

Bridging the knowledge gap

The HINARI programme

“The Health InterNetwork Access Initiative (HINARI), is using information technology to narrow the information gap in health science.” Kofi Annan, Secretary General of the United Nations, in his address to the Pan American Health Organization, Washington DC, 2 December 2002.

“As a direct consequence of this arrangement, many thousands of doctors, researchers and health policy-makers among others will be able to use the best-available scientific evidence to an unprecedented degree to help them improve the health of their populations. It is perhaps the biggest step ever taken towards reducing the health information gap between rich and poor countries.” Dr Gro Harlem Brundtland, Director-General of the World Health Organization, London, 9 July 2001.

HINARI had its origin in 1999, when the World Health Organization (WHO) surveyed researchers in the developing countries to find out their concerns.

Their greatest difficulty was, and remains, a lack of access to the key research literature that is found mainly in expensive journals published in the developed countries. A further difficulty is that of getting their own research published.

In February 2001, after being contacted by the WHO in Geneva, the editor of the *British Medical Journal* (*BMJ*), Dr Richard Smith, offered the journal's resources to assist in developing a low-cost access programme.

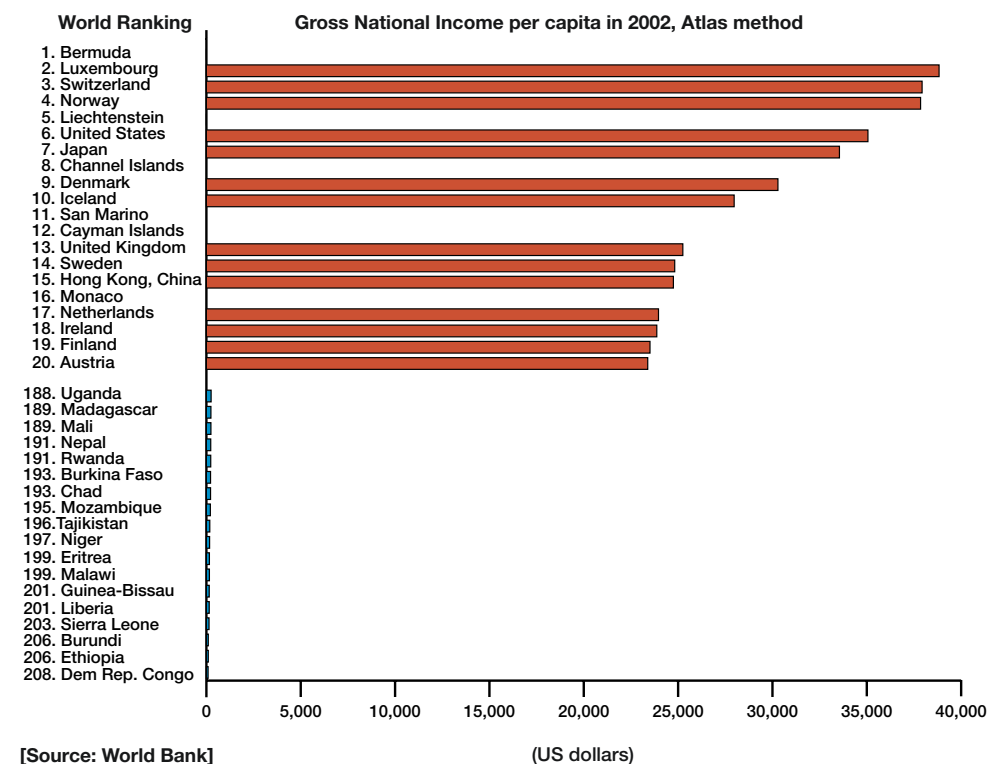
Fresh from successfully negotiating low-cost access to drugs for AIDS, tuberculosis and malaria, the WHO identified six publishers who, between them, published more than 1000 biomedical journals, and within a month, the *BMJ* had organized a meeting between the WHO and senior executives from these compa-

nies in New York. At that first meeting at the UN Building in March 2001, the publishers agreed to offer all of their medical information, in healthcare, as well as in primary research, to relevant institutions in all countries with an annual gross national product (GNP) per capita

of US\$1000 or less, not just those classified by the World Bank as Low Income countries (as of December 2000). But what surprised the WHO officials most of all was that the publishers said that, for most of the countries, access would be free and that it would be full — there would be no degradation of content.

Dr Gro Harlem Brundtland, then Director-General of the WHO, announced the programme in London, in July 2001 at an event attended by representatives of the six companies: Blackwell, Elsevier Science, Harcourt International STM Group, Springer Verlag, John Wiley and Wolters Kluwer. Very soon, Yale University Library joined the programme, offering user-authentication software and a

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range of 'backroom' facilities that are essential to the programme.

What is HINARI?

HINARI is a purely on-line programme. There are other important programmes for distributing print and off-line digital materials.

HINARI provides access to the full text of biomedical research and healthcare journals, and other relevant information. In general, access is intended for researchers, primary healthcare workers and health policy managers working in not-for-profit biomedical research institutions, medical, dentistry, nursing and pharmacy schools, teaching hospitals, health policy research organizations and government health ministries. Through their institutions, usually in the library and its outreach branches, many thousands of researchers and clinicians in 69 countries where the annual GNP per capita is US\$1000 or less can gain access to journals in the HINARI 'catalogue'.

Staff from the publishers, WHO and Yale worked throughout 2001 and the programme went live, on schedule, in January 2002, less than 6 months after it was first announced, with more than 1100 journals. In May 2002, a further 21 publishers joined the programme. At the end of

September 2003, 42 publishers are offering access to more than 2200 key biomedical research and health-care journals, perhaps the most comprehensive on-line collection in the world.

HINARI 'Phase 2'

For institutions in most countries where the annual GNP per capita is between US\$1001 and US\$3000 (Lower Middle Income status; World Bank, December 2000), access to the HINARI catalogue was opened on a free trial basis in January 2003. From January 2004, these institutions will be asked to pay a fee of equivalent to US\$1000 in local currency. Some publishers will continue to offer their content free to this slightly wealthier group of countries, while others, who have established sales in some of these countries, will opt out of the programme for those countries. This is fully within the spirit of the Statement of Intent signed by the original publishers in July 2001: "Each publisher will offer access in the broad terms of the principles on which this Initiative is based, and will be free to provide specific arrangements according to its own business model."

However, the publishers have already agreed that all revenues collected will be remitted back to

the WHO to be used exclusively for training in the use of online published research. This somewhat experimental stage will last until December 2005 at least.

A partnership

HINARI is a partnership and participation is entirely voluntary. There are no formal contracts between any of the publishers and the WHO, and publishers are free to offer whatever content and on whatever terms they choose. Most significantly, the partnership includes Yale University Library, which offers not only the user identification system, without which the programme could not work, but also assists the WHO in much of the backroom linking between users and publishers. In addition, the National Library of Medicine has added a HINARI tag on Medline to every journal in the HINARI programme.

HINARI's strengths

HINARI has many strengths. It is technically very simple, offering authenticated users a simple gateway through which to pass directly to their journal of interest. This simplicity of design also has great benefit for the partner publishers, who keep all

content on their own servers. Of equal importance is the fact that it provides authors of journal articles with means by which their papers can be read by fellow researchers in some of the World's poorest countries. It operates within the standard framework of copyright protection, thereby ensuring the integrity of the original papers.

Its content is limited to biomedical research and healthcare, and is intended for a clearly defined user group. It is a global programme and, since the publishers are not looking for revenue from third party foundations or non-governmental organizations, which is rarely a permanent arrangement, it should also be a fully sustainable programme.

It is not exclusive: publishers are free to participate in any other programmes for disseminating information to researchers in the developing world. This is particularly important to many specialist learned societies. Because it is an on-line service, as the HINARI programme spreads and settles, it will offer substantial usage data; both as regards access to the main Geneva-based portal and more detailed journal-specific usage. Operating within standard guidelines of data usage confidentiality, an evaluation programme is being developed to cover the years 2004 and 2005. It is envisaged that a permanent programme will eventually emerge.

HINARI as a 'social contract'

No one owns HINARI. It is a partnership between the WHO, the publishers, Yale University Library and the National Library of Medicine. In a sense, it is a partnership involving the international library community, and even the academics and

researchers in the richer nations. It operates within the context of a type of 'social contract'. Access to HINARI is only made possible if institutions in the developed countries are willing to pay higher prices for their journals than their colleagues in the developing countries.

Challenges

There are many institutions in the 'HINARI countries' that are not able to afford the cost of connecting to the Internet, which is cheap in the developed, but so expensive in the developing world. Distribution of adequate computer hardware and peripherals continues to be a problem. Even the cost of paper for printing from the computer can be prohibitive in many developing countries. Library funding, particularly in state-funded institutions, is almost always inadequate. One of HINARI's biggest challenges is to persuade other agencies to offer ongoing support to build the infrastructure for permanent Internet access for biomedical research and healthcare institutions, particularly in the poorest countries.

HINARI's other key challenge is to encourage authors in the developing countries to publish their research, both in the very journals to which HINARI provides access, where appropriate, and in their locally published journals. HINARI will fail if it damages local publishing, and one of its principles states clearly: "The publishers hope to work with the WHO in encouraging research publishing programmes in developing nations."

Is HINARI working?

In advance of the completion of the evaluation programme

(December 2005), one can only hope that the answer is "yes". Certainly, the large number of endorsements that the programme receives regularly from librarians and researchers in the institutions that benefit from HINARI indicates that it is a most welcome initiative. The Institut Supérieur de Sciences Infirmières, Kinshasa in the Democratic Republic of the Congo made a small piece of history on 15 September 2003, when it became the 1000th institution from the 100th country to register with the WHO for access to HINARI.

Another indication that HINARI might have started to close the digital divide is that a sister UN agency, the Food and Agriculture Organization, is entering a partnership with a number of leading agriculture, fisheries, food and environment research journal publishers, together with Cornell University Library and the Rockefeller Foundation, to launch a similar programme to benefit researchers in the developing nations. AGORA (Access to Global Online Research in Agriculture) was launched in Rome on 14 October 2003 and it will work closely, and in parallel, with HINARI to widen access to essential health and nutrition information for researchers and workers in the poorest nations.

HINARI and AGORA partners hope that both programmes might start to make a difference.



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Portland Press, the wholly-owned subsidiary of the Biochemical Society, participates in HINARI. Further information about HINARI can be found at www.healthinternet.work.net