

Research4Life
Impact Survey
Analysis

Report by
Information Power
Ltd

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Introduction and Background

Research4Life is a public-private initiative in which a partnership of UN agencies, scientific publishers, US university libraries, and technical partners have come together with the aim of reducing the knowledge gap between developed and less developed countries by providing the latter with affordable access to critical scientific research from over 40,000 books and journals.

Research4Life's oldest programme HINARI, which focuses on bringing peer-reviewed biomedical research to both academic researchers and practising physicians, was launched in 2002 and in recent years has begun to consider ways in which it can assess the practical impact it has had on its intended beneficiaries.

In 2011, Research4Life launched a user experience competition, asking users to share how HINARI, and its other programmes in the fields of agriculture and the environment, had improved their work, life and community. A subsequent [booklet of case studies](#) celebrated the stories behind some of these competition entries, providing insights into how access to the results of peer-reviewed research from Research4Life publisher partners was benefiting the health, well-being, and economic and social development of communities in the developing world, as well as contributing to greater environmental health and awareness.

In the wake of the enthusiastic reception given to this booklet, Research4Life approached Information Power with a brief to develop a broader view of HINARI's impact, via the medium of an extensive online survey of known and potential users of the service.

Methodology

A questionnaire was devised and set up on Survey Monkey. A link to the survey was distributed by a number of HINARI publisher partners to their authors, personal subscribers to journals, Table of Content alert subscribers, sample issue requesters, Pay Per View purchasers, and others. Individuals were qualified to receive the invitation to participate in the survey if they were recorded as being resident in any of the 116 HINARI eligible countries, areas, and territories in the developing world and were registered as having an interest in biomedical research or clinical practice. The invitation was also distributed to members of the Research4Life User Group, a forum organised and moderated by the Information Training and Outreach Centre for Africa (ITOCA). In addition the survey was circulated to the Association for Health Information and Libraries in Africa (AHILA) with a request to forward it to their library users. The survey was available from 27 February to 18 April 2014.

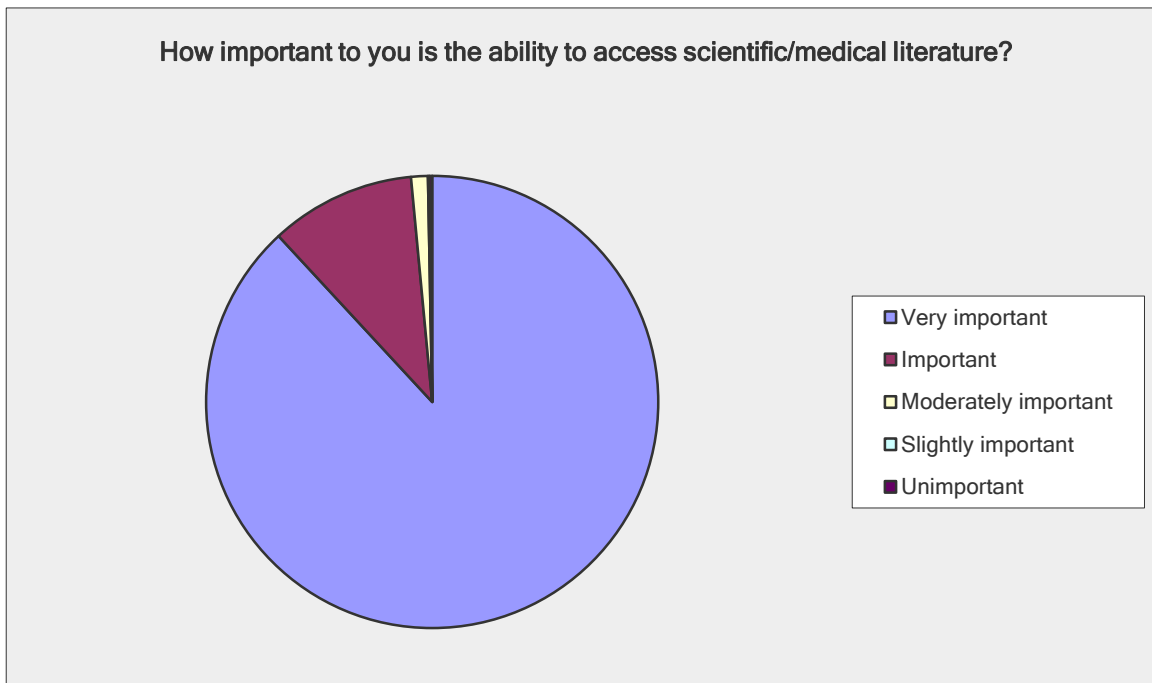
We are grateful to ITOCA, AHILA and to the following publishers for their assistance in promoting awareness of this survey:-

BMJ
Elsevier
Mendeley
Oxford University Press
Taylor & Francis
Wiley

The survey attracted a total of 1034 responses

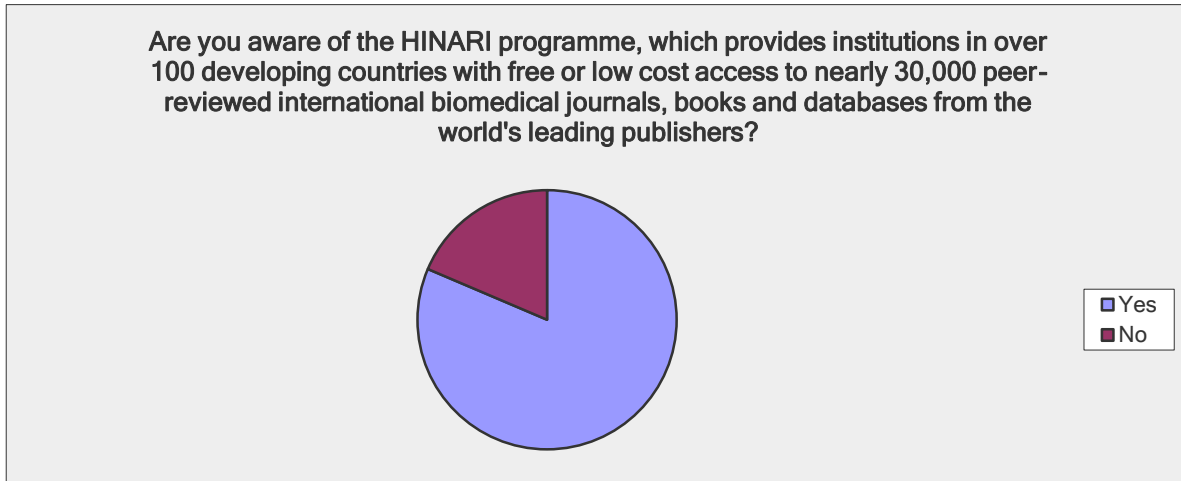
Responses to Questions

Question 1: How important to you is the ability to access scientific/medical literature?



Answer Options	Response Percent	Response Count
Very important	88.2%	902
Important	10.4%	106
Moderately important	1.2%	12
Slightly important	0.1%	1
Unimportant	0.2%	2
<i>answered question</i>		1023
<i>skipped question</i>		13

Question 2: Are you aware of the HINARI programme, which provides institutions in over 100 developing countries with free or low cost access to nearly 30,000 peer-reviewed international biomedical journals, books and databases from the world's leading publishers?



Answer Options	Response Percent	Response Count
Yes	81.4%	833
No	18.6%	190
<i>answered question</i>		1023
<i>skipped question</i>		13

This relatively high rate of “brand” awareness demands a breakdown of the responses into those from the Research4Life User Group Forum (where a significantly higher rate of awareness would be expected) and those from all the other lists. Here is the breakdown:-

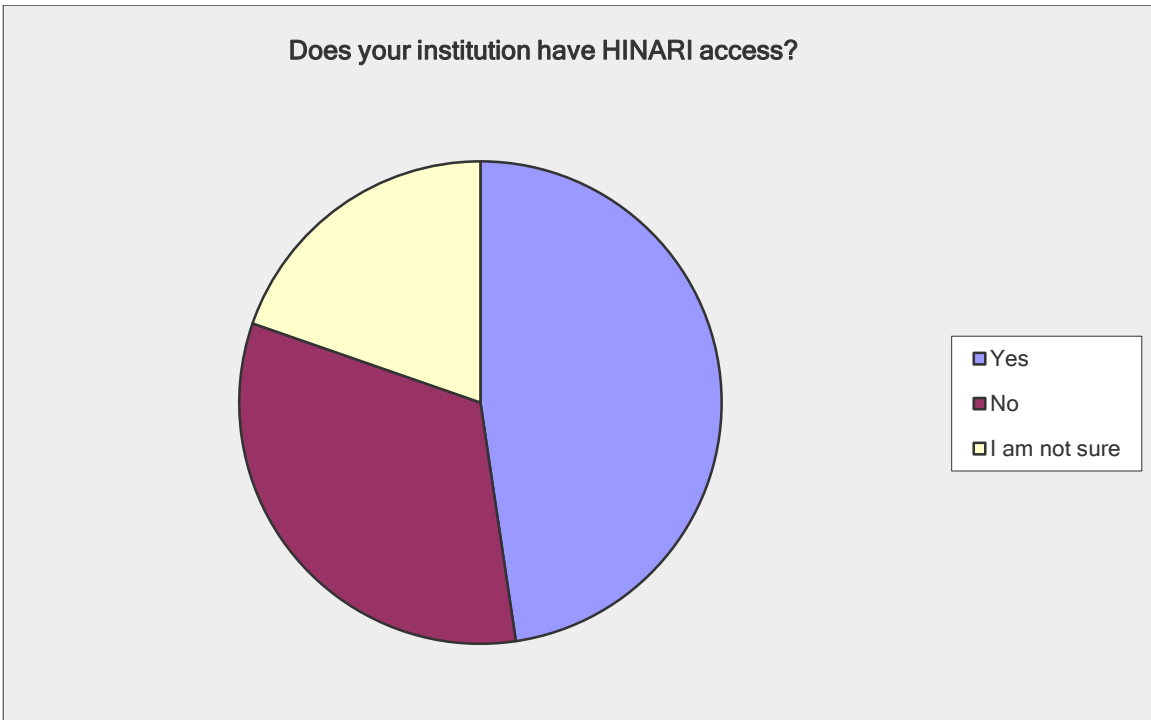
Research4Life User Group

Answer Options	Response Percent	Response Count
Yes	92.4%	110
No	7.6%	9
<i>answered question</i>		119
<i>skipped question</i>		2

All other Respondents

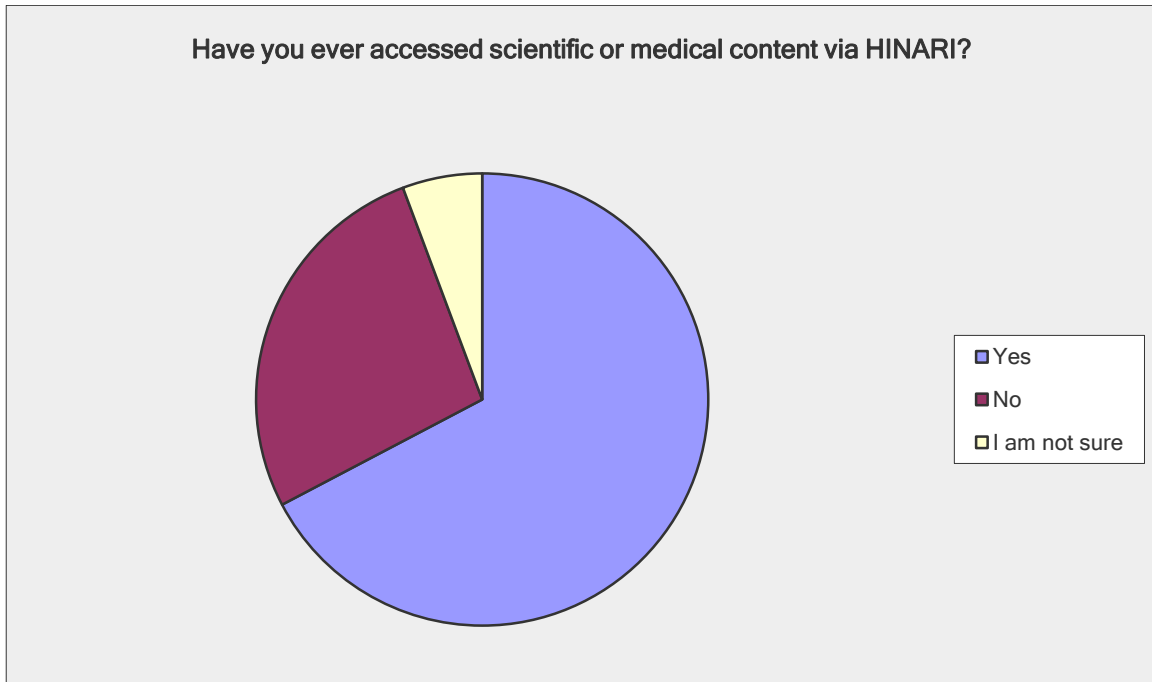
Answer Options	Response Percent	Response Count
Yes	80.1%	739
No	19.9%	184
<i>answered question</i>		923
<i>skipped question</i>		11

Question 3: Does your institution have HINARI access?



Answer Options	Response Percent	Response Count
Yes	47.7%	492
No	32.7%	337
I am not sure	19.7%	203
<i>answered question</i>		1032
<i>skipped question</i>		4

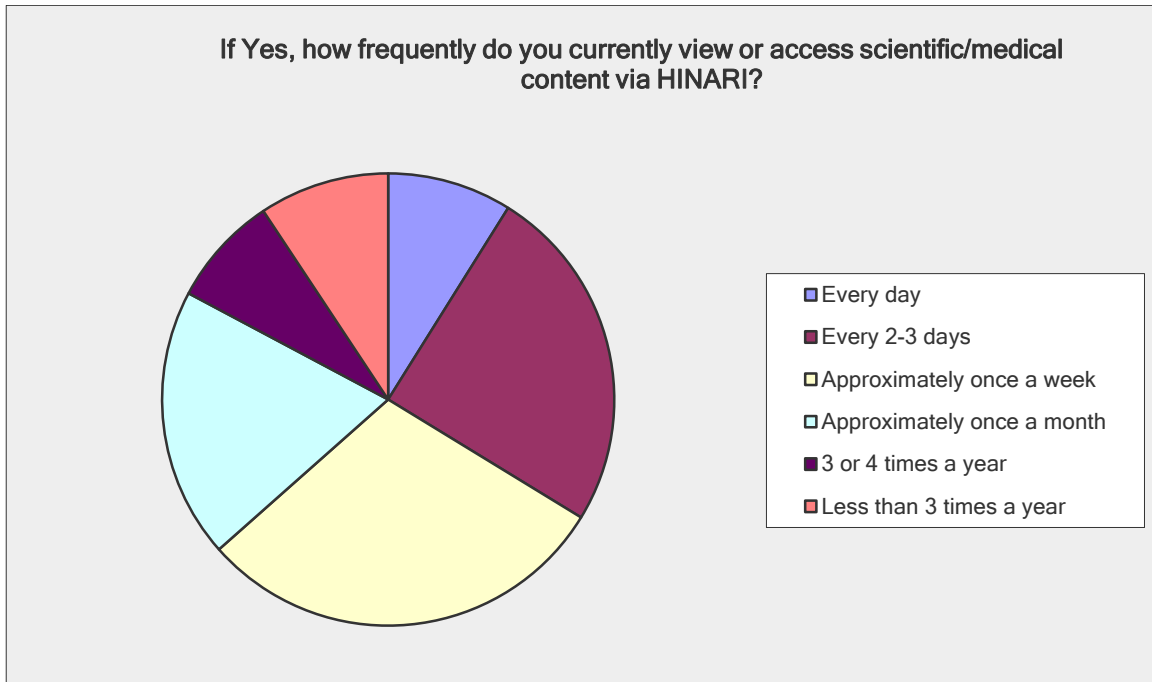
Question 4: Have you ever accessed scientific or medical content via HINARI?



Answer Options	Response Percent	Response Count
Yes	67.3%	694
No	27.0%	278
I am not sure	5.7%	59
<i>answered question</i>		1031
<i>skipped question</i>		5

There is an interesting difference between the number of respondents who are certain that their institutions have access to HINARI (492) and the number who have ever accessed HINARI (694). 70% of respondents left an email address indicating that they would like to participate in any more detailed research we may conduct. An exploration of the reasons for this difference might be one line of enquiry worth pursuing.

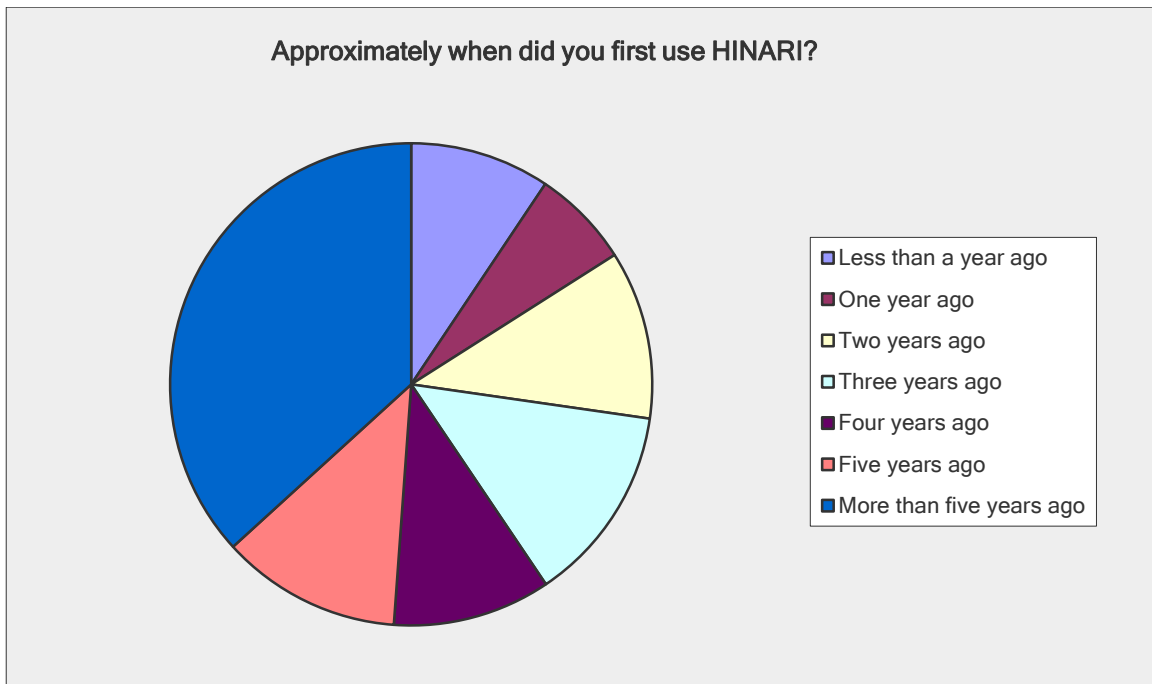
Question 5: If Yes, how frequently do you currently view or access scientific/medical content via HINARI?



Answer Options	Response Percent	Response Count
Every day	8.9%	56
Every 2-3 days	24.8%	157
Approximately once a week	29.7%	188
Approximately once a month	19.3%	122
3 or 4 times a year	7.9%	50
Less than 3 times a year	9.3%	59
<i>answered question</i>		632
<i>skipped question</i>		404

It is interesting to note that nearly two thirds of users access content via HINARI at least once a week. Given that “users” are defined as those who have ever used HINARI, it is conceivable that the figure for “weekly plus” **current** users may be higher than two thirds.

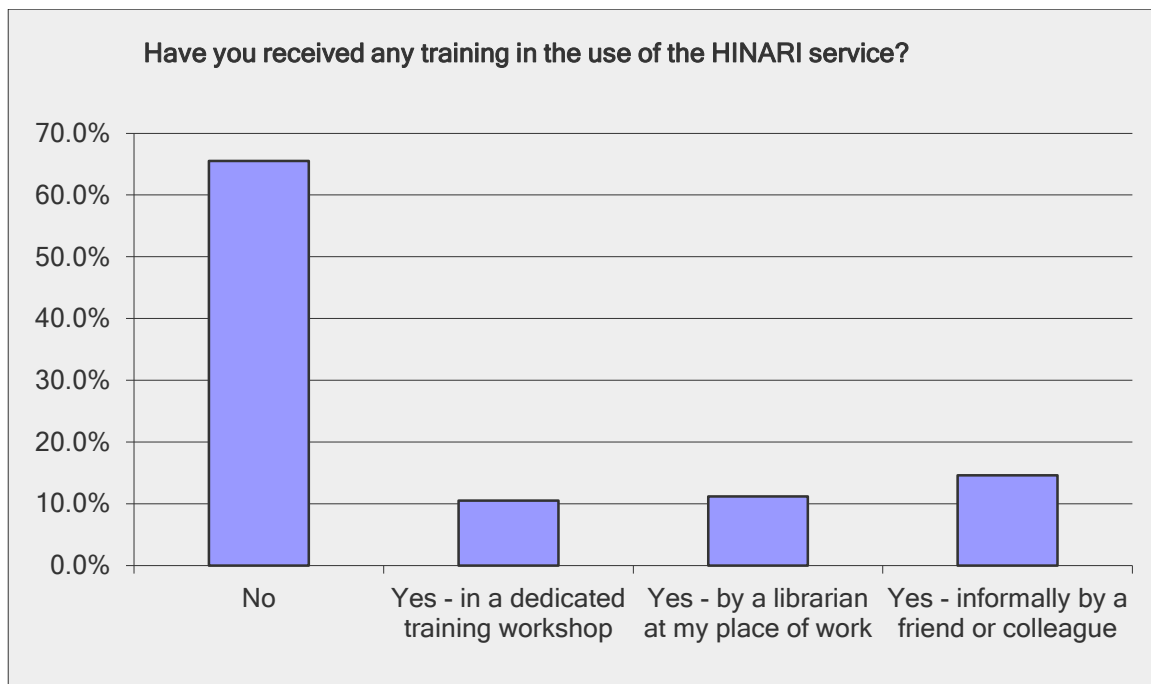
Question 6: Approximately when did you first use HINARI?



Answer Options	Response Percent	Response Count
Less than a year ago	9.4%	60
One year ago	6.6%	42
Two years ago	11.3%	72
Three years ago	13.3%	85
Four years ago	10.6%	68
Five years ago	12.1%	77
More than five years ago	36.8%	235
<i>answered question</i>		639
<i>skipped question</i>		397

These figures would seem to suggest that the HINARI user base is growing at a fairly constant annual rate.

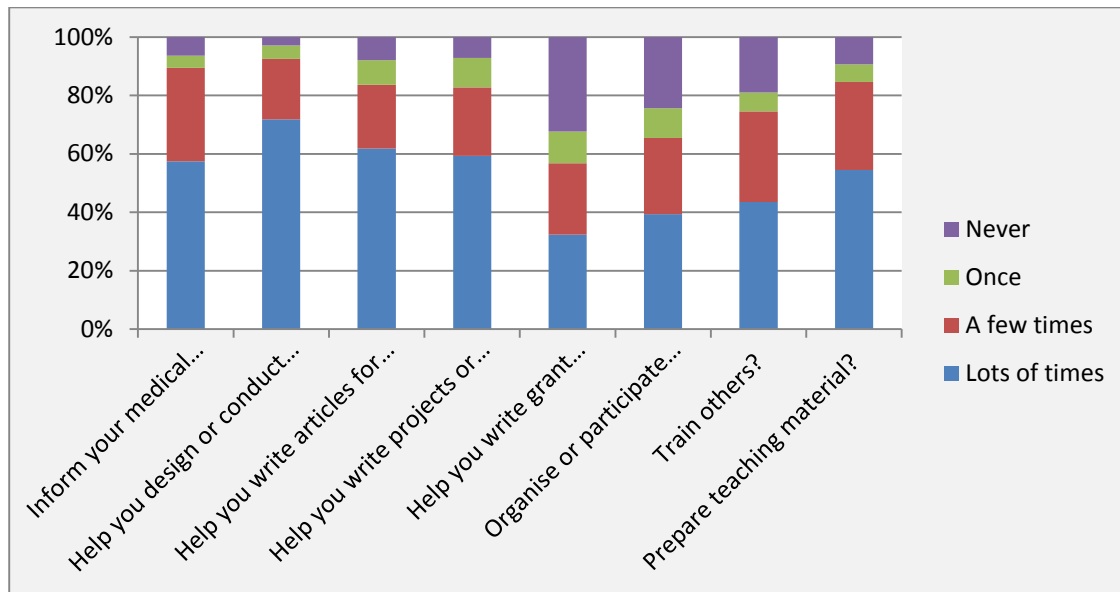
Question 7: Have you received any training in the use of the HINARI service?



Answer Options	Response Percent	Response Count
No	65.5%	405
Yes - in a dedicated training workshop	10.5%	65
Yes - by a librarian at my place of work	11.2%	69
Yes - informally by a friend or colleague	14.6%	90
Yes - in some other way (please specify)		41
	<i>answered question</i>	618
	<i>skipped question</i>	418

These figures are consistent with HINARI’s own expressed concern that it does not have access to sufficient resources to respond to all requests for training that it receives. A significant proportion of the free form responses to the final question of the survey are pleas for more in person or online training in the use of the HINARI information resources.

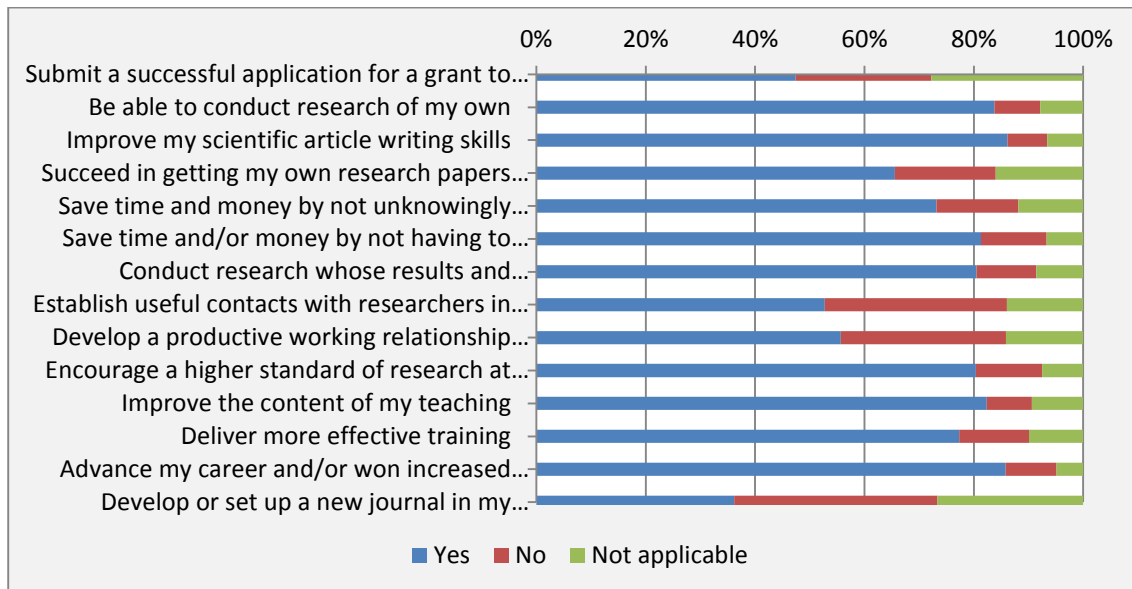
Question 8: How frequently have you used the knowledge gained after accessing content via HINARI to:



Answer Options	Response Percentages					Response Count
	Lots of times	A few times	Once	Never	Not applicable	
Inform your medical practice/patient care?	48%	26%	3%	5%	18%	583
Help you design or conduct your research?	70%	20%	4%	3%	3%	595
Help you write articles for publication?	59%	21%	8%	8%	4%	595
Help you write projects or theses?	56%	22%	9%	7%	6%	591
Help you write grant applications?	28%	21%	9%	28%	14%	575
Organise or participate effectively in a Journal Club	34%	23%	9%	21%	13%	578
Train others?	40%	29%	6%	18%	7%	572
Prepare teaching material?	52%	28%	6%	9%	5%	590
Other (please specify below)	17%	8%	3%	33%	39%	217
<i>answered question</i>						616
<i>skipped question</i>						420

Some encouraging responses here for HINARI, even if one assumes that none of the “Never” responses should more accurately have been “Not Applicable”

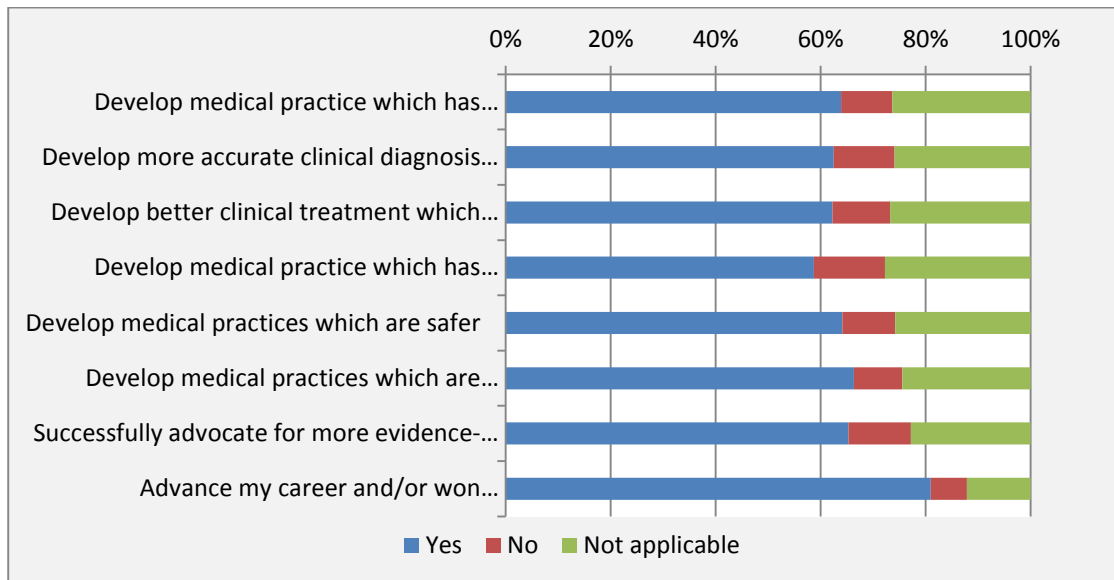
Question 9: Please indicate which of the following statements are true for you personally. As a researcher and/or teacher, having access to previous research via HINARI, has helped me:



Answer Options	Response Percentages			Response Count
	Yes	No	Not applicable	
Submit a successful application for a grant to conduct research of my own	47%	25%	28%	544
Be able to conduct research of my own	84%	8%	8%	548
Improve my scientific article writing skills	86%	7%	7%	549
Succeed in getting my own research papers accepted for publication	66%	18%	16%	543
Save time and money by not unknowingly doing existing research	73%	15%	12%	548
Save time and/or money by not having to look for alternative routes to a specific article which I need to read	81%	12%	7%	551
Conduct research whose results and conclusions have the potential to enhance the quality of life of people in my country	81%	11%	8%	549
Establish useful contacts with researchers in other countries who have the same research interests as myself	53%	33%	14%	544
Develop a productive working relationship with the library at my institution	56%	30%	14%	546

Encourage a higher standard of research at my institution	80%	12%	8%	545
Improve the content of my teaching	82%	8%	10%	544
Deliver more effective training	77%	13%	10%	543
Advance my career and/or won increased respect for my work	86%	9%	5%	550
Develop or set up a new journal in my country for publishing research	36%	37%	27%	536
Other (please specify below)	35%	28%	57%	217
.				
			<i>answered question</i>	579
			<i>skipped question</i>	457

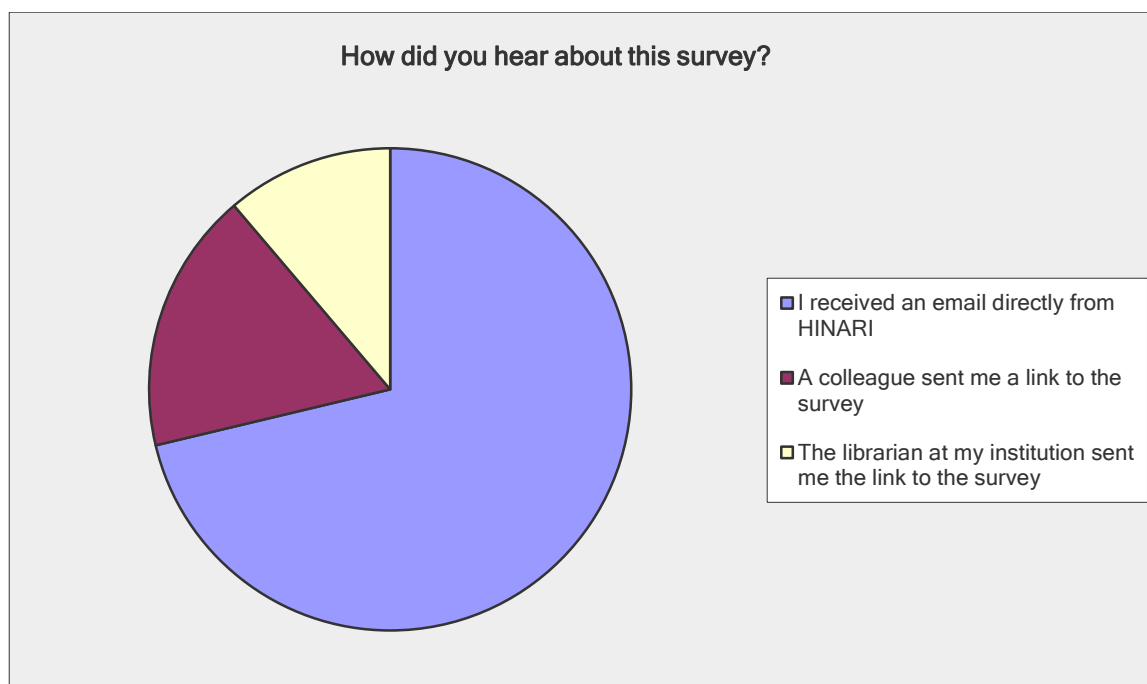
Question 10: Please indicate which of the following statements are true for you personally. As a health professional, having access to previous research via HINARI has helped me:



Answer Options	Percentages Count			Response Count
	Yes	No	Not applicable	
Develop medical practice which has helped enhance the quality of life of patients	64%	10%	26%	532
Develop more accurate clinical diagnosis which has improved patient health	62%	12%	26%	533
Develop better clinical treatment which has improved patient health	62%	11%	27%	527
Develop medical practice which has resulted in saved lives	59%	13%	28%	526
Develop medical practices which are safer	64%	10%	26%	527
Develop medical practices which are more effective or efficient	66%	9%	25%	523
Successfully advocate for more evidence-based health policy at local or national government level in my country	65%	12%	23%	527
Advance my career and/or won increased respect for my work	81%	7%	12%	536
Other (please specify below)	15%	25%	60%	214
<i>answered question</i>				545
<i>skipped question</i>				491

Many of the responses to Questions 8-10 suggest that there would be a significant amount of additional insight to be gained by approaching those participants who have provided positive responses with a series of more in depth enquiries.

Question 11: How did you hear about this survey?



Answer Options	Response Percent	Response Count
I received an email directly from HINARI	71.2%	337
A colleague sent me a link to the survey	17.5%	83
The librarian at my institution sent me the link to the survey	11.2%	53
Other (please specify)		94
	answered question	473
	skipped question	563

Question 12: Do you have any further comments about the importance of having access to research via HINARI?

As might be expected from the generally encouraging responses to the survey questions about specific impacts of HINARI access, this question solicited a significant number of testimonials to the value of the programme. Here are just a few:-

- *For us in developing countries, the value of HINARI cannot be overemphasized. It is impossible to conduct meaningful research without access to fulltext articles of previous research and only HINARI provides this for us in developing countries*
- *HINARI and AGORA are the two sources which are complete and user-friendly to me and many colleagues of mine. In the absence if these sources, scientific research and manuscript preparation would be practically improbable to me and many others in Ethiopia.*
- *Thank you for making access to publications available to us. I personally value this. I am not where I was 5 years ago as a junior scientist and now on my way to being an independent scientist and training MPH students on research design and conduct. It has greatly improved the quality of my work and the ease with which I work. I cannot thank you enough.*
- *As a young optometry student in Ghana, I was introduced to HINARI by a lecturer in the Optometry Dept in KNUST, Ghana, Dr. David Ben Kumah. By this, I downloaded my first*

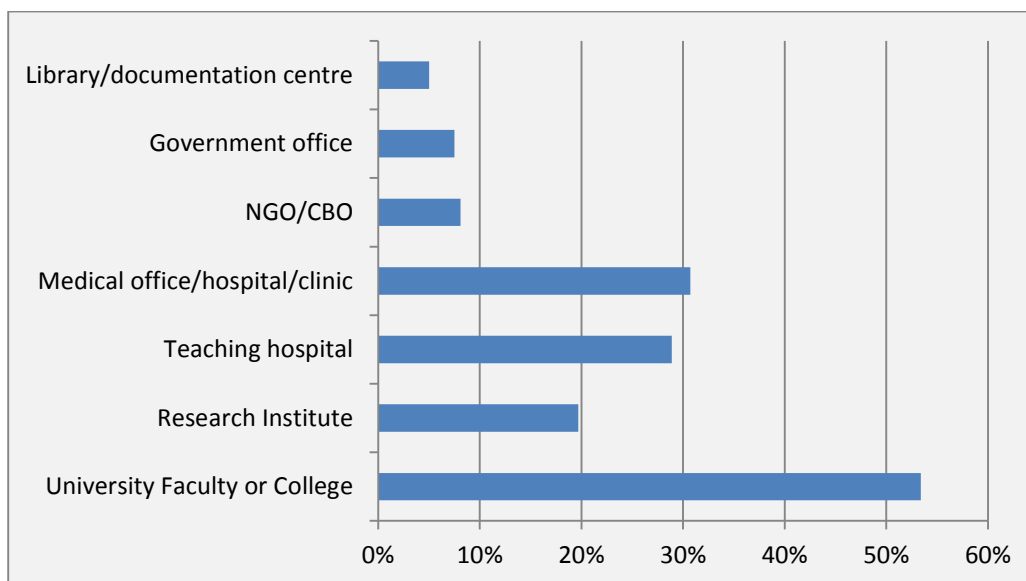
journal article in ophthalmic epidemiology. This great introduction and tutorials on how to use HINARI for research, created a passion for research which I will forever be grateful for. Instead of pursuing clinical work after my Doctor of Optometry degree, I competed for a phd scholarship from the European Research Council which was being offered through the Waterford Institute of Technology. I am a product of what HINARI access can do. I believe there are many more researchers that are benefiting greatly from this program. Please keep on expanding this program. Thank you.

Other responses to this question fall into a number of categories:-

- Many requests for HINARI to conduct more promotion of the service and training in its use
 - *I need to understand HINARI better to effectively optimize its usage*
 - *There is need to create more awareness on availability of HINARI.*
 - *They should train us on Hinari and offer us scholarships to study.*
 - *I really want to attend training programs of HINARI at international level.*
 - *Guidance from through internet may help me to use it more frequently and make me work better in the field of research and clinical setting.*
 - *There is all information one need but there is need for orientation on how to use the program effectively to avoid time wastage in searching information*
 - *It would be greatly beneficial to have online courses on how to use HINARI*
- Acknowledgement that optimal use of HINARI is often subverted by poor technological infrastructure, especially unreliable and slow internet access, vulnerable power supplies, and lack of sufficient computer hardware
 - *due to frequent server failure sometimes we fail to log in.*
 - *in many instances we have discovered that the bandwidth and slow internet access in our country can really impact the retrieval or downtime for downloading e-resources*
 - *This is an invaluable tool in this generation to advance the course of humanity. However, in some remote areas of our community in Africa where internet services are not so well established, access can be a challenge.*
- Regret in some cases that institutional passwords giving access to the content are not readily shared with all eligible users
 - *In some institutions . . . the authorities and librarians keep the passwords to themselves. Students and researchers don't often get access*
 - *Its important to have this access specialy us as a trainee but unfortunately we have notthis access only our seniors had access to it and they have not share it*
- Requests for a more sophisticated search interface in addition to PubMed
 - *It would be far better if HINARI can provide scopus like facilities too*
- Requests for more local content, especially in the French language
 - *HINARI is already a lot of effort to inform a wider audience, but it seems to me that a lot of public information from developing countries where French is spoken, are often not indexed.*
- Requests for more content from established “Northern hemisphere” publishers
 - *I will like to have acces to other journals from natural products and pharmacology besides the ones already there. I will also like to hace access to back issues of all the journals, since some times for proposal preparations it is need to review old issues.*

- Requests for more effective transitional arrangements when a country moves out of eligibility or when a publisher decides to withdraw from the scheme in a particular country in favour of direct bilateral arrangements
 - *There should be different ways to access HINARI, in Peru we are losing most of the free content because the country is "better" economically but the differences among the country are huge and probably no university or large institution can buy several databases, maybe HINARI can associate with the editorials and offer better prices to some institutions.*
- Very specific access queries which we have passed on to HINARI for resolution

Question 13: Please indicate your place of work (you can indicate more than one if applicable):



Answer Options	Response Percent	Response Count
University Faculty or College	53.4%	473
Research Institute	19.7%	174
Teaching hospital	28.9%	256
Medical office/hospital/clinic	30.7%	272
Non-Governmental Organisation (NGO)/Community-Based Organisation (CBO)	8.1%	72
Government office	7.5%	66
Library/documentation centre	5.0%	44
Other (please specify)		68
answered question		885
skipped question		151

Question 14: In which country do you mainly work?:

Answer Options	Response Percent	Response Count
Nigeria	10.1%	92
Peru	6.5%	59
Ukraine	4.8%	44
Bangladesh	4.7%	43
Ethiopia	4.2%	38
Sudan	3.4%	31
Viet Nam	3.4%	31
Kenya	3.3%	30
Iraq	3.1%	28
Algeria	2.6%	24
Ecuador	2.6%	24
Sri Lanka	2.4%	22
Guatemala	2.1%	19
Morocco	2.0%	18
Ghana	1.9%	17
Nepal	1.7%	15
Uganda	1.7%	15
Bolivia	1.5%	14
Tanzania	1.5%	14
Albania	1.4%	13
Cameroon	1.2%	11
Macedonia	1.2%	11
Myanmar	1.2%	11
Zambia	1.2%	11
Colombia ¹	1.1%	10
Tunisia	1.1%	10
Côte d'Ivoire	1.0%	9
El Salvador	1.0%	9
Georgia	1.0%	9
Mozambique	1.0%	9
Burkina Faso	0.9%	8
Cambodia	0.9%	8
Yemen	0.9%	8
DR Congo	0.8%	7
Rwanda	0.8%	7
Bosnia and Herzegovina	0.7%	6
Kyrgyzstan	0.7%	6
Malawi	0.7%	6
Nicaragua	0.7%	6
Senegal	0.7%	6
Serbia	0.7%	6
Syrian Arab Republic	0.7%	6
Zimbabwe	0.7%	6
Armenia	0.6%	5
Benin	0.6%	5
Jordan	0.6%	5
Dominican Republic	0.4%	4
Honduras	0.4%	4

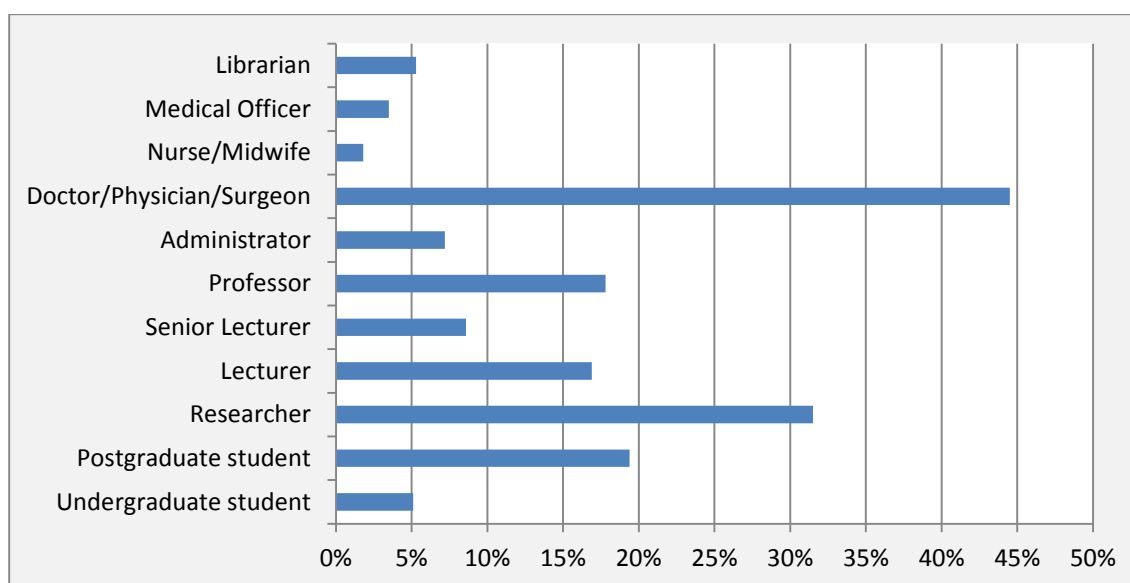
¹ Graduated from HINARI eligibility in 2014

India*	0.4%	4
Mali	0.4%	4
Moldova	0.4%	4
Niger	0.4%	4
Somalia	0.4%	4
United Kingdom*	0.4%	4
Uzbekistan	0.4%	4
Angola	0.3%	3
Mauritius	0.3%	3
Mexico*	0.3%	3
Namibia	0.3%	3
Paraguay	0.3%	3
United States*	0.3%	3
Afghanistan	0.2%	2
Argentina*	0.2%	2
Belgium*	0.2%	2
Botswana	0.2%	2
Gabon	0.2%	2
Gambia	0.2%	2
Ireland*	0.2%	2
Jamaica	0.2%	2
Pakistan*	0.2%	2
Papua New Guinea	0.2%	2
Philippines*	0.2%	2
Saudi Arabia*	0.2%	2
Sierra Leone	0.2%	2
Spain*	0.2%	2
Tajikistan	0.2%	2
Togo	0.2%	2
Aruba*	0.1%	1
Belize	0.1%	1
Burundi	0.1%	1
Denmark*	0.1%	1
France*	0.1%	1
Germany*	0.1%	1
Grenada	0.1%	1
Japan*	0.1%	1
Kazakhstan*	0.1%	1
Kiribati	0.1%	1
Lesotho	0.1%	1
Madagascar	0.1%	1
Mauritania	0.1%	1
Mongolia	0.1%	1
New Zealand*	0.1%	1
Norway*	0.1%	1
West Bank and Gaza Strip	0.1%	1
Russian Federation*	0.1%	1
Saint Kitts and Nevis	0.1%	1
Saint Vincent and the Grenadines	0.1%	1
Samoa	0.1%	1
Seychelles	0.1%	1
South Africa*	0.1%	1
South Sudan	0.1%	1
Suriname	0.1%	1

Swaziland	0.1%	1
Switzerland*	0.1%	1
Other (please specify) ²		52
answered question		908
skipped question		128

* Not a HINARI country

Question 15: Please indicate the position(s) you currently hold at your place of work (you can indicate more than one if applicable):



Answer Options	Response Percent	Response Count
Undergraduate student	5.1%	45
Postgraduate student	19.4%	170
Researcher	31.5%	276
Lecturer	16.9%	148
Senior Lecturer	8.6%	75
Professor	17.8%	156
Administrator	7.2%	63
Doctor/Physician/Surgeon	44.5%	389
Nurse/Midwife	1.8%	16
Medical Officer	3.5%	31
Librarian	5.3%	46
Other (please specify)		111
answered question		875
skipped question		161

² "Other country" – respondents' free form replies mainly consisted of countries which were in fact on the survey's drop down menu, or were variants of their official names. Others used this field to explain that they had recently moved from a HINARI eligible developing world country to a more developed country, or listed several countries in which they worked.