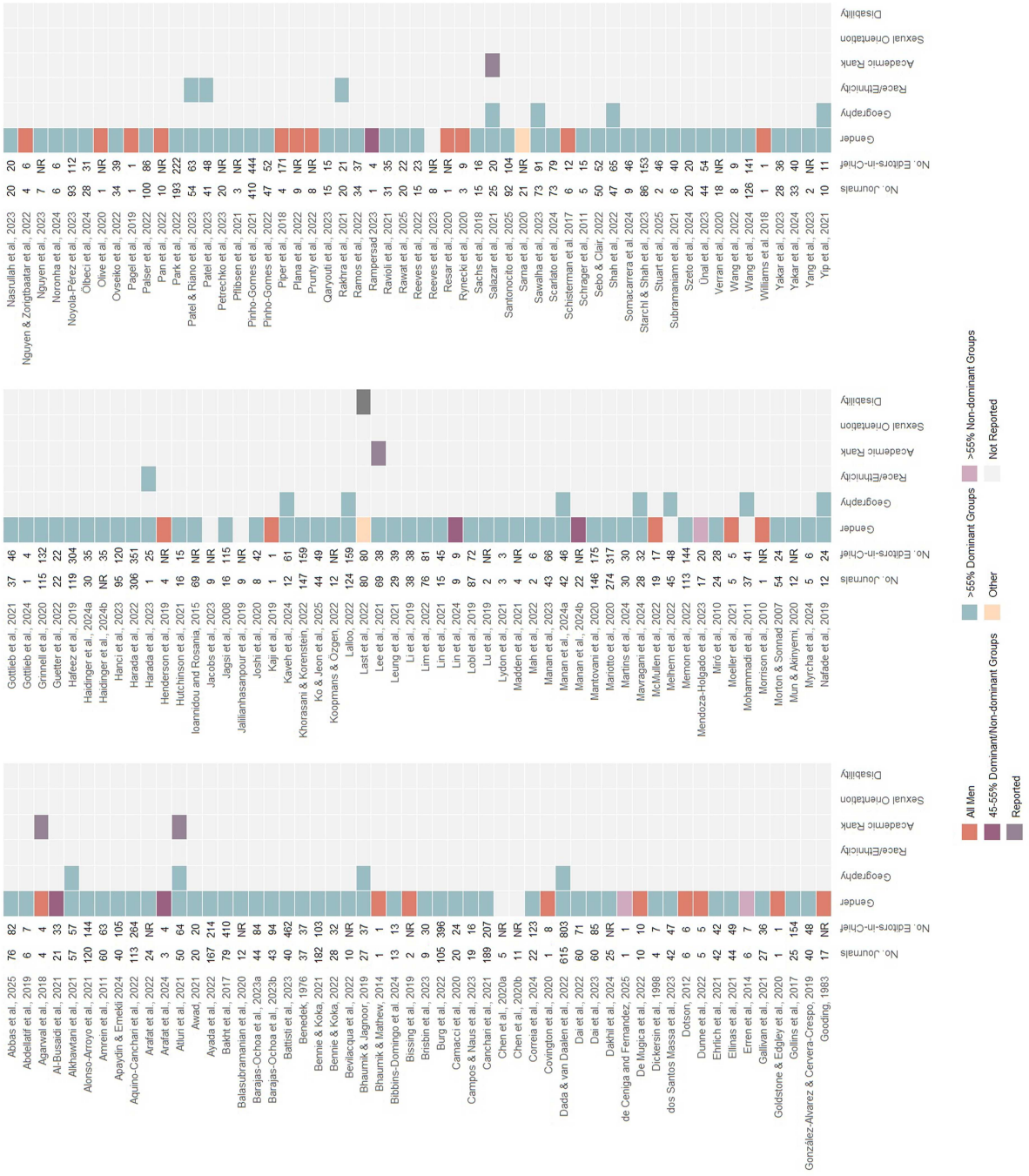

Figure 3. Summary of the individual study results on diversity in editors-in-chief ($n = 163$). Dominant groups refer to those typically most represented in global health scholarship- namely, men, scholars based in HICs and white scholars. In contrast, non-dominant groups include those historically underrepresented, such as women, scholars based in LMICs, and individuals from minoritised racial or ethnic backgrounds.

or personal surveys ($n = 4$) (Hing et al., 2011; Lee et al., 2021; Okike & Swiontkowski, 2024; Salazar et al., 2021). Personal surveys were also used to examine sexual orientation (1.3%) (Akers et al., 2021; Salazar et al., 2021) and disability (0.4%) (Akers et al., 2021).

Ethics and study quality

Roughly half of included publications either received ethical approval ($n = 26$) (Bennie & Koka, 2021; Bissing et al., 2019; Brisbin et al., 2023; Chen et al., 2020; Ellinas et al., 2021; Gottlieb et al., 2021; Grinnell et al., 2020; Hancı et al., 2023; Harada et al., 2022; Harada et al., 2023; Higaki et al., 2024; Ing et al., 2022; Kaveh et al., 2024; Kim et al., 2022; Lee et al., 2021; Malkinson et al., 2021; Nguyen et al., 2022; Patel et al., 2023; Salazar et al., 2021; Sawalha et al., 2023; Ünal & Çeçen, 2023; White et al., 2021; Xu et al., 2019; Yakar et al., 2023, Yakar et al., 2024; Yip & Rashid, 2021), or mentioned that it was not required ($n = 105$). Few publications ($n = 7$) addressed potential privacy concerns regarding the generated data, or provided details on data management and storage (Hing et al., 2011; Ing et al., 2022; Lee et al., 2021; Patel et al., 2023; Patel et al., 2023; Rawat et al., 2025; White et al., 2021; Zehetbauer et al., 2022). Most publications were of reasonable methodological quality, with individual study quality assessments provided in **Supplementary Table 6**, and a summary across all studies provided in **Supplementary Table 7**.

Gender and geographic diversity in authors writing about editorial boards

After removing unidentifiable authors, 65.2% (146/224) of first authors were inferred as women, and 80.4% (189/235) were affiliated with HIC institutions (Figure 4). Similarly, 50.7% (111/219) were inferred as women, and 83.9% (188/224) HIC-affiliated among the last authors. Most authors were affiliated with institutions in North America (55.1%, 253/459) or Europe and Central Asia (23.7%, 109/459), whilst few were with the Middle East and North Africa (2.0%, 9/459) or Sub-Saharan Africa (0.4%, 2/459). Overall, authors were affiliated with only 31 distinct countries, with the U.S. overwhelmingly emerging as the most dominant country (especially from Massachusetts [$n = 21$], Michigan [$n = 19$], and California [$n = 18$]).

Diversity in global health authorship

Study descriptions/findings from the 603 publications on authorship diversity can be found in Supplementary Table 8. A median of 1,671 (IQR: 505, 6,421) articles, and 3,274 (IQR: 877, 10,531) authors were included in the analyses. Studies explored authorship gender (56.9%, 343/603), geography (54.9%, 331), academic rank (3.8%, 23), race or ethnicity (2.0%, 12), sexual orientation (0.3%, 2), and disability (0.2%, 1), with some (16.1%, 97) exploring multiple of these factors. These findings were similar as those for EBs (Supplementary Figure 1), with most studies reporting authorship to be dominated by men (85.1%, 292/343), authors from HICs (83.4%, 266/331), and white authors (83.3%, 10/12).

Discussion

To our knowledge, this is the first study to systematically assess all available evidence on EB diversity across global health publishing. Among the 226 included studies, a consistent pattern emerged: EBs were disproportionately composed of men affiliated with HIC-based institutions (particularly the U.S.), a pattern even more pronounced among EiCs. Whilst some progress has been made toward gender parity and broader geographic diversity (e.g. increased representation from Asia) in certain sub-disciplines, significant disparities persist, especially in senior editorial positions. A supplementary analysis of 603 studies on global health authorship revealed similarly skewed patterns. This observed homogeneity of EBs and authorship may reflect, as well as perpetuate, the persistent inequities in global health scholarship. Beyond gender and geographic diversity, other demographic characteristics, including race, ethnicity, disability and sexual orientation, were scarcely addressed in the included studies.

The findings of this work are consistent with broader evidence indicating that global health is largely embedded in power imbalances originating from patriarchal and colonial structures, in which male, HIC-based experts, and researchers dominate (Nafade et al., 2019). Not only are HIC scholars the predominant recipients of global health research funding, but global health conferences and agendas remain largely guided by HIC scholars (Abimbola et al., 2017; Global Health 50/50, 2024; Sheikh et al., 2016; van Daalen et al., 2022). Although our dataset does not include direct evidence about editorial decision-making,

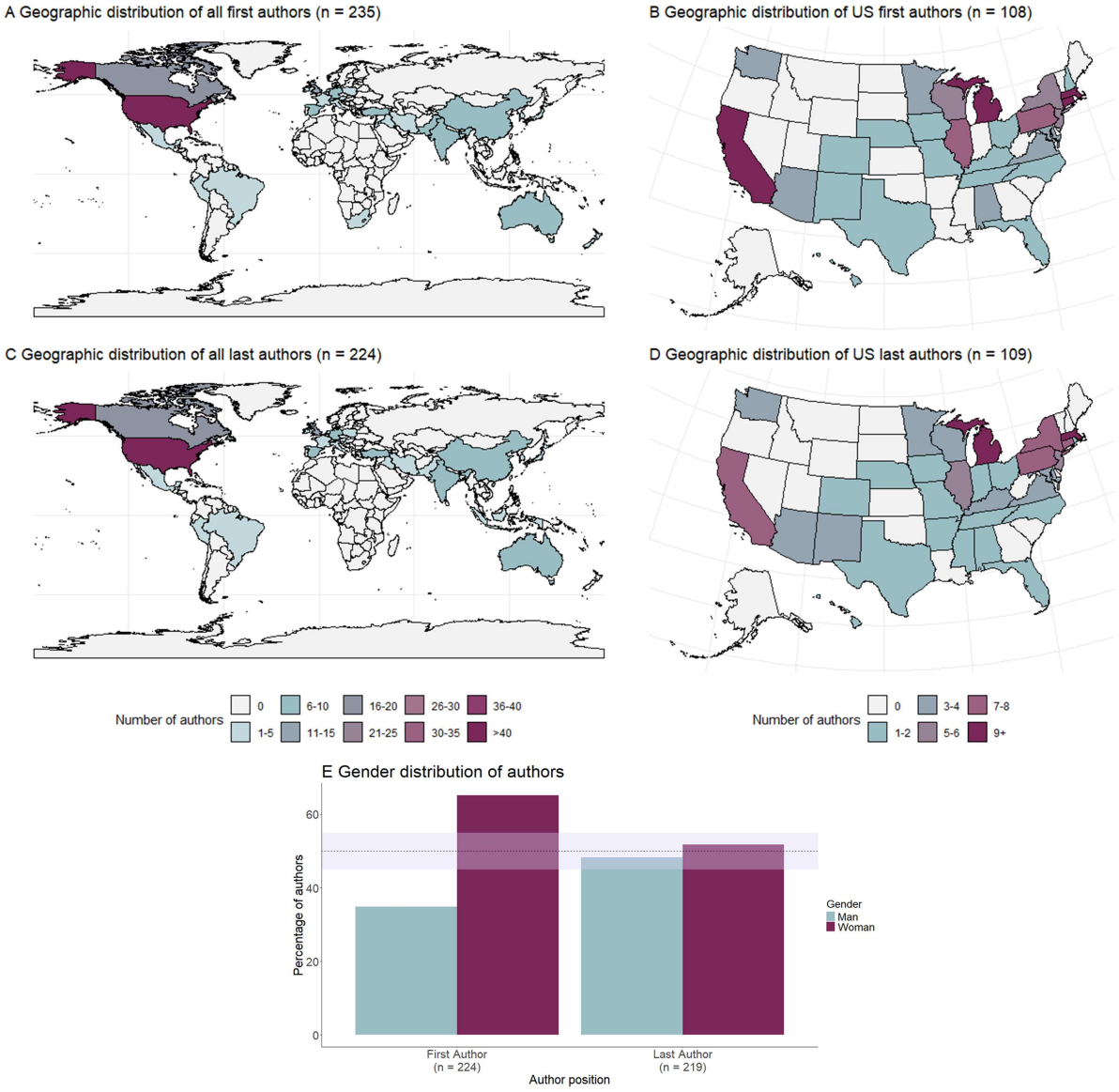

Figure 4. Gender and geographic diversity first and last authors of the included publications (226) on diversity in editorial board members. A-D represents geographic diversity, and E represents gender diversity. The gender of 5.1% ($n = 12$) first authors and 2.7% ($n = 6$) last authors, and country of 0.4% ($n = 1$) first authors and 0.4% ($n = 1$) last authors could not be inferred.

peer review judgments, or topic selection, several studies consistently demonstrate correlations between the social and geographic composition of editorial boards and the authorship patterns within the journals they steward. For example, multiple studies describe how journals led by women Editors-in-Chief tend to have more diverse editorial boards overall, suggesting that diversity at the highest level of editorial leadership may help shape the composition and inclusiveness of the broader editorial structure (Dai et al., 2022; Ioannidou & Rosania, 2015; Mauleón et al., 2013). Other evidence presents how greater gender and/or geographic diversity on editorial boards is correlated with increased representation of marginalised groups among authors (Leung et al., 2021; Martins et al., 2025; Melhem et al., 2022). Few studies directly examine how editorial composition shapes subject matter or epistemic agendas. Thus, while the available evidence indicates that editorial board diversity can contribute to reproducing or mitigating inequities in who gets published, the impact of editorial diversity on the subject matter and broader intellectual direction remains an important area for future study.

To be truly rigorous, global health research should also be just, centring the lived experiences of the populations it seeks to serve, and embracing diverse perspectives, knowledge systems, and knowledge translation (Abimbola et al., 2025; Abimbola, 2024). Whilst our study does not empirically investigate the causes of EB composition disparities, it is likely that both intrinsic factors (e.g. historically embedded biases within global health that reduce the likelihood of their nomination to such roles) and extrinsic factors (e.g. disproportionate academic/institutional service, equity-related service, or care-giver responsibilities) contribute to persistent underrepresentation of minoritised scholars (Gabster et al., 2020). Moreover, EB recruitment often relies on insular networks and informal nomination, which favours candidates already embedded in dominant academic circles (Kwiek & Roszka, 2021).

The ways populations prioritise or create knowledge, and the ways they experience health, illness and social systems, are influenced by different socio-economic and institutional realities that do not always reflect the Western, Educated, Industrialised, Rich, Democratic (WEIRD) paradigms which often predominate academic discourse (Bhaumik, 2024; Henrich et al., 2021). Illustratively, Indigenous knowledge, feminist frameworks, and qualitative or community-based participatory research are often discounted and underrepresented in favour of biomedical, positivist approaches (Chilisa, 2024). Homogeneous EBs are less likely to identify these epistemic gaps or to value alternative ways of knowing. Consequently, they may inadvertently overlook the lived realities, needs, and priorities of local populations, or contribute to marginalising entire areas of enquiry. Diversity in EBs not only promotes a range of perspectives in conducting, submitting, peer reviewing and publishing research, but can also improve equity and fairness in global health scholarship in the present and future (Bhaumik & Jagnoor, 2019; Wing et al., 2010; Xue & Xu, 2024). For example, when the Journal of Vascular Surgery appointed an Editor of Diversity, Equity and Inclusion on the EB in 2020, the number of women first or senior authors nearly doubled, invited commentaries authored by women and distinguished peer reviewers (reviewers completing more than five reviews) increased, and research articles on topics related to equity increased (Weaver et al., 2023).

The role of EB membership in advancing research careers

EB membership is often regarded as prestigious, indicating an individual's disciplinary leadership and recognition (Xue & Xu, 2024). Yet, even when minoritised groups (e.g. women in science research) are well represented in early academic stages (e.g. doctoral candidates, early career researchers), their presence diminishes significantly in more senior roles, including EB positions (European Commission: Directorate-General for Research and Innovation, 2025). Evidence also indicates that women often possess higher academic qualifications than men occupying equivalent EB roles, suggesting that women - and likely other minoritised scholars- face elevated thresholds for career advancement (Agarwal et al., 2018). Given that EBs not only influence what/whose research is published, but also whose career is advanced, their demographic homogeneity contributes to the reinforcement of structural inequities in global health academia (Dada et al., 2022). Conversely, the inclusion of scholars from minoritised backgrounds in EB roles not only fosters a more inclusive community, but also supports their career trajectories. This, in turn, can create a virtuous cycle in which increased EB diversity promotes broader participation, and improved equity in research leadership (Dada et al., 2022; Xue & Xu, 2024). Notably, despite the persistent underrepresentation of women on EBs in the studies included here, women (albeit from HIC) were disproportionately represented as first and last authors of those same studies. This pattern aligns with a broader dynamic of 'cultural taxation,' in which, for example, women and racially minoritised scholars frequently lead (or are expected to lead) equity-focused scholarship or initiatives, and disproportionately undertake labour aimed at advancing institutional inclusion (e.g. mentoring, committee service, and advocacy) (Gabster et al., 2020). Whilst such initiatives are essential to advancing structural change within academia, they are frequently undervalued within conventional metrics of academic productivity, and career advancement.

Editorial inclusion beyond the numbers game

Although studies included in this Review focused on quantifying the imbalance in EB representation, the mere inclusion of a critical mass of minoritised scholars does not, in itself, ensure the advancement of more

equitable scholarship, global health practice, and recognition of diverse epistemologies (Ahmed, 2012; Davies et al., 2019). Even when formally included, participation of minoritised scholars may be constrained by social norms, implicit biases, and structural barriers in otherwise homophilic institutions, which often fail to recognise or value methodologies and worldviews falling outside dominant epistemological frameworks. A recurring concern is the tendency to select certain individuals or groups to represent specific communities or regions, often conflating their perspectives with the needs and views of the entire population they are presumed to represent, despite the inherent heterogeneity within communities (e.g. treating women as a singular, uniform category despite their embodiment of multiple intersecting identities) (Sheikh et al., 2017). Only focusing on numerical representation risks overshadowing efforts to challenge underlying systems of oppression that shape global health scholarship and practise. It may also foster tokenistic forms of 'inclusion' that preserve existing power hierarchies and maintain a narrow definition of expertise and knowledge (van Daalen et al., 2024). Whilst 'improving the numbers' is important, meaningful progress requires reimagining global health through inclusive and just approaches that not only invite diverse expert voices but also give them real influence over decision-making and priority-setting (Sheikh et al., 2017).

Strategies to improve diversity in global health scholarship

Several recommendations have been proposed to address the power disparities, lack of diversity, and broader inequities within global health publishing. Advancing these reforms requires coordinated action from research institutions, funders, publishers, and researchers by embedding equity principles in governance structures, incentivising inclusive leadership, and fostering transparent, accountable editorial appointment processes. For example, by reporting institutional data on self-reported demographics, publishers (and other academic institutions) can enhance transparency and accountability for their leadership decisions (Clark & Horton, 2019). This practice has already been adopted by several journals, such as the *Lancet* family (The Lancet Group, 2025), which have introduced self-reporting fields to their article submission platforms to give authors, peer-reviewers, and EB members the opportunity to self-report gender identity, race, and ethnicity. Second, it is essential to identify and address structural, implicit, and unconscious biases within EBs and publication processes. This includes the establishment of robust accountability mechanisms to ensure safe and equitable work environments, and fair acknowledgement of contributions among colleagues. Recruitment and selection processes must also be transparent and acknowledge the influence of networks and privilege, which often favour individuals who are similar or already known to decision-makers. Wider collaborative networks, more inclusive sponsorship, and greater geographic and socio-economic diversity can further reinforce these efforts. An approach may be to appoint a diversity, equity, and inclusion role focused on promoting inclusive practices, tracking progress, and supporting institutional accountability (Weaver et al., 2023), or creating 'counterspaces' that work to challenge and reduce epistemic oppression (Cianciolo & Andon, 2024). Third, exposure to relevant professional experience through administrative support, mentorship, dedicated resources, targeted internships or fellowships (Wyatt et al., 2023), and clear advancement pipelines to support minoritised scholars can contribute to increasing diversity in senior roles among minoritised scholars. Fourth, there is a substantial disconnect between the value generated by the unpaid academic labour of editors and peer reviewers and the profits accrued by commercial publishers. Providing financial compensation for this labour (particularly for scholars from minoritised groups) may help incentivise more equitable participation (Deanna et al., 2022).

EBs can likewise challenge broader systems of inequity within global health publishing. One key approach is to take a proactive stance against 'parachute' or 'parasitic' science by requiring equitable collaboration with local researchers, as well as the inclusion of reflexivity statements (Morton et al., 2021). Such measures help ensure that global health research is contextually appropriate, ethically grounded, and more accurately interpreted within the setting it investigates. Journals such as *The Lancet Global Health* and *PLOS Global Public Health* and *Nature Medicine* have already introduced such measures, signalling commitment to just and inclusive research practices (Nature medicine, 2023; Saleh et al., 2022; The Lancet Global Health, 2018). To address the dominance of English, and promote more geographically and linguistically inclusive scholarship, EBs - and other academic institutions - can promote multilingual inclusion by broadening the range of accepted publication languages and providing editorial support for non-native English-speaking authors (Ramírez-Castañeda, 2020). Advancements in artificial intelligence -

especially language processing and translation technologies—also offer promising opportunities to support authors and facilitate fuller participation in scholarly dialogue. To foster epistemic diversity, EBs should create space for non-positivist forms of knowledge and expertise. For example, *BMJ Global Health*'s 'Practice' article type enables the publication of insights and experiential knowledge that fall outside traditional methodological studies.

Limitations in inferring or imputing individual characteristics

Overall, transparent standardised reporting of demographic characteristics for editorial boards and authors is largely absent. As a result, most studies included in this review employed proxy measures of self-identification, drawing on publicly available profiles (presumed to be authored or approved by the individual), or externally inferred individual characteristics from names or photographs, rather than using self-reported survey data. Although self-reported data should be considered the 'gold standard' for collecting demographic information, it can be difficult to obtain due to resource constraints and the methodological limitations of traditional survey approaches, including low response rates and non-response bias. Relying on non–self-reported data raises not only ethical, moral, privacy and data violence concerns, but also questions about reliability, potential mis-classification, and the validity of inferred characteristics - particularly in the case of complex, non-normative, or marginalised identities (e.g. gender-diverse individuals, or those of mixed racial or ethnic background). Whilst the different inference/imputation methodologies have distinct advantages and limitations (e.g. name-to-gender algorithms may achieve up to 96% accuracy (VanHelene et al., 2024), whereas name-to-race algorithms demonstrate considerably lower accuracy), their respective trade-offs should be carefully considered in the interpretation of findings and the formulation of research standards. Furthermore, many dimensions of identity cannot be reliably externally inferred from publicly available information. (van Daalen et al., 2026) As a result, researchers generally avoid estimating characteristics such as race, ethnicity, sexuality, disability, or class from publicly available information, names, or photographs, given the risks of harmful misclassification and unwanted disclosure. This is clearly illustrated by the striking lack of studies exploring dimensions beyond gender, and geographic location. In contrast, gender, sex, and geographic location are more often estimated in this way. Going beyond gender and geography, is critical for understanding how intersecting systems shape power and perspectives within academic publishing.

Strengths and limitations

The primary strengths of this study are the comprehensive search strategy without language restriction, the inclusion of a broad range of global health sub-disciplines, and the supplementary analysis examining authorship diversity. Consequently, this work provides a holistic perspective of EB diversity in global health. However, beyond the methodological quality of the included studies, there are several limitations. First, the exclusion of qualitative research (albeit such evidence remains limited in this area) restricted our ability to explore the underlying structural dynamics, social norms, or intermediary mechanisms that affect or cause the documented patterns of homogeneity in EBs. Second, definitions of 'editorial boards' and the delineation of roles within them varied across studies (e.g. some included managerial or advisory roles, whilst others did not), limiting comparability and complicating analyses of diversity in roles beyond EiCs and total EBs. Third, the heterogeneity in time points, journal selection, definitions of EBs, and methods of inference precluded the possibility of conducting meta-analyses or longitudinal quantitative analyses. Lastly, as with other analyses, our assessment of geographic diversity in authorship (Figure 3) was based on scholars' institutional affiliations listed on their publications. However, such affiliations may not accurately capture authors' country of origin, academic training, or self-identification.

Conclusion

This work highlights the persistent concentration of EB roles among male, HIC-based scholars, with profound implications for the production and dissemination of scientific knowledge. However, the existing

literature relies heavily on quantitative, non–self-reported data, with limited exploration of dimensions of diversity beyond gender and geography, intersectionality, and lived experience. Future research should expand both the scope and depth of enquiry, including qualitative methodologies, prioritising self-reported demographic data, and direct engagement with minoritised scholars to better understand the structural barriers. Efforts to increase EB diversity require moving beyond numeric targets to critically examine structures of inclusion, knowledge valuation, and power distribution—paired with mechanisms to evaluate their long-term impact on academic scholarship. Without intentional and systematic reforms, the global health research community risks perpetuating the very inequities it seeks to address.

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Author contributions

KRvD, SD, and SEG conceptualised the presented work and wrote the research protocol. SEG, SSK, and BPC, SFK, HKH, RO, GC, AA, BA, FA, ABU, PK, JL, PP, MP, CR, AR, ASZ, LT, MT, KW, SD, and KRvD contributed to the data screening or data extraction. SEG, AD, SSK, BPC, CR, SFK, HHH, RO, ASZ, SD, and KRvD contributed to creating the figures and tables in the main manuscript. SEG, AD, SSK, BPC, SFK, HKH, RO, AW, GC, AA, ABU, AC, PK, JL, AR, ASZ, LT, CR, AO, PP, KW, SD, and KRvD contributed to the figures and tables in the Appendix. SEG, AD, SSK, AW, SD, and KRvD draughted the manuscript, and all authors revised the manuscript and provided feedback before submission. SEG, AD, BPC, SK, GC, PS, SG, RM, KCC, SMC, SD, and KRvD contributed to updating the manuscript after the second search and participated in screening, data extraction, quality assessment, and full-manuscript review. All authors have made substantial, direct, and intellectual contributions to the work, approved it for publication, and their agreement to accountability of all aspects related to the manuscript. Salma El-Gamal up to Galiya Chenault are ordered based on contribution. Ahmad Abbadi up to Kai-Ti Wu are ordered alphabetically. Kim R. van Daalen and Sara Dada have provided the coordination, senior leadership and guidance for this project.

Disclosure statement

The views expressed in this article are solely those of the authors and its content does not necessarily represent the views or position of their employers. All authors declare no competing interests.

Data availability statement

All data analysed in this study is included in the publication.

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