HIFA Thematic Discussion on Access to Health Research in Low- and Middle-Income Countries

Compilation of messages (in Full)

7 November - 2 December 2016

Note: For background info see: http://www.hifa.org/news/new-hifa-thematic-discussion-how-can-published-research-be-made-more-accessible-users-low-and

HIFA is grateful for sponsorship of this discussion from *The Lancet*, Reachout Project/Liverpool School of Tropical Medicine, World Vision International and USAID Assist Project.

The Manila Declaration, which was strongly influenced by HIFA discussions in 2015, noted that 'despite a growing momentum towards free and open access to research literature, and important initiatives, such as HINARI Access to Research In Health Programme and IRIS (Institutional Repository for Information Sharing) ... there continue to be many challenges, limitations and exclusions that prevent health research information from becoming freely and openly available to those who need it'.
http://www.hifa.org/sites/default/files/publications_pdf/Manila_Declaration_2015_FINAL_August_242.pdf

There is a growing consensus that open access (OA) (via both journals and repositories) is the way forward for long term sustainable access, and to enable the use and reuse of published research. Bibliometric research shows strong advantages for those whose work is made available OA and many people also see OA as an ethical imperative which promotes equity globally. More and more publishers, funding agencies, universities and governments are supporting, and in some cases requiring, OA publishing of research.

In the meantime, access initiatives such as HINARI, EIFL and INASP provide access in LMICs to journals that are still restricted access.

The HIFA working group on Access to Health Research now invites HIFA members to consider and reply (hifa@dgroups.org) to the following questions:

1. What are the most important priorities for access to research in LMICs - i.e. just free access, or the ability to reuse published research in various ways (e.g. print it, distribute to students or colleagues for reuse in other publications)?

2. Is it acceptable to have full-text access available only via academic institutions or is much broader access important?

3. What are the most important technical requirements for access - e.g. low bandwidth versions of articles?

4. What more can be done to address misconceptions about, and discrimination against, OA?

From: "Noor Elahi, Bangladesh via Dgroups" <HIFA@dgroups.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] How can research be made more accessible in LMICs? (2)

Reply of the following questions (in my view)

1. What are the most important priorities for access to research in LMICs -

Ans : Ability to reuse published research in various ways (e.g. print it, distribute to students or colleagues for reuse in other publications)

2. Is it acceptable to have full-text access available only via academic institutions or is much broader access important?

Ans : No, I don't think so. There should be much broader access for other users.

3. What are the most important technical requirements for access - e.g. low bandwidth versions of articles?

Ans : In some cases 'Yes'. But those who deal with research and have (universities) higher bandwidth will loose in some way.

4. What more can be done to address misconceptions about, and discrimination against, OA?

Ans : Information should be accessed for everyone, specially for healthcare information. Open Access means open for everyone. Please think about the developing countries financial situation and there ability of purchase. Make the healthcare information's available for everyone.

Sincerely _

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Rajshahi, Bangladesh
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From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] How can research be made more accessible in LMICs? (3)

Dear HIFA colleagues,

Welcome to the first week of our in-depth discussion, supported by Elsevier and The Lancet. For background information, please see http://www.hifa.org/news/new-hifa-thematic-discussion-how-can-published-research-be-made-more-accessible-users-low-and

In this first week we would like to explore question 1:

Q1. What are the most important priorities for access to research in LMICs - i.e. just free access, or the ability to reuse published research in various ways (e.g. print it, distribute to students or colleagues for reuse in other publications)?

The second part of this first question points especially to different business models. For the purpose of our discussion I see four different models (please feel free to add further description):
1. Restricted-access (whereby published research is available only to those who pay for it - this has been the predominant model of journal publishing, but things are rapidly changing)
2. LMIC access initiatives. A range of initiatives aim to increase access to restricted-access research within low- and middle-income countries. They are responses by WHO (notably the HINARI programme) and NGOs such as eIFL and INASP to address the unaffordability of access to research in LMICs.
3. Hybrid access. Many of the major traditional publishers are publishing some papers 'restricted' and some papers 'open' access, with the aim to secure additionl income for the latter.
4. Free access. This describes published research that is freely accessible to anyone with an internet connection, but where sharing and adaptation of the content is not permitted or is restricted.
5. Open access. This describes free-access content that may be freely reproduced and adapted, ususally with attribution to the source.

In addition to the advantages and disadvantages of the four business models described above, there are of course many other important priorities for access to research in LMICs. Here are four initial thoughts from me (the first two relate to health research itself, in line with previous HIFA discussions emphasising that access to health research in LMICs cannot be considered in isolation):

1. How can we strengthen capacity for research in low- and middle-income countries? Capacity for planning, undertaking, and writing up research?
2. How can research waste be minimised? We have discussed previously on HIFA how 85% of spending on global health research is wasted for many reasons, including failure to appraise the pre-existing evidence (thereby leading to unnecessary and/or duplicative research) and failure to publish (which may or may not be driven by commercial interests). These are global issues, but it seems likely that they are even more acute in low- and middle-income countries - there are many examples of unethical clinical research in LMICs, eg https://en.wikipedia.org/wiki/Medical_experimentation_in_Africa
3. Turning more specifically to "access to published health research", there is a growing consensus that open access (OA) (via both journals and repositories) is the way forward for long term sustainable access, and to enable the use and reuse of published research. I think all major medical publishers are now including some aspect of open access in their publishing models - this represents a huge change over the past 10-15 years. There are, however, many questions about how this revolution in open-access publishing can best be managed in ways that promote sustainability and equity; and that maintain quality. There are questions also on how to promote open access publishing for national journals - I note that many African journals are indeed now available open-access, some of them apparently thanks to the African Journals Partnerships Programme - what can we learn from them?
4. The rise of predatory publishers is especially worrying. They not only cause misery to unsuspecting researchers. They also contribute to misconceptions about open-access

publishing. What more can be done to promote and uphold high-quality OA publishing while stamping out predatory publishers?

All the above are some thoughts that occur to me as we enter week 1 of our discussion. They are not necessarily representative of the HIFA working group on Access to Health Research.
http://www.hifa.org/news/new-hifa-thematic-discussion-how-can-published-research-be-made-more-accessible-users-low-and
I look forward to hear from my colleagues on the working group and from all HIFA members.

Best wishes, Neil

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HIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign (Healthcare Information For All - www.hifa.org) and current chair of the Dgroups Foundation (www.dgroups.info). Twitter: @hifa_org FB: facebook.com/HIFAdotORG neil@hifa.org

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] How can research be made more accessible in LMICs? (4) Open access to all health research

Dear HIFA colleagues,

In this first week we are exploring question 1:

Q1. What are the most important priorities for access to research in LMICs - i.e. just free access, or the ability to reuse published research in various ways (e.g. print it, distribute to students or colleagues for reuse in other publications)?

Personal comment:

Open access to all health research (ie free access content that may be freely reproduced and adapted, usually with attribution to the source) is the ideal that we should all be aiming for. Everything we do as stakeholders in the global healthcare information system should include the question: "Is this supporting/promoting the emergence of open access to heath research?"

I look forward to hear your comments.

Best wishes, Neil

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From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] How can research be made more accessible in LMICs? (5) Open access to all health research (2)

Dear HIFA colleagues,

This week we are looking at Q1. What are the most important priorities for access to research in LMICs?

Yesterday I suggested that 'Open access to all health research (ie free access content that may be freely reproduced and adapted, usually with attribution to the source) is the ideal that we should all be aiming for. Everything we do as stakeholders in the global healthcare information system should include the question: "Is this supporting/promoting the emergence of open access to heath research?'"

I look forward to your comments on open access. Is this the most important priority for access to research in LMICs?

If so, what can be done to accelerate progress in opening up the health research literature? This can be thought of both retrospectively and prospectively.

Retrospectively, there is the potential to open up more of the health research literature from the past 10 years. Anyone who has done a review will have been frustrated by the inability to access past papers. Ethically, I believe there is a case that all health research after an embargo period (of, say, 1 year) should be made publicly accessible for free.

Prospectively, there is an ethical case for the progressive elimination of restricted-access publishing and its replacement by open-access publishing. This is already happening at a remarkable pace in journal publishing. How can open-access be promoted while, at the same time, mitigating its (real or perceived) disadvantages? We hear that cost should not be a barrier to OA publishing, and yet many HIFA members (such as James Hudspeth today) have said they could not publish open-access because of the price barrier. I would very much like to hear from HIFA members working at PLoS, BioMed Central and other OA publishers. How can we make things work better for both researchers and readers?

Even if some of us consider that open access is 'the future', we have to deal with the realities of the present. And this is where initiatives such as HINARI, EIFL and INASP remain important. How can these initiatives be made more effective? We know, for example, that HINARI is not used by the vast majority of institutions that are eligible to use it, especially small and medium sized facilities. I would be interested to hear more. Is there perhaps a role for HIFA and others to raise awareness about these initiatives?

I would also like to bring in the question of indexing and the role of the Global Health Library and its regional Index Medici. These indexes were (I think) intended to complement Medline, and index all (or nearly all) non-Medline journals published in the different WHO

regions. For example, there is the African Index Medicus. We don't hear much about these indexes on HIFA and I'm not sure why. Are they underresourced and/or underutilised? How can they be strengthened?

Are the above 'the most important priorities for access to research in LMICs' or are there other priorities we should be talking about?

Best wishes, Neil

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From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] How can research be made more accessible in LMICs? (6)

Dear HIFA colleagues,

What are the most important priorities for access to research in LMICs?

Is open access the most important priority? If so, what can be done to accelerate progress?

If not, what is?

What can be done to increase access to the vast majority of the health literature which remains restricted-access? Should we encourage more people to take advantage of HINARI? How?

Should Medline remain US- and anglophone-centric, or should it expand its scope to index more journals from LMICs and in other languages? What is the role of the regional index medici (such as Africn Index Medicus) and how can this role be better supported?

Best wishes, Neil

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From: "Pamela Sieving, USA" <pamsieving@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>

Subject: [hifa] How can research be made more accessible in LMICs? (7)
Indexing of journals published in LMICs - Role of Medline

Good day to all,

While I would love to see Medline expand its journal coverage, I suggest that the election yesterday makes me skeptical that this is possible any time soon. Indexing actually costs money; the National Library of Medicine, which manages this, is one of the 27 institutes and centers at NIH. For several years there have been reductions in the NIH budget, or small increases that do not cover increases in costs of current operations.

My only reason for this post is to make sure the reality is recognized. Continue to explore this with NLM, but also look elsewhere.

Best wishes,
Pam

Pamela C. Sieving
Sieving Information Solutions

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

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] How can research be made more accessible in LMICs? (7)
Indexing of journals published in LMICs - Role of Medline (2) Global Index Medicus

Dear Pamela,

"While I would love to see Medline expand its journal coverage, I suggest that the election yesterday makes me skeptical that this is possible any time soon."

This makes it all the more important to ensure support for the WHO's Global Health Library and its constituent Regional Index Medici (African index Medicus etc). 'The Global Index Medicus (GIM) provides worldwide access to biomedical and public health literature produced by and within low- and middle- income countries. The main objective is to increase the visibility and usability of this important set of resources.'
http://www.globalhealthlibrary.net/php/index.php

I would be interested to learn from any HIFA members who are involved in developing the GIM or African Index Medicus (or any other regional index). And from those who use/have used this important index that aims to do what Medline doesn't. Is the resource adequately supported?

Best wishes, Neil

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From: "Pamela Sieving, USA" <pamsieving@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] How can research be made more accessible in LMICs? (8) Indexing of journals published in LMICs (3) Global Index Medicus (2)

Absolutely, Neil! I think we have to think in terms of expanding capacity in this area. I'm actually in a meeting right now with other vision/optometry/ophthalmology librarians discussing systematic reviews, and the importance of regional index-medicus analogs.

Best wishes to all,
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

From: "Jan De Maeseneer, Belgium" <jan.demaeseneer@UGent.be>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] How can research be made more accessible in LMICs? (9) African Journal of Primary Health Care & Family Medicine

Dear all,

I think the African Journal for Primary Health Care and Family Medicine, started in 2008 with a Seed money from Belgium Development of 12000 Euro, and actually with Prof Bob Mash as Editor, provides an excellent example of what can be realised with vision, enthousiasm and skills. It is free accessible at:
www.phcfm.org

Take a look.

Prof Jan De Maeseneer
Ghent University

HIFA profile: Jan De Maeseneer is Secretary General of the Network Towards Unity for Health. The Network: TUFH is a global association of individuals, groups, institutions and organisations committed to improving and maintaining health in the communities they have a mandate to serve. The Network: TUFH is a Non-Governmental Organisation in official relationships with the World Health Organization (WHO). Jan is a working family physician

(part time) in the Community Health Centre Ledeberg-Ghent (Belgium). He is Head of Department of Family Medicine and Primary Health Care of Ghent University (Belgium). He is the Chairman of the European Forum for Primary Care: www.euprimarycare.org www.the-networktufh.org jan.demaeseneer AT UGent.be

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] How can research be made more accessible in LMICs? (10) AJPP & AJOL

Dear Jan De Maeseneer,

"I think the African Journal for Primary Health Care and Family Medicine, started in 2008 with a Seed money from Belgium Development of 12000 Euro, and actually with Prof Bob Mash as Editor, provides an excellent example of what can be realised with vision, enthusiasm and skills."

We have repeatedly heard on HIFA that local health research published in 'local' (national) journals is vital to inform 'local' policy and practice. Time and time again, we hear that practitioners and policymakers are persuaded only when they are provided with local evidence.

I find it hugely encouraging to read about the growing success of journals such as the African Journal for Primary Health Care and Family Medicine. It seems to me that an increasing number of African medical journals are flourishing, and indeed are doing so with an open-access business model. I would be interested to better understand this success and what has supported it. In the case of the African Journal for Primary Health Care and Family Medicine, it seems this has been seeded with a relatively modest amount of money (12,000 Euros). Other African journals are in twinning partnerships with journals in high-income countries in the African Journals Partnership Programme. Many (most?) African medical journals are also part of the African Journals OnLine (AJOL) programme, which was started by INASP and which is now run independently from South Africa. INASP has since replicated the AJOL approach in other regions and countries, including Bangladesh, Nepal and Sri Lanka.

I pay tribute to all these initiatives. Financially, their cost is (I think) minimal and yet they have had such a huge impact on the availability of local health research. And yet I suspect that the success of many individual journals is precarious. So what can be done to further strengthen local publishing in Africa and other regions worldwide?

Best wishes, Neil

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To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] How can research be made more accessible in LMICs? (10) AJPP & AJOL

Dear Jan De Maeseneer,

"I think the African Journal for Primary Health Care and Family Medicine, started in 2008 with a Seed money from Belgium Development of 12000 Euro, and actually with Prof Bob Mash as Editor, provides an excellent example of what can be realised with vision, enthusiasm and skills."

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From: "Nasra Gathoni, Kenya" <nasra.gathoni@aku.edu>
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Subject: [hifa] How can research be made more accessible in LMICs? (12)
Indexing of journals published in LMICs (3) African Index Medicus

I total agree with this i.e. need to "to think in terms of expanding capacity in this area".

I would like to look at capacity in various ways:
- Research capacity from LMICs
- Ability to ensure sustainable production/publications of scholarly journals in LMICs
- Indexing of articles published in LMICs

In my view all of the above are intertwined/related and hence the importance to ensure there is capacity in all the areas.

In Africa for example we tend to see many journals "come and disappear" and this could be caused by the various issues highlighted by Dr. Joseph Ana. I recall some time ago there was some discussion on this platform regarding East African Medical Journal (EAMJ) which seems to have had or is having quite some share of its own challenges. How do we ensure that journals such as EAMJ that have played a critical role in ensuring accessibility of research in LMICs remain available/accessible?

My worry is the more we see journals in LMICs disappearing means that there may be "nothing much" to index. Any attempts or rather projects that make an attempt to index articles/journals published in LMICs would definitely be threatened despite all the effort put into these projects. You may already be aware, but I would like to bring to your attention the African Index Medicus (AIM). This is a project initiated by World Health Organization, in collaboration with the Association for Health Information and Libraries in Africa (AHILA), with a purpose to "give access to information published in or related to Africa and to encourage local publishing" (http://indexmedicus.afro.who.int/). This initiative has made great strides in producing an index to African health literature and information sources and it is important that such initiatives are supported and capacity is expanded so as to ensure its sustainability.

Kind regards,
Nasra Gathoni

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AKU Library: Supporting your Quest for Knowledge

HIFA profile: Nasra Gathoni is past President of the Association for Health Information and Libraries in Africa (AHILA). She is a librarian at the Aga Khan University, KENYA and her areas of interest include: information literacy, evidence based medicine, access to online resources. nasra.gathoni AT aku.edu

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To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] How can research be made more accessible in LMICs? (13)
Financial support for publishing and communication of research

Good day,

I'm now intrigued by Joseph's suggestion of a drive for venture capital funding to start and sustain needed journals (and perhaps that could be broadened to think of additional ways to communicate important clinical and other research, guidelines, etc.)

Generally we think of venture capital as eventually leading to a monetary return on investments from the capital providers. Otherwise, their money would be better off in a bank!

The next step in my thought process: if we expect the journals to provide a substantial return on investment, we are back in the loop which started the HIFA discussion: journals as profit centers are again and again proven not to get the information to everyone who needs it.

Therefore: we need to continue to think of returns and impacts creatively and broadly. This might be a demonstration that investing in the communication of sound clinical science leads to specific better health outcomes leading to a workforce that is more capable of performing at a high level or having fewer days away from the job due to illness, thus leading to an economic return that is less direct than some, and requires some creative divergent thinking.

Do we have some creative economists in the group?

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

From: "Joseph Ana, Nigeria via Dgroups" <HIFA@dgroups.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] How can research be made more accessible in LMICs? (14)
Financial support for publishing and communication of research (2)

Dear All,

I read Pamela Sieving's important posting and felt that I should return to say more about the need for authors, researchers and publishers in LMICs to seek new and contemporary ways to survive a difficult period.

In a changed world where, with the exception of a few sponsors like INASP and Canadian Knowledge project, grant giving bodies and traditional advertisers in journals have dried up and readers in LMICs are too impoverished to start or renew subscriptions, journals and publishers must for existential reasons seek new models to keep alive (not even afloat).

Try submitting a proposal as an LMIC journal that does not promise relatively huge returns to these traditional sources and see the response. So, they may not see themselves as venture

'capitalists' / sponsors, but infact traditionals sources have recently copied and operate from the same script.

Sourcing assistance from venture groups is only one option worthy of consideration by any journal and/or publisher in the LMIC in this very difficult business cycle.

I am reminded of a comment that I read sometime ago, that 'Derided in the 1911 EncyclopÃ¦dia Britannica as "a purely commercial affair" that cared more about profits than about literary quality,[2] publishing is fundamentally a business, with a need for the expenses of creating, producing, and distributing a book or other publication not to exceed the income derived from its sale. Publishing is now a major industry with the largest companies Reed Elsevier and Pearson PLC having global publishing operations'. (UK Publishing Industry Analysis).

LMICs are getting poorer, don't mind the rosy GDP figures, look at the real life of the people, Universities have since stopped / reduced drastically their library and information budgets, traditional sources have dried up even with the emergence of ICT advantages and challenges, therefore new model(s) for scholarly publishing, research and authorship must be explored afresh in these countries.

It is tough, very tough for scholarly publishing, research and authorship in LMICs. Colleagues in HICs face tough times too, but lets put it on the scale of relativity.

We tried to post a message to COPE (Committee of Ethics of Publication) last week, I hope it landed in their mail, about the impact and effect of the two worlds of the global North and South (LMICs) on the ethics of research, writing and publishing. Should both worlds operate under the same rules / protocols and cause preventable confusion all over, or should the North seek ways to embrace and support the south before we implement the same rules across board!.

Joseph Ana.

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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 Joseph is a member of the HIFA Steering Group: http://www.hifa.org/people/steering-group jneana AT yahoo.co.uk

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] How can research be made more accessible in LMICs? (15) Q2: Access via academic institutions only versus broader access

Dear HIFA colleagues,

Thank you for all your contributions to date. We now enter the second week of our thematic discussion and I would like to introduce you to question 2:

Q2. Is it acceptable to have full-text access available only via academic institutions or is much broader access important?

Please send your thoughts to: hifa@dgroups.org

Best wishes, Neil

Neil Pakenham-Walsh
On behalf of the HIFA Working Group on Access to Health Research

http://www.hifa.org/news/new-hifa-thematic-discussion-how-can-published-research-be-made-more-accessible-users-low-and

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

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] How can research be made more accessible in LMICs? (16) East African Medical Journal - Promoting open access and releasing 'old' research

Dear HIFA colleagues,

Thanks to AJOL (African Journals OnLine) I was alerted to the latest issue of the East African Medical Journal. The list of contents is available here: http://www.ajol.info/index.php/eamj/issue/view/15010

The East African Medical Journal is one of the oldest, most established, and highly regarded medical journals in Africa. I note, however, that the journal remains restricted-access, which means that it is not currently available to many of those who would benefit. By contrast, many other leading African medical journals are now open-access.

This leads me to ask: What are the business plans for the EAMJ? What would it take to allow it to become open-access? What can be learned from other Africa journals that are already open-access?

I note also that 'The EAMJ has a 3 year embargo period/moving wall on its published content. Therefore all content older than 3 years will be freely available for download.'

As we have discussed previously on HIFA, there is a strong case for all subscription-based journals to have a similar (and preferably shorter) embargo period. What would it take to persuade more journals to release 'old' content in this way? It is increasingly accepted that no new research should be undertaken without a synthesis of existing research, and it is therefore all the more important that researchers and reviewers have unfettered access to the medical literature.

Best wishes, Neil

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HIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign (Healthcare Information For All - www.hifa.org) and current chair of the Dgroups Foundation (www.dgroups.info). Twitter: @hifa_org FB: facebook.com/HIFAdotORG neil@hifa.org

From: "Sian Williams, UK" <sian.health@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] How can research be made more accessible in LMICs? (17) npj Primary Care Respiratory Medicine

As a global network that aims to improve respiratory health in primary care we have had many discussions about how our peer-reviewed journal should be funded, as this is at the core of any access question. Previously it was reader-pays and in hard copy and the articles were copyrighted. That prohibited access for many, including academic institutions, although had the advantage for authors that the valuable peer-review process was free. In addition, the income from readership was supplemented by advertising, and there is also a growing movement of primary care that is unhappy about this. We took the decision for business reasons to move to an author-pays model. It is now digital-only, the articles have Creative Commons licences and as ever, Hinari rules apply. It has improved access to not just academic institutions but to all who have sufficient electricity or internet to download papers. Therefore it is feasible.

The next question is, does all the respiratory community in primary care want access? We have tried hard to maintain the quality of the articles, but ensure they are truly relevant to primary care and increasingly have a "so what" editorial. We welcome low and middle income country papers, and the scope of the journal includes implementation science. See http://www.nature.com/npjpcrm/ We have also paid for translations into Chinese, Portuguese and Spanish. The biggest challenge we now have is how to enable access to the journal and its services - peer review, support to publicity for authors - to authors from

middle income countries or institutions who do not meet Hinari criteria. A second challenge will, inevitably, be the competition for reviewers, as more journals move to author-pays. The third will be translations - it simply isn't true that the "medical language is English" which we have been told time and time again. Not in primary care. The way forward for the first is to ensure that all research budgets include sufficient for article processing charges. If the research is funded, so should dissemination of the findings. Is the way forward on reviewing is to consider capacity building in reviewing? Any suggestions for translation budgets?

SiÃ¢n

HIFA profile: Sian Williams is Executive Officer at the International Primary Care Respiratory Group in the UK. Professional interests: Implementation science, NCDs, primary care, respiratory health, education, evaluation, value, breaking down silos. sian.health AT gmail.com

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] How can research be made more accessible in LMICs? (18)
Central African Journal of Medicine

Thanks to AJOL (African Journals OnLine) I was interested to see the new issue of the Central African Journal of Medicine.
http://www.ajol.info/index.php/cajm

The Central African Journal of Medicine describes itself as 'a refereed journal which seeks to promote the practice and science of medicine in Zimbabwe, in other parts of Africa, and the rest of the world in general.'

Indeed, all five of the papers are from Zimbabwe (southern Africa). The papers are restricted-access.

We have discussed previously on HIFA about the geographical disconnect that sometimes exists between a journal's title and its content. A title with country/region A often contains content from country/region B, and vice versa. Given that the main value of 'local content' to readers is that it is indeed 'local' (from the same country, or at least region, as the reader), and given that readers and libraries have to make choices on which journals to subscribe to (and even, if they are open access, on which journals to follow), it seems that a realignment of titles and content would be desirable?

It would be interesting to hear more about this journal's development and plans. Is it perhaps in a stage of transition towards becoming a national journal for Zimbabwe? Or is this a reflection of a transfer of ownership to a Zimbabwe-based editorial team?

I look forward to comments and suggestions from HIFA readers. Is it important that the title of a journal reflects its content? What are the reasons for disconnect and how can these be addressed?

Best wishes, Neil

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HIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign (Healthcare Information For All - www.hifa.org) and current chair of the Dgroups Foundation (www.dgroups.info). Twitter: @hifa_org FB: facebook.com/HIFAdotORG neil@hifa.org

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] How can research be made more accessible in LMICs? (19) AJOL, African Journal of Reproductive Health and Open Access

Thanks again to AJOL, I was alerted to the latest issue of the African Journal of Reproductive Health.
http://www.ajol.info/index.php/ajrh/issue/view/15023

This issue is dedicated to the Sustainable Development Goals and all papers are open-access.

I also learned from AJOL that it hosts 520 African journals (all disciplines) of which more than half (213) are open-access.

Best wishes, Neil

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HIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign (Healthcare Information For All - www.hifa.org) and current chair of the Dgroups Foundation (www.dgroups.info). Twitter: @hifa_org FB: facebook.com/HIFAdotORG neil@hifa.org

From: "Barbara Kirsop, UK" <barbarakirsop@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] How can research be made more accessible in LMICs? (20) Bioline International

Dear All,

I have hesitated to contribute to this discussion as I have often sent messages to the group about Bioline International - a platform which hosts journals from LMIC's - all available on an OA basis, with no charge to reader or publishers. Rather than reiterate the very large usage figures again, I would invite HIFA members to access the web site of Bioline at http://www.bioline.org.br where the following can be found:
full text of articles in all the peer-reviewed journals from 16 LMICs, and 'on the fly' usage statistics of full text downloads of articles, and results of an online survey about usage that we recently introduced (click on 'Please join our simple survey...' on the Bioline home page, then click on view the results) - and much more.

Bioline has been operating for over 20 years, providing global visibility and free access to much essential information generated in LMICs. The service operates on a non profit basis, thanks to the dedicated work of colleagues in CRIA (Reference Center on Environmental Information) in Brazil and the University of Toronto Libraries in Canada, and the initial work of the collaborating journals - and, of course, the authors. So this distributed collaborative model has contributed significantly to 'closing the knowledge gap'.

I hope this is of interest.

Barbara Kirsop
Electronic Publishing Trust for Development
Co-founding organisation of Bioline International

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

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] How can research be made more accessible in LMICs? (21)
Should the full text of all health research be available to everyone?

"Q2. Is it acceptable to have full-text access available only via academic institutions or is much broader access important?"

Another way of asking this question is: should the full text of all health research be available to everyone? Researchers, reviewers, health professionals, policymakers, citizens and anyone with an interest?

I personally think the answer is "yes" - or, at least, this is the direction in which we should be heading. Open access to all health research. What do you think?

There is of course the associated question of 'how to promote change in this direction' in a way that promotes the greatest benefits and the least harms.

In the meantime, while subscription-based journals exist, initiatives such as HINARI, EIFL and INASP are vital, especially (but no only) to academic institutions. With regards to HINARI, I would be interested to know more about the levels of registration among eligible categories of institution (which include, inter alia, all public health facilities and local NGOs as well as academic and research institutions.

Access to the full text of research is especially importnat for those who undertake systematic reviews. I would be interested to hear from systematic reviewers, whether in HICs or LMICs, about their experience of identifying relevant papers and retrieving the full text of those papers. I suspect that a lot of research time is wasted trying to track down subscription-based

content. This is another reason why it would make sense for all subscription-based publishers to be encouraged to release content after an embargo period of, say, 1 year. Some publishers do this already - why not others?

Best wishes, Neil

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HIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign (Healthcare Information For All - www.hifa.org) and current chair of the Dgroups Foundation (www.dgroups.info). Twitter: @hifa_org FB: facebook.com/HIFAdotORG neil@hifa.org

From: "Claire Allen, UK" <callen@evidenceaid.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] How can research be made more accessible in LMICs? (22) Evidence Aid - Access to research for those without good internet connectivity

Hello everyone,

HIFA has been specifically discussing how research can be made more accessible in LMICs and I wanted to raise the issue of organisations, such as Evidence Aid which are making research more accessible worldwide. Being a very small charity based in the UK, we try to make our content accessible worldwide for those who need it both in times of emergency and in times of preparedness. But to do this, by having our content freely available online, we assume our users have good Internet connectivity. We would love to hear suggestions of how we might make our content more accessible to those without good internet connectivity and to also hear from those who have achieved this. Our premise is to publish systematic reviews that are relevant to the humanitarian sector; if they are open access, great, we summarise them and link directly to them, but if they are not open access we start conversations with publishers to see if we can attain free access from our website. So far we have been fairly successful, but it does take time and energy something that ass a small charity, we have little resource for. Again, if you have suggestions of how to streamline this process, weâ€™d be interested to hear from you.

With best wishes,
Claire

Claire Allen
Operations Manager
Evidence Aid: Winner of the Unorthodox Prize 2013 ($10,000)
Email: callen@evidenceaid.org
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Website: www.evidenceaid.org
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HIFA profile: Claire Allen is Operations Manager at Evidence Aid, UK. Professional interests: Evidence Aid (www.evidenceaid.org) provides evidence for people in disaster preparedness and response to make better decisions. Areas of interest = humanitarian crises, natural disasters and major healthcare emergencies (disaster = when a country is unable to cope with the disaster/crisis or emergency). She is a member of the HIFA Working Group on Access to Health Research. callen AT evidenceaid.org

From: "Virginia Barbour, Australia" <v.barbour@griffith.edu.au>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] How can research be made more accessible in LMICs? (22) Q2: Access via academic institutions only versus broader access (2)

Dear all

I'd like to give my perspective on this question and tie it back to the first one of this series about the difference between free and open availability, since the two are linked.

When we have limited availability of articles, either by place (ie just in academic institutions) or by the type of use allowed (ie free to read only versus free to reuse as well as read - or even worse not available at all) we put a substantial limitation on the utility overall of that work. Hence, the crucial importance in my view for fully open articles, with the right licenses applied and with good metadata that allows full discoverability - as well as full credit for the authors of the papers.

We are a long way past the point when all we could do was enable free access to PDFs - it would be good to see concerted movement to recognizing the opportunities of fully open availability.

All the best
Ginny

Dr Virginia Barbour
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HIFA profile: Virginia (Ginny) Barbour is Executive Director of the Australasian Open Access Strategy Group, a position she has held since 2015. In 2004, she was one of the three founding editors of PLOS Medicine, finally becoming Medicine and Biology Editorial Director of PLOS from 2014 until 2015. She has a part time position split between the Library and as Professor in the Office of Research Ethics & Integrity at Queensland University of Technology (QUT). She is Chair of COPE (Committee on Publication Ethics). She has a medical degree from Cambridge University, and a DPhil from the University of Oxford. She has been involved in the development of a number of reporting guidelines including CONSORT, PRISMA and TIDieR statements. She has been and is currently

involved with a number of Open Access, publishing, and ethics initiatives. She has an academic title as Professor in the School of Medicine at Griffith University, Queensland and is also an honorary Professor at the University of Queensland. She is based in Brisbane, Australia. Her ORCID ID is: 0000-0002-2358-2440

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] How can research be made more accessible in LMICs? (23) Q2: Access via academic institutions only versus broader access (3)

Dear Ginny and all,

"We are a long way past the point when all we could do was enable free access to PDFs - it would be good to see concerted movement to recognizing the opportunities of fully open availability."

There are several levels of availability and re-use, including:
1. restricted-access (available only to readers/institutions that pay)
2. complimentary or low-cost institutional access (as provided through HINARI)
3. free-to-all access (as provided by The Lancet (global health content) and the WHO Bulletin)
4. open-access (as provided by PLOS, BioMed Central and others).

From the perspective of global health, one could argue that open access is the ideal towards which publishing should move (many publishers would have disagreed with this proposition only a few years ago - I would be very interested to hear from people who do not agree that open access is 'the ideal' way forward).

That said, I suspect the most important aspect of open access (as opposed to restricted-access) to most researchers/readers is that the full text is freely available. The difference in terms of utility between restricted-access research and free-to-all access is arguably far greater than the difference between free-to-all and open-access.

It could be argued that open-access (the freedom to reproduce, adapt, translate and so on) has benefits for primary research, but has even greater potential benefits when applied to secondary materials (eg learning and reference materials, commentary, editorials, textbooks and manuals) than it does when applied to primary research. Paradoxically, open-access is more developed for journals and primary research than for educational/refernece materials. Indeed some journals (eg BMJ) have made their primary research available open-access but maintain restricted-access to their educational and analysis content.

I look forwaard to further discussion. Please send your thoughts to hifa@dgroups.org

Best wishes, Neil

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HIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign (Healthcare

Information For All - www.hifa.org) and current chair of the Dgroups Foundation (www.dgroups.info). Twitter: @hifa_org FB: facebook.com/HIFAdotORG neil@hifa.org

From: "Chris Zielinski, UK" <chris@chriszielinski.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] How can research be made more accessible in LMICs? (24) Q2: Access via academic institutions only versus broader access (4)

Hi Neil,

I'm not sure that another classification scheme is helpful when discussing open access - the usual route is to classify open access materials as either green (self-archiving in a repository), or gold (open access in a journal). Materials placed in a repository are not normally peer reviewed, while those in journals usually are. Note that gold open access includes all business models - ones where authors (or, more usually, their institutions) pay up front, as well as those where no up-front payment is required. Some open access is "time-delayed" - where papers become open access after a period of six months, a year or more.

There is also the further distinction between "gratis" and "libre" - "gratis" being open access to texts that are cost-free to the reader, but which are still bound by copyright and other licensing restrictions, and "libre" being open access that allows use beyond fair use restrictions.

Note that there's an "open data" movement which seeks to provide open access to the raw data on which research findings are based. And open knowledge, open education - even open money...

You ask whether anyone has any reservations about open access. Well, I wonder how appropriate open access is for journals which make most of their production money out of sales of paper copies - in other words, many developing country journals. Giving away their work online surely kills their paper versions and cuts off any revenue stream whatsoever. The journals still need to pay for an office, an editor, a web person, and the like, while the income dwindles to zero. Small low-impact-factor developing country journals have little prospect of successfully applying publication charges (pay to publish) - so what do they do?

The inventor of impact factors, Eugene Garfield, told me the solution was to "Let 'em die - there are far too many low-impact-factor journals already". But I remain convinced that there is value in the "long tail" - journals which are read by only a few, but which contain unique materials.

Incidentally, I don't think schemes like HINARI (and there are quite a few others) qualify as "open access", even though they make access to many priced journals low cost or cost-free. These schemes are based on explicit for-profit commercial business models. For the publishers, they represent loss-leading distribution in expectation of eventually securing national site licenses. It costs them nothing to give journals away for free online in countries where there are no sales anyway, as they have already paid for production by selling the journals elsewhere. As soon as countries start to prosper (or local sales of journal subscriptions grow), the sales prices creep in. Where they provide a lifeline of access to

research literature these schemes are invaluable and welcome, of course - but they should not be connfused with open access.

Best,
Chris

Chris Zielinski
chris@chriszielinski.com
Blogs: http://ziggytheblue.wordpress.com and http://ziggytheblue.tumblr.com
Research publications: http://www.researchgate.net

HIFA profile: Chris Zielinski is the Director of Partnerships in Health Information (Phi), formerly an NGO, and now a programme of the Centre for Global Health, RKE, University of Winchester, UK, where Chris is a Senior Fellow. Phi supports knowledge development and brokers healthcare information exchanges of all kinds. He has held senior positions in publishing and knowledge management with WHO in Brazzaville, Geneva, Cairo and New Delhi, and with FAO in Rome and UNIDO in Vienna. Chris also spent three years in London as Chief Executive of the Authors Licensing and Collecting Society. He was the founder of the ExtraMED project (Third World biomedical journals on CD-ROM), and managed the Gates Foundation-supported Health Information Centres project. He served on WHOâ€™s Ethical Review Committee, and was an originator of the African Health Observatory. Chris has been a director of the World Association of Medical Editors, UK Copyright Licensing Agency, Educational Recording Agency, and International Association of Audiovisual Writers and Directors. He has served on the boards of several NGOs and ethics groupings (information and computer ethics and bioethics). UK-based, he is also building houses in Zambia. His publications are at www.ResearchGate.net and his blog is http://ziggytheblue.wordrpress.com chris AT chriszielinski.com

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] How can research be made more accessible in LMICs? (25) Q2: Access via academic institutions only versus broader access (5)

Dear Chris and all,

"I'm not sure that another classification scheme is helpful when discussing open access"

Just to clarify, my description of different levels of availability and re-use was not intended as a classification of open-access, but as an attempt to describe levels of access as experienced by a reader, viz:
1. restricted-access (available only to readers/institutions that pay)
2. complimentary or low-cost institutional access (as provided through HINARI)
3. free-to-all access (as provided by The Lancet (global health content) and the WHO Bulletin)
4. open-access (as provided by PLOS, BioMed Central and others).

Only #4 is true 'open access'.

'There is also the further distinction between "gratis" and "libre"'

Many of us would argue that the term open access should only be applied to "libre" access. Talking about "gratis" access as a type of open access only causes confusion. I note that the Wikipedia entry on open access has evolved over the past year (I was involved in editing

The first part of the entry for Open Access in Wikipedia was (in September 2015):

'Open access (OA) means unrestricted online access to research outputs... Open access comes in two degrees: gratis open access, which is online access free of charge, and libre open access, which is online access free of charge and with some additional usage rights'

I edited this in October 2015 to:

'Open access (OA) means unrestricted online access to research outputs, free of most copyright and licensing restrictions.'

The entry has further evolved since then to:

'Open access (OA) refers to online research outputs that are free of all restrictions on access (e.g. access tolls) and free of many restrictions on use (e.g. certain copyright and license restrictions).'

Gratis is still included further down the page, but is now effectively a historical footnote relating to 'two of the co-drafters of the original BOAI definition'. The current BOAI definition removes any confusion:

'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.'
https://en.wikipedia.org/wiki/Budapest_Open_Access_Initiative

I think it is finally time to stop talking about free access as open access, as some publishers still do.

Best wishes, Neil

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HIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign (Healthcare Information For All - www.hifa.org) and current chair of the Dgroups Foundation (www.dgroups.info). Twitter: @hifa_org FB: facebook.com/HIFAdotORG neil@hifa.org

From: "Chris Zielinski, UK" <chris@chriszielinski.com>

To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] How can research be made more accessible in LMICs? (26) Q2: Access via academic institutions only versus broader access (6)

I agree with you on this Neil - it's also worth taking a look at Peter Suber's original gratis/libre discussion, since he was the first to apply the terms to OA (https://dash.harvard.edu/bitstream/handle/1/4322580/suber_oagratis.html?sequence=1) and his work in general, as well as Stevan Harnad's page (the column on the right on http://openaccess.eprints.org/ and the definitions in http://www.eprints.org/openaccess/). Suber and Harnad were two of the founders and flag-carriers of the open access movement, and drafters of the Budapest Open Access Initiative (BOAI) declaration (in which I was a minor participant).

You write, "I think it is finally time to stop talking about free access as open access, as some publishers still do." Agreed - hence my reservations about calling HINARI open access. [*see note below]

Best,
Chris

Chris Zielinski
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Research publications: http://www.researchgate.net

HIFA profile: Chris Zielinski is the Director of Partnerships in Health Information (Phi), formerly an NGO, and now a programme of the Centre for Global Health, RKE, University of Winchester, UK, where Chris is a Senior Fellow. Phi supports knowledge development and brokers healthcare information exchanges of all kinds. He has held senior positions in publishing and knowledge management with WHO in Brazzaville, Geneva, Cairo and New Delhi, and with FAO in Rome and UNIDO in Vienna. Chris also spent three years in London as Chief Executive of the Authors Licensing and Collecting Society. He was the founder of the ExtraMED project (Third World biomedical journals on CD-ROM), and managed the Gates Foundation-supported Health Information Centres project. He served on WHOâ€™s Ethical Review Committee, and was an originator of the African Health Observatory. Chris has been a director of the World Association of Medical Editors, UK Copyright Licensing Agency, Educational Recording Agency, and International Association of Audiovisual Writers and Directors. He has served on the boards of several NGOs and ethics groupings (information and computer ethics and bioethics). UK-based, he is also building houses in Zambia. His publications are at www.ResearchGate.net and his blog is http://ziggytheblue.wordpress.com chris AT chriszielinski.com

[*Note from HIFA moderator (Neil PW): I agree we shouldn't describe HINARI as open access and I don't think I've ever seen anyone do so. Their main raison d'etre is to provide eligible institutions with free or low-cost access to restricted-access journals. To call this open access would clearly be incorrect.]

From: "Joseph Ana, Nigeria via Dgroups" <HIFA@dgroups.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>

Subject: [hifa] How can research be made more accessible in LMICs? (27)
Terminology of open versus free access

NEIL,

Thank you very much for this posting - really useful and good description of the various misleading terminologies. I shall be making references to this posting in various fora (observing all the usual citations).

Joseph Ana.

Africa Center for Clin Gov Research & Patient Safety

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To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] How can research be made more accessible in LMICs? (28)
Terminology of open versus free access (2)

Neil and all,

I am also grateful for this informative discussion. I will share this useful information with colleagues in Honduras.

Best regards,

Jackeline Alger

HIFA profile: Jackeline Alger works in the Parasitology Service, Department of Clinical Laboratories, Hospital Escuela Universitario, and at the Faculty of Medical Sciences, Universidad Nacional Autonoma de Honduras, Tegucigalpa, Honduras. She is a Country Representative for HIFA and CHIFA and is the current holder of HIFA Country Representative of the Year
(2015). http://www.hifa.org/support/members/jackeline jackelinealger AT gmail.com

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] How can research be made more accessible in LMICs? (29) Open access, APCs and languages

Dear Sian Williams, UK (How can research be made more accessible in LMICs? (17) npj Primary Care Respiratory Medicine)

"We took the decision for business reasons to move to an author-pays model. It is now digital-only, the articles have Creative Commons licences and as ever, Hinari rules apply. It has improved access to not just academic institutions but to all who have sufficient electricity or internet to download papers."

Please can you clarify about 'HINARI rules apply'. Do you mean that you use the same classification of countries that HINARI uses for eligibility for free or low-cost access, and apply this to decisions on whether the author(s) pays an article processing charge (APC)?

"We have also paid for translations into Chinese, Portuguese and Spanish."

Please can you say a bit more about why these particular languages? Also, do you translate the title and abstract only, or the full text? I and others have argued for at least the abstract to be available in the language of the readers who would most benefit (for example, Portuguese for Mozambiquan health professionals), although this seems to have fallen on deaf ears among the relevant professional bodies.

"The biggest challenge we now have is how to enable access to the journal and its services - peer review, support to publicity for authors - to authors from middle income countries or institutions who do not meet Hinari criteria."

This is indeed a massive challenges. For example, India is excluded from HINARI and is (I think) excluded from most free-APC models. And yet many authors from India (and indeed any country) simply cannot afford to pay APCs.

I understand that some open-access journals do not charge APCs at all. Can anyone on HIFA describe how this works?

"A second challenge will, inevitably, be the competition for reviewers, as more journals move to author-pays."

I'm not sure how open-access in itself would lead to greater competition for reviewers?

"The third will be translations - it simply isn't true that the "medical language is English" which we have been told time and time again. Not in primary care."

This is an important point. The lingua franca of medical publishing is English and yet English is not understood by the majority of the health professionals worldwide, including many medical doctors.

"The way forward for the first is to ensure that all research budgets include sufficient for article processing charges. If the research is funded, so should dissemination of the findings. Is the way forward on reviewing is to consider capacity building in reviewing? Any suggestions for translation budgets?"

There is a very strong case for inclusion of APCs (including translations) in research budgets. How can this be promoted? Are there examples of research funders who insist on inclusion of a budget line for publishing in an OA journal?

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare knowledge - Join HIFA: www.hifa.org

HIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign (Healthcare Information For All - www.hifa.org) and current chair of the Dgroups Foundation (www.dgroups.info). Twitter: @hifa_org FB: facebook.com/HIFAdotORG neil@hifa.org

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] How can research be made more accessible in LMICs? (30)
Technical requirements and internet connectivity

Dear HIFA colleagues,

Thank you for all your contributions to date. We now enter the third week of our thematic discussion and I would like to introduce you to question 3:

Q3. What are the most important technical requirements for access - e.g. low bandwidth versions of articles?

Please send your thoughts to: hifa@dgroups.org

Best wishes, Neil

Neil Pakenham-Walsh
On behalf of the HIFA Working Group on Access to Health Research

http://www.hifa.org/news/new-hifa-thematic-discussion-how-can-published-research-be-made-more-accessible-users-low-and
http://www.hifa.org/working-groups/access-health-research

From: "Joseph Ana, Nigeria via Dgroups" <HIFA@dgroups.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] How can research be made more accessible in LMICs? (31) Technical requirements and internet connectivity (2) Building capacity to undertake and publish research

Q3. What are the most important technical requirements for access - e.g. low bandwidth versions of articles?

Low bandwith, regular power availability to all stakeholders (public power including solar and other renewable sources, but sustainable power) are essential. Publication misconduct seems to be increasing probably because it is easier to detect and report it today than before, and the fact that some of the world's most populated countries have joined the global scholarly community of discuss. These countries often have weaker systems including regulatory processes. and so are more prone to the challenges that deter access of LMIC research to the global literature. But in our view in our centre, the one need that trumps all other is building capacity for conducting good research, and capacity for reading, writing and publishing the work. If capacity for doing good research and presenting the work in internationally accepted format, that passes the check-point of editors, LMICs shall see big leaps in its research work appearing in major global journals and that should translate to more access to the content for readers .

Joseph Ana.

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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 Joseph is a member of the HIFA Steering Group: http://www.hifa.org/people/steering-group jneana AT yahoo.co.uk

From: "Chris Zielinski, UK" <chris@chriszielinski.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] How can research be made more accessible in LMICs? (32)
Technical requirements and internet connectivity (3)

When we say "low bandwidth" we mean a number of things.

We mean that file sizes should not be too large for review. In general, all Acrobat files should at least come with HTML descriptions/abstracts of what is in the pdf file. Better still, Acrobat files should come with complete duplicate HTML versions. The problem with an Acrobat file is that you have to download the whole file just to see what is in it. If it turns out that the document is not relevant to your particular needs, you have wasted time and money for nothing. Providing an HTML abstract, or providing the file in both an HTML version (for reading online) and a PDF (for printing) is one solution.

Using Acrobat indexing when you have many pdf files is another solution. Very few people seem to be aware that the free version of Acrobat you can download everywhere is able to produce indexes, allowing people to search for content they need across many Acrobat files without having to open them, which is quick and easy even in low-bandwidth situations.

Other technical issues relate to avoiding flash devices which may look cool when there is a lot of bandwidth available but which are pointlessly annoying when they struggle to do their tricks in a low-bandwidth situation. The more elaborate the trickery, the more likely it is to fall flat on its face when bandwidth is low. Such web page design is usually also unfriendly to visually impaired users.

A little forethought and some practical road testing can eliminate these problems.

Best,
Chris

Chris Zielinski
chris@chriszielinski.com
Blogs: http://ziggytheblue.wordpress.com and http://ziggytheblue.tumblr.com
Research publications: http://www.researchgate.net

HIFA profile: Chris Zielinski: As a Visiting Fellow in the Centre for Global Health, Chris leads the Partnerships in Health Information (Phi) programme at the University of Winchester. Formerly an NGO, Phi supports knowledge development and brokers healthcare information exchanges of all kinds. Chris has held senior positions in publishing and knowledge management with WHO in Brazzaville, Geneva, Cairo and New Delhi, with FAO in Rome, ILO in Geneva, and UNIDO in Vienna. Chris also spent three years in London as Chief Executive of the Authors Licensing and Collecting Society. He was the founder of the ExtraMED project (Third World biomedical journals on CD-ROM), and managed the Gates Foundation-supported Health Information Resource Centres project. He served on WHOâ€™s Ethical Review Committee, and was an originator of the African Health

Observatory. Chris has been a director of the World Association of Medical Editors, UK Copyright Licensing Agency, Educational Recording Agency, and International Association of Audiovisual Writers and Directors. He has served on the boards of several NGOs and ethics groupings (information and computer ethics and bioethics). UK-based, he is also building houses in Zambia. His publications are at www.ResearchGate.net and https://winchester.academia.edu/ChrisZielinski/ and his blogs are http://ziggytheblue.wordrpress.com and https://www.tumblr.com/blog/ziggytheblue chris AT chriszielinski.com.

From: "Sian Williams, UK" <sian.health@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] How can research be made more accessible in LMICs? (33) Open access, APCs and languages (2)

[*Note from HIFA moderator (Neil PW): I am very grateful to Sian. I had written to him one-to-one with some questions about his previous message on this topic, and here he responds for the benfit of us all. To follow the text below:
"Text in quote marks" is text from Sian's original message
Text that starts with "Q:" represents my questions to Sian
Text that starts with "Response:" represents Sian's response]

Thanks for your questions:

Dear Sian Williams, UK (How can research be made more accessible in LMICs? (17) npj Primary Care Respiratory Medicine)

"We took the decision for business reasons to move to an author-pays model. It is now digital-only, the articles have Creative Commons licences and as ever, Hinari rules apply. It has improved access to not just academic institutions but to all who have sufficient electricity or internet to download papers."

Q: Please can you clarify about 'HINARI rules apply'. Do you mean that you use the same classification of countries that HINARI uses for eligibility for free or low-cost access, and apply this to decisions on whether the author(s) pays an article processing charge (APC)?

Response: Yes, if the first author is from a HINARI country, they are eligible for an APC waiver if the submitted paper has a positive peer review.

"We have also paid for translations into Chinese, Portuguese and Spanish."

Q; Please can you say a bit more about why these particular languages? Also, do you translate the title and abstract only, or the full text? I and others have argued for at least the abstract to be available in the language of the readers who would most benefit (for example, Portuguese for Mozambiquan health professionals), although this seems to have fallen on deaf ears among the relevant professional bodies.

Response: We have used our own funds to pay for professional translations of the whole papers - a small team selected those we thought were most important. These three languages were chosen because in our network they would enable the most primary care professionals

to benefit: Portuguese enables our Brazilian colleagues to access - and there's a great family medicine strategy in Brazil which is now including NCDs including asthma and COPD; Spanish enables our colleagues in Spain and Latin America (other than Brazil) and China enables Chinese colleagues to access - China is looking to expand its primary care provision by a massive 400,000 clinicians, so we want to support them to prevent, diagnose and manage chronic respiratory disease in primary care.

"The biggest challenge we now have is how to enable access to the journal and its services - peer review, support to publicity for authors - to authors from middle income countries or institutions who do not meet Hinari criteria."

Q: This is indeed a massive challenges. For example, India is excluded from HINARI and is (I think) excluded from most free-APC models. And yet many authors from India (and indeed any country) simply cannot afford to pay APCs. I understand that some open-access journals do not charge APCs at all. Can anyone on HIFA describe how this works?

Response: Somewhere, somehow, someone has to pay!

"A second challenge will, inevitably, be the competition for reviewers, as more journals move to author-pays."

Q: I'm not sure how open-access in itself would lead to greater competition for reviewers?

Response: Because journals are now marketing themselves to authors not readers. And good quality peer review is therefore more important.

"The third will be translations - it simply isn't true that the "medical language is English" which we have been told time and time again. Not in primary care."

Q; This is an important point. The lingua franca of medical publishing is English and yet English is not understood by the majority of the health professionals worldwide, including many medical doctors.

Response: I don't have any more to say on the questions you've raised below on my points on funding.

"The way forward for the first is to ensure that all research budgets include sufficient for article processing charges. If the research is funded, so should dissemination of the findings. Is the way forward on reviewing is to consider capacity building in reviewing? Any suggestions for translation budgets?"

Q: There is a very strong case for inclusion of APCs (including translations) in research budgets. How can this be promoted? Are there examples of research funders who insist on inclusion of a budget line for publishing in an OA journal?

SiÃ¢n

HIFA profile: Sian Williams is Executive Officer at the International Primary Care Respiratory Group in the UK. Professional interests: Implementation science, NCDs, primary

care, respiratory health, education, evaluation, value, breaking down silos. sian.health AT gmail.com

From: "Katie Foxall, UK" <katie@ecancer.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] How can research be made more accessible in LMICs? (34) Open access, APCs and languages (3)

I just wanted to contribute to the discussion on APCs and also translation into other languages. The model which we have adopted at ecancer is to support the activities of the journal with income derived from other areas of the organisation (events management, sponsored filming, elearning etc). We provide free translation into English of Spanish and Portuguese submissions (in conjunction with Translators without Borders) and publish both versions open access.

We also have a Pay What You Can Afford model so that only authors who have funding specifically earmarked for dissemination of their results need to pay towards publication. More detail here: http://onlinelibrary.wiley.com/doi/10.1002/leap.1023/full

We have had a lot of feedback from authors from LMICs as well as those in the West who work for charities or just have little funding who have said the free publishing and translation has been invaluable to them. Our elearning is also free and we translate that into as many languages as possible for the targeted area (i.e. Prevention and Treatment of Cancer of the Cervix in India elearning modules have been translated into Hindi, Telugu and Bengali). We also have text only versions to combat low bandwidth issues.

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

From: "Pamela Sieving, USA" <pamsieving@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] How can research be made more accessible in LMICs? (34) Open access, APCs and languages (3)

Good day,

I can add just a bit: I believe Spanish, Portuguese and Chinese are the most frequently spoken languages other than English in LMICs. So the translation languages make sense in terms of numbers.

The US NIH allows use of its grant funding to pay charges associated with making its funded research available. I believe both the Wellcome Trust and Howard Hughes grants pay OA charges specifically, but that information might be out of date.

Roadmap.eprints.org provides a directory of OA mandates which includes information for each mandate as to OA Gold fees and APCs being payable from funds.

Best wishes,
Pam Sieving

Pamela C. Sieving
Sieving Information Solutions

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

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] How can research be made more accessible in LMICs? (36)
Technical requirements and internet connectivity (4)

Dear HIFA colleagues,

This week we are discussing Question 3: Q3. What are the most important technical requirements for access - e.g. low bandwidth versions of articles?

I would like to make a comment and ask two questions particularly for those in low-bandwidth settings:

Comment: There exist organisations that specialise in this question (and others). One such organisation is Aptivate, which is UK-based and describes itself as 'The Digital Agency for International Development'. It has been a HINARI partner since 2006.
http://www.aptivate.org/

I shall send an email to invite them to join HIFA and share their experience with us about this important issue.

Question 1: Since September 2016 HIFA has a new website: www.hifa.org - It's important that this works well in low-bandwidth settings and I would welcome feedback from HIFA colleagues on the accessibility of the site. You can send your feedback to hifa@dgroups.org or direct to me at neil@hifa.org

Question 2: Which websites work well for you, and which could be better (in terms of download speeds)? I would be especially interested to hear about leading sites such as WHO (HQ, regional and country offices), MoH websites, medical journal websites, Wikipedia, HINARI, AJOL and other health websites that are used by citizens, health workers, researchers, policymakers...

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare knowledge - Join HIFA: www.hifa.org

HIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign (Healthcare Information For All - www.hifa.org) and current chair of the Dgroups Foundation

(www.dgroups.info). Twitter: @hifa_org FB: facebook.com/HIFAdotORG neil@hifa.org

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] How can research be made more accessible in LMICs? (37) JOL = JOURNALS OFF LINE (2)

I would like to thank Jose Lapena for his candid sharing of experience of Philippine Journals OnLine. It sounds like the transfer of publishing responsibility from INASP to a local publisher has been a bit of a disaster. This stands in sharp contrast to African Journals OnLine, which has gone from strength to strength since INASP transferred to a South African-based publisher.

I'm not sure what the solution is or how such disasters can be prevented. Would anyone at INASP like to comment?

Best wishes, Neil

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HIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign (Healthcare Information For All - www.hifa.org) and current chair of the Dgroups Foundation (www.dgroups.info). Twitter: @hifa_org FB: facebook.com/HIFAdotORG neil@hifa.org

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] How can research be made more accessible in LMICs? (38) Central African Journal of Medicine (2)

The new issue of Central African Journal of Medicine is now available on AJOL (African Journals OnLine)
http://www.ajol.info/index.php/cajm

The papers are restricted-access and from Zimbabwe and Nigeria.

I have invited the editor Prof IT Gangaidzo (Zimbabwe) to join us and share their experiences, challenges, and plans for the future.

Email: cajm@medsch.uz.ac.zw

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare knowledge - Join HIFA: www.hifa.org

HIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign (Healthcare

Information For All - www.hifa.org) and current chair of the Dgroups Foundation (www.dgroups.info). Twitter: @hifa_org FB: facebook.com/HIFAdotORG neil@hifa.org

From: "James Heilman, Canada" <jmh649@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] How can research be made more accessible in LMICs? (39) JOL = JOURNALS OFF LINE (3) Wiki Journal of Medicine on Wikiversity

There are hosting platforms that are freely avaliable. We for example host and run the Wiki Journal of Medicine on Wikiversity as seen here https://en.wikiversity.org/wiki/WikiJournal_of_Medicine We would be happy to see further journals in different topic domains and in different languages begin.

While there are no associated costs and no advertising one is required to use an open license. One could co publish on a plateform such as this just in case ones other option went down aswell. Not sure if charging for publishing would be allowed such as most OA publishers do.

From: "Sandeep Saluja, India" <doctorsaluja@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] How can research be made more accessible in LMICs? (40) Wiki Journal of Medicine on Wikiversity (2) Quality of open access journals

Such platforms are indeed to be commended but maybe we also need to work harder to maintain quality and credibility of work published with them. In general the credibility of OA journals tends to be lower. The review and editorial process gives an impression of being less stringent. [*see note below]

HIFA profile: Sandeep Saluja is an Internist at Saran Ashram Hospital, Dayalbagh, Agra, India. He is also a Rheumatologist and was earlier with the All India Institute of Medical Sciences. He has volunteered to work in remote inaccesible parts of India for no personal or commercial reasons. He is a member of the HIFA working group on Information for Prescribers and Users of Medicines. www.hifa.org/projects/prescribers-and-users-medicines Twitter @doctorsaluja Email: doctorsaluja AT gmail.com

[*Note from HIFA moderator (Neil PW): Open access per se is not an indicator of quality. The Wiki Journal of Medicine is a member of the Directory of Open Access Journals, which 'proves a commitment to quality, peer-reviewed open access'. https://doaj.org/about]

From: "Barbara Kirsop, UK" <barbarakirsop@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] How can research be made more accessible in LMICs? (41) Quality of open access journals (2) Bioline International (2)

Please be aware of quality peer reviewed Open Access journals available free to all on http://www.bioline.org.br. See also results from User Survey currently underway from the Bioline web site. It is incorrect to suggest OA journals are poor quality - some may be, as are some from commercially available journals.

I hope you can publicise the availability of OA journals collaborating with Bioline International.
Best wishes,
Barbara Kirsop

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

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] How can research be made more accessible in LMICs? (42) Q4: What more can be done to address misconceptions about, and discrimination against, OA?

Dear HIFA colleagues,

Thank you for all your contributions to date. We now enter the fourth and final week of our thematic discussion and I would like to introduce you to question 4:

Q4: What more can be done to address misconceptions about, and discrimination against, OA?

(Indeed, we have already touched on this question, thanks to Sandeep Saluja and Barbara Kirsop.)

I look forward to further contributions. How indeed can we address this issue, which is such an important barrier to the evolution of open access?

And how can we eliminate 'predatory publishers', who have caused not only suffering and financial hardship to individual researchers but have also done such undeserved harm to perceptions of open access publishing? Their actions are criminal and yet they appear to escape justice.

Please send your thoughts to: hifa@dgroups.org

Best wishes, Neil

Neil Pakenham-Walsh
On behalf of the HIFA Working Group on Access to Health Research

http://www.hifa.org/news/new-hifa-thematic-discussion-how-can-published-research-be-made-more-accessible-users-low-and
http://www.hifa.org/working-groups/access-health-research