

**BMJ**

# **Introduction to BMJ Global Health**

August 2016

## Overview

- **Part of BMJ's a overall strategy to re-engage with global health**
  - **New addition to the BMJ family**
  - **Open access**
  - **Online only**
  
- **First papers were published in April 2016; so far, we've published:**
  - **15 Research papers**
  - **08 Analysis articles**
  - **02 Protocols**
  - **02 Commentaries**
  - **01 Editorial**

## Overview

### □ Section Editors

#### □ Health Systems

Stephanie Topp – Zambia/Australia

#### □ Health Policy

Douglas Noble – Nepal/UK

#### □ Health Economics

Sanni Yaya – Benin/Canada

#### □ Implementation Science

Valery Ridde – Franc. WA/Canada

#### □ E-Health

Soumitra Bhuyan – India/China/US

#### □ Clinical Epidemiology

Masoud Mirazei – Iran/Australia

## What is the meaning of global health?

- ❑ **Difficult question, especially for me as I'm from and grew up in a L/MIC**
  - ❑ Is everyday public health practice in LMICs same as global health?
  - ❑ That is how it is defined from outside, although not necessarily by us
  
- ❑ **What about populations in HICs with similar outcomes to LMICs?**
  - ❑ Is intervening to address high HIV rates among African Americans global health?
  - ❑ How about policies to improve health outcomes among indigenous people in the US, Australia, and Canada?



# What is the meaning of global health?

- **Geographical**
  - health care in rural communities, for poor people in both developed and developing countries
- **Aspirational**
  - equity of access to basic health interventions for all – UHC
- **Response**
  - challenges that require global or trans-national response, or threaten global security: Ebola, Zika, HIV...
- **Discipline**
  - there is a global health specialty residency programme at the Harvard hospitals (+ Haiti and Rwanda)



# What is the meaning of global health?

Open Access

Editorial

BMJ Global Health

## The information problem in global health

Seye Abimbola

- **“My favourite characterisation so far is the description of global health as ‘a collection of problems rather than a discipline’; a collection of problems which ‘turn on the quest for equity’; equity in health indices within and between the national boundaries of high, middle or low-income countries.”**

## The information problem in global health

- **But I think global health means something even more important for health and medical journals:**
  - **“the information problem”**
- **Global health is often something done to others – in an unequal world of haves and have-nots**
  - **“colonial” and “paternalistic”**
  - **power and information asymmetry**
  - **includes international/external actors, and also national/sub-national actors**
  - **policy-makers and implements vs. people who need help**



## The information problem in global health

- ❑ **People in control of resources to address challenges often do not have adequate information to design and implement effective interventions**
  - ❑ **The context in which interventions are to work is far removed the realities of designers/implementers**
  - ❑ **No effective feedback system to know if interventions are useful, needed or have unintended consequences**
- ❑ **The disadvantaged people who are typically the target of interventions, also often do not have adequate information to help themselves.**



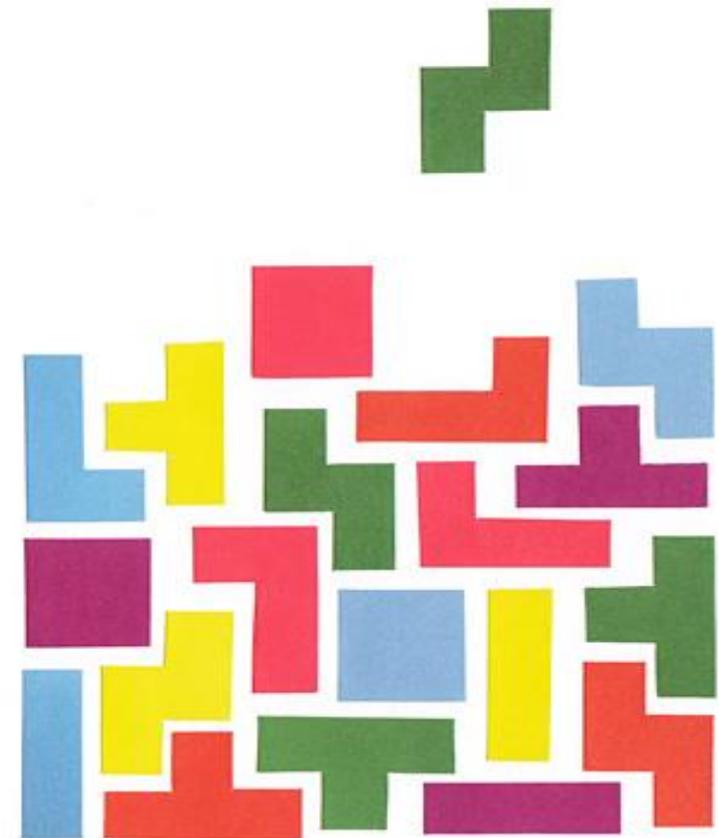
## No magic bullets – adapt to context

- Here is another dimension to “the information problem in global health” – what we are often looking for is how to successfully deliver and implement interventions that have already been discovered
  - “discovery vs. delivery” – “science of delivery”
  - Polio between 1988 to 2015 – improving delivery



## No magic bullets – adapt to context

1. **governments – willing and able?**
2. **governments – have the capacity to provide and oversee services?**
3. **service providers – able to deliver services of good quality?**
4. **communities – active in demanding services and accountability?**
5. **people – able to afford or pay for such services?**



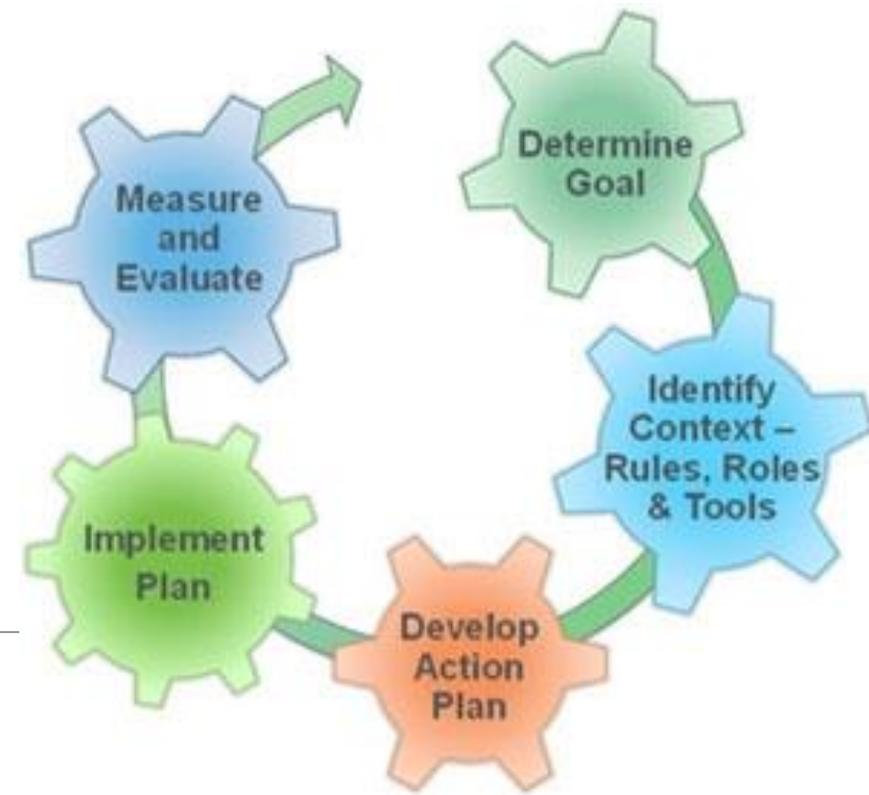
## Original Research

- **We welcome the multidisciplinary range of research necessary to improve global health**
  - from basic to social sciences
  - study protocols to final analyses
  - phase I trials to meta-analyses
  - RCTs to theory-driven evaluations
  - Qualitative and quantitative
  - No rationalist-experimentalist bias
- **We want research that makes a question of the contextual issues – many assume them away or list them among findings**

Introduction  
Methods  
Results  
and  
Discussion

## Analysis

- ❑ **Non-original research articles making arguments or analysing topical issues (of research and implementation) based on:**
  - ❑ **Theory, experience or data**
  - ❑ **But not structured as a formal study, research or evaluation**
  - ❑ **Qualitative and quantitative**
  - ❑ **No research question – a discussion, an exploration or an argument**
- ❑ **Has to be written in a way that is both readable (given it will lack the familiar IMRaD framework) and be as respectable as research papers.**



# BMJ Global Health

## Commentaries

- **We welcome opinionated articles and commentaries on health/health care of disadvantaged populations around the world:**
  - **Compelling**
  - **Controversial**
  - **Highly readable**
  - **Topical – globally or nationally**
  - **Makes a single, strong, novel, and well-argued point**
- **Important to keep broad readership in mind, to avoid jargon and write for the non-expert.**



## Editorials

- ❑ **Commissioned or written by BMJ Global Health Editors and Editorial Board members:**
  - ❑ **Topical issues that require further research and policy attention**
  - ❑ **Critical discussion of original research papers highlighting important issues and identifying areas where more information is needed**
- ❑ **However, we are happy to consider unsolicited editorials on any relevant topic.**

## Correspondence and Blog

- ❑ **eLetters in response to published articles online – may be edited before being uploaded**
- ❑ **Our blog resides on the BMJ blogs, but we are developing ideas for new social media content:**
  - ❑ **Interviews with authors – text or as podcasts or vodcasts**
  - ❑ **Monthly summary of key studies in major global health journals**
  - ❑ **Monthly summary of key studies from each LMIC – we are looking for volunteers from each country**
- ❑ **We have a social media editor who handles this aspect of the journal.**



## Article Processing Charges

- **We expect that authors from HICs will pay the full APC, enabling waivers and discounts to be offered to unfunded authors from LMICs**
  - **APC for Research Articles is GBP 3000 (USD 4800 / EUR 4400);**
  - **APC for Protocols, Analysis, Editorials and Commentaries is GBP 1500 (USD 2400 / EUR 2200)**
  - **For HINARI Group A – 100% waiver;**
  - **For HINARI Group B – 50% waiver.**
- **Please feel free to make an appeal for a waiver by sending an email to the journal address.**



## What we want to do in the near future

1. **host head-to-head debates and roundtable discussions that include all categories of stakeholders**
2. **develop a framework for detailed reporting of context in global health research – even if in an appendix**
3. **apply for listing to PubMed Central when we reach 25 original research papers – likely next month**

# Thank you from BMJ Global Health

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