

## Raising the visibility of 'small journals': The Venezuelan Association of Biomedical Journal Editors (ASEREME)

By Herbert Stegemann

### Summary

About a year ago the World Association of Medical Editors (WAME) decided to create a task force to tackle problems encountered by so-called 'small journals', a concept mainly related to journals which have insufficient resources to permit appropriate international visibility. Many of these journals are published in 'non-developed' countries and many of these countries are located in Latin America. One of these countries is Venezuela. The Venezuelan Association of Medical Editors (ASEREME) has registered about 60 biomedical journals which appear regularly, but frequently not punctually. The Science Citation Index, which is considered the most influential international index, only includes three Venezuelan titles. Venezuelan and Latin American journals, authors and research activities are scarcely known worldwide. The position is different for Argentina, Brazil and Mexico, mainly because these countries have more inhabitants, healthcare professionals and universities. This article analyses the most important facts related to the situation and its consequences. It pleads for stemming the 'publication drain' of regional articles into well-established international journals and for the appropriate recognition of scientific activity in this region.

'Small journal' is a term without a clear definition. It applies to biomedical journals but has nothing to do with size or print run. Rather it refers to journals that are 'not visible' internationally. These journals are mainly absent from international indexes, thus receive few citations and are therefore precluded from these indexes on current criteria. A natural assumption would be that countries that primarily have small biomedical journals are small countries or fall within the 'developing nation' definition.

Venezuela is a country of small biomedical journals, but it is not small. It is a Spanish-speaking country that occupies a large chunk of northern South America and has an estimated 27 million inhabitants. According to the Council of Science Editors (CSE), it is not a developing nation either. The CSE defines developing nations as "those countries that are eligible for free or low-cost access to biomedical literature through the World Health Organization's Health InterNetwork Access to Research Initiative (HINARI)" [1]. Local not-for-profit institutions in countries with a gross national income (GNI) per capita of US \$3000 or less can register for access to journals through HINARI. According

to the World Bank, Venezuela had a GNI of US \$6070 in 2006 [2]. It is the world's sixth biggest exporter of oil. Yet the average monthly income of its physicians is about US \$450 (£220 / €315) before tax [3], making the \$300-500 annual individual subscriptions for international titles or \$15-20 for a copy of an article unthinkable. By comparison, Colombia and Costa Rica qualify for HINARI, but the average monthly income of their physicians is over US \$1000 (Box 1).

Special problems facing biomedical editors in Venezuela include isolation, poor access to information and limited physical distribution of their journals as well as finance and other challenges, e.g. establishing ethical practices. These challenges are being tackled by the *Asociación de Editores de Revistas Biomédicas Venezolanas* (ASEREME, Venezuelan Association of Biomedical Journal Editors, [www.asereme.org.ve](http://www.asereme.org.ve)), which was founded almost 30 years ago. (Boxes 2 and 3 list ASEREME's main areas of interest and the challenges it faces.) This article explains the particular situation of Venezuela in the Latin American setting and the efforts made by ASEREME to tackle the situation. It is also a plea to the international community to meet us halfway in those efforts.

### Box 1

#### HINARI

The HINARI programme, set up by WHO together with major publishers, enables developing countries to gain access to one of the world's largest collections of biomedical and health literature. Over 3750 journal titles are now available to health institutions in 113 countries, benefiting many thousands of health workers and researchers, and in turn, contributing to improved world health. A recent review showed that HINARI is viewed as an important resource and is making a valuable contribution to research and teaching.

Of the Latin American and Caribbean countries, Haiti, Honduras and Nicaragua are eligible for free access to HINARI (GNI per capita below US \$1000) and Bolivia, Colombia, Costa Rica, Cuba, the Dominican Republic, Ecuador, El Salvador, Guatemala, Jamaica, Panama, Paraguay, Peru, Saint Vincent and the Grenadines and Suriname are eligible for low-cost access (GNI per capita between US \$1000 and US \$3000).

Information taken from <http://www.who.int/hinari/en>

## Box 2

**ASEREME'S main areas of interest**

- Promotion of high quality scientific papers and journals
- Guidance to editors on how to improve management and structure of their journals
- Creation of a new generation of peer reviewers and editors
- Promotion of ethical practices
- Promotion of electronic formats

## Box 3

**ASEREME'S main challenges**

- To increase integration of Venezuelan medical journals into international indexing and data bases
- To assist in modernisation of Venezuelan medical libraries
- To achieve a 'professional' status for our editors
- To continue to participate in international meetings
- To resolve problems related to the distribution of our journals and their visibility
- To incorporate teaching programmes related to authorship and editorial activities into the curricula of medical and scientific programmes at Venezuelan universities

**Isolation**

Venezuela is isolated from the rest of the world as far as medical journalism is concerned. It can be considered an invisible area. As an example, we recently had access to an excellent and fundamental document prepared in Spain [4], giving exhaustive information as to how medical journals should be evaluated. The document had an impressive list of about 80 references, but only one was from Latin America. The same happens at our end as we are unaware of what is being done in Spain.

Latin America has more than 600 million inhabitants spread across more than 20 countries (excluding the Caribbean Islands). Within Latin America, other countries except for Argentina, Brazil and Mexico are also isolated from the world and from one another. The profile of medical journals from these three countries is substantially different to those of medical journals in the remaining countries of Latin America, mainly because the numbers involved (inhabitants; number of journals and their print run; number of professionals, medical libraries, universities, etc.) are far higher. A list of some biomedical journal editors' associations in Latin America is given in Box 4.

It follows that editors are also isolated. In Venezuela, even the main journal guidelines such as those of the International Committee of Medical Journal Editors (ICMJE) are poorly used and rarely updated. One reason is that although the committee is designated as 'international', the text of its guidelines is only available in English

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(www.icmje.org). The guidelines fail to address foreign language journals, thus ignoring thousands of medical journals throughout the world, including the majority of those in Spain and Latin America. Only twelve of the around 60 Venezuelan journals have registered with the World Association of Medical Editors (WAME, www.wame.org), which again is an international group that operates in English, although in a welcome move some of its web pages have been translated into Spanish.

Access to literature is poor in Venezuela because biomedical libraries are badly served. In general, paper and electronic biomedical virtual libraries are not sufficient and would benefit from the type of international support offered by the *British Medical Journal (BMJ)*, the *Journal of the American Medical Association (JAMA)* and *The Lancet* to Africa for its journals and research activities. Specifically, literature on journal management is lacking. For example, both the CSE's *Science Editor* journal and its style manual [5] as well as the European Association of Science Editors' (EASE) publications are almost unknown. Material in Spanish is equally scarce. Therefore most of our editors are not aware of new trends. For most of them, it is a 'one man job'. They do not have enough support to start getting incorporated into the 'mainstream', and financial resources are insufficient for them to connect their own journals with international libraries, data bases or indexing systems. These problems are compounded because editors are usually only elected for a 2-year term. The hand over is often informal with insufficient information being passed on, which means that the new team has to start from scratch again.

Worse still, editors seldom have the opportunity to attend international meetings or to receive reports of their conclusions. Official or academic support is rare. The editors' work is not sufficiently recognised by academia or the scientific societies they belong to. Therefore attending international meetings related to medical journalism is usually not possible unless sponsorship is obtained from the organisers or from elsewhere. It was very significant for me to attend the recent Office of Research Integrity (ORI) conference in Lisbon with its high academic and official level of hosts, guests and speakers. It was of great benefit for me to hear more about the importance given to the ethics problem, to have the opportunity for contact with so many worldwide authorities, to exchange ideas with them, and to learn about new trends.

Language is an obstacle to international communication. Most of our Spanish- or Portuguese-speaking editors are still reluctant to switch to English as the international way to communicate in science. But on the other hand, one wonders with the hegemony of English how far there is an interest among the international community to receive information from developing countries.

**Financing journals**

As most Venezuelan biomedical journals depend on scientific societies and not on academic institutions, they do not receive regular financial support and operate on small

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budgets. Some financial support is available from the official *Fondo Nacional de Ciencia, Tecnología e Innovación* (FONACIT)<sup>1</sup> ([www.fonacit.gov.ve](http://www.fonacit.gov.ve)), with the prerequisite of registration, which stipulates that registrants should have a minimum of 'editorial quality' and be checked every 2 years by a publications commission. Many journals depend largely on the pharmaceutical industry for financial support. This places them in a fragile position, with the risk of becoming too dependent on industry not only for advertising and the placing of some papers but also for the regularity of the support. It is not infrequent for journals to disappear for a few years and then resume publication when finances are available again.

### Distribution of journals

Distribution is one of the weakest points for Venezuelan biomedical journals. It is a big headache for editors. Postal and courier services are very expensive. Half a journal's budget is spent on distribution. Often 'hand by hand' distribution is used but without any regularity. Exchange systems with foreign journals exist but do not follow a precise policy.

Naturally the main points of distribution should be institutional libraries in faculties of medicine and scientific research centres. However, lack of finances and manpower have resulted in cancellation of many subscriptions even to the most important international journals. Venezuelan journals therefore only rarely manage to secure payment of subscriptions from national libraries or from those abroad either. Indeed I am not aware of a single Venezuelan medical journal that is currently receiving library subscriptions.

Problems relating to moving to electronic formats are again the expense together with editors' reluctance to take this step because of a lack of technological knowledge and support. Many editors are unaware of the advantages of reaching a larger international readership by using this possibility.

### Ethics problems

Like in the rest of the world, ethics problems relating to scientific articles or journals are an issue in our country. These problems, however, are seldom mentioned or published, are quite difficult to elicit and trace, and are usually discovered by chance. Even harder to trace are the ethics problems relating to the so-called 'grey literature'. This literature is usually produced in institutions and circulated internally. It is hard to access from outside the institution and is not therefore subjected to public scrutiny. Some efforts are now being made to make this information available, at least on some specific data bases.

There are only a few instances where problems are addressed. Those that are addressed mostly relate to scientific societies or academic institutions. However then the difficulty emerges as to how to protect the whistleblower.

ASEREME has been very active in advancing knowledge of these problems and giving guidance, mainly in how to dissuade potential misconduct. We are aware of the harm that can be caused to the international image of our research and publications by misconduct. In each of our courses and workshops, we cover ethics topics such as avoidance of plagiarism, fabrication and falsification of information. Great emphasis is placed on the concept of authorship. As many of our journals are financed in full or partially by the pharmaceutical industry, much time is invested in advocating support for rules governing the promotion of pharmaceutical drugs.

### The importance of indexing

In our region, the possibility of getting included into the most important international indexing systems is low. Only three Venezuelan journals are included in the Science Citation Index (SCI), and only one of them is strictly medical (*Archivos Venezolanos de Nutrición*). As a result, the SCI in no way represents the valuable research that is being done in Venezuela—a loss for the region and for the international scientific community. The Latin American and Caribbean Center on Health Sciences Information (*Biblioteca Regional Médica*, BIREME, [www.bireme.org](http://www.bireme.org)) and its products Latin American Literature in Health Sciences (LILACS) and the Scientific Electronic Library on Science (SciELO) are evolving as good substitutes in this sense together with LATINDEX (Mexico). But these regional indexing systems are hardly used worldwide.

Ironically even our academic authorities use the SCI to evaluate and finance local research institutes, authors, and journals. Eugene Garfield, founder of the Institute for Scientific Information responsible for developing the SCI, has mentioned language, citation impact and geographical distribution as some of the factors influencing decisions for a journal's inclusion in the SCI. Use of English is one of the selection criteria. His view is that any journal which claims international significance will at a minimum include English titles and abstracts. He argues that there are many reasons why articles are not cited which do not all relate to exposure in the SCI, but he admits that undoubtedly an important factor is mobility and frequency of contact with peers outside the Third World. In end effect, he accepts that SCI exercises a 'selective' procedure [6]. For many years, he has recommended the implementation of a Latin American index to overcome this shortcoming [7].

To use the SCI beyond the limits of the 'northern hemisphere' for judging activities within a country or the country itself is clearly unfair. A recent paper that supports this sentiment calls for new scientiometric methods such as webometrics developed in a more scientific way than that obtained by the Institute for Scientific Information [8].

<sup>1</sup> FONACIT is a branch of the Venezuelan Ministry for Science and Technology responsible for, amongst others, the financing of planning and development of scientific and technological activities, including publications in Venezuela.

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**ASEREME**

ASEREME has no offices, phone numbers or formal place of work. It could be considered a 'virtual' group. The group comprises an average of 60 titles. The number varies according to the journals currently being published. For inclusion in the group publication of the last issue must not have been delayed for more than two years. The oldest journal in the group, *Gaceta Médica de Caracas*, was founded in 1893. The typical print run of the journals is between 600 and 800 copies, with twice yearly frequency. The association is fully independent. The main source of financial support is that provided by participant fees for conferences and workshops. All members of ASEREME work for their journals on an unpaid basis.

Members of the board hold regular monthly meetings and organise an annual meeting open to all Venezuelan biomedical editors. These meetings have evolved into a sort of 'editors academy' with important personalities related to the group's activities being invited to teach manifold aspects of editorship. Other workshops offered address authoring, editing, and peer review, and ways to improve these activities. The two Venezuelan Congresses on Science Information, INFORCIENCIA 2004 and 2007, we organised were very successful.

ASEREME has become an important reference point on science and technology for editors, academia and government authorities. Board members are often called upon to act as assessors when issues of conflict arise, mainly in connection with ethics or fraud.

One of ASEREME's main objectives is to establish contacts with other related organisations throughout the world to obtain information on journal processes and to promote Venezuelan science. The Regional Office of WHO, the Pan American Health Organization (PAHO) based in São Paulo, Brazil, was the starting point for our international relations some five years ago. Through this organisation, initial contact was made with WAME. Now one of us has been nominated for a second term as one of the two directors of WAME and also as Chair of its Small Journals Task Force. Contacts have also been established with the CSE ([www.cse.org](http://www.cse.org)) and the Committee on Publication Ethics (COPE, [www.cope.org](http://www.cope.org)).

Sponsorship from PAHO has enabled us over the last few years to actively participate at the most important regional meetings related to information in science and editorship in Latin America: the Regional Congresses on Health Sciences Information (CRICS).

The *BMJ* and *Lancet* have shared their expertise and provided practical support on management and editorial processes (flowcharts for manuscripts, fast-track system, job descriptions for the management team). They have also advised on how to handle ethics problems and, most importantly for Venezuelan journals, how to regulate advertising from pharmaceutical companies.

**Box 4****Biomedical journal editors' associations in Latin America**

**Bolivia:** Asociación Boliviana de Editores de Revistas Biomédicas (ABEREB)

**Brazil:** Associação Brasileira de Editores Científicos (ABEC, <http://www.lncc.br/abec>)

**Chile:** Asociación Chilena de Editores de Revistas Biomédicas (ACHERB, [http://www.conicyt.cl/acherb/acerca/propositos\\_objetivos.html](http://www.conicyt.cl/acherb/acerca/propositos_objetivos.html))

**Mexico:** Asociación Mexicana de Editores de Editores de Revistas Biomédicas (AMERBAC)

**Peru:** Asociación Peruana de Editores Científicos (APECI, <http://www.freewebs.com/apeci>)

Independence is important for ASEREME and its journals. The temptation to compromise with political systems, industry or large publishers is great. The dilemma is that by trying to be even more independent, regularity may be sacrificed. I am convinced however that a group of determined editors with appropriate guidance can achieve a lot without any industrial or official support. Already editors in Venezuela have achieved a great deal more than could be expected under their circumstances. Income can be secured by charging for courses, seminars and workshops dedicated to potential authors, editors and peer reviewers.

There is so much that has to be done to raise visibility of our activities and journals and avoid the unfortunate 'publication drain' from Venezuelan to international journals, a problem also reported for Eastern Europe [9].

We are extremely grateful for the help we have received from the organisations and publishers mentioned in this article. We also understand that the initiatives must be on our side, but at least a sort of 'goodwill' has to be forthcoming from the international community. It is hard to accept that so many efforts are made in Venezuela and our neighbouring countries without receiving corresponding gestures towards international acceptance.

An initial step would be to redefine our journals. 'Small journals' implies a pejorative qualification; we need a fair definition to establish the absolute minimum requisites for acceptance internationally as a 'scientific journal'. Once this has been recognised, the journals and their problems need to be addressed by such influential organisations as the ICMJE, WAME and COPE. Important literature guiding biomedical publications such as the *American Medical Association Manual of Style* could also recognise the plight of journals with limited resources by offering advice on which of their recommendations deserve priority, as suggested by a reviewer of the latest edition of the manual [10].

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**Herbert Stegemann** is an active psychiatrist working in a public hospital in Caracas. He is a co-founder of ASEREME, has previously spent three terms as its President, and is currently its International Affairs Secretary. Formerly he was Associate Editor of *Archivos Venezolanos de Psiquiatría y Neurología*, and President of the Venezuelan Committee on Periodicals in Science and Technology 'Fondo Nacional de Ciencia, Tecnología e Innovación' (FONACIT). He acts as an assessor and gives managerial guidance to several biomedical periodicals in Venezuela, is one of the International Consulting Editors for *Acta Cirúrgica Brasileira*, a director of WAME and Chair of its Small Journals Task Force, and a member of COPE and CSE.

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**Vital signs****Dear TWS**

I read the comma issue [*TWS* 16(2)] and learnt a lot. Let me tell you about the Russian comma. In Russian, a comma is obligatory before the conjunction *что* (= 'that' or 'to'), e.g. *дליа тово, что бови* which translates as 'in order, to'. A comma between 'order' and 'to' is quite weird, right? But it is a very serious mistake not to put it in. I was in France last June as a jury member of a doctoral dissertation. The candidate was Russian born and wrote her thesis in French in what seemed to the other jury members a very dense, heavy, long, tedious style. The jury members also mentioned that commas were overused. She put a comma after almost every single *que* (the French *что*). I explained that punctuation rules in Russian are not like the French ones and that the candidate made what is called a negative transfer. Anyway she passed with flying colours.

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**Editor's reply**

In German a comma is also obligatory before 'that', i.e. *dass*, but a comma is not placed between 'order' and 'to', which in German would be *um zu*.

**Dear TWS**

With reference to the box 'Should medical journalists declare conflicts of interest' published on page 123 of the last issue of *TWS* [16(3)] readers might be interested to learn that the Irish Science and Technical Journalists Association (ISTJA) set advisory standards for Irish journalists. One standard is that journalists must clarify when writing an article if they have been in receipt of support or sponsorship, if they travelled on an overseas visit as the guest of an organisation or agency as well as revealing any conflict of interest etc.

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**Talking with ghosts**

An interesting article from the inside of ghostwriting titled 'A conversation with a ghost writer' can be found at <http://dscience.net/?p=194>