



HIFA Case Study: Access to Health Research

Problem/Issue

Access to the full text of any health research paper is potentially needed by any or all of the full range of stakeholders, including researchers, reviewers, health professionals, policymakers, and citizens. Such access may be needed for the user to protect their own health or the health of others.

Access is currently limited by a range of factors, which include journal business models (especially subscription versus open access), language, and connectivity.

Solution

1. In early 2015 HIFA set up a specific project - [Access to Health Research](#) - to address the issue.
2. The project brought together a working group of 7 HIFA volunteers with a wide range of experience and expertise in the subject.
3. The working group planned and implemented a series of three major thematic discussions on the HIFA forums (>16,000 health professionals, librarians, publishers, researchers, policymakers interacting on 5 discussion forums in 3 languages).
4. The first discussion was held over 6 weeks in June-July 2015 and the key points were published in a brief [report](#).
5. The report was presented at the COHRED/APAME conference in Manila (Philippines) in July 2015, and strongly influenced the content of the [Manila Declaration](#) on the availability and use of health research information in and for low- and middle-income countries.
6. The second discussion addressed in-depth over 6 weeks (June-July 2016) the question: How can health research from LMICs be made more accessible? Highlights were published as a second [report](#).
7. The third discussion addressed in-depth over 6 weeks (November-December 2016) the question: How can research be made more accessible in LMICs? Highlights were published as a third [report](#).
8. The key points from all the above discussions (HIFA Quotations) and related literature (HIFA Citations) are being integrated into the HIFA Voices database, a growing repository of experiential knowledge and literature relating to information needs and how to meet them.
9. [Seven priority areas for action](#) have been identified and are now being addressed.

Conclusion: HIFA has enabled a large and diverse global community to identify and explore priorities in Access to Health Research. The project is now leading the HIFA community in a programme of Evidence-Informed Advocacy and Action (2017-18) to address these priorities.

With thanks to our project sponsors:



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HIFA and its community are able to provide innovative solutions to address global health issues and to help your Organisation realise its goals. To explore how we can help please contact the HIFA Coordinator: neil@hifa.org www.hifa.org