

Editorials

The *Journal of Clinical Pathology* online (<http://www.jclinpath.com>): free for the developing countries

The information gap between the developed and developing countries is widening. While those of us in the developed world suffer from information overload, the developing countries have bare library shelves.¹ For some years now it has been the policy of the BMJ Group to give gratis print subscriptions to the different specialist journals to applicants from countries in the developing world, which may have helped a little. However, in practice this has had its difficulties. Many developing countries have either poor or non-existent postal services and granting a print subscription can often be problematic and expensive—the marginal cost of sending the *Journal of Clinical Pathology* (*JCP*) to Africa is around £25 each year, and each volume is probably accessible to a limited number of individuals. Now that the Internet provides access to many journals online, we have the opportunity to narrow the information gap.

The British Medical Association (BMA) and the Association of Clinical Pathologists (ACP), as co-owning society, have decided to provide funds to create completely free access to the electronic edition of *JCP* to those from countries defined as “poor” using the World Bank and United Nations definitions (<http://www.undp.org/hdro/HDI.htm> and [www. Worldbank.org/data/datatopic/class.htm](http://www.Worldbank.org/data/datatopic/class.htm)), which is a total of 65 countries. All agree that this does not financially harm the BMA or the ACP because the marginal cost of giving access to the electronic edition of *JCP* is close to zero, and the income that we have so far been getting from these poor countries is minimal.

Because similar initiatives are undertaken by the other specialist journals of the BMJ group, this provides the developing countries with direct electronic access to all the virtues of the websites of these journals. For *JCP* this means not only availability of a wealth of clinicoscience information from published papers and web-extra items, but also toll free links from references to full text in any of the more than 200 journals hosted by HighWire, as well as direct links to Medline for references to non-HighWire journals, links to related articles and articles citing *JCP* papers, and links to related or interesting webpages.² It will also be easier to participate in the process of open peer review, which is favoured by us,³ and to enjoy the interactive learning of *Pathology Interactive*.⁴⁻⁶

All this will help to raise the standard of care and stimulate research in these countries. What is more, those in resource poor countries can access electronic journals at exactly the same time as those in the developed world. Even better, they can now access what is relevant rather than what was provided, much of which was not relevant. Best of all, they can participate in the debate using the eLetter rapid response facility² in a way that was almost impossible given the slowness of print distribution.

No doubt some of you in the developed countries will think of looking on the websites of your favourite university in a developing country to find the link to the *JCP* website and try to access it without having a subscription. Sorry! Digital Island, a clever piece of software that has been

installed on all the websites of the BMJ specialist journals including *JCP* will recognise where the user is coming from and prevent free access from countries that have not been designated as developing. Only BMJ.com will continue to be free for all.

Obviously, this initiative will not result in a quick information revolution in the developing countries. First, other publishers must follow. Second, and even more important, there is a severe problem owing to the lack of access to the World Wide Web in the developing world. Whereas tens of millions of people have access in the USA, it is only thousands in most African countries; and access in Africa is often painfully slow, intermittent, and hugely expensive relative to access in the USA. Power cuts happen every day in many resource poor countries. Nevertheless, there is every reason to expect that access should increase dramatically. India currently has a million people with Internet access, but this is expected to rise to 40 million within the next five years. Similarly dramatic increases are expected in Nigeria. Technological developments like access to radio and the proliferation of satellites will render irrelevant the many problems of telephone access in Africa. Rapid progress will also be made because many international organisations such as UNESCO, the British government, the World Bank, and the Bill and Melissa Gates Foundation are increasingly interested in helping to improve information access in resource poor countries.

The challenge will be sustainability. It is easy for donors to invest money and reap the rewards of short term success. But enhancing information flow will make no impact on health if projects continue only as long as their funding lasts. Information cannot be separated from the capacity of a healthcare system to work effectively over time. How is it possible to influence the context within which information will flow, the apparently intractable political, economic, and organisational constraints that disable rather than enable information to work for people? Publishers in the rich world have a part to play and we hope that by making access to *JCP* online free to those in the developing world we are making our own small contribution.

To be honest, this initiative is largely but not completely philanthropic. Ultimately, the developing countries may develop into a market for publishers. This may take many years, and will in turn help in the further development of the electronic publishing of clinicoscience data, which will be beneficial for us all.

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