Editorials & Perspectives
Abiodun *et. al. Glob. South Health Horiz.* 2025 1(1):1-7
10.63950/gshh.2025.1.1.8

Charting a New Course for Global South Health Research: Equity, Evidence, and Action

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Date of Submission: 3rd June 2025
Date of Acceptance: 6th June 2025
Date of Publication: 30th June 2025

Abstract

Introduction: The Global South continues to confront detailed health challenges influenced by socio-political, economic, and environmental factors. However, the perspectives and contexts of these regions are often underrepresented in the global health conversation. This editorial presents Global South Health Horizons (GSHH), a journal created to reshape the global health narrative by emphasising principles of equity, relevance, and inclusivity.

Main Text: GSHH aspires to be a catalyst for a fundamental shift in health research and policy, emphasising the experiences, priorities, and innovations originating from countries in the Global South. The journal advocates for methodological diversity, multidisciplinary collaboration, and the co-production of research with local communities affected. It covers critical themes such as strengthening health systems, climate-health interactions, One Health, social determinants of health, and indigenous knowledge systems. Additionally, GSHH is committed to fostering local research capabilities and offering a fair platform for emerging scholars and practitioners. At its core, the journal prioritises research that is not only meaningful academically but also capable of producing tangible impacts beyond scholarly metrics.

Conclusion: GSHH aims to be more than a publication; it aspires to be a movement that redefines global health by amplifying the voices and scholarship of the Global South. We invite the international health community to engage with GSHH as contributors, peer reviewers, readers, and advocates. Together, we can build a comprehensive knowledge ecosystem that informs policy and brings about meaningful change in the lives of people across the Global South.

Keywords: Global Health, Health Equity, Developing Countries, Health Policy, Research Capacity

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Introduction

The burden of disease in the Global South is both disproportionate and increasing, yet its voices and contributions to global health research often remain limited. Major health crises like Ebola, COVID-19, and cholera have exposed not only the strengths of local health systems but also the ongoing inequalities in research funding, representation, and resource distribution. Although these regions, Africa, Latin America, Asia, and the Pacific, make up over 80% of the world's population, they account for less than 10% of published peer-reviewed health research, as noted in recent studies (1). This imbalance keeps global health agendas largely driven by high-income countries (HICs), which often overlook the knowledge, needs, and realities of the Global South.

The COVID-19 pandemic emphasised this gap. While countries in the Global South suffered greatly from health and economic impacts, issues like vaccine nationalism and restrictions on intellectual property made it harder for these nations to access essential tools (2). At the same time, innovative solutions from the South, such as Rwanda's use

of drones to deliver medical supplies or India's quick vaccine development, showed how local expertise can offer valuable insights (3, 4). Despite this, such stories rarely get the spotlight in mainstream global health conversations. With this in mind, we are launching Global South Health Horizons (GSHH) to challenge these disparities, support research rooted in local contexts, and promote more comprehensive action.

GSHH is committed to decolonising global health by creating platforms that recognise and uplift knowledge generated within the Global South. Decolonisation means redistributing authority over knowledge and breaking down structural barriers, like biased funding practices, editorial biases, and language hierarchies, that tend to marginalise researchers from the South (5). For example, Abiodun's work on health systems resilience in Nigeria emphasises how community-based surveillance networks, often ignored in Western models, can improve epidemic preparedness (6). These examples emphasise the importance of enhancing Southern perspectives.

We understand that some challenges are best addressed with local solutions, deeply knowledgeable of cultural, political, and widespread contexts. However, we also believe in encouraging dialogue and partnerships across borders, recognising that global health depends on interconnected efforts. The climate crisis illustrates this interconnectedness: while the Global South faces the worst impacts, like increased malnutrition and vector-borne diseases, it often remains underrepresented in climate-health policymaking (7). GSHH aims to change this by connecting diverse perspectives, such as Indigenous knowledge on sustainable healthcare and advanced planetary health research.

Finally, in launching GSHH, we want to dispel the myth that strict research cannot be relevant or impactful. The journal will focus on work that combines scientific quality with social significance, whether through community-driven projects or policy analysis. Our goal is to redefine 'global health' not as a charity-led act from the North, but as a shared effort rooted in justice, fairness, and mutual respect.

Main Text

1. The Rationale for a Journal from the South, for the South, with the World

Academic publishing has historically been criticised for its colonial legacy, often favouring the knowledge systems, research priorities, and voices of high-income countries (HICs) while marginalising scholars from the Global South (8). Despite increasing awareness of these issues, this imbalance persists: research agendas are frequently determined by Northern institutions, peer review processes tend to reflect Western biases, and publication fees pose major financial barriers for researchers from the Global South (9). Consequently, the global health literature inadequately reflects the needs, innovations, and expertise of the majority world. In response, Global South Health Horizons (GSHH) emerges as an important initiative, emphasising the urgent need for platforms that authentically include and are fundamentally shaped by Southern perspectives.

Challenging the Colonial Legacy in Academic Publishing

The predominance of Northern journals has encouraged what some scholars describe as "epistemic injustice" within global health (10). For instance, a 2022 study examining 15 high-impact global health journals revealed that over 75% of the editorial board members were affiliated with high-income countries, while less than 5% were based in low-income nations (11). This geographic skew influences the topics considered "important", for example, malaria in Africa might be framed through donor-driven priorities rather than focusing on local health system needs (12). GSHH aims to challenge and reverse this narrative by positioning Southern researchers as primary knowledge creators, rather than mere data collectors for Northern-led studies

The Case for Southern Leadership

Local expertise is indispensable for addressing inherently regional challenges. During the Ebola outbreak from 2014 to 2016, community health workers in Sierra Leone devised culturally grounded containment strategies that were later validated through research but initially overlooked by international responders (13). Similarly, Brazil's HIV/AIDS response, driven by grassroots activists and public health experts, achieved international recognition precisely because it prioritised local context over imported solutions (14). GSHH will be a platform to amplify such stories, encouraging research emerging from and personalised to Southern realities

Global Relevance of Southern Scholarship

The journal's subtitle, "for the South, with the World," emphasises its dual purpose: to prioritise Southern concerns while contributing meaningfully to global knowledge. Climate change exemplifies this interconnectedness. Although the Global South contributes the least to greenhouse gas emissions, it endures the lion's share of health impacts, from heat-related deaths to expanding vector-borne disease zones (15). Research from these regions is thus important not only locally but for the entire world. GSHH will display work like the 2023 Lancet Countdown report, which used data from 43 Southern institutions to document climate-related health effects often overlooked in studies led by Northern researchers (7).

Breaking Down Barriers

GSHH seeks to address four fundamental structural inequalities:

a. Editorial Bias: By guaranteeing that at least 60% of its editorial board is based in the Global South, the journal aims to challenge the persistent gatekeeping tendencies that limit diverse representation (16).

b. Financial Access: We will waive publication fees for researchers from low-income countries and provide grants to support translation services, making publication more attainable.
c. Language Justice: The journal encourages submissions in Spanish, Portuguese, and French, with professional translation into English to enhance accessibility.
d. Capacity Building: Through partnerships with Southern institutions, GSHH will offer mentorship and writing support to help address the "pipeline" issue in academic publishing (17).
GSHH is beyond another journal; it is a corrective measure to a flawed system. Its goal is to redistribute epistemic power, promoting a body of global health literature that is more accurate, equitable, and meaningful; one that learns from the Global South just as much as it aims to support it.

2. Key Pillars: Equity, Evidence, and Action
Rooted in three core principles, equity, evidence, and action, GSHH strives to confront widespread imbalances in global health scholarship while enhancing innovative solutions originating from the Global South. Below, we elaborate on these pillars with targeted strategies, current examples, and clear objectives.

a. Equity: Dismantling Structural Barriers
Equity guides every aspect of GSHH's operations, challenging entrenched inequalities in scholarly publishing:

a. Comprehensive authorship and representation: Only 1% of editors at leading global health journals come from low-income countries, reinforcing exclusion (11). Our approach is to reserve 60% of editorial positions for Southern scholars and diversify peer review panels. Also, early-career researchers from underserved regions will be mentored through a funded fellowship inspired by the BMJ Global Health mentorship program (18).

Financial justice: With article processing charges averaging around $2,500, a barrier for 85% of African researchers (9), GSHH adopts a sliding-scale waiver system based on country income levels and collaborates with organisations like CODESRIA to support publishing costs.

Community engagement: Only 12% of health research in low- and middle-income countries involves direct participation of community stakeholders (17). To address this, GSHH will introduce a 'Community Voice' section for practitioners like frontline health workers and Indigenous healers, requiring authors to detail participatory methods. This approach draws inspiration from The Lancet's 2023 decolonisation guidelines, which emphasise equitable authorship (19).

b. Evidence: Valuing Diverse Knowledge Systems
GSHH redefines what constitutes strict research by welcoming methodological diversity and Southern epistemologies

Expanding evidence hierarchies: Dominance of Western-centric metrics (such as RCTs) often marginalises community-based and qualitative research (20). The journal welcomes submissions on indigenous knowledge (e.g., Ghana's use of plant therapies for malaria) (21), implementation science (e.g., Rwanda's drone-delivered blood supply system) (3), and policy analyses rooted in Southern economic and political contexts (e.g., India's Ayushman Bharat scheme) (22).

Contextualising global data: Interventions designed in Western settings, like HIV programs customised for the US, frequently lack effectiveness in Southern African contexts due to cultural mismatches (23). GSHH prioritises studies that adapt global frameworks locally, exemplified by Nigeria's integration of traditional birth attendants into maternal health systems (6).

Open science for equity: All articles are gold open access (no fees for readers), with data-sharing encouraged via Southern repositories like the Africa Open Science Platform (24).

c. Action: Closing the Gap Between Knowledge and Practice
GSHH stands firmly against the 'publish and perish' mentality, emphasising the importance of creating tangible, real-world impact through research and action.

Implementation Science: A prime example is Brazil's Bolsa Família health outcomes, which inspired similar cash-transfer initiatives in Kenya (25). To track progress, GSHH will feature a 'From Evidence to Policy' dashboard that documents how published research is being adopted and implemented in practice.

Policy Partnerships: We aim to work closely with regional organisations such as the Africa CDC and the ASEAN Health Cluster to develop special issues focused on urgent health priorities, like tackling antimicrobial resistance in Southeast Asia (26).

Accountability Mechanisms: An upcoming 'GSHH Impact Metric' will evaluate studies by their influence on policy, such as citations in national guidelines, by community adoption, like the scaling up of interventions, and by media engagement, including local language op-eds authored by researchers. For example, Bangladesh's adaptation of Peru's CRONICAS chronic disease model illustrates how South-South learning can drive tangible action (27).

3. Priority Themes and Scope

Global South Health Horizons (GSHH) adopts a broad and intersectional view of health, recognising that the most pressing challenges and innovative solutions often arise at the intersection of systems, societies, and the environment. Our key themes reflect the complex realities faced by the Global South, while also addressing notable gaps in mainstream health literature.

Health Systems Strengthening and Resilience: We focus on research about locally adapted models of care, from community health worker programs to decentralised pandemic responses, especially those integrating Indigenous knowledge with formal health systems.

Climate Change and Planetary Health: GSHH is interested in studies that document how environmental degradation disproportionately impacts marginalised communities and explore solutions like climate-smart agriculture or early-warning systems for extreme weather events.

Infectious Diseases and Emergency Preparedness: Beyond just managing outbreaks, we seek innovations in disease surveillance, such as AI-based outbreak prediction, and equitable vaccine distribution, emphasising sustainable, proactive approaches.

Maternal and Child Health: Submissions should look into the root causes of disparities, such as gender inequality or limited rural healthcare access, and emphasise successful interventions like mobile prenatal clinics or community-led nutrition initiatives.

Non-Communicable Diseases (NCDs): Given that NCDs are responsible for about 70% of deaths in low- and middle-income countries, we welcome research on prevention strategies personalised to local contexts, like salt reduction policies, and management approaches like task-shifting in diabetes care.

Mental Health and Psychosocial Wellbeing: We prioritise culturally grounded approaches, including traditional healing practices and school-based programs to address trauma, especially in conflict-affected zones.

Social Determinants and Structural Inequities: We are interested in analyses of how factors like racism, casteism, or urban-rural divides influence health outcomes, alongside evaluations of policies aiming to reduce poverty and inequality.

Decolonising Global Health: Critical discussions on ethical partnerships, fair data governance, and democratizing research agendas are central themes.

All these themes are interconnected with GSHH's core mission: publishing work that is both academically strict and practically applicable for policymakers, practitioners, and communities. We especially encourage submissions that employ transdisciplinary methods or compare different approaches within the Global South.

4. Supporting a New Generation of Researchers

GSHH is dedicated to promoting the next generation of researchers from the Global South by actively working to remove the longstanding, widespread barriers that have historically limited early-career scholars from engaging fully in academic publishing. Evidence indicates that researchers from low-income countries encounter nearly three times as many obstacles to publishing their work compared to their counterparts in wealthier nations. These challenges often include high article processing charges and restricted access to mentorship and professional networks (28). In response, we will launch an editorial fellowship program that pairs emerging scholars with experienced mentors, drawing inspiration from successful models like The Lancet Global Health's mentorship initiative, which achieved a 40% increase in representation of Global South researchers over three years (29).

Financial constraints continue to be a major obstacle; data shows that 85% of African researchers have abandoned potential publications due to the inability to cover publication fees (30). To address this, we have implemented a tiered waiver system and will partner with organisations such as the African Institute for Health Policy & Systems Research, whose support programs have led to a 65% rise in manuscript acceptance for early-career researchers participating in their writing support services (31). Our strategy extends beyond fee waivers by offering virtual writing clinics personalised to address common challenges in resource-limited settings, like statistical analysis using open-source software and effective data visualisation techniques.

Also, the journal has introduced innovative peer review initiatives aimed at promoting equity and enhancing capacity. Our shadow review program, inspired by a successful approach in Brazil that cut editorial bias by 30% (32), enables early-career researchers to evaluate submissions alongside seasoned reviewers, receiving structured feedback to improve their skills. This initiative tackles the underrepresentation in peer review, where currently fewer than 15% of reviewers for major global health journals hail from low-income countries (33).

To assess our impact, we will monitor metrics such as the proportion of first-time authors and track the career development of our fellowship alumni. Preliminary results from a pilot in Kenya showed that 80% of participants published their first-authored paper within a year of completing the program, with 60% reporting subsequent promotions or leadership roles in research (30). These findings emphasise how targeted support can create meaningful and sustainable pathways for Global South

scholars, enabling them to influence the future of global health discourse.

5. Open Access and Knowledge Justice

At GSHH, we believe that open access is not just about how research is published; it is about making sure that knowledge is shared fairly and reaches everyone who needs it. Sadly, more than 70% of health research from low-income countries is still hidden behind paywalls, making it hard for policymakers and health workers in those regions to access critical information (34). That is why we are committed to making knowledge truly accessible. Our gold open-access model means neither readers nor authors must pay fees, unlike many other journals that charge, on average, about $2,500 per article and often exclude researchers from the Global South (35). Our approach goes beyond just providing articles; we will work with groups like the Directory of Open Access Journals and Research4Life to make sure our content is easily found on platforms commonly used in low- and middle-income countries (36).

We also recognise that language can be a barrier to knowledge sharing. While most scientific articles are published in English, only a small portion of the global population speaks it fluently (37). To address this, GSHH welcomes submissions in languages like Spanish, Portuguese, French, and Arabic, with professional translation into English. Besides, we plan to share summaries of key articles through podcasts in multiple languages, inspired by successful efforts like those of the BMJ (38).

Another challenge is the proliferation of predatory journals that exploit authors with high fees, especially in low-resource settings. To protect researchers, we will certify all our content through programs like Think. Check. Submit and offer fee waivers through partnerships with organisations like CODESRIA (39). We expect that over 60% of our downloads will come from LMICs, demonstrating our reach compared to 22% in traditional global health journals (40).

Conclusion

In summary, the launch of GSHH aims to address deep-rooted inequalities in health research publishing. Currently, less than 5% of editorial board members in leading health journals are from the Global South (11), and many capable researchers cannot publish due to high costs (9). The COVID-19 pandemic painfully emphasised how these gaps hinder a swift and fair response to health crises (2). In our first year, we anticipate promising results: at least 60% of users from low-resource settings (40), and our mentorship program helping 80% of participating early-career researchers publish within a year (34).

These successes will reinforce the idea that fairer systems produce better science. When innovations from Nigeria or Brazil reach global audiences, everyone benefits (6, 31). But challenges like predatory publishing (39) and language barriers (33) still need ongoing attention. Moving forward, we will expand proven solutions, like gold open access (34), participatory peer review (32), and multilingual dissemination (38), to build a more comprehensive global health community. Addressing issues such as climate change and antimicrobial resistance requires drawing on expertise from around the world (15, 29), and we remain dedicated to making this possible through collective effort across institutions, funders, and researchers.

Abbreviations

GSHH: Global South Health Horizons
HICs: High-Income Countries
LMICs: Low- and Middle-Income Countries
SDH: Social Determinants of Health
NCDs: Non-Communicable Diseases
WHO: World Health Organisation
COVID-19: Coronavirus Disease 2019

Declarations

Ethics Approval and Consent to Participate: Not applicable.
Consent for Publication: Not applicable.
Data Availability: Not applicable.
Competing Interests: The author is the Editor-in-Chief of GSHH.
Funding sources: No external funding was received for this editorial.
Author contributions: The authors equally conceptualised and wrote the editorial.
Acknowledgements: The editorial team, reviewers, and founding contributors of GSHH are gratefully acknowledged.

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