

Infographic: Coloniality in Patterns of Authorship

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Why does authorship matter?



Global Health's colonial legacies are **perpetuated** by persistent power imbalances in knowledge production and publications, exacerbated by racialised and gendered hierarchies of being.

Previous analyses of authorship trends between 2014 – 2019 show that researchers based in HICs **dominate** in the prestigious first and last author positions, whilst a high number of papers lack representation from LMICs.

We analysed 1,269 single-country (one LMIC), multi-country (two or more countries with at least one LMIC), and global (countries from three or more WHO regions) papers from 2019-2021 to see if the picture has **improved**.*

Who occupies positions of prestige?

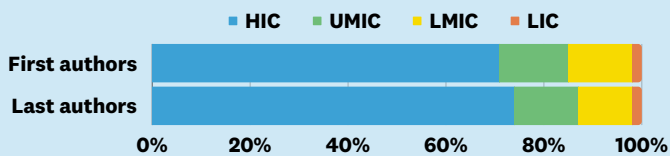
Authors affiliated to institutions in HICs continue to dominate authorial positions of prestige which confer influence and impact; their share of the pie is disproportionately large in stark contrast to LIC-affiliated authors.

HIC-affiliated authors

71.1% of all first authors
74.2% of all last authors

LIC-affiliated authors

2.3% of all first authors
1.7% of all last authors



First and last authorship of all papers by country income categories of primary institutional affiliation, 2019-2021

HIC-affiliated men

40.3% of all first authors
48% of all last authors

LIC-affiliated women

0.4% of all first authors
0.6% of all last authors

We also observed an **intersectional gender gap**, echoing and exacerbating race- and gender-based power asymmetries rooted in coloniality.

Who is stuck in the middle?

Sandwich authorship is the phenomenon of in-country authors being relegated to the middle of the authorship list for papers focusing on research in their own contexts. This is particularly egregious in light of the fact that local researchers often playing pivotal roles in research design, data collection, and community engagement.

Single-country papers

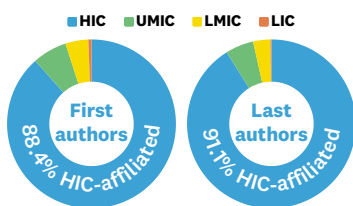
390 out of 470 single-country papers had middle authors.
30% (n=116) of these papers could **only** claim in-country representation through middle authors, while
9% (n=36) had **no in-country representation** at all.

Multi-country papers

235 out of 316 multi-country papers had middle authors.
34% (n=79) of these papers could **only** claim in-country representation through middle authors, while
18% (n=43) had **no in-country representation** at all.

HICs appear as study locations in 112 multi-country papers, and HIC authors are thus considered in-country authors where their primary institutional affiliation matches any of the study locations. Of these 112 papers, 22 are coded as having in-country sandwich authors due **solely** to the presence of HIC researchers and study locations.

Who sets the global health agenda?



Global papers
First and last authorship by country income categories of primary affiliation, 2019-2021

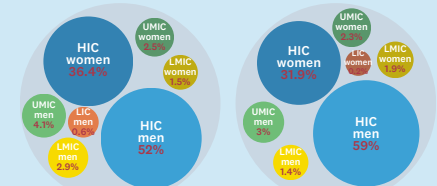
HIC dominance is **most prevalent** within the global papers, suggesting that **power structures** governing collective agenda-setting **remain unchanged**.

HIC-affiliated men remain **the largest cohort** of authors at the global level, while LIC-affiliated women and men **do not appear** as first and last authors, respectively, in any of our 483 global papers.

These findings serve as a sobering reminder that **global health has a ways to go towards decolonisation**.

LIC-affiliated researchers represent:
0.6% of first authors
0.2% of last authors

Intersecting gender gaps persist:



First (L) and last (R) authorship by gender, 2019-2021

