

Partnerships in publishing and developing world publications

The deliberations that led to the emergence of the *African Journal of Psychiatry*, saw as part of that process the agreement for an association with *International Psychiatry*, a publication of the Royal College of Psychiatrists in the United Kingdom. *International Psychiatry* is more specifically a publication of the Royal College of Psychiatry's "Board of International Affairs" whose aim, through *International Psychiatry*, was to create a publication that serves both College members and psychiatrists around the world, providing them with an overview of both current practice and policy in different countries. Given that such a publication exists, surely rather than add another title why not simply encourage potential authors from Africa to utilize *International Psychiatry* (www.rcpsych.ac.uk) or even the official journal of the World Psychiatric Association, *World Psychiatry* (<http://www.wpanet.org/publications/journalwpa.html>)? In reality, they do and in doing so provide a critical window for the rest of the world into ours. However, such publications cannot cater for Africa exclusively and as such, African psychiatry requires a dedicated platform for both encouraging and promoting scientific endeavour that not only informs the continent but contributes to world knowledge. In this sense, the association of the *African Journal of Psychiatry* with *International Psychiatry* is strategic. This insofar as there are synergies between the publications. Specifically that developments in African psychiatry would, and should, be of some interest to the international community of psychiatrists and obviously vice-versa. In this regard, one of the initial outcomes of this association will be the carrying of contents pages whereby the readerships of either journal will have awareness of published content in each journal. It should be borne in mind that *International Psychiatry* is a quarterly publication with distribution to 12 000 members. Further, Professor Hamid Ghodse, in his capacity as the Editor-in-Chief of *International Psychiatry* will take up a position on the editorial board of the *African Journal of Psychiatry*, and vice versa for the Editor-in-Chief of the *African Journal of Psychiatry*.

The benefit of such an agreement to African psychiatry is that it gives African psychiatry an automatic international profile. This is important, specifically given that developing world countries appear to be somewhat shortchanged in terms of their representation in Western publications.^{1,2} Such publications account for what is generally viewed as state of the art knowledge in the represented disciplines, both in terms of original research and systematic reviews. A number of recently published studies, in relation to Psychiatry, have created awareness of the reality of relative under-representation of developing world content published in so-called major (international) journals.^{3,4} In both the medical^{1,2} and psychiatric^{3,4} journals surveyed, approximately 6% of publications emanated from countries outside of

Western Europe, North America and Australia/New Zealand i.e. the "Rest of the World" (RoW). In the case of Psychiatry, the figure of 6% for the period 1996-1998 reflected the contribution of RoW countries³ whereas when an alternative measure was used i.e. the World Bank criteria of low - and middle - income (LAMI) countries⁴, the figure was even lower i.e. 3.7% of all publications emanating from LAMI countries. Further review of the data¹⁻⁴ revealed that with respect to both medical and psychiatric publications emanating from the RoW, the bulk of these publications are from Japan, Israel, India and China with these countries accounting for approximately a third of RoW contributions to the medical literature and two thirds of such contributions to the psychiatric literature.^{1,3} With respect to such publications in medical journals, only 31.1% were entirely independent efforts from the RoW countries¹, whereas for publications in psychiatric journals this figure was 70%.³ Based on the aforementioned data, it would appear that RoW contributions to psychiatric journals are somewhat "healthier" than those to medical journals in that the spread of RoW countries is greater, with less dependence on non-RoW involvement. However, it should be noted that when using income as a defining variable, approximately 50% of published research from LAMI countries was led by authors from high income countries.⁴ Remarkably, in a review of publications from leading journals in tropical medicine only 1.7-7.7 % of such publications for the period 2000-2002 from the six highest ranking journals, were generated exclusively by scientists from countries with a low human development index (HDI).⁵ This against a background of the global burden of infectious diseases being predominantly concentrated in the developing world⁶, which constitute countries with the lowest HDI scores. The HDI is a measure developed by the United Nations that reflects the development of a country using the Gross Domestic Product together with adult literacy and life expectancy to derive a figure between 0-100 whereby a score of 80 and above represents high, 79-50 a medium and below 50 a low HDI score.⁷

In essence, only a small minority of data in the international literature relate to the vast majority of the global population. Whilst this reality highlights a bias, which at first glance may appear prejudicial and discriminatory, it may simply reflect a legitimate prioritization of material suitable for publication, both in relation to the specific journal's focus as well as their readership's interests. In addition, the quality of submitted material does not seemingly meet the requisite standards for publication in such journals. Given the apparent under-representation, the question arises as to whether the existing publications in fact simply constitute the sum total of African research output i.e. that it is not the journals that under-represent African output but that African output is far less than what it should be. The suggestion is that this may well be the

case, further compounded by the rejection rate of submitted material from African authors.⁴ Of concern is that African content appears either not to reach minimum standards or does not present data that is deemed of value to a non-African audience. Either of these issues can be addressed through a developmental approach to the appraisal of submitted manuscripts, but more fundamentally through enhancing existing and creating further research capacity within Africa. If there are concerns about the extent to which developed world material guides clinical practice in terms of evidence¹, it is surely incumbent upon the developing world to take responsibility for this state of affairs. Much of what is written highlights the issue of inequity, with a strong suggestion that developed world institutions have something of a responsibility and obligation to reduce inequity. At some level one cannot argue this sentiment, but what about additional initiatives from within? In this regard, the creation of a psychiatric journal for the continent represents an important step towards creating a more cohesive and accessible indigenous knowledge base. African content published in international i.e. non-African journals is often not accessible to African practitioners, who are not necessarily even aware of the existence of such material. This raises an important issue, namely the creation of an open access repository of all published material that relates to African data. Such data should not only constitute researcher driven material, but also all data arising from pharmaceutical industry sponsored drug trials that tend to be multinational and when published do not specifically reflect African content. Sporadically, such content is published and as a consequence provides unique and significant insights into African research populations that has implications for local practice.⁸ The significance of local data is well illustrated by the findings of a study that sought to establish the impact of the source of research. For physicians in developing world settings it was found that local research and publications were most likely to bring about change in clinical practice.⁹ Hence the need for both local data and publications. Given the paucity of mental health publications in Africa, with those that are known to exist seemingly of South African origin¹⁰, a journal for the continent should serve a similar purpose. In addition, and for what it is worth, the Australian experience of increased publications being related to increased expenditure on health and medical research serves as a reminder that government policy certainly has a role to play.¹¹

Whilst the focus of this discussion relates specifically to journal publications, the recent emergence of African textbooks, edited and authored by African psychiatrists and allied medical professionals should not be underestimated.¹⁰ Specifically in the light of recent pronouncements on the dearth of books produced by African academics.¹² One of the suggested reasons appears to be a lack of confidence which may relate both to individual ability as well as robustness and relevance of material. Certainly this may play a role, but issues

of time to write and the cost of publishing may be as important. In addition, awareness of those publications that do exist may not be as widespread as it might.

Returning to the issue of partnerships in publishing, the move towards strategic and synergistic relationships ultimately leads to the creation of networks which promote both awareness and exchange of information. In this regard, the association between the *African Journal of Psychiatry* and *International Psychiatry* represents a significant step in this direction.

Christopher P. Szabo
Editor-in-Chief

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