Global Journal of Medical and Public Health
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The 21st century has emerged as one of competing ideas, born out of values, beliefs, observations and debate. In the health sciences we are driven to explore ideas, to test them, and out of this may emerge facts, otherwise referred to as the "evidence base". These may cause us to strengthen, reject or modify our views and practices. However, it is difficult to determine what weight to place on this or that opinion, especially when different streams of ideas, emerging from different realities, vigorously compete for our attention.

As a new journal we respond to this challenge by addressing the principle that medical and public health practices must be appropriate to the settings where they are applied. Most established journals sustain their reputations for scientific rigour by serving known investigators in developed countries. New entries, such as ours, open up participation so that, while also committing to quality and peer review, research more sensitive to varying social, cultural and economic conditions around the world has a fairer chance of being published.

The health science literature has been mostly driven by the priorities of developed countries: the evidence base is dominated by this historical bias. A decade ago,the Global Forum for Health Research observed that only 10% of worldwide expenditure on health research and development is devoted to the problems that primarily affect the poorest 90% of the world's population.[1] This is changing: the quantity and quality of research from emerging economies is expanding, while knowledge synthesis is becoming steadily more collaborative and global in scope. Another principle is emerging: lessons from developing countries are of value to developed ones e.g., global disease surveillance, large scale field trials of vaccines and micronutrients, community-based participatory research, and the evaluation of traditional health practices. Recent decades have also witnessed big push to promote "best practices", mostly driven by the science base of developed countries. Related to this, legitimate questions arise about the kind of evidence needed to determine the relevance of their adoption in other settings. When such questions arise in western countries, they are put to the test through replication research to determine their applicability. By contrast, western best practices are typically adopted in developing countries uncritically, often as an extension of western training, even though conditions may be very different, and locally developed approaches desirable.

Decisions to replicate or not to replicate the evidence base have consequences. Viewed in terms of statistical bias, replication runs a small risk of type 1 error or declaring that a difference exists when it does not. However, lack of replication in applying developed country norms to development settings renders type 2 errors almost routine: implicitly declaring that no difference exists, whereas in fact it does.[2]The difference in making these errors across the "development divide", is largely due to deficient research capacity in development settings, and the ongoing need to rectify this.[3]

The notion that locally successful interventions (wherever carried out) might justify wider implementation requires caution. Contexts become more complex as one moves from local to national levels; more so if one strives to cross cultures, or attempts global application.

This journal represents one new investment in the developing research infrastructure that is aimed at closing this gap. In addition to building capacity for original research, we advocate a research component within all health programming, at least at the level of monitoring and evaluation. This will help implementers better understand how the complex array of contextual factors, such as politics, socio-cultural norms and beliefs, and the fiscal environment, can influence everything from replicability and adaptation to potential scale-up success.[4]While it is important to consider whether lessons may be translated to locations where similar opportunities exist, it is not sufficient to know "that" an intervention worked in a particular setting: it is also important to know "how" this was achieved.[5]Because of the inevitable lag between evidence and action, all too often decision makers are not necessarily well versed in new approaches. We therefore encourage dissemination of research findings in ways that are policy-relevant. Being able to locate and assess relevant research from all world regions is an increasingly valued skill everywhere, and is facilitated by increasing the accessibility of journals on-line. This is one reason why

"global" appears in our title, but there are other good reasons: "global health" emphasizes global co-operation for solutions. It differs from "international health", which takes its origins from the situation of developing nations and the need for development assistance.[6]The two concepts overlap and are mutually supportive. Simply put: "global health" refers to the health of all people globally within sustainable and healthy living (local and global) conditions.[7]

With balance and objectivity, this journal, striving to promote and sustain scientific rigorous standards, will defer to authentic experience. We plan to stimulate debateon how medicine and public health can synergize to address globally important issues. The journal itself represents a new investment in health research infrastructure, and if it helps health professionals evolve their roles to shape health for future generations, it will achieve its purpose.

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