One marriage, two problems, three solutions

I B Pless

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With this issue, *Injury Prevention* enters a new stage in its development. As noted in the announcement below, we are now the official journal of The Society for Advancement of Violence and Injury Research (SAVIR). As such, members of SAVIR will receive advantageous access to the journal and representation on the Editorial Board, along with other less tangible benefits. We fully expect that this marriage will prove mutually beneficial, and look forward to a long, happy and perhaps even prosperous relationship with our new spouse.

The decision to forge this relationship was made following extensive deliberations by the Editorial Board and our publishers. One item of particular concern was that this union could be misinterpreted. Although we prefer monogamous marriages, this one is not intended to exclude others that may come along. Indeed, our longstanding association with the International Society for Child and Adolescent Injury Prevention (ISCAIP) remains, and with a renewal process now underway, we expect that relationship to flourish. More than that—we encourage other organizations with which we share common goals and interests, to explore having IP become their official partner as well.

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We were also concerned that because SAVIR is essentially a North American organization, this marriage might send a signal that the journal is becoming more closely aligned to the Western world. This is not what either party wishes. The Board remains determined to maintain our reputation as a distinguished international journal. To this end, we intend to recruit more scholars to Board positions from countries in Asia, Africa, Europe and Latin America—countries that remain

poorly represented on our Board and in the scientific literature on injury prevention. In view of the latter, we will also continue to encourage submissions from those countries. The problem, and the challenge, is to ensure that the papers submitted are of publishable quality.

Our experience to date suggests that the latter goal will be difficult to achieve without some unusual and special efforts. Obviously, the challenge of writing well in a second language is one barrier that needs to be addressed. We encourage authors whose first language is not English to seek whatever help they can find to assist with their writing. Although personally I have reservations about “ghost writers” (also known as “authors editors”), the fact is that many wealthy institutions in North America in particular (though by no means exclusively), employ talented writers to assist with manuscripts and grant applications. One way to diminish the concern over this activity is to clearly acknowledge any such assistance that has been provided. But good editorial help is not always affordable and no doubt it is much less so in many of the countries from which we would like to see more papers being submitted.

We are prepared to help to the extent that doing so is feasible. But we need to be realistic and unlike the situation that prevailed when this journal began 12 years ago, other members of the Board and I are now far too busy to provide much in the way of “hands-on” editing. Our editorial assistant likewise has her hands full just keeping up with the flow of manuscripts that arrive each day. Hence, other solutions must be found. We will continue to explore ways to help authors from non-English speaking countries.

A far more important and more challenging issue involving papers from parts of the developing world¹ is the nature and quality of the research. Given the huge differences in money available for injury prevention research in most Western

countries and those in the areas we would like to target, it is not surprising that we see fewer papers from developing countries. Nor is it surprising that these papers often fall short of the mark we have set for acceptance. We tend to receive many descriptive papers from the developing world whereas what we seek involves more sophisticated, complex designs that are correspondingly more expensive.

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Alongside the financial issue, there is also the question of suitable training. This picture is not as gloomy as it was a few years ago. As we have noted previously, WHO's TEACH-VIP (see p 69)¹ is a large step in the right direction^{2,3} but much more is needed to train and assist would-be investigators in countries outside the mainstream. An initiative being considered by ISCAIP and no doubt other such groups is one that involves twinning experienced investigators with relative newcomers in a mentoring relationship. I am personally keen to become involved in such work once I step down from the editorship and I hope other “retired” colleagues will join me.

There is even hope that such a program would be financially supported. For example, the Fogarty International Center, the international component of the NIH, exists to address “global health challenges through innovative and collaborative research and training programs and supports and advances the NIH mission through international partnerships.”⁴ Among the programs listed on its website are Research Grants and Research Training Grants. The latter include “Institutional training grants designed to enhance research capacity in the developing world, with an emphasis on institutional partnerships and networking.” This is precisely what is needed, if not from Fogarty then from other sources.

Moving to bring aboard and work alongside colleagues from the less developed world is, however, not a simple process. It can even be harmful, as Larson reminded us some years ago. In commenting on a proposal by Underwood and Carter⁵ to overcome limitations in the

¹The choice of the term “developing world” is not intended to refer to financial, cultural or other such attributes; it is only intended to refer to countries where the culture of injury prevention research remains less well developed than in many parts of the Western world.

international relevance of research findings, Larson wrote: "As a strategy to overcome these limitations, Underwood and Carter recommend the development of collaborative, multinational studies, which mix the experiences of developed with developing countries. They argue that a randomized field trial of a varied (site appropriate) education and support intervention package could conclusively answer whether or not such programs work." After adding several cautionary notes, Larson concludes: "Yes, by all means we should encourage Underwood and Carter's underlying thesis of international collaboration in injury

prevention research. This should be done in many settings, and in a manner that facilitates the exchange (not just transfer) of appropriate research technologies and experience. We live in a world which, despite its unjustifiable disparities, is more than ever before vulnerable to shared determinants of health, be these economic, environmental, behavioral, or political."

We agree fully with Larson's last words: "We all stand to gain by working together... The problem is that this is far easier said than done!"

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