

## EDITORIAL COMMENTARY

### GETTING BACK INTO MEDLINE

In this last issue of the year 2003 it is important that we take a look at the journal and recognise some of those who have brought us where we are now. The end of 2003 also marks the end of the fifth year of this particular Editorial Committee. The journal now comes out four issues a year with an average of eight articles an issue. The Editorial Committee and the Advisory Board deserve our congratulation for keeping the journal going in difficult times. It is important to appreciate that all editorial staff are voluntary. This means that journal activities are on top of their regular job and other responsibilities. Our reviewers deserve our gratitude for their contribution to the journal and its contents. For a journal to be considered peer-reviewed this process is an important one. Finally, authors who submit manuscripts for publication provide us with the reason for our existence. While each one of these actors is important to the success of the journal, there is lots of room for improving the quality of the journal. Currently efforts are being made to get the journal back on Medline/Pubmed. The journal was excluded from *Index Medicus* in the 1970s. It is very important that we all work towards this objective as the advantage of such citing is clear to all who desire to publish in medical/scientific journals.

For this to happen, there is the need to improve on some practices that will contribute to augmenting the quality of the journal. Some of the problems that affect the journal include poorly written manuscripts, delays in reviewers submitting their comments, delays in authors responding to the reviewers' comments and editorial committee members minding promising manuscripts. In addition, there are occasions when important flaws are detected at the final stages of manuscript approval leading to frustrations in going to press. The journal's circulation is limited mainly to the local membership of the Ghana Medical Association and this also needs to be improved if the journal is to be financially sustainable.

The journal is making all efforts to rise above these challenges and regain the prominence it once had in African medical publishing. These problems are not peculiar to the Ghana Medical Journal. Most medical journals in Africa have similar problem.

In a survey carried out by UNDP/World Bank/WHO Special Programme for Research & Training in Tropical Diseases (TDR)<sup>1</sup> editors from 66 journals from 26 African countries replied. The results showed that majority of journals are owned by academic institutions, have small circulation (24 journals have circulation under 5000), lack adequate funding, have difficulty maintaining publication frequency, are peer-reviewed, have high acceptance rates (>60%), publish new research, and are rarely indexed in major databases. In addition, most of the editors who replied to the survey reported that they have access to the Internet and use e-mail regularly and would welcome training and an access to electronic network of other editors.

At a subsequent meeting held in Geneva in October 2002 African Medical Editors identified several factors that impede their journal. These included improving journal distribution mechanisms, strengthening technological infrastructure and the skills to use it (in-house publishing including desktop publishing skills), strengthening editorial, production and marketing skills and fund raising. The Editors also recognized the following as important to their journal: sustaining journal publication over time, setting up evaluation mechanisms to take into account the needs of readers, reviewers, editors and authors and skills and means to build web-sites to give greater visibility to journals

#### Forum for African Medical Editors (FAME)

Taking the commonality of constraints affecting publication of medical journals from Africa, there was unanimous call for the creation of mechanism(s) for the coordination of activities related to medical journals. This then resulted in the formation of the Forum for Africa Medical Editors (FAME). With support mainly from WHO/TDR FAME was formally established at a meeting in Addis Ababa in September 2003. The objects of FAME as stated in her Constitution include: the promotion of higher education and continuing medical education, promoting the best of scientific medicine in order to improve the health of the public, facilitating co-operation and communication among editors of medical journals through out the world, improving editorial standards and promoting professionalism in medical editing through education, self-criticism, and self-governance. FAME

also seeks to promote research in peer review and medical editing and co-operate with any National or international body which pursues objectives similar to or compatible with the aforesaid objects. FAME has its constitution adopted and has also produced guidelines for African Medical Editors.

### **North-South Partnerships**

At the meeting in Geneva in October 2002, several of the major medical journals and organisations present indicated their willingness to assist African medical journals improve their production. Consequently the Fogarty International Centre, the National Library of Medicine and the National Institute of Environmental Health Sciences of the National Institutes of Health, USA, organised a meeting at which a partnership arrangement between four selected African medical journals and five major 'northern' medical journals was discussed and adopted. The Ghana Medical Journal is twinned with the Lancet. The other African journals are Mali Medecine with Journal of the American Public Health Association and the Environmental Health Perspective, Africa Health Sciences (Uganda) with the British Medical Journal, and Malawi Medical Journal with the Journal of the American Medical Association. The partnership is expected to contribute to the overall goal of increasing the visibility, availability and recognition of African medical

journals and promoting the timely dissemination of research findings in Africa.

With all these developments, there are opportunities for our journal to improve its editorial processes, writing skills of authors, office equipment and communication. These improvements would be facilitated through workshops, exchange programmes and training on specific needs.

We anticipate that we will take advantage of all these opportunities to move the journal to a new level of quality and visibility. We, however, cannot do this without the support of our readers and contributors. We will therefore conduct a reader's survey very soon to get your inputs on how best to move the journal forwards.

### **REFERENCE**

Meeting Report: Consultative meeting and workshop for strengthening African Medical Journals October 2002 UNDP/World Bank/WHO Special Programme for Research & Training in Tropical Diseases. TDR/RCS/FAME/03.1 Geneva, Switzerland

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