

We are delighted and honoured to take on the role as editors of the International Journal of Health Governance. In our first editorial, we would like to introduce ourselves, provide an overview of the last five years of the journal and its achievements, show how the journal has responded to the needs in the area of health governance in the COVID-19 environment and present our vision for the journal's future. We believe that our different professional backgrounds and areas of expertise will contribute to the journal's strengths and impact. Dr Irina Ibragimova has over 20 years' experience in information and communication technology (ICT) for health projects internationally (in the countries of the former Soviet Union, Central and Eastern Europe, and Africa), and for the last two years served as a Regional Editor (Europe) for this journal. Dr Helen Phagava, MD, PhD, MPH, has a versatile experience in non-governmental, academic and clinical sectors, has participated in the numerous international health-related projects and authored more than 70 scientific publications, including two monographs. She is now a lecturer at the Department of Epidemiology and Biostatistics, TSMU, Georgia, and her recent research interests are in the field of adolescent health, nutrition and medical education.

Five years in review

In 2016 the journal changed its title and scope, extending beyond a single focus on clinical governance, to include policy and governance research, incorporating social determinants of health, population health systems and population health protection and promotion.

Thanks to our authors, the journal's focus on diversity was achieved by publishing different types of papers, covering different countries' research and a great variety of topics (Figure 1).

Published papers presented research on health care systems and services of more than 30 countries and regions, as well as research with global/international coverage (Figure 2).

The journal dramatically increased the number of research papers and literature reviews, while lowering the number of viewpoints (Figure 3). The number of conceptual papers and general reviews remained without change. The journal succeeded in publishing research that presented all eight sub-functions of health governance (Barbazza and Tello, 2014), with the majority of papers investigating how the following three sub-functions were realized: formulating policy/strategic direction; organizational adequacy/system design and regulation (Figure 4).

Four special theme issues (antimicrobial stewardship in 2016, vaccine preventable diseases in 2017, maternity care governance in 2018, engagement and accountability with your community in 2019) were well received in terms of downloaded volumes.

All these developments were achieved to a great extent thanks to the vision, high professionalism and leadership of the two co-editors, who served in these positions for four years and literally reinvented the "face" of the journal: Dr. David Birnbaum and Dr. Michael Decker. They expanded (in geographic areas and perspectives represented) and effectively led the editorial team of regional editors and the global Editorial Advisory Board (EAB). Members of EAB helped to shape the journal's new aim and scope, promoted it in professional networks and served as editors of theme issues. Dr. Fiona MacVane Phipps, as a journal Review Editor, contributed greatly to journal visibility and usability, reader and author





Figure 1.
65 most frequent
keywords from IJHG
articles (2016–2020)

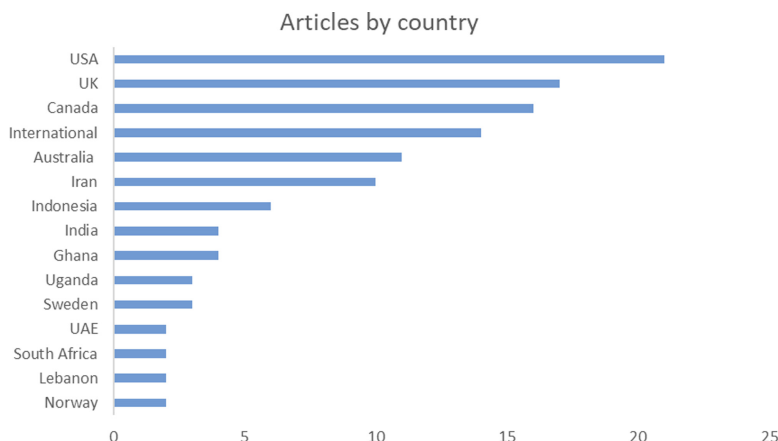


Figure 2.
Top 15 countries and
regions

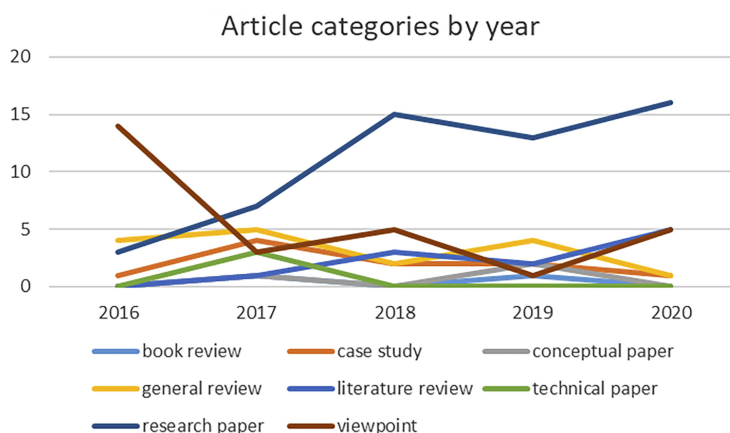
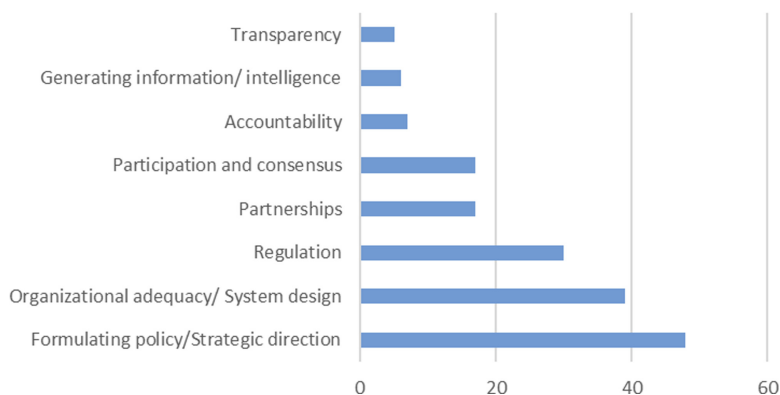


Figure 3.
Number of articles by
categories (2016–2020)



283

Figure 4.
Number of articles
by health governance
sub-functions
(2016–2020)

satisfaction by writing an overview of each issue, where the findings from all articles were presented in a succinct format; the major themes were described and references to supporting literature were provided. Many other professionals who contributed to journal growth were 170 volunteer peer-reviewers, who generously shared their time and expertise to conduct blinded reviews of submitted manuscripts, and all members of the support team at Emerald.

Recent situation and goals

The COVID-19 crisis presented new challenges and changes in many aspects of our lives, including production and publication of research. Initial predictions that the number of journal submissions in biomedical and health care field will decline because of lab closures proved wrong for many publishers; the situation is the opposite. “And while many of the increased journal submissions are good, the number of poor-quality submissions is also rising. This includes a large number of specious COVID-19 papers.” (Kaufman, 2020). That was also true for this journal.

“The scientific community’s response to COVID-19 has resulted in a large volume of research moving through the publication pipeline at extraordinary speed. “At the same time, it was important to assure that the scale of expedited publishing activities can be rapidly expanded without weakening the peer-review process”, otherwise such publications could “unfavourably influence the scientific and public discourse, resulting in confusion, poor policy decisions and public mistrust in science” (Palajew *et al.*, 2020).

One of the effective approaches suggested by researchers and decision-makers is to “commission and publish more scoping, narrative and systematic reviews to evaluate and synthesize COVID-19-related evidence” (Palajew *et al.*, 2020). On the other hand, such types of evidence-synthesis publications require following established methodology protocols, including systematic, transparent, reproducible and comprehensive search strategies. Health science librarians and information specialists “as expert searchers, can improve the quality of systematic review searches, methodology and reporting”, but they are rarely invited by journal editors to peer-review such publications. A recent study has shown “that the majority of librarians surveyed ($n = 228$, 78%) have not been invited to peer review systematic review manuscripts and that half ($n = 122$, 54%) of those not yet asked would be willing to do so” (Grossetta Nardini *et al.*, 2019).

In June 2020 the Canadian Health Libraries Association (CHLA/ABSC), the European Association for Health Information and Libraries (EAHIL), the Health Libraries Australia section of the Australian Library and Information Association (ALIA-HLA) and the US Medical Library Association (MLA) published a letter to the International Committee of Medical Journal Editors (ICMJE) (Iverson *et al.*, 2020) to encourage journal editors to actively seek information specialists as peer reviewers for knowledge synthesis publications and to advocate for the recognition of their methodological expertise. In response to this letter, we contacted members of the EAHIL, and twelve information professionals/librarians with experience in systematic reviews expressed their interest. They formed a team of “methodology peer-reviewers” for the IJHG and already provided first feedback on submitted manuscripts. One of their recommendations was to advise future authors when appropriate to register their review protocols with PROSPERO (an international database of prospectively registered systematic reviews in health and social care, welfare, public health, education, crime, justice and international development, where there is a health related outcome) (<https://www.crd.york.ac.uk/prospERO/>) or with Open Science Framework (<https://osf.io/registries>) (Lockwood and Tricco, 2020).

While we welcome all manuscripts that fit within this journal’s focus and scope, we particularly would like to encourage submissions related to priority topics identified by our Editorial Advisory Board for 2021, such as the role of health governance in health systems resilience, accountability and transparency of health systems, regulation in digital solutions for health care.

In the coming years, we will continue to welcome proposals for special issues, with a goal of publishing one special issue per calendar year. As always, we are happy to receive correspondence from potential authors who would like advice on whether their proposals would be suitable for publication in the International Journal of Health Governance. We also appreciate correspondence from subscribers who would like to suggest additional topics they feel we should cover, to build on the strengths of the journal and address areas of concern so as to strengthen the journal’s quality, relevance and impact.

We look forward to the new chapter of IJHG with the goal to inform best practice and continuous improvement for change-makers in research, government, healthcare systems or healthcare organizations, make a difference to the organisation and governance of health care and promote a true international and inter-professional dialogue on these issues.

Irina Ibragimova and Helen Phagava

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