

## Bridging the Global Health Divides

The information gap between rich and poor countries is widening, and the digital divide is more dramatic than any inequity in health or income.[1] Of 3.47 million articles in 4,091 health-related publications reviewed from 1991 to 2002, 90% were contributed by authors in the 20 most developed nations; writers from the 63 poorest countries accounted for under 2%. Representation from sub-Saharan Africa actually declined over the period, and 96% of the articles were in English. A 2003 survey found only two of 111 editorial board members in a selection of leading medical journals came from low-income countries.[2,3,4]

And the 10/90 gap still yawns before us, in which 90% of research funding targets diseases affecting only 10% of the world's population.

These great divides – digital, knowledge, information, and research – mirror deeper, more painful disparities in global health status and access to medical care. Considering the abundant financial, scientific, and technological resources available, such divides present an unprecedented ethical challenge to the community of professionals who dedicate their lives to health. In today's competitive, bottom line-driven publishing world, this in turn presents a specific challenge to medical journals: to ensure their Editorial Boards, peer reviewers and – above all – content, consistently reflect and address the pressing health needs and diseases of the world's poor majority.

Enter *MEDICC Review*, a journal dedicated to bringing readers substantive research and writing from Cuba's medical and public health experience since 1999. Why Cuba? The articles we've chosen for this issue begin to explain: Cuban R&D has delivered proven results in vaccine and biotechnology applications, a noteworthy achievement for a country of the Global South (*Cuban Meningococcal BC Vaccine; Cuba's Biotechnology Revolution*). Furthermore, its population health research has produced pioneering work, such as the world's first study in total population on chronic kidney disease and its relationship to other vascular diseases (*Community-Based Epidemiological Study of CKD*), thus addressing the Global South's double burden of disease. Finally, program design and implementation in areas like child immunization have been cited as exemplary by reviewers such as the Pan American Health Organization (*Cuba's National Immunization Program*).

Cuban health outcomes are due in large part to dedicated, capable health professionals and health services that are both affordable and accessible, sometimes leapfrogging over adverse social and economic determinants. But these same health professionals and medical scientists publish only occasionally in national journals, and rarely internationally. The stress of work and expectations in a resource-constrained environment, the loss of the research-and-writing "habit" during the economic nosedive of the 1990s, the lack of incentives to publish, and at times a reluctance on the part of international journals to publish Cuban work – all these factors and more have taken their toll. The result is that the level of Cuban publishing does not match the level of Cuban medical science and population health.


The enhanced quarterly *MEDICC Review*, appearing with this issue, intends to make a modest contribution to leveling the playing field by publishing topflight work by Cuban scientists and researchers (and authors from other latitudes) within an international peer review framework. *MEDICC Review* introduces readers to Cuban scientists and public health professionals making their mark (*Concepción Campa, Vicente Vérez, Agustín Lage*) and provides analyses of Cuban health program implementation, challenges facing the system, emerging health problems, and Cuba's extensive and sometimes contentious international role in health (*Cuba's Piece in the Global Health Workforce Puzzle*).

"...researchers in the South need to be able to access and contribute to journals published in the North, equally researchers in the North need access to knowledge sources in the South. Bridging this divide is so important that this sharing of knowledge is recognized as a prerequisite for achieving the Millennium Development Goals by 2015."

—The 10/90 Report on Health Research

Each issue of the journal offers a particular focus – such as the **Cuban Experience in Immunization and Vaccine Development**. However, articles are not straitjacketed to fit, but rather come from all fields of health and medicine, providing the English-speaking scientific, medical, and public health communities a resource unavailable elsewhere. This fall, we're glad to join the Council of Science Editors' initiative bringing together some 230 scientific journals to address the joint themes of poverty and development on October 22nd (see *MR Online* [www.medicc.org/mediccreview](http://www.medicc.org/mediccreview)).

*MEDICC Review's* expanded Editorial Board constitutes a work-in-progress, and includes highly-regarded educators and health professionals from 12 nations in North America, Latin America, the Caribbean, Europe, and Africa. We take this opportunity to thank them for their contribution, confidence, and wisdom.

To our readers, we encourage you to send us your comments, and to share our vision and our work. There are many great divides yet to bridge. 

### The Editors

1. Global Forum for Health Research. The 10/90 Report on Health Research 2003-2004. Geneva.
2. Lown B, Banerjee A. The developing world in the New England Journal of Medicine. *Globalization and Health*. 2006;2:3.
3. Paraje G, Sadana R, Karam G. Increasing international gaps in health-related publications. *Science*. 2005;308:959-60.
4. Horton R. Medical journals: evidence of bias against the diseases of poverty. *Lancet*. 2003;361:712-13.