**James Tumwine**

**African Journal Editors Partnership Project at 10: 2003 - 2013**

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Link to video of interview: <https://www.youtube.com/watch?v=sFFfqMOVt0g>

Transcribed by Alison Oppenheim, June 11, 2013

Dr. Tumwine’s comments incorporated July 1, 2013

I am James Tumwine from Uganda. I am the editor of African Health Sciences and professor of pediatrics at the same institution.

The AJPP has been a catalyst and, in a way, it is like an enzymatic reaction in which the enzyme doesn’t take an active part but is a very important step to speed up that reaction. So AJPP has enabled us to, through small funds, to do a lot of work. For example I have had every year at least two interns, who are students in the university, who are interested in publishing. And they have ranged from students of mass communication to medical students. In fact one of the first interns is now graduating this year as a doctor, but he still works very actively. David is his name.

We have also managed to do a lot of voluntary work, getting people to do voluntary work on the journal, those who are not interns, for example, Edwin, who is here today, is an engineer, he is an electrical engineer, but he works on our journal as a volunteer and is now doing XML conversions for us free of charge. So we are tapping into this Ugandan spirit of commitment and volunteerism.

Our journal has also grown really very much. We have been indexed on MedLine and recently we were indexed on ISI and have an impact factor. And to us that means a lot, quite a lot. It means we are equals, among equals.

When we started the journal, really the impetus was having an African journal publishing African material because we were finding it extremely difficult to have our scientific material published in western journals for various reasons. And now we started it under very difficult circumstances, so that’s why I am really so glad that we are now able to publish like the rest of them. It has been quite difficult, but AJPP, as I am saying, has done a lot to help us along the way.

Most of our contributors are from the African continent. West Africa, East Africa. But now we are attracting quite a number from the United States, from the UK, from China, from Europe, Turkey, Czechoslovakia, etc. So we have become truly international even though our focus is local.

Well, for me sustainability has been the issue. And the fact that we have remained active and every single issue coming out on time without any serious delay I think has been very significant because the infant mortality of journals in Africa, and also in the rest of the world, is very high. The journals which die in the first year of life and the fact that we are now almost thirteen years old speaks for itself. So to me that is the biggest achievement. The fact that we have been self sustaining!

Secondly the growth in the number of eyes looking at our journal. We are into millions every year on the website where we are hosted (Bioline). We have over one million people accessing our journal monthly, which is very good. It gives us a lot of visibility, and also credibility, and of course citations. So it is being visible but also being sustainable that has been, to me, the biggest achievement.

It’s like everybody is facing in the world. Challenge number one today, every single home, every country is finances. Dollars. So the fact that we are open access but have not followed the open access financial model has been a big challenge. Most of the open access journals charge the researchers. We are open access but we do not charge the researchers. The reason? Most of the African scientists don’t have a lot of money to pay. So we have really adopted the best of all worlds, without looking at the financial issues, and for me that has been a big challenge. And we are thinking right now at developing another model, perhaps a hybrid between open access, which we are committed to 100%, and charging a little bit. So charging a little bit more to those who can afford it, and less to those who can’t afford it.

The initial partnership we had was the twinning project in which we were twinned with the British Medical Journal, and we learned enormously from the BMJ. They are an extremely large journal with a very huge building. For us we are a very small journal in a small building. But we really appreciate their ideas and their suggestions, and we used them to use to the maximum the biggest resource we have in my country. We have two resources. Number one, time. In the world we are equal, all of us have 24 hours a day. So we learned how to utilize that resource, which we don’t need to pay for. The second resource was the human resource. So we have a lot of young people, educated people, and we have learned how to utilize them without necessarily paying them salaries, but giving them knowledge and opportunity to show their potential. So we have used those two resources, which are abundant in Africa, which are not so well used, I think we have used them to the maximum, having learned from our European friends how to do that.

One major difference is that the BMJ is a journal for doctors, and the doctors obviously pay something to the BMJ in terms of fees. They are housed in their BMA house, so in a way they have a big lobby behind their journal. Ours is an academic journal based in an academic institution without a big lobby behind it. And in a way I think it was very good because for us we have, I think, more freedom. Editorial freedom. They have it too, the BMJ, but when you are publishing you are not thinking about your owners. All these, I don’t know, probably 80,000 doctors. We are owned by the institution who fortunately have given us a big leeway. We don’t have to always think about our editorial policy for example, restricting ourselves.

Secondly the BMJ what I really saw, it is a big bureaucracy. Loads and loads of people working on so many things. I don’t have any bureaucracy. We have just about ten brains working on everything from typesetting to production. I am editor in chief, but I can do editorial, I can do production work. My colleagues do vice versa. So in a way I think we have learned to use small bureaucracy to do big things. And I think that is an innovation. I think what it shows us is that we can achieve a lot of things by being out of the box, by thinking in a different way, and by being flexible.

In five, ten, twenty years time I can see the journal producing children. In other words, producing smaller journals, because we have really grown big and we are so popular that we now have to reject a lot of material, which in my opinion is missing out. So in the next five, ten, twenty years I would like to start baby journals, smaller journals that reach out to specific areas of specialization for example, but largely to primary health care, and going into continuous professional development of our people. And using the young people to produce these journals. We have almost 1,000 students in our college. If I said tomorrow I would like 50 to be editing several journals, we would be inundated by applications. People are willing to do things for free and enjoy and make sure that we develop our country.

So I would like to start these small journals which would be self perpetuating through students. Both undergraduate students and masters’ students. And that also takes us away from this whole idea of big editor in chief, big editorship. Many of us, previously when we were young, now we were no longer young, so we have made, we have attempted to make our editorial team very young. So as time goes on we are also bringing in new people to do this work. So that can perpetuate it.

And this is by the way part of the African tradition. For us, like my grandmother, she was a traditional doctor. She never went to medical school, but she learned medicine from her parents. And she has been passing this on to other people. So if we can do that, then what we are doing is perpetuating, and for us it is a natural process. It’s apprenticeship, people learn by doing and the whole enterprise continues.

I lived through, I lived in Uganda through very difficult times, during the times of Idi Amin, where it was extremely difficult to get anything to read. So of course as you remember there was no internet, no telephone. So if I wanted an article to read, which I have seen in those big MedLine books, Index Medicus, which are now in the museum in our library, I would then have to write to a university in the United States, please kindly photocopy an article and send it to me in Uganda. So my letter would take one month. And they would photocopy the material and send it to me. So two months it would take me to get one article.

Now we are in a different age where we can make material accessible on the click of the mouse. That’s why I am married to the movement of free access. So if we can publish material and make it available, freely available, then we are training our students, our staff and keeping them up to date and they will be high class scientists and health workers. That’s what motivates me. And that’s why we have literally abandoned the written material in paper. Because it is expensive. That means it takes our money and our energies without any reward. The only reward we get in this work is to know that the students we are training, the people in Nigeria who are reading our materials, the people in Uganda who are reading our materials, are benefitting, improving their knowledge and therefore improving health care in their countries. That’s my motivation. And I want to do it until I have no breath left in me!

We have really benefitted so much from this project, and I am extremely grateful, very, very grateful to NIH, Fogarty, to everybody else who has been supporting us because without that catalyst, the reaction would continue, might have been continuing, it would be at a different level, but this support has speeded up the reaction, and that we really appreciate it so much, and the friendships we have been making in this project.