

EDITORIAL

Health and information in Africa: the role of the journal *Rural and Remote Health*

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Health and health care in Africa have been increasingly the focus of global attention in recent years. There are many reasons for this. On the political front, for example, this has arisen out of the formation of the African Union and the New Partnership for Africa's development (NEPAD)¹ and British Prime Minister Tony Blair's Commission for Africa². On the health front, the massive share of the global burden of AIDS³ that Africa suffers under, together with the increasing shortage of health workers due to global migration⁴ and the precarious state of its health systems⁵ have been particular issues that have sharpened awareness.

The consequence of the latter factors is that indicators for health development in Africa are invariably poor. It is increasingly recognised though that social and economic development must be accompanied by interventions in health policy; however, the diversity and complexity of health systems in Africa means that a range of approaches, tried

and tested in Africa are needed⁶. The commitment shown by African governments to the NEPAD health strategy and to allocating at least 15% of their budgets to health care⁶ are signs that positive change is taking place.

It is recognised in looking at the problems of health and health care that inadequate access to information is a significant factor in Africa's slow rate of development, and particularly in health care development. Despite major global progress in access to information over the last decade, there is little evidence that health professionals, especially those working in rural primary health care, are better informed than they were 10 years ago⁷. The unequal distribution of health care between developed and developing worlds is matched by a similar unequal distribution of health information⁸ – the 10/90 gap in health research, where 10% of global funding is targeted towards problems that are responsible for 90% of the disease burden globally. This



inequality probably translates into a 1/99 gap in health information⁷.

It has been argued that inequity in access to the internet is greater than any other inequity globally⁹. The Commission for Africa indicated the need for urgent attention to be given to information and management systems, the health workforce, and other health resources, such as essential medicines⁶.

Various initiatives have been undertaken in the last 5 years to address this problem, with some success. One example is the Health InterNetwork Access to Research Initiative (HINARI), which allows health and medical institutions in a specified list of 113 developing countries free access to online biomedical and related articles⁸. This is having a significant impact – in 2003 HINARI users downloaded more than one million articles⁸. Another example is the Ptolemy project, which links the electronic resources of institutions in North America to the Associations of Surgeons of East Africa in order to build a research community and provide educational resources and clinical information to surgeons in east Africa¹⁰.

The launch of the African section of this journal, *Rural and Remote Health*, is another small contribution seeking to address the information problem. We believe it is unique in a number of aspects. Firstly it focuses on the individual, allowing health-care workers, researchers and academics to obtain individual access to published articles without going through institutions, as is the case with most other initiatives, and without having to be from one of a designated list of countries, which excludes some of the supposedly better-off countries where individuals may still be unable to afford subscriptions. Furthermore, thanks to the support of the Australian Rural Health Education Network (ARHEN) and the Federation of Rural Australian Medical Educators (FRAME), access to the publication is free both to readers and authors. This is essential because the ability of health workers in Africa to pay for information themselves is very limited⁷.

It is unique too in that it that the regional section will have a particular African focus, with its own African editorial board and peer review panel, yet it remains part of the international journal, with access to all articles published there, sharing of resources, support etc. Many African journals are little known outside Africa, have difficulty in publishing regularly, and are not indexed on MEDLINE, so that most research in African medical journals remains hidden from researchers in the rest of the world¹¹. This new regional section, a journal within a journal, overcomes these issues. It is an example of a positive partnership seeking to build resources within Africa. We trust this is in line with the kinds of partnerships that the Commission for Africa acknowledged as important⁶.

We recognise that the usefulness of Western medical journals may be limited, and support the argument that the health problems of Africa are most likely to be solved by people in and from Africa, who know the right questions to ask to get practical solutions and can then access the necessary information¹⁰. It is also not a general medical journal, but has a focus on a particular area of interest, viz. rural and remote health, just as the Ptolemy project has a focus on the area of surgery¹⁰. Finally, the Journal shares the concern of many journal authors about the possible dangers to quality in open-access publishing¹², and thus has a strong commitment to maintaining quality and preserving its standards as an internationally recognised peer-reviewed MEDLINE-listed journal. However it has an equally strong commitment to supporting authors in the process of publication, preferring to assist them towards making their articles publishable wherever possible, rather than simply rejecting them.

We believe the Journal has particular relevance to the African context. Much of Africa is rural, and infrastructural and communication difficulties mean that many health-care workers function in remote settings. The issues of rural and remote health – such as access to care, workforce difficulties, communication challenges, skills sets, teamwork, multidisciplinary functioning, the need for creative solutions and appropriate technology – are the issues



of health care in most of Africa, outside of major urban centres.

Just as Africa is finding its voice in international circles, so too must doctors (and other health workers) find their voice¹³. Much of the medical literature in Africa is not visible or accessible; the *Rural and Remote Health* journal provides an immediately visible and internationally accessible vehicle for rural health researchers and practitioners in Africa. It is important to increase the flow of information in both directions between the developed and developing world in order for us to find answers to the questions that constantly arise in health care¹⁴.

We recognise that access to electronic resources in Africa is often difficult because of limited, slow and costly internet access¹⁴ – another reason to ensure that subscription to the Journal is free – but are encouraged by the findings of the Ptolemy project survey in which 61% of respondents from east Africa browsed the database for more than an hour a week¹⁰.

There are few journals internationally that focus on primary care. Those that there are do so by and large from the perspective of family medicine/general practice. Very few journals focus on broad primary health care issues, which is what *Rural and Remote Health* seeks to do, albeit in the rural context. Furthermore, the Journal offers a forum for health-care workers from a range of professional backgrounds to share research and ideas, rather than being restricted to a single professional discipline. We believe these factors are important in the endeavour to close the gap between research and policy/action, so that the work of academic researchers can impact in the health of African populations¹⁵, through policy development and clinical practice.

A wide variety of approaches are needed to expand access to information in Africa¹⁰. We trust that, with the support of African health workers, researchers and academics, the African section of *Rural and Remote Health* will develop as an important source of information and support, as well as

developing a database of useful and relevant research for the African rural context.

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