



Editorial

The Crossroads of Journal Indexing and Health Science Research

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Journal indexing has become the currency of scientific publications' reputation and quality. In recent years, databases such as SCOPUS and the Web of Science (WoS), have set the standards for journal publishing ecosystems. While indexing in these databases has benefited researchers and journals in the areas of visibility, credibility, and academic impact, they have not been spared from issues. Their commercial orientation, stringent inclusion criteria, and bias towards predominantly English-language publications have systematically pushed journals from developing countries to the margins. In response to these limitations alternative indexing databases have emerged, such as the Western Pacific Region Index Medicus (WPRIM) by the World Health Organization (WHO); and the Health Research and Development Information Network (HERDIN) by the Philippines' Department of Science and Technology through the Philippine Council for Health Research and Development.

For researchers, citation-based metrics have become the bane of their scholastic existence, often serving as bases for promotion and funding. While these metrics (i.e., CiteScore, Impact Factor, Quartile Ranking) facilitate quantitative assessment, they usually fall short in addressing real-world applicability, particularly in the area of allied health, where local health concerns may demand context-sensitive answers.^{1,2}

These "standard" databases have been criticized for their economic and language exclusivity.

While indexing in these databases is fee-free, the high cost of running a journal that fits in with their standards poses a challenge for independent, academic, institution, society, or organization-based journals. Access to their additional services and resources requires subscription-based resources that may not always be readily accessible to most institutions and researchers, especially in developing countries. Journals that publish in their local languages from less influential institutions will find themselves struggling to gain the necessary recognition despite producing valuable, meaningful, and contextually relevant research.^{2,3} This has created an inequitable scholastic environment that systematically favors commercial interest over scientific merit and societal needs, consequently limiting knowledge dissemination.

This editorial serves as a discourse in opening conversations on alternative, contextually relevant, and inclusive indexing systems, such as WPRIM and HERDIN, specifically in the case of local journals from low and middle-income countries, such as the Philippine Journal of Allied Health Sciences.

WPRIM was developed under the WHO and offers a free, open-access alternative specifically designed to elevate the visibility of medical and health sciences research from the Western Pacific region. There are several iterations to WPRIM subserving its specific WHO regions. WPRIM's selection criteria focus on regional relevance, the inclusion of publications in their

native or local language, and the promotion of peer-reviewed journals that may not typically meet the arbitrary impact thresholds of so-called standard indexing databases.⁴ Its database is integrated into the Global Health Library (GHL) and the Global Index Medicus (GIM), serving as a platform to disseminate local knowledge to the global arena.

HERDIN is considered the national health research repository of the Philippines. It integrates various sources of evidence (i.e., research articles, theses, and institutional research) providing access to locally relevant health research.⁵ HERDIN also serves as a platform to collaborate with other researchers and institutions on similar health research priorities and needs. It ensures that contextual health evidence is in the hands of the Filipino people, who need it the most.

PJAHS is indexed in both WPRIM and HERDIN. This affords PJAHS with an empirical and practical advantage by ensuring that the research it publishes is not only of quality, but likewise addresses universal health concerns and is readily available to various stakeholders (i.e., policymakers, practitioners, academic communities, and patient populations). The exclusive nature of global indexing standards disadvantages researchers from developing countries, such as the Philippines, constraining their contributions to global health discourse. WPRIM and HERDIN provide an alternative and equitable platform that recognizes locally relevant health research and ensures that findings find their way to the target consumers, potentially contributing not only to national but also global health policies.

There needs to be a paradigm shift from traditionally oppressive citation-based databases to an alternative equitable option that facilitates public health impact. With applications to real-world contexts. Allied health relies on evidence-based practice, and access to local knowledge supports the capacity of practitioners to develop service models that are culturally and economically relevant. The democratization of

knowledge through open-access publishing, supported by WPRIM and HERDIN, and an idea that PJAHS has always subscribed to, affords policymakers and health care practitioners with timely access to studies on public health interventions, disease prevention strategies, and rehabilitation approaches tailored to specific populations. Therefore, PJAHS is aligned with the movement to facilitate direct knowledge translation that informs public health policies and programs, free from paywalled databases.

There is a need to challenge this traditional indexing which has created a citation metrics-based ecosystem exclusive of real-world application. Instead, the focus should be on equitable health outcomes, accessibility, and local relevance. Moving away from traditional indexing and adopting an alternative indexing system such as WPRIM and HERDIN should not just be an academic elective, but rather an ethical and practical obligation.

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