



Case Study: Access to electronic health knowledge in five countries in Africa

'Killer' fact

Although initiatives to promote free access to medical literature are available, lack of awareness of those initiatives and other barriers to access limits availability.

Summary

Quick, easy and free access to online medical literature and therefore the ability for medical staff to keep up with the latest research findings is something that is taken for granted in high-income countries. In low- and middle-income countries access is often restricted for a number of reasons although there are initiatives in place in low-income countries to allow free access to subscription only journals. Research was conducted by the DFID funded Effective Health Care Research Consortium to look at access to initiatives providing free full text peer reviewed articles in five countries in Africa – Cameroon, Nigeria, Tanzania, Uganda and the Gambia.

In 2002, the HINARI programme was launched by the World Health Organization (WHO), which allowed free access (by registration) to full text journals for academic and medical institutions, teaching hospitals and government offices in low-income countries. Other initiatives include payment of subscriptions by national government or donor funds, open access journals and publishers offering priced journals for free or at a reduced price.

The research surveyed postgraduate doctors and research scientists in four teaching hospitals and one externally funded research institution. Conclusions were that although internet use is common, awareness of free-access initiatives is limited and there are often problems associated with internet use. Initiatives such as HINARI need to be promoted and supported by strong institutional endorsement and management. Also concluded was that text books remain an important resource for postgraduate doctors in training.

Free access to medical literature in low-and middle-income countries provides the opportunity for scientists, researchers and doctors in those countries to engage in the global scientific conversation and contributes to narrowing the information gap between high income countries. However, the availability of initiatives to provide free or very low cost access to online journals (ie HINARI) does not necessarily mean potential users in low- and middle-income countries are able to access these resources.

“What we found in these institutions in Africa is that despite availability of full text articles via initiatives like HINARI, the end user still faces challenges in taking full advantage of free resources. While some of the problems are technical and have been resolved by the initiative providers, a lot more could be done at institution level to improve connectivity, organise medical libraries to gear up for electronic information access, and retrain librarians to promote internet access and raise awareness of online resources.” Helen Smith, Lead Researcher

Impact

The BMC article was flagged as highly accessed, with over 5000 full text downloads.

Representatives from DFID, WHO and the British Medical Journal (BMJ) contributed to a one day symposium to discuss the results of the research, and the findings have been used in policy

discussions in DFID and in WHO in relation to HINARI accessibility. HINARI have since made changes to their technical infrastructure which has alleviated some of the problems around accessing original articles. A policy brief was developed from the research to aid accessibility to the research findings.

Wiley-Blackwell subsequently made *The Cochrane Library* free one click access in all low-income countries.

Potential users worldwide benefit from this initiative.



The research team from five countries in Africa at a meeting to plan the research in Uganda 2005.

Researchers

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Further information

Published open access paper: <http://www.biomedcentral.com/content/pdf/1472-6963-7-72.pdf>

The article was used as the basis for a commentary in the BMJ: Brown H. For richer for poorer. <http://www.bmj.com/cgi/content/full/335/7614/280>

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