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EDITORIAL

IMPROVING CAPACITY AND ACCESS TO INFORMATION GENERATED LOCALLY: THE CASE OF ETHIOPIAN MEDICAL JOURNAL

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It is nearly 60 years now since a few visionary and bold souls launched the first Issue of the Ethiopian Medical Journal (EMJ) (1). To date, EMJ has published well over 1,660 peer-reviewed articles, which appeared in 57 volumes (228 regular and 20 supplemental issues) of the Journal. Most of the articles published in the EMJ have focused on clinical and laboratory medicine and issues of public health concern, and the areas covered have largely evolved with the changes in the epidemiological pattern of health problems. Of 1,660 the articles that the Journal has published to date, 1,121 (67.5%) were original articles. In terms of content, infectious diseases have constituted about a quarter of the published articles, and those on infection with human immunodeficiency virus (HIV) and tuberculosis (TB) have shown a dramatic increase over the last two and half decades. Research papers on chronic non-communicable diseases (NCDs) have accounted, on the average, for some 17%.

A review which assessed the health research landscape in Ethiopia covering the period between 1997 and 2011 (2) showed that communicable health problems constituted some 16.8%, family/maternal and child health 14.9%, biomedical research 13.2%, and non-communicable diseases 11.5%. Other categories of diseases covered by the EMJ with proportions ranging from 1.7% to 9.6% included environmental and occupational health, nutritional health problems, modern and indigenous health technologies, and pharmaceutical and health services research. The results of this comprehensive review as well as anecdotal observations suggest a shift in the type and number of different categories of articles published in EMJ, which reflect the nature and magnitude of health problems in the country.

EMJ launched online publishing in 2010 starting with volume 45 and provided updated and more comprehensive guidelines to contributors (3). Recent reviews of the history of EMJ have concluded that the journal has been instrumental in disseminating timely and relevant information to physicians and public health experts delivering service in Ethiopia and beyond (4,5). The interest and hard work of many physicians, basic scientists, and public health experts to doing research and submitting manuscripts to EMJ and the dedication of reviewers and editors not hindered by busy work schedules and other limitations have made this possible.

On the other hand, it is worth noting that the articles accepted for publication in EMJ are oftentimes and, out of necessity, selected from among papers written based on less extensive works employing relatively non-rigorous methods (6). A review of manuscripts submitted to EMJ during the last four years conducted with an aim of describing the performance of EMJ peer-review and editorial processes documented that only some 25% of the manuscripts were rejected each year. In contrast, for example, the Lancet and the New England of Journal of Medicine, journals with stark high impact factors, reject about 80-90% of submitted manuscripts.

There is substantial gap in the rigor of scientific evidence generated by the articles submitted to EMJ. The Journal has re-emphasized the need for additional technical scrutiny of the articles submitted, ensuring that ethical considerations are adequately addressed, and the need for obtaining institutional administrative clearance by authors before the articles enter the peer review process (4). There is a need to enhance the knowledge and skills of authors and reviewers of EMJ to improve the quality of articles and expedite the process of reviewing and publishing manuscripts well in time. Systems to support the engagement of young physicians and early-career scientists to use EMJ as an heir outlet for reporting their research outputs need to be established.

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Owing to the shortage in skilled, experienced and well-motivated reviewers, the reviewing of manuscripts is, more often than not, less intensive and not adequately critical. The turn-around time in the review process, by and large, is lengthy and a paper may undergo a series of reviews, revisions and re-submissions before finally being accepted or rejected. While multiple factors could have contributed to the overly lengthy review process, the type and quality of manuscripts submitted to EMJ constituting the major factors.

Recent EMJ editorials have emphasized that relevant and good quality evidence is imperative to introduce, consolidate, improve, and scale-up the delivery of health care services (7). The EMJ has underscored the need for quality evidence generated though well planned and carefully conducted epidemiological studies to inform policy and clinical and public health practice (8,9). Indeed, well synthesized and properly disseminated scientific information is the linchpin of sound medical practice (10) and there have been efforts to systematically introduce and promote this since the early 1990s (11).

The best evidence is usually found in clinically relevant research that has been conducted using sound methodologies and made accessible through publications. In Ethiopia, the experience of EMJ has amply shown that there is a critical need to enhancing research capacity and increasing research outputs, both in terms of number and quality of evidence generated. More importantly, in the immediate-term, there is an utter need to improving access to the research outputs by creating mechanisms that encourage contributors to publishing good quality research outputs local reputed rather sending them overseas.

REFERENCES

1. Letter to the Editor. Ethiop Med J 1962;1(2)
2. Lulseged S. Editorial: In the Footsteps of Dr. Johan F. Otto and Dr. Oscar B. Barry. Ethiop Med J 2002;40(3).
3. Ethiopian medical journal. Guidelines for the Authors. Ethiop Med J 2016;54(2):101-105
4. Enquselassie F. Ethiopian medical journal. An overview assessment of the last 50 years. Ethiop Med J 2012;50 Supplement (1):4-22.
5. Demissie M. The need for increased access to good quality evidence to improve patient care. Ethiop Med J 2016;54(2):1-2.
6. Lulseged S. Editorial: Improving quality of the Ethiopian Medical Journal: Current challenges to changing the tide. Ethiop Med J 2016;54(1):1-2.
7. Lulseged S. Editorial: Breaks in reporting of research results: Where do we go from here? Ethiop Med J 2016;54(4):1-2.
8. Lulseged S, Aseffa A. Clarion Call for more Clinical Trials. The Case of Ethiopia. Ethiop Med J 2002;40(2)
9. Lulseged S. Editorial: Evidence to Inform Policy and Action: Going with the Flow. Ethiop Med J 2004;42(3)
10. Habte D. What Goes Into The Ethiopian Medical Journal? Ethiop Med J 2017;55(3):1.
11. Editorial. What is the purpose of medical research? Lancet 2013;381:347.
12. World Health Organization. The WHO Strategy on Research for Health. WHO, 2012, pp17-18.