

◆ Building the “Health Knowledge Commons”: Open Access, Human Rights, and What the Commons Means for Researchers and Editors

Moderator:

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San Francisco, California

Speakers:

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The “public” part of “publication” often gets lost in the world of academic journal publishing. Many readers cannot access scientific and biomedical articles because of exorbitant journal-subscription charges (typically hundreds of dollars a year) and fees to access full text (typically \$30 for a single article). Traditional copyrights prevent readers from freely reusing the literature; distributing, copying, or translating articles; or producing derivative works. But the model of open-access (OA) publishing, making journal articles freely and immediately available to the public under a progressive license that encourages reuse, plays an increasingly important, and arguably essential, role in the dissemination of biomedical knowledge.

Gavin Yamey led the session, opening with the main problem under discussion: a vast amount of biomedical research is privately owned and available only to those

who can afford it. That paradigm helps to fuel the \$5 billion scientific and medical publishing industry and can be considered a public-health crisis because restricting access to biomedical knowledge can have life-or-death consequences. Arguing that scientific knowledge is a human right, Yamey cited multiple international initiatives, including Article 27, Section 1, of the UN’s Universal Declaration of Human Rights: “Everyone has the right freely to . . . share in scientific advancement and its benefits.” Medical research findings should be considered a “global public good,” says Yamey, especially because most research is funded by the public.

With the advent of the Internet, the proposed solution is to make all research results freely available online, as practiced by *Public Library of Science (PLoS)* and *Open Medicine*. Jocalyn Clark presented an overview of *PLoS Medicine*, launched in 2004 as an OA alternative to top-tier medical journals. One of a suite of *PLoS* journals, *PLoS Medicine* considers medical research an “international public resource”. It has an impact factor of 13.8 and an acceptance rate of 5% to 10%. Clark noted that research articles published in *PLoS Medicine* have had favorable effects on international public health, including the first global map of malaria transmission¹ and the first clinical trial showing that male circumcision reduces HIV risk in sub-Saharan Africa.²

Open Medicine, launched in April 2007 in Canada, is a new OA medical journal. Claire Kendall explained how the journal was “born . . . out of chaos” after an exodus of editors from the *Canadian Medical Association Journal (CMAJ)* due to editorial interference and censorship by its publishers. The editors wanted to establish another Canadian and international voice on medical issues and created *Open Medicine* on the basis of the principles of “freedom, transparency, creativity, and community”. Peer reviewed

and independent, the journal has published 42 articles and has an acceptance rate of about 20%.

Anita Palepu presented recent OA policies. In December 2007, the United States passed a bill requiring researchers funded by the National Institutes of Health to submit all final peer-reviewed journal manuscripts to PubMed Central on the day of publication and to make them freely available within 12 months. The European Research Council (ERC) requires all peer-reviewed publications arising from ERC-funded research to be placed in a repository (such as PubMed Central) on publication and made OA within 6 months. Palepu also described the new OA mandate at Harvard University—the first of its kind at the US university level. Approved in February 2008, the policy gives the university license to exercise copyright and to make each faculty member’s scholarly articles freely available. Harvard plans to create its own OA repository for papers. On the basis of those recent OA mandates, Palepu concluded by saying that publishers and authors will face increasing accountability with research funders “who want taxpayer-funded research to be available”. 

References

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