

Published evidence about bias against research from lower-income countries: can we do something about it?

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We have always suspected it. Many colleagues, doctor friends and researchers from Latin American countries keep mentioning how difficult it is for them to publish articles in international journals, especially in high impact factor ones. Was this because their research came from lower-income countries (LICs)? Maybe. Is it easier for research coming from higher-income countries (HICs) to be accepted in journals? Probably. We never knew for sure whether this was true but finally there is research demonstrating that there is indeed bias against research from lower-income countries.

Together with other colleagues, we conducted research studies to elucidate whether the source of the research influenced the readers' perception of its quality and relevance. In the first study,¹ which was a pilot study, we used an online survey to invite 10000 public health researchers in the US to assess research abstracts that had the sources fictionalized to institutions and countries of either a HIC or LIC. Respondents rated one of the four abstracts significantly worse for relevance when its source was a LIC. As we had not controlled for the individual respondent, we explored this in more depth in a randomized, controlled and blinded cross-over study.² This time subjects were clinicians in the UK. We found that when the same individual rated that same abstract on two occasions they rated it significantly worse for quality, relevance and likelihood of recommending it to a colleague when the source was a LIC.

These studies show, for the first time, that cognitive biases are influencing readers' perceptions of the research abstract but does not show whether these are conscious or unconscious biases. Our other study³ explored this using an Implicit Association Test (IAT) developed by us and distributed through Project Implicit, from Harvard University. The IAT has been shown to detect biases by measuring how long it takes for the respondent to categorize seemingly inconsistent categories versus consistent ones and is a validated measure of unconscious biases. In our study, the majority of the 321 participants associated Good Research with Rich Countries, and Bad Research with Poor Countries.

One of the main consequences of these biases may be that valuable research, research that might help patients, improve healthcare and health systems around the world, is being overlooked simply because of where it is coming from. Equally, it may mean that research is being promoted, simply because it is from high-income countries. This is fundamentally unfair and runs counter to universalist norms and principles of science.

What is the impact of this for us in Latin America and Chile? First, it is good that this type of evidence is finally available, because we now know that something that previously was only a suspicion is actually real. Stereotype activation is automatic but stereotype application is controllable and should be addressed ac-

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cordingly. Being aware of these biases is the first step towards trying to address the issue. As Richard Smith, former BMJ editor, explains we can start working on avoiding these biases as much as possible.⁴ Incorporating reviewers from LICs, or blinding reviewers to country of origin or institutions could be part of the solution.

The message to the research community is that good research may come from anywhere, we must not let stereotypes interfere with our assessment of research, and that what really matters is its quality and content regardless of its country of origin. Now that we have the evidence, it is time to do something about it.

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