

MESSAGE FROM THE PRESIDENT OF THE ETHIOPIAN MEDICAL ASSOCIATION

Ethiopian Medical Journal is committed to Excellence and Serving Africa:

About 20 years ago an article was published in a major journal describing an association between MMR (Measles, Mumps, Rubella) vaccine and autism [1]. This publication led to significant drop in the uptake of MMR and a rise in measles outbreaks. Although it was soon established that the publication was based on fraudulent data by individuals with clear conflict of interest [2], the impact of this publication continues to be felt until the present (<https://www.newscientist.com/article/mg23431253-200-minnesota-measles-outbreak-follows-antivaccination-campaign/>).

The Ethiopian Medical Association (EMA) understands the crucial role its journal, the Ethiopian Medical Journal (EMJ), can have on policy and public discourse. EMA and the editorial board takes its responsibility very seriously and strives to maintain the editorial quality of the journal.

While the EMJ is proud to be one of the oldest and impactful journals in Africa, the Association and the EMJ editorial board see a clear need for charting a new path for the journal.

1. The Journal will expand its mission to be a voice for biomedical publications in Africa and will focus on quality more than quantity of publications. As part of an initial step to support this mission, the journal has assembled an editorial board of international standing.
2. EMA plans, in line with most international journals, to restructure and expand its editorial board, to meet its new mission. While retaining the current Editor-in-Chief and Deputy editors in the structure of the board, it will have theme or section editors, associate editors and corresponding editors of international standing. The journal editorial system will be more efficient and decisions will be made within four to six months from the time of submission.
3. The board and the executive committee of EMA will provide regular support, training and mentorship for reviewers. There will be emphasis and focus on training young scientists to be involved as reviewers and members of the editorial board. As part of this effort, there will be a competitive position for up to two trainee editors. When funds allow, EMA will employ an executive editor to support the editorial board.
4. The Journal has enhanced its electronic paper submission and review system but will work further on this. Will also continue to make its publications accessible by continuing to publish its new contents in the online system, at least for the next five years, and will archive all its old publications online.
5. Because of the potential role of case reports in improving clinical practice, the journal will create a new outlet for case reports, the EMJ-Case Reports. These will be published twice a year initially. The supplement or special issue publications will also continue.
6. EMJ will support new journals from specialist societies. The specific mechanisms for this will be developed in consultation with speciality societies.
7. EMJ will work to increase its impact factor.
8. EMJ will develop mechanisms for engaging with the public, for example, using the existing radio program of EMA and other methods.

Further changes and details will be communicated by the Editorial Board.

Esteemed readers and contributors, I would like to pledge the commitment of the editorial board and the executive committee of EMA to work day and night to make EMJ a high-quality and high impact journal that you will be proud of. We value your input and partnership very much and look forward to your active involvement in this regard.

On behalf of the Ethiopian Medical Association and its members, I would like to take this opportunity to thank the current editorial board and the boards that have served the journal and the biomedical field of Africa for nearly six decades as a public duty and service.

Yours sincerely,

Dr Gemechis Mamo
President, Ethiopian Medical Association

1. Wakefield AJ, Murch SH, Anthony A, Linnell J, Casson DM, Malik M, Berelowitz M, Dhillon AP, Thomson MA, Harvey P *et al*: Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children. *Lancet (London, England)* 1998, 351(9103):637-641.
2. Godlee F, Smith J, Marcovitch H: Wakefield's article linking MMR vaccine and autism was fraudulent. *BMJ* 2011, 342:c7452.