

Preprint

Response to 'Applying the ICMJE authorship criteria to operational research in low-income countries: the need to engage programme managers and policy makers' by Zachariah et al. (2013) *TMIH* 18, pp. 1025–1028

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Dear Editors,

In their recent article, Zachariah *et al.* (2013) express concern that the International Committee of Medical Journal Editors (ICMJE) authorship criteria '...do not extend beyond publication and are therefore less applicable for operational research'. Apparently, there is a strong desire among key players in operational research, including scientists, policy makers and health workers, for authorship criteria that allow them to be included as co-authors of academic research publications.

Zachariah and colleagues make the case that including health programme managers and policy makers 'confers a level of accountability and responsibility for the study results, which in turn increases the probability that the findings would be adopted'. This bias, however, could also have negative consequences. Whereas a policy maker is more likely to implement study recommendations if (s)he is author of the publication, other policy makers may or may not implement the recommendations depending on their relationship with this author, rather than by making an objective decision based on the scientific argument presented.

If programme managers are engaged in the scientific process, as the authors recommend, they would qualify for authorship under the existing guidelines. Contributions of 'validating the research question' can very well meet the criterion of contributions to study conception and design, and key stake holders who actively contribute to critical revision and approve of the final version should thus qualify for authorship under current guidelines.

Relaxing of authorship criteria to include managers and policy makers who would otherwise not qualify might improve commitment of managers and policy makers, but for the wrong reasons. Relaxing of authorship criteria would not improve scientific engagement, analogous to how the lowering of exam standards does not improve students' achievements.

As Zachariah and colleagues explain, operational research has goals beyond scientific publication. Authorship pertains to publications and not to these goals. We may wonder why managers and policy makers might be bothered about being co-authors if not engaged fully in the scientific process. Whereas publication records are more and more used for evaluating scientists – a trend that is not without its problems – (Bornmann & Daniel, 2009), authorship is obviously an inappropriate criterion for evaluating managers and policy makers, whose work extends beyond the publication of operational research results.

References

Bornmann L, Daniel H-D (2009) The state of h index research. Is the h index the ideal way to measure research performance? *EMBO reports* 10, 2–6.

Zachariah R, Reid T, Van den Bergh R et al. (2013) Applying the ICMJE authorship criteria to operational research in low-income countries: the need to engage programme managers and policy makers. *Tropical Medicine and International Health* 18, 1025–1028.