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Editorial

A new journal is born: Clinical Epidemiology and Global Health

When medical societies reach a certain size and level of confidence, they want to have their own journal. Their members have already been writing articles and reviewing for other journals but even so they want a journal that expresses their own groups' identity. So is it with IndiaCLEN, which has now produced the inaugural issue of *Clinical Epidemiology and Global Health*. Congratulations on this major achievement!

By what journey did IndiaCLEN reach this milestone? In 1982, the Rockefeller Foundation established the International Clinical Epidemiology Network (INCLEN), comprised of 27 medical schools in Asia, Latin America, Africa, and India.¹ Clinicians on the faculties of leading medical schools in those regions studied at centers of excellence in Canada, Australia, and the United States. "INCLEN fellows" studied clinical epidemiology, to the level of a master's degree, with special emphasis on human research methods and the population perspective. Some INCLEN fellows acquired additional expertise in biostatistics, the social sciences, and clinical economics. INCLEN fellows then returned to their home institutions to apply their newly-acquired expertise to research, teaching, patient care, and leadership.

As planned from the beginning, trainees took over leadership of INCLEN and began to train fellows in their own regions.² INCLEN was organized into clinical epidemiology networks in the various regions – AfricaCLEN, LatinCLEN, and so on. IndiaCLEN, which was originally comprised of trainees in seven medical schools in India, has been especially successful in this transition. There are now 327 members in 16 clinical epidemiology units and an additional 16 affiliated institutions throughout India. Members teach, bring evidence based medicine to the care of patients, and carry out research, publishing their work in international journals and participating in global health policy activities.

The new Journal, *Clinical Epidemiology and Global Health*, will publish articles about what Archie Cochrane called the "effectiveness and efficiency" of health care.³ Kerr White, a founder of INCLEN when he was at the Rockefeller Foundation, called it "the effectiveness of medical interventions in relation to their hazards and costs."⁴ Equity in health care is also a guiding principle for this journal. The journal is intended not just for IndiaCLEN members themselves nor just for Indian investigators. It is open to everyone, especially investigators in the less affluent areas of the world, whose needs

for information about health and disease are somewhat different from those of the more developed countries where most journals are published.

The editors are physicians who are well grounded not only in clinical medicine and public health but also in modern methods of research design, measurement, and statistical analyses. Ordinarily, only the world's largest and most resource-rich journals can offer the level of editorial expertise that will be possible with this new journal. The Editor-in-Chief, Dr. Shally Awasthi, is an outstanding choice. We have known Dr. Awasthi since she was an INCLEN fellow at the University of Pennsylvania and we were Editors of *Annals of Internal Medicine* in Philadelphia. We have admired her achievements since that time. Dr. Awasthi can rely on colleagues in IndiaCLEN and beyond to assist both in reviewing and editing. The Editorial Board includes scholars in some of the world's great research-intensive institutions, most of whom have been friends and supporters of INCLEN throughout its history. The new journal will be published by Elsevier, a large and experienced international publisher.

Clinical Epidemiology and Global Health is an electronic journal, without a print version. This is a very modern approach to medical publishing. Many scholars throughout the world, especially young ones, prefer to find information on the internet. Also, because electronic publishing saves printing and mailing costs, about half the cost of print journals, it is possible to begin a new electronic journal even in difficult financial times, and for readers to afford it. Some other journals, such as PLOS and Biomed Central, have been founded as electronic-only journals. Long-established print journals publish their contents on the Internet, posting some articles of special interest or public health importance before the print version becomes available.

The editors have put in place all traditional aspects of a peer-reviewed journal that matter. Each submitted manuscript will be reviewed by outside experts in its methods and contents, as well as the editors. The effects of peer review and editing, taken together, have been shown to improve the completeness and accuracy of published articles, especially for those of lower quality when received.⁵

Journal editors are guardians of the scientific record. From time to time they become disciplinarians when they discover

transgressions against the integrity of that record in the form of unearned authorship, conflicts of interest, duplicate publication, and fraud. Yet most new editors, including those responsible for *Clinical Epidemiology and Global Health*, have no formal training for this job, nor are they in close proximity to experienced editors. When we were founding editors of *Journal of General Internal Medicine*, we got valuable advice from local friends and colleagues with editorial experience. But help no longer needs to be available locally. Editors can now rely on other editors, facing similar problems, throughout the world. The World Association of Medical Editors (WAME)⁶ links editors of the world's peer-reviewed medical journals, many in settings with limited resources, through the Internet. New editors can participate in discussion groups, and have access to WAME policies and courses.⁷ The International Committee of Medical Journal Editors (ICMJE), a small group of editors of prestigious journals, also publishes widely respected policies that are adopted by other journals.⁸ Readers should look at these resources because it is their journal too and they will be better writers and readers if they are familiar with how peer review and editing is done and the evidence base for these practices.

This first issue includes a rich array of articles – about diseases of children and adults, infectious diseases, obesity, the effects of vitamin supplementation, and more. Research designs include randomized controlled trials, cohort and case–control studies, and cross sectional surveys. One article describes an industry-sponsored, international network to help developing countries improve their capacity to study infectious diseases. This first issue also includes articles on Evidence summaries and commentary, review of important research articles (“Journal Club”). It is remarkable that the editors were able to achieve so much diversity and quality in the first issue. These articles were assembled at a time when there was no example of the journal to recruit articles to, so it is no surprise that they are mainly from India. Now that the journal has been established, the editors will be in a position to select from an even wider range of submissions.

Founding a new journal is an exciting event, full of promise but also some uncertainty. Readers will enjoy this issue and should also support the journal by sending their best work for publication in future issues. With strong leadership from Dr. Awasthi and IndiaCLEN members, along with help of the International Research Community, this new journal will have a bright future.

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Available online 31 December 2012

2213-3984/\$ – see front matter
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<http://dx.doi.org/10.1016/j.cegh.2012.12.001>