

HIFA discussion on healthcare professionals' experiences and perceptions of open access publishing: SELECTED EXTRACTS

From 13 October to 14 November 2025 HIFA hosted an in-depth discussion on healthcare professionals' experiences and perceptions of open access publishing, sponsored by Oxford PharmaGenesis

Details here: <https://www.hifa.org/news/hifa-announces-deep-dive-discussion-healthcare-professionals%E2%80%99-experiences-and-perceptions-open>

There were 130 messages from 25 participants in 12 countries (Australia, Cameroon, Canada, Honduras, India, Jordan, Nigeria, Norway, Switzerland, Tanzania, UK, US).

This document provides selected extracts verbatim. To review other outputs see: <https://www.hifa.org/projects/open-access>

Q1. What is the impact of open access (OA) on health care?

Unni Gopinathan, Norway: I think for most clinical and managerial contexts, people will benefit more from synthesized and repackaged evidence—such as guidelines, policy briefs, or decision-support tools—than from direct access to primary studies, which are often inconclusive in isolation.

NPW: We were unable to identify any examples where OA to a research paper helped save a life or led to better care. NPW and David Cawthorpe independently queried ChatGPT, which proposed 6 and 5 examples, respectively. NPW assessed that all 11 examples were not relevant and explained his reasoning. Meena Cherian, Switzerland: I [carried out a PubMed search on this question] couldn't find any OA research that directly saved a life.

Unni Gopinathan, Norway: Open access practices have... made it easier to conduct evidence syntheses (such as systematic reviews of effectiveness or qualitative evidence syntheses) by removing paywalls... [but] also a downside: it has also contributed to a proliferation of low-quality or poorly designed studies...

Simon Lewin, Norway: [high quality evidence] should ideally be evidence syntheses that are relevant to their questions, well conducted, timely and that deliver findings in forms that can be understood, packaged...

Q2. What is your experience of OA as a healthcare professional/reader?

NPW: 'We recently asked some physicians practicing mostly in developing countries whether Medline abstracts are adequate for clinical decisions: 28% (15/54) categorically stated they are.

Indi Trehan, United States: As someone with the privilege of working in universities in high-income countries, I've virtually never been unable to access a subscription-only article.

NPW: Some universities can benefit from Hinari, which provides free or low-cost access to many subscription journals for specific types of institutions in eligible countries.

Q3. What is your experience of OA as a researcher/author?

Chris Zielinski, UK: Open Access papers are read, and therefore cited, far more often than papers in non-OA subscription journals

Joseph Ana, Nigeria: "University Appointment and Promotion panels (A&P) were discriminating against, and stigmatising OA publications, in their procedures"

Julie Reza, UK: Perceptions about "impact" and "research quality", publication costs, predatory journals, and confusion about types of OA (hybrid etc) may discourage OA publication.

Q4. How would you design an OA system that retains the benefits but fixes the problems of the current OA system?

Ruwaida Salem, United States: I believe the solution to translating evidence into practice requires a whole knowledge ecosystem approach in which different actors work together to do their part.

NPW: [I agree] what is more important is the impact of open access to health research on the integrity of the overall global evidence ecosystem, and on each of the six components of the system (generate, publish, synthesise, repackage, find, apply) <https://www.hifa.org/about-hifa>

Virginia Barbour, Australia: I would start from the premise that it's essential that systems are designed collectively and in cooperation regionally and globally.

Virginia Barbour, Australia: A further important principle is that of bibliodiversity - that is support for a multitude of publishing models.

APCs

Lacey Lagrone, United States:- Given the current less than ideal options, and following the lead of a global Open Access champion (Gates' Ashley Farley), I favor publishing pre-prints and then in an APC-free journal, so as not to financially bolster a broken system.

NPW: I am concerned about the decision by the Gates Foundation to stop funding APCs... I suggest that such action by Gates and others will lead to fragmentation of research outputs, out-of-pocket costs to researchers, weakening of the overall global evidence ecosystem, reduced effectiveness of knowledge translation and adverse health outcomes.

Uzodinma Adirieje, Nigeria: Dear Gates Foundation... Without APC support, researchers may not be able to publish in open-access journals, with the risk of limiting global access to their findings — especially in low- and middle-income regions...

Chris Zielinski, UK: Even though many publishers will waive APCs for such authors, there can be a reluctance to being obliged to turn out your pockets to show you cannot pay.

NPW: APC waivers for LMICs are welcome, but... I believe it would be much better and simpler for funders to take responsibility for paying capped APC costs for all research projects, whether they are HIC, LMIC or international. A further point is that waiver policies by definition categorise LMIC researchers as being unable to pay the APC, which in itself is inequitable.

Rabia Khaji, Tanzania: Promote transparent APC capping and collective negotiations between funders and publishers to prevent cost escalation.

Indi Trehan, United States: My personal opinion is indeed that APCs should be covered by funders.

Uzodinma Adirieje, Nigeria: a "global OA Fund: Supported by governments, philanthropic foundations, and international health organizations, covering APCs for researchers without institutional backing".

Preprints

Suranjana Banik, India: From a healthcare standpoint, it is vital that preprints are interpreted responsibly. For clinicians, especially those in evidence-based fields, preprints can offer early insights but should never be the sole basis for clinical decision-making.

Notes

Many questions remained unanswered or partly answered. These are categorised here:
<https://www.hifa.org/dgroups-rss/open-accesss-105-unanswered-questions-5-can-you-help-any-these-25-questions>