



## editorial

Psychiatric Bulletin (2002), 26, 41

**FEMI OYEBODE**

### Free access to online journals for developing countries

The College's online journals, which include the *British Journal of Psychiatry*, the *Psychiatric Bulletin* and *Advances in Psychiatric Treatment*, are to become free to access, on a country by country basis, in developing countries. This will allow many of the poorest countries in the world to access vital scientific information free of charge on the internet. In a separate initiative, substantial discounts on subscription rates are being offered to institutions in these developing countries not on the free list, as part of the Electronic Information for Libraries project organised by the Soros Foundation. These are welcome developments. The College's actions parallel those of other leading medical publishers who have agreed to participate in a similar scheme run by the World Health Organization (WHO). When the Statement of Intent was signed in July 2001, Dr Gro Harlem Brundtland, Director-General of WHO ([www.who.int/inf-pr-2001](http://www.who.int/inf-pr-2001)) said: "As a direct consequence of this arrangement, many thousands of doctors, researchers and policy-makers among others will be able to see the best available scientific evidence to an unprecedented degree to help them improve the health of their populations. It is perhaps the biggest step ever taken towards reducing the health information gap between rich and poor countries." This statement is as true for psychiatry as it is for other medical disciplines.

It is too easy to forget the disparities of wealth between the developing world and what are now termed the developed economies. For example, in sub-Saharan Africa all the general indicators of wealth showed a real decline from 1987–1999. In 1998, the crude number of people, in the world, estimated to be living on less than \$1/day was 1.1 billion. Half of these people lived in South Asia and a third in sub-Saharan Africa. All health indices demonstrate the poor state of public health. For example, in sub-Saharan Africa in 1999 infant mortality rate was estimated to be 92/1000, under-5 mortality rate was 161/1000 and life expectancy at birth was 46.8 years. Comparable figures for the world as a whole are as follows: 54/000; 78/1000; and 66.5 years, and for the 30 Organisation for Economic Cooperation and Development countries are: 6/1000; 6/1000; and 78 years. These health indices underline the need for improved health services but also point to the gross underfunding of health services. In Afghanistan the per capita public

expenditure on health in 1998 was \$5. The figures for Bangladesh, Burundi, Georgia and Somalia were \$4, \$1, \$3 and \$3, respectively. This compares to \$1504 for Austria, \$1747 for France and \$1357 for the UK. In many countries the external debt is of the magnitude of 70% of the gross national income and much of the national income is spent servicing debt such that health services, medical education and research are poorly funded. This has meant that practising doctors, medical academics, researchers, medical students and postgraduate trainees have had limited access to journals and indeed to textbooks.

Until now, biomedical journal subscriptions have been priced uniformly for medical schools and research centres, irrespective of geographical location. Many journals cost more than £2000 (\$3000) for a year's institutional subscription. This is well beyond the means of most institutions in Africa and South Asia. The new schemes that will allow free access online to the poorest countries will enable 1000 or so of the top biomedical journals to become accessible. It is very good news that College journals are included in these developments. In parallel with these new pricing schemes, there is a newly established project called Health InterNetwork (<http://www.who.int>). This was introduced by Kofi Anan, Secretary General of the United Nations, as a means of strengthening public health services by providing public health workers, researchers and policy makers access to high quality, relevant and timely health information through an internet portal.

These developments should be a signal to other industries such as the pharmaceutical industry, computer manufacturers and others to set up similar schemes based on ability to pay. We live in the much-vaunted 'global village' and village life is characterised by concern for others and the sharing of resources in a true spirit of community. The medical community worldwide should be proud of these developments that have been described by commentators as simply momentous.

For further information regarding free access to the online journals in developing countries please contact Dave Jago ([djago@rcpsych.ac.uk](mailto:djago@rcpsych.ac.uk)).

**Femi Oyebode** Professor of Psychiatry, University of Birmingham, Queen Elizabeth Psychiatric Hospital, Mindelsohn Way, Edgbaston, Birmingham B15 2QZ