# **Meeting Report**

Third Joint Meeting of the Asia Pacific Association of Medical Journal Editors (APAME) and Western Pacific Region Index Medicus (WPRIM) and APAME Forum on Medical Journal Publishing



## 3–5 November 2010 Ha Noi, Viet Nam









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#### REPORT

#### THIRD JOINT MEETING OF THE ASIA PACIFIC ASSOCIATION OF MEDICAL JOURNAL EDITORS AND THE WESTERN PACIFIC REGION INDEX MEDICUS AND THE APAME FORUM ON MEDICAL JOURNAL PUBLISHING

Convened by:

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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 APAME Forum on Medical Journal Publishing 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 Third Joint Meeting of the Asia Pacific Association of Medical Journal Editors and the Western Pacific Region Index Medicus and APAME Forum on Medical Journal Publishing, which was held in Ha Noi, Viet Nam from 3 to 5 November 2010.

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Keywords

Databases, Bibliographic / Journalism, Medical / Peer review / Research / Telemedicine / Medical informatics

#### SUMMARY

A Third Joint Meeting of the Asia Pacific Association of Medical Journal Editors (APAME) and the Western Pacific Region Index Medicus (WPRIM) and the APAME Forum on Medical Journal Publishing were held in Ha Noi, Viet Nam from 3 to 5 November 2010. During the first day, presentations and discussions focused on the status of the WPRIM project and database, evaluation and approval of new candidate journals endorsed by the National Journal Selection Committees and updates on the current activities of APAME. A special session on information and communication technology (ICT) applications for eHealth development in the Region was also discussed on the status of journal publishing in the Region, publishing resources and models and workshops on editing, writing and endnotes. There was also a plenary group report on editorship, peer review and ethics.

The objectives of the meeting and forum were:

- (1) to enhance the WPRIM database, select new contents for the database and plan new APAME activities in the Region;
- (2) to share lessons learnt and plan activities in the field of eHealth in the Region; and
- (3) to improve the quality of scientific journal publications in the Region.

Significant outcomes of the meeting and forum included the following: (1) 29 additional journals were approved for inclusion in WPRIM; (2) proposal to create a network of WPRIM centre libraries to facilitate document delivery services; (3) appointment of new APAME Board of Directors and Committee Chairs; (4) amendment of the APAME constitution; (5) decision to strengthen networking activities on ICT for eHealth in the Region; and (6) sharing of knowledge and skills in medical journal publishing.

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

#### 1. INTRODUCTION

A Third Joint Meeting of the Asia Pacific Association of Medical Journal Editors (APAME) and the Western Pacific Region Index Medicus (WPRIM) and the APAME Forum on Medical Journal Publishing were held in Ha Noi, Viet Nam from 3 to 5 November 2010.

WPRIM and APAME complement each other as they share the common goals of raising the level of journal publishing and promoting equitable access to quality health research done in the Region. The Second Joint Meeting of APAME and WPRIM held in Singapore from 4 to 5 November 2009 concluded that the next meeting would be held in Ha Noi, Viet Nam on 3 November 2010 and that the agenda would include a session on eHealth in the Region. It would be followed by a two-day forum on medical journal publishing that aims to assist the development of scientific journal publications in the Region.

#### 1.1 Objectives

- (1) To enhance the WPRIM database, select new contents for the database and plan new APAME activities in the Region.
- (2) To share lessons learnt and plan activities in the field of eHealth in the Region.
- (3) To improve the quality of scientific journal publications in the Region.

#### 1.2 Participants

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

#### 1.3 Opening ceremony

Vice-Minister Nguyen Ba Thuy of the Ministry of Health Viet Nam gave the welcome remarks. Dr Jean-Marc Olive, WHO Representative in Viet Nam, delivered the keynote address.

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

The following appointments were unanimously approved: Dr Luong Chi Thanh (Viet Nam) as Chairperson; Prof John Arokiasamy (Malaysia) as Vice-Chairperson; Ms Merlita Opena (Philippines) and Ms Charity Tan (Philippines) as Rapporteurs.

#### 2. PROCEEDINGS

#### 2.1 Status report of the WPRIM project and database (Mr Fang An and Ms Alma Prosperoso)

A video of the launching of the WPRIM database on 7 May 2010 in Beijing, China was shown. Mr Fang An of the Institute of Medical Information, Chinese Academy of Medical Sciences (IMICAMS) presented updates on the WPRIM database and Ms Alma Prosperoso of the WHO Western Pacific Regional Office discussed the status of the WPRIM project. Achievements have included: database improvements and corrections covering searching, language limit, browser support and downloading of documents; and the uploading of 416 journal titles and 354,592 articles.

The WPRIM project needs to address the following challenges: strengthening collaboration and encouraging countries to contribute more records to the database; providing additional services such as having a multilingual interface, meta-searching and links to other countries' databases; and creating WPRIM centre libraries to assist in document delivery services. (Annex 3)

#### 2.2 New journals for WPRIM (2010)

The Regional Journal Selection Committee (RJSC) approved the inclusion of 30 new journals in WPRIM for 2010. The journals are published in Brunei Darussalam (1), China (22), Malaysia (4), Mongolia (1), Singapore (1) and WHO WPRO (1). (*Annex 4*)

#### 2.3 <u>Forum on information and communication technology (ICT) applications for eHealth</u> <u>development in Viet Nam</u>

#### 2.3.1 eHealth and mHealth in Viet Nam (Dr Dong Cong Thach)

The current status of the Telehealth Care and Consulting Center (THCCC) project in Viet Nam was presented. The Central Health Information and Technology Institute (CHITI) of the Ministry of Health is overseeing the development of this project, which started in 2004. The project's goal is to have health consulting services and telemedicine using ICT applications in Viet Nam. It aims to meet the health needs of the people through the development of a system for medical information databases, online counselling and establishment of health care centres.

The mHealth project in Viet Nam is focused on the use of mobile communications such as personal digital assistants (PDAs) and mobile phones for health services and information. This project is managed by Pathfinder International Viet Nam (PIVN). Its goal is to develop a system for mHealth information, education and communication (IEC) to address health concerns of underserved populations. The mHealth project is being piloted in Thai Nguyen and Lam Dong provinces, both of which have two to three ethnic groups residing in them. The project collaborating institutes in Viet Nam are CHITI, the General Office for Population and Family Planning (GOPFP), and the Office of Preventive Medicine. (Annex 5)

#### 2.3.2 eHealth in the Philippines (Dr Alvin Marcelo)

Dr Alvin Marcelo, Director of the National Telehealth Center (NTHC) of the University of the Philippines Manila, presented the eHealth and telemedicine systems implemented in the Philippines. He also shared his experiences as the programme manager for the International Open Source Network for ASEAN+3 and the programme leader of the Community Health Information and Tracking System (CHITS) and the Open Medical Records System (OpenMRS). CHITS and OpenMRS are both free and open source. CHITS is a web-based electronic health records system designed for government health centres, while OpenMRS is a community-developed electronic health records system that can be customized for public and private hospitals. Both systems emphasize the need for electronic health records in Philippine health care facilities so that data are available anytime. Dr Marcelo also

discussed concepts and issues covering two areas under eHealth, namely, telehealth and health informatics. (Annex 6)

#### 2.3.3 eHealth in the Republic of Korea (Dr Jeong-Wook Seo)

Dr Jeong Wook Seo presented digital innovations in health care services based on the experiences of the Seoul National University (SNU) Hospital, the pioneer in eHealth in the Republic of Korea. Three innovative projects, which were started in 2000, address business-to-business (B2B) e-commerce, electronic medical records (EMR) system development, and knowledge creative processes. The B2B e-procurement system covers items purchased by hospitals in clinical and non-clinical units such as medical devices, pharmaceuticals, equipment, food, construction materials and facilities. The EMR system is used by more than 60% of health care provider organizations in the Republic of Korea. One of the key factors for its development has been reimbursements from the national insurance system. Dr Seo noted that during the development of health systems in the Republic of Korea, it was found that EMR is an ever changing process and that infrastructure development at local level is considered important. He also presented the Seoul Charter of Medical Information Ethics. (*Annex 7*)

#### 2.4 State of journal publishing in the Region: situation and lessons learnt

#### 2.4.1 *Lao Medical Journal* (Prof Sing Menorath)

Professor Sing Menorath, Editor of the *Lao Medical Journal* (LMJ), presented the background of the journal and shared their experiences in publishing it. LMJ is the first scientific journal in the Lao language with English abstracts covering medicine and public health in the Lao People's Democratic Republic. The first issue came out in September 2010. It will be published biannualy and will be distributed to doctors, nurses, students, paramedical and health professionals, researchers and lecturers in the health sector. The journal receives financial support from the University of Tokyo, Japan and the Wellcome Trust–University of Oxford. It is also strongly supported by the Ministry of Health and University of Health Sciences in the Lao People's Democratic Republic. However, despite the local and international support they have received, Professor Menorath said that they are still faced with the challenges of sustaining the journal, expanding the professional working team and solving financial constraints. (*Annex 8*)

#### 2.4.2 *Health Messenger*, Cambodia (Dr Lao Chantha)

The journal was introduced as a quarterly publication designed to complement the efforts of the Ministry of Health in Cambodia to develop the skills and competence of the local human resources. It is a bilingual publication intended for distribution to nurses and midwives as primary beneficiaries and the community (family members, local authorities and health volunteers) as secondary beneficiaries. (*Annex 9*)

#### 2.4.3 *Revue Médicale*, Viet Nam (Dr Tran Huu Thang)

The Viet Nam Medical Association (VMA) has supported *Viet Nam Revue Médicale* (Viet Nam Medical Journal) since 1960. The journal's French name originated from the first editorial board composed mostly of professors who were educated and trained in France. The plans for and future directions of the journal were also presented. *(Annex 10)* 

#### 2.4.4 The Chinese medical journals (Professor Dai Tao)

Professor Dai Tao, Director of IMICAMS, stated that 1855 of the 9851 titles published in China in 2009 were biomedical journals, according to the General Administration of Press and Publication of China. The published biomedical journals cover the areas of general medicine, public health, traditional/Chinese medicine, basic medicine, clinical medicine, internal medicine, surgery and pharmacy. He also cited that most Chinese medical journals are indexed not only by WPRIM but also by major databases such as PubMed, EMBase and SCI. (*Annex 11*)

#### 2.5 Publishing resources and models in the Region

#### 2.5.1 Electronic publishing and open access (Professor Ng Kwan Hoong)

Professor Ng Kwan Hoong, Editor of the *Biomedical Imaging and Intervention Journal* (BIIJ), presented a brief history of scholarly publishing and current practices on electronic publishing (online and web based). He discussed the development of Web 2.0 and its importance to journal publications. He encouraged the use of open access (OA) and presented examples of OA sites such as BioMed Central, Public Library of Science (PLoS), Hindawi, and Baishideng Publishing. He also discussed the publication of e-books and electronic journal models, development of digital libraries and catalogues. *(Annex 12)* 

#### 2.5.2 Western Pacific Surveillance and Response Journal (Mr Charles Raby)

The *Western Pacific Surveillance and Response Journal* or WPSAR is an open access, webbased surveillance and response journal managed by the WHO Regional Office for the Western Pacific. It aims to produce publications intended to promote information sharing on surveillance and response to public health events in the Region. The journal articles are accessible online (www.wpro.who.int/wpsar).

#### 2.5.3 WHO *Bulletin* (Dr Hooman Momen)

The WHO *Bulletin* is a monthly, peer-reviewed publication that is accessible online (<u>www.who.int/bulletin</u>). It is among the top five most cited journals in public health with an impact factor of 5.029. Dr Momen discussed how the *Bulletin* readers use articles and related articles to the calculation of its impact factor. He informed the group that although the *Bulletin* is accessible online, more than 6000 copies are still printed and distributed for free worldwide. (*Annex 13*)

#### 2.5.4 KoreaMed and Synapse models (Professor Choon Shil Lee)

Professor Choon Shil Lee presented some of the resources and models used in the Republic of Korea, such as the KoreaMed, Synapse and KoMCI. These databases are supported by the Korean Association of Medical Journal Editors (KAMJE) and cover medical journals in the Republic of Korea that are open access. KAMJE is continuously updating and even redesigning interfaces to enable adaptability to technological trends, including preparations for Internet browsing through mobile devices. It promotes seamless searching that is simple, intuitive and attractive. *(Annex 14)* 

#### 2.6 Editorship, peer review and ethical issues

## 2.6.1 Editorship in collective and individualistic cultural contexts (Professor Jose Florencio Lapena, Jr)

The objective of the presentation was to review of the concepts of research, authorship, peer review and editing in the context of individualistic versus collective cultures. Professor Lapena proposed a relationship of interdependence among authors or researchers, reviewers, editors and publishers in the Asia Pacific region. In order to elevate the quality of publishing in the region, he recommended the following roles for APAME: to act as mentors to authors, reviewers and editors; to encourage peer-to-peer relationships of mutual support and to work out ideas among authors, reviewers, editors, publishers and librarians; and to organize networks, conferences, workshops and events for continuous learning. (Annex 15)

#### 2.6.2 Role of reviewers (Professor Wilfred CG Peh)

The role of reviewers and the partnership among authors, reviewers and the editorial office were discussed. The job description and responsibilities of the reviewer (in relation to the editor, his specialty or subspecialty, patients and the author) and different scenarios for the responsibilities of the reviewer were also presented. It was pointed out that reviewers, authors and editorial staff are key people in the journal publication process and good reviewers are valuable to journals. (Annex 16)

#### 2.6.3 Editor ethical issues (Professor Kiyoshi Kitamura)

The goal and activities of the Japanese Association of Medical Journal Editors (JAMJE) since its establishment on 1 August 2008 were presented. Presentations followed on issues covering ethics and disclosures of conflicts of interest and the standards set by the International Committee of Medical Journal Editors (ICMJE) as a model for writing and editing publications. The guidelines on ethics set by ICMJE and the Committee on Publication Ethics (COPE) were also discussed. *(Annex 17)* 

#### 2.6.4 Misconducts in research (Professor Lai-Meng Looi)

Examples of cases reported to COPE and the experiences of editors in handling research misconducts were presented. There were also discussions on the difference between error and fraud, editorial judgment, plagiarism, unethical practices of authors and conflicts of interest. The principles of the Singapore Statement on Research Integrity as one of the guidelines for reference were also cited. *(Annex 18)* 

#### 2.6.5 Plenary: group discussion results

The following are results of group discussions on issues of authorship, editorship, peer review, ethics, etc.:

- (1) Most journal publishers in the Region face issues of distribution and limited budget. If there is no money, there is no issue.
- (2) The role of reviewers is to improve manuscripts. Most reviewers accept requests to review articles from other countries especially if the topics are new. Some reviewers are also curious to know the style of writing of authors from other countries.
- (3) The issue on authorship should be cleared by the publishers.
- (4) Editors are being encouraged to use the standards of the International Committee of Medical Journal Editors (ICMJE) and software such as Editorial Manager. It is not the editor's job to rewrite articles. There is a need for manuscript editors, but copy-editing is not an issue in Viet Nam.
- (5) The use of Endnote as reference management software is encouraged as it is also a valuable tool for searching bibliographies.
- (6) The availability of translation services from the local language to English in countries such as Cambodia, the Lao People's Democratic Republic and Viet Nam is still a problem.
- (7) Professors in Japan have influence on young researchers on matters related to authorship, peer review and editing. The use of the University Hospital Medical Information Network (UMIN) system in conferences, editing and clinical trials is encouraged. Major publishers such as Blackwell encouraged Japanese publishers to use the system, and they expected high impact factors for their journals in return.
- (8) Plagiarism is still an issue and APAME should also address this concern.

#### 2.7 Support systems for journal publishing in developing countries

2.7.1 Role of APAME (Professor John Arokiasamy)

Dr John Arokiasamy presented the role of APAME in improving the quality of journal publishing in the Region. It is important that editors and reviewers receive support through training courses and workshops. He suggested the possibility of conducting online training courses and

workshops by exploring the use of available tools such as GoToMeeting. He encouraged APAME members to support, advocate and disseminate information to improve the quality of medical journals published in the Region. He also asked for their support as the new president of APAME.

#### 2.7.2 DOST and CHED experience in the Philippines (Ms Merlita Opena)

Efforts made by the Department of Science and Technology (DOST) and the Commission on Higher Education (CHED) Philippines in the context of improving journal publishing in the country were presented. DOST and CHED asked for the support of stakeholders in the public and private academe, specialty societies or professional associations, and research institutions to promote the use of their national research database, Health Research and Development Information Network (HERDIN), which is accessible online (www.herdin.ph). An increase awareness of HERDIN will promote content development, accreditation of journals and the establishment of a national research repository in the Philippines. It also justifies the financial support of DOST to selected journals for continued publication. Overall, collaboration with stakeholders will not only promote research productivity in the country but also result in journals accreditation and quality researches by authorized organizations. (*Annex 19*)

#### 2.7.3 International collaborative research in Brunei Darussalam (Dr Alice Yong)

The experiences of Brunei Darussalam with promoting research and publication were presented. Health care in Brunei Darussalam is almost free for all. The country's vision for 2035 is to work together to attain the following: a healthy nation that has a comprehensive health care system that emphasizes service excellence; a nation that embraces and practices healthy living; sustainability through resource optimization, innovation and excellence; effective policies and regulations that ensure protection for all; and transparent and proactive governance. The Ministry of Health also strongly encourages clinicians to undertake clinical research. There are research committees that provide guidance to help researchers implement good practice and meet legal and ethical requirements. The are two major medical journals in Brunei Darussalam, the *Brunei International Medical Journal* (www.bimjonline.com) which is an official joint publication of the Ministry of Health. It was also mentioned that the *Singapore Medical Journal* (SMJ) facilitated a medical skills writing workshop in May 2010 in Brunei Darussalam, which was endorsed by APAME. (Annex 20)

#### 2.8 <u>Repositories and libraries</u>

#### 2.8.1 WPRIM project: current and future (Mr Fang An)

As of 31 October 2010, the WPRIM database had uploaded 354 592 articles from 416 journals covering nine contributing countries, with an average of 91 daily visits. For next year, Mr Fang An recommended the following activities to support continuous enhancement of the database and promotion of WPRIM: collect and upload more records; add new features and services such as document delivery, cross-searching among country databases, multilingual user interface and searching; conduct additional training for WPRIM country focal persons on database management and services; strengthen collaboration and promotion of WPRIM by adding links on country platform; and encourage the placement of the WPRIM logo on journal cover pages. *(Annex 21)* 

#### 2.8.2 WPRIM centre libraries (Ms Alma Prosperoso and Dr Jeong Wook Seo)

The proposal to create WPRIM centre libraries in member and contributing countries to facilitate document delivery services was presented. The WPRIM centre libraries will help promote, increase usage of and improve access to the WPRIM database. It will facilitate requests for full text through the WPRIM platform. IMICAMS will develop an additional document delivery service feature in the WPRIM system. Dr Jeong Wook Seo also shared and discussed how the Seoul National University, College of Medicine Library plans to implement the WPRIM document delivery service in partnership with an ICT company in the Republic of Korea. (Annex 22)

2.8.3 Role of the Internet in WPRIM marketing (Mr Masamichi Kitagawa)

The role of the Internet in marketing and promoting WPRIM was presented. Suggestions included making use of available internet resources such as blogs, WIKI and social networking sites such as Facebook and Twitter. He also encouraged continuous use of existing WPRIM promotional activities and tools such as the APAME/WPRIM Implementing Best Practices (IBP) community sites, newsletters and the website. *(Annex 23)* 

#### 2.8.4 Document delivery services (Ms Normah Chik Ahmad Nordin)

Ms Normah Chik Ahmad Nordin discussed the document delivery services of the Institute for Medical Research (IMR) library in Malaysia. The IMR library has established a network with local medical libraries, the Southeast Asian Medical Information Center (SEAMIC) and publishers of subscribed databases in order to obtain documents that are requested but not available in their library holdings. Some of the advantages of having a document delivery network are: resource sharing; more savings for the library as budget is spent on frequently used titles; and less management of titles purchased or subscribed. Certain unavoidable issues may arise in document delivery such as copyright, clearing rights, charges and different institutional policies of the networks. She recommended the following networks as possible sources of documents for libraries: Library of Congress; US Online Computer Library Center (OCLC); Research Libraries Information Network (RLIN); libraries in Australia; British Lending Library Division (BLLD); WorldCat; SEAMIC; WPRIM; and online databases of publishers such as Science Direct and Springer and national repositories and libraries. *(Annex 24)* 

#### 2.9 APAME General Assembly

2.9.1 Amendment of the constitution

The constitution was amended and approved by the body. (Annex 25)

#### 2.9.2 APAME Board of Directors and Committee Chairs

The following people were elected to the Board of Directors and as Committee Chairs:

Board of Directors:

President: Prof John Arokiasamy (Malaysia) Immediate Past President: Prof Chang-Kok Hahm (Republic of Korea) Executive Vice-President: Prof Wilfred Peh (Singapore) Vice-President for Internal Affairs: Prof Chang-Ok Suh (Republic of Korea) Vice-President for External Affairs: Prof Kiyoshi Kitamura (Japan) Secretary-General: Prof Jose Florencio Lapena, Jr (Philippines)

<u>Committee Chairs:</u> Education Committee: Prof Wilfred Peh (Singapore) Ethics and Editorial Policy Committee: Prof Jeong Wook Seo (Republic of Korea) IT Committee: Prof Dai Tao (China)

#### 2.10 Decisions and other matters

#### 2.10.1 WPRIM

- (1) All WPRIM journals are encouraged to place the WPRIM logo on their cover page for promotion and advocacy.
- (2) Twenty-nine new journal titles were approved for inclusion in WPRIM.
- 2.10.2 APAME

- (1) Amendments to the APAME constitution and by-laws were approved. The amended version will be published on the APAME website.
- (2) A new Board of Directors and Committee Chairs were elected to serve from 2011 to 2012.
- (3) The WHO Regional Office for the Western Pacific will continue to host the APAME website. It will be updated as needed with recommendations from the APAME Board of Directors.

#### 2.10.3 APAME and WPRIM

The next APAME Congress and WPRIM meeting will be held in Seoul, Republic of Korea from 28 to 30 August 2011 to coincide with the Guidelines International Network (GIN) Conference. It will be co-organized with the Seoul National University (SNU) Medical Library.

#### 3. RECOMMENDATIONS

Based on the presentations and discussions of the temporary advisers and observers, the following recommendations were formulated:

#### 3.1 WPRIM

3.1.1 WPRIM centre libraries should be established in selected countries to facilitate document delivery services.

3.1.2 The WPRIM database should be enhanced by adding features such as a document delivery system, multilingual interface and cross-searching capabilities.

3.1.3 Training on the management of the WPRIM database should be conducted for focal persons of contributing countries. In the meantime, IMI CAMS will continue to assist in the uploading of new journals.

3.1.4 Partners and libraries in Member States should be solicited to help promote the use of the WPRIM database.

#### 3.2 <u>APAME</u>

3.2.1 APAME should conduct more training courses and workshops on medical writing in the Region.

WORLD HEALTH ORGANIZATION



ORGANISATION MONDIALE DE LA SANTÉ

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

THIRD JOINT MEETING OF THE ASIA PACIFIC ASSOCIATION OF MEDICAL JOURNAL EDITORS (APAME) AND THE WESTERN PACIFIC REGION INDEX MEDICUS (WPRIM) WPR/DPM/TPL(01)/2010/IB/2 3 November 2010

Ha Noi, Viet Nam 3 November 2010 **ENGLISH ONLY** 

#### **INFORMATION BULLETIN NO. 2**

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Annex 2

W Q R L D H E A L T H ORGANIZATION



ORGANISATION MONDIALE DE LA SANTÉ

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

THIRD JOINT MEETING OF THE ASIA PACIFIC ASSOCIATION OF MEDICAL JOURNAL EDITORS (APAME) AND THE WESTERN PACIFIC REGION INDEX MEDICUS (WPRIM) AND THE APAME FORUM ON MEDICAL JOURNAL PUBLISHING WPR/DPM//TPL(01)2010.1 3 November 2010

Ha Noi, Viet Nam 3-5 November 2010

#### **ENGLISH ONLY**

#### **PROPOSED AGENDA**

- (1) Opening session
- (2) Adoption of the agenda
- (3) Status Report of the WPRIM Project and Database
- (4) Role of the WPRIM Regional Journal Selection Committee (RJSC) and National Journal Selection Committee (NJSC) and the Journal Selection Process
- (5) Group discussion on needs assessment of WPRIM countries (future activities, trainings and support to countries)
- (6) Forum on ICT applications for eHealth development in Viet Nam
- (7) State of journal publishing in the Region: situation and lessons learnt
- (8) Publishing resources and models in the Region
- (9) Editorship, peer review and ethical issues
- (10) Support system for journal publishing in developing countries
- (11) Repositories and libraries
- (12) APAME General Assembly





CONTRIBUTING COUNTRIES TO THE DATABASE	2007	2008	2009	TOTAL
1. China	64	57	81	202
2. Japan	2	2	0	4
3. Malaysia	0	9	3	12
4. Mongolia	2	1	4	7
5. Papua New Guinea	0	1	0	1
6. Philippines	13	1	2	16
7. Republic of Korea	131	11	16	158
8. Singapore	0	2	2	4
9. Viet Nam	0	12	0	12



The new WPRIM database and platform developed by the Institute for Medical Information Chinese Academy of Medical Sciences (IMICAMS) was launched on 7<sup>th</sup> May 2010 in Beijing, China









#### Next Steps:

IMICAMS will continue to provide technical assistance in the continuing development of the database in coordination with WPRO which remains responsible for the content management;

 $\boldsymbol{\diamond}$  Conduct training on indexing and database management as part of the WPRIM requirements;

In the meantime, IMICAMS and WPRO will continue to assist countries that are not yet ready to submit their electronic data online;

 $\boldsymbol{\diamond}$  Create WPRIM Center Libraries to assist in document delivery service; and

 $\boldsymbol{\diamondsuit}$  Partners in countries should continue to promote WPRIM.





Database

Fang An

## Updates after launching (1)

- "Meetings and Events" was added on the homepage as a new column, meetings and events can be reported on the website
- · Fore-passed meetings and events were collected
- Correlative documents were collected and can be download





## Statistics of Journals

• Up to Oct. 2010, 416 kinds of biomedical journals from 9 countries were include in WPRIM database.







## Status of data collecting

- Crawl from country's website (China, Korea)
- Download from FTP server (J-STAGE of Japan)
- PubMed API (13 journals from Malaysia, Papua New Guinea, Philippines, Singapore)
- E-mail (Vietnam, NII of Japan)

## Statistics of web log

Report Range: 05/07/2010 00:00:00 - 10/31/2010 23:59:59

Hits	Entire Site (Successful)	200782
	Average per Day	1127
	Home Page	17098
Page Views	Page Views	41868
	Average per Day	235
	Average per Unique Visitor	17
	Document Views	21711
Visits	Visits	16259
	Average per Day	91
	Average Visit Length	00:07:32
	Median Visit Length	00:01:30

## Challenges

- China and Korea account for 93% records
  - Need more records from more countries
  - More collaboration in the region
- Visits and Hits of the website are very low
  - Need to provide more services, such as document delivery, multi-lingual interface, meta search with country's platform, link with country's service
  - Promotion and marketing



### Thank you!

fang.an@imicams.ac.cn http://www.wprim.org http://wprim.whocc.org.cn

## Annex 4

#### Journals Approved by the WPRIM Regional Journal Selection Committee

Ha Noi, Viet Nam 4 November 2010

#### Brunei Darussalam

1. Brunei International Medical Journal

#### China

- 2. Chinese Journal of Analytical Chemistry
- 3. Journal of Xinxiang Medical College
- 4. Chinese Journal of Medical Library and Information Science
- 5. Acta Physiologica Sinica
- 6. Chinese Journal of Practical Gynecology and Obstetrics
- 7. Chinese Journal of Gastroenterology
- 8. Chinese Journal of Clinical Oncology
- 9. Progress of Anatomical Sciences
- 10. Journal of Zhejiang University-Science B
- 11. Chinese Journal of Infection Control
- 12. Chinese Acupuncture & Moxibustion
- 13. Modern Clinical Nursing
- 14. Chinese Journal of Clinical Thoracic and Cardiovascular Surgery
- 15. Journal of Tropical Medicine
- 16. China Pharmacist
- 17. Virologica Sinica
- 18. Journal of Biomedical Engineering
- 19. Journal of Huazhong University of Science and Technology (Medical Sciences)
- 20. Journal of China Medical University
- 21. Chinese Journal of Neuroanatomy
- 22. Fudan University Journal of Medical Sciences
- 23. Chinese Journal of Medical Ultrasound (Electronic Edition)

#### <u>Malaysia</u>

- 24. Biomedical Imaging and Intervention Journal
- 25. Malaysian Journal of Dermatology
- 26. Malaysian Journal of Health Sciences
- 27. Malaysian Orthopaedic Journal

#### <u>Mongolia</u>

28. Diagnosis

#### <u>Singapore</u>

29. ASEAN Journal of Anesthesiology

#### WHO-WPRO

30. Western Pacific Surveillance and Response Journal





## eHealth helps:

- Storage, processing and transmission of patient's information.
- Management of clinical information, administration and finance of hospital.
- Set up the mechanism for the medical professionals in a remote distance areas to enable giving accurate diagnosis and treatment.
- Improve capacity by offering continuous medical training, online for students and health care workers .
- Create the revenues from the development of mobile devices to provide innovative approaches for health care.
- Enable the implementation of biomedical research which have a high level of complexity through a computing network



## TRAINING PROGRAM ON ICT

- Training programs on ICT has been incorporated into the training curriculum of the universities and colleges in Vietnam with a fairly high percentage (> 75%);
- Further more, the regular training programs on ICT for various diffirent objectives belong medical branch, but still haven't got unspecific fields such as ehealth

### SURVEY

- A survey on the current status on IT application for health care is conducted annually by the Department of Science and Training, MOH
- ${\bf o}\,$  A special e health survey conducted in 2009 with sponsored by WHO

## mHealth

- Mobile Health (mHealth or m-health) is the practice of health care with the support of mobile devices such as mobile phones, mornitor devices for patients, equipment and technical support for individuals
- ${\bf o}~$  These applications include
  - Collect clinical data in community
  - Provide information to physicians, researchers and patients;
  - Follow-up, reminder and compliance with e-booking for registration.

## INITIATIVES

- Program of consultation for health care and popularization of telemedicine knowledge for community. Some hotline were used for these purposes such as 19001517, 04 39333036; 1080 Ext 2.
- The answer column of "Information about A/H1N1 influenza". There are two hotline such as 1080 or 1088 Ext 2., to consult the nessecarry doctor.
- ${\bf o}~$  Program of Bird flu prevention in the local used the hotline No 800115
- Booking appointment and remind patients for consultation conducted at Hanoi Medical University Hospital and in Vietnamese-French Hospital by phone.

## MAIN OBSTACLES

- Have to compete with other prioritized health issues systematically
- Cost-effectiveness is unclear
- The needs of health professionals and population isn't clearly necessary
- Operating costs such as voice and data transfer, electrical price also are high

## **TELE-MEDICINE**

- Provide health care services for geographically remote areas and aim at exchanging information on diagnosis, treatment and prevention of diseases and injuries, research and evaluation, regular training for medical staffs.
- **o** Some fields of tele-medicine as following:
  - Teleradiology
  - Teledermatology
  - Telepathology
  - Telepsychiatry
# NATIONAL LEVEL OFFICES

- **o** Steering Committee of IT application
- Department of Science and Training Ministry of Health.

o CHITI



# **E-LEARNING**

- To improve training quality, improve accessibility for people with barriers of geography or those who have no conditions to study in their local and create a new model of training that can meet to needs of everybody.
- Usage level are still too limited. A few medical schools such as School of Public Health, Hanoi Medical University applied fairly complete this for some subjects.

# MANAGEMENT OF PATIENT INFORMATION

- EMR/EHR is an electronic medical record/health records along in real time, which contains health information of each patient, help physicians to give the diagnosis and treatment.
- Currently, medical record in Vietnam are mainly on paper material according to form of the Ministry of Health and there has not any medical facility that apply EMR/EHR successfully

# TECHNICAL STANDARDS

• many e-Health standards has not been issued apart from:

- International classification of diseases ICD,
- ACT Standard (generic drug classification)
- Cadastral standard (to the commune/ward level).





# Key applications for mHealth in developing countries

- Education and awareness
- Remote data collection
- Remote monitoring
- Communication and training for healthcare workers
- Disease and epidemic outbreak tracking
- Diagnostic and treatment support











#### Annex 6

eHealth: the Philippine Experience

Alvin B. Marcelo, MD University of the Philippines Manila National Telehealth Center

# Disclosures

- Director, UP Manila National Telehealth Center
- Programme manager for the International Open Source Network for ASEAN+3
- Program lead, Community Health Information Tracking System
- Implementer, Open Medical Records System (OpenMRS)

# Outline

- Definitions
- Situational analysis
- Health Informatics and telemedicine in the Philippines
- Important resources for eHealth, APAME and WPRIM
- Recommended next steps





This two main components of alreadth can be identified as Telefealth and Health informatics. Telefealth is where some torm of meracion (direct / real time - e.g. audio or adoptor/meracing, or indirect / alone and forward - e.g. email, webportal takes place between a amongst individuals (healthcare positions; patients, family members, web (ditarent), Hoothy informatics is where data are collected, stored processed and resulting information is stored, distributed, and made available in carlout processed and resulting information is stored, distributed, and made available in carlout lay individuals. The results is that one without the other is like available in carlout lay - ingossible. Buth appets are needed in order to deliver sound ICT decilitated health and healthcare - i.e. eriesth.

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e Commerce is included in the diagram because health and health systems 'cost'. Who pays and how payment is made differs, but in the end someone pays. Processes by which the cost of, and reinfoursement for, health related services occur can be coffectively viewed as an ocert of, and reinfoursement for.



# The Philippines

- 7107 islands
- 90 million people
- · Decentralized health system

# **Current Situation**

- Uneven distribution of health professionals
- Low pay for government health workers
- Oversupply of nurses
- Inequitable access to health services
  - the poor, who need healthcare most, get them the least



# The Impossible Triad

- For health systems
  - Access
  - Quality
  - Cost

- David Naylor

# **Our Problems**

- There are no health informatics standards in the country
- · Informatics is a young discipline
- Informatics is not part of the formation process of nursing and medicine
- There seems to be no grand design for the development of informatics in practice, and therefore, in undergraduate health professions education





eLearning

# eLearning for Health

- Developed e-Learning Videos (4) funded by the Last Mile Initiative, USAID
- Held e-Learning sessions in several provinces (Capiz, Nueva Vizcaya, Quezon, Bicol, Batanes, Cebu)





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# The Strategy

- Standards and inter-operability
- Workforce development
- Integrate into undergraduate education
- Community of practice



# Standards and Inter-operability

- Enterprise Architecture (overall design/blueprint)
- Vocabulary
  - Clinical (ICD-10, LOINC, and SNOMED)
  - Bibliography: Metathesaurus (Unified Medical Language System)
- Electronic data interchange
  - Messaging (HL7)
  - Security/integrity (public key infrastructure)

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# Summary

- Field of eHealth is evolving. The key is to focus on local health needs and appropriate technology.
- Standards are important for cross-border collaborations
- Capacity for eHealth must be integrated into the curriculum
- Free and open source software allow students access to eHealth tools at a cost they can afford

# Recommendations

- Agree on a common indexing system UMLS?
- Extend UMLS as needed for your major dialects
- Collaborate on common projects using online tools to develop teamwork and to gain experience on eHealth
- Document your experience (publish) and add this to the domain of eHealth











5 / May 22, 2008 **Jeong-Wook SEO** 

# **Three Different Approaches**

<b>Type</b> (Responded/Total)	Primary care clinic (25,000)	Hospitals (282/1269)*	University Hospitals (42/42)*
CPOE & EDI	~70%	71.7%*	97.6%*
PACS	~30%	38.1%*	90.5%*
EMR	21.0%* ~50%	Image EMR:	Full EMR: 19.1%*
DW	~None	2.8%*	14.6%*
Vendors	2 big's + many	5 mid-sized + many	< 10 of similar market share
Inter- operability	Interoperable EHR/PHR: National Heath Information Project		
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# **EMR Implementation** Guiding principle

- Why we need EMR?
  - ✓ What are problems to be solved through EMR?
  - ✓ And is EMR the solution?
- Implementation failure is not uncommon
  ✓ Organizational problem >> Technological problem
- Without Planning and Strategy failure is the rule.

(Jerome H Carter, MD FACP. EHR Selection & Implementation. 2005) 19/ May 22, 2008 Jeong-Wook SEO

# Understanding the disaster: Implementation failures

- Failure is not uncommon:
  - as many as 50% for EMR, ERP projects fail.
- What is failure?
  - Failure to get expected result
  - Extra-cost/time more than 30%
- Types of Failure
  - Total Failure: Never implemented and completely abandoned
  - Partial Failure: Major goals are not attained
  - Sustainability Failure: Initially succeeds but fails within a year
  - Replication Failure: Succeeds as pilot but cannot replicated in other locations

(Jerome H Carter, MD FACP. EHR Selection & Implementation. 2005)

20 / May 22, 2008 Jeong-Wook SEO





















# **Role of governmental support** on digital revolution in private sector driven health system

# It is different again!



3. Fair support

31 / May 22, 2008 *Jeong-Wook SEO* 





# Background

- No medical journal in Lao language available in Laos until recently
- Lao doctors/health professionals have been conducting medical/health research but most results are not published
- Only few study results published in international medical journals
- LMJ establish on December 30<sup>th</sup> 2009 with supports from University of Tokyo, Japan and Wellcome Trust-University of Oxford

# Objectives

• Promote, develop & disseminate health sciences research findings in Laos

relevant activities and work.

 Provide researchers, doctors, nurses, para-medical professionals, lecturers, students, health policy planners & other group of people with health sciences information so that they can use as references for their

### • Produced, managed and administered by Research Center, Faculty of Postgraduate Studies, University of Health Sciences

• LMJ office: University of Health Sciences, Phiawat Campus, Sisatanak District, Vientiane Capital, PoBox 7444, Vientiane, Lao PDR, Tel.856 21 240854; Fax: 856 21 214055)

Who produces LMJ?

• Publisher: University of Health Sciences

# **LMJ** Organization

## • Steering Committee

- 1. Vice-Minister of Health
- 2. President of the Council of Lao Medical Sciences
- 3. President of the University of Health Sciences
- Editorial board
  - Editor-in-Chief: Assoc. Prof. Dr. Sing Menorath
  - Deputy Editor: Dean, Faculty of Postgraduate Studies

# LMJ Organization (cont.)

- International Advisory Board
- Dr. Paul Newton
- Prof. Dr. Kiyoshi Kitamura
- Assist. Prof. Dr. Hirotaka Onishi
- Assist. Prof. Dr. Hiroshi Nishigori
- 17 Associate Editors
- 3 Editing Editors
- 3 Editorial Assistants
- 3 people in production and publishing Unit

# **About LMJ**

- First scientific journal in Lao language on medicine and public health in Laos
- Target audiences: researchers, doctors, nurses, students, para-medical and health professionals, and lecturers in the health sectors.
- Published biennially with abstracts in English (1<sup>st</sup> issue printed on September 30<sup>th</sup> 2010).

# About LMJ (cont.)

- Got ISSN from ISSN International Center (ISSN 2219-3847)
- · Planned for being indexed in PubMed after three issues
- Now only in prints but planned to produce in electronic files in the future to be online

# About LMJ (cont.)

• Papers accepted for publication:

- 1. Original research articles:  $\sim$  3,000 words with abstract  $\leq$  300 words and  $\sim$  30 references
- 2. Review articles: ~ 3,000 words with abstract  $\leq$  300 words and ~ 50 references
- 3. Reports:  $\sim$  1,500 words with abstract  $\leq$  100 words and  $\sim$  12 references
- 4. Letters to Editors / Responses to letters

# **Manuscript Evaluation**

- Editor & Deputy Editor read all unsolicited manuscript submissions. (> 1/3 submissions rejected without further review).
- Manuscripts are assigned to an Associate Editor and sent to outside experts for review.
- The Associate Editor, aided by reviewers' comments, makes a recommendation to the Editor regarding the merits of the manuscript.
- Editor makes a final decision to accept, reject, or request revision of the manuscript.

First Issue of the LMJ		
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# Strengths

- Excellent supports from the Ministry of Health, steering committees, and University of Health Sciences
- Financial supports from University of Tokyo-Japan, Wellcome Trust-Oxford University-UK
- The team visited and learnt from the Lancet and British Medical Journal in London, UK
- · Very enthusiastic, active, and motivated team

# Challenges

- Sustainability
- Small working team but not professional
- Financial constraints
- At the moment: not adverts

# Thank you very much for your kind attention












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Publication Time line												
	N	lor	nth	1	N	lor	nth	2	Ν	lor	nth	3
Setting up/organizing an EC meeting	х											
Writing/editing articles		х	х	х								
Review of all articles in English by EC					х	х						
Conducting field visits					х	х						
2 <sup>nd</sup> review and approval of all articles by EC						х	х					
Translation into Khmer							х	х	х			
Design, illustration and layout									x	х	х	
Final review												х
Printing												
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TỔNG HỘI Y HỌC VIỆT N

Some technical problems
The first editorial board included professors who trained and developed in education systems of France so the name of the journal is called in French: Revue Médicale.
The problem became more difficult when doctors, candidates of science and doctors of science who have been graduated from the Soviet Union, Eastern European countries in the socialist camp, China etc joined to compile.









X

TỔNG HỘI Ý HỌC VIỆT NA!











TỔNG HỘI Y HỌC VIỆT NAM



















# **Open Access journals**

- Open Access journals grows in recent years
- For example, among 898 journals which belong to China Association for Science and Technology (CAST), the number of open access journal grows from 140 to 206, and the biomedical journal grows from 30 to 55 in 2 years

















A Brief History of Scholarly Publishing







KH Ng

Scientific and medical publishing is changing drastically

- Severe pressure on library budget
- Greater demand to publish high quality papers rapidly

KH Ng

# How many journals? 2010 April Active serials (refereed or academic/scholarly) ~ 28,838

Online, active, academic/scholarly or refereed ~ 19,107

http://ulrichsweb.com/ulrichsweb/ http://ulrichsweb.com/ulrichsweb/news.asp





- \* Online availability of the entire full-text refereed research corpus
- \* Availability on every researcher's desktop, everywhere 24 hours a day
- \* Interlinking of all papers & citations
- \* Fully searchable, navigable, retrievable, impact-rankable research papers
- \* For free, for all, forever

Harnad S. Open Access to Peer-Reviewed Research through Author/Institution Self-Archiving: Maximizing Research Impact by Maximizing Online Access.] Postgrad Med 2003;49:337-342

# **Electronic Publishing**

KH Ng

### What is 'Electronic Publishing'?

- The current practice of online and webbased publishing.
- The development of new forms of production, distribution, and user interaction with regard to computer-based production of text and other interactive media.
- The publication of ebooks and electronic articles, development of digital libraries and catalogues.

### e-journals

- Not many are peer-reviewed (gold standard in scholarly publishing)
- Not many are indexed by Medline/ SCI
- Some are short-lived (here today gone tomorrow)
- Lack of QC/C quality control and certification

# e-journal models

- · e-journal replaces print journal
- · e-journal coexists with print journal
- Journal is in electronic form only, but individual articles can be ordered in paper form e-journal is "secondary to" the print journal •
- •
- Electronic version is published several months . after the print version
- Print version is published several months after the electronic version
- The full print version is not available electronically •
- Both versions exist but with different pricing . arrangements

KH Ng

# The big 5 have electronic versions JAMA - ----RMTHE LANCET KH Ng

Journal	Impact Factor	When Free
New England Journal of Medicine	50.017	Free after 6 months
Journal of the American Medical Association	31.718	Free after 6 months
British Medical Journal	12.827	Free after 36 months
CA: a Cancer Journal for Clinicians	74.575	FREE
Science	28.103	Free after 12 months
Science	28.103	Free after 12 months

Open Acces	ss (OA)
	KH Ng

# Open Access Journals: Budapest Initiative

- Open Society Institute (OSI) meeting December 2001 - international effort to make research articles freely available on the internet
- Backed by \$3M from George Soros.
- Advocates alternative system in parallel with established journals
- Signed by institutions and individuals

KH Ng

### **Open Access Journal:**

We define open access journals as journals that use a funding model that does not charge readers or their institutions for access. From the BOAI definition [1] of "open access" we take the right of users to "read, download, copy, distribute, print, search, or link to the full texts of these articles" as mandatory for a journal to be included in DOAJ.

[1] http://www.earlham.edu/~peters/fos/boaifaq.htm#openaccess

KH Ng

# 

### www.doaj.org

- What are open access journals ? Journals that use a funding model that does not charge readers or their institutions for access.
- What are included? Scientific and scholarly periodicals that publish research or review papers in full text.
  - How many?
     5,615 journals
     466,022 articles (as of Nov 3, 10)

KH Ng

### **OA** publishers

Ex. BioMedCentral, Public Library of Science, Hindawi, Bentham Open, Baishideng Publishing.

### Business model:

Typically finance their operations by publication charges levied on the authors of the articles











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# OA Publishing comes at a cost

Publication fees for PLoS journals

- PLoS Biology US\$2900
- PLoS Medicine US\$2900
- PLoS Computational Biology US\$2250
- PLoS Genetics US\$2250
- PLoS Pathogens US\$2250
- · PLOS ONE US\$1350
- PLoS Neglected Tropical Diseases US\$2250







# Baishideng Publishing Baishideng publishing Baishideng publishing Established on November 20, 2007 Goals: to edit and publish high-quality articles through the open-access (OA) model to maximize the benefits to members of the editorial board, authors and readers.



OA models are evolving
Financial viability
VS.
Acceptability by scientific
committee

KH Ng



Web 2.0 Services (Tools)	
Blogs	
Wiki	
Media Sharing	
Podcasts	
Social Tagging/ Bookmarking	
Social Networking	
And many others	

















Annex 13

# Publishing in an international Journal

Hooman Momen Editor Bulletin of the World Health Organization

# **Bulletin of the World Health Organization**

The *Bulletin of the World Health Organization* is WHO's journal of international public health:

Contact Editorial Office bulletin@who.int

- It is a peer-reviewed monthly publication with:
  - It is a widely-cited journal (ISI)
    - Among the top five journals in public health
  - For more information, visit: – http://www.who.int/bulletin/



2 | Publishing | 28 February 2011



3 | Publishing | 28 February 2011



Who reads the Bulletin?		
Place of work	Occupation	
University (20%)	Public health professional (27%)	
Government/MoH (17%)	Academic (20%)	
Public health school (14%)	Researcher (16%)	
Medical school (10%)	Government official (6%)	
NGOs (9%)	Trainer of health workers (5%)	
Research institute (8%)	UN worker (5%)	
Private sector (5%)	Student (5%)	
Media (2%)	Editor/journalist (3%)	
Others (15%)	NGO employee (3%)	
	Others (10%)	

5 | Publishing | 28 February 2011



















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• Since 1997	• Since 2007	
• Abstracts	• Full texts	
PubMed equivalent	PMC equivalent	
• PubMed XML compatible	PMC XML compatible	
• 164 journals	• 80 journals	
• Over 170,000 records	• Over 20,000 records	
<ul> <li>LinkOut to Synapse &amp; Journal web sites</li> </ul>	<ul> <li>LinkOut to KoreaMed &amp; Journal web sites</li> </ul>	
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КоМСІ	Korean Medical Journal Info.
• Since 2000	Since 2008
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<ul> <li>Web of Science &amp; JCR equivalents</li> </ul>	<ul> <li>NLM's Journals database equivalent</li> </ul>
• 164 journals	• Over 700 journals
<ul> <li>Over 90,000 records &amp; 190,000 references</li> </ul>	<ul> <li>Over 3,000 records (journal title changes)</li> </ul>
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Annex 15



#### International Forum

on Academic Medical Publishing **Central Health Information Technology Institute** WHO Western Pacific Region Office and the Asia Pacific Association Of Medical Journal Editors

> Hanoi, Vietnam 4-5 November 2010 JF LAPEÑA JR. M.A., M.D., F.P.C.S.

Professor, University Of The Philippines Manila Editor, Philipp J Otolaryngol Head Neck Surg





"Copying extensively from one source is plagiarism; copying extensively from several is research." — Anonymous

N. E. Renton, Compendium of Good Writing: A Plain English Guide (2007), 113.

### INTRODUCTION





2. It's OK to use copyrighted material in your manuscript as long as you cite the source. True

False

False. In general you must have permission from the copyright holder to use copyrighted material in a published article.

Committee on Publication Ethics guidelines http://publicationethics.org/guidelines

### **TRUE OR FALSE?**









Stance	Individualistic	Collective
Space Relations and Ultimate Reality	Separate Personal	Connected Transpersonal
Time Orientation	Future Program oriented	Past Process oriented
Relation with Nature	Dominion over	Harmony with
Thought Process	Linear	Cyclic

### **CULTURAL CONTEXTS**





Stance	Individualistic	Collective
Concept of Self	Separate, Unique Individual over group	Intertwined Group over individual
Concept of Truth	Conforms to objective reality	Considers feelings of all concerned
Social Structure	Horizontal	Vertical
Reveres	Youth Achievement	Old Age Ascription

#### **CULTURAL CONTEXTS**



RESEARCH	Individualistic	Collective
The Research Process	Conforms to objective reality ; vertical "black & white"	Considers feelings of all concerned; horizontal "shades of grey"
Reference Citation , Attribution. Plagiarism	Separateness defines boundaries "yours" vs. "mine"	Connectedness blurs boundaries "ours"

## IMPLICATIONS

AUTHORSHIP	Individualistic	Collective
Authorship and Collaboration versus Acknowledgement	Separate, Unique Individual over group Horizontal Compromise	Intertwined Group over individual Vertical Consensus
Gift Authorship	Youth is not a problem Achievement	Seniority precedes Ascription



<b>REVIEW &amp; EDITING</b>	Individualistic	Collective
The Review and Editing	Linear	Cyclic
Process	Program Oriented	Process Oriented
Review	Confidentiality limited to individual	Confidentiality includes consultation
Comments, Corrections,	Conform to objective	Consider feelings of all
Clarifications	reality	concerned
Editorial Independence	Individual over group	Group over individual

#### IMPLICATIONS







- Expert in his chosen field
- Provides unbiased opinion on
  - quality, timeliness and relevance of submitted manuscript
- Integral part of whole system

# REVIEWER'S ROLE

Four responsibilities

- To the editor
- To his specialty or subspecialty
- To patients
- To the author

- Responsible for protecting
  - reputation of journal
  - integrity of specialty/ subspecialty/
    - area of expertise/ profession
- i.e. Make sure rubbish does not get published!

# **REVIEWER'S ROLE**

Job description

- Responsible for protecting
  - welfare of subjects
    - both human & animal
- Responsibility to authors
  - fair treatment of manuscript

- Responsibility to authors
  - remember that all manuscripts are
    - the private property of authors
    - highly privileged communications
- i.e. This trust must not be abused!



- Job description
- Responsibility to authors
  - always respect the authors' rights
    - never publicly discuss their work
    - do not steal their ideas before publication
    - do not keep any copies of manuscripts sent for review

- Try to
  - make the manuscript better
  - provide helpful suggestions
    - for improvement

Even if the manuscript is rejected!



• Manuscript should be ideally be blinded

## **REVIEWER'S ROLE**

Job description

- Reviewers should declare recognition of any aspect of manuscript origin
- Conflict of interest
- If in doubt- inform editor

## REVIEWER'S ROLE What he looks for

- Initial scanning
  - author conforms to general
    - journal requirements and style
  - try to get feel and understanding of author's message



## REVIEWER'S ROLE What he looks for

 Strengths- usually 3 major

 e.g. importance of findings, sound methodology, control for bias, appropriate subject population, topic of current interest, appropriate statistical analysis, practical value, innovative technique or procedure



REVIEWER'S ROLE What he looks for

- General comments
  - any true advance in knowledge?
  - if so, are they important and do they have a clinical application?
  - is the manuscript readable?



What he looks for

- General comments
  - appropriate for readership?
  - any other paper that is
    - substantially similar?
      - duplicate publication/ plagiarism
  - combine or split manuscripts?

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REVIEWER'S ROLE

What he looks for

- General comments
  - appropriate for readership?
  - any similar paper that is substantially similar?
  - combine or split manuscripts?

## **REVIEWER'S ROLE**

What he looks for

- Specific comments
  - review of each section
  - list concerns or disagreements with statements made
  - provide specific reasons
# REVIEWER'S ROLE What he looks for

- Specific comments
  - list important but missing items
  - contradictory statements
  - including references, tables,
    - illustrations, appendices

# REVIEWER'S ROLE

Finally

- Return the reviewed manuscript to the editorial office <u>on time</u>
  - some negotiation may be possible



#RAD-03-1447 AVASCULAR NECROSIS OF BONE IN SEVERE ACUTE RESPIRATORY SYNDROME
SUMMARY This study aims to report the incidence of avascular necrosis (AVN) in patients with severe acute respiratory syndrome (SARS). Radiographs and MR scans were performed in 66 SARS patients with large joint pain. 28 patients were diagnosed to have AVN, based on MR findings alone. The authors conclude that AVN could occur in SARS and that AVN had a strong association with the duration of steroid use.
GENERAL COMMENTS This topic is an original one which would be of interest to workers in this field. However, there are several flaws. The methology is weak. There is no histological proof for AVN. The results are not detailed enough. The manuscript needs extensive grammatical editing and there are also numerous spelling errors.
SPECIFIC COMMENTS Materials and methods Patients 1 <sup>ad</sup> paragraph: From how many SARS patients were the study group number of 66 with joint pain selected?
Did any patient have existing or pre-SARS joint pain?
Was a pain scale used? The method used for recording pain should be stated.
When did the joint pain develop? E.g. at start of SARS infection, during hospitalization. Some indication of the timing in relation to start of SARS infection or treatment or onset of joint pain should be given.
2 <sup>nd</sup> paragraph: "If no suitable reason were found for the pain"- please elaborate and give exclusion criteria or at least examples.
3 <sup>rd</sup> paragraph: "they could withdraw at any time"- this needs clarification and the number of "withdrawing" patients should be provided.
4 <sup>th</sup> paragraph: "3-20 consecutive days"- please explain this large range in treatment duration.
There is insufficient detail about dosage and duration of oral prednisone tresatment.
The indications for and principles of steroid regime should be clearly stated.

# EDITOR & REVIEWERS Editorial decisions

- Decision is influenced but <u>not</u> dictated by
  - reviewers' reports
  - reviewers' confidential
    - comments to editor







Reviewer Invitation for Revision: Hemophilic Arthro	pathy much
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# EDITOR & REVIEWERS

Ideal review

- Objective
- Concise
- Constructive
- Courteous in tone
- Punctual

# SUMMARY

- Reviewers, authors and editorial staff are key people in the journal publication process
- Good reviewers are very valuable to journals

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Committee (1)

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## **MISCONDUCT IN** RESEARCH

#### By

Professor Dr. L.M. Looi MBBS, MD, FRCPath, FRCPA, FASc, FAMM, FAMS Editor-in-Chief, Malaysian Journal of Pathology, & Chairman, Medical Ethics Committee University Malaya Medical Centre

4#

Annex 18

## **MISCONDUCT IN SCIENTIFIC** RESEARCH



- Publication is endpoint of research
- Research misconduct relevant to publication ethics

#### **Committee on publication** ethics (COPE)

- 40 cases reported to COPE annually
- 163 (77%) show evidence of misconduct
- 2/3<sup>rd</sup> related to submitted papers rather than published papers
- About 1% of accepted manuscripts contain fraudulent material

## ₫

- **Editors' dilemma**
- How to detect and handle research misconduct □ Editorial policies
  - □ Editorial processes
- □ Limited resources to investigate

suits

□Vulnerable to defamation

#### UNETHICAL EXPERIMENTS

4



- No place for medical research without consideration of ethics & etiquette
  - □ Safeguard rights, safety and well-being of subjects
  - □ Regard to existing laws, regulations & community attitudes
- Authors to show evidence of ethics review
   Approval of Institutional or National Ethics Committee
   Animal Care Committee
- Editorial judgement
   Ethical approval does not automatically mean that study is ethical
   Editors judge for themselves

#### ┘ ICH Harmonised Tripartite Guidelines

977

#### for Good Clinical Practice

#### (Based on Declaration of Helsinki)

Respect for the dignity of the person
 Informed consent
 Right to refuse or withdraw from study



- Research should not over-ride the health, well-being and care of subjects
   Benefits should outweigh risks
- Principle of justice
   Benefits & burdens of research be distributed fairly among subjects

# Falsified data & fraudulent results Most serious misconduct Misleading information Image manipulation Inappropriate manipulation not affecting data interpretation

- □ Fraudulent manipulation with data fabrication/falsification
- Misrepresent academic credentials

## 

## **Editorial Policies**

- State journal's right of access to research data for verification
- Right to forward manuscript to appropriate authority for investigation of misconduct
   Journal recognizes responsibility that question of misconduct is pursued
  - Does not undertake actual investigations or make determinations of misconduct

## **EDITORIAL JUDGEMENT**

#### Fabrication/falsification

98

#### □ Difference between error and fraud

- Science is "intensely sceptical about the possibility of error but totally trusting about the possibility of fraud" (Arnold Relman, NEJM)
- Slippery slope: errors data manipulationfalsification

 $\hfill\square$  Fraud is difficult to detect

□ Picked up by reviewers and readers

#### $\Box$ If suspicious, ask for raw data

#### PLAGIARISM

#### Intentional

- □Verbatim copying □Theft of intellectual property
- Other examples

   Reviewers articles sent for review
   Postgraduate students published books & papers
  - □Researchers another's grant application

#### ₽₽

### **Editorial policies**

- Define plagiarism in Journal instructions
- Require authorship statement that work is original/ own composition
- Picked up by:
   Reviewer
   Reader
   Plagiarism software

## AUTHORSHIP

4

COMMON UNETHICAL PRACTICES

- Unjustified authorship □ Guest or gift authorship
- Exclusion of valid coworker
   Ghost author



Order of authorship

## **Editorial Policies**

4

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- Require authors to justify authorship
   Provide criteria for authorship
  - Require all authors to review and accept responsibility for manuscript (signatures)
  - Require contributions of authors to be stipulated
     Pick out unjustified and ghost authors
- Clarify reasons when changes in authorship requested
  - □ All authors to agree
  - □ Suspend review/publication until agreed

40

#### **CONFLICT OF INTEREST**

- Conditions in which an author, editor or reviewer holds conflicting or competing interests that could result in bias or improper decisions
  - □ Financial conflicts
  - Stands to gain if results go one way or another
     Objectivity not possible
  - Conflicting philosophy/ beliefs
     Competition/ rivalry
- Require conflicts of interest to be declared
   Authors sources of funding, etc.
  - $\Box$  Reviewers conflicting philosophy; rivalry, etc

## OVERLAPPING PUBLICATIONS

- Duplicate submission

   Simultaneous submission of manuscript to two or more journals
- Redundant publication
   Submission that overlaps substantially with already published work
- Does not apply to oral & poster presentations at conferences
- Does not apply to secondary publication in different language with permission of Editors

## 

#### **Editorial policies**

- Require authorship statement that submitted work has not been published elsewhere and not being considered for publication elsewhere
- Editorial judgement needed
   Redundant publication
  - How much overlap is too much?
  - Is it acceptable if papers cover different angles and different data?

## HANDLING MISCONDUCT

- Editors have duty to pursue suspected misconduct
  - Legitimate for editors to consult each other
- Always challenge authors first
- Notify institution or regulatory authority if response is unsatisfactory
  - Do not make direct allegation of malpractice
     State the problem and why not satisfied with author's response
- Problem of defamation

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#### 4

#### Action on Unethical publications

- Retractions/withdrawal/expressions of concern
   □ For scientific fraud & plagiarism
- DO NOT CONFUSE WITH Correction or erratum
  - □ For correction of errors in data or analysis
  - □ Should not confuse with inadequacies revealed by further research

## Editor's role in promoting ethical research & publication

- Provide clear editorial policies
   Instruction to the unaware
- Writing and research workshops
   Ethics for postgraduates and researchers
- Influence undergraduate teaching
   Publication ethics for medical students
- Creation of research integrity bodies □ To investigate unethical publications

## Singapore Statement on Research Integrity (July 2010)

- PRINCIPLES
  - □ Honesty in all aspects of research
  - □ Accountability in the conduct of research
  - Professional courtesy and fairness in working with others
  - □ Good stewardship of research on behalf of others

Annex 19
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## DOST and CHED Incentives in a Distributed Development Environment of the National Database (HERDIN)

Ms. Merlita M. Opena Philippine Council for Health Research and Development, Department of Science and Technology Philippines

#### Acronyms

- DOST. Department of Science and Technology
- **□** CHED. Commission on Higher Education
- **DOH.** Department of Health
- **D** HEIs. Higher Education Institutions
- DIH. National Institutes of Health, UP
- PNHRS. Philippine National Health Research System
- **D** HERDIN. Health R&D Information Network

#### National Database (HERDIN, www.herdin.ph)

- Before, development is centered in one institution (PCHRD)
- With increased awareness, more knowledgeable people, and wider technology deployment, distributed content development is possible
- Leverage the participation of HEIs in the PNHRS, 17 regional health research consortia

#### **Engaging Stakeholders**

- Stakeholders
- public
- researchers in academe/HEIs (as research producers & publishers)
- researchers in DOH and hospitals (as research producers & publishers)
- professional bodies (as research producers & publishers)
- libraries

# Specialty Societies (Professional bodies)

**□** Links with academia and hospitals

- $\blacksquare$  Participation in content development
  - training (key journals; interested)
  - technical and funding support
  - sustained partnership

# Research Institutions in Academia

## Part of their mandate: teaching, research and extension

- Part of their service objectives of making institutional information available to its constituents
- Part of resource sharing commitment in a health research consortia
  - 17 regional consortia in the PNHRS
  - 110 HEIs in 17 regions

# Research Institutions in Academia

- Content development
  - training (HEIs in )
  - technical and funding support
  - sustained partnership
- Systems development (Developers and trainers group in ICT and information/library science)

#### **DOST-CHED** Partnership

- Helping HEIs comply with their requirements to CHED on research information (seamless)
- Advocating the use of HERDIN template in their research inventory (health & other disciplines)
- **D** Joint Working Group
- □ Starting in 1-2 consortia

#### Philippine National Health Research System

- **D** Consortium (and institutional) Awards
  - research productivity
  - research inventory

#### Commission on Higher Education

#### Research Awards

#### Accreditation

- center of excellence
- center of development
- zonal research center
- status as autonomous or deregulated HEIs (for private HEIs)

Maraming Salamat.







## 

# 10<sup>th</sup> May 2008



"The Ministry strongly encourages clinicians to undertake clinical research to meet this challenge."

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Pehin Dato Suyoi Osman, Minister of Health

# **Good Clinical Practice**

"A major focus of this GCP guideline is to help initiate and shape the research culture in Brunei Darussalam to respond effectively to the needs of the government, researchers, health professionals and the community as a whole."





# **Research in Brunei**

- Mainly small scale
  - Epidemiology
  - Experience
  - Case series
  - Case reports

- In the horizon?
  - Clinical trials
  - Molecular, genetics

A

Basic sciences











# **Strategic Directions - Funding**

- Sources of funding
  - Science & Technology
  - MOH Budget
    - Human Resource Development and Training
    - Health Services Research
- Budget allocation proposed 1-5% of budget
- Accountability (financial reporting and audit)

# **Research Collaboration**

- Why Brunei?
  - Small geographical country, easily accessible
  - Health care services is still to a certain extent at the tertiary level
  - Drug naive patients for the phase IV








### BIMJ

- Brunei International Medical Journal
- Official publication of MOH Brunei and Universiti Brunei Darussalam
- 1<sup>st</sup> issue in February 1999
- 5 volumes in total, last published 2006



A





Brunei International Medical Journal	BIMJ
	<ul> <li>Publishes</li> </ul>
ined	<ul> <li>Review</li> </ul>
	<ul> <li>Special reports</li> </ul>
195	<ul> <li>Original articles</li> </ul>
G	<ul> <li>Case reports</li> </ul>
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Configuration and the second s	<ul> <li>Education</li> </ul>
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- Training
- Add WPRIM logo on WPRIM journals
- Add links for WPRIM on journal's website
- Add links on country's platform



#### Provide more services

- Document delivery for full-text
- Cross searching among country's database

#### Reduce language barriers

- Multilingual user interface
- Multilingual searching (need multilingual thesaurus)



#### Mutual help and cooperation

- Different countries should help each other,
- to improve the quality of medical journals,
- to improve the quantity of WPRIM journal,
- to improve IM of the country,
- to improve IM of the region (WPRIM)



#### Future

- I can not imagine ... but, I hope
- WPRIM become more useful and popular
- Users can easily obtain what they want
- Research information can be shared in WPRO
- More collaboration between countries
- Every country, every people can get benefit from WPRIM project











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-	1. China	64	57	81	202
Γ	2. Japan	2	2	0	4
	3. Malaysia	0	9	3	12
	4. Mongolia	2	1	4	7
	5. Papua New Guinea	0	1	0	1
	6. Philippines	13	1	2	16
	7. Republic of Korea	131	11	16	158
F	8. Singapore	0	2	2	4
	9. Viet Nam	0	12	0	12
_				(	416

Country	No of Articles	Full Text Link
China	187,178	1,565
Japan	916	844
Korea	142,625	99,335
Malaysia	4,506	4,210
Mongolia	0	0
Papua New Guinea	1,322	1,322
Philippines	1,585	1,537
Singapore	10,557	10,155
VietNam	5,903	o









#### Annex 23

#### Role of the Internet on WPRIM Marketing

Masamichi Kitagawa Academic Information Center The Jikei University School of Medicine, Japan

# Agenda

3

- What is marketing?
- Internet resources and functions for marketing

2

Marketing strategies for WPRIM

### What is marketing?

- Marketing everything that happens from the time the product is conceived until it is actually in the customer's hands
- Steps for marketing strategies analysis, strategy, implementation, feedback
- The Four Ps of marketing
  - -- Product
  - -- Price -- Place
  - -- Promotion
- E. Jerome McCarthy

Internet resources and functions for marketing

### Advent of Web 2.0

- "A read/write Web enabling people to not only read preset web pages, but write and contribute them."
- Web 2.0 technologies allow us to converse, communicate and collaborate with our users and non-users as never before."
- Web 2.0 marks the progression from static web pages to dynamic interactive ones; move from one-way dialogue to the group conversation.
- Web 2.0 is about community and collaboration through social software.

Nicky Foxlee Second APAME/WPRIM November 2009, Singapore

5

#### Web 2.0 Tools

- Wikis
- Blogs
- Podcasting/ Netcasting
- RSS and Newsreaders
- Start pages





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#### Marketing strategies for WPRIM

- Goal and objectives of WPRIM
- Analysis of the current situation
- Marketing strategies

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#### Goal and objectives of WPRIM

Goal The creation of an online index of medical and health journals published in Member States of the WHO Western Pacific Region which can be accessed on the Internet thus ensuring global accessibility of medical and health research done in the Region.

#### Objectives

- 1. To index selected medical/health journals in Member States of the WHO Western Pacific Region.
- To create a bibliographic database containing records linked to their full text.
   To raise the level of journal publishing in Member States of the WHO Western
- Pacific Region through a peer-review system. 4. To build the capacity of participating health institutions

http://www.wprim.org/

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## Analysis of the current situation

- China and Korea account for 93% of all records
- Visits and Hits of the website are very low etc.

#### Ч<u></u>

#### Marketing strategies

Internal promotion

- More records from more countries
- More collaboration in the region

#### External promotion and advertising

- Journals' information
- Portal site
- Linking
- Advertising
- WPRIM Advocacy tools (Newsletter & IBP Community Site on WPRIM and APAME)

11

DOCUMENT DELIVERY SERVICES NORMAH CHIK AHMAD NORDIN LIBRARY AND INFORMATION RESOURCE INSTITUTE FOR MEDICAL RESEARCH KUALA LUMPUR MALAYSIA

Annex 24

#### DOCUMENT DELIVERY SERVICES

- THIS IS A SERVICE UPON REQUEST PROVIDED BY THE LIBRARY TO ITS CLIENTS TO FACILITATE ACCESS TO BOOKS / ARTICLES / DOCUMENTS / OTHER ITEMS OF WHICH MAY BE ACQUIRED FROM OTHER LIBRARIES OR REPOSITORIES EITHER THROUGH BORROWING THE ITEMS / PHOTOCOPIES/ ELECTRONIC DELIVERY
- □ THE CHARGES OF THESE ITEMS NORMALLY WILL BE BORNE BY THE CLIENTS

### □ INTERLIBRARY LOAN (ILL)

- DOCUMENT DELIVERY (DD)
- DOCUMENT SUPPLY
- DOCUMENT DELIVERY SYSTEM (DDS)
- ELECTRONIC DOCUMENT DELIVERY SYSTEM (EDDS)
- □ ELECTRONIC DOCUMENT SERVICE S(EDS)

#### **RESOURCE SHARING NETWORKS**

- US LIBRARY OF CONGRESS
- US OCLC (Online Computer Library Center)
- RLIN (Research Libraries Information Network)
- Libraries Australia
- BLLD (British Lending Library Division)
- WorldCat
- National Libraries / Repositories S
- SEAMIC (Southeast Asia Medical Information Centre)
- WPRIM
- Respective online databases eg. ScienceDirect, Springer

#### ADVANTAGES

- RESOURCE SHARING
- SAVINGS IN PURCHASING OR SUBSCRIPTION OF LESS FREQUENTLY USED TITLES
- BUDGET FOCUSED ON THE MORE
   COMMONLY USED TITLES
- BUDGET ALLOCATED ON YOUR RESPECTIVE REQUIREMENTS
- LESS MANAGEMENT OF THE TITLES
   PURCHASED OR SUBSCRIBED

#### ISSUES

- POLICIES OF THE RESPECTIVE INSTITUTIONS OR DOCUMENT HOLDERS OF FADIMIC DISUTS
- CLEARING RIGHTS
- COPYRIGHT MATTERS
- CHARGES

#### WORKFLOW OF DOCUMENT DELIVERY SERVICES FOR IMR

- CHECK FROM OUR OWN HOLDINGS
- NETWORK OF THE LOCAL MEDICAL LIBRARIES
   SEAMIC
- RESPECTIVE PUBLISHERS OF THE SUBCRIBED DATABASES

#### WPRIM

- MECHANISM OF MANAGING THE REQUESTS IN TOTAL OR PARTIAL
- CLEARING RIGHTS OF THE TITLES ALLOWED
- TRACKING FROM THE RESPECTIVE OWNER OF THE JOURNAL
- CHARGES

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

#### 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 and publishing through education, self-assessment, and self-governance;

(3) facilitate research writing and peer-review process through training workshops, seminars and other activities;

(4) foster the continuing education of medical journal editors, reviewers, editorial staff, publishers and librarians in the Region.

#### **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

Annex 25

#### 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 <u>via electronic mail.</u>

#### **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, Executive Vice-President, Vice-President for Internal Affairs, Vice-President for External Affairs, Secretary-General 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. <u>The term of the President's office shall be 2 years, non-renewable.</u>

#### **Immediate Past President**

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

#### **Executive Vice-President**

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

#### **Vice-President for Internal Affairs**

The Vice-President for Internal Affairs shall be elected every two (2) years and serve for two (2) years. S/he shall, in general, be responsible for the internal affairs and administration of the association. 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.

#### Vice-President for External Affairs

The Vice-President for External Affairs shall be elected every two (2) years and serve for two (2) years. S/he shall, in general, be responsible for external linkages and public relations of the Association. 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-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.

#### 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 country or area 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.

\* Amended on 5 November 2010, Ha Noi, Viet Nam during the Third Joint Meeting of APAME and WPRIM