

Promoting Ethical Authorship Practices in Public and Global Health Research

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ABSTRACT

Authorship is a key component of scientific research that has significant academic, social and financial implications. Standard guidelines created by groups like the International Committee of Medical Journal Editors (ICMJE) exist to define and promote good authorship practice and are widely adopted by journals across numerous disciplines. However, inequitable practices such as ghost, gift, and guest authorship, as well as underrepresentation of local authors from low- and middle-income countries (LMICs), remain pressing issues within modern public and global health research. This governance paper explores the prevalence and underlying causes of these forms of author misrepresentation and evaluates the limitations of current policy frameworks intended to prevent them. To uphold the values core to academic research, including equity, transparency and accountability, actionable recommendations for researchers, editors and institutions are proposed. Eight policy recommendations are proposed. Together, these strategies seek to preserve the ethics and integrity of academic research practice. Further dialogue from members of the public and global health community on the subject of authorship and the points brought forward by this article as welcomed and encouraged.

KEYWORDS

Authorship; LMICs; Research ethics; Policy; Global health; Research misconduct

Background

Historically, most scientific research projects were conducted and written by one individual who assumed all credit for the published work; the concept of an “author” was highly specific, and held significant weight (Rennie & Yank, 1998). Multi-author publications started to become more prevalent around the mid-1950s, but as more names appeared, it became increasingly difficult for co-authors to delegate and readers to discern who was responsible for which parts of the research articles. Between 2000 and 2020, the average number of authors per paper published in PubMed across 13 article types increased significantly from 3.99 to 6.25, while the proportion of single-authored papers dropped by threefold (Jakab et al., 2024). While

increasing collaboration is expected as research becomes more interdisciplinary, larger groups of authors may also make it more difficult to clearly define individual contributions and subsequent accountability. This ambiguity creates greater opportunity for unethical practices such as honorary or guest authorship to occur despite the already established guidelines on ethical authorship. Additionally, because forms of unwarranted authorship, such as ghost, gift or guest authorship, typically fail to meet legal definitions of research misconduct (e.g. plagiarism, fabrication, falsification), their presence may go unnoticed and their significance undermined (Goddiksen et al., 2023).

Standard authorship guidelines, such as those created by the International Committee of Medical Journal Editors (ICMJE) for biomedical researchers, or the Committee on Publication Ethics (COPE) for journal editors, offer guidance to those assigning and evaluating authorship (Wager, 2009). The ICMJE outlines four criteria that together define the role of an author: (1) contributing substantially to the conception/design of the work, or the acquisition/analysis/interpretation of data for the work; (2) drafting or reviewing the work for important intellectual content; (3) approving the final version of the work to be published; and (4) agreeing to be accountable for all parts of the work, ensuring any accuracy/integrity-related questions can be investigated and resolved (ICMJE, 2025). Authors, who must meet all four criteria, agree to take credit and responsibility for all parts of the published work, including co-authored portions. It is the responsibility of the collaborators, not of the journals they submit to, to assign authorship (including the sequence in which names appear); if conflicts arise, institutional investigation may be warranted.

The ICMJE additionally defines the role of the corresponding author: the collaborator who assumes primary responsibility for journal correspondence throughout and after the submission and publication processes. Generally, this individual is tasked with confirming all administrative requirements, including adherence to authorship guidelines, are met on the group's behalf, but are free to delegate to co-authors as desired. On the contrary, acknowledgements are reserved for those who do not meet all authorship criteria, but were involved in minor contributions, such as funding acquisition, data entry, or general administrative support (Novak, 2025). Ideally, decisions on authorship should be made before the project begins, and confirmed before final submission (ICMJE, 2025).

Notably, authorship guidelines vary by publisher: for example, the American Psychological Association (APA) Ethics Code states that authors should be listed in order of their relative contributions, with additional notation in the author's note for equally-ranked co-authors (Novak, 2025). On the other hand, COPE guidelines on author sequence are more ambiguous, instead encouraging journals to enforce their own policies and emphasizing the role of the corresponding author in general manuscript validation. Altogether, despite the general promotion of good authorship practice and emphasis on its underlying principles of transparency and responsibility among journals and institutions, there remains a lack of

consensus on and enforcement of specific criteria, especially across disciplines (Goddiksen et al., 2023).

The issue of inconsistent authorship governance is even more apparent within global health research, and especially lacking with respect to work based in low- and middle-income countries (LMIC), which is disproportionately authored by external investigators affiliated with high-income countries (HIC) (Rees et al., 2022). Although investigators in HIC often play an essential roles in funding the research, limited representation of local LMIC authors raises concerns regarding equity and recognition of intellectual contribution. LMIC researchers local to the habitat of the research often contribute cultural knowledge and community engagement, and yet they may not receive authorship positions reflective of these contributions. In the large scheme, exclusion from authorship can limit career advancement, funding opportunities and academic visibility for LMIC investigators, all together further perpetuating the existing inequities in global research. While over 90% of global health specialty journals endorse general guidelines, such as those of ICMJE, only 17.8% address the subject of local LMIC authorship. Interestingly, journal impact factor appears to play a role: higher-impact journals are more likely to include specific guidelines on inclusive LMIC authorship.

While guidelines like those generated by ICMJE provide frameworks designed for universal usage, these groups can only *encourage* journals to implement and authors to adhere to them (ICMJE, 2025). Furthermore, existing guidelines often overlook sensitive yet pervasive issues, such as unequal author representation within LMIC-HIC collaborations (Rees et al., 2022). Evidence suggests accepted norms and pragmatics, which vary by field, seniority and culture, often outweigh formal governance in shaping real-world authorship practice (Goddiksen et al., 2023).

To frame the governance issues examined below, this paper draws on a focused body of relevant peer-reviewed literature to identify central themes, current challenges, and policy recommendations necessary for implementation.

UNWARRANTED AUTHORSHIP AND ACADEMIC DISHONESTY

While standard guidelines and individual journal policies exist to combat author misrepresentation, such as the Journal of Advanced Academics' right to reject manuscripts on the basis of suspected dishonesty, the issue may still arise (Novak, 2025). Novak (2025) identifies three common forms:

1. Ghost authorship: the practice of omitting a contributor who meets all criteria necessary from authorship.
2. Gift authorship: the practice of granting authorship to an individual who does not meet necessary criteria as part of a favor-exchange.
3. Guest authorship: the practice of granting authorship to an individual who does not meet criteria on the basis of seniority or other factors of power/influence.

These issues have existed within academic research for decades. For example, in a 1987 *American Journal of Public Health* (AJPH) editor's report, Yankauer (1987) discusses concerns associated with the predominance of multi-authored papers. Instances included individuals coming forward to AJPH to renounce authorship after being unknowingly cited on papers they disapproved of. The presence of "unethical elements" is speculated; in fact, Yankauer theorizes that most researchers have at some point violated the principles set by guidelines. This revealed that very early in their own career they were cited on a project to which they scarcely contributed, not at their request, but from "the goodness of [the primary investigator's] heart." A decade later, Rennie & Yank (1998) confirmed the endurance of such phenomena, noting increased prevalence of ghost and guest authorship, which are framed as failures of authors to treat scientific publications as "inscription under oath."

Today, these issues persist. An investigation of published European PhD students found that 34% had granted guest authorship at least once, 21% more than once, and 7% on numerous known occasions (Goddiksen et al., 2023). STEM students performing data-based research, as opposed to students of more abstract disciplines (such as humanities or law) were more likely to commit this practice. Results also varied by country, suggesting sociocultural differences.

Meursinghe Reynders et al.'s (2024) systematic review/meta-analysis of 19 survey studies on health science researchers measured the prevalence of honorary authorship, which they defined as any violation of standard guidelines (including the common forms above). Out of 5000 respondents, only 26% reported perceiving honorary authorship in their own or colleagues' publications. However, direct evaluation of respondents' reported contributions against ICMJE criteria revealed that 51% had at some point been published without meeting the requirements for legitimate authorship. This reflects a major disconnect between awareness and actual instances of author misrepresentation among researchers. However, due to variability in seniority, discipline, gender and other demographics across survey samples, the generalizability of these findings is unknown.

These practices occur for a myriad of reasons. For instance, students investigated by Goddiksen et al. (2023) reported three common rationale for granting guest authorship: (1) adherence to a senior researcher's request, (2) pursuit of positive standing with the individual in power, and (3) perception of the practice as standard within their field. In addition to power imbalances and accepted norms, another underlying motive is the concept of "publish or perish," investigators and institutions seeking career advancement or funding, which often depend on research output, may adopt unethical practices to achieve these goals (Jakab et al., 2024). In some cases, misrepresentation may occur unintentionally due to researchers' limited education on or awareness of appropriate authorship practice (Goddiksen et al., 2023).

UNDERREPRESENTATION OF LOCAL LMIC AUTHORS

Global health research on LMICs is becoming increasingly prevalent, as is the diversity in geographic, ethnic and socioeconomic measures of published studies (Ghani et al., 2020). However, an overwhelming majority of these publications constitute parachute research: work based in LMICs, but conducted by external HIC researchers, often in the absence of genuine engagement with or fair acknowledgement of local LMIC collaborators (Saleh et al., 2022). This practice is problematic because it can result in the marginalization and misrepresentation of local community priorities and unequal distribution of academic recognition for LMIC collaborators. Despite longstanding recognition of this practice within the field, it remains a pervasive issue today (Shambe et al., 2023).

Ghani et al.'s (2020) bibliometric analysis of papers published in prominent general medicine and global health journals between January 2014 and June 2016 included over 800 articles and yielded multiple concerning findings. While global health journals were more likely to publish papers with LMIC-affiliated corresponding authors, only 26.2% of all included articles met this criterion. Furthermore, 28.8% of publications did not list a local LMIC author at all.

Shambe et al.'s (2023) analysis of an additional 800+ papers published by members of the International Statistics and Epidemiology Group (ISEG), spanning research conducted in 61 total countries between 2016 and 2020, reported similar findings. Researchers affiliated with LMICs alone (versus those with dual LMIC/HIC affiliations) were significantly less likely to be cited as first or last author in comparison to HIC-only researchers, especially in multicountry studies. Despite the fact that all included articles involved work conducted in LMICs, only 55% of all cited authors had any LMIC institutional affiliation. The proportion of LMIC-only first and last authorship was negatively correlated with journal impact quartile. While HIC investigators occupy higher authorship positions in studies where they provide primary funding, the persistent underrepresentation of LMIC investigators in first and last author roles remains concerning given the substantial intellectual contributions local collaborators often make to study design and interpretation. This finding is rather surprising, considering higher-impact journals are more likely to promote authorship guidelines that specify local LMIC inclusion (Rees et al., 2022).

The COVID-19 pandemic exacerbated the existing underrepresentation of local LMIC authors, with specific gender-based effects. McDougal et al.'s (2022) analysis of over 1000 papers on COVID-19 produced across 136 different LMICs noted differences in authorship by article topic: those focused on women's health were more likely to cite local authors versus those on economic and leadership research. One possible explanation for this finding is that women's health research often depends more heavily on culturally specific knowledge which requires collaboration with local healthcare providers thereby increasing the visibility of local

investigators within the research process. However, one in eight papers lacked a local LMIC-affiliated first or last author. Moreover, half or more of articles discussing the gendered economic impacts of and women's leadership during the pandemic shared this problem.

LMIC author underrepresentation is a multi-faceted issue. LMICs are often motivated to pursue research partnerships with HICs due to local funding barriers: while LMICs represent over 80% of the world's population and 92% of its disease burden, they receive only 10% of funds budgeted for global health research (Shambe et al., 2023). Consequently, many LMICs are lacking in local research infrastructure, including established senior investigators, which limits their ability to provide in-country training; this may further undermine the perceived and practiced role of local authors in LMIC-HIC collaborations (Saleh et al., 2022). For example, for every million inhabitants, the US and UK have 4000 scientific researchers versus 198 across the African continent (Shambe et al., 2023). Other factors include the lack of LMIC representation among journal editors/reviewers, which may influence manuscript acceptance rates (Shambe et al., 2023), and language barriers that disadvantage non-Anglophone researchers and limit their visibility within English-speaking journals (Ghani et al., 2020).

Although there remains limited research specifically about why LMIC collaborators are excluded from authorship, several structural factors may contribute to this phenomenon. In a lot of research collaborations, HIC institutions control study funding and data analysis resources, allowing them to dominate decisions regarding authorship designation and order (Saleh et al., 2022; Rees et al., 2022). It can be hypothesized that because the research process is frequently conducted within HIC academic institutions and with English-language journals, LMIC researchers may face barriers related to language proficiency and reduced familiarity with publication norms or editorial expectations. Existing power imbalances between senior HIC investigators and LMIC collaborators may also discourage local researchers from contesting unfair authorship decisions for fear of jeopardizing future funding opportunities. Together, these structural inequities reinforce cycles in which LMIC researchers contribute substantially to studies conducted in their own communities while receiving disproportionately limited academic recognition.

POLICY RECOMMENDATIONS

Establish checks and balances within authorship guidelines

Currently, the most widely used method to limit multi-authorship as a function of academic dishonesty is promotion of authorship guidelines, such as those set forth by the ICMJE, which are designed to be usable by any academic journal (ICMJE, 2025). However, this is complicated by the fact that standardized guidelines may not be equally as efficient across all fields of study, such as public health, which frequently involves multidisciplinary work (Northridge, 1998). Additionally, the current disconnect seen between officially adopted definitions for warranted authorship versus researchers'

actual perceptions suggest that existing governance frameworks require actionable amendments that enhance specificity (Goddiksen et al., 2023). In general, further clarification of what appropriate authorship looks like in practice may help researchers adhere to guidelines, which tend to be somewhat ambiguous, e.g. as per the ICMJE (2025), “The criteria used to determine the order in which authors are listed on the byline may vary...”

Researchers are advised to decide who will be named author and in what sequence they will appear at the start of a collaborative project (ICMJE, 2025). To ensure this agreement is upheld, guidelines should offer examples of regular checks and balances to be utilized by group members as the work progresses, including but not limited to:

- Division of word count or manuscript sections before writing begins.
- Use of timesheets detailing duties performed during specific hours, and
- Tracking of edits made to shared documents.

Translating the expectations of standard guidelines into clear, measurable practices would streamline authorship delegation and ensure consistency across in-person and remote work.

Ensure accurate authorship attribution by principal investigators

Other guideline amendments or general academia-wide endorsements can be made to address specific forms of author misrepresentation. For example, Kuper et al. (2023) note that individuals who meaningfully contribute to all parts of a research project, except for manuscript writing, are frequently omitted from authorship on the basis of failing to meet all criteria. However, this often occurs not because the individual declined to write, but because they received no invitation to. The prevalence of this form of ghost authorship has even prompted the ICMJE to formally address it in their guidelines (ICMJE, 2025). It is recommended that principal authors inform collaborators, particularly those who partially meet authorship criteria, on how they may contribute to manuscript writing or review well ahead of the submission deadline. Despite the added effort, it can be argued that this constitutes part of the principal author’s leadership role, and typically proves useful to the project overall (Kuper et al., 2023).

Implement authorship determination scorecards

Disagreements on authorship designation and sequence are commonplace, especially when papers involve many collaborators of varied seniority and disciplinary backgrounds (Yankauer, 1987). While the ICMJE states that authorship is defined by the contributions made by the individual, not their official title (ICMJE, 2025), this does not always occur. The use of scorecards, such as those utilized by the APA, may streamline this process. The “Authorship Determination Scorecard” lists activities typical of a research project (e.g. data analysis, manuscript writing), each worth a set

number of points. (APA, 2014a) Group members are advised to jointly complete the checklist throughout the project's execution, such that the final sum of individual scores per category equals that activity's total allotted value (e.g. 20 points for literature search). Evaluation of point distribution across group members can thus inform who is named author, and in what order. The APA additionally provides a tiebreaker scorecard for determining authorship order when two or more collaborators have identical scores (APA, 2014b).

An alternative scorecard produced within Harvard University's Department of Psychology includes fewer sections, but provides detailed descriptions for each (Kosslyn, 2002). For example, it explains how to appropriately assign points within the "writing" category. The scorecard demonstrates clear adherence to standard ICMJE criteria, but translates them into clearly defined checklist items (ICMJE, 2025; Kosslyn, 2002). Use of point-based authorship determination scorecards throughout all stages of the manuscript creation process may be especially useful for ensuring equal consideration of collaborators who are frequently excluded from publications on the basis of their job title (e.g. "data analysts") (Wager, 2009).

Mandate guidelines to address LMIC author underrepresentation

While underrepresentation of local LMIC authors is an established and widely discussed issue, current guidelines fail to adequately address it. For example, the ICMJE criteria for authorship note that editors should be aware of the practice of local author exclusion in LMIC-based research publications, which warrants investigation and may lead to rejection if discovered, but no further guidance is provided (ICMJE, 2025). Rees et al. (2022) confirmed that the majority of global health journals adopt general authorship guidelines like ICMJE's, but highlight a serious lack of formal policy on LMIC authorship equity among them.

The insufficiency of current policies is evident across numerous studies on LMIC-based research inequities. For example, Ghani et al. (2020), who confirmed low rates of local author involvement across LMIC-HIC research collaborations, cite limited knowledge of authorship criteria as a chief contributing factor. Saleh et al. (2022) emphasized the contradictory nature of modern global health practice, despite frequent calls for a change in practice. Nonetheless, the lack of explicit guidance for authors and editorial boards alike allow this issue to persist and make even assessing its existence in submitted manuscripts difficult.

The editorial boards of some global health journals have called for the creation of guidelines mandating equitable authorship practices among LMIC-HIC collaborators (Rees et al., 2022). It is hoped that formal policy on local LMIC authorship becomes standard within the global health field. However, as stated by Rees et al. (2022), the existence of guidelines represents only the start of efforts to combat this issue. As previously discussed, if authorship criteria is to be translated into action, ambiguity must be avoided. Guidelines specific to LMIC underrepresentation should be created with the intention of shaping modern practice and promoting

cultural change, not merely “raising awareness.” In addition, they should also refrain from being overly rigid. For example, requiring the involvement of local LMIC authors in every global health paper regardless of the topic may result in “tokenism” rather than genuinely inclusive collaboration.

Introduce diversity and inclusion questionnaires

One example of an actionable policy comes from Cell Press: in January 2021, they announced a pilot practice wherein the corresponding author of LMIC-HIC collaborations completes a questionnaire on diversity, equity, and inclusion (DEI) within their conducted work on behalf of the entire group, with the option of publication alongside the paper (Saleh et al., 2022). The Public Library of Science (PLOS) issued a similar protocol to be implemented across its journals, asking authors to answer questions on various cultural and ethical factors, and to explain any lack of local authorship. Currently, these policies are either optional or by editor invitation only, but they are positive indicators of future change. Author DEI questionnaires provide a feasible mechanism to increase awareness of equity issues, encourage more inclusive research practices, and have the potential to become a standardized, systematic practice across journals.

Provide publication fee waivers for LMIC authors

Another practice that may be implemented by journals to directly address LMIC author underrepresentation is to waive publication fees, which may help combat the inequities in funding allocation that exacerbate this phenomenon (Rees et al., 2022). Only 51% of global health journals currently do so (Shambe et al., 2023), but some high-impact publications like Nature have already joined the movement: they accept primary research conducted by authors across over 70 LMICs for publication in Gold open access at zero cost (Fisher, 2023). Importantly, fee waivers are most effective when integrated within broader authorship equity reforms, policies, and frameworks rather than applied in isolation (Rees et al., 2022; Shambe et al., 2023; Fisher, 2023).

Increase LMIC representation on editorial and peer-review boards

Another recommendation is increasing the diversification of editorial and peer review groups by including more LMIC-affiliated members, as unconscious personal biases may be involved in decisions on LMIC-based manuscripts (Ghani et al., 2020; Rees et al., 2022). Increasing LMIC representation can strengthen editorial fairness, help mitigate geographic biases, and contribute to more equitable authorship practices across global health journals.

Enforce reflexivity statements and authorship assessment checklists

Recommending the use of reflexivity statements across all academic public and global health journals is a method to combat both unwarranted authorship/academic dishonesty and local LMIC author underrepresentation. The ICMJE strongly encourages editors to promote policies requiring authors to explain the contributions made by each cited individual, particularly for original research papers (ICMJE, 2025). This would help eliminate uncertainty and bring to light any attribution irregularities in both instances of multi-authored and LMIC-HIC collaborative papers, e.g. by requiring elaboration on how authorship was assigned (ICMJE, 2025; Saleh et al., 2022).

The accompaniment of an assessment checklist would subsequently facilitate editors in evaluating these statements. With regards to global health research, only one journal (BMJ Global Health) currently requires submitted manuscripts on LMIC-HIC collaborations to include these statements (Rees et al., 2022). This is an active call for public and global health journals, academic institutions, funders and researchers alike to consider and adopt reflexivity statements within their current practice as a means of addressing systemic authorship misconduct across modern academia.

CONCLUSION

Wager (2009) argues that misrepresentative authorship reflects a deeper ethical dilemma: if researchers cannot be transparent about who contributed to their work, how can readers be assured that the findings themselves are credible? Questionable practices such as honorary authorship and local LMIC exclusion should be taken seriously; they are often prerequisite to more significant forms of misconduct, and through their normalization, challenge the integrity of modern academia at-large. Until the fields of public and global health adequately address these issues, which are in many ways fueled by current governance systems, their core values of equity, transparency and accountability remain at risk (Ghani et al., 2020). This analysis of concerning trends in modern academic research aims to not only shed light on these practices, but additionally provide recommendations that may mitigate their materialization.

Other specific authorship-based ethical considerations warrant further investigation. First, the growing integration of artificial intelligence (AI) tools into academic writing has raised concerns about their potential to enable plagiarism, distort authorship responsibility and undermine research transparency (Hosseini et al., 2023; Salvagno et al., 2023). Secondly, evidence finds that COVID-exacerbated gender disparities continue to shape academic research. For example, women are consistently underrepresented as first and senior authors, especially in public and global health publications (Bell & Fong, 2020; Son & Bell, 2022). The authors are separately exploring each of the topics, and plan to present similar recommendations to be addressed in a follow-up paper. However, promising solutions have already started to come to fruition, such as use of e-mentoring to support marginalized female public health student researchers (Mahayosnand et al., 2021).

Further dialogue from members of the public and global health community on the subject of authorship and the points brought forward by this article as welcomed and encouraged.

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