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disclosures

- This presentation is based on the HIFA Access to Health Research Working Group (A2HR WG) – a sponsored thematic discussion on "open access: perceptions and misconceptions" which ran from July 22nd - August 18th 2019 available from: http://www.hifa.org/news/open-access-perceptions-and-misconceptions
- The A2HR WG is grateful to The Lancet and Elsevier for providing sponsorship for this thematic discussion.















disclosures

- I am a member of the HIFA Access to Health Research Working Group (A2HR WG) on whose behalf this presentation is made.
- I thank the Institute of Medical Information and Library, Chinese Academy of Medical Sciences and Peking Union Medical College for hosting my registration and accommodations, and the University of the Philippines for reimbursing my air travel expenses.















introduction

- Drawing on on the Pre-Forum Discussions on HIFA from 20
 July to 24 August 2015 "Meeting the information needs of
 researchers and users of health research in low- and middleincome countries,"
- the Manila Declaration on the availability and use of health research information in and for low- and middle-income countries in the Asia Pacific Region was launched at the 2015 APAME Convention in Manila from 24-26 August in conjunction with the Global Forum on Research and Innovation for Health.















introduction

- The declaration confirmed "our commitment to champion and advocate for the increased availability, accessibility, and visibility of health research information … to make research information freely and openly available … and to improve availability, accessibility and interoperability of different formats of health information"
- and committed "our organization, APAME" to "advance free and open access to health information and publication that improves global health-related quality of life."















introduction

- Open Access (OA) can enable equitable, ethical and sustainable dissemination of health research and thereby reduce suffering and save lives.
- There are over 12,500 open access journals registered in the Directory of Open Access Journals (DOAJ) and over 4,500 repositories in the Registry of Open Access Repositories (ROAR) database.
- Misconceptions about the quality, cost and impact of OA are deterring authors and organizations from OA models.















objectives

- To define the different types of open access and understand how open access differs form free access; and
- To explore 3 common "myths" about open access:
 - ➤ Myth 1: Open access journals have a less rigorous approach to quality control and peer review than subscription journals
 - Myth 2: Open access journals discriminate against authors who cannot afford article processing charges
 - ➤ Myth 3: Open access will not make any difference to health policy and practice.















methodology

Previous HIFA forum discussions on drivers and barriers to access to health research emphasized the importance of perceptions and misconceptions of open access, as one of seven priorities for action. The HIFA Access to Health Research working group (A2HR WG) elected in April 2019 to address this issue first, in the context of a 4-week thematic discussion.

The discussion was publicized here:

http://www.hifa.org/news/open-access-perceptions-and-misconceptions















methodology

A brief literature review was carried out by HIFA literature search expert John Eyers and HIFA intern Catriona Grant; searches were run in both MEDLINE* and Epistemonikos (*limited to LMICs)

The literature yielded was reviewed and approved by the A2HR WG (with additional material added), and published ahead of the discussion as a background paper:

http://www.hifa.org/sites/default/files/articles/HIFA_Background_Paper_Perceptions_and_Misconceptions_around_Open_Access.pdf















methodology

The scope of the discussion and wording of questions were done by the A2HR WG. HIFA members were encouraged to contribute on any aspect of open-access publishing (i.e. they were not required to stick to the questions).

The discussion was moderated by the HIFA lead moderator, Neil Pakenham-Walsh, using the standard HIFA Reader-Focused Moderation approach, described

here: http://journal.km4dev.org/index.php/km4dj/article/view/96















methodology

This approach includes: all contributions are 'signed' (no anonymous contributions); all perspectives are allowed (no censorship); all messages are reviewed for clarity and reverted to author for clarification if needed.

Each of the discussion questions were highlighted in consecutive weeks, although participants were free to contribute on any question at any time.















methodology

At the end of the discussion, the messages were compiled chronologically into a Full Compilation, from which was derived (by HIFA volunteer Sam Pakenham-Walsh) a Long Edit that included A-Z profiles of contributors and list of references cited in the discussion. From the Long Edit, a Short Edit was derived by Neil Pakenham-Walsh to show selected highlights.

All contributions to the discussion included in this preliminary presentation were presented as verbatim quotes.















results

72 messages from 21 participants in 13 countries (Australia, Canada, Croatia, Egypt, Germany, India, Nigeria, Peru, Philippines, UK, USA, Zambia, Zimbabwe) The HIFA profiles of the 21 participants are available on the Long Edit.

Responses on other threads (i.e. cross-posted on the WAME ListServe and Twitter) were not included in this presentation.













open access: perceptions and misconceptions What is Open Access?



Results and Discussion

"Open access is a philosophy, not a business model."

Pamela Sieving, USA

"Open access is a business model, not a philosophy."

Thomas Krichel, USA

Moderator (Neil Pakenham-Walsh, UK):

'It seems inevitable that the plethora of ambiguous terms used to describe different types of open access is contributing to widespread misunderstandings and misconceptions.'















What is Open Access?

Budapest Open Access Initiative (BOAI) definition widely accepted:

"By 'open access' to this literature, we mean its free availability on the public internet, permitting any users to read, download, copy, distribute, print, search, or link to the full texts of these articles, crawl them for indexing, pass them as data to software, or use them for any other lawful purpose, without financial, legal, or technical barriers other than those inseparable from gaining access to the internet itself. The only constraint on reproduction and distribution, and the only role for copyright in this domain, should be to give authors control over the integrity of their work and the right to be properly acknowledged and cited."















What is Open Access?

Three main features of the BOAI definition to consider:

- 1. Free access
- 2. Re-use rights knowledge can be used, modified and shared
- Copyright should give authors control over the integrity of their work and the right to be properly acknowledged and cited













open access: perceptions and misconceptions What are the different types of OA?



original colour code established by JISC-roMEO

publishing colors (journals and publishers)

Gold open access publishing

archiving colors (authors)

Green	can archive pre-print and post-print
Blue	can archive post-print (i.e. final draft post-review)
Yellow	can archive pre-print (i.e. pre-review)
White	archiving not formally supported













open access: perceptions and misconceptions What are the different types of OA?



Gold

The publisher makes all digital versions of articles and related content open immediately on the journal's website, free of charge

Green

An article is published digitally in an open access journal, and can also be freely re-used and archived in an open access repository, such as PLOS

Hybrid

Hybrid open access journals contain a mixture of open access articles and closed access articles. A publisher following this model is partially funded by subscriptions, and only provide open access for those individual articles for which the authors (or research sponsor) pay an additional fee













Myth 1: Open access journals have a less rigorous approach to quality control and peer review than subscription journals



discussion

- OA journals tend to be newer and less well established and not listed as "acceptable place to publish"
- Predatory journals have tarnished pay-to-publish models

As Peter Suber states: "Scam OA journals and publishers do exist, and they give OA a bad name. The discussion of them is necessary and justified, but it's out of proportion to their actual numbers, which also tends to give OA a bad name. It's as if the widespread discussion of doping in sports tended to inflate most estimates of how many athletes are guilty."













Myth 1: Open access journals have a less rigorous approach to quality control and peer review than subscription journals



discussion

 Lower perceived quality is one of the main reasons authors choose not to publish OA (Mele, 2010; Baro, 2017; Singh, 2015)

'The issue of credibility in OA remains a global challenge but is mostly fuelled by misinformation. It was reported by the Study of Open Access Publishing (SOAP) survey (a survey analysing mix of low, middle and high income countries) and other studies specifically in LMICs, that one of the main reasons for not publishing in OA journals was due to the perceived journal quality'

 All 12,500 journals registered in the DOAJ must employ peer review or quality control processes to be included













Myth 1: Open access journals have a less rigorous approach to quality control and peer review than subscription journals



discussion

"Appointment and Promotions Committees in African universities discriminate against OA journal articles ... articles in OA journals are rated lower than those in traditional journals and are given less scores." Joseph Ana, Nigeria

- Little research comparing quality of OA and non-OA
- One paper has shown that in all research areas, except for health professions and nursing, non-OA journals attain statistically significant higher average quality than do OA journals (Erfanmanesh, 2017)

This "myth" appears to be a major deterrent to OA publishing













Myth 2: Open access journals discriminate against authors who cannot afford article processing charges (APCs)



discussion

- One main barrier to paying APCs is a perceived lack of research grants (Singh et al., 2015)
- Many fully OA journals do not charge APCs (DOAJ)

'As of 5 June 2018, 73% of the 11,000+ OA journals in the Directory of Open Access Journals charge authors nothing to publish their work'

Zoe Mullan, UK

 Many other journals offer substantial waivers to authors from specific countries or for researchers with financial constraints













Myth 2: Open access journals discriminate against authors who cannot afford article processing charges (APCs)



discussion

Unfunded research

'If you have a research grant, you can include the fee in the grant, but unfunded research is much more difficult to find an outlet in an OA journal' – Dick Keller, Emeritus professor, University of Manchester.

Waiver criteria can be discriminatory

'OA journals offer a full or partial waiver for APCs (Article Processing Charges) only to authors from low-income countries as classified by the World Bank. This implies that authors from my country (Nigeria) in the lower-middle-income category are excluded.' Oluwaseun Obasola, University of Ibadan, Nigeria

Even non-predatory journals may abuse the 'No APC' claim – <u>Joey's story</u>













As a case in point, one such journal advertises itself as:

"an innovative, more efficient platform for doctors to publish and share research,"

advertising "free publication for articles that meet our editorial standards, and publication time measured in days, not months."

Claiming they are "an Open Access journal currently publishing the majority of articles completely free of charge,"

they continue that "in a perfect world, all articles would be published for free, but the fact is that many submissions arrive in less-than-ideal condition requiring substantial time, communication and editing on our part."

Enter their "Preferred Editing Service" for those that "didn't qualify for free publication," namely those where "too many errors are found."

The submission process itself had been quite tedious, involving several rechecks against a summary checklist that would not allow the submission to proceed unless even minor glitches like an unseen "space" after "et al." for "reference number 5" had to be deleted.

We finally submitted for the first time and received notice that: "Too many errors remain – our editing service is required to proceed"

"After careful consideration, our editorial team has determined that your submission fails to comply with ... editorial guidelines and will therefore require substantial copy editing to be eligible for peer review and publication. These numerous issues include but may not be limited to the following:

Reference formatting or accuracy

Spelling, grammar, syntax or punctuation errors

Due to the time and expense involved, we require the use of our Preferred Editing service in order to proceed."

Preferred Editing service in order to proceed."

"Important! Please do not submit a new draft of this article to earn free publication. The article will be permanently blocked and you may be banned from further submissions."

Our manuscript had no issues with reference formatting or accuracy, nor major errors in spelling, grammar, syntax or punctuation. Neither had sufficient time passed between submission and their decision - - certainly not enough time for "careful consideration."

To my mind, this was just another money-making scheme (and it was not our first such experience). Was it discriminating against certain pre-determined meta-data (Country? Region?) – that is speculation.

The Preferred Editing Service fee? A range of "\$195-225" for "Lots of Errors" to "\$240-270" for "Tons of Errors" --certainly not inexpensive in a context such as ours, and tantamount to "discriminat(ing) against authors who cannot afford article processing charges."

Joey Lapeña, Philippines

Myth 2: Open access journals discriminate against authors who cannot afford article processing charges (APCs)



discussion

'APC impoverishes authors in Nigeria and I am sure In other LMICs too. This is not a myth, but verifiable fact.' Joseph Ana, Nigeria

"I deliberately avoid OA as they charge 500-1000 USD... even if several OA publishers offer a waiver of 50%, the discounted total still equates to 25% of my monthly income. They refused to offer a further reduction despite my repeated requests." Farooq Rathore, Pakistan

"'We have a Pay What You Can Afford model and around 10% of our authors are able to pay towards the publication of their article." Katie Foxall, UK

- We need a strong advocacy effort to inform authors of their options:
 - submit to reliable OA journals that do not charge APCs
 - submit to restricted access journals that allow immediate archiving













Myth 3: Open access will not make any difference to health policy and practice discussion



 'Faster and wider sharing of knowledge fuels the advancement of science and, accordingly, the return of health, economic, and social benefits back to the public.' (IFLA, 2010)
 The International Federation of Library Associations and Institutions (IFLA)

https://www.ifla.org/files/assets/hq/news/documents/ifla-statement-on-open-access.pdf

 The availability of local, relevant information is key to changing practice.

'Open access means to people in the LMICs access to information produced by people in the developed north.' HIFA member, 2015













Myth 3: Open access will not make any difference to health policy and practice discussion



 Participants noted that it could make a difference if all health researchers have a shared underlying motivation to improve health, in their country and worldwide.

'When you work for an institution that already grants you access to scientific knowledge and you have a lot of other demands on your time, this (self archiving) may not come to your mind. And even if it does, it may not be a top priority.'

Amelia Plant, Egypt

 'In a field [global health] where OA seems of practical and ethical importance for the sharing of knowledge promoting health equity, it is surprising that researchers do not make their papers available when they are legally able to do so without any cost'.













Myth 3: Open access will not make any difference to health policy and practice discussion



'62% of the institutions surveyed have an Open Access policy on research publications in place and 26% are in the process of drafting one. At institutions with an OA policy in place: almost 50% require publications to be self-archived in the repository, 60% recommend that researchers publish in OA'

Irina Ibraghimova, Croatia

 Which means that 40% of universities do not make such a recommendation. 'Many institutions also indicated not providing any type of incentive for their researchers to publish Open Access or to deposit their publications in the repository.' This suggests that universities in Europe are slow to recognise the value of open access to research communication.















conclusion

- Open access to valid, local information is most valuable
- Individuals, teams and organizations must work hard to dispel myths about OA and promote positive discrimination towards it
- This includes addressing real issues that prevent dispelling certain "myths" or aspects of supposed "myths"
- Health researcher motivations are a key driving force of OA
- But real (not just rhetorical) support from journals and publishers, their editors and reviewers, and institutions and organizations (like HIFA, APAME and WHO) is crucial to realizing full OA















access to health research working group













Andy <u>Nobes</u>	INASP
Anne Powell	INASP
Catriona Grant	HIFA Intern
Chris Zielinski	Partnerships in Health Information
Isabelle Wachsmuth	WHO
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- Supported by WHO + >300 health organisations worldwide
- Access to Health Research Project (Elsevier, *The Lancet*)
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