



Highlights of HIFA Discussion on Access to Health Research

Supported by APAME, COHRED and *The Lancet*

The discussion (20 July to 24 August 2015) included over 100 messages from Brazil, Cambodia, Honduras, India, Italy, Mauritius, Mozambique, Netherlands, Nigeria, Philippines, South Africa, Spain, Switzerland, Tanzania, UK, USA and Zambia. All messages can be viewed in full by joining HIFA (go to www.hifa.org - membership is free).

1. How can health research from LMICs be made more accessible?

OPEN ACCESS (see 2. below)

FINANCIAL SUPPORT: Joseph Ana, Nigeria: "To accelerate progress in research and health information dissemination and use in LMICs, we recommend from experience that specific proportions of the huge development partners support for health strengthening in these countries should be ring fenced for [research and health information dissemination] in every country and in every institution."

INSTITUTIONAL SUPPORT: John Eyers, UK: "We need more initiatives such as CARTA, (Consortium for Advanced Research Training in Africa - www.cartafrica.org)"

TECHNICAL SUPPORT: AuthorAID, EASE Guidelines for Authors and Translators, EQUATOR Network.

MEDLINE

- Bryan Pearson, UK: "Where is the voice from the South among the judges?"
- Williams Nwagwu, Nigeria: The obvious fact is that scientific data resources in Africa are hardly ever indexed in Africa ... Africa needs a comprehensive index

CHANGING PERCEPTIONS

- Quality of journals from LMICs may be undervalued and not reflect reality.
- Williams Nwagwu: Another sad point is that while authors from Africa find it difficult to publish in American and European journals, when Americans and Europeans write on African issues, such papers get easily published by same journals. And often the quality is not any better.

INDEXES AND DATABASES: CABI Global Health, LILACS (Latin America), African Index Medicus and other regional index medici of WHO Global Health Library. Directory of Open Access Journals.

2. What can be done to make research free to users in LMICs?

"If all research from LMICs could be published in indexed, open-access journals, this would largely address the problem of visibility and accessibility of such research..

Open access publishing is expanding, perhaps offering a path towards a future where the full text of all health research is freely available to all. In the meantime, initiatives such as HINARI provide free or low-cost access to restricted-access journals for some users in some countries."

1. Drivers of open access

- Policy: Lyon Declaration & UN Agenda 2030
- Governments and research funders: Increasingly require researchers to publish open access, with costs covered in the research proposal.
- Publishers: Open access publishers have led the way, and now virtually every major publisher is following.
- Universities: 'Dutch universities plan to boycott Elsevier after it fails to agree open access deal'
- Bibliometric research shows clear benefits and impact of OA publishing.
- More and more people see OA as a logical and ethical imperative.

2. Barriers to open access

- Misperceptions, eg Beall: Is SciELO a publication favela?
- Williams Nwagwu: Basically, open access means to people in the LMICs access to information produced by people in the developed north.
- Joseph Ana, Nigeria: In the 'publish or perish' world of academic institutions in LMICs, we hear reports of discrimination against research published in open access journals.

3. How can research be made available in the right language?

Neil Pakenham-Walsh UK & Jose Lapena Philippines: 'The vast majority of the research literature is in English and yet the vast majority of the world's population does not speak English.... Abstracts of research should consistently be available in the main language of the country where the research was undertaken...Publication of health research in languages other than English (Russian, Chinese, French, Spanish...) is less visible to the scientific community and less likely to contribute to the cumulative global knowledge base.

Pamela Sieving, USA: Medline announced a policy change in early 2013, allowing publishers to submit both English and non-English abstracts.

4. How can we improve access to different formats required by different users in different contexts (eg abstracts, full text of research paper, commentaries, policy briefs)?

Muinga et al (Kenya): 'SAQs were collected from 657 health workers. The most popular sources of information to guide work were fellow health workers and printed guidelines while the least popular were scientific journals. Barriers to accessing information sources included: not available/difficult to get' and 'difficult to understand'

'Abstracts communicate the key points in a few words. On HIFA we don't hesitate to reproduce them, even though some HIFA members suggest that reproduction is not

permitted by copyright. It is hard to imagine a discussion about health research without the ability to access and share - at the very least - the abstracts of such research.'

'It has been reported that some clinicians and policymakers may base their practice and/or policy on reading an abstract... the risk [of misinterpretation] could be further increased among those who do not speak the language of publication (usually English) and who may rely on machine translation.'

'Some journals publish research free and/or open-access, but restrict access to editorials, letters and other commentary, thereby weakening the post-publication peer review process. Content such as letters is published later than the original research, and is therefore less visible.'

Chris Zielinski: Consider how health research reaches the mass media: this is surely the largest hole in the fabric of communications in the Research to Policy TO PRACTICE chain.

5. How can we improve the availability and use of health research in LMICs through non-traditional dissemination channels (eg social media, communities of practice, blogs, mobile phones)?

Global leaders of social media include Twitter, Facebook, LinkedIn, YouTube, and WhatsApp ... also social networks that are designed especially for researchers. Perhaps the best known is ResearchGate...

Communities of Practice such as HIFA and Dgroups are a type of social media also, and they too are playing an increasing role, particularly in fostering multi-stakeholder communication and cooperation around areas of common interest.

BLOGS eg BMJ. MOBILE PHONES AND DEVICES: Perhaps the wider question here is how to accelerate the availability of 3G and 4G mobile internet connectivity, as well as institutional bandwidth and public wi-fi.

Additional note: Bolajoko Olusanya, Nigeria reminded us of the proposed Code of Conduct for research in low-income countries (The Lancet 2013). Should this be reinvigorated?

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