



# **Open Access: Perceptions and misconceptions**

Compilation of Messages

## **OA (1) Open Access: Perceptions and misconceptions**

20 July, 2019

Dear HIFA colleagues,

On behalf of the HIFA working group on Access to Health Research I am delighted to announce our new sponsored HIFA thematic discussion:

### **OPEN ACCESS: PERCEPTIONS AND MISCONCEPTIONS**

The discussion starts here on HIFA this Monday 22 July and will last for 4 weeks. The main discussion will be on HIFA (English) and we shall also hold parallel discussions on CHIFA (child health and rights), HIFA-Portuguese, HIFA-French, HIFA-Spanish and HIFA-Zambia (see below on how to join our sister forums).

Here are some of the questions and myths we'll be exploring:

What is open access? What is the difference between open access and free access? What are the different types of 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.

The key findings from our discussion will be collated and presented at the Asia Pacific Association of Medical Journal Editors Convention in Xi'an City, China, 3-4 September 2019.

Please forward this message to your contacts and invite them to join us!  
Please point them to our landing page  
here: <http://www.hifa.org/news/open-access-perceptions-and-misconceptions>

We are grateful to The Lancet and Elsevier for providing sponsorship for this thematic discussion. (Note: HIFA invites all organisations, and especially our 300+ official supporting organisations, to consider sponsorship of a future thematic discussion of your choice - sponsorship of discussions enables HIFA to thrive and brings collective focus to priority global health issues. Contact the HIFA Coordinator for details of sponsorship opportunities.)

Special thanks to HIFA intern Catriona Grant who has helped with the preparation of this discussion, including a comprehensive background paper which is available here:

[http://www.hifa.org/sites/default/files/articles/HIFA\\_Background\\_Paper\\_P...](http://www.hifa.org/sites/default/files/articles/HIFA_Background_Paper_P...)

Join HIFA: [www.hifa.org/joinhifa](http://www.hifa.org/joinhifa)

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Join HIFA-Portuguese: <http://www.hifa.org/join/junte-se-ao-hifa-portuguese>

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Join HIFA-Zambia: <http://www.hifa.org/join/join-hifa-zambia>

Best wishes, Neil

Coordinator, HIFA Project on Access to Health Research

<http://www.hifa.org/working-groups/access-health-research>

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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 [neil@hifa.org](mailto:neil@hifa.org)

## Open Access (2) What is Open Access?

22 July, 2019

Dear HIFA colleagues,

Welcome to our new sponsored HIFA thematic discussion:

OPEN ACCESS: PERCEPTIONS AND MISCONCEPTIONS

During this week we shall explore the following questions:

What is open access? What is the difference between open access and free access? What are the different types of open access?

To contribute to the discussion, please send an email to: [hifa@hifaforums.org](mailto:hifa@hifaforums.org)

Please forward this message to your contacts and invite them to join us via our landing page here: <http://www.hifa.org/news/open-access-perceptions-and-misconceptions>

We are grateful to The Lancet and Elsevier for providing sponsorship for this thematic discussion.

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Best wishes, Neil

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## Open Access (3) What is open access? (2)

22 July, 2019

What is open access? What is the difference between open access and free access? What are the different types of open access?

The text below is from the HIFA background paper, with thanks to HIFA intern Catriona Grant. Download the full paper here:

[http://www.hifa.org/sites/default/files/articles/HIFA\\_Background\\_Paper\\_P...](http://www.hifa.org/sites/default/files/articles/HIFA_Background_Paper_P...)

Definitions and types of OA

In the early 2000s three meetings in Bethesda, Berlin and Budapest set the scene for OA. 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'.

Different types/'colours' of OA (as described by Wikipedia article on OA)

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.

Piwovar's work identified that the majority of OA publishing is neither gold nor green, rather it is bronze. Piwovar 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.

- What does Bronze OA mean to you?

- Should this bronze literature continue to be labelled open access (or clearly noted as just “free”) if no reuse license is made explicit?

Best wishes, Neil

Coordinator, HIFA Project on Access to Health Research

<http://www.hifa.org/working-groups/access-health-research>

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## Open Access (4) What is open access? (3)

23 July, 2019

Wikipedia describes open access as follows:

'Open access (OA) is a mechanism by which research outputs are distributed online, free of cost or other barriers, and, in its most precise meaning, with the addition of an open license that removes most restrictions on use and reuse. The main focus of the open access movement is "peer reviewed research literature." [...] [https://en.wikipedia.org/wiki/Open\\_access](https://en.wikipedia.org/wiki/Open_access)

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. What do you think?

Best wishes, Neil

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# Open Access (5) What is open access? (4)

## Types of open access

25 July, 2019

Three days ago we introduced the different types/'colours' of OA (as described on Wikipedia)

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 (pre- 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.

We suggested that Bronze OA is a misnomer because, although free access (after an embargo period), they are not reproducible.

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.

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.

Best wishes, Neil

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## **Open Access (6) What is open access? (5) Types of open access (2)**

25 July, 2019

Wikipedia introduces us to gold, green, and bronze 'open access' (bronze OA is probably a misnomer). [https://en.wikipedia.org/wiki/Open\\_access](https://en.wikipedia.org/wiki/Open_access)

As described in the background paper to this discussion

[[http://www.hifa.org/sites/default/files/articles/HIFA\\_Background\\_Paper\\_P...](http://www.hifa.org/sites/default/files/articles/HIFA_Background_Paper_P...)] there is also the Nottingham colour coding system developed by the JISC-funded RoMEO project in 2003 to clarify different publisher rights, permissions, and restrictions. This code makes the distinction between publishing colour and archiving colour. See below.

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Publishing colour

Gold - open access publishing



Archiving colours

Green - can archive pre-print and post-print

Blue - can archive post-print (ie final draft post-refereeing)

Yellow - can archive pre -print (ie pre-refereeing)

White - archiving not formally supported

Green and Gold refer to different types of business model, however there is much overlap between these models. As noted in the Nottingham colour guide, 'open access repositories are a supplementary form of communication that exists alongside the traditional and open access publishing models. Therefore the green, blue, yellow and white colour categories are independent of the business model that a particular journal may follow. Material published in an open access journal can be freely re-used by its author and archived, so all "gold" publishers are actually "green" for the purposes of archiving!'

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The terms pre- and post-print are defined here:

<http://www.sherpa.ac.uk/romeoinfo.html>

The definition starts "The terms pre-print and post-print are used to mean different things by different people. This can cause some confusion and ambiguity..."

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

Best wishes, Neil

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## **Open Access (7) What is open access? (6)**

### **Types of open access (3)**

26 July, 2019

The opening lines of Catriona Grant's background paper reveal a remarkable global success story:

'Open Access (OA) publishing is arguably one of the most important determinants in ensuring equitable, ethical and sustainable dissemination of health research and thereby reduce suffering and save lives. A review of cross-disciplinary OA prevalence conducted in 2018 estimated that 28% of all journal articles are OA. Across disciplines, biomedical research and mathematics have the highest proportion of OA output (over 50%), followed by clinical medicine (48%) and health (42%)'

[http://www.hifa.org/sites/default/files/articles/HIFA\\_Background\\_Paper\\_P...](http://www.hifa.org/sites/default/files/articles/HIFA_Background_Paper_P...)

Who would have predicted such figures even 10 years ago when virtually every major publisher was rebutting the (relatively small) open access movement. The tides have turned and now almost every major publisher is embracing or at least experimenting with open access.

Did you realise that nearly half of clinical medical papers are open access? I didn't know this statistic and I suspect many of us have had limited awareness of the actual extent of the success of open access. Moreover, some researchers/authors may still have the misconception of open access as a fringe activity when in reality it has rapidly become fully mainstream.

The European Commission provides 'Trends for open access to publications' across different countries and disciplines.

<https://ec.europa.eu/info/research-and-innovation/strategy/goals-researc...>

According to EC figures, 43% (1.7 million) Clinical medicine publications are 'actually available' open access, but only about 1 in 4 of these are gold

access. The rest are designated 'green open access'. It describes Green Open Access as 'research outputs that are not made open access by the publisher, but that the author independently deposits in an open access repository'. In my experience, it is not credible to say that three-quarters of open access publications are actually available in an open access repository. Given the number of times that I have looked for a publication in vain, my impression is that fewer than half, and I would guess less than one in 10, of authors who are eligible to self-archive actually do so. There is a huge difference between a journal's permission and an author's action/inaction. We have discussed this problem on HIFA before and it seems to be pervasive. If anyone is familiar with the EC data, or can give further data/insights on green open access and self-archiving, we would welcome your help.

It would also be interesting to see trends over time over the past 10-20 years.

Best wishes, Neil

Coordinator, HIFA Project on Access to Health Research

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## **Open Access (8) What is open access? (7)**

### **Types of open access (4)**

27 July, 2019  
Neil,

Thank you for sharing these definitions of OA. 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.

We shall share these definitions to our other database for information and education of our other colleagues who I believe most of them would really appreciate the enlightenment.

This is a great start to this thematic discussion of Open Access (OA).

Joseph Ana

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.

Website: [www.hriwestafrica.com](http://www.hriwestafrica.com)

Joseph is a member of the HIFA Steering Group: <http://www.hifa.org/people/steering-group>:<http://www.hifa.org/support/members/joseph-0>

Email: jneana AT yahoo.co.uk

## **Open Access (9) What is open access? (8)**

### **Types of open access (5)**

27 July, 2019  
Dear Joseph,

1. "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."

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:

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- 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.

- Recent research by Houghton (see link below) found that the author pays model would provide a net benefit over time.

## Remedies

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

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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).

2. "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."

This is clearly an argument in favour of open access.

3. "We shall share these definitions to our other database for information and education of our other colleagues who I believe most of them would really appreciate the enlightenment."

Thanks Joseph. What is your impression of the level of understanding about OA among your colleagues in Nigeria? Has anyone done a survey or study on this topic?

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.

The UNESCO Global Open Access Portal

[\[http://www.unesco.org/new/en/communication-and-information/portals-and-p...](http://www.unesco.org/new/en/communication-and-information/portals-and-p...) notes: 'The Open Access (OA) movement in Africa is slowly gaining pace. By 2015, over 500 OA journals published in North and sub-Saharan Africa are indexed in the Directory of Open Access Journals (DOAJ) and in African Journals Online (AJOL).' Does anyone have the most recent data for 2018/19?

Best wishes, Neil

Coordinator, HIFA Project on Access to Health Research

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## **Open Access (10) What is open access? (9) Types of open access (6)**

28 July, 2019

Neil,

Thank you for your comments on my own comments.

See below my answers to your questions:

1. NPW: "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)."

Comment: 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.

2. JA: "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."

NPW: "This is clearly an argument in favour of open access"

Comment: I wish it were also an argument for Free Access

3. JA: "We shall share these definitions to our other database for information and education of our other colleagues who I believe most of them would really appreciate the enlightenment."

NPW: "Thanks Joseph. What is your impression of the level of understanding about OA among your colleagues in Nigeria? Has anyone done a survey or

study on this topic? om 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. The UNESCO Global Open Access Portal [<http://www.unesco.org/new/en/communication-and-information/portals-and-p...>] notes: 'The Open Access (OA) movement in Africa is slowly gaining pace. By 2015, over 500 OA journals published in North and sub-Saharan Africa are indexed in the Directory of Open Access Journals (DOAJ) and in African Journals Online (AJOL).' Does anyone have the most recent data for 2018/19?"

Comment: 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.

Joseph Ana

AFRICA CENTRE FOR CLINICAL GOVERNANCE RESEARCH & PATIENT SAFETY

@Health Resources International (HRI) WA.

National Implementing Organisation: 12-Pillar Clinical Governance

National Implementing Organisation: PACK Nigeria Programme for PHC

Publisher: Medical and Health Journals; Books and Periodicals.



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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. Website: [www.hriwestafrica.com](http://www.hriwestafrica.com) Joseph is a member of the HIFA Steering Group and the HIFA working group on Community Health Workers.

<http://www.hifa.org/support/members/joseph-0>

<http://www.hifa.org/people/steering-group>

Email: jneana AT yahoo.co.uk

## **Open Access (11) Types of open access (7) Author processing charges**

28 July, 2019

Dear Joseph,

1. "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."

I refer here to our discussion on OA and APCs on HIFA last year, which was summarised by HIFA blogger Martin Carroll. Extracts below. Full text

here: <http://www.hifa.org/news/hifa-blog-month-review-april-2018-open-access>

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HIFA Blog: Month in Review, April 2018 - Open access

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...

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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.

2. NPW: "This [lack of money in LMICs to pay for subscription journals] is clearly an argument in favour of open access".

JA: "I wish it were also an argument for Free Access".

"If you ask me or any other author from LMIC, Free OA is our wish."

I think by 'free access' and 'free OA' you refer to open access that is free from APCs, or that waives the APC for authors from LMICs? 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?

Best wishes, Neil

Coordinator, HIFA Project on Access to Health Research

<http://www.hifa.org/working-groups/access-health-research>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

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 [neil@hifa.org](mailto:neil@hifa.org)

## **Open Access (12) Open access in Africa**

28 July, 2019

I have followed this series on open access, and I appreciate the opinions and views on this matter, particularly as it relates to Africa. 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 knowledge existing efforts, but there is need for leadership, consensus building, policymaker engagement etc.

HIFA profile: Williams Nwagwu teaches Informetrics and other quantitative applications in Information Science at the Africa Regional Centre for Information Science (ARCIS), University of Ibadan, Nigeria. Dr Nwagwu is on the editorial board, as well as the being the Editor (ICT, Africa) of the World Review of Science and Technology for Sustainable Development (WRSTSD, <http://www.inderscience.com/browse/index.php?journalCODE=wrstsd>), a journal of the World Association for Sustainable Development located in University of Sussex in England. willieezi AT yahoo.com

## Open Access (13)

28 July, 2019

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)?

Thanks,

Pam Sieving

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

## **Open Access (14) Myth 1: Open access journals have a less rigorous approach to quality control and peer review than subscription journals**

29 July, 2019

Dear HIFA colleagues,

Thank you for your contributions so far to our discussion on Open Access: Perceptions and Misconceptions, sponsored by The Lancet and Elsevier.

We now enter week 2 of our discussion and we would like to invite you to share your thoughts on Myth 1:

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

For the purpose of this discussion, we can exclude predatory journals, which by definition have a flawed approach - we aim to have a thematic discussion dedicated specifically to predatory journals later this year. What about the vast majority of (non-predatory) OA journals? Does the OA philosophy and/or business model have an impact on the quality of OA journals?

Best wishes, Neil

Coordinator, HIFA Project on Access to Health Research

<http://www.hifa.org/working-groups/access-health-research>

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## Open Access (14)

29 July, 2019

Pamela Sieving, USA writes

'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.'"

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.

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

# Open Access (16) A Systems Approach to Open Access Journals and Author Publication Charges

29 July, 2019

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.

Sam Lanfranco

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

## **Open Access (17) A Systems Approach to Open Access Journals and Author Publication Charges (2)**

30 July, 2019

Dear Sam,

Thanks for your timely insights. Building on a nice phrase for Pamela "OA is a philosophy, not a business model", I am very keen to explore answers to a question like "How do we convert a philosophy into a business model?" 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. I have expanded this conversation in this direction:

<https://emkambo.wordpress.com/2019/07/29/how-do-we-liberate-agriculture-...>

Waving from a chilly Harare,

Charles Dhewa

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

## **Open Access (18) Myth 1: Open access journals have a less rigorous approach to quality control and peer review than subscription journals (2)**

30 July, 2019

Here is the section on Credibility of OA journals, from the HIFA background paper (with thanks to Catriona

Grant): [http://www.hifa.org/sites/default/files/articles/HIFA\\_Background\\_Paper\\_P...](http://www.hifa.org/sites/default/files/articles/HIFA_Background_Paper_P...)

I have added some questions below.

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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.

During a HIFA discussion it was also noted that 'In the 'publish or perish' world of academic institutions in LMICs, we hear reports of discrimination against research published in open access journals' (12). This discrimination may be fuelled by misconceptions discussed above, such as perceived low OA journal quality/ lack of peer-review in OA journals. There are many high quality OA journals available, which are made searchable through the DOAJ. As discussed above, the peer-review process is rigorous for most OA journals.

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What can be done to eradicate this myth? What research has been done to demonstrate the quality of open-access journals? The DOAJ is a pragmatic way for authors to check whether a journal is 'reputable'. The website strives to maintain the veracity of its content. For example, they say 'Contact us if you have first hand evidence that a journal in DOAJ might be carrying out questionable practices, is of low quality, or may even be fake. All information shared with DOAJ is done so in the strictest confidence, is anonymous and is never published.'

It is a great concern that some academic boards and research bodies continue to discriminate against OA journals. OA journals that are deemed by DOAJ to be reputable should be recognised as much as, if not more than, subscription journals. Has anyone tried to review the extent of this discrimination and its geographic distribution? How can such discrimination be better addressed?

Best wishes, Neil

Coordinator, HIFA Project on Access to Health Research

<http://www.hifa.org/working-groups/access-health-research>

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## **Open Access (18) Manila Declaration (1)**

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

31 July, 2019

1. Greetings from Manila! I am Joey Lapena, Professor of Otorhinolaryngology at the University of the Philippines Manila, Attending Pediatric Otolaryngologist, Cleft and Craniomaxillofacial Surgeon at the Philippine General Hospital, Editor-in-Chief of the Philippine Journal of Otolaryngology Head and Neck Surgery, Charter President of the Philippine Association of Medical Journal Editors (PAMJE), Past President of the Asia Pacific Association of Medical Journal Editors (APAME), and Director of the World Association of Medical Editors (WAME).

I am a member of the HIFA working group on Access to Health Research, and drafted 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 available

from <http://www.wpro.who.int/entity/apame/publications/maniladeclarationweb2...> that drew on the Discussions on HIFA from 20 July to 24 August 2015 "Meeting the information needs of researchers and users of health research in low- and middle-income countries" available from [http://www.hifa.org/sites/default/files/publications\\_pdf/Selected\\_highli...](http://www.hifa.org/sites/default/files/publications_pdf/Selected_highli...)

2. I am also a fairly published author, and it is in that capacity that I react to "Myth 2: Open access journals discriminate against authors who cannot afford article processing charges." 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.”

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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.

<http://www.hifa.org/working-groups/access-health-research>

<http://www.hifa.org/support/members/jose-florencio-f>

lapenajf AT upm.edu.ph

## **Open Access (19) Subscription journals and open access repositories**

1 August, 2019

Dear HIFA colleagues,

I was interested to read in the background document to this discussion:

'Piwowar et al. (1) state that most green OA articles do not meet the BOAI definition as they are free-access only and do not extend re-use rights.'

CITATION: Piwowar H, Priem J, Larivière V, Alperin J, Matthias L, Norlander B et al. The state of OA: a large-scale analysis of the prevalence and impact of Open Access articles. PeerJ. 2018;6:e4375

Wikipedia defines 'green access' as: 'Green OA (or repository based OA). is when after peer review by a journal, authors an author posts the final author accepted manuscript (â€œAAMâ€ or â€œpostprintâ€ without copyediting or journal branding usually to an institutional repository or to a central open access repository such as PubMed Central.'

The Piwowar article says "Such [self-archiving] repositories could be a University's repository or else a central repository (e.g. PubMed Central) or an open access website".

The implication of the above is that some archives are OA and some are not? Perhaps the important point here is that (according to Sherpa/Romeo)

publisher permissions \*do not specify\* OA vs non-OA archiving. Therefore, where archiving is allowed, the author has a choice (which in turn implies that it makes little sense for an author to self-archive in a non-OA archive).

I would be grateful for anyone who can help clarify this confusing area.

I would also be very interested to know what % of authors are (a) aware of the possibility they can self-archive an open-access version of their subscription-journal article, and (b) what % of authors actually make their article available in this way.

Best wishes, Neil

Coordinator, HIFA Project on Access to Health Research

<http://www.hifa.org/working-groups/access-health-research>

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## **Open Access (20) Open Access Week, October 21-27: Open for Whom? Equity in Open Knowledge**

1 August, 2019

Read online: <http://www.openaccessweek.org/profiles/blogs/theme-of-2019-international...>

Theme of 2019 International Open Access Week To Be “Open for Whom? Equity in Open Knowledge”

Posted by Nick Shockey on June 4, 2019

The 2019 Open Access Week Advisory Committee is pleased to announce that the theme for the 2019 International Open Access Week, to be held October 21-27, will be “Open for Whom? Equity in Open Knowledge”.

As the transition to a system for sharing knowledge that is open by default accelerates, the question “open for whom?” is essential—both to consider and to act upon. Whose interests are being prioritized in the actions we take and in the platforms that we support? Whose voices are excluded? Are underrepresented groups included as full partners from the beginning? Are we supporting not only open access but also equitable participation in research communication? These questions will determine the extent to which emerging open systems for research will address inequities in the current system or replicate and reinforce them.

This year’s theme will build on the groundwork laid last year when discussions focused on “Designing Equitable Foundations for Open Knowledge.” The 2018 theme highlighted the importance of making a central commitment to equity as we transition toward new systems for sharing knowledge, and the past twelve months have only seen the pace of that transition increase. Because of this, the Open Access Week Advisory Committee decided it was important to focus on equity again in 2019—to deepen our conversations about being inclusive by design and to turn those conversations into action.

We find ourselves at a critical moment. The decisions we make now—individually and collectively—will fundamentally shape the future for many years to come. As open becomes the default, all stakeholders must be intentional about designing these new, open systems to ensure that they are inclusive, equitable, and truly serve the needs of a diverse global community. Asking ourselves and our partners “open for whom?” will help ensure that considerations of equity become and remain central in this period of transition.

Established by SPARC and partners in the student community in 2008, International Open Access Week is an opportunity to take action in making openness the default for research—to raise the visibility of scholarship, accelerate research, and turn breakthroughs into better lives. This year’s Open Access Week will be held from October 21st through the 27th; however, those celebrating the week are encouraged to schedule local events whenever is most suitable during the year and to utilize themes that are most effective locally.

The global, distributed nature of Open Access Week will again play a particularly important role in this year’s theme. Strategies and structures for opening knowledge must be co-designed in and with the communities they serve—especially those that are often marginalized or excluded from these discussions altogether.



International Open Access Week is an important opportunity to catalyze new conversations, create connections across and between communities that can facilitate this co-design, and advance progress to build more equitable foundations for opening knowledge—discussion and action that must continue throughout the year, year in and year out. Diversity, equity, and inclusion must be prioritized year-round and integrated into the fabric of the open community, from how our infrastructure is built to how we organize community events.

For more information about International Open Access Week, please visit [www.openaccessweek.org](http://www.openaccessweek.org). The official twitter hashtag for the week is #OAWeek, and we encourage those having discussions around this year's theme in the leadup to the week to use the hashtag #OpenForWhom.

Translations of this announcement in other languages can be found at [www.openaccessweek.org](http://www.openaccessweek.org). If you are interested in contributing a translation of this year's theme or the full announcement in another language, you can find instructions for doing so here.

Graphics for this year's Open Access Week theme are available at <http://www.openaccessweek.org/page/graphics>

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#### About SPARC

SPARC®, the Scholarly Publishing and Academic Resources Coalition, is a global coalition committed to making Open the default for research and education. SPARC empowers people to solve big problems and make new discoveries through the adoption of policies and practices that advance Open Access, Open Data, and Open Education. Learn more at [sparcopen.org](http://sparcopen.org).

#### About International Open Access Week

International Open Access Week is a global, community-driven week of action to open up access to research. The event is celebrated by individuals, institutions and organizations across the world, and its organization is led by a global advisory committee. The official hashtag of Open Access Week is #OAweek.

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Best wishes, Neil

Coordinator, HIFA Project on Access to Health Research

<http://www.hifa.org/working-groups/access-health-research>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

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## **Open Access (21) Myth 2: Open access journals discriminate against authors who cannot afford article processing charges (2) Predatory journals**

1 August, 2019

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.

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## Open Access (22)

1 August, 2019

Dear all - I worked for many years as an academic librarian (London School of Hygiene & Tropical Medicine) and am now working for 3ie (International Initiative for Impact Evaluation), WHO and other organisations assisting with systematic reviews and evidence gap maps. I also have extensive experience over the last 20 years in teaching on mainly public health programmes in many African countries, India, Afghanistan, Bangladesh and so on. 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.

HIFA profile: John Eyers 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

# **Open Access (23) A Systems Approach to Open Access Journals and Author Publication Charges (3) Are we undervaluing information and knowledge from key informants?**

2 August, 2019

Dear Charles, I enthusiastically agree with your reflections [\*see note below]. 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.

Pedro Jesús Mendoza-Arana

Chair

Health Systems Research Group - SYSTEMIC

Public Health Department

Universidad Nacional Mayor de San Marcos, Lima-Perú.

HIFA profile: Pedro Mendoza-Arana is a university professor and researcher of health systems and economics, at the Universidad Nacional Mayor De San Marcos, Peru. pedro\_mendoza\_arana AT yahoo.co.uk

[\*Note from HIFA moderator (Neil PW): Pedro refers to Charles's blog here:

<https://emkambo.wordpress.com/2019/07/29/how-do-we-liberate-agriculture-...>

Here is the opening paragraph:

How do we liberate agriculture and development from academic preferences

July 29, 2019 Charles Dhewa

'Between key informants and literature reviews, which are the most reliable sources of knowledge in developing countries? There is an unfortunate tendency to under-value information and knowledge from key informants like farmers who are coping with climate change. Traders who have seen the informal market surviving several droughts and food processors who have endured hardships associated with collapsing agricultural industries are also less valued sources of wisdom. Although a study that gathers fresh evidence and experiences from these people is more reliable than any literature review, such evidence is considered anecdotal and therefore ranked lower than literature review. The rate at which development is taking place in poor countries remains stagnant because academics and other knowledge workers prefer using stale knowledge in books and journals written before the dawn of software...'

The blog does not specifically relate to open access, but opens up an interesting new question for exploration: Are we under-valuing information and knowledge from key informants?]

## Open Access (24)

2 August, 2019  
Dear colleagues,

The following recent papers might be of interest for our discussion on open access.

Gasparyan AY, Yessirkepov M, Voronov AA, Koroleva AM, Kitas GD. Comprehensive Approach to Open Access Publishing: Platforms and Tools. J Korean Med Sci. 2019 Jul 15;34(27):e184. doi: 10.3346/jkms.2019.34.e184. Review. PubMed PMID: 31293109; PubMed Central PMCID: PMC6624413. (Open Access) [<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 identifies, 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).

Another recent paper of interest:

Grossmann A, Brembs B. 2019. Assessing the size of the affordability problem in scholarly publishing. PeerJ Preprints 7:e27809v1

<https://peerj.com/preprints/27809/>

The aim of this paper: an attempt to provide an authoritative documentation of approximate current publishing costs as a valuable information tool for decision-makers and other stakeholders in policy drafting, contract negotiations or public discourse. The authors distinguish three main areas in which production steps have to be considered: content acquisition, content preparation (production) and content dissemination/archiving. Importantly, 'content acquisition' does not imply active acquisition of authors and/or manuscripts.

From the abstract: 'also the prices for open access publishing are high and are rising well beyond inflation. What has been missing from the public discussion so far is a quantitative approach to determine the actual costs of efficiently publishing a scholarly article using state-of-the-art technologies, such that informed decisions can be made as to appropriate price levels. Here we provide a granular, step-by-step calculation of the costs associated

with publishing primary research articles, from submission, through peer-review, to publication, indexing and archiving. We find that these costs range from less than US\$200 per article in modern, large scale publishing platforms using post-publication peer-review, to about US\$1,000 per article in prestigious journals with rejection rates exceeding 90%. The publication costs for a representative scholarly article today come to lie at around US\$400. We discuss the additional non-publication items that make up the difference between publication costs and final price.'

Interesting statistics from this paper: 'While most OA journals do not charge APCs (or other author-facing fees, such as submission fees) and instead finance their services via alternative routes (71% of journals listed in the Directory of Open Access Journals, DOAJ), most OA articles are being published in the minority of journals which do charge APCs (58%, Crawford 2019).'

Thanks,

Irina Ibraghimova, PhD

Library and Information Management Consultant.

Regional Editor (Europe), International Journal of Health Governance

<https://www.emerald.com/insight/publication/issn/2059-4631>

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)

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## **Open Access (25) Subscription journals and open access repositories (2)**

2 August, 2019

Neil, regarding your question about knowledge of self-archiving ["I would be very interested to know what % of authors are (a) aware of the possibility they can self-archive an open-access version of their subscription-journal article, and (b) what % of authors actually make their article available in this way], there is some recent research on this:



Smith E, Haustein S, Mongeon P, Shu F, Ridde V, Larivière V. Knowledge sharing in global health research - the impact, uptake and cost of open access to scholarly literature. *Health Res Policy Syst.* 2017;15(1):73. Published 2017 Aug 29. doi:10.1186/s12961-017-0235-3

**Method:** A total of 3366 research articles indexed under the Medical Heading Subject Heading 'Global Health' published between 2010 and 2014 were retrieved using PubMed to (1) quantify the uptake of various types of OA, (2) estimate the article processing charges (APCs) of OA, and (3) analyse the relationship between different types of OA, their scholarly impact and gross national income per capita of citing countries.

**Results:** Most GHR publications are not available directly on the journal's website (69%). Further, 60.8% of researchers do not self-archive their work even when it is free and in keeping with journal policy. The total amount paid for APCs was estimated at US\$1.7 million for 627 papers, with authors paying on average US\$2732 per publication; 94% of APCs were paid to journals owned by the ten most prominent publication houses from high-income countries. Researchers from low- and middle-income countries are generally citing less expensive types of OA, while researchers in high-income countries are citing the most expensive OA.

**Conclusions:** Although OA may help in building global research capacity in GHR, the majority of publications remain subscription only. It is logical and cost-efficient for institutions and researchers to promote OA by self-archiving publications of restricted access, as it not only allows research to be cited by a broader audience, it also augments citation rates. Although OA does not ensure full knowledge transfer from research to practice, limiting public access can negatively impact implementation and outcomes of health policy and reduce public understanding of health issues.

Baro, E., Tralagba, E. and Ebiagbe, E. (2018), "Knowledge and use of self-archiving options among academic librarians working in universities in Africa", *Information and Learning Sciences*, Vol. 119 No. 3/4, pp. 145-160. <https://doi.org/10.1108/ILS-01-2018-0003>

#### Design/methodology/approach

An online survey was designed using SurveyMonkey software to collect data from 455 academic librarians working in 52 universities in Africa.

The study revealed that the academic librarians in Africa are aware of ResearchGate, institutional repository, personal website/server, kudos and Mendeley and they actually upload papers to self-archiving platforms such as institutional repository, ResearchGate, academia.edu and personal

websites/servers. Factors such as increased exposure of one's previously published work, provides exposure for works not previously published (e.g. seminar papers), broadens the dissemination of academic research generally and increases one's institutions visibility were among the options the academic librarians rated as very important factors that motivate them to submit their scholarly output to the self-archiving options. It was also found that majority of the academic librarians in Africa checked the publishers' website for copyright policy compliance before submitting their papers to the platform.

Baro, E. and Eze, M. (2017), "Perceptions, preferences of scholarly publishing in open access routes", *Information and Learning Sciences*, Vol. 118 No. 3/4, pp. 152-169. <https://doi.org/10.1108/ILS-03-2017-0015>

#### Design/methodology/approach

Online questionnaire was designed to collect data using SurveyMonkey software from 335 academic librarians in 57 institutions (Universities, Polytechnics and Colleges of Education) in Nigeria.

**Findings:** The findings of the study revealed that majority of the academic librarians are aware of the gold and green publishing routes, while the majority of academic librarians are not aware of the diamond publishing route. The study also revealed that when considering where to publish, reputation and impact factor of journal were rated as very important among the factors that inform their choice of OA. The study further revealed that academic librarians have little or no knowledge about the existence of institutional repositories in their institutions, and only a few actual use institutional repositories and ResearchGate to self-archive their publications. The majority of the academic librarians agreed that author fees (Article Processing Charges) and low impact factor of journal are barriers to publishing in OA journals. Training on OA publishing is recommended for librarians to increase their knowledge and confidence to discuss OA with faculty members in future.

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...>

Regards,

Irina

Irina Ibraghimova, PhD

Library and Information Management Consultant.

Regional Editor (Europe), International Journal of Health Governance

<https://www.emerald.com/insight/publication/issn/2059-4631>

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)

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## Open access (26)

3 August, 2019

Dear colleagues,

To assist your discussion - are you aware of this recent publication? [\*see note below]

<https://bmjopen.bmj.com/content/9/6/e028655>

Best wishes,

Steve Winter

[\*Note from HIFA moderator (Neil PW): For the benefit of those who may not have immediate web access, here are the citation, abstract and selected extract of the paper. I was surprised to read that two journals (Science and Science Translational Medicine) only provide details of their article processing charge after the article is accepted, which seems unethical?

CITATION: Medical publishing and peer review

Open access policies of leading medical journals: a cross-sectional study

Tim S Ellison, Tim Koder, Laura Schmidt, Amy Williams, Christopher C Winchester

<https://bmjopen.bmj.com/content/9/6/e028655>

## ABSTRACT

**Objectives:** Academical and not-for-profit research funders are increasingly requiring that the research they fund must be published open access, with some insisting on publishing with a Creative Commons Attribution (CC BY) licence to allow the broadest possible use. We aimed to clarify the open access variants provided by leading medical journals and record the availability of the CC BY licence for commercially funded research.

**Methods:** We identified medical journals with a 2015 impact factor of  $\geq 15.0$  on 24 May 2017, then excluded from the analysis journals that only publish review articles. Between 29 June 2017 and 26 July 2017, we collected information about each journal's open access policies from their websites and/or by email contact. We contacted the journals by email again between 6 December 2017 and 2 January 2018 to confirm our findings.

**Results:** Thirty-five medical journals publishing original research from 13 publishers were included in the analysis. All 35 journals offered some form of open access allowing articles to be free-to-read, either immediately on publication or after a delay of up to 12 months. Of these journals, 21 (60%) provided immediate open access with a CC BY licence under certain circumstances (eg, to specific research funders). Of these 21, 20 only offered a CC BY licence to authors funded by non-commercial organisations and one offered this option to any funder who required it.

**Conclusions:** Most leading medical journals do not offer to authors reporting commercially funded research an open access licence that allows unrestricted sharing and adaptation of the published material. The journals' policies are therefore not aligned with open access declarations and guidelines. Commercial research funders lag behind academical funders in the development of mandatory open access policies, and it is time for them to work with publishers to advance the dissemination of the research they fund.

## SELECTED EXTRACT

Of the 21 journals that offered a CC BY licence, 19 (90%) disclosed article processing charges on their websites. Across these journals, charges ranged from US\$3000 to US\$5000; the most common article processing charge was US\$5000 (in 13 (62%) of journals; figure 3). Of the six journals disclosing an article processing charge of less than US\$5000, five had an impact factor of less than 20.0, indicating that the cost of article processing charges may depend on impact factor. Details of the fees charged by the remaining two journals (10%), Science and Science Translational Medicine, were not available from their websites because the details were only provided when the article was accepted.]

## **Open access (27) Open access policies of leading medical journals**

4 August, 2019

Thanks for bringing this article

[<https://bmjopen.bmj.com/content/9/6/e028655>] to our attention, Steve! It's a useful study.

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.

Best wishes,

Pam Sieving

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

# **Open access (28) Myth 2: Open access journals discriminate against authors who cannot afford article processing charges**

4 August, 2019

Dear all,

Thank you for your contributions so far. We now enter the third week of our sponsored HIFA thematic discussion on Open access: Perceptions and misconceptions

This week we invite you to consider:

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

Do you agree or disagree that this is a myth? Does it apply to some journals but not others? We have learned that the majority of OA journals, contrary to common perceptions, do not actually charge APCs. So, presumably, those who cannot afford APCs can still publish in a non-APC journal? And many of those who do charge APCs have a policy to waive the charge for authors from selected low- and middle-income countries.

In what circumstances would an author not feel that publication in an OA journal is possible, despite the fact that most OA journals do not charge APCs?

Indeed, what do we know about the motivation of authors in relation to OA versus restricted-access journals? What percentage of authors 'believe' in open access as the way forward for research communication? To what extent is free access important to them? How does the motivation to publish OA versus restricted-access compare to the importance of impact factor and academic recognition? Should the criteria for academic recognition be revised to positively promote rather than discriminate against open access?

As ever, we are grateful to The Lancet and Elsevier for providing sponsorship for this thematic discussion. (Note: HIFA invites all organisations, and especially our 300+ official supporting organisations, to consider sponsorship of a future thematic discussion of your choice - sponsorship of discussions enables HIFA to thrive and brings collective focus to priority global health issues. Contact the HIFA Coordinator [neil@hifa.org](mailto:neil@hifa.org) for details of sponsorship opportunities.)

Best wishes, Neil

Coordinator, HIFA Project on Access to Health Research

<http://www.hifa.org/working-groups/access-health-research>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

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 [neil@hifa.org](mailto:neil@hifa.org)

## **Open access (29) Myth 2: Open access journals discriminate against authors who cannot afford article processing charges (3)**

5 August, 2019  
Neil,

Thank you for sharing the topic for week 2 in this series of discussions on Open Access (OA). 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 Olugbemi Jegede, Secretary General of the Association of African Universities.'

By the way, I have wondered what happened to the BMC OA Conference because I don't know if there has been any 2nd hosting since 2011.

Joseph Ana.

AFRICA CENTRE FOR CLINICAL GOVERNANCE RESEARCH & PATIENT SAFETY

@Health Resources International (HRI) WA.

National Implementing Organisation: 12-Pillar Clinical Governance

National Implementing Organisation: PACK Nigeria Programme for PHC

Publisher: Medical and Health Journals; Books and Periodicals.

Nigeria: 8 Amaku Street, State Housing & 20 Eta Agbor Road, Calabar.

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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. Website: [www.hriwestafrica.com](http://www.hriwestafrica.com) Joseph is a member of the HIFA Steering Group and the HIFA working group on Community Health Workers.

<http://www.hifa.org/support/members/joseph-0>

<http://www.hifa.org/people/steering-group>

Email: jneana AT yahoo.co.uk

## **Open access (30) Myth 2: Open access journals discriminate against authors who cannot afford article processing charges (5)**

5 August, 2019

Neil,

Thank you for the points in your posting. The 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'.

Joseph Ana.

AFRICA CENTRE FOR CLINICAL GOVERNANCE RESEARCH & PATIENT SAFETY

@Health Resources International (HRI) WA.

National Implementing Organisation: 12-Pillar Clinical Governance

National Implementing Organisation: PACK Nigeria Programme for PHC

Publisher: Medical and Health Journals; Books and Periodicals.

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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. Website: [www.hriwestafrica.com](http://www.hriwestafrica.com) Joseph is a member of the HIFA Steering Group and the HIFA working group on Community Health Workers.

<http://www.hifa.org/support/members/joseph-0>

<http://www.hifa.org/people/steering-group>

Email: jneana AT yahoo.co.uk

## **Open access (31) Myth 2: Open access journals discriminate against authors who cannot afford article processing charges (6)**

5 August, 2019

Dear Neil,

Thanks for stimulating the discussion on open access (OA) journals. Here are my comments based on my experience.

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.

Thank you.

Seun Obasola

Digitization/Electronic Resource Librarian

Kenneth Dike Library, UI

Associate Lecturer, Centre for Child and Adolescent Mental Health,

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## **Open access (31) Incremental progress and radical questions**

5 August, 2019

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.

Thank you,

Amelia

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.

<http://www.hifa.org/support/members/amelia>

<http://www.hifa.org/projects/family-planning>

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## Open access (33) Subscription journals and open access repositories (3)

6 August, 2019

Dear Irina and all,

Thank you for the papers you highlighted a few days ago

[<http://www.hifa.org/dgroups-rss/open-access-25-subscription-journals-and...>]

I was especially interested to read Smith et al. Knowledge sharing in global health research - the impact, uptake and cost of open access to scholarly literature.

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.'

How can we, collectively and individually, address this situation? Can anyone point us to further research in this area? Is anyone promoting awareness of self-archiving among health researchers in general, and global health researchers in particular? What is the quickest and easiest way to self-archive, and how can we encourage researchers to do so?

CITATION: Smith E, Haustein S, Mongeon P, Shu F, Ridde V, LariviÃƒre V. Knowledge sharing in global health research - the impact, uptake and cost of open access to scholarly literature. Health Res Policy Syst. 2017;15(1):73. Published 2017 Aug 29. doi:10.1186/s12961-017-0235-3 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5576373/>

Best wishes, Neil

Coordinator, HIFA Project on Access to Health Research

<http://www.hifa.org/working-groups/access-health-research>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

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 [neil@hifa.org](mailto:neil@hifa.org)

## **Open access (34) Comments sent to the OA platform for LMIC bioscience journals, Bioline International**

6 August, 2019

Contributors to this discussion may be interested in reading comments sent to the OA platform for LMIC bioscience journals, Bioline International. Not all are health related, and they date from three years ago - but are still relevant as Bioline continues to attract high usage figures.

Comments: <http://www.bioline.org.br/info?id=bioline&doc=testimonials>

Usage statistic: [http://www.bioline.org.br/Bioline\\_dataUse.pdf](http://www.bioline.org.br/Bioline_dataUse.pdf)

Barbara Kirsop

[Trustee of Electronic Publishing Trust for Development, UK]

## **Open access (35) Subscription journals and open access repositories (4)**

7 August, 2019

Dear Neil,

thanks for formulating very specific questions.

I have found a recent research from Europe - though it is about open access awareness in the European universities, I think it shows the trend and suggests some solutions.

2017-2018 EUA Open Access Survey Results. The analysis in this report is based on the responses of 321 institutions from 36 European countries. The European University Association (EUA). April 2019

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

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%).

PRIORITY AREAS FOR PROMOTING OPEN ACCESS TO RESEARCH PUBLICATIONS

"Institutions were asked to prioritise different actions to promote Open Access to research publications. Raising awareness about Open Access, developing incentives for researchers and suitable national regulatory frameworks were

the three most important actions to facilitate Open Access identified by 79-85% of universities.

- Development of additional incentives for researchers to publish their papers Open Access;

- Legal frameworks requiring transparency of contracts and prices with

publishers;

- Sharing examples of good practice in developing and implementing institutional Open Access policies;
- Facilitate Open Access through suitable national legislative frameworks;
- Guidelines providing clarification of legal issues related to linking, sharing and re-using Open Access content;
- Coordinated negotiations with publishers to achieve better contractual conditions;
- Support for creation and/or development of e-infrastructures."

"The results of the current survey have also shown that European universities seldom monitor their Open Access activity, namely: publication in Open Access journals, and its related costs, for example, article processing charges (APCs) and page fees. Related EUA work, specifically the most recent results of the Big Deals Survey, have shown that more than 1 billion Euro is spent every year across Europe in electronic resources, of which more than 700 million Euro is spent on periodicals alone. Universities cover about 72% of these costs. These conservative figures demonstrate the magnitude of university spending on big deals with scientific publishers. Considering the weak monitoring mechanisms at many universities across Europe, the need for more transparency over publishing costs and better monitoring instruments at institutional, consortia and national levels is clear."

Regards,

Irina

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)

ibra AT zadar.net

**Open access (36) Subscription journals and open access repositories (5)**

7 August, 2019

Dear Irina,

Thank you for this very interesting report on European Universities: 2017-2018 EUA Open Access Survey Results. The analysis in this report is based on the responses of 321 institutions from 36 European countries. The European University Association (EUA). April 2019

<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.

It would be interesting to know:

1. Why 40% of universities in Europe do not recommend that researchers make their papers open-access. Is there a continuing hesitancy to accept/embrace open access?
2. What is the picture in other geographical regions? I suspect Latin America and Caribbean are more progressive, while perhaps other regions are less so?

Best wishes, Neil

Coordinator, HIFA Project on Access to Health Research

<http://www.hifa.org/working-groups/access-health-research>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

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 [neil@hifa.org](mailto:neil@hifa.org)

# Open access (37) Subscription journals and open access repositories (7)

7 August, 2019

Dear Irina and colleagues,

Thank you for pointing us (2 August) to this paper on self-archiving among academic librarians in Africa.

CITATION: Baro, E., Tralagba, E. and Ebiagbe, E. (2018), "Knowledge and use of self-archiving options among academic librarians working in universities in Africa", *Information and Learning Sciences*, Vol. 119 No. 3/4, pp. 145-160. <https://doi.org/10.1108/ILS-01-2018-0003>

Design/methodology/approach

**ABSTRACT:** An online survey was designed using SurveyMonkey software to collect data from 455 academic librarians working in 52 universities in Africa. The study revealed that the academic librarians in Africa are aware of ResearchGate, institutional repository, personal website/server, kudos and Mendeley and they actually upload papers to self-archiving platforms such as institutional repository, ResearchGate, academia.edu and personal websites/servers. Factors such as increased exposure of one's previously published work, provides exposure for works not previously published (e.g. seminar papers), broadens the dissemination of academic research generally and increases one's institutions visibility were among the options the academic librarians rated as very important factors that motivate them to submit their scholarly output to the self-archiving options. It was also found that majority of the academic librarians in Africa checked the publishers' website for copyright policy compliance before submitting their papers to the platform.

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Ironically the paper is restricted-access. The authors have uploaded it to ResearchGate, but it is available on request only (in practice, this means you may or may not eventually obtain the paper - does anyone know why full-text papers on ResearchGate are not routinely made available immediately?).

Awareness of open-access repositories is a sine qua non for academic librarianship. What is perhaps even more important is the advocacy role of academic librarians in promoting awareness of open-access repositories

among students and faculty at large. I would be interested to hear from librarians worldwide about their work in this regard.

Best wishes, Neil

Coordinator, HIFA Project on Access to Health Research

<http://www.hifa.org/working-groups/access-health-research>

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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 [neil@hifa.org](mailto:neil@hifa.org)

## **Open access (38) Myth 2: Open access journals discriminate against authors who cannot afford article processing charges (6)**

7 August, 2019

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.

Thanks,

Amelia

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.

<http://www.hifa.org/support/members/amelia>

<http://www.hifa.org/projects/family-planning>

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## **Open access (39) Subscription journals and open access repositories (4)**

7 August, 2019

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.

Thanks,

Amelia

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.

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## **Open access (40) Myth 2: Open access journals discriminate against authors who cannot afford article processing charges (7)**

8 August, 2019

Dear Joseph and all,

Joseph, in a previous message [ <http://www.hifa.org/dgroups-rss/open-access-10-what-open-access-9-types-...> ] you said:

'APC [article processing charge] impoverishes authors in Nigeria and I am sure In other LMICs too. This is not a myth, but verifiable fact.'

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 hthe 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.

Best wishes, Neil

Coordinator, HIFA Project on Access to Health Research

<http://www.hifa.org/working-groups/access-health-research>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

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 [neil@hifa.org](mailto:neil@hifa.org)

## Open access (41) Platinum open access

9 August, 2019

I learned today about another 'colour' of open access journals: Platinum

'What is a platinum open access journal?

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.'

<https://publishingsupport.iopscience.iop.org/open-access-terminology-guide/>

Would it be true to say that all open access journals that allow immediate access to the content of the journal without the payment of a subscription fee or licence are 'platinum journals'? If so, then most OA journals are platinum.

Best wishes, Neil



Coordinator, HIFA Project on Access to Health Research

<http://www.hifa.org/working-groups/access-health-research>

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## **Open access (42) Open access in Africa (3) Universities discriminate against open access**

10 August, 2019

Neil, thank you for your answers to William Nwagwu's posting.

You asked, '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.

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. Website: [www.hriwestafrica.com](http://www.hriwestafrica.com) Joseph is a member of the HIFA Steering Group and the HIFA working group on Community Health Workers.

<http://www.hifa.org/support/members/joseph-0>

<http://www.hifa.org/people/steering-group>

Email: jneana AT yahoo.co.uk

## **Open access (43) Myth 1: Open access journals have a less rigorous approach to quality control and peer review than subscription journals (2)**

10 August, 2019

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.

What is missing from our background paper ([http://www.hifa.org/sites/default/files/articles/HIFA\\_Background\\_Paper\\_P...](http://www.hifa.org/sites/default/files/articles/HIFA_Background_Paper_P...)) and our discussion is evidence that demonstrates parity of quality of OA as compared with subscription-based journals.

I would be grateful if HIFA members can share any papers or evaluations on this subject, which might be used to rebuff misperceptions and discrimination.

I did a quickGoogle search and found this paper. Ironically the paper is not open access, but the author has self-archived the paper on ResearchGate: [https://www.researchgate.net/publication/318041313\\_Status\\_and\\_Quality\\_of...](https://www.researchgate.net/publication/318041313_Status_and_Quality_of...)

Status and quality of open access journals in Scopus

Mohammadamin Erfanmanesh

<https://www.emerald.com/insight/content/doi/10.1108/CB-02-2017-0007/full...>

Publication date: 2 October 2017

## Abstract

**Purpose:** This study aims to provide an extensive overview of OA journals' status and quality in 27 research areas based on all Scopus-indexed journals. It shows the volume of OA journals, proportion of publications in OA journals and the quality of these journals in comparison with subscription-based counterparts.

**Design/methodology/approach:** This research investigated 22,256 active peer-reviewed journals indexed by Scopus in 2015. Data were gathered using the Journal Metrics website. The current research adopted four indicators to compare the quality of OA and non-OA journals indexed in Scopus under each subject area, namely citedness rate, CiteScore, SNIP and SJR.

**Findings:** OA journals comprised approximately 17 per cent out of the total journals indexed by Scopus in 2015. The results revealed an uneven spread of OA journals across disciplines, ranged from 5.5 to 28.7 per cent. Studying the quality of journals as measured by CiteScore, SJR SNIP leads us to the finding that, in all research areas, except for health profession and nursing, non-OA journals attain statistically significant higher average quality than do OA journals.

**Originality/value:** Although OA publishing improves the visibility of scholarly journals, this increase is not always coupled with increase in journals' impact and quality.

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The implication is that there is a problem of quality among health professional and nursing OA journals. It would be interesting to know more about the possible reasons for this. I have invited the author to join us.

Best wishes, Neil

Coordinator, HIFA Project on Access to Health Research

<http://www.hifa.org/working-groups/access-health-research>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

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 [neil@hifa.org](mailto:neil@hifa.org)

## **Open access (44) Medicina Internacia Revuo**

10 August, 2019

Hi all,

The journal of the Universal Medical Esperanto-Association, Medicina Internacia Revuo (MIR), is OA as well: <https://interrev.com/mir/index.php/mir>. Scientific papers in all possible languages are accepted, abstracts in Esperanto will be provided by the editors.

Kind regards,

Christoph Klawe

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

## **Open access (45) Open access in Africa (3)**

10 August, 2019

Dear colleagues,

One more recent publication gives a comprehensive overview of what is going on in Africa in connection with open science (and OA as its component).

## Open Science in Africa

<https://elephantinthelab.org/open-science-in-africa/>

Justin Ahinon and Jo Havemann (both founders of AfricArXiv) talk in this article about the development of Open Science Services in Africa, initiatives, the current situation and chances in the future. In this article, they provide an overview of the most important initiatives and actors in the Open Science movement in Africa. They further identify three major challenges for Open Science on the African continent and offer perspectives for African researchers to actively contribute to the global scientific community and share knowledge to meet the challenges we all face.

Here are some findings from this article:

- According to a study by the African Journal Online published in September 2014, of 319 journals listed on the African continent, 197 had open access publication policies;
- The South Africa-based African Open Science Platform and Kenya-based AAS Open Research build upon Open Access peer-reviewing as an alternative to traditional academic content assessment systems;
- New sources of open access content providers are emerging on the continent, including the francophone institutional archive DICAMES, Regional discipline-specific repositories encourage scientists, teachers and students alike to make the results of their research and work available;
- The pan-African and cross-disciplinary AfricArxiv, which allows the submission of content, articles or research results in African local languages as well as in English and French (Asiedu, 2018) . With the large number of traditional languages in Africa, there is a very high amount of information and knowledge that can be made visible if authors are allowed to publish their research in these languages (Saka, 2017). The International African Institute (IAI) provides lists of national, regional and pan-African directories and other Open Access content sources;
- **3 KEY CHALLENGES REMAIN.** According to Nkolo (2016), three key challenges remain to be solved for Open Access and consequently for full adoption of Open Science on the African continent. These are 1) Internet penetration, 2) political governance, and 3) the standardization of services and platforms;
- According to figures from the Registry of Open Access Repository (ROAR), in 2018, the number of open access policies on the continent is evaluated at 31, the majority of which are from East African countries (17) and South

Africa (9) (roarmap.eprints.org). In regions of the world where the Open Access movement has strong impact, such as India, Argentina and China, laws and policies are in place to promote Open Access and have played an important role (Hameau, 2015).

Some useful references from this article:

African Digital Research Repositories

<https://www.internationalafricaninstitute.org/repositories>

African Journals Online: Open Access Titles

<https://www.ajol.info/index.php/index/browse/alpha?letter=oa>

Kwasi Gyamfi Asiedu (2018): A Research Platform for African Scientists Will Take Papers in Local Languages.

<https://qz.com/africa/1314682/african-scientists-can-submit-research-in-...>

Nkolo, N. P. (2016): Open Access et Valorisation Des Publications Scientifiques: Les Defis de l'Afrique Francophone. Justice Cognitive, Libre Acces et Savoirs Locaux Piron F.(Ed.), Regulus S.(Ed.), Dibounje Madiba MS (Ed.). Editions Science et Bien Commun, Quebec: 91-105

<https://scienceetbiencommun.pressbooks.pub/justicecognitive1/chapter/ope...>

Regards,

Irina

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) [ibra AT zadar.net](mailto:ibra@zadar.net)

**Open access (46) Open access in Africa (4)  
OA behaviours and perceptions of health**

# sciences faculty and roles of information professionals

10 August, 2019

Health Info Libr J. 2015 Mar;32(1):37-49.

doi: 10.1111/hir.12094. Epub 2015 Jan 21.

(free access)

Open access behaviours and perceptions of health sciences faculty and roles of information professionals.

Lwoga ET(1), Questier F.

Author information:

(1) Directorate of Library Services, Muhimbili University of Health and Allied Health Sciences, Dar es salaam, United Republic of Tanzania.

**OBJECTIVE:** This study sought to investigate the faculty's awareness, attitudes and use of open access, and the role of information professionals in supporting open access (OA) scholarly communication in Tanzanian health sciences

universities.

**METHODS:** A cross-sectional survey was conducted. Semi-structured interviews were conducted with 16 librarians, while questionnaires were physically distributed to 415 faculty members in all eight Tanzanian health sciences universities, with a response rate of 71.1%.

**RESULTS:** The study found that most faculty members were aware about OA issues. However, the high level of OA awareness among faculty members did not translate into actual dissemination of faculty's research outputs through OA web

avenues. A small proportion of faculty's research materials was made available as OA. Faculty were more engaged with OA journal publishing than with self-archiving practices. Senior faculty with proficient technical skills were more likely to use open access than junior faculty. Major barriers to OA usage were related to ICT infrastructure, awareness, skills, author-pay model, and copyright and plagiarism concerns. Interviews with librarians

revealed that there was a strong support for promoting OA issues on campus; however, this positive support with various open access-related tasks did not translate into actual action. It is thus important for librarians and OA administrators to consider all these factors for effective implementation of OA projects in research and academic institutions.

**CONCLUSION:** This is the first comprehensive and detailed study focusing on the health sciences faculty's and librarians' behaviours and perceptions of open access initiatives in Tanzania and reveals findings that are useful for

planning and implementing open access initiatives in other institutions with similar conditions.

A structured questionnaire was used to collect data about (1) Awareness of OA issues: level of awareness about initiatives and terms related to the OA movement; and sources for faculty OA awareness "The majority of respondents (93.5%; n=276) in this study were aware of OA issues. Among those 93.5% respondents, most faculty were familiar with OA journals (78.3%; n=216). Other terms that faculty were familiar with were IR (36.6%; n=101), self-archiving (20.7%; n=57) and the Budapest OA initiative (8.3%; n=23). The main sources of OA awareness to faculty were colleagues (54.9%; n=147), followed by workshops/seminars (32.1%; n=86), and other Universities' authorities (28.7%; n=77) . Other sources of awareness as identified by faculty in the "other" category included the following: ICT staff, and undergraduate and postgraduate training within the country.

(2) Utilization of OA scholarly communication: frequency and percentage of faculty's work disseminated via OA venue; experience in OA publishing; and type of depositors in OA venue

"Most academics used OA venues for accessing scientific works that are freely available on the web more than publishing their own research outputs. The study results indicated that the majority of faculty (84.7%; n=250) accessed OA content, while two thirds (64.4%; n=190) of respondents reported to have used OA venues to disseminate their research materials."

"The study findings further indicated that a small proportion of faculty's research materials was made available in OA venues. In general, faculty had published not more than 38.9% (n=74) of their journal articles, and they had self-archived not more than 26.8% (n=51) of their book chapters in the last five years"

"The findings showed that over half of faculty members actually deposited their research outputs themselves (58.6%; n=92). Collaborators also played a key role in assistant faculty to publish their research work in OA venues,



accounting for 53.5% (n=84). Other department staff (9.5%, n=22), student assistants (8.7%, n=20), and librarians (5.6%, n=13) self-archived for faculty less frequently. Faculty also identified other people who posted content online for them including ICT staff, publishers, Phd/Masters supervisors, and conference organizers."

(3) Faculty perceptions on OA practices: attitude towards OA approaches; management of IR; need for peer review system in IR; types of IR content; and acceptable use of IR

"Most faculty members indicated that it was a major problem to disseminate their research outputs, as indicated in both categories as a "problem" (31%; n=87) and "very big problem" (22.4%; n=63)."

(4) Factors that inhibit faculty to make available their research in OA venues

"About two-thirds (67%; n=177) indicated slow internet connectivity as a major barrier towards publishing in OA venues as indicated in Table 6. Other barriers that inhibited faculty to use OA were lack of awareness about OA publishing (58%; n=154), inadequate skills to publish in OA venues (53%; n=141). Other barriers of importance were lack of reliable electricity, the OA journals author pay model, fear to violate publishers' copyright policies, and plagiarism"

"Individual characteristics were found to play a great role in influencing faculty participation in OA scholarly communication. On one hand, individual traits such as professional rank, technical skills, and age were found to influence OA usage in the surveyed study. The study findings revealed that senior faculty with proficient technical skills are more likely to use OA than those faculty members at the lower professional levels"

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) ibra AT zadar.net

## **Open access (47) Open access in India (1) Universities discriminate against open access (2)**

11 August, 2019

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...>

I did a quick Google search to see what the current situation is. 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. Are HIFA members aware of discrimination against open-access journals in other countries/academic insitutions?

Ad what is the current situation for researchers in India? Are their publications in open-access journals recognised as they seek to advance their careers?

Best wishes,

Neil

Best wishes, Neil

Coordinator, HIFA Project on Access to Health Research

<http://www.hifa.org/working-groups/access-health-research>

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six global forums in four languages. Twitter: @hifa\_org FB:  
facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## Open access (48) Manila Declaration (2)

11 August, 2019

Dear Joey,

Thank you for reminding HIFA members of 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.

<http://www.wpro.who.int/entity/apame/publications/maniladeclarationweb2>

As you say, the Declaration drew on HIFA discussions on Open Access from 20 July to 24 August 2015 "Meeting the information needs of researchers and users of health research in low- and middle-income countries" available from [http://www.hifa.org/sites/default/files/publications\\_pdf/Selected\\_highli...](http://www.hifa.org/sites/default/files/publications_pdf/Selected_highli...)

I would be grateful if you can share your reflections on progress since then. Is there anything that we on HIFA can do to help accelerate progress over the coming months and years?

I would also be interested to hear from HIFA members in other regions. What is the position of regional medical library associations such as AHILA (Africa) and/or professional medical journal associations?

Best wishes, Neil

Coordinator, HIFA Project on Access to Health Research

<http://www.hifa.org/working-groups/access-health-research>

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facebook.com/HIFAdotORG [neil@hifa.org](mailto:neil@hifa.org)

## Open access (49) Commercial versus non-profit publishers

11 August, 2019

Dear John, (John Eyers, UK: <http://www.hifa.org/dgroups-rss/open-access-22> )

You write: "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?"

I look forward to read other people's views on this.

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-...>

Best wishes, Neil

Coordinator, HIFA Project on Access to Health Research

<http://www.hifa.org/working-groups/access-health-research>

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## **Open access (50) Myth 3: Open access will not make any difference to health policy and practice**

11 August, 2019

Dear HIFA colleagues,

We now enter our final week in the Open Access discussion and we invite your contributions on:

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

Text from the IFLA Statement on open Access and comments from me below:

The International federation of Library Associations' IFLA Statement on Open Access (2011)

(<https://www.ifla.org/files/assets/hq/news/documents/ifla-statement-on-op...>) asserts:

'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.

I look forward to your reflections on whether and how open access makes a difference to health policy and practice.

Best wishes, Neil

Coordinator, HIFA Project on Access to Health Research

<http://www.hifa.org/working-groups/access-health-research>

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## **Open access (51) Open access in India (2) Universities discriminate against open access (3)**

11 August, 2019

Neil

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 e-journals, 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

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MMC Speaker Code - MMC/MASS/00030/2016

Member: Academy of Health Professions Education

QMed's ELearning Course

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



# Open access (52) Subscription journals and open access repositories (3)

12 August, 2019

Dear Irina and all

Irina, in a previous message (<http://www.hifa.org/dgroups-rss/open-access-25-subscription-journals-and...>) you said:

'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).'

I find this area quite confusing. This confusion is probably a major cause for why researchers do not bother to self-archive their work. Can anyone on HIFA help to provide simple guidance for health researchers on how to self-archive?

There is a Directory of Open Access Repositories here: <http://v2.sherpa.ac.uk/opensoar/> but unfortunately I could not find any simple guidance. Also, I was unable to browse the Directory. I did a search on ResearchGate, and this is not included in the Directory. I have used ResearchGate often to try to obtain full text, although I have to say that my success rate has been low.

Looking forward to learn more from you.

Best wishes, Neil

Coordinator, HIFA Project on Access to Health Research

<http://www.hifa.org/working-groups/access-health-research>

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# **Open access (53) Subscription journals and open access repositories (4) Myth 3: Open access will not make any difference to health policy and practice (2)**

13 August, 2019

Dear Amelia and all,

On the subject of why authors do not self-archive their work, you write:

"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."

It would be interesting indeed to know more about what motivates health researchers. 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).

I look forward to further discussion on these issues. To contribute to the discussion, just send an email to: [hifa@hifaforums.org](mailto:hifa@hifaforums.org)

Best wishes, Neil

Coordinator, HIFA Project on Access to Health Research

<http://www.hifa.org/working-groups/access-health-research>

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## **Open access (54) Subscription journals and open access repositories (5)**

13 August, 2019

Dear Neil and others, 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 quoted 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.

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

133139, June 2010. He recently retired as Assistant Medical Librarian at the University of Zambia. klchanda AT gmail.com

## **Open access (55) Open access in India (3) Universities discriminate against open access (4)**

13 August, 2019

Dear Vasumathi and all,

Thanks for the "Clarification"

<https://www.mciindia.org/CMS/wp-content/uploads/2017/10/Circular-03.09.2...>

This confirms that the Medical Council of India did (and perhaps still does) discriminate against all open access journals.

It would be interesting to know what their more recent position is (although as I noted in my previous message, the Indian Government has taken the unprecedented step of dissolving the whole Council, apparently because of intransigency to reform).

It would also be interesting to know if there are other academic institutions anywhere in the world that discriminate against open access.

Best wishes, Neil

Coordinator, HIFA Project on Access to Health Research

<http://www.hifa.org/working-groups/access-health-research>

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## **Open access (56) Open access versus free access**

14 August, 2019

Dear HIFA colleagues,

What are your thoughts on the additional benefits of true open-access research papers (where the user is free to reproduce the paper) versus free-access only (whereby the paper is freely accessible to everyone, but there are restrictions on how it can be used)?

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 do you think? What aspects of 're-use' of open-access papers do you take advantage of, that you wouldn't be able to with free-access?

Best wishes, Neil

Coordinator, HIFA Project on Access to Health Research

<http://www.hifa.org/working-groups/access-health-research>

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## **Open access (57) Program evaluations**

15 August, 2019

Kenneth, you bring up an interesting point about the purpose of research, that it is either for public use (to answer a general research question or area of interest), or private use (in which those are defined, presumably by the funder).

I would like to dive a bit deeper into this issue. It relates to the question Neil had posed a few days ago about whether or not open access makes a difference to health policy and practice. On the one hand, there is medical research related to a specific treatment or disease. On the other, there are program evaluations. I will focus on the latter.

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-...>

I am very interested in this dynamic, and would invite a larger discussion of how evaluations are undertaken, by whom, and for whom as a sub-topic to the open access conversation. The first tragedy is that published scientific evidence is not available to everyone. The second is that thousands of organizations are doing fantastic work, and there is no centralized system by which that work is shared and discussed.

Thanks,

Amelia

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.

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<http://www.hifa.org/projects/family-planning>

asiplant AT gmail.com

## **Open access (57) Open access in India (4) Universities discriminate against open access (5)**

15 August, 2019

Dear Neil and all at HIFA

Regarding your previous email:

Thanks for the "Clarification"

<https://www.mciindia.org/CMS/wp-content/uploads/2017/10/Circular-03.09.2...>

This confirms that the Medical Council of India did (and perhaps still does) discriminate against all open access journals."

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.

Vasumathi Sriganesh

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Member: Academy of Health Professions Education

QMed's ELearning Course <<http://www.qmed.ngo/e-learning>>

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

**Open access (58) FTC v. OMICS: a landmark predatory publishing case**



15 August, 2019

Below are the opening paragraphs to a blog on The Source. The fulltext is available here: <https://blog.cabells.com/2019/08/14/ftc-v-omics-a-landmark-predatory-pub...>

FTC v. OMICS: a landmark predatory publishing case

In March of 2019, upon review of numerous allegations of predatory practices against the publisher OMICS International, the U.S. District Court for the District of Nevada ordered OMICS to pay \$50.1 million in damages. The case marks one of the first judgments against a publisher accused of predatory practices and could be a signal of greater publisher oversight to come.

In March of this year, a US federal court ordered OMICS International to pay over \$50 million in damages stemming from a 2016 lawsuit brought by the Federal Trade Commission (FTC), the first such action against a 'predatory' publisher. The FTC was moved to act against the Hyderabad, India-based open access publisher and its owner, Srinubabu Gedela, after receiving a multitude of complaints from researchers concerning several systematic fraudulent practices.

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Best wishes, Neil

Coordinator, HIFA Project on Access to Health Research

<http://www.hifa.org/working-groups/access-health-research>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

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 [neil@hifa.org](mailto:neil@hifa.org)

**Open access (60) Subscription journals  
and open access repositories (6)**

15 August, 2019

Dear HIFA colleagues,

Our discussion on OA shows that there are still many questions that have no simple answer.

An interesting blog post from Toby Green explains why this is a complex matter and needs a complex solution. He argues that all the stakeholders of the process (author, author's institution, publisher, librarians, funders, readers) need to change to make the new approach a reality.

Toby Green. We've failed: Pirate black open access is trumping green and gold and we must change our approach. First published: 06 September 2017 <https://onlinelibrary.wiley.com/doi/full/10.1002/leap.1116>

“Let us look at one stakeholder, the author, as an example. For green open access, at a minimum, the author needs to change from his or her traditional approach as follows: he or she would need to select a journal that allows a green version to be posted in a repository and then find a suitable repository on which to post it. This does not sound like much, but without mandates, only around a fifth of authors actually make the effort to deposit green versions, a figure that struggles to rise above 70% with mandates (Gargouri, Larivière, & Harnad, 2013; Poynder, 2011). A study of Spanish researchers in 2016 showed that, when allowed, just 13% of authors posted green versions on their institutional repository, and allowed or not, just over half posted full-text versions on ResearchGate (Borrego, 2017). It seems that even a little change involving no out-of-pocket cost is a tough ask for authors, even when backed up by a mandate.”

“Set against this are the combined efforts of stakeholders in scholarly communications who, after two decades, have managed only to get around half the world's research articles open, with the rest still behind a paywall 3-4 years post-publication (Boselli & Galindo Rueda, 2016; SIMBA, 2016). If past performance is any guidance, around four-fifths of all new scholarly articles in 2017 will be unavailable for most people on publication via legal channels (Research Consulting, 2017; Taylor, 2017). It does not look impressive: black open access has trumped green and gold. For gold, at a minimum, the author needs to find a suitable gold open access journal and, sometimes, find funds to pay the publishing bill. As we have seen above, with less than 20% of all new articles published in gold journals, for most authors, not changing to gold is vastly preferable. The bottom line is that for both green and gold open access, a lot of actors need to change what they do.”

“To make it more challenging still, for the green open access model to be a success, all six actors need to change some aspect of their behaviour in concert - the model fails if any one actor does not change or fails to cooperate with others. For example, the main reason Spanish authors did not post green versions in their institution's repositories was because they were not aware of its existence (Borrego, 2017), suggesting a breakdown in communication between the author and whoever ran the repository. For gold, four of the six must change from past practices, again, in concert. The changes need to be made in concert because green and gold are complex processes dependent on several actors for completion: some stakeholders need reports from others, new relationships and business processes have to be negotiated, and new internal workflows and roles are needed too (Kingsley, 2017).”

Best regards,

Irina

Irina Ibraghimova, PhD

Library and Information Management Consultant.

Regional Editor (Europe), International Journal of Health Governance

<http://www.emeraldgrouppublishing.com/products/journals/journals.htm?id=...>

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)

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## **Open access (61) OA guides and toolkits**

15 August, 2019

Dear HIFA colleagues,

As Neil mentioned it could be easier for many authors and researchers to decide about self-archiving and other OA options when straightforward guides are available.

Below are some examples of such resources.

Guides and resources

Institutional level

Open Access: Self-archiving (Tampere University, Finland)

<https://libguides.tuni.fi/openaccess/selfarchiving>

A Guide to Self-Archiving for Young Research Scientists

<https://www.enago.com/academy/a-guide-to-self-archiving-for-young-resear...>

Author's Guide to Self-Archiving, Publication Versions and Permissions  
(University of British Columbia, Canada)

[https://scholcomm.ubc.ca/files/2018/01/CopyrightcIRcle\\_AuthorsGuide\\_2017...](https://scholcomm.ubc.ca/files/2018/01/CopyrightcIRcle_AuthorsGuide_2017...)

National level

Open Access Belgium. Self-archiving

<https://openaccess.be/what-is-open-access/open-access-through-self-archi...>

International level

European repositories infographic

<https://www.coar-repositories.org/news-media/dissemination-material/euro...>

Repository Toolkit

In the fall of 2018, COAR launched this Repository Toolkit. The aim of the toolkit is to provide repository managers with best practices and educational resources to support interoperability, discoverability and the development of value added services. The toolkit provides access to resources related to the role of repositories, discovery and interoperability, next generation repositories, and contains links to technical information for implementing and managing repository platforms.

<https://coartraining.gitbook.io/coar-repository-toolkit/>

One important issue is also implementing OA policies in different organizations. An interesting example of implementing such a policy by staff at Rice University's Fondren Library is described in the paper

Kipphut-Smith, Shannon. "'Good Enough": Developing a Simple Workflow for Open Access Policy Implementation." *College & Undergraduate Libraries*, 21, no. 3-4 (2014) Taylor & Francis: 279-294. Free access

<http://dx.doi.org/10.1080/10691316.2014.932263>.

“Academic libraries are often tasked with open access (OA) policy implementation. Many academic libraries have developed robust workflows that utilize custom-built management tools and receive support from a number of library staff. While such workflows certainly streamline the process, their development and management require significant resources. As the number of smaller institutions with OA policies increases, there is a need for solutions that are efficient, flexible, and can be accomplished with minimal resources. Staff at Rice University's Fondren Library developed a simple workflow that populates the institutional repository, freeing up time for OA policy outreach and awareness activities.”

Best regards,

Irina

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<http://www.emeraldgrouppublishing.com/products/journals/journals.htm?id=...>

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)

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## **Open access (63) Universities discriminate against open access (6)**

15 August, 2019

Dear Joseph and HIFA colleagues,

Joseph, you wrote: "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."

Please can you or others on HIFA provide an update on the situation today? Is it true that academic institutions in Africa (or elsewhere) continue to discriminate against open access journals?

Best wishes, Neil

Coordinator, HIFA Project on Access to Health Research

<http://www.hifa.org/working-groups/access-health-research>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: [www.hifa.org](http://www.hifa.org)

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 [neil@hifa.org](mailto:neil@hifa.org)

## **Open access (64) Open access in India (5) Universities discriminate against open access (7)**

15 August, 2019

Thanks, Vasu!

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.

Best wishes,

Pam

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

## **Open access (65) Universities discriminate against open access (8)**

15 August, 2019

Neil,

Thanks for asking.

My comments which you quoted came from my experience at the 2011 BMC conference in Kumasi Ghana.

More recently, 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.

Joseph Ana

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National Implementing Organisation: 12-Pillar Clinical Governance

National Implementing Organisation: PACK Nigeria Programme for PHC

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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. Website: [www.hriwestafrica.com](http://www.hriwestafrica.com) Joseph is a member of the HIFA Steering Group and the HIFA working group on Community Health Workers.

<http://www.hifa.org/support/members/joseph-0>

<http://www.hifa.org/people/steering-group>



Email: jneana AT yahoo.co.uk

## **Open access (66) Open access in India (6) Universities discriminate against open access (9)**

15 August, 2019

Dear Pam

Thank you for sharing your experience. I remembered that in the end of 2015 and through 2016, there was an article -

"The revised guidelines of the Medical Council of India for academic promotions: Need for a rethink"

This article appeared in 17 different Indian journals during this period - 2015-16. The authors - all experienced in journal editorial boards, had had a discussion with all interested people at the WAME conference that was held in Delhi earlier (I also attended this session). The four authors listed a "need to rethink" set of points and the very first one was about not accepting E-Journals!

Here is a link to the article in one of the journals  
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5067869/>

In that para the authors have also mentioned that while the MCI may have wanted to exclude predatory, this was not the way.

It was historic when so many Indian journals decided to publish the same article - just so that it would reach out to a maximum number of health professionals. Sadly nothing much seems to have changed. We will have to see if the new body - makes a change here

Vasumathi Sriganesh

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MMC Speaker Code - MMC/MASS/00030/2016

Member: Academy of Health Professions Education

QMed's ELearning Course

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

## **Open access (67) OA guides and toolkits (2)**

15 August, 2019

This is a very helpful posting from Irina, we have found that it helped us to meet requests on the subject from many of HRIWA'd users.

Highly appreciated and we recommend that others find time to visit the urls.

Another value added of belonging to Hifa forums.

Joseph Ana.

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. Website: [www.hriwestafrica.com](http://www.hriwestafrica.com) Joseph is a member of the HIFA Steering Group and the HIFA working group on Community Health Workers.

<http://www.hifa.org/support/members/joseph-0>

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## **Open access (68) What motivates health researchers?**

16 August, 2019

One of the findings of our current discussion on HIFA is that the knowledge, attitudes and practice of health researchers can paradoxically be a barrier to the open sharing of research. We have heard how many/most researchers do not take advantage of self-archiving in open-access repositories, and how (anecdotally) even if they do deposit their research in a repository such as ResearchGate, more often than not one is still unable to access it.

This led to the question in a previous message: what motivates health researchers?

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).

I tried in vain to find some research on this question. Can anyone help, or provide thoughts from their own experience? We'd be especially interested to hear from those of you who are health researchers, and those who deal with health researchers (eg journal editors).

Best wishes, Neil

Coordinator, HIFA Project on Access to Health Research

<http://www.hifa.org/working-groups/access-health-research>

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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 [neil@hifa.org](mailto:neil@hifa.org)

## **Open access (69) What motivates health researchers? (2) Attitudes of health researchers to open access**

16 August, 2019

Hi, I'm an academic health sciences librarian in Birmingham, Alabama, specializing in public health. A couple years ago I completed a qualitative study under the umbrella of the Ithaka S+R organization on the research support needs of public health faculty at my institution. One of themes I identified from the structured interviews was the ambivalence of researchers about sharing their data, and thereby losing control of it. There was a similar ambivalence about open access scholarly journals. The report is freely available at [http://guides.library.uab.edu/ld.php?content\\_id=36065309](http://guides.library.uab.edu/ld.php?content_id=36065309), with the section on open access beginning on page 5, and the section on data sharing starting on page 7. (Ithaka's combined results from my institution along with others around the US is available at <https://sr.ithaka.org/publications/supporting-the-changing-research-prac...>) I hope this helps.

Best regards,

Kay Hogan Smith, MLS, MPH

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

## **Open access (60) Program evaluations (2) Open educational resources**

16 August, 2019

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.

--

Dick Heller

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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)

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## **Open access (71) What motivates health researchers? (3) Attitudes of health researchers to open access (2)**

16 August, 2019

Neil thank you for your posting and for the question.

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.

Joseph Ana.

AFRICA CENTRE FOR CLINICAL GOVERNANCE RESEARCH & PATIENT SAFETY

@Health Resources International (HRI) WA.

National Implementing Organisation: 12-Pillar Clinical Governance

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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. Website: [www.hriwestafrica.com](http://www.hriwestafrica.com) Joseph is a member of the HIFA Steering Group and the HIFA working group on Community Health Workers.

<http://www.hifa.org/support/members/joseph-0>

<http://www.hifa.org/people/steering-group>

Email: jneana AT yahoo.co.uk

# **Open access (72) What motivates health researchers? (4) Attitudes of health researchers to open access (3)**

19 August, 2019

I am a journal editor for an open access charity-run oncology journal (ecancermedicalsecience) which publishes a lot of articles from LMIC authors. 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.

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