Big publishers cut access to journals in poor countries

The world’s main system for allowing free access to scientific journals in low-income countries seems to be falling apart as big publishers withdraw. At the beginning of 2011, researchers in Bangladesh, one of the world’s poorest countries, received a letter announcing that four big publishers would no longer be allowing free access to their 2500 journals through the Health InterNetwork for Access to Research Initiative (HINARI) system. It emerged later that other countries are also affected. This is a major step backwards for science, health, and development in low-income countries, and we urge the publishers to reconsider. This development has also exposed how HINARI is a stopgap measure and how universal open access—to all journals in all countries—is the only long-term sustainable solution for access to scientific information in low-income and middle-income countries.

High-quality information is essential for effective health systems, scientific progress, and development. Before the arrival of the internet, many health facilities and medical schools in low-income countries had almost no access to scientific journals and had to rely on out-of-date textbooks. The arrival of the internet and the move of journals to online formats opened up the possibility of real-time access to journals by interested professionals in low-income countries—but even then, most journals remained unaffordable. Then WHO managed to negotiate a deal with publishers to allow free access to journals for institutions in low-income countries, and in 2001 HINARI was born. Recently, all partners had agreed that HINARI would be sustained until at least 2015, the end of the Millennium Development Goals action plan. Unfortunately, this now looks like something of an empty promise.

One of us (RS) was very involved in the creation of HINARI while serving as Editor of the BMJ and Chief Executive of the BMJ Publishing Group. The group paid for one of its senior publishers to liaise with other publishers to ensure the successful launch of HINARI. Publishers generally had small incomes from poorer countries, and the marginal cost of giving electronic access to institutions in low-income countries is effectively zero. So publishers lost little, and they had watched the pharmaceutical industry take a beating over its thoughtless behaviour in the developing world. The publishers might have also hoped, cynically, that they could hook research institutions and subsequently move them to a paying model, as has happened. It might also have been the case that commercial publishers hoped that they could head off the move to open access that was beginning at that time. Whatever their motivations, chief executives of the big commercial publishers joined Gro Harlem Brundtland, the then Director-General of WHO, to launch HINARI in BMA House in London.

HINARI was never a complete answer to the problem of access to journals and information. Countries such as India did not have access because they were considered to be too rich as a lower-middle-income country, despite enormous disparities in the distribution of wealth. Many institutions struggled with internet access, training, and passwords. It was still primarily a flow of information from rich to poor rather than a healthier two-way flow. Some countries were slow to grasp the opportunity and, because access was organised through institutions, many rural health workers still had no access.

But HINARI brought about a transformation for institutions that did use it fully. Around 4800 institutions in 105 countries have had access to some 7000 journals, including all the most prestigious publications. It meant that institutions in poor countries had better access to journals than some leading universities in the rich world. It is impossible to practise science in a void, and without access to...
journals, and now many young people have a big chance of starting and maintaining a productive career in science: learning the essential discipline of reading studies, critiquing them, and systematically searching published reports before beginning their own research. Suddenly it was not just the highly privileged few in low-income countries who could contribute to science but the many. And, as WHO, the World Bank, and other global institutions recognise, science and research are essential for development, for the effective use of limited resources, and for improving public health for all with the goal of ultimately reducing poverty.

So you can imagine the dismay of researchers in Bangladesh, one of the world’s poorest countries, when they received a curt email from WHO informing them that they would no longer have access to the 1610 journals of Elsevier (including, ironically, The Lancet), the 299 journals of Lippincott Williams & Wilkins, and the 588 publications of Springer.

Elsevier has subsequently responded to say that it is talking to Bangladeshi institutions “to establish a consensus for a consortium agreement, which can support a national information platform...[and has] ...begun establishing trial free-access to all the major universities”. It is unfortunate that Elsevier has stopped access through HINARI before it has established any sort of working alternative, and the new scheme will not reach most of the 100 or more institutions in Bangladesh that currently have access through HINARI. Elsevier has also said that the ICDDR,B (a research institution of world class reputation and importance in Dhaka) has access to its journals through the Royal Tropical Institute in the Netherlands—but this is not the case.

Springer has said that there has been no access through HINARI in Bangladesh since 2006 and that access is provided through the International Network for the Availability of Scientific Publications (INASP). This is a paying model, and in 2007 ICDDR,B paid US$10 000 to receive access. The following year, the subscription jumped to $20 000. Other institutions have now joined the scheme and the subscription for ICDDR,B is slightly less. Sadly, most of the institutions that had access through HINARI do not have access through the new scheme. For many, even the smallest payment is impossible.

Programmes such as the INASP, which are unknown to most researchers and institutions, do not allow one-click access, and therefore help very few. The beauty of HINARI is that it is a one-stop shop—anyone can run a search (in PubMed) and see everything that is available in full-text and then download the articles immediately (there is a caveat to this in that “immediately” in many developing countries can often mean an hour or more); or users can click on the title of the journal and then find and open the article without the need of assistance from an institutional librarian. Right from the start of HINARI until today, WHO conducts training in how to get the best out of the system in user nations. HINARI has turned out to be the sort of programme that made an impact in a very user-friendly and global way. Another successful example of an open-access mechanism is one click to the Cochrane Library for researchers in low-income countries: no passwords, no need for special training, no librarians, and no special permissions required.

There has so far been no response from Lippincott Williams & Wilkins to our request for more information. WHO’s letter to Bangladesh also said that access would be stopped to the two journals of the American Association for the Advancement of Science (AAAS), one of which is the highly prestigious Science. When we contacted AAAS, it reversed its decision, which seems in line with its mission as it is impossible to see how cutting off researchers in Bangladesh could in any way advance science. It would be fair to say that communication between HINARI, the publishers, and the developing country institutions has been poor.

The publishers do not have a contract with WHO, and they can withdraw access to their journals whenever they see “active sales” in a country. WHO does not have any data on what those sales are. We have asked the publishers and received no answer. It seems most unlikely that there have been more than a handful of sales in a country such as Bangladesh, and why would institutions subscribe anyway when they can get free access? The action of these publishers has been effectively to deny the vast majority of researchers in Bangladesh access to the latest published data for what is unlikely to be more than a few thousand dollars profit.

In 2009, Reed Elsevier made an operating profit of $787 million on a turnover of $6071 million (13%), and Elsevier, the operating arm of the company that distributes scientific journals, made a higher margin of 35% ($693 million profit on a turnover of $1985 million). Science journals are often the most
profitable part of the company—for the simple reason that most of the value (i.e., the science), is paid for with public money and not by Elsevier. Wolters Kluwer, the owners of Lippincott Williams & Wilkins, made profits of $234 million and Springer €275 million. The per-capita income of Bangladesh is around $700, whereas it is above $46 000 in the Netherlands and over $41 000 in Germany, the home countries of these companies. Alejandro Cravioto, the Executive Director of ICDDR, B said: “In addition to disparities of wealth, this move highlights the gross inequities of access to knowledge.”

Once the news was broadcast that Bangladesh had been denied access to journals, it became apparent through the Health Information for All 2015 listserve that similar notification had been received by institutions in Kenya and Nigeria (we do not know exactly which publishers have pulled out, but we hope that this will become clear). WHO understandably has not publicised what might be seen as the slow disintegration of HINARI, but they have now told us that exclusions apply to 28 of the 64 low-income countries. They cannot tell us which publishers have denied access to which countries. We have asked the three big publishers and AAAS but they have not told us. In April, 2007, a group of Peruvian authors found that they were unable to access any of the top five journals from major publishers such as Nature Publishing Group and Elsevier.1 Nor could they access any of the first-level journals from Blackwell, Oxford University Press, Lippincott Williams & Wilkins, or Wiley and Sons. In 2003, all the journals had been available.

Shahed Hossain, the senior search coordinator at ICDDR, B in Bangladesh, points out that: “In the era of globalisation and open access movement, this will be a real drawback and discouragement for researchers, educators, and even for policy makers”. People in Kenya and Nigeria are as upset as those in Bangladesh. “HINARI is highly used in my institution”, says Nasra Gathoni, President of the Association for Health Information and Libraries in Africa. “This is a highly valued database in Kenya and I believe in the whole of Africa. Our users were very disappointed with this news.” While Grace A Ajuwon, a medical librarian from Ibadan, says: “This is a big setback for us all in Nigeria, I mean librarians, students, health care providers and researchers.”

Our immediate response is that this is an ungracious and ill-advised move on behalf of the publishers, reminiscent of when Elsevier was exposed as running arms fairs and then had to quit the business.2,3 In exchange for a few dollars, these publishers risk creating a torrent of ill-will against them from the excluded countries, authors around the world, and quite possibly their own staff. Pharmaceutical companies have learned the hard way that buccaneering tactics in poor countries do not work and will not be tolerated, and the consequence is severe damage to their image, brands, and products. Unlike the drug industry, which does incur distribution costs, the big commercial publishers can give free access to low-income countries at virtually no cost to themselves, something that seems to have passed them by on the basis of this latest decision. Furthermore, this cutting of access is taking place in tandem with global efforts to scale up research synthesis and evidence-based decision making in low-income and middle-income countries, thus highlighting a disconnect between the governments of the countries and the development partners on one side and the publishers on the other.

The companies have also taken this step at a time when the not-for-profit open-access movement is gathering pace. The Public Library of Science will soon be publishing 2% of all science, technology, and medicine papers through PloS One, obliging the Nature Publishing Group and other publishers to start something similar. True open access is the long-term answer to access to scientific studies in low-income and middle-income countries in a way that HINARI can never be. Some critics have rejoiced at this blow to HINARI because they think, perhaps rightly, that it will hasten the arrival of universal open access.
We share that aspiration, but temper our belief with the knowledge that universal open access is still something for the future. We recognise that health providers, researchers, and policy makers are working to improve the lives and health of the poor right now. We ask, if researchers and physicians cannot access the latest pertinent article, then is it truly open access? Does the civil surgeon in the rural district or community health worker have access to a librarian to assist with complex article retrieval? We call on the big publishers and all other publishers to continue to provide free access to all of their journals in all of the 64 low-income countries signed up to the HINARI system.

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TPK works for ICDDR,B, which along with other institutions has been denied free access to journals through HINARI; she serves on the Cochrane Library Oversight Committee. RS was the Editor of the *BMJ* and Chief Executive of the BMJ Publishing Group, which helped establish HINARI; he is now on the board of the Public Library of Science and chairs the Cochrane Library Oversight Committee.