

EDITORIAL

EQUATOR NETWORK RESOURCES HAVE ALSO BEEN MADE AVAILABLE IN PORTUGUESE

*João de Deus Barreto Segundo**, *Katia Nunes Sá***, *Cristiane Maria Carvalho Costa Dias****

Autor correspondente: João de Deus Barreto - nucc-joaosegundo@bahiana.edu.br

* MA in Communication and Culture in the Federal University of Bahia - UFBA. Scientific Communications Analyst at BAHIANA - School of Medicine and Public Health.

** PhD, professor at BAHIANA - School of Medicine and Public Health and at Ucsal - Salvador University, Scientific Communications Manager at BAHIANA. Revista Pesquisa em Fisioterapia editor-in-chief.

*** PhD, professor at BAHIANA - School of Medicine and Public Health, Revista Pesquisa em Fisioterapia editor-in-chief.

Living up to its mission to strengthen the scientific reports worldwide, the EQUATOR Network has recently rolled out key resources in Portuguese.⁽¹⁾ By doing so, it sends a message of international cooperation to promote development where development is most needed.⁽²⁾ A collaboration with the Pan American Health Organization (PAHO) and the World Health Organization (WHO), this welcome decision implies that even though English remains as the non-challenged first choice of language in scientific publications, idiom barriers are being managed in order to no longer keep the developing world apart from the international scientific community.

According to estimates from 2015, only ten territorial entities in the whole world spoke Portuguese, which amounts to around 270 million people.⁽³⁾ It is not much considering the 7 billion humans who walk the Earth today. Being so, the new EQUATOR move seems to seek equality over quantity. For the past decade, it has been argued that the world health and hence its economy have suffered greatly because of the scientific reports from the developing countries that are not published in international peer reviewed journals. It is so not because of said reports' lack of scientific quality but likely due to prejudice by the developed world's publishing houses and their editors, to lack of funding to afford translation and to high publication costs notwithstanding the Open Access initiatives.⁽⁴⁾

The five most prominent economies in the developing world in the last quarter of the past century, the BRICS – acronym for Brazil, Russia, India, China and South Africa –, along with twenty six other countries, accounted for 98% of the paper citations when the remaining 168 countries were left with 2% of the overall paper citations. But, among these top thirty one nations, the eight countries ranked higher in science citation – United States, United Kingdom, Germany, Japan, France, Canada, Italy and Switzerland, all fully developed economies –, were responsible for 84,5% of the most cited 1% publications from 1993 to 2001.⁽⁵⁾

Market driven reasons and lack of coordination by public funding entities resulted in a global research scenario that is currently not aimed to improve the health and life quality of those who need

it the most. Around 60% of all health research funding comes from private sector entities, tying innovation to profit. To put it plain and simple, most health research nowadays is market driven instead of “needs-driven”,⁽²⁾ perpetuating what has been known since the 1990s as the “10/90 gap”. The gap refers to the dire fact that less than 10% of investment on research is aimed to solve health care issues in the underdeveloped and developing countries, where 90% of preventable deaths take place.

The latest World Health Report, from 2013, states clearly that research and development are key factors to cover gaps in universal health coverage worldwide.⁽⁶⁾ That is a fairly important and strong statement in light of recent wake up calls such as the H1N1 and Ebola viral outbreaks, in 2009 and in 2014. These crises underscored that health hazards are no longer local nor national.

It is very important to recall that the Ebola virus was first isolated in 1976,⁽⁷⁾ and regarded then as an African problem. The same argument applies to the ongoing Zika virus pandemic, whose consequences are yet to be established through scientific evidence. Again, it is very important to highlight that the Zika virus itself was first identified in 1947 in a rhesus monkey and in 1952 in humans in Uganda and Tanzania.⁽⁸⁾ And yet again, it was then regarded as an African problem, maybe a tropical country problem, not a full-scale world health hazard with implications for generations to come. It has been established that Zika may also be sexually transmitted, doing without tropical weather mosquitoes to infect other individuals.⁽⁸⁾ Virtually, any person in the world could bring the virus home from vacations in the tropics.

These crises bring to light consistent evidence that health hazards must no longer be treated as the other country’s concern. It is now evident that the human population growth without accompanying investments and development of proper infrastructure increases the risk of pandemics with deadly consequences to all humankind. Scientific research and their reports, translated into policies

and universal healthcare are humanity’s hope to manage the threats posed by inequality, biological hazards, climate change and scarcity of resources. Thus, research priorities must be debated and standards must be set to ensure accuracy and research accountability.^(2,6)

Ensuring accuracy and quality in scientific research is the EQUATOR’s mission. So, it is no wonder that the Network has decided to translate its key bibliography to better serve the Portuguese speaking scientific community. Most Portuguese speaking territorial entities still belong in the gap where preventable deaths occur and lack proper investment in research and development, the exception being Portugal. It is a very important addition to their library which also contains full guidelines in Spanish and key guidelines in Chinese, Dutch, French, German, Greek, Italian, Japanese, Korean, Persian, Polish, Russian, Turkish and Vietnamese.

The developing and underdeveloped countries may yet play a vital part in finding solutions for grave health concerns of this day and age⁽⁴⁾. But for their research to be turned into policy; development; food, financial and health safety; their scientists must have a voice and a say in the global scientific conversation too. And that is where the EQUATOR’s resources in languages other than English prove themselves indispensable.

Among the key resources, the researchers will find guidelines for writing scientific reports of any kind, tips to improve the scientific writing in general, funding agencies guidelines, guidelines on ethics and best practices regarding research and so on. You can download them at <http://www.equator-network.org/library/resources-in-portuguese-recursos-em-portugues/>.

REFERENCES

1. EQUATOR Network (Enhancing the QUALity and Transparency Of health Research) [Internet]. Resources in Portuguese / Recursos em Português [cited 2016 Apr 29]. Available

from: <http://www.equator-network.org/library/resources-in-portuguese-recursos-em-portugues/>

2. Viergever RF. The mismatch between the health research and development (R&D) that is needed and the R&D that is undertaken: an overview of the problem, the causes, and solutions. *Glob Health Action* [Internet]. 2013 [cited 2016 Apr 29]; 6: 22450. Available from: <http://dx.doi.org/10.3402/gha.v6i0.22450>
3. Central Intelligence Agency (USA). The World Factbook - Field Listing - Population. [cited 2016 Apr 29]. Available from: <https://www.cia.gov/library/publications/the-world-factbook/fields/2119.html>
4. Chan L et al. Improving access to research literature in developing countries: challenges and opportunities provided by Open Access. *Proceedings of the World Library and Information Congress: 71th IFLA General Conference and Council; 2005 Ago 14-18* [cited 2016 Mar 19]; Oslo, Norway. Available from: <http://www.ifla.org/IV/ifla71/papers/15Oe-Chan.pdf>
5. King D. The scientific impact of nations. *Nature*. 2004. (430):311-316.
6. The world health report 2013: research for universal health coverage. [cited 2016 Apr 29]. Available from: <http://www.who.int/whr/2013/report/en/>
7. World Health Organization Ebola Virus Fact sheet. 2016 Jan [cited 2016 May 05]. Available from: <http://www.who.int/mediacentre/factsheets/fs103/en/>
8. World Health Organization Zika Virus Fact sheet. 2016 Apr 15 [cited 2016 May 05]. Available from: <http://www.who.int/mediacentre/factsheets/zika/en/>