Editorial Commentary

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The perils of medical journal editorship in developing countries

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Editors of medical journals need specific skills to acknowledge their readers' needs, should be familiar with publication practices, and exercise editorship. It is not unusual that editors of biomedical journals published in developing countries, however, do not have any formal training for their craft and may do their jobs out of interest or simply because they have been assigned to the position. Almost all of them find their way through trial and error among the various pushes and pulls to which their information products are subjected.[1]

I have carried out my job out of interest for *African Journal of Paediatric Surgery* (*AJPS*) from 2004 till date, as its founder, managing editor and editor-in-chief. Let me confess here that editorship is to be learnt, it is not God-gifted. Within this period, we have managed to get the journal indexed in Index Medicus/Medline/PubMed, besides many other indexations. Voluntary editorship of a medical journal is a very stressful work. At this juncture, I wish to share with the international medical community the perils that medical journal editors in developing countries face.

The three main practical areas of focus for the editors are policy and procedures, people and product. As a managing editor, I always expect to be under immense pressure in the course of bridging between the "elite" members of the board, office staff, authors, reviewers, printers, subscribers, advertisers and well-wishers. The editor needs to have a clear vision of the aim and goals of the journal, and of the constituency the journal serves. Naturally, it is the managing editor who is "blamed" for every bad thing, and is forgotten at the time of "cheers".

While the mainstream journals (in developed countries) primarily have problems with authorship/contributorship, conflict of interests, or ethical issues in conducting research and publication, editors of small medical journals in developing countries face more fundamental problems including lack of an infrastructure for running a journal, insufficient funding, lack of expertise in desktop publishing, low visibility and problems with indexation in international indexing services, particularly Medline, problems with absorbing high-quality research articles, shortage of quality manuscripts, and lastly, poor quality of reviewers.[1,2]

The vast majority of medical journals in developing countries are produced in an unfavourable environment characterised by low resources and infrastructure available for research, as well as very poor research and publishing culture. Lack of a dedicated office with permanent staff is another epidemic plaguing medical editorship in developing countries. It is not surprising to find many journals surfacing as a flash, easing off, resurfacing and then finally melting away. This is because a journal that has no functional editorial office cannot survive for long. There must be at least a few full time employees. Members and advisors of editorial board may come and go but the permanent staff maintains the essential link. Unfortunately, this potential is hardly ever achieved due to lack of funds.

From my experience, lack of fund remains a huge obstacle militating against successful medical journalism in developing countries. Unlike in other parts of the world, the pharmaceutical industries hardly support medical journalism (not even through adverts!) in this part of the world. For instance, we have run *AJPS* from personal purse with very sparse advertisement for nearly a decade now. In 2010, the financial burden of running *AJPS* became so heavy that we hoped to lighten the burden by charging the authors at a token of US$ 50 per article. This did not go down well with authors as evidenced by a substantial reduction in the article submission rate! There was an outcry with verbal

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protests against this move and it became obvious that the consensus was that articles should be published at no cost! I guess your question is as good as mine: How would the journal continue to be financed or managed?

Many journals in developing countries have visibility–quality article complex (VQC). Raising the visibility and reaching international audience are the issues that concern all the journals, particularly in middle- and low-income countries. Although visibility at the local level is essential, the international visibility and recognition is the goal every editor needs to pursue. Increased global visibility helps to build the scientific reputation of the journal, which in turn enhances the content it publishes. Visibility for a journal is enhanced through indexation, which in turn requires quality article contents. Medical journal editors in developing countries should strive to improve the visibility of their publications by improving their quality: attracting the best papers, inviting interesting and relevant commentaries, soliciting review articles and practice updates that are genuinely useful to readers, and so on. Sometimes, editors may need to beg for quality articles from recognised researchers and writers in order to break the VQC vicious circle and get indexed.[3] Indexation transforms the journal in some sense from its local ownership to become the property of the worldwide professional community and the public.[4] One way to attract manuscript is timely publication (deadline/timeliness). There is just one deadline that is important in editorship: it is bringing out the issue in time. It is advised to always keep a queue of ready articles and never try to make last minute entries.

Medical journals in developing countries frequently suffer a dearth of articles. Thus, editors are under pressure to publish what they may sometimes consider poor-quality research article, just to keep the journal alive. Authors aspiring for promotion prefer to send their well-written articles to overseas journals (some of which are actually comparatively substandard) because there is a high premium placed on articles published in foreign journals ("offshore" articles). On the other hand, foreign authors contributing to journals in developing countries seem to submit only case reports and low-rated articles that had been rejected by other high-profile journals. This constitutes a worrisome development on the part of the editors who, at the same time, wish to improve the overall quality of the journal and widen their audience. These competing demands often lead to discouragement and despair, particularly for editors whose journals are not yet indexed. The editors in developing countries have an additional stringent task of avoiding their journals becoming a dustbin of wastes through thorough editing work.

Authors are the souls of any journal, and they deserve respect; "No author–No article–No journal". Unfortunately, authors constitute one of the biggest "problems".[3] Authors in many developing countries lack the usual "research/publishing culture". Paradoxically, as in other regions, they are required to conduct and publish research in order to gain promotion. Consequently, authors in the academia in developing countries tend to write articles for selection, "classification", and eligibility for promotion only,[3] since for them, "you either publish or perish". They come to realise that "article is a must" when the "selection/promotion exercise" is just around the corner. This habit always breeds haste on the part of the authors. One of the problems this brings up mostly is the request for "acceptance letter", or to jump the queue sheet and publish/print early. My attitude to this is always "Don't make me hurry for your lack of planning", although at times refusal becomes very embarrassing and "politically" dangerous. It is preferable to make enemies rather than compromise on queue sheet of articles. Once authors start realising this principle, they would stop pressurizing. Perhaps, blocking the use of acceptance letters for promotion purposes by relevant assessment boards is also advised to stop this sort of fire brigade approach to publications in developing countries.

Reviewers are the "Central Processing Unit" of any peer-reviewed journal. Unfortunately, expert reviewers with sufficient working knowledge of epidemiology, statistics and medical writing, and who return the article within the deadline or at the most immediately at first reminder, are scarce, if not non-existent, for editors of many journals in developing countries. The problems related to reviewers faced by editors in developing countries include finding appropriate reviewers, pursuing reviewers to return articles in time, and keeping the reviewers interested in journal. Since all these three problems appear to be "universal", it is perhaps prudent to keep on looking for new reviewers and never be satiated with the list of those already in the "bank". The use of an online manuscript submission facility to invite reviewers can be quite helpful in this regard as it expedites the review process. Invitation of reviewers through e-mails may similarly facilitate review and reduce cost.

It is desirable to, as much as is technically possible, take the editorial board into confidence before making any

important decisions. The editorial board is a gathering of important people who decide what needs to be done and the meetings should ideally be as frequent as possible to periodically assess and incorporate new things and keep the journal alive. Unfortunately, organising a board meeting is the most stressful thing in developing countries, especially on volunteerism basis. Most members of the editorial board are there to just have this "honour" in their "resume". Fellow editors have to be pushed to extract work out of them. Shorter the board, better the journal is.

Finally, it is very important for editors to be abreast with the changing trends in medical journalism. For instance, since September 2005, it has become mandatory for journals following "Uniform requirements" to print only those trials that are registered. It behooves the editors to follow "Uniform Requirements of International Committee of Medical Journal Editors" and religiously follow any change or updates. Editors need to learn about it and educate researchers and authors about it, if their journals must meet international standard and indexation requirement. Editors in developing countries, therefore, reasonably require their own specific training courses and associations responsible for catering to their different needs. To help medical editors working in Africa, who are in need of a forum or network for exchange of ideas, for example, several associations like Forum of African Medical Editors (FAME) and Eastern Mediterranean Association of Medical Editors (EMAME)[1,5] have been established. Although these fora may have not completely addressed the problems faced by editors of small journals, they certainly have all provided valuable services in educating medical journal editors.[5] Editors in developing countries are encouraged to join international bodies like the World Association of Medical Editors (WAME) and Committee on Publication Ethics (COPE), which have a LISTSERV® that discusses and teaches most of the editorial issues.

In summary, journals in developing countries, like their counterparts in industrialised countries, wish to become part of the mainstream of scientific publishing. A vicious circle of VQC exists, with the result that fewer than 2% of the journals published in developing countries meet the international requirements to be indexed.[4] Many authors feel that there is a stigma attached to their articles being published in a non-indexed journal, so they send their work to indexed journals. The lack of qualified and reliable reviewers forces small journals in developing countries to open the gates too wide and use reviewers who might lack the necessary knowledge. These journals have a small readership and fewer advertisements and are therefore strapped financially; this makes it difficult to keep up with changing technology.

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