

The main challenge for science publishing

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The Editors of CSP were invited to participate in the panel discussion entitled *Who is Served by Science Publishing in Collective Health/Public Health?* at the 12th Brazilian Congress of Collective Health (Abrascão) in July 2018 (Supplementary Material; http://cadernos.ensp.fiocruz.br/csp/public_site/arquivo/material-suplementar-abrascao_4283.pdf). The challenge posed by Kenneth Camargo Jr., coordinator of the round-table, was “*to critically discuss the objective of publishing in our field, especially under the perennial pressure to ‘publish or perish’ (...), emphasizing in this sense that we have a profound impact on society that extends far beyond mere citation measures*”.

We are thus reclaiming our history seeking to demonstrate the relevance of science publishing beyond the impact ratings. The principle, often reaffirmed by all the Editors-in-Chief of CSP since its first edition, was defined very accurately by Ênio Candotti ¹ (p. 2) in 2016: “*to pursue science in order to ‘relieve human fatigue’ (...) to promote social justice (...) To stand alongside social movements...*”. And we have practiced this principle in different spaces in CSP: Debates, Perspectives, and Thematic Sections.

There have been four key debates since 2014, the most recent published in July 2018, addressing the theme of one of the key panel discussions at the Abrascão, *Thirty Years of History in the Brazilian Unified National Health System (SUS): A Necessary But Insufficient Transition* ². We are also proud to have published a debate on graduate studies in Brazil ³ that contributed to the assessment of programs in 2014, an assessment that concluded with a statement on the exhaustion of the “quantitativist” model, which links directly to the panel discussion’s theme.

The articles in the Perspectives and Thematic Section have also varied greatly, and here we list just a few recent examples: the bill of law on pesticides ⁴, legalization of marijuana ⁵, conflict of interests in nutrition ⁶, the refugee issue ^{7,8,9}, and the return of appetite suppressants ¹⁰, among many others. In the field of politics and health policy, we have debated outsourcing and its impacts on health ^{11,12}, public security ¹³, privatization of basic sanitation ¹⁴, and privatization of the Brazilian health system ¹⁵. We have also addressed themes in the international scenario, from the American market-driven health care model ¹⁶, to the intentional destruction of the National Health Service in the United Kingdom ¹⁷. We show

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the evolution in themes from 2014 to July 2018 in figures presented in the Supplementary Material (http://cadernos.ensp.fiocruz.br/csp/public_site/arquivo/material-suplementar-abrascao_4283.pdf), using an approximate classification merely to give an overview of our intention to contribute to society, “far beyond mere citation measures”.

We must also reflect on the internationalization of science, certainly very desirable. But this raises the question again: “*internationalization is for what purpose? (...) for whom? What direction should it take?*”¹⁸ (p. 1586). If we think of an impact factor the answer is obvious: to internationalize is to be read and cited by authors from developed countries, especially in the English language, who publish in high-impact journals, a network that creates and shapes itself through citations received and citations offered. However, if we think of stronger research networks (and thus stronger publishing networks), focused on dealing with our common problems, including that of scientific and technological subordination, we will want to have our eyes on the Ibero-American countries, Africa, and other developing regions. Our choice in this sense will not necessarily increase our bibliometric indices, but it will contribute to the development of a sovereign and integrated science, with solidarity.

All forms of communication at CSP are carefully thought out. Our theme in the cover photos for 2018 is “embracing diversity”. We have many projects and much work to do. Progress in science dissemination is probably one of the most relevant projects at this moment. As we proclaimed again at the Abrascão: democracy is health!

1. Candotti E. "Stay, MCTI", and Ulisses Guimarães. *Cad Saúde Pública* 2016; 32:eED010716.
2. Bahia L. Thirty years of history in the Brazilian Unified National Health System (SUS): a necessary but insufficient transition. *Cad Saúde Pública* 2018; 34:e00067218.
3. Camargo Jr. KR. Produção científica: avaliação da qualidade ou ficção contábil? *Cad Saúde Pública* 2013; 29:1707-11.
4. Porto MFS. The tragic "Poison Package": lessons for Brazilian society and Public Health *Cad Saúde Pública* 2018; 34:e00110118.
5. Esher AKA. Regulation of marijuana by the Brazilian Senate: a public health issue *Cad Saúde Pública* 2014; 30:1-3.
6. Gomes FS. Conflicts of interest in food and nutrition. *Cad Saúde Pública* 2015; 31:1-8.
7. Goulart BG, Levey S, Rech RS. Multiculturalism skills, health care and communication disorders. *Cad Saúde Pública* 2018; 34:e00217217.
8. Castiglione DP. Border policies and health of refugee populations. *Cad Saúde Pública* 2018; 34:e00006018.
9. Coral APP. Statelessness, exodus, and health: forced internal displacement and health services. *Cad Saúde Pública* 2018; 34:e00027518.
10. Paumgarten FJR. The return of amphetamine-like anorectics: a backward step in the practice of evidence-based medicine in Brazil. *Cad Saúde Pública* 2017; 33:e00124817.
11. Muntaner C. Global precarious employment and health inequalities: working conditions, social class, or precariat? *Cad Saúde Pública* 2016; 32:e00162215.
12. Druck G. Unrestrained outsourcing in Brazil: more precarization and health risks for workers. *Cad Saúde Pública* 2016; 32:e00146315.
13. Souza ER, Minayo MCS. Public security in a violent country. *Cad Saúde Pública* 2017; 33:e00036217.
14. Sousa ACA, Barrocas PRG. To privatize or not to privatize: that is the question. But the only question? Reediting the liberal agenda for drinking water supply and sanitation in Brazil. *Cad Saúde Pública* 2017; 33:e00048917.
15. Scheffer M. Foreign capital and the privatization of the Brazilian health system. *Cad Saúde Pública* 2015; 31:663-6.
16. Birn A-E, Hellander I. Market-driven health care mess: the United States. *Cad Saúde Pública* 2016; 32:e00014816.
17. Giovanella L. "Austerity" in the English National Health Service: fragmentation and commodification – examples not to follow. *Cad Saúde Pública* 2016; 32:e00092716.
18. Carvalho MS, Travassos C, Coeli CM. The internationalization of science. *Cad Saúde Pública* 2014; 30:1586.