

MEDICAL JOURNALISM IN THE WORLD HEALTH ORGANIZATION EASTERN MEDITERRANEAN REGION

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The Middle East is known as the cradle of life. Over the past centuries numerous erudite scholars in various scientific disciplines were raised from this region and handed the torch of scientific enterprise over to their descendants¹. However, after a while the scientific centers have gradually moved from this region to the West, hence, the aphorism *ex oriente lux*². The shift in scientific centers from East to the West had several reasons the most important of which were probably the atmosphere of *la belle indifférence* among people of the region and concomitant beginning of the Renaissance and the Age of Enlightenment in the West³⁻⁵.

After a period of silence, since almost three decades ago, we have witnessed scientific activities in the countries of the World Health Organization Eastern Mediterranean Region (WHO EMR)³⁻⁵: many universities have been established; the research activities have grown significantly; and the number of scholarly publications including biomedical journals, have markedly increased⁵. Nevertheless, this time, the *raison d'être* for launching these new journals was not merely to provide a means for disseminating science; with expansion of western-like scientific institutions that follow the motto “publish or perish,” the need for journals to publish papers of faculty members seems inevitable^{2,4,6}.

Soon, with readily available desktop publishing software programs, the region faced a boom in the number of journals published in the WHO EMR^{7,8}. For example, while there were less than 10 medical journals in Iran almost four decades ago, the number exceeds 450, nowadays¹. Almost similar pattern has happened in many countries in the region. However, as quality usually comes after quantity, some of the journals of the WHO EMR strove to establish the necessary infrastructures and became good enough to be recognized by international indexing systems^{1,4}. Most of these journals were successful because emphasizing on our regional health care problems, they could fill the knowledge gap, as competing with mainstream journals in publishing papers on mainstream research was practically a futile effort to win an uphill battle^{8,9}.

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Low visibility of journals published in the WHO EMR is another important problem—for their low visibility, few quality manuscripts are submitted to these journals; this in turn results in low quality of journals, low likelihood of being indexed by prestigious indexing systems and thus low visibility of these journals—a vicious circle of inadequacy¹⁰. Thanks to the Internet and open-source journal publishing platforms like Open Journal System (OJS), this problem has been solved to a large extent. Now, through a simple search on Scholar Google, the Web site of almost every journal can be reached with just a few clicks. Most of these open-source publishing platforms can be well customized and are designed to automatically disseminate the important metadata necessary for increasing the visibility of a journal. Another important effort made both worldwide and in the region was to establish free directories of open-access journals. Directory of Open Access Journals (DOAJ) developed by Lund University and Index

Medicus for WHO EMR (IMEMR) developed by WHO EMR Office are examples of such directories. PubMed Central (PMC) of the US National Library of Medicine (NLM) was another important initiative to increase the visibility of open-access journals. The trouble with PMC, however, is that many journals in the region cannot generate the necessary XML files.

Professionalism is another important issue that has taken attention of many authorities over the past years. To find an appropriate place in the world, your journal should abide a set of rules—the minimum requirements; *noblesse oblige*⁸. Many of these requirements are ethical rules related to authorship, plagiarism, etc¹¹⁻¹⁴. Expansion of medical journalism in the region, finally lead to establishment of regional professional associations like Eastern Mediterranean Association of Medical Editors (EMAME) to audit the activities of medical journals and to provide a forum for medical journal editors to discuss the important issues of journalism and to share their experience¹⁵. With the support of WHO EMR, EMAME was established in 2002 in Cairo, Egypt, and officially started its work in 2004 as a sister association to World Association of Medical Editors (WAME)¹⁵.

During the past few years, several countries in the region, for various reasons, have allocated more money on research⁴. With establishment of the necessary infrastructures in these countries, more scientific journals have also published in these countries. Many conferences, webinars and workshops on medical journalism, scientific writing, scientometrics, peer review, research methodology, biostatistics, and other fields relevant to medical research and journalism have been run in the region^{16,17}.

Although many countries in the region were affected by serious political turmoil, promising changes in science production have occurred in some countries in the WHO EMR over the past few years⁴. To further improve the quality of the journals, we should emphasize on filling the world knowledge gap by publishing articles relevant to our regional problems^{8,9}, we have to abide the international rules, particularly the ethical codes^{11,12,18}. However, we should study if the set rules are yet useful in our setting, hence, we have to emphasize on evidence-based journalism¹⁹. Although there are different views regarding plagiarism, we have to control this plague which is disseminating in the region quickly^{11-13,20,21}. We try to learn from each other, share our experience and try to contact and share what we have with similar communities round the globe. For example, we can learn many things, particularly in the field of information technology, from Asian Pacific Association of Medical Editors (APAME); they had great success in producing XML files for PMC, and creating their own PMC-like database for their journals—the APAMED Central (<http://apamedcentral.org/>).

With expansion of networking and availability of free desktop publishing software programs, the number of journals is increasing. There should be bodies in every country of the region to audit the quality of these journals. As the competition for the available manuscripts is high, many journals can no longer publish quality articles and be on time. This would in turn result in low quality and low credibility of these journals. Therefore, the birth of journals in countries of the region should be controlled; journals with similar aim and scopes are better to join to make a better journal being published more frequently. Sharing the available resources and joint efforts would result in more focused activities to develop a better journal, a better health care system, and a healthier region at large.

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