Our Journal in the Past Decade and Our Dreams for the Next

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The \textit{Asia-Pacific Journal of Public Health (APJPH)} has continued to progress in the past decade, the second decade of our new millennium. We remain the only English-language public health journal publishing original research and reviews in our region. We aim to make a difference. We strive to contribute to efforts to provide health and health services to all in our region, young and old, rich and poor, and rural or urban.

When evaluating the most cited papers in the \textit{APJPH}, climate change was the subject in 4 of the 10 most cited publications. The most highly cited supplement of the decade was on the public health issues surrounding the Fukushima nuclear accident in Japan. Our most highly cited paper of the decade was a review of global epidemiological studies of traumatic spinal cord injury, documenting differences between high-income countries and low- and middle-income countries with 94 citations. Excess mortality due to heat was the most quoted climate change paper with 86 citations.\footnote{Reflecting the diverse interests that public health encompasses, the third most popular paper was on the long-term public health benefits of breastfeeding.\footnote{During the decade, we published papers from all of the Asia-Pacific Academic Consortium for Public Health (APACPH) member countries and a lot more besides. We evaluated the journal’s top 50 papers (by the number of citations) and found that 11 different countries were included. The papers came from Malaysia (7), China and Japan (6 each), and Australia (5). Our first Impact Factor was achieved in 2009, 0.763, and increased during the decade to its current level of 1.743, Q2 in Social Science Citation Index (SSCI) and Q3 in Social Citation Index (SCI) in the Public, Environmental, and Occupational Health category. Of course, we aim to improve this in the next decade, to benefit presentation, and writing. All articles must have the approval of the appropriate ethics committee and follow the best research practices. We do not publish papers that are obviously purely clinical, but sometimes the distinction between public health and clinical medicine is difficult to discern, as frequently decisions on public health programs have to be made on how to distribute limited health resources. We tend to favour solutions, and papers, that deliver the maximum benefit to the maximum number of people. For example, we have had several papers submitted that advocated the use of pre-exposure prophylaxis (PrEP), a formulation of antiviral medications that prevent 86% of transmission of HIV, at a cost of about $US22,000 per person each year.\textsuperscript{4} The use of condoms offers a higher rate of protection at a very low cost, and the cost of PrEP cannot be justified as a public health program in our region. With other papers to choose from, we could not include these papers, but we would like to see further research on how to maintain and improve condom use in our region.

Like all journals, we have had duplicate papers submitted to us. We even had paper submitted that had already been published elsewhere previously. An attempt at duplicate publication. The pressure on academics to publish can be great, but that is no excuse to devalue the scientific publication process by submitting a paper to more than one journal. When we detect an attempted duplicate publication, we write to the president of the university, suggesting that the offender be disciplined. That author has a lifetime ban from the \textit{APJPH}. Occasionally, journals are deceived by fraudulent data and we rely on the honesty of our authors. This starts with professors setting an example of good technique and honesty in their data and passing on the habit of integrity to our stu-}