

Medical journals

in the Eastern Mediterranean Region

Report of a conference
Cairo, Egypt, 7–9 October 2003



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Executive summary

Introduction

The World Health Organization (WHO) Regional Office of the Eastern Mediterranean (EMRO) organized, in collaboration with the Saudi Medical Journal, the First Regional Conference on Medical Journals in Cairo, Egypt, from 7 to 9 October 2003. The conference was held at the premises of the Regional Office. It was preceded by a one-day workshop for editors of medical journals in the Region. The objectives of the conference were to:

- review the current status of medical journal publishing in the Region;
- assess the problems and constraints facing medical journals in the Region;
- develop guidelines for quality of medical journal publishing in the Region;
- develop and propose a code of ethics for medical journal publishing in the Region;
- analyse trends in journals publishing in the Region;
- promote collaboration and networking among editors of medical journals.

The opening session of the conference was addressed by Dr Salah Baghdadi, Director of Programme and Contracts Department, Medical Services, Armed Forces Hospital, Riyadh, on behalf of the Saudi Medical Journal. He noted the interest of the Saudi Medical Journal not only in being a medium for publishing articles, but as a means of education and academic leadership. The Conference was inaugurated by Dr Abdullah Assa'edi, Assistant Regional Director, on behalf of Dr Hussein A. Gezairy, WHO Regional Director for the Eastern Mediterranean. In his message to the conference Dr Gezairy noted that the convening of the Conference was a sign of recognition by the Regional Office of the role that the medical journal plays in promoting health research and in health care delivery. He said that health care professionals in the Region made more use of information provided by pharmaceutical companies and international journals than they did of locally produced health information, although it was estimated that over 400 medical journals are published in the Region. This raised important questions about, among other things, the extent to which journals reflected the health and biomedical research being conducted in the Region, the degree to which journals contributed to solving the health problems in the Region, and the seriousness with which academic and professional institutions regarded medical journal publishing. A major concern in the Region, said Dr Gezairy, was the under-representation of regional medical journals in the international literature. The conference was an effort to bring medical journals in the Region to the highest attention of researchers, academics, decision-makers and planners. The exchange of views, experience and sharing of future visions in the next few days would form a basis for a regional development plan for medical journals in the Region.

Conference sessions covered the status of and trends in medical journal publishing in the Region, problems and constraints faced by medical editors, quality and ethical issues, and promoting networking and information dissemination. Four keynote presentations were made on: published research in the Eastern Mediterranean Region, a survey of medical journal publishing in the Region, equitable access to scientific and technical information in health, and quality of medical journals with special reference to the Eastern Mediterranean Health Journal. In addition 23 papers were presented on a wide range of subjects, reflecting the situation and trends in different countries of the Region and the commonality of problems faced by journal editors. Around 80 participants attended the conference from 19 countries of the Region and beyond. Participants included editors and staff of regional medical journals, as well as other interested participants from institutions in the Region.

Conclusions

The conference participants identified a need to improve skills of editors and reviewers of regional medical journals. Need to improve the quality of regional medical journals was noted and it was felt that better representation of the regional journals in the international indexing services would be instrumental in encouraging this. Communication between the editors of the Region was also felt to be vital to improving quality.

The participants also agreed on the need to establish an association of medical editors in the Region. For this purpose, a coordination committee for the establishment of the Eastern Mediterranean Association of Medical Editors (EMAME) was convened. The committee will gather information and will contact and invite editors of all biomedical journals in the Region to participate in the association. The committee will develop a constitution and practice guidelines. It will also contact the World Association of Medical Editors (WAME) and the Forum for African Medical Editors (FAME) to inform them of their establishment as a sister association. A general assembly will be called for at the next conference to approve the constitution. The participants took special note of the establishment of FAME and acknowledged the work that it has accomplished so far in developing its constitution and editorial guidelines. The coordinating committee will contact the Chairman of FAME regarding building on its work in developing the EMAME constitution and guidelines. It was agreed that Dr Basim Yaqub will coordinate the function of the coordinating committee, and all members will contact their fellow editors in their parts of the Region (see below for contact details).

The participants in the conference thanked the Regional Director and the WHO secretariat for organizing and facilitating the conference and pre-conference workshop, and for their support for the various initiatives outlined in the recommendations. They also thanked the Saudi Medical Journal and staff for their involvement in initiating and organizing the conference.

The Saudi Medical Journal announced that it would publish the proceedings of the conference, including the full papers, as a supplement to its issue of January 2004 and offered to host the next conference and workshop in Riyadh in November 2004, in collaboration with WHO EMRO. A report of the meeting will be issued shortly by WHO EMRO.

Recommendations

Member States

1. Training courses for editors of regional medical journals and reviewers of such journals should be conducted on a continuing basis at national and regional level.
2. Editors of regional medical journals should make efforts to fulfil the necessary criteria for inclusion in international indexing services and ensure that their journal is included in national and regional indexes.
3. A regional association of medical editors should be established, and the details developed by the coordination committee for the establishment of the Eastern Mediterranean Association of Medical Editors (EMAME) for presentation at the next conference.
4. Editors of regional medical journals should support the coordination committee for the establishment of the Eastern Mediterranean Association of Medical Editors (EMAME) by providing ideas and relevant information and informing other editors of its existence and the outcome of this conference.

5. A second regional conference on medical journals should be held as soon as feasible and practical, and should again be preceded by a regional training workshop. Successive conferences should ensure that similar training opportunities are always included.
6. Editors of regional medical journals should exchange existing training materials on medical editing and peer review through the facility of the EMRO portal so that national courses can be developed and/or enhanced.
7. Editors of regional medical journals should develop, as a minimum, a web page for their journal in order to ensure journal details are available for capture on the internet. Efforts should then be made to develop their websites as resources permit.

WHO

8. The Regional Office should support national and regional training activities for editors and reviewers of regional biomedical journals.
9. The Regional Office should facilitate the improvement of regional representation in international indexing services through liaison with the services concerned.
10. The Regional Office should create a listserv for medical editors in the Region to exchange information.
11. The Regional Office should establish a portal for regional biomedical journals and a directory of regional medical editors to enhance exchange of information in the Region.
12. The Regional Office should facilitate exchange and gift programmes between medical journals and libraries in the Region.

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1. Introduction

The World Health Organization (WHO) Regional Office of the Eastern Mediterranean (EMRO) organized, in collaboration with Saudi Medical Journal, the First Regional Conference on Medical Journals in Cairo, Egypt from 7 to 9 October 2003. The conference was held at the premises of the Regional Office. It was preceded by a one-day workshop on medical journals. The objectives of the conference were to:

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- analyse trends in journals publishing in the Region;
- promote collaboration and networking among editors of medical journals.

The conference was opened by General Dr Salah Baghdadi, Director of Programme and Contracts Department, Medical Services, Armed Forces Hospital, Riyadh, on behalf of the Saudi Medical Journal (SMJ). He noted that 2004 would be the 25th anniversary of the journal, the aim of which was to provide medical professionals working in centres of excellence with the opportunity to present their findings of original studies to colleagues throughout the scientific world. In 2000 the Journal was indexed by the National Library of Medicine and was currently available on Pubmed and Medline. In 2001 a web site was established with an average of 1500 hits per day. The journal also collected all the abstracts from different medical journals in Saudi Arabia from January 1979 to December 1999 and made them available through electronic media on a special CD and the SMJ website.

Dr Baghdadi noted the interest of the Saudi Medical Journal not only in being a medium for publishing articles, but as a means of education and academic leadership. Not only did it publish research articles, but also educational issues in Arabic aimed at the general public. The Journal's vision was to play a larger part in training and education, and to found a college in medical journalism for the country and the region. Future plans were ambitious, but he acknowledged that the help of colleges, universities, researchers, subscribers and other journals in the region would be essential.

The Conference was inaugurated by Dr Abdullah Assa'edi, Assistant Regional Director, on behalf of Dr Hussein A. Gezairy, WHO Regional Director for the Eastern Mediterranean. In his message to the conference Dr Gezairy noted that the convening of the Conference was a sign of recognition by the Regional Office of the role that the medical journal plays in promoting health research and in health care delivery. The Saudi Medical Journal and the Eastern Mediterranean Health Journal, published by the Regional Office, were among the very few medical journals that had sustained the high quality standards necessary to continue their presence and impact over the years. The alliance between these two journals occasioned by this meeting and the emerging alliances with other journals would hopefully result in substantial improvement in the quality of medical journals in the Region. Needless to say, EMRO's interest in and support for medical journals in the Region was not an end in itself. Ultimately, it was a means to improve research and consequently health care services in the Region.

Dr Gezairy reminded participants of the Constitution of the World Health Organization, which states, "An essential prerequisite for the attainment of the goal of health for all is the continued free flow of information on health and biomedical topics within WHO, between the Organization and Member States, and among Member States." He also drew attention to the WHO Proposed Programme Budget for 2004-2005, which states, "Reliable information is the cornerstone of effective health policies and a powerful tool for health and development in general. It is the basis for raising awareness for health matters, formulating strategies, and building up the expertise necessary to improve health. Yet, many

people, including health professionals, either have no access to relevant information or are overwhelmed by too much and cannot make optimal use of it. Thus, facilitating access to information that is relevant to people's needs is a continuing priority of WHO". At the Regional Office level, said Dr Gezairy, the goal had been to develop policies, methods and capacity for information management, production and dissemination using appropriate technologies at the Regional Office, country offices, and in Member States. One of the strategic directions for the Regional Office for the coming years was the "development of national systems and capacity for better health information production, dissemination and management". The medical journal was an essential and important information product which contributed to health information dissemination and improvement of health care services.

He said that health care professionals in the Region made more use of information provided by pharmaceutical companies and international journals than they did of locally produced health information, although it was estimated that over 400 medical journals were published in the Region. This raised important questions about, among other things, the extent to which journals reflected the health and biomedical research being conducted in the Region, the degree to which journals contributed to solving the health problems in the Region, and the seriousness with which academic and professional institutions regarded medical journal publishing. A major concern in the Region, said Dr Gezairy, was the under-representation of regional medical journals in the international literature. One reason for this was the simple fact that it is very difficult to find these journals outside their own institutions, or their own countries at best. International services, such as Medline or the Science Citation Index, typically index some 3000 to 4000 journals—95% from the so-called First World and only 5% from the Third World. Journals that are not indexed are rarely stocked by libraries in general and medical libraries in particular, hence rarely cited by authors, and hence rarely indexed. The Index Medicus for the Eastern Mediterranean Region was developed, and is maintained, by the Regional Office as a tool to break this vicious circle. Its aim is to put the medical journals from the Region on the global map of medical literature. Over the past 14 years, the Index has not only been sustained as a project, but has expanded its coverage from 80 journals in 1987 to 315 journals, with strong and visible presence on the internet also.

Dr Gezairy concluded by saying that the conference was an effort to bring medical journals in the Region to the highest attention of researchers, academics, decision-makers and planners. The exchange of views, experience and sharing of future visions in the next few days would form a basis for a regional development plan for medical journals in the Region.

Dr Ahmed Jamal (Bahrain) was elected Chairman, Dr Farhad Handjani (Islamic Republic of Iran) Vice-Chairman and Dr Maqbool Jafary (Pakistan) Rapporteur. The programme is given in Annex 1 and the list of participants in Annex 2.

2. Current status of medical journal publishing

2.1 Research in the Eastern Mediterranean Region: where do we stand?

Dr Basim Yaqub, Saudi Medical Journal

Research is becoming an important industry, which plays a major role in the development of different aspects of the society. Medical research is no exception. Countries that do not invest on research become extremely dependent on others. The objectives of research in any society are to promote teamwork, identify leadership in society, establish "research personalities" among professionals who think in an evidence-based manner, which will affect decision making, help in future planning and educate society. In the era of globalization, important medical research results in publications in different medical journals. Analysis of publications in Pubmed from different countries of the Eastern

Mediterranean Region countries in the past 10 years indicated that the highest numbers of publications were from Saudi Arabia, Egypt and Pakistan. However if the number of publications is adjusted to population, then Kuwait, Cyprus and other countries of the Gulf Cooperation Council are at the forefront, followed by Lebanon, Jordan and Tunisia. The United States of America continues to lead the world in number of publications, but again, if the number of publications is adjusted to population worldwide, then Australia and the United Kingdom are ahead. Publications adjusted to population in the Eastern Mediterranean Region are far fewer than countries in North and South America, Europe, Asia and Australia. Many countries in Africa are even ahead of countries in the Eastern Mediterranean Region in publications. This needs real consideration and correction, such as indexing in Medline. At present, only a few journals are indexed, and of these even fewer have websites. Another area of consideration would be to support medical faculties to achieve their leadership role in the society. This needs economic and administrative support. A further area would be to establish national medical research centres in different countries, with appropriate facilities. Many countries with even lower economic status have accomplished this successfully. Our history in medical advancement and research is rich. We should have the vision, the will and the commitment to keep it so, at present and in the future.

2.2 The experience of King Abdulaziz City for Science and Technology in funding medical research in Saudi Arabia

Professor Abdulrahman I. Al-AbdulAali, King Abdulaziz City for Science and Technology

Funding scientific research is a major concern for accelerating the progress of science and technology, as well as fulfilling the national development objectives. King AbdulAziz City for Science and Technology (KACST) was established in 1397 AH to support and promote applied scientific research and coordinate the activities of the scientific research institutions and centres on the one hand and production sectors on the other. KACST also cooperates with other concerned institutions in formulating strategies and national policies for science and technology. It also aims at improving the research capabilities of Saudi personnel for developing and adapting modern technologies. In this regard KACST has established a number of research grants programmes and a scientific funding mechanism based on predetermined priorities. Selection of the project proposals is carried out on the basis of strict scientific criteria. Funding of scientific research fields varies according to the predetermined grants programme. The annual grants programme is the most important because of the size of its funding budget and its substantial role in satisfying development objectives. Medical research projects are considered to be one of the most important fields for funding. Since the grants programme started in 1979, KACST has funded 432 medical research projects costing 185 million Saudi riyals, representing about 31% of total funding.

2.3 Trends of publication in medical journals in the Islamic Republic of Iran in the 1990s

*Dr Arash Etemadi, Dr Rambod Hajipoor, Dr Niloofar Mortazavi and Dr Fereidoun Azizi,
International Journal of Endocrinology and Metabolism*

The aim of this descriptive study was to depict the trends of medical publication in Iranian journals from 1990 to 1999. The study was conducted on all articles published in journals appearing in Iranian Index Medicus and approved by the Ministry of Health Journals Commission from 1990 to 1999. Number and type of publications, authors' names and affiliations were studied. For international publication, Medline was searched by Pubmed, using the "affiliation" and "publication type" fields. The total number of articles published in the country in that period was 8615, 5122 of which were original articles. The number and proportion of original articles to total publication showed a significant increase in this decade, from 127 to 1140, and from 36% to 79%, respectively. Review articles decreased from 40% of all published articles to 9% and case reports from 18% to 10%. The

ratio of articles to faculty members was 0.09 at the beginning and reached 0.15 by the end of this period. The proportion of articles published in English language Iranian medical journals to all articles published domestically decreased (from 15 to 11%). 278 original articles were written by the 10 most published authors, of which 128 (46%) were published in journals with which the author had some kind of formal affiliation. From 1991 to 2002, 2060 articles from researchers working in Iran were cited in Medline. The number of these articles increased from 44 in 1991 to 508 in 2002. 85-91% of these were original articles, and this proportion was more or less constant throughout this period. It was concluded that there has been a growth in the number of articles published in Iran, which almost completely belongs to original articles. An increase in the number of research staff, a publication-based evaluation system of faculty members, and increased research facilities are considered to be among the reasons for this. The high proportion of articles published in journals which have a formal relationship with authors, might reflect a lack of trust in the peer review and publication processes of other journals. Although Iranian articles cited in Medline showed a marked increase, the country still lags behind some other countries in the Region in this regard, a fact probably caused by differences in research interests, as well as lack of international relations. This increase in international publication, together with decreased domestic publication in English might indicate a trend towards more international relations and high-impact journals.

2.4 Egyptian medical journals publishing: issues and trends

Professor Ahmed Said El Morsy and Professor Galal El Badawi, Suez Canal University Medical Journal

A historical review of Egyptian medical publishing shows that the greatest Egyptian medical papyrus (Ebers Papyrus) dates from about 1552 B.C. It comprises 110 pages. Nine other papyri exist, housed in different libraries and museums around the world. They deal with different aspects of medicine (description of systems, examination of patients, treatment, examples of old medicine documentation, etc.). In the modern era the first title, Bulletin of the ophthalmological society of Egypt, was published in 1912: The number of medical periodicals in Egypt now is 140. Recognizing the existence of some difficulties facing Egyptian medical journals, the Egyptian National Science and Technology Information Network (ENSTINET) organized, in collaboration with WHO, two workshops on the international criteria for writing biomedical research papers. The recommendations of the workshops included, among others, setting criteria to assess Egyptian medical journals, organizing specialized tailored courses for researchers concerning the international criteria for medical scientific writing. An approved decree from the President of the Academy of Scientific Research and Technology on constituting an Egyptian Committee for Quality Assurance of Medical Journals was issued. The goals of this committee include: review and follow up of the current status of Egyptian medical journals; assessing the problems and constraints facing them; developing the quality of publishing; developing a code of ethics; analysing trends in publishing; and promoting collaboration and networking among editors of Egyptian medical journals.

2.5 The Iraqi Medical Journal: the first medical journal in Iraq

Dr Nada Al Ward, Iraqi Medical Journal

There are more than 14 peer reviewed medical journals in Iraq, in addition to journals of other health related professions. These journals are issued by faculties of medical universities, hospitals and professional associations. The Iraqi Medical Journal was established in 1953, but has been upgraded and modernized since 2001. This upgrading included selecting a new editorial board (one of whom received training at the BMJ as well as setting new goals (regarding standards, style and processing of published articles). The events of March/April 2003 had a marked impact on the publishing of the journal including physical damage to the office, dissolution of its supporting body (the Iraqi Medical Association), dispersal of staff and disconnection from authors and reviewers due to loss of

connectivity (telephones, electronic mail and transportation). The journal is currently homeless, unstaffed and unfunded but ready to start again.

2.6 Discussion

It was agreed that both the numbers and quality of journals in the Region are low overall. Some of the barriers to improving research publishing at regional level have been identified, such as language issues and the lack of “research culture”, but practical guidance is needed on ways that medical journals can address these barriers. Most vital is to inculcate a culture of research. Awareness must be raised in the government and private sectors about the importance of research in order to improve funding and priority-setting. Students must be involved in research early in their education in order to build research capacity and improve thinking.

Many of the journals in the Region face financial constraints. Ways need to be found to collaborate and share experiences and resources at regional level. Costly postage expenditures could be significantly reduced, for example, through implementing special gift and exchange programmes. Collaboration is also needed with regard to training for editors, reviewers and researchers.

The importance of journal visibility was emphasized. It was pointed out that research information is largely “invisible” unless it is included in an indexing/abstracting service and has an internet presence. All journals need a web page, with publication information at minimum. Journals also need to be indexed. It was suggested that EMRO might be able to assist journals in getting included in an indexing scheme.

3. Trends in medical journal publishing

3.1 Medical journals publishing in the Eastern Mediterranean Region: analysis of survey

Dr Najeeb Al-Shorbaji, WHO EMRO

A survey to collect and analyse data on medical journals in the Region was developed based on a World Association of Medical Editors (WAME) questionnaire. Two hundred copies of the questionnaire were distributed by mail. The journals that were surveyed were selected based on the database of the Index Medicus for the Eastern Mediterranean Region (IMEMR). To ensure wider distribution of the questionnaire, it was also posted on the internet and followed up through e-mail (when available). Of the 200 forms sent out 75 forms were returned, a very low percentage of 38%. Of the 23 countries of the Region the following countries did not reply at all: Cyprus, Djibouti, Iraq, Palestine, Somalia, Tunisia and United Arab Emirates, despite the fact that all but Djibouti and Somalia have medical journals.

The survey responses showed that 52 journals have an ISSN, while two have an ISSN for the electronic version and 21 did not give that information. The majority of journals publish in English with abstracts in other languages. Most journals (41% to 60%) publish what they receive. Most of the journals in the Region are run by professional societies and academic institutions. Journals in the Region publish mainly news, reviews and letters to the editor in addition to original research. Funding comes mainly from advertisements, subscription fees, institutions and/or contributions from authors, in addition to other minor sources.

The vast majority of journals have a peer review system in place and most of them do not pay their reviewers. Journals use the editorial board members, reviewers in the country and qualified reviewers from other countries. Problems related to peer review include both quality of reviewers and availability.

Of the journals surveyed, 32 from eight countries in the Region (Egypt, Islamic Republic of Iran, Iraq, Jordan, Morocco, Pakistan, Saudi Arabia and Tunisia) are indexed in Medline. The majority of medical journal editors have access to the internet, which is used mainly for e-mail and web browsing. About half of the institutions have established websites on the internet.

Editors indicated that they receive from their institutions adequate editorial support, both intellectually and practically, which helps them to work better. Training on journals publishing was a need expressed by most editors, as well as being part of a network in order to access other editors.

The survey identified the following as the most pressing problems faced by editors: low quality of articles and research products received, financial problems, technical problems related to preparation, typesetting, printing, montage, lack of time available for authors, editors, reviewers, lack of proper and quality peer review, lack of recognition of the role of publishing in health care and medical services development and lack of editorial board policies and practices.

3.2 Factors related to changes in the quality and utilization of medical journals published in the Middle East

Dr John T. Cathey, Annals of Saudi Medicine and Dr Abdullah Kader, Health Sciences Library, King Faisal Specialist Hospital and Research Centre

The ISI impact factor, derived from the Science Citation Index and published by the Institute for Scientific Information (ISI) (<http://www.isinet.com>), is the most common bibliometric criterion in use today, and has mostly replaced subjective criteria used in the past to define journal quality and prestige. The impact factor for a given year is calculated by dividing the number of current year citations to the source items published in that journal during the previous 2 years. The use of the impact factor as a measure of scientific merit of research has been challenged. Hansson (1995), in criticizing the suggestion that the merit of a report is based on publication in journals with an impact factor greater than 2, noted that many medical specialties have no journal with an impact factor greater than 2. He also noted that it can be difficult to publish clinical studies that cite work published in the previous 2 years fast enough to impact the impact factor. Thus, the impact factor tends to treat clinical journals as less important. He and others have proposed that it be rejected as a guide to the quality of research. Seglen (1991) found that there was no correlation between the citation frequency of an article and the journal in which it was published. The impact factor may, however, be a valid measure of journal quality for general medical journals. Saha et al (2003) found that journal impact factor correlated with a journal rating scale ($r^2 = 0.82$), but more so for researchers ($r^2 = 0.82$) than for practitioners ($r^2 = 0.62$) who rated journals. Impact factors can be manipulated. Free electronic access tends to raise the impact factor. Editors considering such manipulation might want to contemplate its full impact.

3.3 Diabetes publications in the Middle East: where do we stand?

Dr Mahmoud Ashraf Ibrahim, Clinical Diabetes Journal, Middle East Edition

Diabetes journals provide information on advances and state-of-the-art care for people with diabetes, a forum for discussing diabetes-related problems in practice, medical-legal issues and case studies, digests of recent research and patient education materials. They increase knowledge, stimulate research and promote better management of people with diabetes. To achieve these goals diabetes publications should publish original articles on human or animal studies in the following four tracks: clinical care, education and nutrition; epidemiology, health services and psychological research; emerging treatments and technologies; pathophysiology and complications. Clinical Diabetes, Middle East Edition was first published in October 2002. It is an official journal of the American Diabetes Association and provides practical information for primary care. Four thousand copies of each issue

are printed for distribution in Egypt (2000) and other countries of the region. It is distributed in Bahrain, Egypt, Jordan, Lebanon, Kuwait, Oman, Qatar, Saudi Arabia, Syrian Arab Republic and United Arab Emirates. The Middle East edition contains the full contents of the original version in addition to six pages of local articles selected by the local advisory board which is composed of 16 eminent diabetologists from all the countries covered by the journal. The journal is distributed free as a medical service for diabetes health care providers. Currently a good database of subscribers is lacking and the journal is dependent on the sponsors to distribute the journal. The advantage of this is making sure that the journal is received in hand by the subscribers; the disadvantage is that the sponsors may not be interested in all subscribers and may deliver the journal only to those whom they think are potential customers. The journal is now working on combining distribution through the sponsors and also by mail to make sure that the journal is received by the most appropriate readers.

3.4 Discussion

Significant interest was expressed in the EMRO analysis of medical journal publishing in the Region. The low response rate was noted and might be due to a lack of interest or knowledge (it was pointed out that medical editors are generally appointed because of their expertise in the medical field not their knowledge of medical publishing) or time (they probably have other responsibilities and are busy people). It was suggested that such a questionnaire could be repeated and the rapport established at this conference would encourage people to respond. But it should be kept simple and short. It could also be repeated periodically to get an idea of the trends in biomedical publishing.

The importance of having a regular conference and training was raised several times. SMJ offered to host the conference next year in Riyadh in collaboration with EMRO. Recognizing the difficulties faced in Iraq, SMJ proposed that it could provide training for editors from Iraq. It was pointed out that EMRO has conducted a number of national training workshops through Ministries of Health and is willing to do more and welcomes proposals and suggestions.

There was a suggestion for EMRO to create a single website for all journals in the Region to allow them to publish online. It was pointed out that EMRO does not have the resources to fund such activities but is fully committed to providing advice, support and assistance to journals and editors in the Region. In this respect, for example, EMRO produces the IMEMR and is looking to scan the journals indexed and create a portal with all electronic versions readily available. EMRO could also set up a listserv for participants of the meeting to allow easy communication and exchange of information.

There was a general interest in forming an active association of medical editors with the help of EMRO and it was agreed to establish a task force to look at the issues involved and present its proposals at the next meeting.

4. Problems and constraints in medical journal publishing

4.1 Equitable access to scientific and technical information in health

Dr Hoomen Momen, Bulletin of WHO

Scientific and technical information has been considered to be an archetypal global public good. It should be freely available for all to benefit. There are however significant costs associated with its production, quality control, dissemination and preservation. The Internet and associated technologies have revolutionized the publication of academic journals and the opportunities presented by these technologies have led to calls for greater access to the scientific literature.

A movement called open access has arisen that believes that the cost of publishing scientific information should be borne by the provider and that access to the information should not be limited by the user's ability to pay. In particular a model based on funding by the author or his institution has come to prominence. However other models of open access have also evolved in particular in Latin America which are mainly funded by governments through their research agencies and which are conceptually closer to the idea of scientific information as a global public good. In fact, open access is now the dominant form of academic publishing in that region.

Although open access has made impressive progress in recent years, the scientific health literature is still dominated by commercial publishers and learned societies that follow a similar commercial model for the publication of their journals. These publishers own copyright to millions of pages of scientific and technical information of vital interest to those working in the health field. These publishers, although susceptible to moral arguments about access to this information for those who need it, also argue that besides having to finance their work and they have other obligations to their investors and members.

Ownership of scientific and technical health information is another area of disagreement. Some would dispute that all information should be in the public domain, others argue for the benefits of copyright. There are disagreements however on whether the copyright should belong to publishers or authors and whether traditional copyright procedures benefit more the publishers than the primary authors.

An "equitable access" model is proposed where access to information is based on the ability to pay and authors/producers still receive an income and where rights are divided between the authors, publishers and consumers of information. Several examples were presented where some of these ideas are being tested.

4.2 How do developing countries succeed in biomedical journalism?

Dr Farrokh Habibzadeh and Dr Karim Vessal, Iranian Journal of Medical Sciences

Physicians practising in developing countries are faced with situations far different from those encountered by practitioners in industrialized countries. In developing countries, infectious diseases such as diarrhoea are still among the major killers. These diseases however have been almost completely eradicated in some industrialized countries and are being replaced by cardiovascular and cerebrovascular diseases. This duality, indeed, makes a strong argument for developing countries to present their own somewhat different and new medical findings, and this in turn necessitates publication of their own medical journals.

Every day hundreds of biomedical periodicals are published and disseminated worldwide. To seek an appropriate position, we must contribute to progress of science; we should have something new to say. Nevertheless, with our restricted equipment and limited research budgets, competing in those fields of research that are very well funded and are already under intensive research by scientists working in industrialized countries, will be fighting an uphill battle, and duplicity of such research is both futile and a waste of limited resources. Research on locally prevalent diseases, however, seems to be a more reasonable approach. We must extend the frontiers of those research areas which are mostly untouched by scientists working in industrialized countries. We believe that one of the realistic ways to play a role in the progress of medicine and thus to have an internationally acceptable medical journal is to emphasize geographic medicine.

4.3 Medical journals publishing in the Middle East: a Saudi experience

Professor Mohammed H.S. Al-Turaiki and Dr Mukhtar Khan, Saudi Journal of Disability and Rehabilitation

Publication of medical journals in the Middle East deserves more attention from concerned professionals and authorities than it has today. Most of the countries in this region have a very limited number of medical journals. They do not have proper documentation of their research findings because they are not organized and many research reports are not published in journals. The reason for this is partly because they do not have good journals of their own or partly because of not getting their work published in reputable foreign journals. Publishing our own journals is not the end of the problem, as the journals often do not receive good quality articles. Either they continue publishing poor quality articles or they close down. Many authors either do not know how to write an article or they are hesitant to do so.

Unless our medical journal publishing is made strong, we will be failing in projecting ourselves to the world in scientific research. Even our good research will go unnoticed, unless it is published. The journal is the voice of the related speciality. The success of any journal depends on its regular and timely publication of good quality articles, which is possible only if the researchers come forward and publish their research. A revolution is needed in medical journal publishing in the countries of the Gulf Cooperation Council, with more journals starting up and contributors coming out and publishing their work. Strategic planning is required to overcome these problems. Strategies outlined included focus on quality, peer review, clear content definition and target audience, good organization, accessibility and availability, publicity, recognition, editorial freedom and policy.

4.4 Advice to an editor: perspectives on peer review, editing and publishing of a medical journal in Oman, despite limited resources

Mr Sajjeev X. Antony and Ala' Aldin Al Hussaini, SQU Journal for Scientific Research: Medical Sciences

The SQU Journal for Scientific Research: Medical Sciences is a peer reviewed medical journal published by Sultan Qaboos University since 1999, twice a year. It is the only peer reviewed medical journal in Oman at present. The journal is published both in print and online (www.squ.edu.om/mj). The main challenges faced by the Journal are the questionable quality of many papers received, the difficulties in finding good peer reviewers, the fact that many papers require heavy editing even after peer review, the task of designing and executing high quality pages for both printing press and the Internet without external assistance, and the absence of proper secretarial staff. Meeting these challenges constituted a unique learning process, and the six issues so far produced have been of high quality. Careful choice of computer software had improved efficiency and quality.

4.5 Discussion

Discussion focused on the difficulties in attracting good quality submissions. Publicizing the journal is important for building recognition, but can be expensive. In general, authors of good quality research prefer to publish in international journals where possible. It was suggested that establishment of an organized association for journal publishing would help raise the standard of research submissions. Other problems common to journals across the Region, such as lack of trained reviewers, might also be addressed through such an association.

5. Improving the quality of medical journals

5.1 Quality of medical journals with special reference to the Eastern Mediterranean Health Journal

Dr Abdel Moneim M. Aly, Former Executive Editor, Eastern Mediterranean Health Journal

Medical journals will continue as a main vehicle of scientific information for years to come, particularly where access to computer and internet facilities are relatively limited. The quality of medical journals depends on several factors involving three groups of people, namely the authors, the reviewers and the editors. The EMHJ formulated its essential requirements for the manuscripts submitted for possible publication. These are published in every issue of the Journal, and potential authors are strongly advised to adhere to them. The reviewers' role is key to maintaining the quality of a medical journal. A reviewer is required to address a number of important aspects of the paper and to make recommendation concerning the acceptability of the paper. The editorial management is a crucial part of the publishing process. The editors begin action with the receipt of the manuscript, direct the various steps of evaluation, correction and re-submission, until an editorial decision is taken to accept the paper as is, accept it after modification or reject. Editors then make necessary text and layout editing. Due consideration is given to the statistical, multilingual and ethical aspects as well as to the overall uniformity of the terminology, nomenclature and style throughout the volume as a whole.

In February 1999, the EMHJ was accepted by the National Library of Medicine, USA, to be indexed and included in Index Medicus and Medline. Such selection usually depends on several critical criteria namely: scope and coverage, quality of content, quality of editorial work, production quality, audience and type of content. Evidently the EMHJ has satisfactorily met all the above criteria.

5.2 Obstacles to obtaining high quality research papers for publication: the Iranian experience

Dr Farhad Handjani, Journal of Medical Research, Shiraz University of Medical Sciences

Scientific publication is one of the most important parameters for measuring the overall scientific activity of a country. The Islamic Republic of Iran is one of the countries in the Middle East that has many medical schools and a large pool of basic scientists and clinicians. In recent years, there have been a number of studies to determine the status of Iran's scientific contribution, in the form of medical publications, on both a national and international scale. All of these studies have shown that major obstacles in the production of high quality research papers do exist. These obstacles, especially with respect to local medical journals, can be sought in three different, although linked categories: the researcher, governmental policies and local medical journal infrastructures.

As far as the researcher is concerned, there appears to be a lack of interest and/or incentive to perform research and to publish. Other factors such as lack of time and proper organizational skills as well as lack of inter-departmental collaboration are other compounding factors. Governmental policies such as allocation of insufficient funds and resources for research and development, absence of formal courses on conducting research and scientific writing in the medical education curriculum, emphasis on promotional policies which favour publications in cited international journals over local journals and lack of proper evaluation and monitoring of current local medical journals, are all responsible for the poor quality of research papers that are sent for publication. The infrastructure of the local medical journals also plays a key role in causing obstacles for obtaining high quality research papers. The problems that exist include: an editorial staff which usually lacks any formal training and often functions on a part-time basis, an editorial board that is not active and at times only convenes as a formality, and a peer-review system which has little incentive and is time-consuming.

Therefore, with close to 70 local medical journals by the year 2000 (none of which are indexed in Medline), the Islamic Republic of Iran is faced with a great challenge in trying to improve the quality rather than the quantity of its local medical journals.

5.3 Dissection of a paper: a checklist for editors and reviewers to make decisions on papers more objective

Professor Hassan Bella, Journal of Family and Community Medicine

Despite a high standard of a journal, level or competence of its editors and/or reviewers, subjective judgments on papers submitted for publication are not uncommon. The evidence is the contrasting rating of reviewers and the discovery of poor papers after publication, even in reputable journals. A checklist will make editors and reviewers' decisions on submitted papers more rational, fair and objective.

There is much research badly designed, badly conducted but nicely written. On the other hand, there is well designed and well conducted research that is badly written. It is not always that editors or reviewers are not competent enough to pick up these, but an overloaded busy reviewer and a trusting editor may go too quickly over a paper to get it out of his/her way or to relieve himself from editorial staff pressure. The moral duty of editors and reviewers is to scrutinize research submitted for publication and make objective rating of papers. The scrutiny starts by dissecting papers from title, abstract, introduction down to conclusions and acknowledgements. The author has put elaborate criteria for all of these from cumulative experience in research methods and medical journalism.

A checklist is proposed as a basis for a scoring system to rate papers and their appropriateness for publication. Realizing that there is no perfect research or research without errors, the checklist does not give weight for mistakes or errors that are rectifiable. It leaves room for reviewers and editors to criticize and hence help authors to make their papers publishable. The presentation discussed not only major problems of objectives, analysis or discussion but also ethical considerations and moral duties related to patients, research participants, publishers, readers and the community.

5.4 Aspects of quality of biomedical journals

Dr Ahmad Abdou, Eastern Mediterranean Health Journal

There are many aspects to quality of biomedical journals. Undoubtedly the most important quality issue is that of the papers themselves. If, as the editor of the BMJ has claimed, only 5% of published papers reach minimum standards for scientific soundness there is clearly a significant problem simply getting good papers and it falls to the journals to try and select the best quality papers. Peer review is perhaps the most well known and widely used mechanism for assessing the quality of a paper. There has been much discussion and debate about peer review and even whole conferences devoted to it. Although it is clearly an imperfect system (if only 5% of published papers are scientifically sound then a great amount of poor research has slipped through peer review systems) nonetheless there is a general feeling that it does provide a certain safeguard and probably does improve the quality of research published.

At EMHJ peer review is a useful mechanism and helps maintain the quality of the Journal. The majority of papers are peer-reviewed before acceptance or rejection. Since statistical review has been reported to be particularly useful for assessing papers, a statistician also reviews papers when appropriate. The review system is double-blind, i.e. neither the authors nor the reviewers know each others' identities, a system that is considered to work best for the purposes of this Region. A review system is only as good as the reviewers and there are about 300 voluntary reviewers on the panel. Most are from within the Region but we also have many from without. To maintain quality, the panel is not static and reviewers may be added or removed as the list is updated and streamlined.

Ethics are important in biomedical publishing and have an impact on quality. Maintaining trust between the authors, reviewers, editors and readers is vital. For example, readers want to be confident that the material they are reading is new and is not simply a duplicate publication, authors need to be

sure that their papers are treated fairly and in confidence, and editors need to be secure that reviewers declare any conflicts of interest. EMHJ operates on the assumption of trust while at the same time recognizing that abuse of trust does occur. For example, the journal requires an assurance from authors that their papers have not been published elsewhere. On occasion and by chance the editors become aware that a submitted or even accepted paper is essentially the same as a paper that has already been published elsewhere. In such cases the paper is rejected and the reason transmitted to the authors. Other issues have fortunately not arisen.

Another potential way of improving quality is through technical/language editing. Again there has been discussion and debate about its usefulness; it has been reported that it probably increases readability of articles and may increase the general quality of articles. This may be especially true in the case of authors writing in a language other than their mother tongue. EMHJ reviewers quite often comment on the poor quality of the organization of papers and their language and readability. Some even very painstakingly point out all the language/structure errors of a paper. EMHJ accepts and publishes papers in English, Arabic and French, although the vast majority are submitted in English. Therefore all accepted papers in the EMHJ are edited by a native speaker of the language in which the paper is written. While editors are not expected to make a thorough technical edit of the paper, because of the technical nature of the journal, almost all current editors have a science background. They edit the papers for accuracy, sense, clarity, consistency, grammar/spelling, style and readability and invariably this results in further queries/suggestions for the authors. Readability is an important aspect so we encourage simple, plain, less impersonal language.

Design and printing are quality issues. Although one should not to judge a book by its cover, it is natural that a well designed professional looking journal will appeal more readily than a poorly produced, poor quality publication. If a journal looks professional in its presentation it will very probably attract more readers, more subscriptions, better authors, etc. In EMHJ the design and layout has been considered an integral part of its quality and much thought was given to this aspect at the inception of the Journal and as a result the design has not really changed since Volume 1.

Having efficient systems in place for handling papers helps the smooth running of a journal and the maintenance of quality. EMHJ has systems in operation which by and large allow the efficient processing of submissions. Nonetheless, there have been difficulties, for example, in finding good layout services and reliable high quality printers. Perhaps the most important challenge which reflects on quality is the issue of timeliness. This problem has yet to be fully overcome but is now being tackled.

It is the stated aim of the EMHJ to be a forum for publication of research papers, the presentation of new initiatives and the exchange of ideas and information with special reference to the Eastern Mediterranean Region. Implicit in that is the understanding of quality and standards and EMHJ constantly endeavours to maintain and improve standards so as to produce a worthwhile publication.

5.5 Discussion

It was noted that there are many journals in the Region of varying quality so the competition for good papers is high. Furthermore well known and good researchers try to publish in international journals rather than local ones so good papers are even more scarce. A suggestion was to reduce the number of journals in the Region and perhaps have regional rather than local journals.

It was pointed out that researchers tend to publish for the purposes of promotion but this should not be the sole reason for publishing. It should also be for the purposes of education and expanding knowledge.

The issue of language and the use of local languages was raised and it was suggested that publishing in a foreign language (English or French being the ones used mostly in the Region) may create undue difficulty for researchers and lower the quality of an otherwise acceptable paper. The point was made that Arabic articles can have just as many language errors as English or French articles. Also the view was expressed that since English is the language of science researchers should be encouraged to acquire good English. Nonetheless the profile of publication in national languages should be raised and their use should be promoted. Abstracts can be provided in other languages whether in English for an Arabic paper or vice versa as in done in the EMHJ.

The issues of training and education were raised frequently. There was a need for education on how to conduct research (research methods) and how to write a research paper. It was important to encourage inquisitive minds from primary school and actively educate potential researchers at secondary school and the undergraduate level.

There was a strong call for this conference to be repeated regularly and expanded to include training courses and workshops and for an action plan to be formulated during the conference.

6. Ethics of medical journal publishing: towards a regional code of ethics for medical journals

6.1 Self-reported assessment of medical students and interns of unethical research conduct

Dr Diaa E.E. Rizk, Department of Obstetrics and Gynaecology and Dr Margaret A. Elzuberi, Department of Medical Education, Faculty of Medicine and Health Sciences, United Arab Emirates

Medical trainees should learn appropriate ethics and professional attitudes requisite for undertaking and disseminating biomedical research. Despite recommendations to detect and eliminate research misconduct, training in research ethics, standards and responsible conduct is often minimal or absent in academia. A cross-sectional study was conducted on 88 subjects (65 senior students and 23 interns) with the objective of describing self-reported assessment of medical students and interns of unethical and unprofessional conduct of biomedical research. Using a self-administered questionnaire on three academic scenarios portraying a fictitious doctor engaged in unethical and unprofessional research practices, respondents were asked whether they felt this behaviour was wrong, whether they had done or would consider doing the same and which of the three scenarios they considered the most serious misconduct. Participants were also asked what penalty they felt should be imposed from five different options and their attitudes regarding informing institutional managers about unethical behaviour of colleagues.

Results showed that 83 (94.3%) participants believed research misconduct is wrong, particularly failure to inform patients, academic fraud and plagiarism. Failure to give study participants detailed information about the research project before enlisting informed consent was considered the most unethical action by 46 (52.3%) subjects; 73 (83%) respondents said they would not perform these activities. There were no significant differences in responses by gender or year of study. Students were however significantly more lenient than interns ($p=0.01$) regarding penalties appropriate for such unethical behaviour; 64 (72.7%) respondents said they would take action if colleagues failed to achieve ethical research standards. In conclusion, senior medical students and interns recognized attitudes and behaviours such as misuse of physician power, fraud and plagiarism that were categorized as research misconduct. Teaching health facilities must thus develop methods and establish policies and codes for formal teaching of medical students and trainees research and

publication ethics rather than presuming that they will automatically and unconsciously learn these topics by osmosis.

6.2 Collaboration among the regional medical journals

Dr Muhammad Shuja Tahir, The Professional Medical Journal

Problems facing medical journals in Pakistan include issues relating to financing, peer review, journal management and the need for guidelines. Collaboration could be a way forward in order to improve quality and coverage and impact. This could include pooling of resources, cost-cutting, intellectual collaboration, training and managerial and financial collaboration.

6.3 Problems faced by editors of peer-reviewed medical journals

Mr Shaukat Ali Jawaid, Pakistan Journal of Medical Services

Currently there are forty-six (46) medical and dental journals published in Pakistan of which twenty-nine (29) are recognized by the Pakistan Medical and Dental Council. These include two monthly, thirteen quarterly, eight biannual and six annual publications. However, only about ten of these journals are published regularly. Only about half a dozen of these journals are peer reviewed. Six are included in Medline while about a dozen are covered by Embase/Excerpta Medica of Netherlands and the rest are covered by the IMEMR and ExtraMed.

A vast majority of the authors do not follow the instructions to authors which creates lot of problems for editors as well as reviewers. The manuscripts suffer from many problems. Typical examples include: poor English; poor quality of photographs; illustrations which do not give good results; and at times no accompanying photographs and illustrations; typing mistakes, figures in abstracts/tables that are different from the text. Footnotes to tables and captions to photographs may be missing. Photographs may not be marked as to correct way up. References are often not written properly as far required or not marked in the text. Sometimes the references are old and incomplete. The manuscript may not be accompanied by a letter of undertaking regarding exclusive submission or signed by all the authors. Statistical analysis may be wrong, the study split into more than one manuscript, and the same manuscript sent to more than one journal at the same time.

Coordination with the reviewer/referee is not an easy task. Sometimes the reviewers misplace the files or their comments are so vague that it does not help the editors decide whether to accept or reject the manuscripts. The authors are obviously very keen to see their manuscripts in print and the most often asked question is when their manuscript will be published. Authors are generally not fully aware of the peer review system and how it works. Sometimes manuscripts which the reviewers have helped to improve are then submitted to another journal by the authors to get it published early. Sometimes the authors do not respond to queries and clarifications asked for and fail to communicate any change in their correspondence address. This further delays the processing of these manuscripts.

Publication of most journals is not financially viable. They are entirely dependent on pharmaceutical industry patronage which also creates lots of problems for the editors. It is may be difficult for editors to find out who are the actual authors. Reduced volume, delayed publication, combining issues, financial constraints and shortage of manuscripts are some of the signs and symptoms of a journal likely to cease publication. Editing a journal is a very stressful job and editors have to face and work under lot of pressure.

Lectures on medical writing and research methodology to final year medical students, regular seminars and workshops on medical writing at medical institutions, special sessions during conferences organized by different specialty organizations, availability of internet facilities and good libraries will help improve quality of manuscripts which will be a great help to the editors and reviewers.

6.4 E-health code of ethics: publishing health information on the web

Dr Najeeb Al-Shorbaji, WHO EMRO

The goal of the e-health code of ethics is to ensure that people worldwide can confidently and with full understanding of known risks realize the potential of the internet in managing their own health and the health of those in their care. The internet is changing how people give and receive health information and health care. Everyone who uses the internet for health-related purposes (providers and users) must join together to create a safe environment and enhance the value of the internet for meeting health care needs. The internet provides both good and bad information. Users of the internet (providers and users) share a responsibility to help assure the value and integrity of the health internet by: exercising judgment in using sites, products, and services; and providing meaningful feedback about online health information, products, and services. Health information includes information for staying well, preventing and managing disease, and making other decisions related to health and health care.

Sites that wish to claim adherence to the e-health code of ethics should disclose information that if known by consumers would likely affect consumers' understanding or use of the site or purchase or use of a product or service. This includes clear statements about who owns the site, for what purpose, the relation between the owner of the site and the information presenter. The site should be truthful and not deceptive in regard to all content used to promote the sale of health products or services; and in any claims about the efficacy, performance, or benefits of products or services. It should provide health information that is accurate, easy to understand, and up to date, and should make effort to: evaluate information rigorously and fairly; provide information that is consistent with the best available evidence; assure that care or advice is given by a qualified practitioner; indicate clearly whether information is based on scientific studies, expert consensus, or professional or personal experience or opinion; acknowledge that some issues are controversial; use language that is clear and easy to understand; accommodates special needs users (blind, deaf, etc).

Other requirements relate to informed consent regarding collection and storage of data on site users, sharing of such data with others and safeguarding the privacy of data, and professionalism in online health care and respect for the fundamental ethical obligations to patients and clients. This includes clearly disclosing any sponsorships, financial incentives, or other information that would likely affect the patient's or client's perception of professional's role or the services offered, clearly disclosing what fees, if any, will be charged for the online consultation and how payment for services is to be made; and obeying the laws and regulations of relevant jurisdiction (s). The site should inform and educate patients and clients about the limitations of online health care.

Health care professionals who practise on the internet should clearly and accurately: identify themselves and tell patients or clients where they practise and what their professional credentials are, describe the terms and conditions of the particular online interaction, make good faith efforts to understand the patient's or client's particular circumstances and to help him or her identify health care resources that are available locally, give clear instructions for follow-up care when appropriate or necessary, clearly and accurately describe the constraints of online diagnosis and treatment recommendations, and help "e-patients" understand when online consultation can and when it cannot and should not take the place of a face-to-face interaction with a health care provider.

Sites should ensure that organizations and other sites with which they affiliate are trustworthy by making reasonable efforts to ensure that sponsors, partners, etc abide by applicable law and uphold the same ethical standards as the sites themselves; and insisting that current or prospective sponsors not influence the way search results are displayed. They should provide meaningful opportunity for users to give feedback to the site and review complaints from users promptly and respond in a timely and appropriate manner.

Finally, to monitor their compliance with the e-health code of ethics sites should describe their policies for self-monitoring clearly for users, encourage creative problem solving among site staff and affiliates.

6.5 Discussion

There was agreement that ethics in general is an issue of concern in the Region. While bioethics is included in the curriculum for medical students in some countries, United Arab Emirates for example, research and publishing ethics are not covered. The best way to teach bioethics is a problem-based methodology. Clearly a more proactive stance is needed in the Region. Egypt has recently updated its guidelines on medical ethics to combat professional misconduct. Capacity-building and experience sharing in this area are necessary. It was suggested that research and publishing ethics should be included in the examinations of the specialized medical boards as a starting point. This has been found to be effective in other regions, with for example questions on recent articles in medical journals. The focus however should be on topics of relevance to the local community and should support local journals, rather than the international journals which may be of less relevance. It was also suggested that engaging students in discussions of the issues was valuable. Students clearly understood issues of misconduct. Some medical communities, In Iraq and Sudan for example, already had regular forums for discussion of journal articles and these could include research and publishing ethics.

On publishing ethics it was noted that the World Association of Medical Editors (WAME) has a website for questions and answers. A similar regional site to share and resolve ethical and editorial concerns would be of benefit to editors in the Region.

Concerns were voiced about the ethical issues raised by e-health and telemedicine, since teleconsultation and diagnosis are open to abuse. With the wide access to health information on the internet now, the authenticity of a site may not be obvious. Clearly the more informed a patient is, the better, but the dangers should be pointed out to the public. It was pointed out that the limited evidence that exists suggests that the public is increasingly well informed and aware of the dangers and that more credit should be given to patients and the public in this regard. There is an existing voluntary e-health code of ethics for websites which clearly specifies that use of any site should be for information only, not self-diagnosis or self-prescribing. WHO applies this to its own sites. It was pointed out that a nongovernmental organization in Switzerland operates a website that evaluates health sites (www.hon.ch) and links to those that it judges to have passed minimum criteria. WHO attempted a few years ago to create a .health domain for good quality sites that would be accredited by WHO. However the concept did not take off for a number of reasons including the fact that it would be an enormous undertaking. However websites have been taken to court for misrepresentation. Obviously there is a cost involved in ensuring the quality of a website. WHO was currently spending quite a lot of money and time to assure the quality of its own sites.

On the issue of greater collaboration between journals, it was pointed out that submissions improve when a journal respects its own deadlines and keeps authors informed of progress, respecting also the right of authors to submit their papers to another journal if there is no progress after 6 months. It was suggested that one way to address the excess of small journals that are not peer-reviewed and hence quality would be to encourage journals to exchange articles, shifting relevant articles to specialist or regional journals. How this could be achieved would be an issue. E-journals might be a way forward for the Region however since they are cheaper to produce and distribute.

7. Promoting information dissemination through information technology

7.1 Implementation of e-journals: experiences and achievements

Dr Kia Pakravan, Ministry of Health and Medical Education, Islamic Republic of Iran

The ultimate goal of the Health and Biomedical Information Network (HBINET) project in the Islamic Republic of Iran is to distribute, and facilitate access to, medical journals at country level; to make use of the raw data in other databases at both country and regional levels; and to integration technology into medical education. An e-journal is the all-electronic creation, transmission, storage, interpretation, alteration and replication of electronic "text". It is an e-mail delivered, peer-reviewed academic periodical. Analysis of the strengths of the e-journal concept showed the sheer predominance of electronic usage compared to print usage, wider acceptance by students (compared to board members), availability of a network as an infrastructure for e-journals, multi-user access, ease of search, currency of information, ability to download (availability and accessibility), reduction in theft and damage, saving of shelf space and ease of browsing. Weaknesses included use of complicated electronic tools and environment, dependence of older faculty members on printed resources and difficulties in accessing full text articles. Technological problems were overcome using Java server pages technology. Bibliographical standards were those of the National Library of Medicine.

Resources allocated to the project included human (web designers, web developers, network administrators, journal editors); equipment (software for web development, software for web services, SQL server software, three workstations for data entry purposes, one Compaq server); financial; and technical (programming, designing and journal editing). The project was implemented in stages: programming and web developing; developing a client software for data entry; receiving the paper version of journals; data entry; control of data in web view. Currently 52 Iranian medical journals are available on the network with over 3000 articles. It is a bilingual website, with searchable database, abstracts and full text available, and new articles available via e-mail.

7.2 FAME: Forum for African Medical Journal Editors

Ms Edith Certain, WHO headquarters

Through a wide range of grants, the UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR) supports major health research projects in African countries as well as in other regions, the results of which are published in well-know biomedical journals. Repeated bibliometric analyses to assess the impact of TDR grants in published literature have shown that the vast majority of TDR grant recipients publish in mainstream biomedical journals with a high impact factor rather than in their national medical journals. Since the same bibliometric analyses show that most of these research results are cited by scientists outside Africa, the impact of this research on local researchers, health professionals and policy makers in Africa, all of whom have little access to major international health journals, is questionable.

In 2002, TDR/RCS (Research and Capacity Strengthening) launched an initiative to strengthen local publication of health research conducted in or relevant to Africa in order to give greater visibility to African medical research. A postal survey of 63 African medical journals in July 2002 found that the majority of medical and health journals were underfunded, did not publish regularly, lacked high quality articles and standard peer review practice and were mostly invisible to the rest of the international medical community. In October 2002, 15 African medical journal editors, four mainstream medical journal editors, and representatives of international editors' associations and other interested partners were brought together in a consultative meeting and workshop in Geneva. Setting up the Forum of African Medical Editors (FAME), a professional association and network was the first step taken by the African editors in reviewing the problems faced by their journals and trying to find

common solutions. The Steering Committee of FAME met for the first time in Mombasa, Kenya on 22–24 April, 2003. The meeting was attended by members from Uganda, Mozambique, Kenya, Mali, and Switzerland (WHO/TDR/RCS). The work-planning meeting was participatory, enabling all members to contribute their ideas to the establishment of FAME. The outcome of the meeting included a report consisting of proposals, a work plan, and a draft constitution. It further developed the agenda for the FAME general founding meeting to be held in Addis Ababa from 29 September to 3 October 2003.

A special meeting consisting of three African editors, the editor of WHO Bulletin and TDR/RCS staff was convened in Geneva in July 2003 to compile the FAME Editorial Guidelines which are in the process of being published in English, French and Portuguese along with the FAME Constitution. The first twinning arrangements with northern journals took place in London in September 2003. Four journals from Ghana, Malawi, Mali, and Uganda established cooperation agreements with mainstream biomedical journals. FAME was launched officially on 30 September 2003 during the 24th African Health Sciences Congress in Addis Ababa, Ethiopia. The FAME constitution was ratified by 20 members, and a Board of Trustees was elected. Professor James Tumwine from Uganda is the chair of FAME. The general FAME meeting was followed by a 3-day training course for editors co-sponsored by TDR/RCS and the British Medical Journal. Capacity-building within existing African medical journals and collaborative projects with interested parties should lead to greater journal sustainability and regular publishing, improved quality of peer review process and contents, and higher regional and international visibility of African medical research through indexing in major bibliographic databases. The FAME secretariat is located at the Kenya Medical Research Institute, Nairobi, Kenya, and a listserv for FAME members and interested partners is now operational at fame@who.int.

7.3 Eastern Mediterranean Region medical journals on the web: an overview and the EMHJ electronic version as a model

Mr Hatem Nour and Mrs Nahed El-Shazly, WHO EMRO

The Eastern Mediterranean Health Journal is a forum for the exchange of ideas, concepts, epidemiological data, research findings and other information, with special reference to the Eastern Mediterranean Region. It addresses all members of the health profession, medical and other health educational institutes, interested NGOs, WHO collaborating centres and individuals within and outside the Region. The Journal is indexed in: Index Medicus and MEDLINE (Medical Literature Analysis and Retrieval Systems on Line); Index Medicus for the Eastern Mediterranean Region (IMEMR); Cumulative Index to Nursing and Allied Health Literature (CINAHL); ExtraMed-Full text on CD-ROM; CAB International; and Lexis Nexis.

The Regional Office recognized the importance of making the journal available in electronic format and decided to produce it as an e-journal <http://www.emro.who.int/emhj.htm> in 1997. Since then all articles are published on the EMRO website on a home page of the Journal. The policy is to publish all articles, the letter from the Editor, and the section from the medical press. The Journal has a separate ISSN for the electronic version from the printed version. Searching of the journal articles can be done using the name of the author (s), keyword in title, subject, date and standard subject headings. The electronic version of the Journal is linked to the IMEMR, which allows retrieval of full articles from the Journal based on searching of the Index. The average number of visitors to the Journals site is 700 per month. An online evaluation form has been published on the site to allow gauging of feedback by readers.

The Journal is indexed in many search engines such as www.msn.com, [Google](http://www.google.com), [alltheweb](http://www.alltheweb.com), [Yahoo](http://www.yahoo.com) and many others. It has an e-mail feature by which articles of the journal can be sent as an e-mail attachment in html format.

7.4 Discussion

It was pointed out that websites for journals should be published on sites that are likely to remain stable, rather than on free sites. As well, registering the journal website under the country domain name, rather than .com, is a small but worthwhile investment.

Any country in the Region is eligible to join FAME, and doing so would not preclude joining a similar association in the Eastern Mediterranean Region. An association formed in the Region would be intended to complement other associations; any resulting overlap would be beneficial to the journals themselves.

Training of reviewers can be very difficult. FAME has developed guidelines for use and adaptation by medical journal editors; in part they address reviewers and reviewer responsibilities. Some member journals have requested training on use of the guidelines; this is an area that should be looked into for possible collaboration, such as for example e-learning courses across associations.

8. Promoting networking among medical journals in the region

8.1 Translating medical journals into Arabic: JAMA Middle East as an example

Dr Basel Atallah, JAMA Middle East

JAMA Middle East has distributed 25 000 issues monthly into 14 Arab countries since 1991. Translating the original articles into Arabic was considered since the licence permits. However, although the number of Arab physicians exceeds 250 000, those who studied medicine in Arabic are very few. Adequate translators and other publishing staff are lacking. Advertisers would not invest in journals without readership. The other 13 international editions of JAMA publish in their national languages, so do their medical schools. Teaching medicine in a foreign language has not brought leadership to Arab medicine. It is just another indicator of Arab underdevelopment. There is growing support to shift the language of medical teaching into Arabic, but the only practical step has been the Unified Medical Dictionary, published by WHO.

8.2 Arabization of Health Sciences Network (AHSN): current issues, problems, trends and the role of the WHO Regional Office

Dr Kassem Sara, WHO EMRO

The Health and Biomedical Information unit of the WHO Regional Office for the Eastern Mediterranean held a workshop for networking for translators, editors, publishers and distributors of health information in Arabic. The workshop was held in the Regional Office, Cairo and attended by more than 100 participants from 13 countries and four other countries (Switzerland, United Kingdom, France and Germany). Some participants represented regional or international agencies. The workshop concluded with the establishment of the Arabization of Health Sciences Network AHSN with its own web pages under the umbrella of the EMRO website and an e-mail listserv. Members of the AHSN network share their experiences and knowledge, exchange views and inform each other with updates and news. AHSN intends in the following few months to implement several regional activities like training courses for translators, editors and publishers, production of educational materials in health subjects for medical and paramedical schools and the promotion of unified terminology.

8.3 Index Medicus for the Eastern Mediterranean Region (IMEMR): bridging the gap of international indexing

Dr Najeeb Al-Shorbaji, WHO EMRO

The Index Medicus of the Eastern Mediterranean Region (IMEMR) is one component of the Eastern Mediterranean Region Virtual Health Sciences Library; other components include: development of information management systems and tools; development of training materials and manuals; human resources development; library and document delivery services; regional databases and union lists of journals, books, and other information resources; journals consortium; networking services including listservs and discussion groups; and electronic publishing. The index fulfils the role of an indexing and abstracting service for scientific communications in the Region, an area that is otherwise very weak in most countries. It was started in 1987 with indexing of 1984 articles and continued as retrospective until 1998. Since 1999 it has been current. It is the only service in the world to include all the information on journals published in the Region. In that time the number of journals indexed by the IMEMR increased from 70 journals to 320, of which 234 are current and from the Region. Indexing is in line with the US National Library of Medicine Medical Subject Headings (MeSH) and is carried out by medical doctors who were trained on MeSH. All entries are in English. Five printed volumes have been produced. Since 1999 it has been published as a quarterly bulletin. The index can also be accessed through the EMRO website (www.emro.who.int/his/VHSL/Imemr.htm) and on a 6-monthly CD-ROM. Special bibliographies can be compiled on request. The index is distributed free in all cases. All the countries of the Region are represented in the index except Afghanistan, Djibouti, Palestine, and Somalia. A few medical journals in Arabic are also included from other countries including Germany, Italy and the United Kingdom. The database currently has 74 719 records, 60% from African countries of the Region and 40 % from Asian countries of the Region and Cyprus. The index provides regional journals with coverage that is not otherwise provided to all journals by the international indexes.

The Regional Office supports regional journals in various other ways also. For example through agreement with selected journals to reprint their articles in the EMHJ; training of authors and editors of medical journals and researchers; direct financial support to medical journals through subsidy of subscriptions to medical libraries, provision of publishing facilities, financing of printing, provision of financial support to medical indexing and abstracting projects in countries and provision of document delivery services. In future the IMEMR plans the addition of abstracts to the database; digitization and imaging of articles; addition of monographs and other forms of formal publication; addition of current medical research as a separate service; linking of articles to mother institutions of authors; and linking the IMEMR to the Index Medicus of the US National Library of Medicine.

Among the very clear recommendations that have come out of the experience of the IMEMR with regard to journals in the Region is the designation of functional editorial boards; identification and selection of peer reviewers; development of publishing policy, style, format, etc based on international norms; adherence to frequency of publishing of the journal; promotion of the journal using all available methods; training of authors and editors at country level; and improved financial support from national budgets, WHO and donors.

8.4 How to become a biomedical (dental) journalist

Dr S.A.H. Boukhari, Pakistan Journal of Orthodontics, Paediatrics and Community Dentistry

Journalism is the art of preparing writeups for a specific purpose or to achieve the set objectives, for newspapers, magazines, journals and so forth. To be a medical or dental journalist one has to possess all the qualities and characteristics of a biomedical journalist. All the criteria and rules being observed and practiced in biomedical journalism apply in dental journalism. Biomedical journalism has evolved

as an art and science or writing over a time with the individual efforts of biomedical professionals. Now it has developed as an institution and biomedical professionals can adopt it as a career. Biomedical writers compose news and stories based on the latest scientific medical breakthroughs. The stories could either be aimed at the general public or at healthcare professionals. By using their scientific background, biomedical writers develop material for medical education programs. These programs are used to teach new techniques or describe new developments in medicine. The accelerated rate at which medical discoveries and breakthroughs are being transferred into clinical practice necessitates the use of continuing medical and dental education (CMDE) that allows healthcare professional to perpetually update their skills. Biomedical writers provide the content for innovative and informative continuing medical education activities that are aimed at professionals in the healthcare community.

Biomedical writers design and develop content that promotes the exchange of up-to-date clinical information within the healthcare community, improves the general delivery of medical treatment, and enhances patient care and treatment outcomes. Biomedical writers write content in a multitude of media and formats. To be effective, the written content and scripts for these materials must incorporate the most up-to-date educational methods. Examples include: Journal articles and supplements; self-study guides and disease monographs; newsletters and meeting highlights; interactive web sites; interactive web or teleconferences; CD-ROM multimedia activities; scripts for educational videos. Biomedical writers rely on their education in communication theories to help them develop content for a patient audience. Biomedical writers know how to translate technical information into easy to understand language.

A biomedical writer can create marketing materials to help promote healthcare products, or services targeted at the healthcare community and the general public. Promotional materials geared to healthcare professionals are called medical marketing communications, and those geared to the general public are called consumer advertising. Policy and public health information must be written to inform, influence, and motivate institutional or public audiences. A biomedical writer could be employed to produce public health and policy documents that: increase awareness of a health issue, problem, or solution, affect attitudes to create support for individual or group action, demonstrate demand or need for health services or products, remind or reinforce knowledge, attitudes, or behaviour. The past experiences of people involved in biomedical journalism have led to the development of certain rules and parameters for the guidance of professionals who wish to enter this field. To become a biomedical (dental) journalist, one has to be at ease with science and writing, Personal characteristics of medical writers, such as curiosity, creativity, innovation, independency, and practicability are pertinent.

8.5 Discussion

As the penultimate session of the conference, many thanks were expressed to EMRO and SMJ for organizing and running the conference and workshop. They were deemed both very successful and enjoyable. The need to continue having such forums was stressed repeatedly in order to allow editors to meet and exchange ideas and experiences.

9. Conclusions

The conference participants identified a need to improve skills of editors and reviewers of regional medical journals. Need to improve the quality of regional medical journals was noted and it was felt that better representation of the regional journals in the international indexing services would be instrumental in encouraging this. Communication between the editors of the Region was also felt to be vital to improving quality.

The participants also agreed on the need to establish an association of medical editors in the Region. For this purpose, a coordination committee for the establishment of the Eastern Mediterranean Association of Medical Editors (EMAME) was convened. The committee will gather information and will contact and invite editors of all biomedical journals in the Region to participate in the association. The committee will develop a constitution and practice guidelines. It will also contact the World Association of Medical Editors (WAME) and the Forum for African Medical Editors (FAME) to inform them of their establishment as a sister association. A general assembly will be called for at the next conference to approve the constitution. The participants took special note of the establishment of FAME and acknowledged the work that it has accomplished so far in developing its constitution and editorial guidelines. The coordinating committee will contact the Chairman of FAME regarding building on its work in developing the EMAME constitution and guidelines. It was agreed that Dr Basim Yaqub will coordinate the function of the coordinating committee, and all members will contact their fellow editors in their parts of the Region (see below for contact details).

The participants in the conference thanked the Regional Director and the WHO secretariat for organizing and facilitating the conference and pre-conference workshop, and for their support for the various initiatives outlined in the recommendations. They also thanked the Saudi Medical Journal and staff for their involvement in initiating and organizing the conference.

The Saudi Medical Journal announced that it would publish the proceedings of the conference, including the full papers, as a supplement to its issue of January 2004 and offered to host the next conference and workshop in Riyadh in November 2004, in collaboration with WHO EMRO.

10. Recommendations

Member States

1. Training courses for editors of regional medical journals and reviewers of such journals should be conducted on a continuing basis at national and regional level.
2. Editors of regional medical journals should make efforts to fulfil the necessary criteria for inclusion in international indexing services and ensure that their journal is included in national and regional indexes.
3. A regional association of medical editors should be established, and the details developed by the coordination committee for the establishment of the Eastern Mediterranean Association of Medical Editors (EMAME) for presentation at the next conference.
4. Editors of regional medical journals should support the coordination committee for the establishment of the Eastern Mediterranean Association of Medical Editors (EMAME) by providing ideas and relevant information and informing other editors of its existence and the outcome of this conference.
5. A second regional conference on medical journals should be held as soon as feasible and practical, and should again be preceded by a regional training workshop. Successive conferences should ensure that similar training opportunities are always included.
6. Editors of regional medical journals should exchange existing training materials on medical editing and peer review through the facility of the EMRO portal so that national courses can be developed and/or enhanced.

7. Editors of regional medical journals should develop, as a minimum, a web page for their journal in order to ensure journal details are available for capture on the internet. Efforts should then be made to develop their websites as resources permit.

WHO

8. The Regional Office should support national and regional training activities for editors and reviewers of regional biomedical journals.
9. The Regional Office should facilitate the improvement of regional representation in international indexing services through liaison with the services concerned.
10. The Regional Office should create a listserv for medical editors in the Region to exchange information.
11. The Regional Office should establish a portal for regional biomedical journals and a directory of regional medical editors to enhance exchange of information in the Region.
12. The Regional Office should facilitate exchange and gift programmes between medical journals and libraries in the Region.

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Annex 1

Programme

Tuesday 7 October 2003

- 08:30–09:00 Registration
- 09:00–10:15 Session 1: Opening
Address by Saudi Medical Journal–General Dr Salah Baghdadi
Message from the Regional Director
Election of officers–
Chairman: Dr Ahmed Jamal (Bahrain)
Assistant Chairman: Dr Farhad Handjani (Islamic Republic of Iran)
Rapporteur: Dr Maqbool Jafary (Pakistan)
Adoption of Agenda, Programme and Method of Work
- 11:00–13:00 Sessions 2: Current status of medical journal publishing
Research in the WHO Eastern Mediterranean Region: where do we stand? Keynote: Dr Basim Yaqub, Saudi Medical Journal
The experience of King Abdulaziz City for Science and Technology in funding medical research in the Kingdom of Saudi Arabia Prof. Abdulrahman I. Al-AbdulAali, King Abdulaziz City for Science and Technology
Views of Iranian medical journal editors about medical research publication Dr Arash Etemadi, International Journal of Endocrinology and Metabolism
Egyptian medical journals publishing: issues and trends Dr Ahmad Said Mursi and Prof. Galal El Badawi, Suez Canal University Medical Journal
The Iraqi Medical Journal—the first medical journal in Iraq Dr. Nada Al Ward, Iraqi Medical Journal
- 14:00–16:00 Sessions 3: Trends in medical journal publishing
Medical journals publishing in the Eastern Mediterranean Region: Analysis of survey Factors related to changes in the quality and utilization of medical journals published in the Middle East Keynote: Dr Najeeb Al-Shorbaji, WHO EMRO
Diabetes publications in the Middle East: where we stand Dr John Cathey, Annals of Saudi Medicine
Dr Mahmoud Ashraf Ibrahim Clinical Diabetes Journal, Middle East Edition

Wednesday 8 October 2003

- 08:30–10:30 Session 4: Problems and constraints in medical journal publishing
Equitable access to scientific and technical information in health Keynote: Hoomen Momen, Bulletin of the World Health Organization
How do developing countries succeed in medical journalism? Dr Farrokh Habibzadeh, Iranian Journal of Medical Sciences
Medical journals publishing in the Middle East – a Saudi experience Prof M. Al Turaiki/Dr Mukhtar Khan, Saudi Journal of Disability and Rehabilitation
Advice to an editor: perspectives on peer review, editing and publishing of a medical journal in Oman despite limited resources Sajeev X. Antony/Prof Ala' Aldin Al Hussaini, Sultan Qaboos University Journal for Scientific Research: Medical Sciences

11:00–13:00	<p>Session 5: Improving the quality of medical journals</p> <p>Quality of medical journals with special reference to the East Mediterranean Health Journal</p> <p>Obstacles to obtaining high quality research papers for publication: the Iranian experience</p> <p>Dissection of a paper: a checklist for editors and reviewers to make decisions on papers more objective</p> <p>Aspects of quality of biomedical journals</p>	<p>Keynote: Dr Abdel Moneim Aly, Former Executive Editor, Eastern Mediterranean Health Journal</p> <p>Dr Farhad Handjani, Journal of Medical Research</p> <p>Dr Hassan Bella, Journal of Family and Community Medicine,</p> <p>Dr Ahmad Abdou, Executive Editor Eastern Mediterranean Health Journal</p>
14:00–16:00	<p>Session 6: Ethics of medical journal publishing: Towards a regional code of ethics for medical journals</p> <p>Self-reported assessment of medical students and interns of unethical research</p> <p>Collaboration among the regional journals</p> <p>Problems faced by editors of peer-reviewed medical journals</p> <p>E-health code of ethics: publishing health information on the web</p>	<p>Dr Diah Rizk, United Arab Emirates University</p> <p>Dr Muhammad Shuja Tahir Editor, The Professional Medical Journal</p> <p>Mr Shaukat Ali Jawaid Managing Editor/Publisher Pakistan Journal of Medical Sciences</p> <p>Dr Najeeb Al-Shorbaji, WHO/EMRO</p>

Thursday 9 October 2003

08:30–10:30	<p>Session 7: Promoting information dissemination through information technology</p> <p>Implementation of e-journals: experiences and achievements</p> <p>FAME: Forum for African Medical Journals Editors</p> <p>EMR medical journals on the web: an overview and the Eastern Mediterranean Health Journal electronic version as a model</p>	<p>Dr Kia Pakravan, HBINET Iran</p> <p>Ms Edith Certain, WHO/HQ</p> <p>Mr Hatem Nour and Mrs Nahed El-Shazly WHO/EMRO</p>
11:00–13:00	<p>Session 8: Promoting networking among medical journals in the Region</p> <p>Translating medical journals into Arabic</p> <p>Arabization of Health Sciences Network (AHSN): current issues, problems, trends and the role of Regional Office</p> <p>Index Medicus for Eastern Mediterranean (IMEMR): bridging the gap of international indexing of EMR journals</p> <p>How to become a biomedical (dental) journalist</p>	<p>Dr Basel Atallah, JAMA Middle East</p> <p>Dr Kassem Sara, WHO EMRO</p> <p>Dr Najeeb Al-Shorbaji, WHO/EMRO</p> <p>Dr S.A.H. Bokhari Executive Editor, PAKJOPCOD</p>
14:00–16:00	<p>Session 9: Conclusions and recommendations</p>	

Annex 2

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