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BMJ Paediatrics Open and the Global South: an open call towards editorial diversity and inclusion

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The Global South consists of 78 countries, ranging from middle-income countries such as China and India to low-income countries such as Afghanistan and Haiti.[1] It also includes high-income countries such as Saudi Arabia and all the countries in Africa, South America and South East Asia. Many of the countries in the Global South used to be colonies and the importance of South-South cooperation is recognised by the United Nations and the Finance Centre for South-South Cooperation.[1]

The majority of deaths in children under the age of 5 years occur in the Global South.[2] Sub-Saharan Africa accounts for more than half of all deaths in children under the age of 5 years.[2] In contrast, Europe, North America, Australia and New Zealand account for less than 2% of all deaths in children under the age of 5 years.[2]

Child mortality and morbidity is determined by both the economic situation in a country and the inequalities within countries. Nigeria (844 000 deaths) and India (783 000 deaths) have the highest number of deaths of children under the age of 5 years each year.[2] In contrast, the number of deaths of children under the age of 5 years each year in the USA, which has a larger population than Nigeria, is 25 000.[2] Similarly, China has a larger population than India, but fewer deaths of children under the age of 5 years each year (121 000).[2]

There are wide variations in under 5 mortality rate (U5MR) between countries in the Global South (table 1). Countries that have invested in free universal healthcare, such as Cuba, have lower child mortality rates. China has reduced extreme poverty, which has also had a beneficial effect on reducing child mortality.

It is important to recognise that the figures in the table are the mean for the country as a whole. Within countries there are differences between states. Both India and Nigeria have large inequalities in different sections of the population. In India, the U5MR ranges from 60 in Uttar Pradesh to 5 in Kerala and 4 in Puducherry.[3] Kerala has invested in health and education and this has resulted in better child health. There are also differences in the U5MR between urban (32) and rural areas (46) in India.[3] Child mortality is higher in rural areas, due to lack of access to healthcare.

The differences in mortality rates are even greater in Nigeria, ranging from 252 in Kebbi to 30 in Ogun (2018 data).[4] Kebbi is in the North of Nigeria where there is a high level of poverty, whereas Ogun is next to Lagos, the capital. The Nigerian Survey also highlights the differences in the U5MR between poor (173) and wealthy (53) households.[4]

Morbidity is as important as mortality. It is thought that 95% of the 53 million children under the age of 5 years with a disability live in low-income and middle-income countries.[5] The countries with the greatest number of children with disabilities are all in the Global South. Research in child health, however, is concentrated in the Global North. The aim of research in child health is to decrease child mortality and morbidity. If we are serious about reducing child mortality and morbidity globally, then we need to increase both the quantity and the quality of research from the Global South.

BMJ Paediatrics Open (*BMJPO*) has been publishing papers since April 2017. Of the 654 papers accepted by 9 August 2022, only 102 (16%) were from the Global South. We are keen to increase the number of submissions (and acceptances) from the Global South.

For low-income and middle-income countries that are on the Hinari lists, *BMJ* offers

Table 1 Under 5 mortality rates in 2020[2]

Country	Under 5 mortality rate (per 1000 live births)
Nigeria	114
India	33
Guatemala	24
China	7
Cuba	5

a full waiver on the article processing charge. *BMJPO* publishes research that is ethically and scientifically sound and clinically relevant. We do not reject papers on priority.

Our Editorial Board is predominantly from the Global North, as that is where the majority of researchers are based. We currently have seven editors from the Global South, and in order to increase the quantity and quality of research from the Global South, we plan to expand our Editorial Board.

We therefore invite applications from the Global South to join our Editorial Board. We are looking for three to four young researchers who are committed to improve the research base in their own country. They do not need to have editorial board experience—we are happy to supervise and train the researchers in this.

The minimum requirements are as follows:

- Have had a paper published in *BMJ Paediatrics Open*.
- Have reviewed a paper for *BMJPO* or another journal.
- A commitment to staying in their own country or maintaining an active affiliation with an institution in the Global South. We do not wish to deprive the Global South of their best researchers.
- Knowledge of the English language

We anticipate new members of the Editorial Board handling no more than one paper a month.

Applicants who are interested should send a mini CV (no more than four pages) and their reasons for wishing to join to Imti Choonara (Editor in Chief). We hope that greater representation of the Global South on our Editorial Board will increase the number of submissions (and acceptances) from the Global South.

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