

EDITORIAL

Looking back over a decade with the African Journal of Emergency Medicine



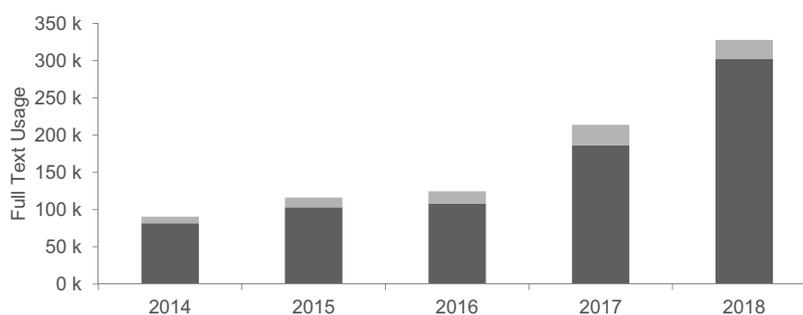
Nine years ago, I wrote an editorial for the very first issue of the African Journal of Emergency Medicine (AfJEM) [1]. In this editorial I highlighted the need for Africans to take responsibility for emergency care in Africa. Since then, emergency care has seen substantial growth on the continent. The founding of the African federation for Emergency Medicine (AFEM) a year prior to the launch of the AfJEM, spurred the formation of a handful of societies in all four corners of the continent. This led to new specialist training programmes, a decade of inter-continental and international cooperation in academia and training, and more regional societies, conferences and symposia than you can shake a stick at. It was the right time for an African emergency care journal to be founded.

And how we have grown since: in 2012 only 16,186 downloads were recorded for the year. But by 2018 it was 20 times higher at 327,894 downloads for the year (Fig. 1). We have been indexed in both PubMed Central and Emerging Sources Citation Index. Two special issues have been published (paediatrics in 2017 and injury in 2019) we are working on two more special issues: emergency care systems and research. The International Federation for Emergency Medicine is guest

editing a research special issue which has brought together a large number of global health academics in collaboration with African academics to describe research methods for low- and middle-income countries.

Our international advisory committee includes the chief editors of the *Annals of Emergency Medicine*, *Emergency Medicine Journal*, as well as the past chief editor of the *European Journal of Emergency Medicine*. Along with other eminent committee members, they have shaped our vision and progress. We include the chief editor of *International Emergency Nursing* journal as a founding associate editor on our editorial board. Professor Lee Wallis, my co-chief editor, who is not only the most published African author in emergency care, has also held the presidency for both the AFEM and IFEM. The rest of our board draws from local experts from all over Africa as well as abroad.

Most of all, we have been the voice of African emergency care [2] – and I'm not just saying this. Our current 5-year h-index is 8 for citations and 21 for views,¹ which respectively ranks us 42nd and 43rd globally. But our own analysis conducted in 2018 showed that when only African citations and views were considered (in other words only regional



Science Direct	81,747	103,248	108,366	186,591	302,523
Journal Branded Solutions	8,805	12,997	16,300	27,321	25,371
Total	90,552	116,245	124,666	213,912	327,894

Fig. 1. Downloads of African Journal of Emergency Medicine articles over the past five years.

¹ A metric we devised by replacing citations with views (from Scopus) using the standard h-index calculation.



Fig. 2. Volume 1/issue 1 cover art, compared current cover art.

impact were measured), our 5-year h-index climbed to 4th for citations, placing itself alongside heavy-hitting journals such as *Resuscitation*, *Injury* and *Academic Emergency Medicine*. For views our African-impact ranking climbed to 2nd place, with only *Injury* ahead of us. *Resuscitation's* ranking dropped to 12th and *Academic Emergency Medicine* dropped to 8th. A 2016 study showed that the AfJEM contributed to around 20% of all published African emergency care research indexed in Scopus. There were 46 journals that made up the other 80%.

It has been a long journey; and the road is long still (Fig. 2). Despite the AfJEM's successes, emergency care and emergency care research are still substantially underdeveloped across the continent. The difference is that we now have a degree of momentum we did not have before. So whereto from here? The AfJEM is keen to use this momentum to continue publishing good quality African emergency care research, and improve our overall citations and dissemination. To be included in the *Science Citation Index Expanded* and assigned an *impact factor* would be

helpful. However, this is a complex process, made more challenging by the absence of reliable regional impact metrics to showcase our regional dominance.

References

- [1] Bruijns SR, Wallis LA. Africa should be taking responsibility for emergency medicine in Africa. *Afr J Emerg Med*. 2011;1(1):1–2.
- [2] Bruijns S. There has been an awakening; publication sources in African emergency care [version 1; not peer reviewed]. *F1000Research* 2016;5:1140. <https://doi.org/10.7490/f1000research.1112098.1>.

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