Comment

Disseminating health research in sub-Saharan Africa through oa journal partnerships

Health research consortia in sub-Saharan Africa present a positive outlook for the region through increased scientific capacity.1 New networks of African-African, African-European, and African-global partnerships provide platforms to advance crucial research domains.^{2,3} Such networks enable junior African researchers to advance their work, and they also poise the region to provide expertise across many health domains.2 High-income partners also gain by hosting African researchers, increasing international exposure to developing regions, and learning from researchers with few resources.

Unfortunately, dissemination of research findings is a constant and major challenge in these partnerships, often because of restricted capacity.^{3,4} Before publication, myriad issues must be addressed, beginning with basic access—even internet connectivity and continuous electricity are problematic in some rural regions. Thus, although partnerships might increase capacity over working in isolation, dissemination challenges remain. Likewise, supervision is a crucially underserved role in African academic institutions. Furthermore, junior academics might have doubts about the quality or relevance of work, and ultimately decide against dissemination. This issue perpetually disrupts research, affecting completion and eventual publication, which exacerbates restrictions in developing regions. Cuttingedge research does not have uniform sustainability, thus partnerships aim to provide guidance from international experts to future African scientific leaders while enhancing local supervision.

Development of research, fundraising, ethical review, collection of data, analysis, and dissemination can take years, even for successful projects. Large studies can wait a long time for reviewer feedback simply because of numbers of competing submissions to top journals. With rejections or resubmissions, the process from proposal to print can last years. This long period is particularly problematic in view of restricted funds to support write-up after project completion.

Diminished confidence in project quality or outcomes can result in researchers selecting lower quality dissemination channels or, at worst, abandoning research. These decisions can result in the loss of valuable lessons (regardless of outcomes) learned from work done in unique, resource-limited settings.

One possible solution for any developing region consortium is to establish journal partnerships, which would involve agreements between funders, researchers, and journals. In these agreements, funders oblige researchers to submit methods papers, known as works in progress, to specific journals who in turn produce special (peer reviewed) editions that cover the domains of the consortium. Specific benefits of this solution include: assurance of outcome data from work being supported, even in challenging conditions, for the funders; support to disseminate early despite extensive timelines of full study for the researchers; expedition and access to the newest, ongoing projects in crucial regions for the journals; and the ability to learn from method challenges faced by peers for the wider community.

Done effectively, works in progress expedite scientific dissemination, publicise innovative work, and inform stakeholders about practical aspects potentially useful for replication. Although works in progress might risk emphasising pipe-dream research, submission guidelines should safequard against this problem.

Detailed methods papers allow authors to share state-of-the-art work without fear of losing ownership of innovative techniques. These papers have greater potential for effect than do simple narratives on work to date.

Implementation of works in progress offers builtin mechanisms for mentorship and a methodological triage through peer review by respected authors in the field. To advance research in developing regions, local dissemination channels should be considered for such partnerships that support local journals' visibility and publication standards.

Works in progress should also increase the likelihood of further uptake and funding: faster outputs mean various organisations see research activities earlier with potential for wider implementation. Likewise, there are few better arguments to fund further work than strong publications, and thus funders might even benefit from engaging with possible partner journals to develop works in progress guidelines or special editions.

Kai Ruggeri Engineering Design Centre, University of Cambridge, Cambridge, CB2 1PZ, UK dar56@cam.ac.uk

I declare that I have no competing interests. KR receives no funds directly from the Wellcome Trust, but his travel costs to attend one Training Health Researchers into Vocational Excellence in East Africa (THRiVE) conference in Kenya were covered by THRiVE, which is funded by Wellcome. KR is also director of the acknowledged research programme, although he receives no funds for this work. I thank David Dunne, James Wood, and Pauline Essah for their work in THRiVE at the University of Cambridge, and for approving this independent report; Nelson Sewankambo of Makerere University in Uganda (the Director of the THRiVE Programme) and his team for managing the THRiVE Programme in East Africa; the Wellcome Trust for their support of THRiVE and the six other consortia within the African Institutions Initiative; and the Junior Researcher Programme and the Journal of European Psychology Students for previous use of the methodology paper-journal partnership.

Copyright © Ruggeri. Open access under CC BY-NC-ND license.

- I Jisselmuiden C, Marais DL, Becerra-Posada F, Ghannem H. Africa's neglected area of human resources for health research—the way forward. S Afr Med J 2012; 102: 228–29.
- 2 Marjanovic S, Hanlin R, Diepeveen S, Chataway J. Research capacity building in Africa: networks, institutions and local ownership. J Int Devel 2013; 25: 936-46.
- de-Graft Aikins A, Arhinful DK, Pitchforth E, Ogedegbe G, Allotey P, Agyemang C. Establishing and sustaining research partnerships in Africa: a case study of the UK-Africa Academic Partnership on Chronic Disease. Global Health 2012; 8: 1–13.
- 4 Ezeh A, Izugbara CO, Kabiru CW, et al. Building capacity for public and population health research in Africa: the consortium for advanced research training in Africa (CARTA) model. Glob Health Action 2010; 3: 5693.