

One-journal-for-MEDLINE initiative in Nepal

Editor – In a recent paper in the *Bulletin*, Langer et al. argued that research data produced by developing country authors is underrepresented in the international health literature and identified the following factors to explain the reasons: poor research, poor preparation of manuscripts, poor access to scientific literature, poor participation in publication-related decision-making, and bias of journals (1).

To overcome this unequal representation, they proposed five steps:

1. Continue WHO's efforts to increase access to primary biomedical information.
2. Collaboration between researchers from industrialized and developing countries.
3. Increase active regional representation on editorial boards of international journals.
4. Expand free access to the scientific literature.
5. Encourage developing country authors to submit papers to the special issues of international journals.

These steps sound reasonable and could be effective; however, they require more input and commitment from developed

than from developing countries. We suggest that a more clear-cut strategy should be taken by researchers in developing countries.

In an article published in 2003, we proposed that Nepal could demonstrate its research capacity by "having one journal in MEDLINE" (2). Subsequently, several Nepalese biomedical journals were approached by the National Library of Medicine, and in December 2003 the *Nepal Medical College Journal* was included in MEDLINE, eight months after the publication of our article.

In 2002, 133 articles were registered in MEDLINE with a Medical Subject Heading (MeSH) that included "Nepal", none of which were published by Nepalese journals. By the end of 2003, a total of 159 Nepal-related articles appeared in MEDLINE, out of which were eight articles published in the *Nepal Medical College Journal*, i.e. 5% of the total number of papers that were Nepal-related. In 2004, MEDLINE included nine articles (6.5%) from this journal out of 138 published on Nepal up to 25 January 2005. In 2003 and 2004, respectively, 10 and 9 other articles published in the *Nepal Medical College Journal*, but which did not include the MeSH term "Nepal", were included in MEDLINE.

The success of this initiative could lead to the inclusion of other Nepalese journals in MEDLINE. Furthermore, adoption of our strategy by other developing countries could increase the number of their authors being cited in the international health literature. ■

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1. Langer A, Diaz-Olavarrieta C, Berdichevsky K, Villar J. Why is research from developing countries underrepresented in international health literature, and what can be done about it? *Bulletin of the World Health Organization* 2004;82:802-3.
2. Jimba M, Joshi AB, Sherchand JB, Wakai S. One journal for Medline. *Lancet* 2003;361:1388-9.

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