Overview

- Part of BMJ’s 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)
“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.”
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
BMJ Global Health

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?
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.
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.
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.
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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