

An update on the IJTLD: our latest impact factor and influence on policy-making

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SUMMARY

We present an update on how the IJTLD is performing against targets set in our Editorial Plan for 2020–2025. In terms of impact factor, the journal is ahead of schedule, and has recently moved into quartile 1 for respiratory journals. Analysis also indicates that articles within the IJTLD are being incorporated into policy documents by international agencies and leading institutes. Data are presented to illustrate this global reach.

There are two important ways to assess the success of the IJTLD. First, how good is the quality of the research we publish? Although there has been a recent change in emphasis, with performance metrics for individual papers now taking centre stage, a journal's impact factor (IF) remains a key factor for authors choosing where to publish. For a journal presenting research on lung health, the second important aspect to consider is whether the articles published have a meaningful impact on healthcare policy. We are delighted to report positive progress on both these metrics.

IMPACT FACTOR

At this time of year, publishers eagerly anticipate publication of the latest *Journal Citation Reports* (JCR: Clarivate, Philadelphia, PA, USA; 2024). What will the journal's impact factor (IF) be, and what is its ranking in the relevant subject categories? This is a particularly pivotal

year for respiratory journals, many of which benefited from significant increases in IF during coverage of the COVID-19 pandemic. These latest IFs are based on citations in 2023 to articles published in 2022 and 2021 (divided by the total number of articles published in those two years). Therefore, the highly cited papers published in the first year of the pandemic are no longer included. As a consequence, IFs for the leading respiratory journals have declined by an average of 19%, with a range of 4–49%.

The IJTLD had a different approach to covering the pandemic. Rather than exploring the epidemiology and management of COVID-19, our focus was on its potential impact on other respiratory conditions, including TB, asthma and COPD. Consequently, although we published many articles related to COVID-19, our IF did not hit the heady heights reached by other respiratory journals. Instead, we continued to adhere to an Editorial plan designed to improve the overall quality of the journal.¹ Since 2020, this has led to the IF increasing from 2.4 to 4.0, with an accompanying improvement in our ranking against other respiratory journals, rising from quartile 4 (Q4) to quartile 2 (Q2). Despite the loss of the early papers on COVID-19, the latest *Journal Citation Reports* indicate positive progress is being made and the IF is stable at 3.8.* Also, the journal has further improved relative to other respiratory journals and moved up the rankings to quartile 1 (Q1). The progression from Q4 to Q1 is shown in Table 1. Examples of the most highly cited papers published during this citation window include the IJTLD Clinical Standards for Lung Health, with other articles on air pollution, COPD and asthma.^{2–4} A notable feature of these highly cited papers is how many were open access (OA). This is consistent with other reports on the advantages of OA, and these higher citation rates (combined with greater visibility) persuaded us to launch IJTLD OPEN.^{5–8} We are pleased to report that the launch of IJTLD OPEN is also going well, and we are already seeing the benefits of unrestricted access.⁹

IMPACT ON POLICY-MAKING

For the IJTLD, another vitally important metric is our impact on policy-making. To better understand our influence on policy, we conducted a search of policy documents indexed by Overton (London, UK; <https://www.overton.io>)¹⁰ for 188 countries. The subsequent use of articles published in the IJTLD, and which have been incorporated into policy documents, is mapped to different countries in the Figure. Clearly, our impact is truly global, with notable

*The initial release of the Journal Citation Reports included an error in the denominator, which has since been corrected.

usage in the United States and Western Europe. Further analysis revealed the specific institutions that publish policy papers citing articles published in the IJTLD – this is dominated by the major agencies (including WHO and CDC) and leading academic institutes (see Table 2).

Finally, although it is gratifying to see that the IJTLD’s influence extends worldwide, it is questionable whether a subscription journal can reach all its intended audience. Obviously, an article can only be used in policy documents if policymakers have access to the source material. We, therefore, anticipate that unrestricted access to articles in IJTLD OPEN will have a further beneficial effect – and look forward to seeing the impact of this on future policy-making.

Acknowledgements

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Figure. Global distribution of policy documents citing source articles from the IJTLD. Data from the Overton database.¹⁰



Table 1. The IJTLD’s progression up the rankings for respiratory journals in *Journal Citation Reports* (Clarivate, 2024).

2020	Number 5 in Q4
2021	Number 3 in Q3
2022	Number 13 in Q2
2023	Number 23 in Q1

Table 2. Number of citations to articles published in the IJTLD by selected agencies and institutes (data from the Overton database).¹⁰

Major agencies and institutes	Number of citations to articles published in the IJTLD
World Health Organization (WHO), Geneva, Switzerland	824
Centers for Disease Control and Prevention (CDC), Atlanta, GA, USA	774
London School of Hygiene & Tropical Medicine, London, UK	760
Johns Hopkins University, Baltimore, MD, USA	720
Harvard University, Cambridge, MA, USA	682
University of Cape Town, Cape Town, South Africa	670
University College London, London, UK	661
University of California, San Francisco, CA, USA	632
Stellenbosch University, Tygerberg, South Africa	516
National Institutes of Health, Bethesda, MD, USA	515