

GLOBAL HEALTH ACTION – Fuelling a hands-on approach to global health challenges

In this inaugural Editorial, we present a new partnership for scientific publication in the field of global health. This is an exciting new beginning in a crucial area for the future of humankind.

On the partners

Global Health Action (GHA) is a new, international, peer-reviewed Open Access journal affiliated to the Umeå Centre for Global Health Research (CGH) at Umeå University, Sweden, and published by Co-Action Publishing.

The Umeå Centre for Global Health Research is located within the Division of Epidemiology and Public Health Sciences at Umeå University, which also acts as the WHO Collaborating Centre on Epidemiological Surveillance and Public Health Training, hosts the Umeå International School of Public Health, and co-hosts the Swedish Research School for Global Health. As part of an extensive worldwide network of institutions and collaborators, the Division has contributed to global health research and teaching for more than two decades, with work characterised by multidisciplinary socio-medical perspectives and combining quantitative and qualitative approaches.

Co-Action Publishing is a relatively new Open Access publisher based in Scandinavia and one of only a handful of publishing houses worldwide offering a true OA publishing model for scholarly journals. The content of a journal such as *GHA* begs for Open Access, and it is therefore only natural that CGH and Co-Action Publishing should team up to ensure a great impact for the journal in years to come.

All articles published in *GHA* will be freely accessible online immediately after they have been accepted for publication and can thereafter be linked, read, downloaded, stored, printed, used, and data-mined by anybody with a computer and access to the internet (1). Moreover, the Open Access model offers additional multimedia benefits such as videos, audios, links to full datasets, unlimited colour budgets and interactive features, all of which the printed medium cannot provide. Co-Action Publishing will ensure that the best web technology supports the editorial team at CGH as well as the contributing authors and thereby enhance the scholarly content of *GHA*.

What we call for

Public health challenges in a global context are particularly found in the widening gaps between winners and losers of globalisation (2). To address these challenges it is crucial not only to act constructively on what is already known and to evaluate the results, but also to establish what we yet have to learn and still need to implement. *GHA* therefore specifically welcomes papers that report on results and evidence arising out of practical implementations of current knowledge, as well as papers suggesting strategies where none exist. Thus *GHA* aims to contribute to fuelling a more concrete, hands-on approach to global health challenges. We particularly welcome manuscripts from low- and middle-income countries, while also encouraging South-South and South-North collaborations. All papers published in *GHA* are expected to address a global agenda and include a strong policy or implementation component. They may emphasise the foundations of health research (health information), underlying epidemiological causes (health determinants), actions for health and their effects (health interventions), the impact of the global physical and biological changes (environmental change and health) or the roles of health care and the importance of gender perspectives (health systems and gender).

Health information

The gap in health information between rich and poor countries poses great challenges to international public health research. For the majority of the population living in the world's poorest countries, where the burden of disease is highest, there remain crucial voids in vital health information. Births and deaths are often not routinely recorded and most deaths are not medically attended, nor certified as to cause. This seriously constrains the implementation of effective policies and programmes aimed at improving the health of the poor. The imperative for reliable information as the basis of health development has never been greater. Scandinavia exemplifies the importance of health data for health policies and disease prevention. Poorer countries, however, generally lack infrastructures for longitudinal studies and information on health is often based on *ad hoc* studies or cross-sectional surveys.

- *GHA welcomes papers presenting solid scientific evidence on population health, based on high quality epidemiological studies, especially in low- and middle-income countries and utilising longitudinal infrastructures for population research. Papers describing innovative research methods, developed and applied to understand population health, morbidity and mortality in resource constrained settings are very important for bridging global health. information gaps.*

Health determinants

Globalisation affects trends in population health in various ways. The health status of a population in itself may indicate likely influences of globalisation. Global circumstances can influence direct and indirect determinants of health. There is also an opposite paradigm by which local experiences can trigger national and international initiatives.

- *GHA welcomes papers documenting the importance of local and global contextual determinants as well as new knowledge on how these determinants influence living conditions. Papers presenting comparative analyses of such determinants derived from standardised procedures in different countries are very important for understanding how health transition relates to globalisation and socio-economic development.*

It is well known that patterns of disease change with socio-economic development, a process known as epidemiological transition. Globalisation influences shifts from infectious to chronic diseases in poorer societies, as well as, for example, the incidence of morbid obesity in emerging economies. Poorer countries have benefited from the global availability of vaccines and antibiotics, but at the same time their emerging economies have brought exposure to well established lifestyle risk factors, which may have detrimental longer term consequences.

- *GHA welcomes papers presenting evidence on emerging chronic diseases and their risk factor burden among the poorest, as well as on the multiple burdens of disease experienced by such populations. Hard evidence on health transitions in developing countries is imperative for stimulating interest among health policy makers, both locally and globally. Likely future health burdens for disadvantaged populations must be understood to achieve evidence-based disease control strategies.*

Health interventions

Changing the health status of populations involves acting on the basis of existing knowledge where possible, identifying new ways forward where there are gaps in knowledge, and undertaking meaningful evaluations in

terms of the effectiveness and cost-effectiveness of health interventions.

- *GHA welcomes papers reporting outcomes derived from practical implementations of current knowledge, but also papers suggesting strategies where none already exist. Papers about coordinated health promotion and intervention initiatives in different parts of the world, and describing efforts to translate lessons learnt from developed countries into improved population health are also called for.*

The true benefits of public health interventions can be seen ultimately in routine implementations, outside experimental settings. Evaluation models which move on from efficacy to effectiveness studies, building public health practice on mobilizing whole populations and social groups, are therefore needed.

- *GHA welcomes papers addressing the benefits of public health practice including its ethical, social and economic consequences. We also call for analyses of how structural, physical, economic and social conditions may foster health or influence personal behaviour.*

Environmental change and health

Humankind has achieved a double-edged capacity to – literally – change the world, in the sense of our physical and biological environment. Climate change is the best known example, but other changes also threaten human health, such as diminution and loss of biodiversity, soil erosion and desertification, disruption to the water cycle, and changes in marine ecosystems.

- *GHA welcomes papers addressing environmental changes as they impact on different aspects of human health, especially in the most vulnerable population segments. A major challenge lies in understanding the attributability of disease burdens to factors such as climate change.*

The lag between our actions and their consequences in the realm of climate change calls for the simultaneous pursuit of mitigation and adaptation. For the former it is crucial to document the health co-benefits that arise from actions originally aimed to reduce emissions. The largest challenge, however, lies in developing cost-effective interventions to protect populations against the adverse health impacts of global environmental changes.

- *GHA welcomes papers quantifying health co-benefits of mitigation, e.g. the benefits of walking and bike use for cardiovascular health while at the same time reducing CO₂ emissions. A further major challenge is to establish an evidence base for adaptation policies, at the individual,*

national and global levels of behaviour. Ideally costings should accompany estimates of health effects.

Health systems and gender

In parallel with epidemiological transition, systems to finance and deliver health services change. The underlying forces are essentially similar – economic growth and an increasing flow of information, migration, capital, etc. In many settings there are very limited resources in terms of medical personnel, hospitals and drugs. The little which exists may be mainly financed through external aid. Some low- and middle-income countries may have a functional infrastructure, including hospitals and primary health care centres. However, there is often an extensive, parallel supply of drugs which can be bought over the counter, even when not available from official sources. The dominant source of health care financing tends to be out-of-pocket payment. Tax and/or insurance systems exist but generally play very minor roles in poorer countries. This contrasts greatly with health systems in high-income countries, predominantly funded through tax and insurance and with strong regulation.

- *GHA welcomes papers comparing the performance of health services and health systems in different countries, addressing questions as to how financing systems affect gaps in health both locally and nationally. GHA also welcomes papers on developing and testing tools for measuring components and performance of health systems.*

Globalisation processes may affect women's and men's health differently. Traditional attitudes to gender tend to be detrimental to women and there is overwhelming evidence that their consequent disadvantages in power, influence and resources lead to poorer health. Domestic violence is increasingly recognized as a global gender-based threat to public health.

- *GHA welcomes papers from cross-cultural studies on prevailing and changing gender norms, attitudes and social circumstances and their implications for health and preventive activities. We also call for analyses of how gender systems in different cultures may create severe ill-health problems not only for women but also for men.*

What we offer

GHA welcomes Original Articles, Review Articles, Debate Articles as well as Short Communications. Study Design Articles, for example on longitudinal infrastructures for population research, may well precede the publication of results. All manuscripts are peer reviewed and edited to the highest standards.

GHA is highly committed to building research capacity globally by offering academic mentorship to less-experienced researchers in order to help in the development of high quality manuscripts. A group of multidisciplinary and experienced researchers in global health have committed themselves to serve as such mentors for *GHA*. Mentors will be named in published articles as “Contributing Editor” rather than being ranked as co-authors. The mentorship scheme is aligned to the journal's commitment to strengthen the availability of hard evidence from developing countries. Such evidence is currently lacking and inaccessible to the global scientific community (3, 4) not so much because of the lack of quality of the research generated, but rather because of the lack of capacity to report the results according to the rigorous standards required for international scientific publication.

Publication of an article in *GHA* incurs a relatively modest cost. However, to emphasize our commitment to extend an arena for publication in which developing settings can publish *their* research results, the publication fee may be waived for authors from institutions or projects unable to pay.

Open access serves the interests of all: readers, authors, teachers, students, libraries, universities, funding agencies and ultimately governments and citizens (5). It increases the visibility of individual authors' work; key resources are equally accessible to rich and poor; the mission of most universities to disseminate and share knowledge is facilitated, and funders (including governments) are given return on investment. Can we afford *not* to offer Open Access to *Global Health Action*?

For the Editorial Board *Stig Wall*, Editor-in-chief

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