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Peer Reviewing Biomedical Research: A View from the Frontlines of Global Health Publishing

[1,2]*Kaushik Bharati*
[1]*Health Policy Consultant, UNESCO New Delhi, India*
[2]*Ambassador Asian Council of Science Editors, Dubai, United Arab Emirates*

ABSTRACT
Peer review underpins biomedical publishing, especially in global health, by ensuring research integrity, validity, and policy relevance. This article explores the critical role of peer review in advancing biomedical knowledge, with particular emphasis on the experiences and perspectives from the frontlines of global health. It also examines key challenges and issues pertaining to reviewer burden, bias, limited participation of low-resource countries, and predatory journals. The author stresses on the need for capacity building through training initiatives, transparent peer review practices, open peer review models, and equitable recognition of reviewers. Additionally, innovations like AI and preprints are likely to add a new dimension in global health publishing, which will translate into meaningful health outcomes worldwide.

KEYWORDS
Peer review, biomedical research, global health publishing, research integrity, open peer review, preprints, ethics in publishing

INTRODUCTION

Peer review is a quality-control mechanism that underpins the reliability of biomedical literature. It acts as a critical checkpoint before research findings influence global health policies, clinical guidelines, and medical innovations. Given its impact on patient care and health systems, peer review in biomedical publishing is vital for providing accurate information to healthcare professionals for making informed decisions on delivering the best treatment for their patients.

Peer reviews have a significant influence on the development of clinical guidelines and framing actionable policies. For example, Cochrane network meta-analyses have been cited in 89 clinical guidelines (often within two years of publication), showing formal uptake of peer-reviewed evidence into guidance[1]. Also, peer review by stakeholders during guideline development can influence the content, including question formulation, evidence interpretation, and recommendation wording[2]. Public consultations in the form of external peer review can change policy guidance. For example, an analysis of the UK's National Institute for Health and Care Excellence (NICE) interventional procedures guidance showed that 74% of documents changed after consultation, demonstrating tangible policy-level effects from external review[3]. Moreover, WHO guidelines explicitly integrate peer-reviewed qualitative and quantitative research. It has been clearly shown how qualitative syntheses from peer-reviewed literature can influence recommendations. This is further evidence for peer review shaping global policy guidance[4].

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Peer review involves subjecting scholarly work to evaluation by experts in the field, assessing its scientific rigor, novelty, ethical compliance, and clarity. Thus, the major objectives of this perspective article in the context of global health publishing are to (i) Clarify the core purpose of peer review in global health, (ii) Examine equity and power dynamics in peer review, (iii) Assess 'policy-readiness' as an evaluation dimension, (iv) Promote transparency and reproducibility, (v) Define ethical guardrails specific to global health, and (vi) Offer an implementation roadmap that aligns peer review with equitable, policy-impactful publishing.

ESSENTIALITY OF PEER REVIEW

Peer review is an essential component of biomedical research. It assures quality, increases credibility and trust, provides scope for revamping manuscripts, and ensures ethical oversight. For quality assurance, peer reviewers try to validate the research question, assess the study design, and check the accuracy of the data analysis. This ensures that only scientifically sound work enters the literature. By providing an impartial evaluation from experts in the field, peer review enhances the credibility of biomedical findings, which is especially important in health sciences where clinical practice and public policy decisions may be influenced. Reviewers provide constructive feedback that helps authors refine their work, improve clarity, and identify overlooked literature or methodological flaws. Peer reviewers also verify that ethical standards, such as informed consent and Institutional Review Board (IRB) approvals, have been adhered to in human and animal studies.

Rigorous peer review matters acutely in global health because research is often translated rapidly into guidelines and programs in resource-constrained settings, where missteps can waste scarce funds, erode trust, or cause direct harm. Beyond checking methods and reporting, reviews must scrutinize contextual fit, so that findings are not only valid but also implementable and just in Low- and Middle-Income Countries (LMICs). By filtering out low-quality work, enforcing transparency, and assessing 'policy-readiness', peer review helps ensure that the evidence shaping clinical guidance and public policy is both scientifically sound and ethically grounded for diverse populations.

KEY ASPECTS OF GLOBAL HEALTH

Global health refers to the area of study, research, and practice that places a priority on improving health and achieving equity in health for all people worldwide. It emphasizes transnational health issues, determinants, and solutions, involving many disciplines within and beyond the health sciences, and promotes interdisciplinary collaboration[5]. Unlike public health, which primarily focuses on specific communities or nations, global health addresses issues that transcend national boundaries and require global cooperation[6].

Health equity is an essential component of global health, which prioritizes reducing health disparities between and within countries. Inequities arise from differences in socioeconomic status, geography, gender, and access to healthcare services[7]. An interdisciplinary approach is adopted to address global health challenges, which requires close collaboration among sectors such as medicine, public health, economics, political science, and technology[8]. Global health issues are transnational in nature, as they often cross borders and require international cooperation. For example, pandemic preparedness and control depend on global surveillance and coordination[9].

Currently, the key organizations involved in global health governance include the World Health Organization (WHO)[10], the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)[11], and Gavi, The Vaccine Alliance[12].

The current trends in global health include Universal Health Coverage (UHC), digital health and telemedicine, and pandemic preparedness. The UHC, spearheaded by WHO, aims to ensure that all individuals and communities have access to essential health services without financial hardship by 2030[13]. Digital solutions, including telehealth and mobile health applications, aim to improve access and efficiency in healthcare delivery globally[14]. Moreover, the COVID-19 pandemic has underscored the urgent need for pandemic preparedness. The pandemic has clearly shown the importance of global health security, equitable vaccine distribution, and international coordination[15]. Therefore, adequate preparations are required to tackle future pandemics, which are a real threat to everyone, everywhere, given the fact that people now live in a close-knit global community, where emerging pathogens don't respect international borders.

MAJOR GLOBAL HEALTH CHALLENGES

Communicable diseases such as HIV/AIDS, TB, and malaria remain significant burdens in low-income countries (LICs) and LMICs. In 2022, there were approximately 1.6 million deaths from TB globally[16]. Likewise, Non-Communicable Diseases (NCDs) also pose a threat to large populations around the globe. For example, NCDs like cardiovascular diseases, cancers, and diabetes, account for over 70% of global deaths annually, with a majority occurring in the LMICs[17]. The need for strengthening global health systems is another major issue. Many countries face challenges in building resilient health systems that provide Universal Health Coverage (UHC), particularly in resource-poor settings[18]. Moreover, climate change exacerbates health risks by increasing the prevalence of vector-borne diseases, malnutrition, and extreme weather events[19].

PUBLISHING SCENARIO IN GLOBAL HEALTH

The publishing landscape in global health has undergone a significant transformation over the past two decades. Global health is a multidisciplinary field, encompassing epidemiology, public health, health policy, environmental health, health systems, and the social determinants of health on a global scale. The dissemination of research findings in this field is essential for informing health policies, reducing health disparities, and improving health outcomes globally.

Growth of global health research and publications: The volume of publications in global health has grown considerably, driven by heightened awareness of health disparities, emerging infectious diseases, and global health crises such as HIV/AIDS, Ebola, and COVID-19. Notably, the COVID-19 pandemic saw unprecedented global collaborations among scientists that led to huge numbers of research articles being submitted daily. To keep up with the pace, fast-track reviews were initiated that ensured rigor, as well a speed. According to bibliometric analyses, there has been a substantial increase in global health-related articles in high-impact journals since the early 2000s, coinciding with the Millennium Development Goals (MDGs) and later the Sustainable Development Goals (SDGs) agenda, which prioritize health equity and UHC[20].

Leading journals and publishers in global health: Several high-impact journals specialize in global health research, including The Lancet Global Health and BMJ Global Health, among others. In addition, general medical journals also publish high-profile global health research[21]. Open Access (OA) publishing is particularly prominent in this field, as global health emphasizes equitable access to knowledge. Many journals follow the Plan S principles and are indexed in PubMed Central for free access.

Open access and equity in publishing: Open access is crucial for global health publishing, as it ensures that research findings are accessible to stakeholders in LMICs. Initiatives like Health InterNetwork Access to Research Initiative (HINARI) provide access to subscription-based journals at reduced or no cost for institutions in LMICs[22]. However, Article Processing Charges (APCs) for OA publishing can pose barriers

for authors from LMICs. Some journals like Royal Society Open Science and MDPI provide fee waivers or discounts, but inconsistencies remain. The push for equitable publishing practices is ongoing, with movements like Research4Life advocating for inclusivity[23].

Authorship and representation: A recurring criticism of global health publishing is the underrepresentation of authors from LMICs, even when the research focuses on these regions. A 2021 analysis indicated that many studies conducted in Africa, Asia, or Latin America were led or primarily authored by researchers from High-Income Countries (HICs), reflecting issues of "parachute research" or "helicopter science"[24]. Several journals have implemented policies to ensure equitable authorship, requiring explicit contributions from local researchers and inclusion of capacity-building efforts in the study design.

COVID-19 and global health publishing: The COVID-19 pandemic dramatically accelerated global health publishing. Preprint servers like medRxiv and bioRxiv became primary platforms for rapid dissemination. However, this trend raised concerns about the quality and reliability of unreviewed content. Peer-reviewed journals adapted by implementing fast-track review systems for COVID-related research while maintaining quality standards[25].

CHALLENGES IN GLOBAL HEALTH PUBLISHING

Publishing in the field of global health faces a multitude of challenges that stem from inequalities in research capacity, access to funding, linguistic barriers, editorial biases, and systemic underrepresentation of voices from LMICs.

Inequity in research funding: A significant barrier in global health publishing arises from the unequal distribution of research funding and infrastructure between HICs and LMICs. Many global health problems disproportionately affect LMICs, yet most research output is driven by institutions in HICs, leading to a mismatch in research priorities. For instance, less than 10% of global health research funding targets diseases that account for over 90% of the global disease burden-a phenomenon known as the "10/90 gap"[26]. The Neglected Tropical Diseases (NTDs) are severely impacted by this 10/90 gap. Some of these NTDs include Chagas disease, trypanosomiasis, leishmaniasis, filariasis, helminthic infections, yaws, Buruli ulcer, leprosy, and snake envenoming, among many others. Notably, the lack of incentives for big pharma and inequities in demand and supply mean fewer clinical trials, smaller datasets, and less visibility for these 'diseases of poverty' in top-notch journals. Hence, there is an urgent need to rethink policy aspects about NTDs.

Inequity in research capacity: Research capacity is unevenly distributed across the globe, with stark inequities between HICs, LICs, and LMICs. Notably, LICs and LMICs often face structural barriers such as limited funding for research, fewer institutions with advanced facilities, and restricted access to scientific journals and global research networks. Bureaucratic hurdles and underinvestment in higher education often further constrain capacity. Overall, these inequities result in a "research gap", where global scientific output is dominated by HICs, even though LMICs and LICs bear a disproportionate share of the global disease burden.

Representation and bias: Researchers from LICs and LMICs often have limited representation on editorial boards, peer-review panels, and authorship in high-impact journals. This leads to a form of systemic bias that privileges studies led by authors from HICs, regardless of the geographical context of the research. In fact, research by scientists from LICs and LMICs is judged less relevant to "global" audiences and hence, they often end up in low-impact journals. Studies show that articles with corresponding authors from LMICs are less likely to be accepted in top-tier medical journals, even when adjusted for study quality[27].

Moreover, global health journals may favor topics that appeal to Western audiences, sidelining context-specific research that could be crucial for local public health policy. In sum, editorial bias reinforces global knowledge hierarchies, marginalizing LIC and LMIC voices while privileging HIC research in shaping scientific discourse. This type of North-South power asymmetry is also evident in international research collaborations, where the publications that arise often include senior authors from HICs, which raises questions about equity and ownership of knowledge.

Language and publication costs: English is the dominant language in scientific publishing. Researchers whose first language is not English often face additional hurdles in manuscript preparation, peer review communication, and grant applications. The linguistic barrier is compounded by APCs, which can be prohibitively expensive. Many OA journals charge upwards of USD 2,000-5,000 per article[28]. Although some journals offer fee waivers, the process is often opaque and inconsistently applied, deterring authors from LMICs from even submitting their work.

Lack of local journals with global reach: There is a shortage of regionally based journals that are recognized globally and indexed in major bibliographic databases, like PubMed or Scopus. As a result, many studies from LMICs end up being published in local journals that do not have international visibility. This perpetuates a vicious cycle where LMIC-generated knowledge remains inaccessible to global audiences and policymakers, limiting the influence of local research on international guidelines[29].

Ethical and contextual misalignment: Ethical frameworks, methodological standards, and public health priorities often reflect HIC-centric paradigms, which may not align with the cultural, social, or infrastructural realities of resource-poor settings. Ethical review boards and publication standards may overlook the importance of local community engagement or contextual appropriateness of interventions[30]. This can result in research that is technically sound but socially irrelevant or ethically flawed when applied in low-resource contexts.

Slow publication timelines and paywalls: Global health research often deals with urgent public health crises. However, traditional publication models with long peer review timelines and subscription-based access can delay the dissemination of findings and restrict access for policymakers or practitioners in LMICs. For example, delays in publishing during the Ebola and COVID-19 outbreaks hampered the real-time sharing of crucial data[31]. Open science initiatives and preprint platforms offer partial solutions, but they are still not universally adopted or recognized in academic evaluations.

OVERCOMING THE CHALLENGES-THE WAY FORWARD

Overcoming challenges in global health publishing requires a multifaceted approach addressing systemic, institutional, and technological barriers, which are highlighted below.

Enhancing accessibility through open access: In order to enhance accessibility, OA models should be promoted. Journals should be encouraged to adopt Gold or Green Open Access, providing free access to published content. Initiatives like HINARI should be promoted. These types of initiatives provide free or low-cost access to journals for LMIC researchers. Moreover, universities and institutes should establish repositories for preprints and accepted manuscripts, which will enhance visibility.

Addressing language barriers: Multilingual publication policies should be implemented so that journals allow abstracts or full-text translations in major languages. Language support services, such as editorial and language editing assistance at subsidized rates for LMIC authors, could be provided[32]. Preprint platforms like *medRxiv* should allow for language flexibility so that preprint submissions can be made in multiple languages.

Reducing publication costs: Publication costs borne by LMICs could be significantly reduced if journals provided full or partial fee waivers for authors from these countries[33]. Also, universities and governments should allocate funds for publication costs in research grants. Moreover, non-profit publishing platforms, such as the Public Knowledge Project (PKP) and SciELO, should be encouraged to substantially reduce publication costs for low-resource countries.

Improving equity in peer review: Double-blind peer review should be encouraged, as it reduces bias by anonymizing both authors and reviewers[34]. However, it should be kept in mind that this might not always be feasible in case of LMICs, where the infrastructure is far weaker compared to HICs. Capacity-building programs should be implemented to train reviewers from LMICs, which will enhance participation and improve review quality. Moreover, the implementation of transparent peer review policies and encouraging peer review reforms will allow reviews to be publicly available to increase accountability and trust.

Promoting research capacity building: There should be more international collaborations, which will encourage partnerships between high- and low-income countries for joint research and publishing[35]. More training programs and workshops on scientific writing, ethics, and data analysis, tailored to the needs of LMIC researchers, should be encouraged. Moreover, implementing mentorship networks, using platforms like AuthorAID, will help to connect early-career researchers with experienced mentors, thereby enhancing the quality of research. This type of initiative is also being implemented by the Asian Council of Science Editors (ACSE), Dubai, UAE.

Leveraging digital technologies: Early sharing of research via preprint platforms such as *medRxiv* and SSRN should be encouraged[36]. Also, AI-driven automated systems should be promoted for plagiarism detection, language checks, and formatting assistance. Moreover, using data-sharing platforms, based on Findable, Accessible, Interoperable, Reusable (FAIR) data principles will encourage open science.

Ensuring ethical and inclusive authorship: Adherence to world-class authorship guidelines like those developed by the International Committee of Medical Journal Editors (ICMJE) will ensure fair credit allocation. Also, funding agencies should require equitable authorship practices as part of grant conditions. Moreover, editors should mandate inclusion of local collaborators in studies conducted in LMIC settings in order to enforce equity in authorship.

CONCLUSION

Global health is a dynamic and complex field requiring collaborative, cross-sectoral approaches to address health inequities, control diseases, and improve health outcomes globally. Research-generated data in the area of global health influences epidemic response, vaccine development, and therapeutic guidelines. So, without rigorous peer review, flawed research can lead to misinformed decisions, resource misallocation, and compromised patient outcomes. Although there are many challenges to ensuring quality data through peer reviewing, these can be overcome by adopting strategies, such as OA reforms, multilingual publication policies, and equitable authorship practices. Moreover, system-level reforms, journal policy changes, and capacity-building initiatives tailored to the specific needs of the stakeholders should also be implemented. It should be kept in mind that global health publishing can only be equitable and impactful if access, affordability, and authorship justice are prioritized alongside technological innovation.

SIGNIFICANCE STATEMENT

Critical analytical information on the importance of peer reviewing in global health remains scarce, and the present article seeks to address this gap. The key findings reveal that the challenges in global health publishing can be mitigated through a multi-pronged approach that includes encouraging open access

models, promoting multilingual publishing, reducing publication costs, improving equity in peer review, fostering research capacity building, leveraging digital technologies, and ensuring ethical and inclusive authorship. Collectively, these strategies aim to enhance equity in publishing by providing equal opportunities for all researchers, including those from low-resource countries who are often underrepresented at the global level. Implementing such measures could lead to a paradigm shift in global health publishing through the establishment of comprehensive and inclusive policies.

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