



# Open Access: Perceptions and misconceptions

Long Edit of a  
HIFA thematic discussion  
in June/July 2019

This long edit provides verbatim extracts from a thematic discussion on the HIFA forum in June/July 2019, organised under subheadings. See below for profiles of contributors and citations/references.

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## What is open access?

### Background

Neil Pakenham-Walsh, UK: 'In 2002 the Budapest Open Access Initiative (BOAI) defined comprehensively the term Open Access: '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'.'

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.'

Pamela Sieving, USA: 'James Neal, University Librarian Emeritus at Columbia University in New York City, has been known to remark: "Open access is a philosophy, not a business model." I don't mean to make light of the very real problems in the mix of barriers to access to knowledge to support clinical care and research, but the point is valid that there are costs at all levels of creating and disseminating and archiving that knowledge. Are there examples from within the LMIC communities of solutions ("business models", if you will)?'

Thomas Krichel, USA: 'In a meeting about 10 years ago, I suggested libraries need to cut subscriptions. James Neal's reply was that he lives in the real world, suggesting that I don't. Now libraries finally are starting to do what I suggested then that they should do. 'I don't mean to make light of the very real problems in the mix of barriers to access to knowledge to support clinical care and research, but the point is valid that there are costs at all levels of creating and disseminating and archiving that knowledge' So does commercial advertising. But nobody forces you to pay to look at

commercial advertising feature. The fact is that research is created to advertise the skills of the researcher. That why it makes sense to distribute it freely. I predict publishers will make more money under open access than under subscriptions. I live in the real world. Open access is a business model, not a philosophy.'

Amelia Plant, Egypt/USA: I have read this discussion of open access with great interest, hoping that it would result in more clarity on the future of access to scientific information. However, this discussion of philosophies and business models continues to exist in the same academic system with the same incentive structures. The solution is not just about bringing the younger academics into the process of organizing and administrating journals. It is (I hope) about a more fundamental shift.'

'I would like to ask some radical questions: Why should we have journals at all? Why should prestige be linked to number of publications? Could prestige instead be linked to peer reviews or comments/interactions with others in the scientific community? Why do scientific ideas need to be shared in the form of papers?'

'HIFA stands for Health Information for ALL. Its focus is everyone. It is a lofty goal, but it's something to truly aim for, not an incremental step. I urge us to imagine something just as monumental for the free exchange of ideas in scientific publishing. Instead of journals, there could be topics online under which people publish their work. The administration of the websites and moderation of the discussion forums could be done by committees that rotate every few years, and are nominated by their peers. Science that is poorly done will be eviscerated by critiques. Anyone can pose a question, but only people with certain qualifications or recognition within that field can critique a scientific assertion. As online translation software improves, users will be able to automatically translate each paper and comment. This is all an example of what this could look like. Of course it can be improved. The point is that we should start thinking about the ideal free exchange of ideas rather than incremental improvements on an outdated system.'

John Evers, UK: 'Over all my working life closed access to research publications has been a major barrier to knowledge dissemination, especially, but not exclusively so, in LMICs.'

'For 6 years I worked on a wonderful African public health PhD programme called CARTA (Consortium for Advanced Research Training in Africa – [cartafrica.org](http://cartafrica.org)), involving universities and research institutes. Most of the students were university faculty members and so had access to some library resources and most had access to WHO's Hinari programme (<https://www.who.int/hinari/en/>) which currently gives access to 15000 biomedical journals and some databases for about 120 countries; some countries such as India and South Africa are excluded. This is a superb resource and has done much to mitigate the effects of closed access to health literature, but access to it requires affiliation to a registered institution, usually a university or research institute, so most health personnel in LMICs are disenfranchised.'

'As has been shown in Catriona's excellent briefing paper on OA, much has been achieved in advancing the cause of OA but there is still a way to go, and I still receive requests from colleagues overseas for articles. So what more can be done? I believe that the knowledge creators and their funders – authors, universities, research organisations – could do more to ensure that they retain copyright and hold copies (after peer-review) of papers as OA. Many universities have open archives of papers but these are often difficult to identify and use. Is there a worldwide central repository of this material? Some universities I understand have forbidden staff from assigning copyright to journals where it rightfully belongs to the university, and we know that some funders, eg the US NIH, the Wellcome Trust, UK's Medical Research Council, ask that papers resulting from funds they

have provided are made available OA. This is right and proper – and does it still need stating that all publicly-funded health research should remain in the public domain for all to use – especially for those in LMICs most in need?’

‘I’m not especially interested in the gold, bronze definitions of OA – I suspect that’s a Western construct which most in LMICs won’t care about - so long as they and others who are disadvantaged can get access to full-text when they need it. It’s still a huge struggle for many.’

‘Way back in 2002 I wrote an editorial in *Tropical Medicine & International Health* (<https://onlinelibrary.wiley.com/doi/full/10.1046/j.1365-3156.2002.00918.x>) on this topic. Some of what I said then is now old-hat but there are some comments which I believe are still valid. So to put the cat among the pigeons and perhaps be iconoclastic, is it appropriate that the publication of publicly-funded health research is still largely in the hands of commercial publishers? Should alternative non-profit organisations be mainly responsible for publication? Of course there will be questions, as there already have been on this forum, of how all this is to be paid for which I believe can be resolved, but the fundamental principle of health research funded out of the public purse remaining free for all to access is unanswerable.’

Neil Pakenham-Walsh, UK: ‘The UNC Chapel Hill website proposes five myths about OA, one of which is: ‘Open Access does not work as an economic / business model for scholarly publishing.’

<https://guides.lib.unc.edu/open-access-and-scholarly-communications/myths> The site rebuffs this myth with the following: - Open Access does seem to be working as a business model for a number of important science-technical-medical journal publishers, for example, BioMed Central, Hindawi and PLoS. - It is important to remember that Open Access journals do not have one business model, for example they do not all charge author fees. The *Journal of the Medical Library Association* is an example of an Open Access journal with no author fees.’

‘Remedies: More professional association and society publishers should study the options and impacts of moving their journals to an Open Access model.’

Neil Pakenham-Walsh, UK: ‘The reality for small publishers may be very different, especially perhaps in LMICs (although many regions, including South America and Africa - seem to be moving faster on open access than high-income countries - see below re Africa). It would be interesting to hear case studies of the impact of open-access publishing on individual publishers in Nigeria (and other LMICs).’

Neil Pakenham-Walsh, UK: ‘From a user perspective, I have been enormously encouraged by the way in which publishers of medical and health journals in sub-Saharan Africa have embraced open access. Just a few years ago, most of my attempts to obtain full text have been frustrated by a pay wall. Now the opposite is the case.’

Irina Ibraghimova, Croatia: <https://www.ncbi.nlm.nih.gov/pubmed/31293109> The authors of this review suggest that the essential components of Open Access are: the quality open access journals, open peer review, free databases (to search for open access resources), preprint servers (open archives), institutional repositories, permanent archiving, article and contributor identifiers, social media and networks. ‘The global initiatives imply targeting journals satisfying the upgraded quality and visibility criteria. To meet these criteria, a comprehensive approach to Open Access is recommended. This article overviews the essential components of the comprehensive approach, increasing transparency, adherence to ethical standards, and diversification of evaluation metrics. With the increasing volume of quality open-access journals, their indexing with free databases and

search engines is becoming increasingly important. The Directory of Open Access Journals and PubMed Central currently free searches of open-access sources. These services, however, cannot fully satisfy the increasing demands of the users, and attempts are underway to upgrade the indexing and archiving of open-access sources in China, Japan, Korea, Russia, and elsewhere. The wide use of identifiers is essential for transparency of scholarly communications. Peer reviewers are now offered credits from Publons. These credits are transferrable to their Open Researcher and Contributor iDs. Various social media channels are increasingly used by scholars to comment on articles. All these comments are tracked by related metric systems, such as Altmetrics. Combined with traditional citation evaluations, the alternative metrics can help timely identify and promote publications influencing education, research, and practice.'

'I think it is a useful approach – so that we as authors, researchers, librarians, etc. can consider how we can contribute to these components.'

'From my own experience as an author of a paper published in a hybrid journal this year: it took me some time to find an appropriate repository for a preprint (as neither me nor my co-author belong to any organization with an institutional repository).'

### In Africa

Williams Nwagwu, Nigeria: 'Understanding open access in Africa will require addressing key questions. Important in this series is: what are the yardsticks for measuring progress of OA in the region? Given the ubiquity of the internet, does mere internet presence show evidence of open access? After all, everything is open in the internet. The preponderance has been to measure OA in Africa by access to published information in the Web, and the number of journals claiming to be doing open access. While this trajectory addresses part of the question, the key issues should include how much of the VALID research information produced in Africa are available to the world in the open access era. How much of the key journals in Africa are available open access? How much of the new journals doing open access in Africa are actually publishing reliable and trustworthy research information? What is the level of open access literacy among non publishers and academics in the region? What is the attitude of university administrators to open access in the region? University administrators want to increase the status and visibility of their universities through increase of senior scholars, most of whom achieve this status publishing in low status open access journals. We cannot address open access in Africa by looking at quantity of journals doing open access or quantity of papers available open access. Open access encompasses many others issues, apart from numbers! I know existing efforts, but there is need for leadership, consensus building, policymaker engagement etc.'

Joseph Ana, Nigeria: 'It would be interesting to know more about perceptions of open-access across African universities and research institutions. Is there any evidence of active discrimination against open-access?' - Well, Yes, at least in one of my postings so far, I said that at the OA Conference organised by BMC in Kumasi Ghana in 2011, one of the main revelations was speaker after speaker lamenting that Appointment and Promotions Committees in African universities discriminate against OA journal articles, and that penalises staff in the Publish or Perish culture. Articles in OA journals are rated lower than those in traditional journals and are given less scores. I doubt if that has changed in some of these universities.'

Joseph Ana, Nigeria: 'Hosted by BioMed Central, in association with Computer Aid International, discussions at this event will be led from the perspective of researchers seeking access to information, and authors seeking to communicate the results of their work globally. The Open Access Conference Africa at Kwame Nkrumah University of Science and Technology (KNUST),

Kumasi, Ghana from 25 - 26 October 2011, was a success. Open Access was defined in the conference brochure as 'Open access publishing provides free, permanent online access to the full text of scientific and medical research articles and the conference will discuss the benefits of open access publishing in an African context'. I was one of the invited lecturers at the conference and I quoted Neil to illustrate why health information must be available to readers and users: 'Tens of thousands of people die every day in developing countries, from common illnesses that can be easily treated. The vast majority die at home or under the care of a primary health worker, while a smaller number die in a district healthcare facility, and fewer still in tertiary centres. (N. Pakenham-Walsh, 2007: Healthcare Information for All by 2015: a community of purpose facilitated by Reader-Focused Moderation. Knowledge Management for Development Journal 3(1), 93-108). If you ask me or any other author from LMIC, Free OA is our wish'

### In India

Neil Pakenham-Walsh, UK: 'We were surprised to learn on HIFA back in June 2016 that the Medical Council of India did/does not consider publication in an online-only journal to be suitable for academic credit <http://www.mciindia.org/circulars/Circular-03.09.2015-TEQ-Promotion-Publ...>

'The above URL is no longer available. I looked for an update in vain, but I found an editorial in the BMJ - The end of the Medical Council of India - in which it appears the Government of India has decided to dissolve the Medical Council of India, noting the latter's repeated failure to implement reforms.'

'India's government delivered the final blow to the long suffering Medical Council of India (MCI) on 26 September 2018 with the promulgation of a presidential ordinance recommending its dissolution in order to move ahead with its replacement by a National Medical Commission (NMC).'  
<https://www.bmj.com/content/363/bmj.k5070>. It would seem that intransigent conservatism of academic institutions is one of the key barriers to the evolution of open access publishing.'

Vasumathi Sriganesh, India: 'There was a "Clarification" that came up later and the link to that is <https://www.mciindia.org/CMS/wp-content/uploads/2017/10/Circular-03.09.2...> I could be mistaken, but I guess the intent in saying - no ejournals, was meant to exclude predatory journals, but they failed in making that specific. Predatory journals are all only online, but that does not make all online journals bad!'

Vasumathi Sriganesh, India: I personally still believe that the MCI actually meant predatory journals and not all open access journals. However I know I could be wrong. Though the MCI is now dissolved, I will still try and ask one of the key members to clarify the above and let the group know. What used to distress me was that the MCI had not made it still more clear about what kinds of journals it approved. I came across some journals - example - <http://www.ijrrjournal.com/> which declared on their website - Valid Publication for \*MCI\* for Promotion of Teaching Faculty. Journal in Accordance with Guidelines of \*MCI (Medical Council of India)\* When I wrote to some members of the MCI and asked if they had a valid list, I did not get a response from even one of them.'

Pamela Sieving, USA: 'I don't have at hand a source to cite, but I know that in past years I have seen standards which downplayed the value of publication in online-only journals. This was before predatory journals became a significant concern, and was baffling to me as I watched scientific journals in the field in which I work (vision) and professional journals for librarians and information scientists move to online-only publication. A switch to online from print should have no impact on the quality of the articles. So I hope that those policies have changed.'

## What is the difference between open access and free access?

### Background

Neil Pakenham-Walsh, UK: 'The implication is that the term open access may (imprecisely) include content that is freely accessible but with restrictions on its use. This seems to me part of the reason why open access causes such confusion: different commentators interpret the term differently. Personally, I don't understand how anyone can describe free-access content as 'open access' if it is not also freely reproducible.'

'The terminology around open access is confusing. One person's 'free access' is another person's 'open access'. I suspect few people have got to grips with the colour coding. In my next message I'll introduce the JISC-funded RoMEO colour scheme to clarify different publisher rights, permissions, and restrictions - which adds further complexity and confusion.'

Neil Pakenham-Walsh, UK: 'In my work as HIFA coordinator, the difference between restricted-access and free-access is critical. Some HIFA members have even suggested we don't highlight papers that are restricted-access on the basis that many HIFA members will not be able to read the full text (although many members in LMICs will be able to access via Hinari). The difference between free-access (such as much of the global health content in The Lancet) and open-access is, by contrast, minimal - at least for me.'

## What are the different types of open access?

### Background

Neil Pakenham-Walsh, UK: '1. Gold OA (or journal based OA) Full open access publishing is performed by gold OA publishers or via individual fully open journals. The publisher makes all articles and related content open immediately on the journal's website. In such publications, articles are licensed for sharing and reuse via creative commons licenses or similar.'

'2. Green OA (or repository based OA). is when after peer review by a journal, authors an author posts the final author accepted manuscript ("AAM" or "postprint" without copyediting or journal branding usually to an institutional repository or to a central open access repository such as PubMed Central.'

'3. Hybrid OA. 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 a publication fee.'

'4. Bronze OA. This term refers either to articles from entire journals that publish articles initially as subscription-only, then release them freely after an embargo period (varying from months to years), or alternatively may refer to individual articles or collections of articles which have been made freely available ad hoc. In either case these articles do not have a creative commons licence.'

'Piwowar's work identified that the majority of OA publishing is neither gold nor green, rather it is bronze. Piwowar define this term as literature which is free to read on the publisher page (on OA published sites), but is not accompanied by an explicit open license (1) . Bronze OA is confusing and problematic because the lack of a CC license means that access to it can be revoked at any time.'

'I also note there is a type of access that is actually ignored by the classification above. That is, there seems to be no 'colour' to denote content that is freely accessible immediately but without right to

reproduce. One might call this 'immediate bronze OA', although again some of us would argue that this should not be classified as OA because it is not reproducible.'

Neil Pakenham-Walsh, UK: 'Platinum (also known as sponsored or diamond) open access journals allow immediate access to the content of the journal without the payment of a subscription fee or licence. Authors pay no article publication charge and all the costs of publishing the journal are met by one or more sponsoring organizations.'

Joseph Ana, Nigeria: 'It seems to me that Gold OA is what most users and policy members in the LMICs would prefer. But publishers in the region have seen sources of revenue fall disastrously because traditional means of collecting revenue to underwrite the running cost, talk less of breaking even or making any profit, has disappeared. As for subscriptions there has been a drought, and it has always been scanty because of relative poverty, but also due to the aid-mentality that means that even health practitioners who are mostly middle class are poorly paid for their service that after meeting family and self responsibilities, there is no money available to subscribe to journals.'

Joseph Ana, Nigeria: 'Of all the various types that you shared their definitions with us, I centered my comment on the Gold OA type (i.e. --- 'all articles and related content open immediately on the journal's website. In such publications, articles are licensed for sharing and reuse via creative commons licenses or similar'). In my experience this is the one that most researchers / authors / publishers in Nigeria ascribe to. Once a manuscript is accepted after peer review or no peer review, he / she pays the Author Pays Charge (APC) and the paper is published and Gold OA mandate applies: even the local journals charge APC in US Dollars ranging from \$150-200 (i.e. 54000 - 72000 Naira) per accepted paper. They charge in US Dollars because most of the journals outsource their printing to overseas printers, mostly India. As you know internal journals that charge APC do so in thousands of the over sea currency US Dollars or Pound sterling. APC impoverishes authors in Nigeria and I am sure In other LMICs too. This is not a myth, but verifiable fact.'

### Author Processing Charges

Neil Pakenham-Walsh, UK: 'As Chris [Zielinski] puts it, "librarians and readers bask in an avalanche of cost-free online papers, while authors are scrambling to find the resources to pay for publication". The article-processing charges (APCs) imposed on authors certainly aren't cheap - from \$100 to over \$3,000 a paper. Some journals offer waivers to researchers in low- and middle-income countries (LMICs)...

"At The Lancet Global Health", Zoe Mullan (HIFA member, UK) told the HIFA forum, "we assume that this cost [the APC] will be borne by the funding body, since it is these bodies who have largely driven the open access mandate in recent years". Zoe added that The Lancet had been implementing this model for five years. We do not charge anything for authors whose funding has come from a low-income country or if there is absolutely no funding at all. This commitment to offset the financial burden on authors is reflected across the OA community: 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 (<https://bit.ly/1s9wniA>)...

'Despite this, a number of researchers, particularly those based in LMICs, have turned away from OA following bad experiences with publishers that do levy the APC. Farooq Rathore (HIFA member, Pakistan) is one of them. "I deliberately avoid OA as they charge 500-1000 USD", he told HIFA members, adding that, whilst several OA publishers offered a waiver of 50%, the discounted total still equated to 25% of his monthly income. They refused to offer a further reduction despite his repeated requests.'

‘It’s not difficult therefore to appreciate why Farooq and his LMIC colleagues may perceive OA as exclusive and financially unjustifiable...’

‘On the one hand, we have DOAJ and open access journals suggesting that APCs should not be a barrier to authors in LMICs, while on the other hand we have testimony from authors that they are indeed a barrier. More clarity is needed on the impact of open access on the publication of research from LMICs.’

Neil Pakenham-Walsh, UK: ‘The situation is quite complex - some journals charge APCs, others don't; some journals waive all or part of APCs for authors in some LMICs, provided certain conditions are met (which vary from journal to journal). In some cases, the 'APC' is met by the funder of the original research (often as a specific budget line in the original research proposal), while in others the APC is covered by a pre-existing arrangement between the academic institution and the publisher. Again, it would be very helpful to clarify these issues, which together present a confusing picture. Can anyone on HIFA help with this? Has there been an analysis/review of the situation, trends, and impacts on research communication?’

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

Neil Pakenham-Walsh, UK: ‘It is clear that there is a persistent (mis)perception among many, including academic institutions and individual researchers, that open-access journals have a less rigorous approach to quality control and peer review.

<https://www.emerald.com/insight/content/doi/10.1108/CB-02-2017-0007/full...> The implication is that there is a problem of quality among health professional and nursing OA journals.’

Neil Pakenham-Walsh, UK: ‘The issue of OA journal credibility and quality has been raised in HIFA discussions, with some believing that ‘The review and editorial process gives an impression of being less stringent’. However, open access merely refers to a form of distribution, not editorial model. The publishing model (open-access versus restricted-access) is not an indicator of quality, but some people perceive that open-access publishing is in some way inferior. Such perceptions are driven partly by the existence of predatory journals, which abuse the author pays model common in OA publishing (19). 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.” (20). Increasing awareness of parity of quality of peer-reviewed OA journals through DOAJ is therefore a priority. It should be noted that in order to be included in the DOAJ, journals must employ peer review or quality control processes.’

‘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 (21, 22, 23). OA journals also tend to be newer and not listed as “acceptable place to publish”. Hence more relevant ways of assessing and encouraging indeed the development of OA journals is needed, that better reflect local needs.’

## Myth 2: Open access journals discriminate against authors who cannot afford article processing charges

### Background

Oluwaseun Obasola, Nigeria: '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. Many authors from Nigeria or lower-middle-income countries would rather publish in restricted-access journals because of the cost. Authors who can afford to publish in OA journals from the lower-middle-income category are those with grants from funding agencies. Open access journals discriminate against authors from Nigeria and other lower-middle-income countries except for one or two journals (like Global Health) that offer a partial waiver for APCs usually after pleading. For lower-middle-income countries and other affected countries may be other factors such as the average income of authors from the country, quality of research and availability of funding should be considered for authors to qualify for a waiver for APCs.'

Amelia Plant, Egypt/USA: 'As Joseph Ana says, we should continue to spread awareness of the different kinds of OA and of journals who do not have author publishing charges. To build onto Neil and Joseph's comments, and on my earlier thoughts about a kind of information revolution, why don't we try to freeze out the OA journals that have APC? We could start a global movement to only submit articles to these "gold" route journals. I understand it's complicated and most journals charge something, even if they have waivers for researchers from LMICs or researchers who did not build this money into their grant. But global conversations & advocacy can continue to push this forward.'

Neil Pakenham-Walsh, UK: 'If the author cannot afford the APC of a particular journal, then the options open to him/her are several:

1. Submit to an open-access journal that does not charge an APC (we have learned that most OA journals do not charge APCs)
2. Submit to a restricted-access journal that allows immediate self-archiving in an open-access repository (I think many of not most restricted-journals allow immediate archiving of pre- or post-print versions, and some do not have an embargo period)
3. At the very last resort, submit to a restricted-access journal without self-archiving (in this latter case, authors need to know that they are depriving others of learning from their work, and they are depriving themselves of high levels of citation)

I feel there is a need for a strong advocacy effort to inform authors about their options, and the consequences of their decisions.'

Joseph Ana, Nigeria: 'It is amazing how quickly time flies, as I said before, in 2011 BioMed Central (BMC) hosted a very successful OA conference at the Kwame Nkrumah University of Science and Technology, Kumasi Ghana (KNUST). The voices of participants were unanimous about how important Africa needs OA, how University Appointment and Promotion panels (A&P) were discriminating against, even stigmatising OA, in their procedures: claiming that OA was inferior and apportioning more scores to papers carried in traditional model publishing journals than to OA journals papers, even if the OA journals fulfilled all the accepted international parameters and indicators for quality publishing and papers. Today, eight years down the line, it may be changing but

at snail speed. There are now multiple creations of predatory journals filling the gap that the huge appetite for research and knowledge has created because of the challenges caused by traditional journals. Across the globe, as researchers and authors seek to publish in proper, high impact, visible journals to disseminate their work such stigmatisation is a big handicap. Money is scarce for most of these researchers, authors and institutions because most of them are in the LMICs where pay is low, investment in research and education generally is very low, and poverty for even educated scientists is worsening.'

'Groups like HINARI and journals that offer targeted free access, some form of waivers, or reduced Author Pays Charges (APC) have helped but if you are from a country like Nigeria you face a unique challenge, as the country works itself hard to increase its GDP, the researchers/authors/institutions suddenly cannot access HINARI, and others. It appears that it has become a 'crime' for a country to make economic progress even if notionally because there is a lag time between the GDP going up and people seeing the money in their wallets, but then its exclusion from access OA is implemented without any lag time.'

'I end this posting with two quotations:

'----- in many developing countries, research has limited social and economic impact because it is not widely available and accessible. Restricted access to research is also an obstacle to the production of new knowledge. Open access (OA) provides a solution by making scientific research visible and freely available online'(https://www.eifl.net/eifl-in-action/open-access-ghana ); AND

"Africa cannot attain sustainable development (Goals) without access to knowledge and information sharing. Knowledge sharing is also important to higher education to facilitate national development." - Professor Olugbemiro Jegede, Secretary General of the Association of African Universities.'

Joseph Ana, Nigeria: 'Information is very important to dispel the myths, and we shall do our utmost to circulate it because I am sure that most practitioners, researchers, authors and institutions may not be aware of the goodwill out there. All those publishers who offer waivers, do not ask for Author Pays Charges etc must be appreciated even as we continue to urge the others who do not do so presently to join the Free Open Access movement.

The main facts that need disseminating include:

- Singh et al. identified that 72% (n= 2509) Indian health researchers were not interested in the pay to publish route and that the main barrier to paying APCs was due to a lack of research grants
- Many fully OA journals do not charge APCs (DOAJ). One study has shown that only 27% of peer-reviewed OA journals (out of 14, 086 journals) have a confirmed publication fee
- Many other journals offer substantial waivers to authors from specific countries or for researchers with financial constraints (e.g. PLOS <https://www.plos.org/fee-assistance>). There are over 100 initiatives providing financial support for APCs

But this discussion on HIFA is timely and the movement to secure 100% free OA must continue because, 'By contrast hybrid journals always charge an APC - and may do on top of other charges. For example, PNAS charges \$1640 per research article with a surcharge of \$1500 to make the article OA'.'

## University discrimination

Joseph Ana, Nigeria: 'I am told by University Professors in Nigeria that there may be a change in attitude on the part of Appointment and Promotions committees in some Nigeria Universities. I am told that where there is evidence that an online open access journal puts submitted manuscripts through the same rigorous peer review process as the traditional journals, and where the published article appears in say Scopus index (e.g. for papers in Science), such article is treated and has the same grading as an article published in high impact traditional journal. How many of the about 153 listed Universities in the 36 states and FCT in Nigeria (owned by Federal Government, State Government, individuals, corporate and religious bodies, etc) have changed the discriminatory rule between papers published in traditional journals and online open access journals, and are applying the recent change in attitude, is unknown to me at this point.'

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

Neil Pakenham-Walsh, UK: 'IFLA is committed to the principles of freedom of access to information and the belief that universal and equitable access to information is vital for the social, educational, cultural, democratic, and economic well-being of people, communities, and organizations.'

'Open access is the now known name for a concept, a movement and a business model whose goal is to provide free access and re-use of scientific knowledge in the form of research articles, monographs, data and related materials. Open access does this by shifting today's prevalent business models of after-publication payment by subscribers to a funding model that does not charge readers or their institutions for access. Thus, open access is an essential issue within IFLA's information agenda...'

'The current model does not guarantee access and is not sustainable. As the rate and amount of research publication in various forms is rapidly expanding, the current predominant scholarly communication model – via scholarly journals subscriptions – is hardly sustainable and not working effectively in the interests of the global community. Scholarly journals are subject to rapid price escalations and there are no clear and consistent correlations between price, quality and impact. 'Even the most well endowed research library cannot afford to purchase all of the content requested by its faculty and students.'

'The situation is even more critical for smaller college and universities and largely unacceptable for institutions in the developing world, with severely limited or no budgets. Existing development initiatives to some extent compensate for the lack of access to crucial information, but these initiatives are dependent on publisher decisions, which are made unilaterally...'

'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. Not surprisingly, librarians have been amongst the most vocal advocates for open access.'

'The benefits of open access: There are significant gains to making research and research results available without financial, legal and technical barriers to access. Researchers benefit from increased visibility, usage and impact for their work. Open access helps to publicise institutions' research strengths. For publishers, open access brings maximum visibility, increased readership and impact for the contents; it means that a greatly improved dissemination service is being provided for

research. Open access enhances the flow of knowledge between North and South and also between South and South.'

'The assertion that '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' is logical and perhaps common sense, but is there already evidence of such benefits at global, national or institutional level?'

'On a very specific and anecdotal level, I have no doubt that open access will have made a significant difference to individual learning and communication of research. Furthermore, it has had an overall positive impact on the global healthcare information system, facilitating several components to the system in addition to access to specific research studies. Open access makes the work of systematic reviewers and guideline developers. A small number of 'open-access journals' give access to research but not to commentary and analysis. The vast majority, however, are open-access also to commentary and analysis (which some of us find more valuable than the full text of the research itself). Open access also facilitates publishers of secondary reference and learning materials, who are mainly unrestricted in their work to reproduce, repackage and translate content for diverse audiences. And the concept of open access goes well beyond journals, increasingly being applied to all kinds of outputs by different publishers.'

## A Systems Approach to Open Access Journals and Author Publication Charges

### Background

Sam Lanfranco, Canada: 'Many of the problems around Open Access Journals (OAJ) and author publication charges (APC) have to do with the overall health of the science system itself. At a very simplified level think of publishing as a process in which a produce (paper) is intended to be consumed (reader), as part of the knowledge distribution system that drives science and its uses. The journal is just an intermediate produce in this process, a process that has labor costs and ancillary costs of production and distribution above the considerable costs that went into the research itself. The promise of the Internet, with respect to knowledge distribution and access is to reduce the ancillary costs of production and distribution.'

'Taking a piecemeal view of problems faced by the knowledge distribution system may be using the wrong lens. A piecemeal approach here tends to obscure systemic issues, similar to the problems that piecemeal approach poses in viewing population health. A significant part of the problem has to do with the labor involved around the transformation of a submission into a published article. The labor demands at that level (editing, reviewing, assembling, etc.) are undervalued by both institutions and by funders, resulting in more and more of that being "offloaded" to the commercial publishers who, while enjoying to profits of their strategic positions as "lead journals", incur costs that in previous eras were provided pro bono by academics and researchers.'

'Focusing on funding and job security (tenure and promotion- T&P), while some funders underwrite APC linked to the production of specific articles (and for specific publishers?), they seldom underwrite time spend working on journal production, and in part as a result, institutions (universities, research centers) are reluctant to contribute pro bono facilities (office space, etc.) and - more seriously- are reluctant to give any T&P/career advancement credit for such work.'

'It is applauded when a senior academic or researcher takes over the editorship of a lead journal. It is career destroying with a young researcher puts time into journal development. This is particularly

damaging to the development of new journals in and by academics and researchers from low- and middle-income countries (LMIC). The resume credit received for an article in a lead European or North American, with the research focus shaped by the intended journal, is considerable compared to an article backed by equal rigor, and more in tune with the local context (relevance and promise) published in a regional LMIC journal.'

'The principle being ignored is quite simple. On my farm if I want young trees to grow better and produce more fruit, I nurture the young trees with more nutrients (fertilizer and water). I don't simply give it to the older trees and hope the younger trees will thrive to eventually become entitled old trees.'

Charles Dhewa, Zimbabwe: 'Limitations in LMICs go beyond lack of open publishing but constraints imposed by academic preferences as opposed to satisfying contextual knowledge development expectations. In that vein, journals are sufficient in promoting OA as long as knowledge is validated through citations, which do not exist in most developing countries.'

Pedro Mendoza-Arana, Peru: 'Although an "academic" myself, I would extend your reflection to include not only literature reviews from books, but also to cover journal reviews, regardless how updated could be, in the sense that beis deeply biased because they do not include neither information nor knowledge steaming from our local experiences, as if they do not exist, when the facts show the opposite.'

Kenneth L Chanda, Zambia: 'I wish to add that there two major components of research, one is scientific research for public use where scientists freely communicate their findings from one researcher to another. In this Kind of research academics apply their scientific knowledge to solve a puzzle or try to contribute to the new body of knowledge. According to the old school such findings were documented and communicated through an institutional journal or newsletter and self archived in the Library so that students and others could openly access such a document freely.'

'The other component of research was and probably is still happening is called commercial or commissioned research where by research methodologies are guided or determined. This kind of research is purposeful and access is restricted. (I wish to learn more about the current situation on this concerning the discussion at hand). However from the library point of view demand for open access to new trends in scientific knowledge is increasing but subscription are very expensive and they are qouted in USA dollars. Governments in Africa would rather spend more money on political related matters. That is why the old school depended photocopying an article and archived it in the Library so that it could be accessed by anyone.'

Neil Pakenham-Walsh, UK: 'Imagine if all authors in restricted-access journals were to self-archive their papers in open-access repositories (as permitted by most subscription-based journals). This would have a huge positive impact on the availability of global health research. So, why don't global health researchers do this? Much of it is because they simply don't know that the opportunity is there. 'Many reasons could explain this behaviour, such as a lack of knowledge of journals' self-archiving policies, lack of appropriate user-friendly self-archiving platforms, lack of time or general unawareness of the advantages of green OA (i.e. such as increased impact). Researchers may think that publication in traditional closed (paywalled) journals are sufficient because of initiatives such as HINARI, which provide a certain level of free or low cost access to research for LMIC researchers.'

## What motivates health researchers?

Neil Pakenham-Walsh, UK: 'Some of us might assume (naively?) that their underlying motivation is to improve health, in their country or worldwide. In this case, proponents of open access need to demonstrate conclusively that 'open access will make a difference to health policy and practice'.

'Other drivers include extrinsic motivations such as academic recognition: we have seen how OA has inappropriately undermined and misrepresented by some academic institutions - how to address this? Indeed, how to reverse this trend to encourage more academic institutions to discriminate positively to open access, given the increased sharing of knowledge that this clearly brings?'

'We have also heard that many researchers don't know that they are permitted (in most instances) to self-archive a pre-print or post-print of their work, even if it is published in a restricted-access journal. And even if they may be vaguely aware, they see it as a time-consuming burden to actually do it (when in fact it could be done within a few minutes, if given clear simple instructions).'

Neil Pakenham-Walsh, UK: 'There are perhaps intrinsic motivations (to improve health, in their country or worldwide, through the widest possible dissemination; or a commitment to the ideal of open access) that are counterbalanced by extrinsic motivations (such as the desire for career advancement, where impact factor is more important than dissemination, and where perverse academic discrimination against OA becomes a key factor; as well as financial concerns, where there is a perception that OA will always put the researcher out of pocket, despite the fact that most OA journals do not charge APCs).'

Joseph Ana, Nigeria: 'I share here a list (I am sure incomplete) of the reasons that participants in consecutive writing workshops that we ran in Nigeria and Ghana, why they write. I don't think it is dissimilar to their reason for doing research and wanting to publish the outcome / findings. They listed the following: seeking to contribute to the literature and to knowledge, personal quest for immortality, self fulfilment, creative outlet, financial gain, academic and career advancement, peer accolade and recognition, educate / change existing practice, and entertain / amuse.'

'The poor understanding of the variants of open access / free access / restricted access, etc may be contributing to the poor take-up quite apart from poverty (a real problem). We need to disseminate the kind of information about Open Access / new publishing paradigms as this thematic discussion is doing. A lot more awareness needs to be created about the true definitions and opportunities to get ones work published.'

Katie Foxall, UK: '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. We don't have an impact factor and quite a high proportion of our authors are clinicians, I'm assuming this is because impact factor is not such an important driver for them. In various surveys which we have carried out, wide dissemination is very important to a lot of our authors, the fact that our articles attract around 75,000 views a month (mainly from PubMed Central) is one of the main reasons people submit to our journal. They have also told us that the fact that we provide a lot of extra support to some authors who don't have much publication experience to bring their articles up to a publishable standard is a factor in their choice of which journal to submit to.'

## Programme Evaluations

Amelia Plant, Egypt/USA: 'Even program evaluations have the dual purpose that Kenneth described, but with a slightly different bent. They either are undertaken to prove a new type of programming or contribute to the international community's understanding of what works. These are typically impact evaluations, the most common for health interventions being randomized control trials.

There are other kinds of impact evaluations that carry varying levels of weight, such as regression discontinuity and difference-in-differences analyses. I am sure I am rehashing information that most researchers on this forum already know.'

'However, RCTs in particular are costly and time-consuming. They are the right choice in the situation I described above: when the goal is to add to global knowledge and research. But when the goal is regional, national, or district-level policy-making, perhaps we should not be turning to impact evaluations undertaken in other places, or a variety of published studies. Perhaps more context-specific evaluations are more persuasive on the local level.'

'A great 2015 report from the International Initiative for Impact Evaluation and IDinsight makes suggestions for this kind of purposeful, focused evaluation. The report is called, "Decision Focused Impact" and is available here: <https://www.idinsight.org/reports-2/decision-focused-impact-evaluations-....>'

Richard Heller, UK: 'A slightly different tack from the issue of program evaluations, is that as more and more education is offered online, and more and more use is made of Open Educational Resources, research published in open journals are more likely to find themselves used for education. This is our experience in Peoples-uni where if we want to expose students to a full text journal article, we only use those published as full open access. So this is a positive reason for trying to publish in open access journals.'

## Policies of Leading Medical Journals

Pamela Sieving, USA: 'I do think inclusion of Science and Nature odd, as they are not primarily medical journal; I also think the baseline Journal Impact Factor of 15, while useful to control the data set in a useful way for this study, eliminates the vast majority of journals of interest to most. I work primarily with the vision community; the top-ranked 'ophthalmology' journal in the 2018 JIF rankings, recently released, is just 11.768, and is the only one over a JIF of 10. The reality is that the potential users and uses of many journals and even, as with vision, entire fields of research, is too small to generate enough citations to reach anything close to an average of 15 within 2 years of publications.'

## Commercial versus non-profit publishers

Neil Pakenham-Walsh, UK: 'I wonder how much it matters whether a piece of research is published by a commercial publisher or a non-profit publisher. What matters more is the quality of the paper (eg has it been properly peer reviewed?) and its accessibility (eg is it free to access or is it behind a pay-wall?). For example, BioMed Central is a leading for-profit open-access publisher with a reputation for quality, and it is partly thanks to them that we on HIFA are able to discuss research on health systems and quality of care issues.'

'The point you make about publicly-funded health research is important. It is the basis for Plan S, 'an initiative for Open Access publishing that was launched in September 2018. The plan is supported by cOAlition S, an international consortium of research funders. Plan S requires that, from 2021, scientific publications that result from research funded by public grants must be published in compliant Open Access journals or platforms'. Paradoxically, it has also been argued that Plan S may benefit commercial publishers more than non-profit publishers:

<https://scholarlykitchen.sspnet.org/2018/12/05/plan-s-impact-on-society-...> '

## Subscription Journals and Open Access Repositories

Irina Ibraghimova, Croatia: 'So, there is definitely a role for librarians. Our research among European medical/health librarians showed that 63,8% are involved in training and individual support on scholarly communications topics (reference management tools, linking profiles with unique identifiers like ORCID, to use and understand impact indicators, comply with institutional/ national open access policies, understand publishers' licenses and Creative Commons); 49,4% assist individuals with registering and publishing their research (publishing of research protocols in various new kinds of journals and registers, publishing preprints, selecting journal for publishing); 45,7 % participate in discovery and preservation of locally produced knowledge (e.g. collecting and distributing staff publications, organising open access to locally produced content)  
<https://www.emerald.com/insight/content/doi/10.1108/IJHG-11-2018-0062/fu...> '

Neil Pakenham-Walsh, UK: '<http://www.hifa.org/dgroups-rss/open-access-25-subscription-journals-and...> This paper notes that 84.0% of the 700 subscription and hybrid journals allow green OA (self-archiving in an open access repository), and yet most global health researchers (60%) do not self-archive their work even when this is permitted by journal policy. This failure by researchers to self-archive is despite the fact that 'self-archived papers receive more than twice as many citations as those hidden behind a paywall'. Moreover, as the authors say, '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'. Imagine if all authors in restricted-access journals were to self-archive their papers in open-access repositories (as permitted by most subscription-based journals). This would have a huge positive impact on the availability of global health research. So, why don't global health researchers do this? Much of it is because they simply don't know that the opportunity is there. 'Many reasons could explain this behaviour, such as a lack of knowledge of journals' self-archiving policies, lack of appropriate user-friendly self-archiving platforms, lack of time or general unawareness of the advantages of green OA (i.e. such as increased impact). Researchers may think that publication in traditional closed (paywalled) journals are sufficient because of initiatives such as HINARI, which provide a certain level of free or low cost access to research for LMIC researchers.'

<https://eua.eu/downloads/publications/2017-2018%20open%20access%20survey...>

Irina Ibraghimova, Croatia: 'Key results regarding Open Access to research publications:

- 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
  - 74% do not include any provisions linking Open Access to research evaluation. Only 12% have mandatory guidelines linking OA to internal research assessment.
- Despite the fact that most surveyed institutions have implemented an Open Access policy for research publications, 73% had not defined specific Open Access targets or timelines.

- 70% of these institutions monitor deposits in the repository. However, only 40% monitor Open Access publishing and only 30% monitor related costs (gold OA).

- Librarians are most knowledgeable about and most committed to (~80%) Open Access (publishers' policies, H2020 rules) followed by institutional leadership (~50%). For researchers, including early-stage researchers, the figure drops to ~20%.

- Raising awareness and developing additional incentives for researchers to make their work available via Open Access are top priorities.

#### Drivers of and barriers to researcher self-archiving

"In order to encourage researchers to deposit their publications in the institutional repository or to publish in Open Access journals, most institutions report trying to facilitate administrative reporting of publications in projects and provide financial support for Open Access publishing. The Other category includes a variety of situations, such as awareness raising and training activities, copyright advice, increasing visibility of researchers' publications on campus and online. However, 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. Most institutions considered concerns over publishers' copyright infringement to be researchers' main concern (32%) about self-archiving publications in a repository, followed by the lack of administrative support and concerns over the quality of Open Access publications, (which both scored 25%)."

Neil Pakenham-Walsh, UK: <https://eua.eu/downloads/publications/2017-2018%20open%20access%20survey...> The data show that 60% of universities recommend that researchers publish in OA, 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.

Amelia Plant, Egypt/USA: 'Re: authors not self-archiving their work, the reasons Neil quoted from the Smith et al article seem to be spot-on: 'Many reasons could explain this behaviour, such as a lack of knowledge of journals' self-archiving policies, lack of appropriate user-friendly self-archiving platforms, lack of time or general unawareness of the advantages of green OA (i.e. such as increased impact). Researchers may think that publication in traditional closed (paywalled) journals are sufficient because of initiatives such as HINARI, which provide a certain level of free or low cost access to research for LMIC researchers.'

'I would add another reason: there are no incentives to do so. 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 may not come to your mind. And even if it does, it may not be a top priority.'

'The important function of HIFA and other platforms that connect researchers around the world is to illuminate these challenges. Especially with the recent move of the University of California to end its Elsevier subscription (<https://news.berkeley.edu/2019/02/28/why-uc-split-with-publishing-giant-...>), this topic has been highlighted in the press. Have any of you seen opinion articles about some of the nuances of this issue, such as self-archiving? I suspect that young researchers and new faculty would be especially interested in making this a core part of their publishing process if we were able to elevate it in the public consciousness.'

## Predatory journals

José Florencio F. Lapeña, Philippines: 'A current example of such discrimination concerns a Case Report we have sequentially submitted to several Open Access journals. 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." As a seasoned editor, editorial board member of 7 journals, international advisory/editorial board member of 4 others, and reviewer of 5 others (with multiple distinguished reviewer and star reviewer awards, including the title emeritus reviewer), and native-English speaker, I have a pretty good idea of what constitutes well-written submissions that comply with author instructions. I was therefore understandably flabbergasted to receive notice that "Too many errors remain - our editing service is required to proceed" & after submitting a manuscript for the first time! 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. Be that as it may, the manuscript certainly did not merit this message: "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." "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."

Richard Heller, UK: 'The issue that José describes is an example of predatory publishing, and like José I was also recently taken in by what seemed to be a genuine journal but turned out to be a predatory publisher. I don't see a solution to the issue of discrimination against those who cannot pay the publication charges. Unless the journal is produced by a professional organisation as part of their mission, someone has to pay. It is either the reader or the writer. 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 open access journal.'

## HIFA profiles

HIFA Profile: Joseph Ana is the Lead Consultant and Trainer at the Africa Centre for Clinical Governance Research and Patient Safety in Calabar, Nigeria. In 2015 he won the NMA Award of Excellence for establishing 12-Pillar Clinical Governance, Quality and Safety initiative in Nigeria. He has been the pioneer Chairman of the Nigerian Medical Association (NMA) National Committee on Clinical Governance and Research since 2012. He is also Chairman of the Quality & Performance subcommittee of the Technical Working Group for the implementation of the Nigeria Health Act. He is a pioneer Trustee-Director of the NMF (Nigerian Medical Forum) which took the BMJ to West Africa in 1995. He is particularly interested in strengthening health systems for quality and safety in LMICs. He has written Five books on the 12-Pillar Clinical Governance for LMICs, including a TOOLS for Implementation. He established the Department of Clinical Governance, Servicom & e-health in the Cross River State Ministry of Health, Nigeria in 2007.

HIFA profile: Kenneth L Chanda is Associate Consultant and Lecturer at National Institute of Public Administration where he is lecturing in Records Management. He is co-author of The development of telehealth as a strategy to improve health care services in Zambia. Kenneth L. Chanda & Jean G. Shaw. Health Information & Libraries Journal. Volume 27, Issue 2, pages 133-139, June 2010. He recently retired as Assistant Medical Librarian at the University of Zambia. klchanda AT gmail.com

HIFA profile: Charles Dhewa is the Chief Executive Officer of Knowledge Transfer Africa (Pvt) Ltd based in Harare, Zimbabwe. dhewac AT yahoo.co.uk

HIFA profile: John Eysers is providing expert advice on literature search for HIFA Citations. He is a retired librarian (London School of Hygiene & Tropical Medicine) with an interest in health information in the developing world. He has run information workshops in Africa and Asia over the last few years and is currently Trials Search Co-ordinator of 3ie (International Initiative for Impact Evaluation) which funds impact evaluations and systematic reviews that generate evidence on what works in development programmes and why. johneyers AT hotmail.com

HIFA profile: Katie Foxall is Head of Publishing at eCancer, Bristol, UK. katie AT ecancer.org

HIFA profile: Richard Heller is coordinator of People's Open Access Education Initiative, Peoples-uni, which aims to build Public Health capacity in low- to middle-income countries through Internet based education, using open access educational resources. Dick is a retired Professor of Public Health from Manchester University, UK. [www.peoples-uni.org](http://www.peoples-uni.org)

HIFA profile: Irina Ibraghimova is a medical librarian, based in Croatia, and works with health care professionals in the countries of the Former Soviet Union, Central and Eastern Europe, and Africa. Her interests include evidence-based practice (both in health care and in library/informatics field). [www.lrcnetwork.org](http://www.lrcnetwork.org) [www.healthconnect-intl.org](http://www.healthconnect-intl.org)

HIFA profile: Barbara Kirsop is the Co-founder of Bioline International ( <http://www.bioline.org.br>), that was established 20 years ago. Bioline is a platform for bioscience articles published in developing countries and made available on an open access basis. Barbara is an advocate of the movement towards free and open access to all published research papers through the global Open Access movement. This interest is shared by her colleagues at the Electronic Publishing Trust for Development, [www.epublishingtrust.org](http://www.epublishingtrust.org)

HIFA profile: Christoph Klawe is a Consultant Neurologist and President of UMEA, Universala Medicina Esperanto-Asocio (UMEA), Germany / Esperantujo. Professional interests: Language policy in health care, bridging language gaps in health settings, promoting the international language

Esperanto, improving the quality and range of the journal "Medicina Internacia Revuo", neurology, psychiatry, psychotherapy. Email address: umea AT uea.org

HIFA profile: Thomas Krichel is Founder of the Open Library Society, United States of America. Professional interests: See my homepage at <http://openlib.org/home/krichel> Email address: krichel AT openlib.org

HIFA profile: Sam Lanfranco is Professor Emeritus & Senior Scholar at York University, Toronto, Ontario, Canada. <http://samlanfranco.blogspot.com> . He was formerly chair of the Canadian Society for International Health, and runs the health promotion list CLICK4HP. Lanfran AT Yorku.ca

HIFA profile: José Florencio F. Lapeña is a Director of the World Association of Medical Editors (WAME), immediate past President of the Asia Pacific Association of Medical Journal Editors (APAME) and President of the Philippine Association of Medical Journal Editors (PAMJE). He is a member of the HIFA Access to Health Research working group.

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HIFA profile: Neil Pakenham-Walsh is coordinator of the HIFA global health campaign (Healthcare Information For All - [www.hifa.org](http://www.hifa.org) ), a global community with more than 19,000 members in 177 countries, interacting on six global forums in four languages. Twitter: @hifa\_org FB: [facebook.com/HIFAdotORG](https://www.facebook.com/HIFAdotORG) [neil@hifa.org](mailto:neil@hifa.org)

HIFA profile: Amelia Plant is the Portfolio & Impact Manager at Preston-Werner Ventures, a San Francisco-based foundation looking to create scalable impact at the intersection of climate change and social justice. Amelia specializes in sexual reproductive health and rights, focusing on family planning information & access. She is currently based in Cairo, Egypt. She is a member of the HIFA working group on Family Planning and the HIFA wg on Community Health Workers.

HIFA profile: Pamela Sieving is a special volunteer at the National Eye Institute/National Institutes of Health, and an independent consultant in biomedical information access; she works primarily in the vision community to increase access to information needed to preserve and restore vision. pamsieving AT gmail.com

HIFA profile: Kay H. Smith is Community Services Librarian at the University of Alabama Birmingham, USA. Professional interests: health literacy. khogan AT uab.edu

HIFA profile: Vasumathi Sriganesh was a medical librarian in the 1990s. In the year 2007 she set up a Not-for-profit Trust, which she has named QMed Knowledge Foundation. Along with her colleagues

in QMed she regularly conducts workshops in literature searching and reference management, as these skills have never been prioritized in medical education in India. She is also a regular faculty on these topics, in Research Methodology workshops all over the country. She hopes that the Foundation's activity will help the current generation of students value the need for correct and systematic literature searching as a component of the practice of Evidence Based Medicine. She also works with INFORMER (a student body) and the South Asian Cochrane Centre, whenever there are opportunities to help. The Union (IUATLD), and MECOR (of the American Thoracic Society) have incorporated QMed's literature searching workshops as part of their research training initiatives in India. Most recently the Campbell Collaboration has also invited QMed to incorporate their workshops in their training initiatives. vasu AT qmed.ngo

Steve Winter – no profile

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