



## How can health research from LMICs be made more accessible?

### Background

From 6 June to 3 July 2016 HIFA hosted a thematic discussion around an important and neglected question: How can health research from low- and middle-income countries be made more accessible? This builds upon a previous, broader discussion on Access to Health Research, which led to 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 (26 August 2015)

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

The Manila Declaration leads us to four fundamental questions:

1. How can health research from LMICs be made more accessible?
2. What can be done to make research free/affordable to users in LMICs?
3. How can research be made available in the right language?
4. How can we improve access to different formats required by different users?

The current discussion focuses on Q1: How can health research from LMICs be made more accessible?

On behalf of the HIFA Access to Health Research working group (HIFA Access to Health Research is one of eight HIFA projects led by HIFA volunteers: <http://www.hifa2015.org/meeting-the-information-needs-of-researchers-and-users-of-health-research-2/>)

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### Findings

There were 24 messages from 14 HIFA members in 9 countries (Australia, Ghana, India, Macedonia, Nigeria, Tanzania, Uganda, UK, USA)

#### 1. Low research capacity

Joseph Ana (Nigeria): The volume and quality of research that is done in LMICs is seriously constrained by an opportunity gap: even when there is some funding, capacity is low; capacity is low because research infrastructure, support systems and ambience are poor; local mentoring and training are often lacking; local research culture is polluted by research misconduct (not limited to LMICs); persisting local cultural/religious beliefs in superstition, magic and miracles; and increasing Brain Drain of established faculty and younger ones to HICs in search of greener academic and professional pastures (they are poached often by richer countries for example the UK now conducts PLAB examination in LMICs and USA too).

## **2. Failure to publish research**

Neil Pakenham-Walsh (UK): Paul Glasziou and Iain Chalmers have noted that at least 85% of all funding on health research globally is wasted. This is the global figure. What about waste in low- and middle-income countries? What percentage of health research in LMICs (whether clinical trials or otherwise) is published?

Ayebo Sadoh (Nigeria): 'Many researches that are carried out as dissertations in part fulfilment for medical fellowships do not get published. The reason being that such research was a means to achieve an end - the fellowship. Many (probably most) are self funded. These researches are probably some of the most rigorous in terms of design and execution. It is thus a great loss that they are not published...'

Eben Afari-Kumah (Ghana): Most of our young researchers do not know where to publish their paper.

### **2.1 Publishing charges**

Virginia Barbour (Australia): Many open access journals are free to publish in as well as being free to read. This is the case for at least 29% (2,601) of the 8,858 journals listed in the Directory of Open Access journals (DOAJ) - a curated list of reputable journals.

Eben Afari-Kumah (Ghana): Manuscript processing fees in my opinion is one of the most important factor affecting publication by Researchers in LMIC. In addition, not knowing the avenues to publish one paper is also another important reason.

### **2.2 Prejudice against national journals**

Ayebo Sadoh (Nigeria): For those in academic settings there are guidelines for the journals in which they are required to publish in. An academic is required to published a certain fraction of his/her publications in foreign/international journals. Hence you may find content highly relevant to a particular country published in a journal that is not accessible to readership from that country.'

### **2.3 Prejudice against open access journals**

Vasumathi Sriganesh (India): The editors of several Indian journals have taken up this matter [prejudice of Medical Council of India against e-journals]. It was discussed by a team of them, when we had the conference of the World Association of Medical Editors (WAME) in October last year. Some of them got together and wrote this article: <http://indianpediatrics.net/jan2016/23.pdf>

## **3. Cochrane: moving towards open access and increased engagement of LMICs**

Sylvia de Haan (Switzerland): Cochrane fully supports the call for making health research from low and middle income countries more accessible...In our philosophy all research should be accessible, no matter by whom it is produced. All HINARI A and B countries already have open access to the Cochrane Library which meant that at the end of 2015, 3,77 billion people in 149 countries had access to all information in the Library. By 2020 this will have been expanded to cover the entire world.

In addition, we invest major time and resources in making sure people can read and understand the information provided through the Cochrane Library. We translate key information into Spanish, French, German, and 10 other languages, including languages spoken in LMICs (for example Tamil and Malay)... However, we recognize that too few researchers based in LMICs contribute to the production of Cochrane Systematic Reviews. This needs to change, and we are making significant efforts to do so. ... Other activities we undertake to increase contributions from researchers based in LMICs:

- We have launched a new training website, making training for researchers anywhere in the world more accessible;

- We have established the Cochrane Africa Network aiming at strengthening capacity for the conduct and use of systematic reviews in Africa...

#### **4. WAME**

Margaret Winker (USA): The World Association of Medical Editors (WAME)'s position statement for editors on promoting global health (available at <http://www.wame.org/policy-statements#Promoting%20Global%20Health>) includes the following points:

All medical journal editors, regardless of their location, should strive to:

- (a) Publish research addressing the greatest global health concerns;
  - (b) Specifically encourage the publication of innovative and solution-focused research in all fields of medicine, public health, and health promotion; in particular, research applicable to low- and middle-income countries;
  - (c) Encourage the publication of research from authors in low- and middle-income countries;
  - (d) Provide free Web-based access to research articles to readers in countries that cannot afford to pay for them;
  - (e) Provide publication fee waivers for research conducted and authored primarily by researchers from low- and middle-income countries;
- and, for editors in high-income countries:
- (f) Invite researchers from low- and middle-income countries to participate on editorial boards of their journals;
  - (g) Invite researchers from low- and middle-income countries to participate as peer reviewers for articles submitted to their journals;
  - (h) Invite researchers from low- and middle-income countries to write editorials and commentaries on the local or regional impact of and, if relevant, responses to global health issues to help educate readers in high-income countries about the human costs and consequences of these issues.

#### **5. Unanswered questions**

1. What percentage of health research in LMICs is never published?
2. What more can be done to retain health researchers in LMICs?
3. What percentage of dissertations (in Africa, in LMICs) are published? How can we encourage more academics to publish their dissertations?
4. What can be done to remove prejudice against national journals?
5. What can be done to remove prejudice against open access journals? What can be done to help researchers distinguish clearly between predatory journals and reputable OA journals?
6. What is the current position of the Medical Council of India in relation to 'e-journals'? What is the position of other professional bodies in other countries?
7. What is WAME doing (or would like to do) to help make the various parts of the statement a reality? What can other organisations (publishers, professional associations, HIFA) do to help accelerate progress?

#### **6. We would like to hear more from the following stakeholders**

Editors and publishers of open-access journals; indexers (eg Medline, WHO African Index Medicus); policymakers; and international initiatives such as HINARI, AJOL, AuthorAid, eIFL.

*Dr N Pakenham-Walsh, HIFA Coordinator, 10 July 2016*