

Joint Meeting Of The  
Asia Pacific Association Of Medical  
Journal Editors (APAME) And The  
Western Pacific Region Index  
Medicus (WPRIM)



18-21 November 2008,  
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Organization  
Western Pacific Region

Meeting Report



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REPORT

JOINT MEETING OF THE  
ASIA PACIFIC ASSOCIATION OF MEDICAL JOURNAL EDITORS AND  
THE WESTERN PACIFIC REGION INDEX MEDICUS

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**NOTE**

The views expressed in this report are those of the temporary advisers, observers and Secretariat of the Joint Meeting of the Asia Pacific Association of Medical Journal Editors and the Western Pacific Region Index Medicus and do not necessarily reflect the policies of the World Health Organization.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for governments of Member States in the Region and for the temporary advisers, observers and Secretariat members who participated in the Joint Meeting of the Asia Pacific Association of Medical Journal Editors and the Western Pacific Region Index Medicus, which was held in Beijing, China, from 18 to 21 November 2008.

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## SUMMARY

A Joint Meeting of the Asia Pacific Association of Medical Journal Editors (APAME) and the Western Pacific Region Index Medicus (WPRIM) was held in Beijing, China, from 18 to 21 November 2008. During the first two days, presentations and discussions focused on the outcomes of previous WPRIM meetings, the status of the WPRIM project, the Global Health Library, the Eastern Mediterranean Region Index Medicus, the e-Health conference in Bellagio, Italy, and key WPRIM activities in the areas of training, promotion and funding. The evaluation and approval of candidate journals endorsed by the National Journal Selection Committees for inclusion in WPRIM were also tackled by the Regional Journal Selection Committee. The last two days, which were devoted to APAME, included a presentation on the report of the first APAME meeting and the APAME website and discussions on the association's constitution and logo, roles and activities of its committees, editing and peer-review, ethics, and other activities to scale up the quality of journal publishing.

The objectives of the meeting were:

- (1) to identify and discuss key activities for the development of WPRIM; and
- (2) to identify and discuss activities that will enhance the quality of journals in the Region.

Significant outcomes of the meeting included the following: (1) the Institute of Medical Information, Chinese Academy of Medical Sciences (IMICAMS), agreed to provide technical support for the development of the WPRIM platform and to upload journal articles published in 2007-2008 onto the IMICAMS server; (2) 96 journals were approved for inclusion in WPRIM; (3) a proposal for funding was submitted to the Rockefeller Foundation to further strengthen the WPRIM project as well as enhance the development and viability of piloting full-text journal publishing in the Western Pacific Region; and (4) the APAME constitution and logo were adopted. The venue and dates of the next joint APAME/WPRIM meeting were also decided.

Several recommendations were proposed following the presentations and discussions of the meeting agenda.



## 1. INTRODUCTION

A Joint Meeting of the Asia Pacific Association of Medical Journal Editors (APAME) and the Western Pacific Region Index Medicus (WPRIM) was held in Beijing, China, from 18 to 21 November 2008.

WPRIM was established to index selected medical and health journals and to raise the quality of journal publishing, through a peer review system, in Member States of the WHO Western Pacific Region. APAME was established to promote high-quality scientific writing in the Region.

As WPRIM and APAME have the common goal of disseminating high-quality medical knowledge and health information in the Region, it was proposed during the first APAME meeting, in Seoul, the Republic of Korea in May 2008, that a joint APAME/WPRIM meeting should be held.

### 1.1 Objectives

- (1) To identify and discuss key activities for the development of WPRIM.
- (2) To identify and discuss activities that will enhance the quality of journals in the Region.

### 1.2 Participants

The participants were members of the WPRIM National Journal Selection Committees, medical journal editors and professionals involved in information and publishing from the Member States who were designated as temporary advisers or observers.

### 1.3 Opening ceremony

Dr Liu Depei, President of the Chinese Academy of Medical Sciences, delivered the welcome remarks. Mr Charles Raby, Technical Officer, Translation, Publications, Library Services and Knowledge Management, WHO Western Pacific Regional Office, conveyed opening remarks on behalf of Dr Shigeru Omi, WHO Regional Director for the Western Pacific.

### 1.4 Appointment of Chairperson, Vice-Chairperson and Rapporteurs

The following appointments were unanimously approved: Prof Dai Tao (China) as Chairperson; Ms Merlita Opena (Philippines) as Vice-Chairperson for the WPRIM meeting; Dr Chang-Kok Hahm (Republic of Korea) as Vice-Chairperson for the APAME meeting; and Dr Wilfred CG Peh (Singapore) and Dr Jose Florencio F Lapena (Philippines) as Rapporteurs.

## 2. PROCEEDINGS

### 2.1 Summary of the outcomes of previous WPRIM meetings

Mr Charles Raby and Mr Julio Dizon of the WHO Western Pacific Regional Office presented a summary of the outcomes of previous WPRIM meetings, held from May 2005 to May 2008 (Annex 4). Among the achievements mentioned in the presentation were: the creation of a WPRIM/APAME virtual community; the establishment of National and Regional Journal Selection Committees for WPRIM, including the establishment of journal selection criteria; and the administration of capacity-building programmes, with technical support from the Korean Association of Medical Journal Editors (KAMJE) and Latin American and Caribbean Center on Health Sciences Information (BIREME) for WHO regional staff and representatives from China, Malaysia and the Philippines.

### 2.2 Report on the status of the WPRIM project

Mr Charles Raby and Ms Alma Prosperoso presented a report on the status of the WPRIM project in member countries such as China, Japan, Malaysia, Mongolia, the Philippines, the Republic of Korea and Viet Nam (Annex 5). The report also discussed how new WPRIM member countries such as Fiji, Papua New Guinea and Singapore will contribute to WPRIM.

### 2.3 Discussion on key WPRIM activities (training, funding and promotion)

Ms Merlita Opena facilitated the discussion on training activities, while Dr Jeong-Wook Seo opened the discussion on promotion and funding. Four groups were formed (Annex 6) to discuss the index medicus situation in member countries. Each group appointed a chairperson to facilitate the discussion, namely, Dr Kiichiro Tsutani (Group 1), Dr John Arokiasamy (Group 2), Dr Jose Ma. Avila (Group 3) and Dr Wilfred Peh (Group 4). Appointed rapporteurs for each group were Prof Sung-Tae Hong (Group 1), Prof Tserenkhuu Lkhagvasuren (Group 2), Prof Peter Siba (Group 3) and Dr Jose Lapena (Group 4). The rapporteurs presented summaries of the group discussions.

Group 1 defined “index medicus” and suggested that it must be organized through an institution, e.g. National Academy of Medical Sciences. It also recommended organizing index medicus training for WPRIM member countries. Group 2 noted that support from national governments is essential in setting up a WPRIM project, and that a national-level committee and an appointed institution or medical library with a focal person should oversee the project. The Group suggested that funding should come from the governments, WHO and external donors. The standards for metadata, quality control, data collection system were also discussed. Group 3 highlighted the need for a critical mass of journal editors and publishers to share information and stated that a national index medicus would give identity especially for small countries. The Group felt that government and the private sector should provide financial support. Group 4 discussed whether a national index medicus was necessary for uploading information to WPRIM. The Group cited as an example Singapore, which does not have a national index medicus but can upload directly into PubMed. There was also a question of how individual journals could upload their data into WPRIM without necessarily creating a national index medicus.

The Institute of Medical Information of the Chinese Academy of Medical Sciences, which is a WHO collaborating centre in China, will provide technical support for the development of the WPRIM platform and the uploading of journal articles published in 2007-2008 into the WPRIM database.

Ms Merlita Opena added that support from China, the Republic of Korea, Japan and other participating countries, as well as the country budgets of WHO, is important so that data uploading of WPRIM records would start soon. The national capacity at country level should also be developed and strengthened.

A proposed Memorandum of Agreement (MOA) and Letter of Appreciation, relative to WPRIM development, were proposed by the Japan National Journal Selection Committee and distributed to the meeting participants. The proposed MOA and letter could be used as standard documents for countries that may require them.

#### 2.4 Candidate journals for WPRIM

The chairpersons and representatives of the National Journal Selection Committees (NJSCs) presented their candidate journals for approval by the Regional Journal Selection Committee (RJSC).

Mr Fang An (China) presented 57 candidate journals and Dr Sung-Tae Hong (Republic of Korea) presented 11 candidate journals, including the detailed reports of their country selection criteria and procedure. Dr Kiichiro Tsutani (Japan) presented two candidate journals, citing the use of the WPRIM criteria plus the platforms provided for the full text of Japanese journals.

Other candidate journals were presented by the following persons: Dr Indra Vythilingam of Malaysia (nine journals), Dr Tserenkh Lkhagvasuren of Mongolia (seven journals), Prof Peter Siba of Papua New Guinea (one journal), Dr Jose Avila of the Philippines (one journal), Prof Wilfred Peh of Singapore (two journals), and Prof Luong Chi Thanh of Viet Nam (14 journals).

The WPRIM journal selection criteria approved in Tokyo, Japan on 17-18 May 2007 were reviewed by the RJSC (Annex 7). After evaluating the candidate journals, Prof Dai Tao announced that the RJSC had approved 96 candidate journals for inclusion into WPRIM (Annex 8), specifically, 57 from China, two from Japan, nine from Malaysia (including one conditional approval for the *Annals of Dentistry*), one from Mongolia, one from Papua New Guinea, one from the Philippines, 11 from the Republic of Korea, two from Singapore and 12 from Viet Nam.

#### 2.5. Global Health Library (GHL) and the Eastern Mediterranean Region Index Medicus

Dr Najeeb Al-Shorbaji presented the Global Health Library initiative and the present status of the Eastern Mediterranean Region Index Medicus (Annex 9). He stated that the aim of the GHL project was to integrate all regional index medici into one portal. He cited that the success of the Eastern Mediterranean Region Index Medicus project could be attributed to almost 20 years of hard work and the continuing commitment to the promotion of health in that Region. He added that leadership, commitment and administrative support were necessary in the realization of the project.

## 2.6 Report on the e-Health conference in Bellagio, Italy

Dr Jeong-Wook Seo reported on the e-Health conference, sponsored by the Rockefeller Foundation, which he attended with Prof Dai Tao in Bellagio, Italy from 13 July to 8 August 2008 (Annex 10). The one-week conference focused on access to quality health information within the e-Health connection.

In response to the Bellagio e-Health Call to Action, Dr Seo presented a proposal for funding by the Rockefeller Foundation that would further strengthen the WPRIM project as well as enhance the development and viability of piloting full-text journal publishing in the Western Pacific Region. The final proposal, which was edited with the assistance of Ms Merlita Opena and Dr Najeeb Al-Shorbaji, was sent to Mr Abel Packer, Director, BIREME, on 20 November 2008 for submission to the Rockefeller Foundation.

Dr Jose F Lapena led a discussion on the proposed Declaration on Access to Health Research in the Western Pacific Region. After discussions with representatives from China, Japan, the Republic of Korea and Singapore, Mr Charles Raby suggested that, due to leadership changes at the WHO Regional Office for the Western Pacific, it would be better to finalize the proposed Declaration at the next meeting of APAME and WPRIM in Singapore in 2009. The discussion was suspended with the understanding that further comments could be submitted directly to Dr Lapena, who would prepare a more polished draft for the Singapore meeting.

## 2.7 Report on the first APAME meeting and website

Prof Chang-Kok Hahm presented a summary of the first APAME meeting held in Seoul, the Republic of Korea from 4 to 5 May 2008 (Annex 11). He also presented the current website of APAME.

## 2.8 APAME constitution and logo

Dr Jeong-Wook Seo presented the constitution and logo of APAME (Annex 12). Although questions on the registration domain of the association and the composition of membership and dues were raised, the constitution was provisionally approved by the General Assembly. The body approved the logo unanimously. Dr John Arokiasamy proposed an extension of the term of office of the incumbent president for another two years.

## 2.9 Roles and activities of APAME committees

### 2.9.1 Planning and Finance Committee

Prof Chang-Kok Hahm presented the experience of the Korean Association of Medical Journal Editors (KAMJE) in relation to planning and finances (Annex 13). Dr John Arokiasamy stated that some of the directions could be considered for financing APAME.

Dr Jeong-Wook Seo presented the proposed activities for the Planning and Finance Committee. He distributed application forms for APAME individual and institutional membership. These forms are also available on the APAME website.

### 2.9.2 Education and IT Committee

Prof Wilfred Peh presented the Education and IT Committee report (Annex 14). Dr Najeeb Al-Shorbaji suggested that “IT” should be replaced by “Communication” because

most of the terms of reference of the Committee pertain to that area. Dr Jeong-Wook Seo suggested the formation of a separate IT Committee for APAME.

The formation of the APAME Education Committee was approved, with Prof Wilfred Peh serving as Chairperson and the following persons serving as members: Prof Wang De (China), Dr Jeong-Wook Seo (Republic of Korea), Dr Siprasert Ladparkdy (Lao People's Democratic Republic), Dr Jose F. Lapena (Philippines) and Prof Peter Siba (Papua New Guinea).

Prof Peh mentioned that requests for future writing workshops were welcome. However, they must be made in advance to allow enough time for preparation. He also announced that there would be a medical writing workshop following the Joint Meeting of APAME and WPRIM in November 2009.

### 2.9.3. Editorial Policy and Ethics Committee

Dr Jose Avila presented the editorial policies of APAME, focusing on the responsibilities of the medical editor and the proposed ethics guidelines (Annex 15). Dr Jose Lapena asked whether APAME should prepare its own guidelines or adopt existing international guidelines such as those of the International Committee of Medical Journal Editors (ICMJE).

Dr Najeeb Al-Shorbaji stated that the guidelines adopted by APAME should be disseminated to young authors and students and published in each journal. He mentioned that the adoption of uniform guidelines by the journals would be ideal. Mr Charles Raby added that, once adopted, these guidelines could be translated into different languages and posted on the WPRIM and APAME websites.

### 2.10 Discussions on editing and peer review

Dr Wang De presented the functions of peer review (Annex 16) and, together with Dr John Arokiasamy, initiated a roundtable discussion on editing and peer review.

Prof Peter Siba remarked that, in his journal, reviewers were not supposed to change text or write anything except comments. He also suggested compiling a list of volunteer reviewers and their areas of expertise in the Region.

Dr Jose Ma. Avila said that the practice of external peer review should be maintained and that journals should also have adequate use of internal review.

Dr Sea Huong remarked that the quality of journals in Cambodia, both specialty journals (e.g. paediatrics, urology) and two major journals (i.e. the Cambodian Medical Journal and the Journal of the Pharmaceutical Association), was not very good. Materials for publication were lacking and regularity of publication was not assured. He mentioned that a national committee reviews all articles, and that the Health Promotion Department of the Ministry of Health gathers health reports across the country.

Other suggestions given by the group were:

- (1) administration of peer review training;
- (2) adoption of a standard template for reviewers;
- (3) pooling of reviewer resources; and

- (4) individual journal policies on the review process should be left to the journals (e.g. open review, single or double blind review, number of reviewers).

## 2.11 Discussions on ethics

Dr Kiichiro Tsutani spoke on publication ethics and cited examples of misconduct in Japan (Annex 17). He also led the group discussion on the accessibility of existing ethical research guidelines with a focus on Asian countries.

Prof Chang-Kok Hahm also made a presentation on the experience of the KAMJE ethics committee. He pointed out that KAMJE does not allow duplicate or secondary publications of articles in their journals and presented available software that could help in detecting duplicate or secondary publications. During the discussion, he stated that there should be a distinction between honest mistakes and malicious acts, and that any intention of re-publication or translation should have due permission and acknowledgement.

## 2.12 Decisions and other matters

### 2.12.1 Declaration on Access to Health Research and Information

The Declaration on Access to Health Research and Information will be finalized at the next Joint Meeting of APAME and WPRIM in Singapore in November 2009.

### 2.12.2 WPRIM platform

The Institute of Medical Information, Chinese Academy of Medical Sciences (IMICAMS), which is a WHO collaborating centre in China, will provide technical support for the development of the WPRIM platform and the uploading of journal articles, starting with those published in 2007-2008.

### 2.12.3 Journals approved by the Regional Journal Selection Committee (RJSC)

The RJSC approved 96 candidate journals presented by representatives of the National Journal Selection Committees.

### 2.12.4 Rockefeller Foundation proposal

A proposal on the sustainability and development of WPRIM and the piloting of full-text journals was submitted to the Rockefeller Foundation for funding support.

### 2.12.5 APAME constitution and logo

The APAME constitution and logo were approved.

### 2.12.6 Joint Meeting of APAME and WPRIM in 2009

The Singapore Medical Association will co-host the next Joint Meeting of APAME and WPRIM, which will be held in Singapore from 4 to 5 November 2009.

### 3. RECOMMENDATIONS

Based on the presentations and discussions of the agenda by the participants, the following recommendations have been formulated:

#### 3.1. WPRIM and APAME

(1) All participating countries should contribute actively to the development of WPRIM and APAME in order to improve the quality and visibility of journals published in the Western Pacific Region.

#### 3.2. WPRIM

(1) The Institute of Medical Information, Chinese Academy of Medical Sciences (IMICAMS) should provide technical support for the development of the WPRIM platform and the uploading of journal articles, starting with those published in 2007-2008. Countries should submit their data format to IMICAMS for uploading.

(2) Advocacy for WPRIM should be strongly supported by partners at country level.

(3) The Declaration on Access to Health Research and Information should be further revised and finalized in the next Joint Meeting of APAME and WPRIM in Singapore in November 2009.

#### 3.3 APAME

##### 3.3.1 Constitution

(1) A statement that membership is open to countries in the South-East Asia and Western Pacific Regions should be included in the APAME constitution.

(2) The phrases "in official association with WHO" and "Member States" should be deleted from the APAME constitution.

##### 3.3.2 Membership

(1) Application forms for endorsement by APAME should be produced.

(2) Applications for membership from developing countries should be exempted from paying membership fees in APAME.

##### 3.3.3 Training

(1) The Philippine Council for Health Research and Development (PCHRD) should co-sponsor the proposed APAME scientific writing workshop in Manila, Philippines in June 2009.

(2) Potential trainers from developing countries should attend the medical writing workshop to be held after the November 2009 APAME and WPRIM meeting in Singapore.

(3) A list of volunteer reviewers and their fields of expertise in the Region should be compiled.

##### 3.3.4 Website

(1) The website should be upgraded and maintained, with regular contributions from members. It should become an essential resource for medical journal editors in the Region.



**WORLD HEALTH  
ORGANIZATION**



**ORGANISATION MONDIALE  
DE LA SANTÉ**

**REGIONAL OFFICE FOR THE WESTERN PACIFIC  
BUREAU RÉGIONAL DU PACIFIQUE OCCIDENTAL**

**JOINT MEETING OF THE ASIA PACIFIC  
ASSOCIATION OF MEDICAL JOURNAL  
EDITORS (APAME) AND THE WESTERN  
PACIFIC REGION INDEX MEDICUS (WPRIM)**

**WPR/2008/DPM/05/LIB(2)/2008/IB/2  
13 November 2008**

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**ENGLISH ONLY**

**INFORMATION BULLETIN NO. 2**

**LIST OF TEMPORARY ADVISERS, OBSERVERS  
AND SECRETARIAT**

**1. TEMPORARY ADVISERS**

Dr John T. Arokiasamy  
Dean and Professor of Community Medicine  
Malaka Manipal Medical College  
Jalan Batu Hampar, Bukit Baru  
75150 Malaka, Malaysia  
Tel. (606) 292 5849 ext 1002  
Fax: (606) 292 5852  
Email: [johnnt@manipal.edu.my](mailto:johnnt@manipal.edu.my)

Dr Joselito Mario Co Avila  
Department of Pathology  
College of Medicine  
University of the Philippines  
547 P. Gil St., Ermita  
Manila, Philippines  
Tel.: (632) 400 6452 / 524 6143  
Fax: (632) 404 2579  
Email: [jocycavila@yahoo.com.ph](mailto:jocycavila@yahoo.com.ph)

Prof Chi Hui  
Deputy Director, Institute of Medical Information  
Chinese Academy of Medical Sciences  
69 Dongdan Beidajie  
Beijing 100005, China  
Tel: (86-10) 65279167  
Fax: (86-10) 65294947  
Email: [chihuidx@gmail.com](mailto:chihuidx@gmail.com)

Mr Cui Meng  
Director, Institute of Information  
China Academy of Chinese Medical Sciences  
No. 16, Nanxiaojie, Dongzhimen Nei  
Beijing, 100700 China  
Tel/Fax : (86-10) 6404 8242  
Email : [cm@mail.cintcm.ac.cn](mailto:cm@mail.cintcm.ac.cn)

Prof Dai Tao  
Director, Institute of Medical Information  
Chinese Academy of Medical Sciences  
69 Dongdan Beidajie  
Beijing 100005, China  
Tel: (86-10) 65251875  
Fax: (86-10) 65294947  
Email : [daitao@library.imicams.ac.cn](mailto:daitao@library.imicams.ac.cn)

Mr Fang An  
Vice-Chief of Network Department  
Institute of Medical Information  
Chinese Academy of Medical Sciences  
69 Dongdan Beidajie  
Beijing 100005, China  
Tel: (86-10) 65122184  
Fax: (86-10) 65294947  
Email: [fangan@imicams.ac.cn](mailto:fangan@imicams.ac.cn)

Professor Chang-Kok Hahm  
President of APAME  
Department of Radiology  
Hanyang University GURI Hospital  
Secretary of Committee for Publication Ethics,  
Korean Association of Medical Journal Editors  
249-1, Kyomun-dong, Guri, 471-701, Republic of Korea  
Tel: (82-31)560-2255  
Fax : (82-31)560-2551  
Email : [hahmck@hanyang.ac.kr](mailto:hahmck@hanyang.ac.kr)

Mr Masamichi Kitagawa  
Chief, Academic Information Center  
The Jikei University School of Medicine  
3-25-8 Nishi-Shimbashi, Minato-ku  
Tokyo 105-8461 Japan  
Tel.: (81-3) 3433-1111 x2121  
Fax: (81-3) 435-1922  
Email: [kitagawa@jikei.ac.jp](mailto:kitagawa@jikei.ac.jp)

Dr Jose Florencio F. Lapena, Jr.  
Editor, Philippine Journal of Otolaryngology  
Head and Neck Surgery  
Associate Professor, University of the Philippines Manila  
Unit 2512, Medical Plaza Ortigas Condominium  
San Miguel Avenue, Ortigas Center  
Pasig City 1605 Philippines  
Tel: (632) 633 2783  
Fax: (632) 524 4455  
Email: [joeylapena@yahoo.com](mailto:joeylapena@yahoo.com)

Ms Nguyen Hai Ha  
Librarian, Hanoi School of Public Health  
138 Giang Vo, Ba Dinh  
Ha Noi, Viet Nam  
Tel: (84-4) 266 2387  
Fax: (84-4) 266 2385  
E-mail: [nhh@hsph.edu.vn](mailto:nhh@hsph.edu.vn); [halib\\_hsph@yahoo.com.vn](mailto:halib_hsph@yahoo.com.vn)

Dr Siprasert Ladparkdy  
Department of Curative Medicine  
Simejang Road, Ministry of Health  
Vientiane Capital, Lao PDR  
Telefax: (856-21) 217848  
E-mail: [sertlpd@hotmail.com](mailto:sertlpd@hotmail.com)

Ms Merlita Opena  
Chief Science Research Specialist  
Philippine Council for Health Research and Development  
Department of Science and Technology  
Gen. Santos Avenue, Bicutan, Taguig City 1631,  
Philippines  
Tel: (632) 837 7537 / 4  
Fax: (632) 837 2924  
Email: [mmo@pchrd.dost.gov.ph](mailto:mmo@pchrd.dost.gov.ph)

Dr Wilfred CG Peh  
Editor, Singapore Medical Journal  
Senior Consultant, Department of Diagnostic Radiology  
Alexandra Hospital  
378 Alexandra Road  
Singapore 159964 Republic of Singapore  
Tel: (65) 98203717  
Fax: (65) 64764571  
Email: [wilfred.peh@gmail.com](mailto:wilfred.peh@gmail.com)

Mr Qian Qing  
Assistant to Director & Chief of Digital Library  
& Network Department  
Institute of Medical Information  
Chinese Academy of Medical Sciences  
69, Dongdan Beidajie  
Beijing 100005, China  
Tel: (86-10) 6512 2340  
Fax: ( 86-10) 6529 4947  
Email: [qianq@imicams.ac.cn](mailto:qianq@imicams.ac.cn)

Prof Sea Huong  
Executive Director  
Cambodia Medical Association  
50 Monivong Blvd.  
Phnom Penh, Cambodia  
PO Box 2432  
Telefax: 85523-723074  
Email: [seahuong@online.com.kh](mailto:seahuong@online.com.kh)

Dr Jeong-Wook Seo  
Professor, Department of Pathology  
Director, Medical Library  
Seoul National University College of Medicine  
28 Yongon-Dong, Chongno-gu  
Seoul 110-799 Republic of Korea  
Tel: (82-2) 740 8041  
Fax: (82-2) 740 8080  
Email: [jwseo@snu.ac.kr](mailto:jwseo@snu.ac.kr)

Prof Peter Siba  
Director, PNG Institute of Medical Research  
PO Box 60 Goroka  
Eastern Highlands Province  
441 Papua New Guinea  
Tel: 732 2546  
Fax: 732 1998  
Email : [peter.siba@pngimr.org.pg](mailto:peter.siba@pngimr.org.pg)

Dr Chang-Ok Suh  
Professor, Department of Radiation Oncology  
Yonsei University College of Medicine  
250 Seongsanno, Seodaemun-gu,  
Seoul 120-752, Republic of Korea  
Tel.: (82-2) 2228-8117, 8095  
Mobile: (82-10) 5318-4600  
Email: [cosuh317@yuhs.ac](mailto:cosuh317@yuhs.ac)

Dr Luong Chi Thanh  
Director  
Central Institute for Medical Science Information (CIMSI)  
Ministry of Health  
13-15 Le Thanh Tong Str  
Ha Noi, Viet Nam  
Tel: (84-4) 826 4040 / 824 2668  
Fax: (84-4) 824 2668  
Email: [cimsi@cimsi.org.vn](mailto:cimsi@cimsi.org.vn); [luongthanh@hn.vnn.vn](mailto:luongthanh@hn.vnn.vn)

Dr Tserenkhuu Lkhagvasuren  
President, Health Sciences University of Mongolia  
Choidog Street 3, P.O. 48, Box 111  
Ulaanbaatar 210648, Mongolia  
Tel: (976-11) 328 670  
Fax: (976-11) 321 249  
Email : [tsetselkh@yahoo.com](mailto:tsetselkh@yahoo.com); [lkhagvasuren@hsum.edu.mn](mailto:lkhagvasuren@hsum.edu.mn)

Dr Kiichiro Tsutani  
Professor, Department of Drug Policy and Management  
Graduate School of Pharmaceutical Sciences  
The University of Tokyo  
7-3-1 Hongo, Bunkyo-ku  
Tokyo, 113-0033 Japan  
Tel.: (81-3) 5841 4828  
Fax. (81-3) 5841 4829  
Email: [tsutani-tky@umin.ac.jp](mailto:tsutani-tky@umin.ac.jp)

Dr Indra Vythilingam  
Senior Research Officer, Parasitology Unit  
Institute for Medical Research  
Jalan Pahang 50588  
Kuala Lumpur, Malaysia  
Tel : (603) 261 62401  
Fax : (603) 269 48724  
Email : [indra@imr.gov.my](mailto:indra@imr.gov.my)

Dr Wang De  
Deputy Secretary-General  
Senior Editor  
China International Exchange and Promotive  
Association for Medical and Health Care  
154 Gulou Xidajie  
Beijing, 100009, China  
Tel: (86-10) 8401 4816  
Fax: (86-10) 8401 5316  
Mobile: 1370 123 8513  
Email: [wangdecma@vip.163.com](mailto:wangdecma@vip.163.com)

Ms Wang Qing  
Executive Editor, Journal of Medical Informatics  
Institute of Medical Information  
Chinese Academy of Medical Sciences  
69, Dongdan Beidajie  
Beijing 100005, China  
Tel: (86-10) 65231492  
Fax : (86-10) 65294947  
Email : [wangqing@imicams.ac.cn](mailto:wangqing@imicams.ac.cn)

Mr Yan Zhi'an  
Chief, Periodical Department  
China Association of Chinese Medicine  
4 Yinghuayuan Dongjie, Chaoyang District  
Beijing 100029 China  
Tel/Fax: (8610) 6421 6650  
Email: [10001798@163.com](mailto:10001798@163.com)

Mr You Suning  
Editor-in-Chief  
Chinese Medical Association Publishing House  
42 Dongsi Xidajie  
Beijing 100710 China  
Tel: (86-10) 8515 8115  
Fax :( 86-10) 8515 8180  
Email: [yousuning@cma.org.cn](mailto:yousuning@cma.org.cn)

Mr Zhan Youxiang  
Director of Medical Library of People's Liberation Army  
5, Fengtai Road, Haidian District  
Beijing 100039, China  
Tel: (86-10) 6693 2401  
Fax: (86-10) 6828 4032  
Email: [zhanyx@mlpla.gov.cn](mailto:zhanyx@mlpla.gov.cn)

Ms Zhao Ruiqin  
Executive Editor, Journal of Medical Research  
Institute of Medical Information  
Chinese Academy of Medical Sciences  
69, Dongdan Beidajie  
Beijing 100005, China  
Tel: (86-10) 65230946  
Fax: (86-10) 65294947  
Email: [zhao8563@126.com](mailto:zhao8563@126.com)

Ms Zou Jianhua  
Chief of International Cooperation Department  
Chinese Academy of Chinese Medical Sciences  
16 Nanxiaojie, Dongzhimen Nei  
Beijing 100700, China  
Tel/Fax: (86-10) 64016387  
E-mail: [zoujh2001@sohu.com](mailto:zoujh2001@sohu.com)

## 2. OBSERVERS

Dr Seung-Hoon Choi  
Dean, College of Oriental Medicine  
Kyung Hee University  
1, Hoegi-dong, Dongdaemun-gu,  
Seoul 130-701, Korea  
Tel: 822-961 0320  
Fax: 822-965 5969  
Email : [choish@khu.ac.kr](mailto:choish@khu.ac.kr)

Mr Cunbin Fan  
Director, Newspaper & Periodical Publishing Center  
Peoples Medical Publishing House  
3 Zone 33 Fangqunyuan, Fangzhuang  
Beijing, China  
Tel: 010-67617342  
Fax: 8610-51927290  
Email: [fancunbin@yahoo.com.cn](mailto:fancunbin@yahoo.com.cn)

Dr Sung-Tae Hong  
Professor, Department of Parasitology  
Seoul National University College of Medicine  
28 Yeongeon-dong Jongno-gu  
Seoul 110-799 Republic of Korea  
Tel.: (82-2) 740 8343  
Fax: (82-2) 765 6142  
Email: [hst@snu.ac.kr](mailto:hst@snu.ac.kr)

Mr Takeshi Isono  
Chief Librarian, Office of Library Services  
Center for Information Research and Library  
National Institute of Public Health  
2-3-6, Minammi, Wako  
Saitama 351-0197 Japan  
Tel: 81-48 458 2212  
Fax: 81-48 469 0326  
Email : [isono@niph.go.jp](mailto:isono@niph.go.jp)

Mr Jack Jia  
Manager, Hong Kong STM Publishing  
35F, No 1168 CITIC Square  
Nanjing West Road  
Shanghai 200041 China  
Tel: 8621-51169196  
Fax: 8621-62484895  
Email: [jackjia2010@gmail.com](mailto:jackjia2010@gmail.com)

Ms Ma Ai Yun  
Senior Editor, Biomedical and Environmental Sciences  
Chinese Center for Disease Control and Prevention  
BES Editorial Office  
27 Nanwei Rd  
Beijing 1050 China  
Telefax: 8610-63026230  
Email : [besj@263.net](mailto:besj@263.net); [bescdc@hotmail.com](mailto:bescdc@hotmail.com)

Mr Meng Fanhui  
Editor, Peoples Military Medical Press  
Copyright Cooperation Center  
No 22 Fuxing Avenue  
Beijing 100842 China  
Tel: 8610-51927300 ext 8802  
Fax : 8610-51927290  
Email : [leoleomeng@yahoo.com](mailto:leoleomeng@yahoo.com)

Dr Hiromitsu Ogata  
Director, Center for Information Research & Library  
National Institute of Public Health  
Saitama, Japan  
E-mail: [ogata@niph.go.jp](mailto:ogata@niph.go.jp)

Prof Seong-Sik Park  
Editor in Chief, Korean Oriental Medical Society  
Department of Sasang Constitutional Medicine  
Dongguk University Oriental Medical Hospital,  
87-2, Sunae-dong, Bundang-gu, Seongnam-si,  
Kyunggi, Republic of Korea  
Tel: +82-31-710-3723  
Email: [parks@dongguk.ac.kr](mailto:parks@dongguk.ac.kr)

Mr Xiong Shi  
Director, Audio Video Publishing Center  
Peoples Medical Publishing House  
3 Zone 33 Fangqunyuan, Fangzhuang  
Beijing, China  
Tel: 8610-67607304  
Fax: 8610-67617314  
Email: [stonebear@263.net](mailto:stonebear@263.net)

Mr Pham Anh Tuan  
Vice Deputy Chief  
Central Institute for Medical Science Information (CIMSI)  
Ministry of Health  
13-15 Le Thanh Tong Str  
Ha Noi, Viet Nam  
Tel: (84-4) 393 34759  
Fax: (84-4) 824 2668  
Email : [tinhoc@cimsi.org.vn](mailto:tinhoc@cimsi.org.vn)

Ms Yin Yuan  
38, Xueyuan Road, Haidian Distric  
Beijing 100083, China  
Tel: (86-10) 82801231  
Fax: (86-10) 82802706  
Email: [yiny@bjmu.edu.cn](mailto:yiny@bjmu.edu.cn)

Ms Zheng Ying  
Project Manager, Institute of Medical Information,  
Chinese Academy of Medical Sciences  
No. 3, Yabao Road, Chaoyang District  
Beijing 100020, China  
Tel: (86-10) 6529 6984  
Fax: (86-10) 6529 4947  
E-mail: [rebecca0813@163.com](mailto:rebecca0813@163.com)

Ms Shi Zhaoyun  
Chinese Medical Association  
42 Dongsi Xidajie  
Beijing 100710 China  
Tel: (86-10) 8515 8308  
Fax: (86-10) 8515 8180  
E-mail: [shizhaoyun@cma.org.cn](mailto:shizhaoyun@cma.org.cn)

Ms Zheng Liping  
Program Officer, Office of International Cooperation  
Chinese Center for Disease Control and Prevention  
27 Nanwei Rd  
Beijing 1050 China  
Tel: 8610-63022960  
Fax: 8610-63131939  
Email: [zhenglp@chinacdc.cn](mailto:zhenglp@chinacdc.cn)

Mr Aimin Zhang  
Chief Editor  
China Rehab Center  
10 Jiaomen Beilu, Fengtai District  
Beijing 100068 China  
Tel: 1371 864 1868  
Fax: 8610-6756 7673  
Email: [cjrtponline@263.net](mailto:cjrtponline@263.net)

Dr Qiu Zhuoying  
Director, Rehab Information Institute  
China Rehab Center  
10 Jiaomen Beilu, Fengtai District  
Beijing 100068 China  
Tel: 1391 0566264  
Fax: 8610-6756 2515  
Email: [Qutiger2005@gmail.com](mailto:Qutiger2005@gmail.com)

### 3. LOCAL ORGANIZING SECRETARIAT

Ms Li Qiufang  
Chief, General Office  
Institute of Medical Information  
Chinese Academy of Medical Sciences  
No. 3, Yabao Road, Chaoyang District  
Beijing 100020, China  
Tel/Fax: (86-10) 6529 4947  
E-mail: [liqf@imicams.ac.cn](mailto:liqf@imicams.ac.cn)

#### 4. SECRETARIAT

Dr Najeeb Al-Shorbaji  
Director, Knowledge Management and Sharing  
World Health Organization  
20, Avenue Appia  
CH-1211 Geneva 27 Switzerland  
Tel: (41-22) 791 2111  
Fax: (41-22) 791 3111  
Email: [shorbajin@who.int](mailto:shorbajin@who.int)

Mr Julio Dizon, Jr.  
Administrative Officer (Library)  
WHO Regional Office for the Western Pacific  
United Nations Avenue  
1000 Manila, Philippines  
Tel: (63 2) 528-9840  
Fax: (63 2) 521-1036  
E-mail: [dizonj@wpro.who.int](mailto:dizonj@wpro.who.int)

Ms Xijuan Fu  
Administrative Assistant  
WHO Representative Office  
401, Dongwai Diplomatic Office Building  
23, Dongzhimenwai Da jie  
Chaoyang District  
Beijing 100600, China  
Tel: (8610) 6532-7189 ext 647  
Fax: (8610) 6532-2359  
Email: [fux@wpro.who.int](mailto:fux@wpro.who.int)

Ms Alma Mila Prosperoso  
WPRIM Project Assistant  
WHO Regional Office for the Western Pacific  
United Nations Avenue  
1000 Manila, Philippines  
Tel: (63 2) 528-9038  
Fax: (63 2) 521-1036  
E-mail: [prosperoso@wpro.who.int](mailto:prosperoso@wpro.who.int)

Mr Charles Raby  
Technical Officer, Translation, Publications, Library Services  
& Knowledge Management  
WHO Regional Office for the Western Pacific  
United Nations Avenue  
1000 Manila, Philippines  
Tel: (63 2) 528-9983  
Fax: (63 2) 521-1036  
E-mail: [raby@wpro.who.int](mailto:raby@wpro.who.int)

**WORLD HEALTH  
ORGANIZATION**



**ORGANISATION MONDIALE  
DE LA SANTÉ**

**REGIONAL OFFICE FOR THE WESTERN PACIFIC  
BUREAU RÉGIONAL DU PACIFIQUE OCCIDENTAL**

**JOINT MEETING OF THE ASIA PACIFIC  
ASSOCIATION OF MEDICAL JOURNAL  
EDITORS (APAME) AND THE WESTERN  
PACIFIC REGION INDEX MEDICUS (WPRIM)**

**WPR/2008/DPM/05/LIB(02)/2008.1  
6 November 2008**

**Beijing, People's Republic of China  
18-21 November 2008**

**ENGLISH ONLY**

### **PROVISIONAL AGENDA**

- (1) Opening session
- (2) Adoption of the agenda
- (3) Summary of previous WPRIM meetings
- (4) Report on the status of the WPRIM project
- (5) Discussion on key WPRIM activities
- (6) Screening and evaluation of the WPRIM candidate journals
- (7) Global Health Library and Status of the EMRO Index Medicus
- (8) Report on the e-health conference, Bellagio
- (9)) Brief summary of the first APAME meeting including presentation of the APAME website
- (10) APAME constitution and logo

- (11) Discussion on the roles and activities of the APAME committees
  - a. Planning and Finance Committee
  - b. Education and IT Committee
  - c. Editorial Policy and Ethics Committee
- (12) Round Table Discussions
  - a. Editing and Peer Review
  - b. Ethics
- (13) Review and adoption of the Beijing Declaration on Access to Health Research in the Western Pacific Region
- (14) Closing ceremony

**MESSAGE OF  
DR SHIGERU OMI, WHO REGIONAL DIRECTOR  
FOR THE WESTERN PACIFIC,  
IN THE JOINT MEETING OF THE ASIA PACIFIC ASSOCIATION OF MEDICAL  
JOURNAL EDITORS (APAME) AND THE  
WESTERN PACIFIC REGION INDEX MEDICUS (WPRIM)**

Beijing, People's Republic of China  
18 – 21 November 2008

(TO BE READ BY MR CHARLES P. RABY, COORDINATOR, TRANSLATION,  
PUBLICATIONS, LIBRARY SERVICES AND KNOWLEDGE MANAGEMENT,  
WHO REGIONAL OFFICE FOR THE WESTERN PACIFIC)

DR LIU DEPEI, PRESIDENT OF THE CHINESE ACADEMY OF MEDICAL  
SCIENCES;  
PROF DAI TAO, DIRECTOR OF THE INSTITUTE OF MEDICAL INFORMATION;  
DR CHANG-KOK HAHM, PRESIDENT OF THE ASIA PACIFIC ASSOCIATION OF  
MEDICAL JOURNAL EDITORS;

LADIES AND GENTLEMEN

I am pleased to welcome you to this joint meeting of the Asia Pacific Association of Medical Journal Editors, known as APAME, and the Western Pacific Region Index Medicus or WPRIM. A joint meeting at this stage seems very appropriate since the two initiatives complement each other and share common goals, such as to raise the level of journal publishing in Member states of the WHO Western Pacific Region through a peer-review system and to enhance the global visibility and equitable accessibility of quality health research done in countries of the Region.

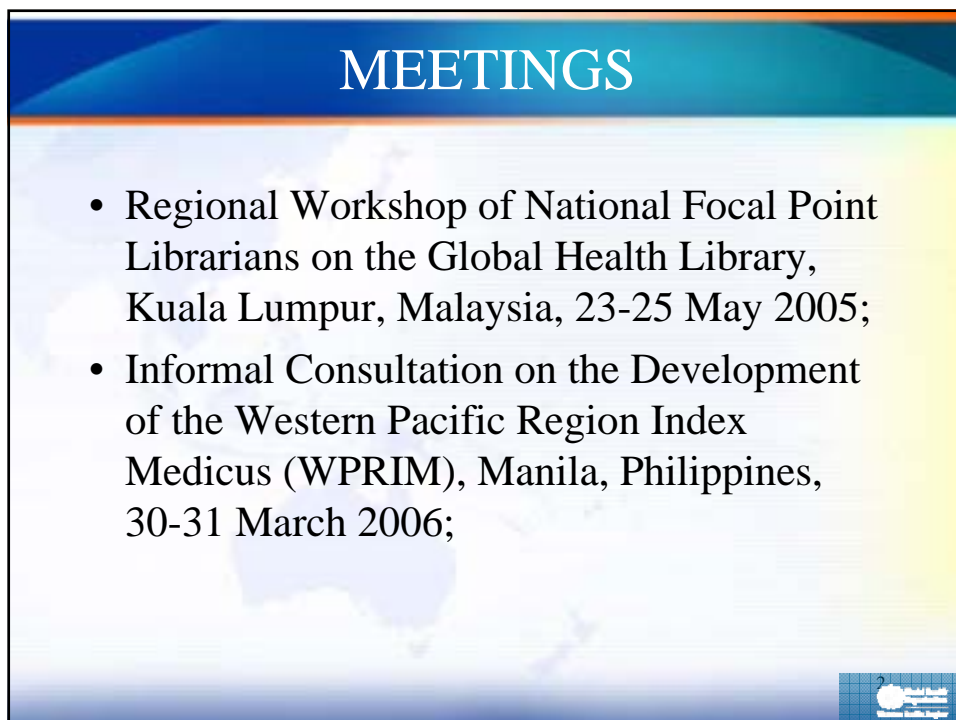
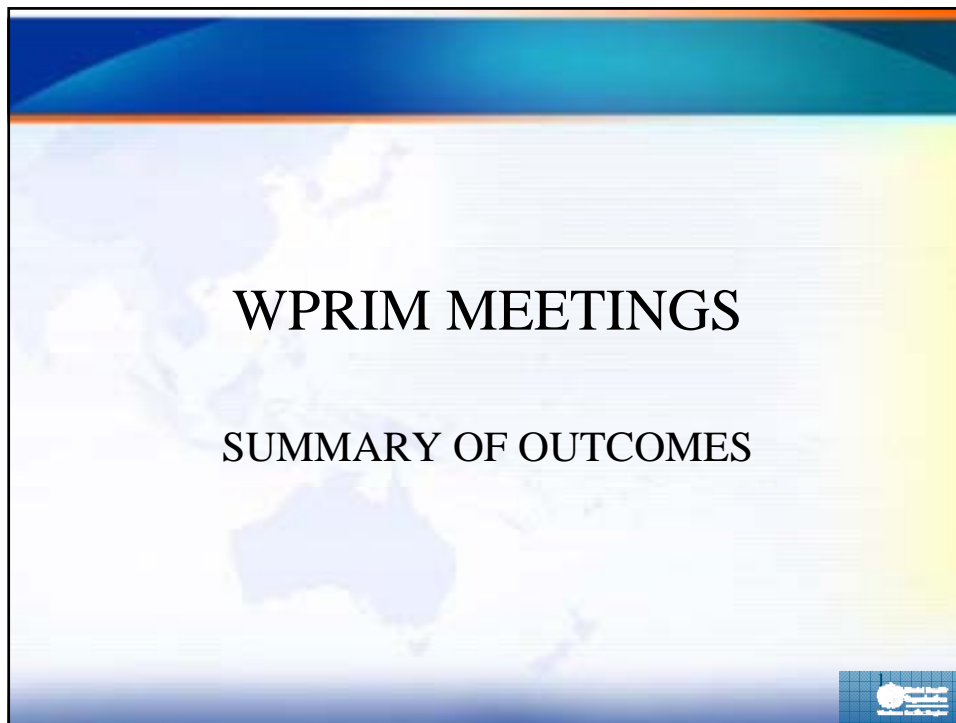
Since the last WPRIM meeting in Seoul almost a year ago, three more countries have joined the project, and now there are 12 countries participating in WPRIM. The first two days of the meeting will be devoted to the development of the Index Medicus, and new candidate journals will be screened and evaluated. WPRIM is still a new project, but it is making very good progress. It still needs to gain more visibility, and I am happy to see that you will discuss promotion and funding to ensure the sustainability of the project. The meeting will certainly benefit from the experience of the Index Medicus for the Eastern Mediterranean Region to be presented on the second day.

The last two days will be devoted to APAME. APAME was only established in May 2008 in Seoul. Although its constitution has just been approved, it now has to start planning activities to improve the capacity of medical journal editors in the Region.

I trust that all participants will share their knowledge, expertise and experiences during the discussion on future activities so that the WPRIM project and APAME will have clear roadmaps for their development, sustainability and further collaboration.


I would like to acknowledge the financial support of the Korea Centers for Disease Control and Prevention for WPRIM. Likewise, I greatly appreciate the courtesy of the Institute of Medical Information, Chinese Academy of Medical Sciences for hosting the event and providing financial support for logistics.

Finally, I wish all international participants a pleasant stay in Beijing. To our Chinese participants and hosts, thank you for your hospitality.



## MEETINGS

- Informal Consultation on the Development of the Western Pacific Region Index Medicus (WPRIM), Manila, Philippines, 30-31 March 2006;
- Meeting on the Development of the Western Pacific Region Index Medicus and the Global Health Library with China Collaboration, Beijing, China, 11-12 December 2006;



## MEETINGS

- Second Informal Consultation on the Development of the Western Pacific Region Index Medicus, Tokyo, Japan, 17-18 May 2007;
- Second Meeting on the Development of the Western Pacific Region Index Medicus, Seoul, Republic of Korea, 21-23 November 2007;



## MEETINGS

- First Meeting of the Asia Pacific Association of Medical Journal Editors, Seoul, Republic of Korea, 4-5 May 2008.



## ACHIEVEMENTS

- A WPRIM/APAME virtual community has been created at the Implementing Best Practices (IBP) Knowledge Gateway. There are 70 registered members to date;

URL: <http://my.ibpinitiative.org>



## ACHIEVEMENTS

- National Journal Selection Committees (NJSCs) have been established in China, Japan, Malaysia, Mongolia, Philippines, Republic of Korea, and Vietnam;
- Regional Journal Selection Committee (RJSC) has been formed;
- The Asia Pacific Association of Medical Journal Editors (APAME) has been established;



## ACHIEVEMENTS

- The minimum journal selection criteria and standards have been finalized;
- A Memorandum of Agreement (MOA) on the Development of WPRIM, to be signed between WHO/WPRO and the NJSCs, has been drafted;
- Letter of Appreciation from WHO/WPRO to the publishers of journals has been drafted;
- The constitution of APAME has been finalized;



## ACHIEVEMENTS

- RJSC has approved the journals recommended by the NJSCs of China, Japan, Mongolia, Philippines, and Republic of Korea;
- WHO/WPRO supported the editing of article abstracts in Mongolian journals.



## CAPACITY-BUILDING

- One library staff from WHO/WPRO and one IT staff from the Philippine Council for Health Research and Development (PCHRD) trained in Seoul from 18 June to 1 July 2006 on the technical aspects of the customized PubMed software of KAMJE and conversion, as well as uploading of records into the WPRIM database;



## CAPACITY-BUILDING

- One library and one IT staff from WPRO attended the Global Health Library Workshop, BIREME, Sao Paulo, Brazil, 26-30 March 2007 and were trained on the GHL framework and platform;



## CAPACITY-BUILDING

- An orientation conducted by BIREME staff on the different modules of the Global Health Library (GHL) was conducted from 3 to 7 March 2008 in WHO/WPRO where library and IT staff from WPRO, Philippine DOH, PCHRD, and one staff from Korean CDC;



## CAPACITY-BUILDING

- A one-week orientation on the WPRIM and GHIL system was held in Manila from 19 to 22 August 2008 which was attended by participants from China, Malaysia, and the Philippines.



## MAINTENANCE

- WHO/WPRO agreed to host WPRIM in its server;
- Initially, the customized PubMed software from KAMJE has been installed in the WHO/WPRO server and adapted for the WPRIM database;
- A full-time staff has been recruited to coordinate the activities, development, and maintenance of the WPRIM project.





## Status Report on the WPRIM Project

## Member Countries

### CHINA

- Established a National Journal Selection Committee (NJSC) chaired by Prof Dai Tao
- 64 Journals were approved by the Regional Journal Selection Committee (RJSC) for inclusion into WPRIM.
- IMICAMS conducted a journal editors training on 16 September 2008. The training was on the development of WPRIM and journal selection and evaluation.
- Ms Zheng Ying and Mr Fang An (IMICAMS staff) visited Seoul, Republic of Korea on WHO Fellowship in October 2008. They collaborated with the Korean Association of Medical Journal Editors (KAMJE) and Korea Centers for Disease Control and Prevention (KCDC) on medical journal evaluation procedures and informatics development.

- Mr Fang An (IMICAMS) attended the GHL/WPRIM system training and orientation in WPRO Manila in August 2008.
- In September 2008, IMICAMS built a testing environment for the GHL website in China to orient personnel on the GHL platform and data uploading tests.
- Published paper on the introduction of GHL and WPRIM, written by Qian Qing, Zheng Ying and Dai Tao, in the Medical Information Journal (volume 59, issue 5, 2008).

## JAPAN

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- Established a National Journal Selection Committee chaired by Dr Kiichiro Tsutani
- 2 journal titles were approved by the RJSC for inclusion into WPRIM
- WPRIMJ site – <http://wprimj.umin.jp>

## MALAYSIA

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- Established a National Journal Selection Committee chaired by Dr Indra Vythilingam of IMR Malaysia
- Will submit 9 journal titles for approval by the RJSC during the meeting in Beijing in November 2008
- Published a brochure to promote WPRIM advocacy in Malaysia
- Have plans to advertise WPRIM in the IMR website
- Ms Normah Ahmad Nordin (IMR staff) attended the GHL/WPRIM system training and orientation in WPRO Manila last August 2008

## MONGOLIA

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- Established a National Journal Selection Committee chaired by Prof Pagbajabyn Nymadawa
- 2 journals were approved by the Regional Journal Selection Committee (RJSC) for inclusion to WPRIM.
- Additional 7 journal titles will be submitted for the approval by the RJSC in this meeting.

## PHILIPPINES

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- Established a National Journal Selection Committee chaired by Dr Jose Ma Avila
- 13 journals were approved by the Regional Journal Selection Committee (RJSC) for inclusion to WPRIM.
- The abstract data of the 13 approved journals are also uploaded into the Philippines database called Health Research Development and Information Network (HERDIN ( [www.herdin.ph](http://www.herdin.ph) )

## REPUBLIC OF KOREA

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- Established a National Journal Selection Committee chaired by Dr Sung-Tae Hong
- 131 journals were approved by the Regional Journal Selection Committee (RJSC) for inclusion into WPRIM.
- The abstract data of the 131 approved journals are also uploaded into the KoreaMed database ([www.koreamed.kr](http://www.koreamed.kr))
- Additional 10 titles will be submitted for the approval of the RJSC in the November 2008 Beijing meeting.

## VIET NAM

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- Established a National Journal Selection Committee chaired previously by Mr Nguyen Khoa (retired) and now by Dr Luong Chi Thanh
- 13 titles will be submitted for the approval of the RJSC in this meeting.
- The abstract data of 13 journals recommended for WPRIM are also uploaded into the Viet Nam Index Medicus Database (<http://www.cimsi.org.vn>)
- 

## New Member Countries

## FIJI

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- Dr Kamal Kishore (Editor, Fiji Medical Journal) would like to recommend the inclusion of the following journal titles for WPRIM
  - a. Fiji Medical Journal (published by the Fiji Medical Association)
  - b. GP (published by Fiji College of General Practitioners)
  - c. Pacific Health Dialogue (published by the Pacific Health Research Council)

## PAPUA NEW GUINEA

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- Prof Peter Siba (Chief Editor, Papua New Guinea Medical Journal) would like to recommend the inclusion of the Papua New Guinea Medical Journal.
- The journal is published by the Institute of Medical Research. It is an English language, peer-reviewed journal and it is currently indexed in PubMed.

## SINGAPORE

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- Prof Wilfred Peh (Editor, Singapore Medical Journal) identified the following medical journals for inclusion into WPRIM
  - Annals of the Academy of Medicine, Singapore
  - Singapore Medical Journal
- There is also a plan to form a Singapore Association of Medical Journal Editors

## Newsletter and Community Site

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- Two issues of the WPRIM Newsletter were published (August 2007 and May 2008)

The newsletters are accessible online at  
[http://www.wpro.who.int/information\\_sources/library\\_services/wprim.htm](http://www.wpro.who.int/information_sources/library_services/wprim.htm)

- The WPRIM/APAME community site is accessible through the WHO-IBP (Implementing Best Practice) Knowledge Gateway  
<http://my.ibpinitiative.org>

There are now 70 registered members of the community who receive announcements, news and useful links related to the activities of WPRIM and APAME.




## WPRIM Database



### Background

- The WPRIM database adapted the customized PubMed system developed by Korea. 126,524 records from Korea and the Philippines were initially uploaded in this database.
- In early 2008, the data from the customized PubMed system was migrated to the GHL/WPRO database (<http://wprim.wpro.who.int>). The GHL platform was developed by BIREME. WPRIM is also searchable through a federated search engine via the GHL platform.



### Challenges and Concerns

- ❖ Data format (Records conversion)
  - ❖ Countries have different record formats and different systems for their index medicus
  - ❖ There may also be a delay in data updating unless the conversion procedure is provided by BIREME. This procedure will enable WHO/WPRO to do the data conversion and record maintenance to make the data compatible for uploading in the GHL/WPRIM system database.
  - ❖ Countries whose data is not compliant to MeSH/DECS descriptors could affect the quality of data converted into the GHL format.

Group 1	Group 2	Group 3	Group 4
Chair: Dr Kiichiro Tsutani	Chair: Dr John Arokiasamy	Chair: Dr Jose Avila	Chair: Dr Wilfred Peh
Dr Sung Tae Hong Dr Indra Vythilingam Mr Pham Tuan Anh Dr Siprasert Ladparkdy Mr Cui Meng Mr Yan Zhian Ms Zheng Liping Mr Xiong Shi Mr Julio Dizon	Mr Masamichi Kitagawa Dr Choi Seung Hoon Prof Tserenkhu Lkhagvasuren Mr Fang An Ms Zou Jianhua Ms Zhang Li Mr Meng Fanhui Ms Yin Yuan Ms Chi Hui	Dr Jeong Wook Seo Prof Peter Siba Ms Nguyen Hai Ha Mr Qian Qing Dr Wang De Ms Li Haiyan Ms Ma Ai Yun Ms Zheng Ying Ms Aimin Zhang	Prof Chang-Kok Hahm Prof Seong Sik Park Dr Jose Lapena Dr Luong Chi Thanh Prof Sea Huong Mr Zhan Youxiang Mr Cunbin Fan Mr Jack Jia Ms Shi Zhaoyun Dr Qiu Zhuoying

## **WESTERN PACIFIC REGION INDEX MEDICUS (WPRIM)**

### **Journal Selection Criteria**

The following journal selection criteria were finalized and approved by representatives of the National Journal Selection Committees at a Consultation held in Tokyo, Japan on 17-18 May 2007:

- cover health and biomedical subject;
- be peer-reviewed, either internally or externally;
- have English abstracts;
- be regularly published (at least 2 issues per year). However, if the journal is published only once a year, it will encouraged to increase its frequency to at least two issues per year: and
- include "Instructions to Authors" reviewed and accepted by the National Journal Selection Committees.

Note:

National Journal Selection Committees may decide to add country-specific criteria to the minimum journal selection criteria stated above. For example, the registration of clinical trials as a scientific and ethical responsibility.

**List of Journals Approved by the Regional Journal Selection Committee (2008)**

**China**

1. Academic journal of second military medical university
2. Actaacademiae medicinae militaris teriae
3. Actaacademiae medicinae sinicae(latin)
4. Actanutrimenta sinica
5. China journal of orthopaedics and traumatology
6. Chinese journal of clinical infectious diseases
7. Chinese journal of clinical nutrition
8. Chinese journal of clinical pharmacology and therapeutics
9. Chinese journal of digestion
10. Chinese journal of digestive surgery
11. Chinese journal of emergency medicine
12. Chinese journal of gastrointestinal surgery
13. Chinese journal of general practitioners
14. Chinese journal of health management
15. Chinese journal of hepatology
16. Chinese journal of infectious diseases
17. Chinese journal of information on traditional Chinese medicine
18. Chinese journal of internal medicine
19. Chinese journal of medical genetics
20. Chinese journal of microbiology and immunology
21. Chinese journal of nephrology
22. Chinese journal of obstetrics and gynecology
23. Chinese journal of pancreatology
24. Chinese journal of pathology
25. Chinese journal of physical medicine and rehabilitation
26. Chinese journal of plastic surgery
27. Chinese journal of practical internal medicine
28. Chinese journal of preventive medicine
29. Chinese journal of primary medicine and pharmacy
30. Chinese journal of radiation oncology
31. Chinese journal of radiology
32. Chinese journal of respiratory and critical care medicine
33. Chinese journal of rheumatology
34. Chinese journal of schistosomiasis control
35. Chinese journal of stomatology
36. Chinese journal of surgery

37. Chinese journal of thoracic and cardiovascular surgery
38. Chinese journal of traumatology
39. Chinese medical sciences journal
40. Chinese pharmacological bulletin
41. International journal of biomedical engineering
42. International journal of cerebrovascular diseases
43. International journal of pediatrics
44. International journal of surgery
45. International journal of traditional Chinese medicine
46. Journal of Chinese integrative medicine
47. Journal of chongqing medical university
48. Journal of clinical surgery
49. Journal of international oncology
50. Journal of medical research
51. Journal of peking university(health science)
52. Medical journal of Chinese people's liberation army
53. National journal of andrology
54. Ophthalmology in china
55. Parenteral & enteral nutrition
56. Researches in medical education
57. West china journal of stomatology

#### **Japan**

58. Journal of Rural Medicine
59. Nihon Nuson Igakksi Zashi (in Japanese)

#### **Malaysia**

60. Annals of Dentistry
61. Malaysian Family Physician
62. The Malaysian Journal of Medical Sciences
63. Neurology Asia
64. Malaysian Journal of Pathology
65. Medical Journal of Malaysia
66. Tropical Biomedicine
67. Archives of Orofacial Sciences
68. Malaysian Journal of Nutrition

#### **Mongolia**

69. Mongolian Medical Science

**Papua New Guinea**

70. Papua New Guinea Medical Journal

**Philippines**

71. Philippine Journal of Otorhinolaryngology

**Republic of Korea**

- 72. Journal of the Korean Society of Clinical Toxicology
- 73. Journal of the Korean Balance Society
- 74. Journal of Korean Oncology Nursing
- 75. Annals of Dermatology
- 76. Clinical and Experimental Otorhinolaryngology
- 77. Experimental Neurobiology
- 78. Intestinal Research
- 79. Journal of Educational Evaluation for Health Professions
- 80. Journal of Clinical Neurology
- 81. Korean Journal of Spine
- 82. Journal of Genetic Medicine

**Singapore**

- 83. Singapore Medical Journal
- 84. Annals Academy of Medicine Singapore

**Viet Nam**

- 85. Journal of Pharmacology
- 86. Journal of Ho Chi Minh City Medical Association
- 87. Journal of Research in Viet Nam Traditional Medicine and Pharmacy
- 88. Journal of Malaria and Parasite Diseases Control
- 89. Journal of Surgery Medicine
- 90. Journal of Internal Medicine
- 91. Pharmaceutical Journal
- 92. Journal of Medical and Pharmaceutical Information
- 93. Journal of Ho Chi Minh Medicine
- 94. Journal of Preventive Medicine
- 95. Journal of Medical Research
- 96. Viet Nam Journal of Public Health



## EMAME, IMEMR and GHL: WHERE ARE THEY GOING?

**Najeeb Al-Shorbaji, Director  
Knowledge Management and Sharing  
WHO/HQ  
Geneva, Switzerland**

**East Mediterranean Association of Medical Editors  
EMAME**

### Origins

- Like FAME, EMAME is relatively young;
- Since 1995 EMRO wanted to do more to support medical journals in the Region;
- An early proposal to hold a regional conference did not take off;
- Instead we started by working with the Regional Office Research Policy and Coordination unit (RPC) in EMRO.

EMAME, IMEMR and GHL: WHERE ARE THEY GOING?



### Indexing and surveying of medical journals

- Index Medicus for the Eastern Mediterranean started in 1984 and includes now 420 journals from the Region;
- A database of journals and their editors was established;
- Survey of needs was conducted as part of the health and biomedical information support in EMRO.

EMAME, IMEMR and GHL: WHERE ARE THEY GOING?



### EMAME

- EMAME was established at 1<sup>st</sup> conference and an interim executive council was established (volunteers);
- Executive council confirmed at 2<sup>nd</sup> meeting and constitution drafted;
- EMRO established and has continued to support EMAME listserv and website: principal means of communication;

EMAME, IMEMR and GHL: WHERE ARE THEY GOING?



### Objectives of EMAME

- To raise medical journals publishing standards;
- Network and sharing of knowledge and experience;
- Build capacity of editors, peer reviewers, authors;
- Presentations on all topics relating to medical journals: review, ethics of publishing, e-journals, trends, knowledge translation etc.

EMAME, IMEMR and GHL: WHERE ARE THEY GOING?



### EMAME structure

- General Assembly
- Executive Board
- Subcommittees: education/training, publishing ethics, e-journalism, editorship, research, evidence-based medicine and membership.

EMAME, IMEMR and GHL: WHERE ARE THEY GOING?



### Workshops

- Since 1996 a series of workshops on research proposal writing and editing of medical journals was organized in most countries;
- Usually a one-day workshop focussing on editing, sometimes redirected to the concerns of the researchers;
- Some workshops were purely for editors of medical journals only.

EMAME, IMEMR and GHL: WHERE ARE THEY GOING?



### Regional conferences

- End 2002 Saudi Medical Journal approached EMRO to organize a conference with a view to establishing a regional association;
- EMRO formally welcomed the initiative and allocated funds to convene the conference;
- In November 2003 EMRO hosted in Cairo the first conference on medical journal publishing in the Eastern Mediterranean Region.

EMAME, IMEMR and GHL: WHERE ARE THEY GOING?



### Four regional conferences

- Cairo, Egypt in November 2003;
- Riyadh, Saudi Arabia in October 2004;
- Shiraz, Iran in January 2006;
- Manama, Bahrain in November 2008;
- Next conference in Islamabad in 2010;
- Total number of participants over 800;
- EMRO sponsored at least one participant from each country, plus a few experts as speakers;
- Local organizers also provided local sponsorship
- TDR also sponsored participants in the first two conferences.

EMAME, IMEMR and GHL: WHERE ARE THEY GOING?



### Future plans: Regionally

- In 2006 EMRO organized a small consultation in Cairo to develop training materials to post on the website;
- Make training materials available online;
- Continue to support local workshops at country level through the country's own WHO allocation: MOH has to request/agree;
- Possible sub-regional training workshops;

EMAME, IMEMR and GHL: WHERE ARE THEY GOING?



### Future plans: Globally

- Support the establishment of more regional medical editors associations (SEAR and possibly the newly independent states);
- Convene a global conference of associations of medical journals editors with special emphasis on WHO Regions (AFRO, EMRO, SEARO, WPRO);
- Approach the International Association of Scientific, Technical & Medical Publishers to forge collaboration and get support;
- Develop an online global training course.

EMAME, IMEMR and GHL: WHERE ARE THEY GOING?



### Index Medicus for the Eastern Mediterranean Region

## IMEMR

### Introduction

- Index Medicus for the Eastern Mediterranean Region (IMEMR) started in 1987 by indexing the health and biomedical journals published in the Region in 1980.
- Five volumes of the EMR Index Medicus were published in print format.
- Since 1998 the IMEMR has been published as a bimonthly bulletin covering articles indexed during that specific period of time.

EMAME, IMEMR and GHL: WHERE ARE THEY GOING?



### Purpose of the Index

- Map the health literatures produced in the Region (Who is publishing what in which countries);
- Archive the information resources published in the health sciences journals;
- Help authors and researchers to get visibility at the global level;
- Create an environment for quality improvement, competition and aspiration for better information products;
- Help authors in networking and development of communities of practice and specialist.

EMAME, IMEMR and GHL: WHERE ARE THEY GOING?



### Criteria for selection of Journals for the Index

- Geographic Coverage;
- Subject Coverage;
- Type of Material;
- Language Coverage;
- English Abstract;
- Regular Publishing;
- Publishing policies.

EMAME, IMEMR and GHL: WHERE ARE THEY GOING?



### Geographic Coverage

The geographic coverage of the IMEMR is the WHO Region for the Eastern Mediterranean which covers 23 countries in the Region: Afghanistan, Bahrain, (Cyprus\*), Djibouti, Egypt, Iran, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Pakistan, Palestine, Qatar, Somalia, Saudi Arabia, Sudan, Syria, Tunisia, United Arab Emirates and Yemen.

\* When it was in EMR

EMAME, IMEMR and GHL: WHERE ARE THEY GOING?



### Subject Coverage

- The subject coverage of the IMEMR is the health and biomedical journals which include all public health topics, medicine and all its subspecialties, environmental health, dentistry, pharmaceutical, nursing, health management and administration and veterinary sciences.
- Excluded from the above all magazines that are published for pure commercial promotion or trade.
- Excluded also the news bulletins and newsletters that do not carry scientific and technical information

EMAME, IMEMR and GHL: WHERE ARE THEY GOING?



### Language Coverage

- All languages used in publishing of medical journals are covered: Arabic, English, Farsi, French and Urdu.

### Type of Material

- The Index covers the journal as the only one type of publication.

EMAME, IMEMR and GHL: WHERE ARE THEY GOING?



### English Abstract

- **The selected journals should have English abstracts in their articles.**

### Regular Publishing

- **The selected journals should be published on a regular basis.**

EMAME, IMEMR and GHL: WHERE ARE THEY GOING?



### Indexing Policy and Procedures

- The Medical Subject Headings (MeSH) is used for indexing of articles for the IMEMR.
- Health and biomedical professionals are employed for indexing of articles in the IMEMR.
- Indexers were provided with training sessions on indexing techniques and policies.

EMAME, IMEMR and GHL: WHERE ARE THEY GOING?



### Indexing Level

- Each article has been indexed and assigned a "Main Heading", plus added headings according to the Medical Subject Headings (MeSH).
- Up to five added headings (including the respective country) have been allowed.
- Subheadings (or qualifiers) are used in indexing to qualify MeSH headings by pinpointing some specific aspects of the concept represented by the heading, e.g. "*LIVER-drug effects*" indicates that the article is not about the liver in general, but about the effect of drugs on the liver.

EMAME, IMEMR and GHL: WHERE ARE THEY GOING?



### Indexing Process

- The indexing process is composed of four steps which are implemented by four different indexers:
  - ☐ **Subject analysis and selection of indexing terms;**
  - ☐ **Revision of indexing terms after being assigned to each article;**
  - ☐ **Data entry of records in the database;**
  - ☐ **Proofreading of data entered and quality control.**

EMAME, IMEMR and GHL: WHERE ARE THEY GOING?



### IMEMR Database

- The full database is published on the Internet as part of the Health Information Support Services of the Virtual Health Sciences Library.  
<http://www.emro.who.int/HIS/VHSL/Imemr.htm>
- IMEMR is published on CD-ROM on a six-monthly basis and distributed to health sciences libraries in the Region.

EMAME, IMEMR and GHL: WHERE ARE THEY GOING?



### IMEMR Current Content

- The bimonthly bulletin is published on the Regional Office Intranet and Internet as a current awareness service for the Regional Office staff and field offices
- The IMEMR Index Medicus is distributed free of charge for all health sciences libraries in the EMR countries.

EMAME, IMEMR and GHL: WHERE ARE THEY GOING?



### IMEMR and Document Delivery Services

- **All journals are indexed in IMEMR available in a printed format in the EMRO Library.**
- **The Document Delivery Services are provided to the users upon their request free of charge.**

EMAME, IMEMR and GHL: WHERE ARE THEY GOING?



### Future Directions for the IMEMR

- Publishing the IMEMR in the WHO Global Health Library
- Adding abstracts to the IMEMR database.
- Digitization and imaging for the full-text of articles.
- Linking the IMEMR records with the available Full-Text on the Internet.
- Adding monographs and other forms of formal publications.
- Adding current medical research published in the EMR countries.
- Linking the IMEMR records to mother institutions of authors.
- Searching the IMEMR database via the Search Solver as a federated search engine.

EMAME, IMEMR and GHL: WHERE ARE THEY GOING?



## Global Health Library

# GHL

## GHL Objectives

- point to reliable information collections and systems, in which different users and user groups can focus on the knowledge that best meets their health information needs;
- act as a facilitator enabling access to information contents produced by numerous key providers; and
- strive for universality, with focus on developing countries, and will act as a resource locator for print materials essential to areas that do not have access to electronic content.

EMAME, IMEMR and GHL: WHERE ARE THEY GOING?



## What was done?

- A systematic needs assessment and feasibility of the project;
- A technological platform was developed using the BIREME Virtual Health Science Library methodology. A portal was developed and has been made available on the Internet  
<http://www.globalhealthlibrary.net/php/index.php>;
- Regional Offices (some) provided the content of the Index Medicus databases as a first building block to establish a Global Index Medicus mainly from countries of the Global South;
- Orientation on the project mission, objectives, deliverables and role of libraries in member states was provided on a number of occasions;

EMAME, IMEMR and GHL: WHERE ARE THEY GOING?



- Training on the GHL technology platform was provided to library and information staff in selected Regional Offices;
- Discussion was initiated with potential partners and supporters of the GHL project. Those included Google, Microsoft and others;
- A taskforce was established comprising staff from WHO/HQ and Regional Offices charged with responsibility to look into the technological options available, content development, training, operation and marketing of the project;
- Work was initiated to create a global project board to constitute a governing structure to ensure wide partnerships, accountability and sustainability.

EMAME, IMEMR and GHL: WHERE ARE THEY GOING?



### **A new life to be given to GHL:**

- Revitalize the interest in and support to the Global Health Library project and give it a new impetus;
- Convene a global consultation of representatives of WHO/HQ and its Regional Offices and potential partners to discuss governance, funding, roles, responsibilities, contributions, method of work, plan of action, monitoring and evaluation;
- Assess interfacing and/or integration with other WHO global and regional projects such as the Global Institutional Repository, HINARI, regional virtual health science library initiatives and other global directories;

EMAME, IMEMR and GHL: WHERE ARE THEY GOING?



- Assist selected sites to develop content of databases using the agreed upon international standards and protocols for data storage and communication on the principle of full interoperability;
- Organize a campaign to inform on and promote the project among key decision-makers and leaders in the Organization and beyond.

EMAME, IMEMR and GHL: WHERE ARE THEY GOING?



**Thank you**

Discussion

# Report on the e-health conference, Bellagio

by Jeong-Wook Seo, Dai Tao and Jose Florencio Lapena

1. Overview of Bellagio meeting
2. Access to Health Information and Knowledge Sharing
3. Conclusion of the meeting (24 July, 2008)
4. Salvadore Declaration (23 September, 2005)
5. Proposed Beijing Declaration

## 1. Overview of Bellagio meeting

### ***Making the eHealth Connection: Global Partnerships, Local Solutions***



<http://ehealth-connection.org>

Date: July 13 - August 8, 2008

Venue: Rockefeller Foundation's Bellagio Center in Bellagio, Italy

Organized by: Rockefeller Foundation, AMIA, HL7, HMN, IMIA, BIREME, WHO (Boston Consulting Group)

#### **Week 1 Public Health Informatics and National Health Information Systems**

(Organized by University of Washington's Center for Public Health Informatics and Health Metrics Network)

#### **The Path to Interoperability**

(Organized by Health Level Seven and WHO)

#### **Week 2 Health Informatics and eHealth Capacity Building**

(Organized by the American Medical Informatics Association (AMIA) and the International Medical Informatics Association (IMIA))

#### **Access to Health Information and Knowledge Sharing**

(Organized by the Latin American and Caribbean Center on Health Sciences Information (BIREME/PAHO/WHO))

#### **Week 3 mHealth and Mobile Telemedicine**

(Organized by the United Nations Foundation, Vodafone Group Foundation and Telemedicine Society of India)

#### **Electronic Health Records**

(Organized by Partners in Health and the Regenstrief Institute)

#### **Week 4 National eHealth Policies**

(Organized by the World Health Organization)

#### **Unlocking the eHealth Markets**

(Organized by the Public Health Institute)

## **Bellagio eHealth Call to Action**

### Overview

To address pressing health challenges and growing disease burdens that have overwhelmed weakened and neglected health systems, countries globally seek eHealth solutions – defined as the use of information and communications technologies (ICT) to improve health. – In an increasingly borderless world, health information technology represents a tipping point that enables countries to constructively improve health services access, affordability and quality. Accordingly, international institutions such as the World Health Organization (WHO), Commonwealth Secretariat, the European Union, and the Commission for Africa have established eHealth action plans and programmes. For example, the WHO has established a Global eHealth Observatory and adopted [resolution WHA58.28](#) urging Member States to develop infrastructure and plans for integrated information and communication technologies. The G8 Providing for Health Initiative (P4H) is an international platform for dialogue and collaboration on health systems issues including eHealth. The Health Metrics Network is building the capacity, expertise and technology to enhance the availability, quality, dissemination and use of data for decision-making globally. Moreover, individual countries have forged ahead with national and regional eHealth experiments. Despite this international progress in eHealth, substantial questions remain on what are the best strategies for the design, funding, implementation, and capacity building regarding interoperable eHealth systems. "Interoperability" is the ability to share health data using freely available standards so that information about a person seen in one place can help care providers when the person seeks

care at a different place; it also supports national data collection for improving public health. Particularly in developing, or "Global South" countries, coordination and collaboration among national and international projects is lacking. Widespread sharing of what succeeds and what does not does not yet occur.

From July 12-August 8, 2008, The Rockefeller Foundation sponsored a series of conferences at their Bellagio Center to address these challenges head-on. Titled *Making the eHealth Connection: Global Partnerships, Local Solutions* this initiative addresses the Foundation's mission of harnessing enterprising, creative forces of globalization to support break-through solutions for poor, vulnerable and underserved people. Rockefeller Foundation leaders at the Bellagio Center joined with international partners from leading health organizations, including the World Health Organization, American Medical Informatics Association, International Medical Informatics Association, United Nations Foundation, Health Level Seven, Vodafone Group Foundation, Health Metrics Network, Latin American and Caribbean Center on Health Sciences Information, Partners in Health, Public Health Institute, Regenstrief Institute, the Telemedicine Society of India, and the University of Washington's Center for Public Health Informatics. Their collaborative efforts explored ways to leverage technology in developing economies to improve health, especially for the world's most vulnerable populations. The *Making the eHealth Connection* conferences comprise a historic gathering that, paired with its findings and post-conference activities, will likely inform eHealth agendas for years to come.

The Rockefeller Foundation and its partners convened over 200 leaders from internationally-recognized health care, technology, finance and policy institutions and from governments. The conference included many luminaries from the Global South. To leverage eHealth to improve the access, efficiency, and quality of health services, especially in low-resource settings, participants developed a global eHealth agenda, promoting the importance of interoperability and integration, addressing key eHealth issues, and encouraging investment commitments. They identified optimal development paths, and means to catalyze new partnerships and build international consensus. Conference participants explored eight leading issues in eHealth to enhance function of health systems where poor, vulnerable and underserved populations reside, including:

1. public health informatics
2. interoperability and standards
3. access to information and knowledge-sharing
4. eHealth capacity building
5. electronic health records

6. mHealth and mobile telemedicine
7. unlocking the eHealth markets
8. national eHealth policies.

**Following four weeks of ground-breaking dialogue, debate, and learning, conference participants agreed upon a set of consensus-based principles with corresponding proposals for action. These recommendations will guide the development of global, national, regional, and local eHealth and health systems. They represent the stakeholders' substantial commitment to improve health and decreasing disparities in health care worldwide through sharing of appropriate practices, building capacity, and promoting innovative eHealth solutions.**

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#### Bellagio eHealth Call to Action

As representatives of governments, multilateral agencies, development partners, provider organizations, academic, research and public health institutions, standards development organizations, health care workers, entrepreneurs, information and communication technology experts from the public and private sectors and Global South populations, we assembled at the *Making the eHealth Connection: Global Partnerships, Local Solutions* conference and collaboratively drove a set of critical actions. We recognize that world citizens now face globalization, dynamic demographic changes, rapid urbanization, rampant spread of chronic and infectious diseases, and failing or limited health care systems. To achieve substantial progress on improving health care quality, access, affordability and efficiency nations must share and work toward a global eHealth vision.

We solemnly commit...

In order to accelerate progress toward implementing eHealth technologies to improve health around the world, and especially in low resource settings, we solemnly **commit** to work together and encourage our organizations and world citizens to support these efforts which promote the global realization of eHealth's benefits through:

Policy and evidence-based agenda setting:

- Engage in a timely, consensus-based global agenda-setting and policy process for eHealth;

- Align donors to reduce global health fragmentation, harmonize reporting requirements and consolidate reporting structures;
- Encourage governments to adopt a culture of eHealth integration, interoperability and global standards;
- Strengthen health systems and society capacity to access and use health scientific information and evidence to improve decision-making;
- Develop national and global research programs to identify information needs, recognize barriers to access, and translate and use information to evaluate the impact of information and knowledge sharing interventions on health outcomes;
- Increase intergovernmental endorsement of and consensus on eHealth issues through a Global eHealth Compact and a ministerial resolution on eHealth and interoperability;
- Engage policymakers and boost the understanding of collective action on consensus-based eHealth policy through: support for the creation of national eHealth Councils, creation of eHealth policy frameworks, toolkits and a proper workforce, and the appointment of local, regional and national eHealth ambassadors;

Fostering collaborative networks:

- Create an online common space which enables producers, intermediaries and users to develop and share eHealth content, methods, and technologies, with priority given to settings with weak production of and access to information and knowledge;
- Support the development and launch of collaborative action platforms and a World eHealth Collaborative Action Network based on community participation, appropriate technology and integration of promotion, prevention and care as a primary health care approach;
- Create Internet-based portals and idea clearinghouses for knowledge and information-sharing among public and private sector stakeholders including health care workers, researchers, educators, providers, policymakers, entrepreneurs and donors;

Knowledge and capacity building:

- Create an international network of eHealth informatics to support practice, education, training, policy, and research;
- Educate governmental and national leaders about the importance of expanding eHealth capacity toward national goals for health and economic development in order to cultivate and sustain support within the highest levels of government;
- Advocate for the development of country-level eHealth strategies, architectures and implementation of systems according to these schemas;
- Work together to develop a blueprint for initiative activities and programs in resource poor countries, and rapidly create eHealth initiatives to unite and add value to current single-focused programs directed toward diseases, considered to be "siloed."
- Work together to evolve an architecture and strategy for interoperable, scalable, and robust eHealth systems;
- Expand human resource capabilities to incorporate skills necessary for health information and knowledge management and sharing to meet the needs of different users, applying appropriate standards, methods and technologies;
- Encourage consensus on global open standards to support system interoperability and standards-based open source software, and making these readily available to advance interoperability;

(alternate to above)

- Encourage open standards to support interoperability of systems as components of an eHealth architecture, and open source reference implementations to support the use of these standards in both open and proprietary solutions;
- Facilitate agreements with global Standards Development Organizations (SDOs) to harmonize and provide their standards for free to low-income countries;
- Identify existing Informatics Centers of Excellence and facilitate their development as central resources for disseminating informatics knowledge and skills through the support of educated informaticians and related scholars;

- Establish relationships among Centers of Excellence in eHealth and develop a mechanism for North-South and South-South collaboration and networking to share resources and create a global community of competent inter-professional practitioners and scholars;
- Assure growth and development local informatics and telehealth expertise and a sustained, skilled eHealth workforce through support of grassroots, local and regional communities of practice, faculty development, institutional support, and educational material development, distribution, and virtual access linked to colleagues across the world in a meaningful scholarly and practice community;
- Develop adequate eHealth capacity assessment and evaluation tools, including robust metrics for evaluation of eHealth tools such as metrics for the evaluation of eHealth interventions, including their integration and interoperability, to measure the impact on health outcomes;
- Develop educational components that focus on implementation and adoption strategies and skills required for both success and sustainability;

Supporting country-level initiatives:

- Support, design and fund eHealth systems that are person-centered, promote health and disease prevention, are user-driven, integrated, interoperable, standards-based, collaborative, sustainable, scalable, reusable and health needs-driven by in-country organizations;
- Create fundable pilot or demonstration projects with adequate evaluative and reference implementation components with a commitment to evaluate and implement successful efforts;
- Launch a new mHealth Alliance to focus attention and increase multi-stakeholder dialogue on the critical issue of mobile health (mHealth) and the Millenium Development Goals through incubation of key mHealth demonstration projects including, but not limited to, the areas of hospital care, HIV/AIDS treatment and wellness, community health worker support, epidemiological outbreak alerting and response coordination, and clinical laboratory systems;

- Build national scale reference implementations of interoperable eHealth systems, including necessary support and maintenance, within selected low- and middle-income countries;
- Develop an eHealth promotion and entrepreneur network for training, partner/donor matching and the incubation and acceleration of optimal and transferable projects; and
- Encourage and foster stronger linkages between pre-service and in-service training systems for the development of eHealth capacity.

We the undersigned commit to achieving these aims through consensus-based actions, proactive agenda-setting that carries these messages to appropriate global health and eHealth forums, creating innovative public-private partnerships, and through implementation of strategies and policies that provide appropriate financial and technical resources to support the Bellagio eHealth Call to Action.

We call upon ...

We **call upon** governments, multilateral agencies, development partners, provider organizations, academic, research, and public health institutions, health care workers, entrepreneurs, technology experts from the public and private sectors, Global South representatives, and members of civil society to join this Call to Action. Together, we must accelerate achievement of better health for all in the 21<sup>st</sup> century. We can accomplish this through interoperable, person-centered, evidence-based and sustainable eHealth systems. Ultimately, these efforts will contribute to more equitable health care and improve the well-being of all the world's citizens.

The group encourages interested parties to download the Call to Action and other conference documents at <http://www.ehealth-connection.org/>.

## 2. Access to Health Information and Knowledge Sharing - an Overview(Packer 2008)



Organized by the Latin American and Caribbean Center on Health Sciences Information (BIREME/PAHO/WHO), July 20-25, 2008

Access to quality health information is critical to many facets of health care delivery and to all stakeholders involved. Individuals seek health care information for reasons ranging from curiosity to self-diagnosis and proper treatment. Policy makers, providers, and health care workers are expected to base their decisions and practice on the best evidence available. Currently, a growing portion of this information can be published and accessed via the Web.

Historically, in Global South settings, various barriers have made access to up-to-date, quality health care information, knowledge, and evidence problematic. This know-do gap represents a critical inequity as the availability of information in the Web increases. Major barriers include lack of political support, information infrastructure, and workforce capacity and the high costs of accessing up-to-date, quality information;

in addition, local languages requiring translation increase the burden of accessing pertinent information in a timely way. Such obstacles make it difficult for Global South health care systems to stay abreast of the most current research and developments.

As the Internet evolves, Web-based technologies and their application to health systems—eHealth—can help to overcome these access barriers and make health care information more widely available to different audiences in a variety of contexts. eHealth is a cost-effective means of widely disseminating health care information and can be a great equalizer as it allows health information to reach both high- and low-resource urban and rural environments. In addition, the emergence of online collaborative spaces and social networks supported by Web applications such as user groups and virtual communities, blogs, message threads, user wikis, and eLearning opportunities are empowering both individuals and groups of people. Notable Web based movements, as well as global and regional information services, are also attempting to democratize access to quality health information, such as open access of scientific information and creative commons. Examples include the National Library of Medicine PubMed (offering one version of information for experts and another for the general public), the Health InterNetwork Access to Research Initiative (HINARI—providing free or affordable access to the main health sciences journals), and the Global Health Library (which intends to converge national and regional initiatives such as the Latin American and Caribbean Virtual Health Library).

Especially as connectivity issues are progressively resolved and increasing numbers of individuals use the Internet, eHealth can greatly improve access to quality health care information for policymakers, providers, health care workers, patients, and family caretakers. Despite this promise, however, challenges remain in harnessing health information, ensuring that it is accurate and kept up-to-date, leveraging the right technological tools, securing infrastructure funding, and developing sustainable dissemination models that are culturally relevant and adaptive to diverse health care and geographic environments.

The Access to Health Information conference week will address these challenges and build support for access to health information in the Global South by

- Looking broadly at health information access solutions, experiences, and lessons learned
- Highlighting knowledge about and evidence of the ability of health information access to improve patient safety, equity, and health care quality
- Discussing state-of-the-art practices, tools, and avenues for further eHealth proliferation in the Global South
- Examining barriers to access and publishing health quality information
- Exploring the role of social networks, collaborative spaces, communities of practice, and virtual communities
- Seeding global alliances and networks on e-information access and policies

The Latin American and Caribbean Center on Health Sciences Information (BIREME), a specialized center of the Pan American Health Organization/World Health Organization, will convene the Access to Health Information conference. BIREME's mission is to improve health in Latin American and Caribbean countries by promoting the use of the scientific and technical health information. The organization develops the means and the capacities for the rapid, efficient, and cost-effective provision of and equitable access to relevant and up-to-date scientific and technical health information.

### 3. Conclusion of the meeting (24 July 2008)

#### Making the eHealth Connection: Global Partnerships, Local Solutions: Access to Information and Knowledge-Sharing meeting 24 July 2008

*Making the eHealth Connection: Global Partnerships, Local Solutions*, a month-long conference series at the Rockefeller Foundation's Bellagio Center, 13 July to 8 August, 2008, in Bellagio, Italy, addressed key issues for advancing eHealth and improving health in the developing World.

We, the participants of the conference on the theme of Access to Health Information and Knowledge-Sharing, organized by BIREME/PAHO/WHO with the support of the Rockefeller Foundation, during the week of July 20 to 25, agreed to the following summary report on the conclusions of the meeting.

Recognizing that:

- 1- Health information is a social determinant of health since information inequities generate and/or increase health inequities, meaning unjust, unnecessary and evitable differences on health conditions of individuals and population groups.
- 2- Scientific and technical health related information policies should be part of health policy in order to strengthen the use of information, knowledge, and evidence in decision making.
- 3- E-health comprises health promotion, disease prevention and care to improve health conditions and equity, involving different stakeholders with different interests and needs. This requires a plurality of solutions in meaningful contexts.
- 4- National and global research programs are essential to identify information needs, to recognize barriers to access, translation and use of information and to evaluate the impact of IK sharing interventions on health outcomes.
- 5- The implementation of global e-Health initiatives should be based on partnerships involving various international players and segments of national societies
- 6- E-Health contributes to the improvement of solutions to overcome barriers to access to quality health information and to the convergence of initiatives, products and solutions.
- 7- Priority should be given to settings with weak production and access to information and knowledge.
- 8- The Information sources and tools developed and adopt by e-health should be openly accessible and interoperable via adequate methodologies and technologies.
- 9- Primary Health Care based on the principles of community participation, appropriate technology and integration of promotion, prevention and care is an ideal context for information and knowledge sharing among different social actors.
- 10- Human resources capabilities should be expanded to incorporate the necessary skills to contextualize and to organize information according to the needs of different users, applying adequate standards, methods and technologies.

We commit ourselves to mobilize efforts and resources towards the creation of a global public good environment to enable the producers, intermediaries and users to develop and share contents, methodologies and technologies in order to improve access to information and knowledge-sharing with a focus on the development of scientific and technical infrastructure in the developing world.

We call for the creation of a task force with representatives from key stakeholders and donors to establish a plan of action for the implementation of this global public information and knowledge-sharing enabling environment.

We urge multilateral organizations, funding agencies and national institutions to support this endeavor.

#### **4. Salvador Declaration on Open Access: the developing world perspective (23, September 2005)**

Open access means unrestricted access to and use of scientific information. It has growing support worldwide and it is received with enthusiasm and high expectations in the developing world.

Open Access promotes equity. For the developing world Open Access will increase scientists and academics capacity to both access and contribute to world science.

Historically the circulation of scientific information in developing countries has been impeded by a number of barriers including economic models, infrastructure, policies, language and culture.

Consequently, WE, the participants of the International Seminar on Open Access – parallel meeting of the 9th World Congress on Health Information and Libraries and the 7th Regional Congress of Information in Health Sciences agree that

1. Scientific and technological research is essential for social and economic development.
2. Scientific communication is a crucial and inherent part of the activities of research and development. Science advances more effectively when there is unrestricted access to scientific information.
3. More broadly, open access enables education and use of scientific information by the public.
4. In a world that is increasingly globalized, with science claiming to be universal, exclusion from access to information is not acceptable. It is important that access be considered as a universal right, independent of any region.
5. Open Access must facilitate developing countries' active participation in the worldwide exchange of scientific information, including free access to the heritage of scientific knowledge, effective participation in the process of generation and dissemination of knowledge, and strengthening the coverage of topics of direct relevance to developing countries.
6. Developing countries already have pioneering initiatives that promote Open Access and therefore they should play an important role in shaping Open Access worldwide.

Therefore, WE urge governments to make Open Access a high priority in science policies including:

- requiring that publicly funded research is made available through Open Access;
- considering the cost of publication as part of the cost of research;
- strengthening the local OA journals, repositories and other relevant initiatives;
- promoting integration of developing countries scientific information in the worldwide body of knowledge.

WE call on all stakeholders in the international community to work together to ensure that scientific information is openly accessible and freely available to all, forever.

*Salvador, Bahia, Brazil, 23 September 2005 ICML9/CRICS7*  
<http://www.icml9.org>

## 5. Proposed Beijing Declaration

### **Beijing Declaration on Access to Health Research in the Western Pacific Region**

We, the participants in the Second Meeting of the Asia Pacific Association of Medical Journal Editors (APAME) and Third Meeting on the Western Pacific Regional Index Medicus (WPRIM), gathered in Beijing, the People's Republic of China, from 18 to 21 November, 2008;

#### **CONSIDERING**

That scholarly, scientific and technical information is a global resource essential for responsible human development, and that its universal and equitable dissemination should be assured by national and international public policies;

That unjust, unnecessary and avoidable inequalities in health and living conditions among individuals and groups result in part from differences in availability and allocation of resources and opportunities, foremost of which is the inequitable access to health information and knowledge;

That despite the increasing volume of scientific research, undue influence over research is exercised by parties whose interests may not represent the majority of stakeholders who stand to benefit from such research;

That overcoming these inequalities and deprivation requires the strengthening of political and social participation of people so far excluded from these processes through their limited access to information and communication;

That the Western Pacific Region of WHO holds 27% of global population and enormous amount of health information is demanded and also produced. It is urgent to match demand and production of the health information in this region;

That the Western Pacific Regional Index Medicus and Global Health Library are powerful tools to ensure the dissemination of and universal access to reliable health information essential to health development;

#### **CONFIRM**

Our commitment to quality scholarly publication standards and practices that will ensure fair treatment on the playing field for authors, editors, peer-reviewers, publishers and subscribers especially for developing countries in the Asia-Pacific Region, elevating loco-regional research and publishing to the global arena;

Our commitment to free-of-charge, open-access information through the Global Health Library, as a network of open communication among peoples, to empower them to utilize opportunities afforded by knowledge for promoting health and well-being;

### **CALL ON**

Governments and the private sector to individually and collectively promulgate policies geared to equitable access to quality information in order to promote the full realization of basic human rights for all;

Public and private, national and international organizations, committed to the health and well-being of the peoples of the Asia-Pacific Region, to support the Western Pacific Regional Index Medicus and Global Health Library, in order to facilitate free access to the information and knowledge necessary for promoting individual and collective health;

General public, academic and health professionals to agree that the intellectual property right is limited to full text of the content but there is no limitation to indexing and abstracting of medical literature. Any institution or individual can index and abstract journals and literature available in the public domain. Readers, librarians and researchers can use these abstracts as they see appropriate.

### **COMMIT**

Ourselves to pursuing the grassroots initiatives of the Western Pacific Region Index Medicus and Global Health Library through Asia Pacific Association of Medical Journal Editors, by encouraging peer-to-peer relationships that will allow editors, editorial staff and librarians to maintain balance, to work out ideas and to provide mutual support.

Our organization, Asia Pacific Association of Medical Journal Editors, to building further networks, convening conferences, and organizing events to educate and empower editors, peer reviewers and authors to achieve and maintain internationally acceptable, but regionally appropriate, scholarly standards.

*Beijing, China, 21 November, 2008*

(2005). Salvador Declaration on Open Access: The Developing World Perspective. ICML9, Salvador, Bahia, Brazil.

Packer, A. (2008). "Access to Health Information and Knowledge Sharing - an Overview." Making the eHealth Connection: Global Partnerships, Local Solutions. Retrieved 8 Nov, 2008, from <http://ehealth-connection.org/content/access-health-information-and-knowledge-sharing-an-overview>.

Brief Report :  
First APAME Meeting  
& web site

Chang-Kok Hahm  
President  
Seoul, KOREA



APAME

Asia Pacific Association of  
Medical Journal Editors  
founded in 2008

WPRIM

Western Pacific Regional Index Medicus

- May 2005 Kuala Lumpur. Regional workshop for librarians on Global Health Library (GHL)
- Jan. 2006 Manila. Philippines-Korea-WHO meeting
- Mar. 2006 Manila . 1<sup>st</sup> informal meeting of WPRIM
- Dec. 2006 Beijing. 1<sup>st</sup> WPRIM meeting
- May 2007 Tokyo. 2<sup>nd</sup> informal meeting of WPRIM
- Nov. 2007 Seoul . 2<sup>nd</sup> WPRIM meeting

2<sup>nd</sup> WPRIM Meeting

- Nov. 21-23, 2007 in Seoul, KOREA
- Chairperson ; Jung-Gi Im (Korea)
- Vice chairperson ; Badrakh Burmaajav (Monglia)
- Rapporteurs ; Ms Charity Tan(Philippines)  
Ms Merlita opena(philippines)

## Editors' Association

- Proposed by Jung-Gi Im (KAMJE president)
- Working group
- Name: APAME
- Date: May 4–5, Seoul

## 1<sup>st</sup> APAME Meeting

- May 4–5, 2008, Seoul, KOREA
- Chairperson ; John Arokiasamy (Malaysia)
- Vice Chairperson ; Jeong-Wook Seo (Korea)
- Rapporteurs ; Nicola Foxlee (Australia)  
Kamal Kishore (Fiji)

## Participants:

- 11 countries + WHO (WPRO)
- more than 80 persons
  - 12 Temporary advisers
  - 21 Observers
  - 5 Meeting Host Secretariats
  - 3 WHO Secretariats

## Participants:

- Australia, China, Fiji
- Japan, Korea, Malaysia
- Mongolia, Philippines, Papua New Guinea
- Singapore, WHO, Viet Nam



## Programme

1<sup>st</sup> day (May 4, 2008)

## Opening Ceremony

- Welcome Remarks; Jung-Gi Im, KAMJE
- Opening Remarks; Seung Hoon Choi(WHO)
- Comgratulatory Remarks; Seung-Yull Cho (KAMS), Jong-Koo Lee (KCDC)
- Introduction of Participants
- Designation of Chair, Vice Chair, Rapporteurs
- Adoption of agenda
- Group Photo

- Country Reports
- Keynote Speech; Chang-Kok Hahm (Korea)
- Screening evaluation of articles in the Bulletin of WHO; Dr. Hooman Momen (WHO, Geneva)
- Role of peer review in scientific journal editing; Wang De (China)
- Editor's role ad peer Review; John Arokiasamy (Malaysia)
- Journal Impact factor and citation databases; Nicola Foxlee (Australia)
- Digital archive and reference linking platform of Korean medical journals; Sun Huh (Korea)

2<sup>nd</sup> day May 5, 2008

### Group discussions on Role of APAME

- Group 1–Constitution, Committees and Board of Directors
- Group 2–Vision, Mission, Objectives and Principles of activity
- Group 3–Plans for activities in 2008 and 2009

### Open forum (Editors)

- Journal editing and peer review
  - Multilingualism in relation with WHO; Hooman Momen (WHO)
  - A developing country perspective on jurnal editing and peer review; Jose Fleorencio Lapena (Philipines)
  - Duplicate publication in Korean medical literature assessed by KoreaMed; Soo Young Kim (Korea)

### Business meeting

- Representatives of 11 countries and WHO (Hooman Momen)
- Constitution
- Election of Officers
- Standing committees
- Decisions and other matters

### General Assembly

- Approvals of constitution, elected officers and standing committees

## Officers

- President : Chang-Kok Hahm
- Vice President : John T. Arokiasamy
- Secretary-General : Jeong-Wook Seo
- Secretary-Treasurer : Jeong-Wook Seo

## Director at large

- Nicola Foxlee (Australia)
- Wang De (China)
- Kamal Kishore (Fiji)
- Kioshi Kitamura (Japan)
- Pagbajabyn Nymadawa (Mongolia)
- Peter Siba (Papua New Guinea)
- Joselito Mario Co Avila (Philippines)
- Jung-Gi Im (Republic of Korea)
- Wilfred CG Peh (Singapore)
- Le Vu Anh (Viet Nam)

- Auditor: will be nominated
- Advisor: Hooman Momen (WHO)
- Coordinator (APAME/WPRIM) :  
Charles Raby (WHO, WPRO)



### APAME web site apame.info

NAME : apame.info is the Asia Pacific  
Association of Medical Journal Editors  
(APAME), an Intersociety Forum.

VISION : The Vision of APAME is to  
promote health care through the  
dissemination of high quality knowledge  
and information on medicine in the Asia  
Pacific Region.

### apame.info is

an international organization of individual  
editors, editors' societies and those  
working on scientific communication

an health and medicine information  
resource.

an intersociety forum for academic  
partners in the Asia Pacific region.

### apame.info aims

To upgrade publishing standards of health  
journals and books, paper-based or  
electronic.

To develop an aggregated indexing system for  
health articles published in the Asia Pacific  
region.

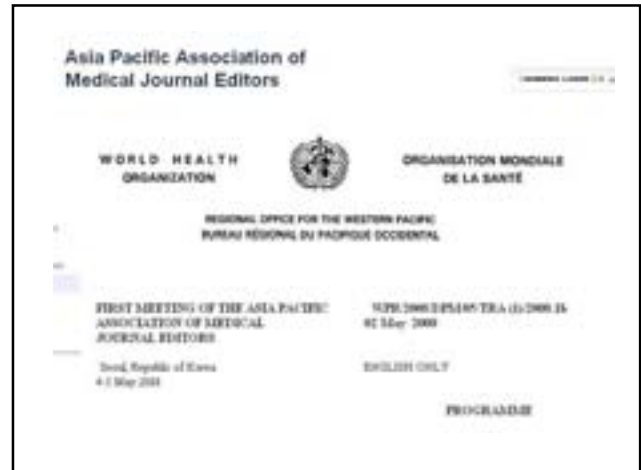
To enhance optimal accesses to health articles.

### Contents (I)

- Welcome message
- APAME
  - Constitution
  - Background
  - Membership
- National Activities of Editors
  - Korea (KAMJE)

## Contents (II)

- Activities and Subcommittees
  - APAME Meetings
    - APAME meeting photos
  - WPRIM Meetings
  - WPRIM Journal List
- 
- Boards
    - Open Board
    - Temporary Board



**Monday, 3 May 2009 (Sat. 4th 5, Seoul National University)**

- 09:00-09:45 (i) Group discussions on role of APAME to improve quality of Health and Biomedical Res
- Group 1 – Constitution, Board of Directors, Fund raising plans
  - Group 2 – Membership, Travel for education programs, Agenda for WHEED meeting (Oct, 2009)
  - Group 3 – Plans for Standing Committees, Financial plan and Docs, General Assembly for 2009 and 2010

09:45-10:30 (ii) Report and discussion of 3 groups

10:30-11:00 Coffee break

**Open Forum (8:00am)**

- 11:00-12:00 (iii) Journal Editing and Peer Review (part 1)
- Dr Siwan-Minwon, Multitasking in relation with WHEE publishing
  - Dr Joon-Pyeong Lapina, A developing country perspective on journal editing and peer review
  - Dr Joon Young Kim, Digitalize publication in Korean medical literature sponsored by K research

12:00-12:30 Lunch (Cheong Restaurant (Gum Spring))

12:30-1:30 Journal Editing and Peer Review (part 2)

1:30-10:00 Coffee break

**APAME General Assembly**

17:00-18:00 (iv) Video conference with ISLAMIC

18:00-17:00 (vi) General Assembly

- How APAME and WAME could collaborate (Dr Siwan-Minwon)

Closing

Courtesy Reception by WHEE

Thank You all of you

# **Asia Pacific Association of Medical Journal Editors (APAME)**

## ***Constitution and Logo for Final review and formal approval***

Thursday, 20 November, 2008

### **CONTENTS**

#### **1. Background**

#### **2. Discussion summary on APAME CONSTITUTION**

**Appendix 1) Constitution of Asia Pacific Association of Medical Journal Editors**

**Appendix 2) APAME Logo**

### **1. Background**

At the General Assembly of the Asia Pacific Association of Medical Journal Editors (APAME) on May 5, 2008, the House decided to discuss and approve the Constitution at the WPRIM meeting in China in November 2008.

Based on the discussion summary as described in the section 2, Charles P Raby and Jeong-Wook Seo drafted the constitution.

### **2. Discussion summary on APAME CONSTITUTION (at the General Assembly in May 5 2008)**

Founding members and national delegates of APAME had a pre-meeting to discuss the constitution before the general assembly.

Dr. John Arokiasamy proposed to discuss on the draft for the Constitution of the Asia-Pacific Association of Medical Journal Editors (APAME).

Dr. John Arokiasamy explained that key issues at the pre-meeting are Membership, General Assembly, Board of Directors and Standing Committees.

The House discussed on key issues as follows;

**Membership (Article V):** Consensus was made that only individual members can vote at the general assembly but delegates from national association of medical journal editors if present are represented at the Board of Directors. Individual members are encouraged to join and it would not be necessary to separate regular membership from associate membership. It is also suggested to review membership application by Membership Committee before they become a member. International publishers and organizations related to scientific publication

will also be invited as association members upon payment of a suggested membership fee and an advertising fee.

**General Assembly (Article VII):** The General Assembly shall comprise the entire voting membership of the Association. The General Assembly will meet at least every two years. Functions of the General Assembly are to 1. approve the Board of Directors and Office bearers 2.modify offices of the General Assembly 3. adopt membership fees and dues, 4. approve projects, and 5. amend the Constitution as needed. A Quorum shall form any number of voting members in attendance, with the assurance that all members are notified 90 days in advance of the meeting *via electronic mail*.

**Board of Directors (Article VIII):** The Board of Directors shall consist of the President, Immediate Past President, Vice-President term, Secretary-General, Secretary Treasurer and one delegate from each member state who is elected as one of directors at large representing geographical diversity. The President will hold a rotating position and could nominate a Secretary General subject to the approval of the Board. Both the President and Secretary General do not have voting rights, but only national delegates have rights to vote at the Board of Directors.

**Three Standing Committees:**

**The Planning & Finance Committee** shall be responsible for general planning and overseeing the financial management of the association. The Chair of this committee is the Secretary General-Treasurer. Its activity will include the publication of the APAME Newsletter. This committee also function as the Membership Committee before the committee forms formally. The function of Membership Committee shall be responsible for promoting, evaluating and approving applications for membership. Its activity will include the conduct of meetings to discuss membership matters and to research on the status of medical journals in the Region.

**The Ethics & Editorial Policy Committee** shall be responsible for developing statements on ethical issues and the code by which member journals should abide and evaluating the general and specific editorial policies of member journals.

**The Education & IT Committee** shall be responsible for developing and re-evaluating educational materials and IT system. The proposal is for WHO/WPRO to support this committee by funding invited speakers.

**The Vision of APAME** is to promote healthcare through the dissemination of high quality knowledge and information on medicine in the Asia Pacific Region.

**The Mission of APAME** is to contribute to the improvement of health in the Asia Pacific Region by ensuring the quality of health-related information published in medical journals, which are utilized for better decision-making and effective delivery of health services."

**The Objectives of APAME** are to:

- (1) encourage collaboration and facilitate communication among medical journal editors in the Region and globally;
- (2) improve editorial standards and promote professionalism in medical editing through education, self-assessment, and self-governance;
- (3) promote research in peer-review and medical editing;
- (4) foster continuing education of medical journals editors.

Appendix 1)

## **Constitution of Asia Pacific Association of Medical Journal Editors**

Updated on 30 June 2008 by Jeong-Wook Seo

### **Article 1: Name**

The name of the Organization shall be the Asia Pacific Association of Medical Journal Editors (APAME).

### **Article II. Business Office**

The official address of the Association shall be decided by the Board of Directors.

### **Article III: Nature of the Association**

The Association shall be a non-governmental, non-partisan and non-profit organization that strives to raise the quality of medical journal publishing in countries of the Asia Pacific Region in official association with the World Health Organization. It shall work toward being established as a legal entity by the Board of Directors.

### **Article IV: Mission and Objectives**

The mission of APAME is to contribute to the improvement of health in the Asia Pacific Region by ensuring the quality and dissemination of health-related information published in medical journals, utilized for the purposes of better decision-making and effective delivery of health services.

The objectives are to:

- (1) encourage collaboration and facilitate communication among medical journal editors in the Region and globally;
- (2) improve editorial standards and promote professionalism in medical editing through education, self-criticism, and self-governance;
- (3) promote research in peer-review and medical editing;
- (4) foster continuing education of medical journal editors, reviewers and authors.

### **Article V: Membership**

#### **Section 1 – Individual membership**

Editors, previous editors, editorial assistants of peer-reviewed medical journals and those working in any branch of scientific communication in the Asia Pacific Region, in

their capacity as Editor-In-Chief, Deputy, Associate, Assistant, Supplement and Managing Editors or scientists and technologists, are eligible for individual membership. Regular members may vote, hold office and serve on committees

## **Section 2 – Association membership**

National associations of editors of peer-reviewed medical journals, scientific publications or publishing bodies and related companies or organizations are eligible for association membership. Designated representatives shall enjoy all the rights and privileges of a regular member except the rights to vote and to hold office.

## **Section 3 - Admission to membership.**

- (1) Application for individual or association membership requires the submission of a completed application form.
- (2) All applications shall be screened by the Membership Committee and approved by the Board of Directors. A negative decision shall be overruled only if an appeal in favor of the applicant is supported by a majority vote.

## **Section 4 - Duration of membership.**

Membership shall be for an unlimited duration subject to Section 6. All members should ensure their membership details are kept up to date.

## **Section 5 - Termination of membership.**

Members wishing to resign from any category of membership may do so in writing to the Secretary General. Involuntary removal from membership for any cause or reason requires two-thirds vote of the Board of Directors.

## **Article VI: Dues and Assessment**

The need for dues and assessments shall be proposed by the Board of Directors, in consultation with the Finance Committee subject to approval by the General Assembly.

If and when dues or assessments are levied, members shall be notified in writing and must pay such dues or assessments within 90 days of notification.

## **Article VII: General Assembly**

### **Section 1 – General Assembly**

The General Assembly shall comprise the entire voting membership of the Association. The General Assembly will meet at least every two years.

### **Section 2 - Functions**

Functions of the General Assembly are to 1. approve the Board of Directors and Office bearers 2. modify offices of the General Assembly 3. adopt membership fees and dues, 4. approve projects, and 5. amend the Constitution as needed.

### **Section 3 - Quorum**

A Quorum shall form any number of voting members in attendance, with the assurance that all members are notified 90 days in advance of the meeting via electronic mail.

## **Article VIII: Board of Directors**

### **Section 1 - Governance**

The governance of the Association shall be vested in the Board of Directors and shall seek assistance from the General Assembly.

The Board of Directors shall consist of the President, Immediate Past President, Vice-President term, Secretary-General, Secretary Treasurer and one delegate from each member state who is elected as one of directors at large representing geographical diversity.

#### **President**

The President shall preside at all meetings of the Association and the Board of Directors, including meetings conducted by electronic means. S/he shall appoint committee members and shall have such powers and perform such duties as is customary for an organization's chief executive officer. The term of the President's office shall be 2 years, non-renewable.

#### **Immediate Past President**

Upon completion of a term as President, the officer shall automatically become Past President for a period of two (2) years.

#### **Vice-President**

The Vice-President shall be elected every two (2) years and serve for two (2) years after which s/he shall become the President. S/he shall preside at meetings of the Board of Directors in case of absence or disability of the President.

#### **Secretary-General**

The Secretary-General shall keep, or cause to be kept, minutes of the meetings of the Board of Directors and the General Assembly and shall be responsible for transcribing and distributing such minutes to the appropriate recipients within 30 days of each meeting.

S/he shall be responsible for promoting membership and recommending new applicants for membership to the Board of Directors for approval. S/he shall, in general, perform such other duties assigned by the President or Board. His or her term of office shall be 2 years, renewable for any number of terms.

## **Secretary Treasurer**

The secretary Treasurer shall, in general, be responsible for all funds and securities of the Association, including collection and receipt of monies due and payable to the Association and making appropriate payments. S/he shall, in general, perform such other duties assigned by the President or Board. His or her term of office shall be 2 years, renewable for any number of terms.

## **Section 2 - Election of the Board of Directors**

The Board of Directors shall be elected from the General Assembly. The Board shall create a special committee with specific guidelines to conduct and supervise future elections.

## **Section 3 – Vacancies**

If a vacancy occurs in the Board of Directors, it shall be filled by appointment by the President with advice from other members of the Board. Such appointment shall continue until the next regular election when the office shall be filled in accordance with prescribed procedures.

## **Section 4 - Dismissal**

Any member of the Board of Directors may be removed by a two-thirds vote of the full Board.

## **Section 5 - Meeting of the Board of Directors**

The Board of Directors shall meet regularly, by telephone conference, electronic mail, or in person.

Board of Directors shall determine the frequency, agenda and regulations for functioning at its first meeting. The Board of Directors shall create and/ or nominate additional appointments and committees when needed.

The Board of Directors shall decide all matters by majority vote, except issues concerning changes to the constitution, dismissal or dissolution, which shall require a two-thirds majority vote of the Board of Directors. Only one national representative from each member state has the right to vote at the Board of Directors.

## **Article IX: Amendments**

### **Section 1- Proposal**

Amendments to the constitution may be proposed by (a) majority vote of the Board of Directors or (b) a petition signed by at least 10% of the regular members. Such proposed amendments shall identify the relevant article and section and state the precise words to be amended.

### **Section 2 – Vote**

Upon receipt of an amendment proposal, as outlined in Section 1 of this Article, the Secretary-General/Treasurer shall, within 60 days cause the proposed amendment to be sent to the members for vote. Two-thirds majority of the voting members shall be required for adoption of the amendment.

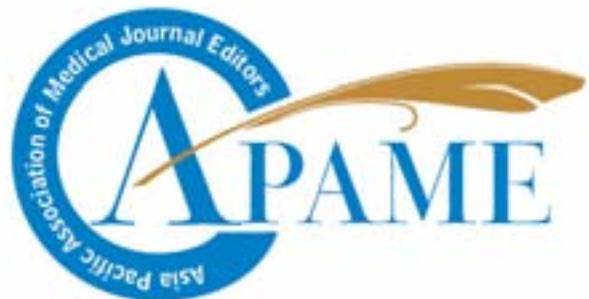
### **Section 3- Notification**

The Secretary-General and /or Treasurer shall notify the membership of the results of a vote conducted in accordance with Section 2 of this Article.

### **Article X. Ratification of the Constitution**

This constitution shall require for its ratification an affirmative vote from two-thirds of the total membership of the General Assembly. The Constitution shall become effective upon such ratification.

## Appendix 2) APAME Logo



### Planning and Finance Committee

Chang-Kok Hahm  
Korea

### Korean Experience

- Financing
- Activities

### Financing of KAMJE

- Annual dues from 30–70 US\$/year
- Annual dues from company members
- Supported from Korean Academy of Medical Science (KAMS)
- Office and man power supported from KAMS

### APAME in Korea (Financing)

- Supported from KAMJE
  - Activity of Committee of Foreign Affair
- From other sources for event (?)

## APAME in other countries (Financing)

- Association of medical journal editors
- Membership dues from the societies
- National share of expenses for APAME will be necessary

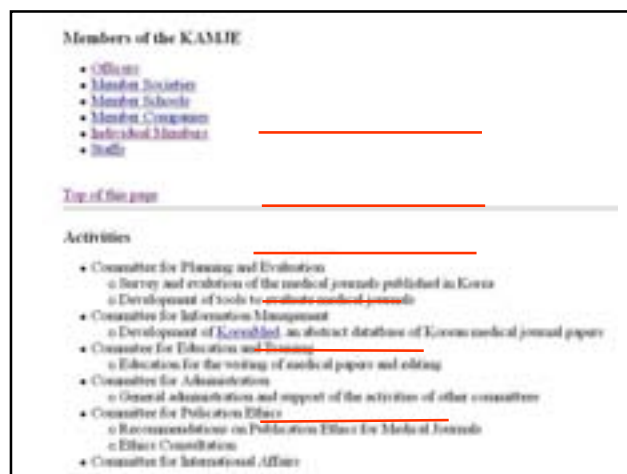
Korean Association of Medical  
Journal Editors (KAMJE)

- Founded in 1996 with 51 editors
- Presently
  - 166 member societies
  - 37 individual members
  - 11 member companies

## Korea in 1996

- Medline
  - 7 journals written in English
  - Less than 60 articles/year/journal
- SCI search : no indexed journals





## Activities of KAMJE

- Operating KoreaMed, 2000–  
KoMCI, 2000–  
KoreaMed Synapse, 2007–
- Evaluation of journals for indexing  
KoreaMed, 1997–
- Workshops and seminars, 1997–
- Ethical consultation & education, 2006–

## KoreaMed

- Operated by KAMJE
- PubMed like searching system for journals published in Korea
- Indexed after evaluation by committee
- Uploading data from 1997, back issues through KoreaMed Retro
- Was running from 2000

## KoreaMed

- 131/166 Korean journals were indexed
- 145,000 articles (abstract)
- 61 journals link out to full text
- 10,000 articles, newly published/year
- Daily visits more than 2,000



## Journal Evaluation

- Evaluation for indexing for new journals
- Re-evaluation after 7 years.
- Continuous update of evaluation criteria

## Workshops and Seminars

- more than 2 times / year
- Variety of topics
- 5 times in 2008
  - full 5 days course for manuscript editors
  - Editors academy – 3 days course
  - Joint symposium with Wiley-Blackwell Co.
  - etc.

### Ethical committee

- Published “Good Publication Practice Guidelines for Medical Journals” on March 2008
- Frequent ethical consultations from member societies.

### Proposed future activities of APAME

- Workshops on local point
  - Education program for editing, peer review, ethics, etc.
  - Journal Evaluation system

Thank you very much

# Planning & Finance

## *Discussion Material for Planning and Finance Committee*

Members: Jeong-Wook Seo, Wilfred Peh, Jose M Avila,  
Kiichiro Tsutani, Dai Tao (Chi Hui), Luong Chi Thanh, Charles P Raby

### **Meetings**

November 4-8, 2009. Singapore  
Possible workshop in June 2009, Manila

### **Membership:**

Application forms for individual/association  
Initial membership: Attendants at Beijing Meeting 2008  
Second group membership: WPRIM journal editors  
Third group membership: send publishers

### **Membership fees and dues**

Only General Assembly can decide  
Individual membership:  
Payable to National Association of Medical Journal Editors (NAMJE):  
(Depending on NAMJE's decision)  
Payable to APAME: US\$10  
Association membership:  
[NAMJE]  
Collect Individual membership fee and send it with list  
Additional voluntary contribution  
[Corporate member]  
Payable to National Association of Medical Journal Editors  
(Depending on NAMJE's decision)  
Payable to APAME: US\$1000-US\$10000 / year

## Financial plan

### Income

Individual membership paid through NAMJE	
(212+ 96) X U\$20 =	U\$6,000
Additional voluntary contribution by NAMJE	
Cash (U\$5000 x 3=)	U\$15,000
Resources (China, Korea)	U\$15,000
Corporate membership	
Cash	U\$20,000
-----	
SUM	U\$56,000

### Expenses

Support travel expenses for developing countries	
Manila workshop	U\$10,000
Singapore meeting	U\$10,000
Editorial policy and ethics	
Research projects	U\$3,000
Education	
Workshop at Manila	U\$5,000
Meeting at Singapore	U\$10,000
IT	
WPRIM system development support (in part)	
Resources	U\$10,000 (China)
APAME website operation	
Resources	U\$5,000 (Korea)
Others	U\$3,000
-----	
SUM	U\$56,000

**EDUCATION AND COMMITTEE REPORT (APAME meeting Beijing, 18-21 Nov 2008)**

1. APAME provided nominal sponsorship of the following writing workshops which were also jointly organised/supported by Malaysian Medical Association (MMA)/ Singapore Medical Journal (SMJ):

Date	Name of workshop	Location	Local organiser
21-22 July 2008	4 <sup>th</sup> National Workshop on Scientific Writing	Kota Bharu, Malaysia	Universiti Sains Malaysia
14-15 August 2008	1 <sup>st</sup> Mastering Scientific and Medical Writing Workshop	Cheras, Malaysia	Universiti Kebangsaan Malaysia
30-31 August 2008	1 <sup>st</sup> Scientific Writing Workshop for Healthcare Practitioners	Kuching, Malaysia	Clinical Research Centre, Sarawak

Both Professor John Arokiasamy and Professor Wilfred Peh delivered several lectures each at all these 3 workshops, and also publicised APAME.

2. For 2009, APAME intends to continue support for workshops in the region, and also to provide advice and expertise. This is the tentative list for 2009:

[\*\* Nominal sponsorship of APAME: not confirmed yet]

Date	Name of workshop	Location	Organiser
**17-18 January 2009	Medical Publication Course for Clinicians	Kuala Lumpur, Malaysia	Department of Orthopaedic Surgery, University of Malaya
28 February- 1 March 2009	Scientific Writing Workshop for Healthcare Practitioners	Kota Kinabalu, Malaysia	Clinical Research Centre, Sabah with MMA/SMJ
**20-22 March 2009	5 <sup>th</sup> Scientific Writing Workshop for Healthcare Practitioners (Basic) and 3 <sup>rd</sup> Advanced Workshop	Kuantan, Malaysia	International Islamic University Malaysia
17-18 April 2009	Scientific Writing Workshop for Healthcare Practitioners	Alor Star, Malaysia	Clinical Research Centre, Kedah with MMA/SMJ

?26-27 June 2009	Scientific Writing Workshop for Healthcare Practitioners	Kuala Lumpur, Malaysia	UPM with MMA/SMJ
4-5 July 2009	2 <sup>nd</sup> Scientific Writing Workshop for Healthcare Practitioners	Kuching, Malaysia	Clinical Research Centre, Sarawak with MMA/SMJ
??????? 2008	5 <sup>th</sup> National Workshop on Scientific Writing	Kota Bharu, Malaysia	Universiti Sains Malaysia with MMA/SMJ
??????? 2008	2 <sup>nd</sup> Mastering Scientific and Medical Writing Workshop	Cheras, Malaysia	Universiti Kebangsaan Malaysia with MMA/SMJ
4-8 November 2009	Joint APAME/ WPRIM/ SMJ Golden Jubilee Editors & Reviewers Meeting	Singapore	Singapore Medical Journal

### 3. Educational and communication committee

(a) APAME Constitution: Objectives of committee are “developing and re-evaluating educational materials and IT systems. Proposal for WHO/WPRO to support this committee by funding invited speakers”.

(b) Formulate terms of reference for this committee

#### Education

1. To organise activities with the aim of promoting the quality of medical journals regionally and in member countries.
2. To promote the quality of medical writing in the region and in member countries.
3. To promote better medical writing.
4. To promote better editing and reviewing.
5. To promote training of future workshop trainers and to develop training materials.
6. To conduct and support medical writing workshops regionally and in member countries.
7. To promote and facilitate sharing of information on editing, reviewing, publishing and other issues related to medical writing.

#### Communication

1. Supervise and develop contents of the APAME website.
2. Facilitate communication and exchange of information among members.
3. Maintain a database of journals from member countries.

(c) (c) Form committee

4. Proposed joint WPRIM/APAME and SMJ Golden Jubilee Editor's and Reviewers' meeting 4-8 November 2009

Wednesday 4 November 2009	WPRIM/APAME	Closed business meeting
Thursday 5 November 2009	WPRIM/APAME	Closed business meeting
Friday 6 November 2009	WPRIM/APAME/SMJ	Open formal scientific meeting for editors and reviewers
Saturday 7 November 2009	Writing workshop- basic	Also: "Train the trainers"
Sunday 8 November 2009	Writing workshop-advanced	Also: "Train the trainers"

# **1st SCIENTIFIC WRITING WORKSHOP FOR HEALTHCARE PRACTITIONERS (Basic & Advanced)**



**Date : 30-31 AUGUST 2008**

**Venue : Hilton Hotel, Kuching,  
Sarawak**

**Organised by:**

**Clinical Research Centre, Sarawak General Hospital**



**Endorsed by:**

**Asia Pacific Association of Medical Journal Editors**



**In Collaboration with:**



**Malaysian Medical Association**



**Singapore Medical Journal**

## OBJECTIVES

The objective of the **Basic Writing Workshop** is to help and guide healthcare professionals in writing articles for medical journals. In this workshop, you will be taught the structure of a scientific paper, the individual components of the paper, and how to prepare a manuscript. As well as lectures on these topics, you will participate in practical group exercises on the various components of a scientific paper under the guidance of the Workshop facilitators.

At the end of the workshop, you should be able to:

1. Appreciate the types of scientific papers.
2. Know the various components of a scientific manuscript.
3. Gain practical experience in basic manuscript preparation.

The objective of the **Advanced Writing Workshop** is to help better prepare healthcare professionals in writing articles for medical journals. In this workshop, you will be taught about the various types of scientific papers, how the manuscript is processed, and role of the editors and manuscript reviewers and what they look for. Authorship issues, ethics and misconduct, and how to deal with a returned manuscript will be discussed. As well as lectures on these topics, you will participate in practical group exercises in various components of a scientific paper under the guidance of the Workshop facilitators. After this workshop, we hope that you will have gained further insight about optimising manuscript preparation prior to submission to a medical journal.

At the end of the workshop, you should be able to:

1. Appreciate the requirements of different types of scientific papers.
2. Gain an insight into the manuscript processing, reviewing and editing processes.
3. Know how to submit a manuscript for publication and its requirements.
4. Gain practical experience in manuscript preparation.
5. Confidently address reviewers' and editors comments.

## PROGRAMME

### Day 1 (30 August 2008 / Saturday)

Time		Speaker
8.00am – 8.30am	Registration	
8.30am – 8.40am	Welcome & introduction to Workshop	Sarawak Health Director
8.40am – 9.00am	Why write?	Prof. Wilfred C.G Peh
9.00am – 9.20am	Basic Structure and Types of Scientifics Papers	Prof. Wilfred C.G Peh
9.20am – 9.35am	Preparing the Title, Abstract and Keywords	Prof. John T. Arokiasamy
9.35am – 9.50am	Writing the Introduction	Prof. John T. Arokiasamy
9.50am -10.10am	Writing the Materials and Methods	Prof. Dr. Syed Tajuddin
10.10am -10.40am	TEA BREAK	
10.40am – 11.00am	Writing the Results and Discussion	Prof. Dr. Syed Tajuddin
11.00am – 11.20am	Preparing the References	Prof. Dr. Syed Tajuddin
11.20am – 11.40am	Presentation of Statistical Results	Prof. Dr. Syed Tajuddin
11.40am – 12.00pm	Preparing Effective Tables and Illustrations	Prof. Dr. Syed Tajuddin
12.00pm –12.20pm	Preparing and submitting your Manuscript	Prof. Wilfred C.G Peh
12.20pm -12.30pm	MMA & CRC Introduction	Datuk Teoh Siang Chin
12.30pm – 2.00pm	LUNCH	
2.00pm – 2.45pm	Group Exercise 1	Prof. John / Prof. Wilfred / Prof. Syed Tajuddin
2.45pm – 3.15pm	Group Presentation	Prof. Wilfred C.G. Peh
3.15pm – 3.35pm	TEA BREAK	
3.35pm – 4.15pm	Group Exercise 2	Prof. John / Prof. Wilfred / Prof. Syed Tajuddin
4.15pm – 4.45pm	Group Presentation	Prof. John T. Arokiasamy
4.45pm – 5.00pm	Final Questions – and – Answers / Discussion	

### Day 2 (31 August 2008 / Sunday)

Time		Speaker
8.00am – 8.30am	Registration	
8.30am – 8.50am	Authorship and Acknowledgements	Prof. John T. Arokiasamy
8.50am – 9.10am	Writing a Case Report	Prof. John T. Arokiasamy
9.10am – 9.30am	Writing a Review Article	Prof. Wilfred C.G Peh
9.30am – 9.50am	Writing an Invited Commentary	Prof. Wilfred C.G Peh

9.50am – 10.00am	Writing a Letter to the Editor	Prof. Wilfred C.G Peh
10.00am -10.30am	TEA BREAK	
10.30am – 10.45am	Writing a Technical Note and Pictorial Essay	Prof. Wilfred C.G. Peh
10.45am – 11.00am	How the Manuscript is Processed	Prof. John T. Arokiasamy
11.00am – 11.20am	What the Reviewer and Editor looks for in a Manuscript	Prof. John T. Arokiasamy
11.20am – 11.40am	Dealing with Editor's and Reviewer's Comments	Prof. Wilfred C.G. Peh
11.40am – 12.00pm	Electronic Publishing	Prof. Wilfred C.G Peh
12.00pm –12.20pm	Fraud & Misconduct in Biomedical Publishing	Prof. John T. Arokiasamy
12.20pm – 2.00pm	LUNCH	
2.00pm – 2.45pm	Group Exercise 3	Prof. John / Prof. Wilfred / Prof. Syed Tajuddin
2.45pm – 3.15pm	Group Presentation	Prof. Dr. Syed Tajuddin
3.15pm – 3.35pm	TEA BREAK	
3.35pm – 4.25pm	Group Exercise 4	Prof. John / Prof. Wilfred / Prof. Syed Tajuddin
4.25pm – 4.45pm	Group Presentation	Prof. Wilfred C.G. Peh
4.45pm – 5.00pm	Final Questions – and – Answers / Discussion	
5.00pm	Close of Workshop, presentation of certificates	

WP 20 November 2008

### APAME Editorial Policies

#### Medical Editors Responsibilities

1. Editors should be responsible for its readers, authors, peer reviewers, and its human subjects. Transparency in the editorial process and review, and confidentiality of human subjects should be respected.
2. Be responsible for the improvement of scientific writing in its potential authors and readers.
3. Conflicts of interest, journal bias, and confidentiality of information should be managed to assure the journals integrity.
4. Editors should maintain the qualities of their journals by being familiar with best practice guidelines in editing, ethics, writing and quality assurance.
5. Editors should inform and educate their readers with attention to the accuracy and veracity of the articles they publish.
6. The relationship between owners/publishers and their editors in chief should be based on mutual respect and trust, and recognition of each other's authorities and responsibilities. Editors should have editorial independence and owners should not interfere in the evaluation, selection, and editing of individual articles, directly or indirectly.
7. In order to maintain editorial independence, integrity, and maintain the quality of the journal, editors should seek input from a broad array of advisers, such as editorial staff, editorial board, and its readers.

#### Ethics

1. An institutional review board or ethics committee must be a requirement for all studies involving human subjects, medical records, and human tissues. If the study does not warrant such a review, then a statement should be made by the committee as such.
2. Journals should publish guidelines on what constitutes authorship. Contributors should be made aware of the guidelines established by the ICMJE.
3. All potential or possible conflicts of interest must be declared in writing by authors upon submission of the manuscript. If any are declared, they should be published with the article. If there is doubt, then this too, must be disclosed to editors to assess their significance.
4. Peer reviewers should be objective, professional, honest, courteous, prompt and constructive. If reviewers suspect misconduct, then they should inform the editors with confidence of such.
5. Decisions about a manuscript should be based on its importance, originality, clarity and relevance to the journals scope and content.

6. Journals should generally seek original work that has not been previously published although editorial policies may vary from journal to journal. Redundant and republication of papers is discouraged unless authors disclose related papers they have authored.
7. Plagiarism is a form of scientific misconduct and should not be tolerated.
8. Editorial decisions should not be influenced by advertising revenue or reprint material. Journals should clearly identify the advertiser and the product or services it offers.
9. Journals should have a clear policy of handling allegations about misconduct, which can arise regarding authors, reviewers, editors, and others.
10. The journal should have an explicit policy describing its governance and relationship to the sponsoring society; this should be based on mutual trust and respect, and the recognition of each other's authority and responsibilities, because conflicts can damage the journals integrity and financial success.

## Working Document for the Discussion of Editing and Peer Review

John Arokiasamy and Wang De

To improve the quality and visibility of journals published in the Asia Pacific Region, we'd like to recommend the following topics to be discussed:

1. The uniform requirements and criteria for editing and peer review.
2. Overview of the current status of editing and peer review in the world.
  - a. Editing and peer review is helpful in improving the quality of published papers.
  - b. Main problems and criticisms for editing and peer review.
  - c. Efforts made by other groups, associations and individuals to improve the quality of editing and peer review, such as ICMJE, WAME and EMAME.
3. Understand the situation of editing and peer review in the Asia Pacific Region, including the achievements made in the last few years and the problems that hinder journals from improving their quality.
  - a. Publication ethics – dealing with misconduct.
  - b. Sharing of reviewers.
4. Seek feasible approaches to improve the quality of editing and peer review for medical journals in Asia Pacific Region.
  - a. Maintain continuous discussion and try to reach consensus on major issues on medical editing and peer review.
  - b. Hold workshops on medical writing, editing and peer review.
  - c. Find existing problems and possible solutions in medical editing and peer review.

## Publication ethic

**Round table discussion**  
**Joint meeting of the APAME and WPRIM**  
**Beijing, China, 21 November 2008**

**Kiichiro TSUTANI**  
**津谷喜一郎**

**Uniform Requirements for Manuscripts  
 Submitted to Biomedical Journals:  
 Writing and Editing for Biomedical  
 Publication (URM)**

## URM (1979-)



**International Committee of Medical Journal Editors (ICMJE)**  
<http://www.icmje.org>

## Update of URM

- 1984 Multiple publication
- 1985 Guidelines on authorship
- 1988 Retraction of research findings  
Editorial freedom
- 1993 Conflict of interest (COI)  
Structured abstract
- 1994 Advertising in medical journals
- 1996 CONSORT Statement
- 1998 Project-specific industry support for research
- 2001 Sponsorship, Authorship, and Accountability
- 2004 Clinical Trial Registration (CTR)

**From a reference style manual to guidelines for  
 publication ethics and contribution to EBM practices**

## Contents of URM

- I. Statement of Purpose
- II. [Ethical Considerations in the Conduct and Reporting of Research](#)
- III. Publishing and Editorial Issues Related to Publication in Biomedical Journals
- IV. Manuscript Preparation and Submission
- V. References
- VI. About the International Committee of Medical Journal Editors
- VII. Authors of the Uniform Requirements
- VIII. Use, Distribution, and Translation of the Uniform Requirements
- IX. Inquiries

## II. Ethical Considerations in the Conduct and Reporting of Research

- A. Authorship and Contributorship
  - Byline Authors
  - Contributors Listed in Acknowledgements
- B. Editorship
  - The Role of the Editor
  - Editorial Freedom
- C. Peer Review
- D. Conflicts of Interest
  - Potential Conflicts of Interest Related to Individual Authors' Commitments
  - Potential Conflicts of Interest Related to Project Support
  - Potential Conflicts of Interest Related to Commitments of Editors, Journal Staff, or Reviewers
- E. Privacy and Confidentiality
  - Patients and Study Participants
  - Authors and Reviewers
- F. Protection of Human Subjects and Animals in Research

## III. Publishing and Editorial Issues Related to Publication in Biomedical Journals

- A. Obligation to [Publish Negative Studies](#)
- B. Corrections, [Retractions](#), and "Expressions of Concern"
- C. Copyright
- D. Overlapping Publications
  - [Duplicate Submission](#)
  - Redundant Publication
  - Acceptable Secondary Publication
  - Competing Manuscripts based on the Same Study
    - Differences in Analysis or Interpretation
    - Differences in Reported Methods or Results
  - Competing Manuscripts Based on the Same Database

## Role of editors and peer review in checking publication ethics

## Committee on Publication Ethics (COPE)

A forum for editors of peer-reviewed journals to discuss issues related to the integrity of the scientific record

## Committee on Publication Ethics (COPE)



<http://www.publicationethics.org.uk/>

## COPE 14 flowcharts



Practical step-by-step guide for journal editors to deal with the most common breaches of publication ethics.

<http://www.publicationethics.org.uk/flow-charts/cope-flowcharts-optimal.pdf/download>

**Promoting ethical publication practices among APAME members**

**Developing the ethical standards for APAME**

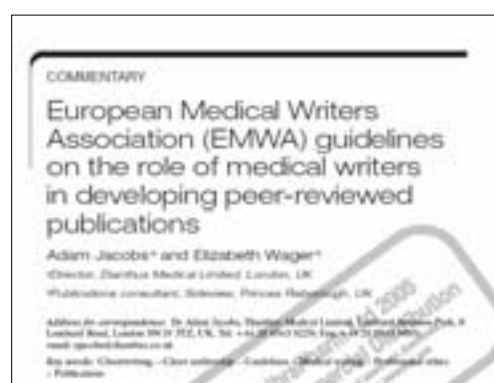
## Policy statements of other associations



<http://www.wame.org/resources/policies>



<http://www.amwa.org/default.asp?id=114>



<http://www.emwa.org/Mum/EMWAguidelines.pdf>

## Database functions relating to publication ethics

- **Information on grant support**
- **Information on collaborators**
- **Retraction information**



Publication Types
Journal Article
Book
Book Chapter
Conference Paper
Thesis
Review Article
Editorial
Letter to the Editor
Erratum
Obituary
Notice
Advertisement
Table of Contents
Index
Other

- [Research Support, N.I.H., Extramural](#)
- [Research Support, N.I.H., Intramural](#)
- [Research Support, Non-U.S. Gov't](#)
- [Review](#)

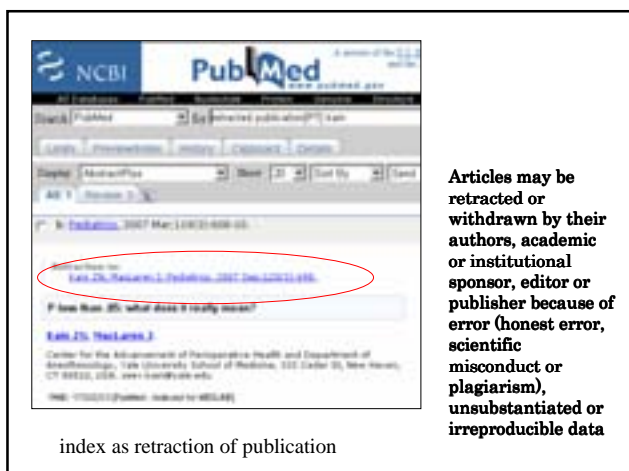
## Grass Support

- [A049208@AMTUnited States:NIAD](#)
- [D6016MD@AMTUnited States:NIID](#)
- [Q45228@GMTUnited States:NGMS](#)
- [Q45722@GMTUnited States:NGMS](#)
- [Q46822@GMTUnited States:NGMS](#)

Information on grant support in MEDLINE (PubMed)



Information on collaborators in MEDLINE (PubMed)



## Aims of JAMJE

- Protect the freedom of editorship
- Raise the level of the journal publishing
  - Improvement of Writing, Editing, and Peer review
- Manage conflicts of interest

## Program of First Symposium of JAMJE 1 August 2008

1. Mission and aims of JAMJE  
Kiyoshi KITAMURA
2. GHL/WPRIM and APAME  
Kiichiro Tsutani
3. Journal evaluation: Impact Factor and other indicators  
Masamitsu NEGISHI, Masamichi KITAGAWA
4. Experiences for raising the level of a society's journal  
Yasuhito YUASA
5. Overview of the the Uniform Requirements for Manuscripts Submitted to Biomedical Journals (URM) and clinical trial registration (CTR) in Japan  
Takahiro KIUCHI

著者と医学雑誌・編集者の倫理規範

日本における最近のミスコンダクト

2004 理化学	データ改ざん	論文捏造	(falsification)
2006 阪大医学	学生による捏造	論文捏造	(fabrication)
2006 京大医学	助手の買収	教授捏造	
2006 東大工学	データ捏造	教授捏造	
2006 神戸大工	特許申請捏造	特許取り下げ	
2006 山梨大医学	データ捏造	教授捏造	(Whistle blower suicide)
2006 阪大生命機能	データ改ざん	教授捏造	
2007 慶応義塾大学	データ改ざん	教授捏造	
2008 東北大学	データ捏造	教授捏造	(Ass. prof. suicide)
2008 東大医科研	データ捏造	教授捏造	

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School of Literature, Aichi Shukutoku University
- Kiyoshi KITAMURA (北村 聖)  
Chair, JAMJE

**Thank you**