

Open Access for researchers

Open Access Week @ Rhodes University

24 October 2013

Elsabé Olivier



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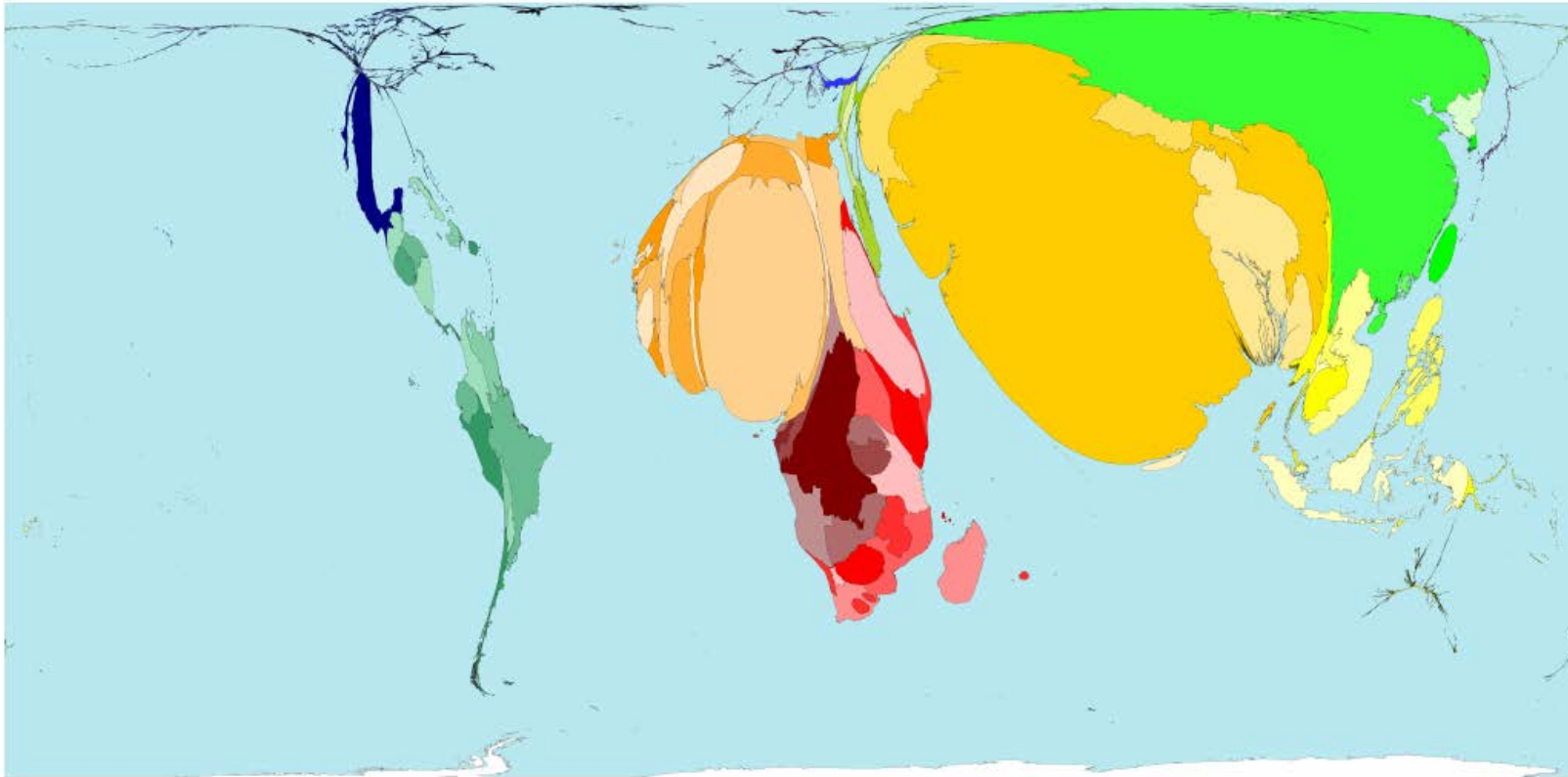
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- International research
- What is Open access?
- The two routes
 - Green route
 - Gold route
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- What can you do?
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- Conclusion



Worldmap according to poverty



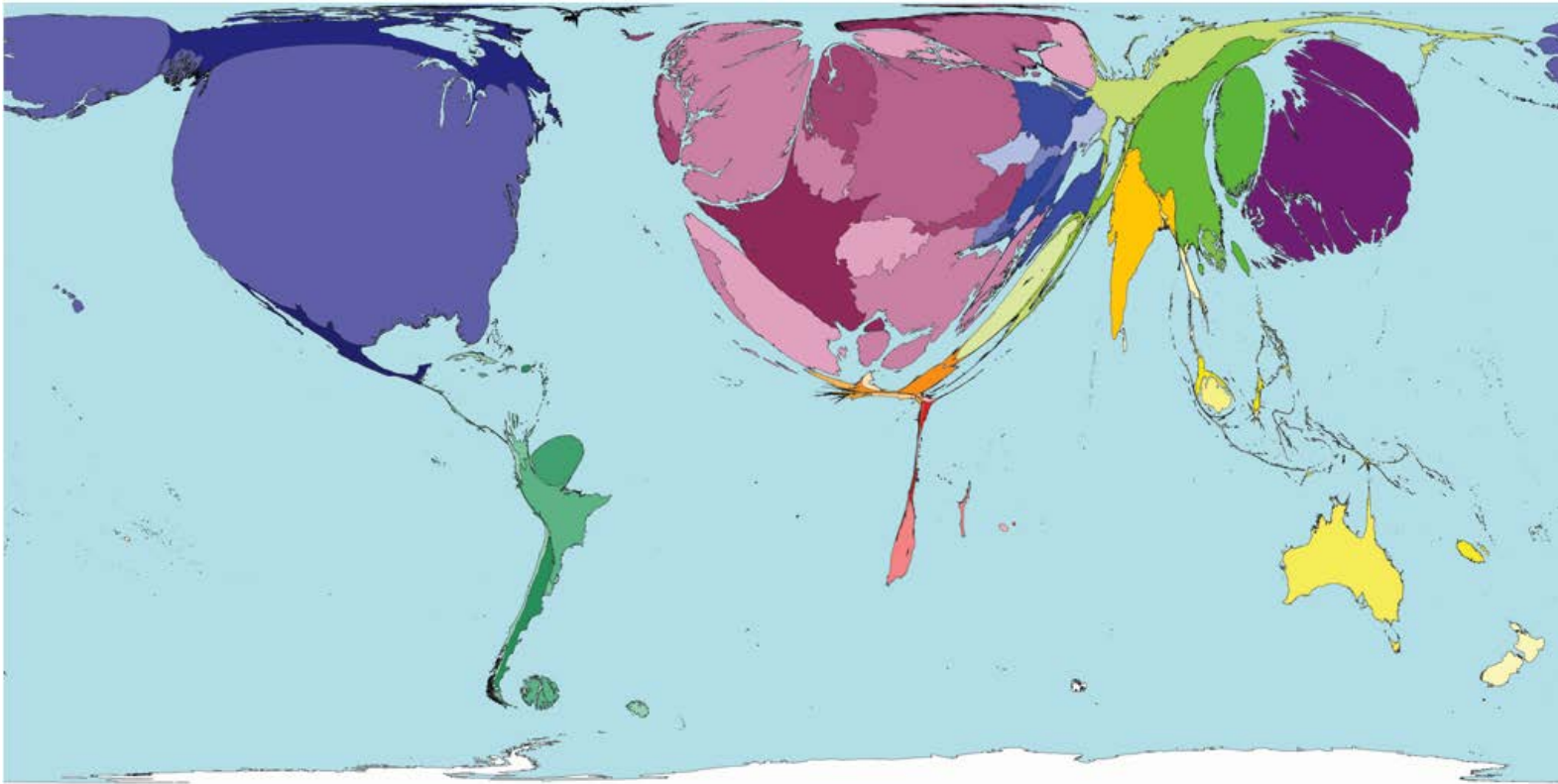
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Worldmap according to science research



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Science research in Africa



South Africa is responsible for

- 79% of the publications
- 0.55% of the world's literature
- India produces 2.94% of the world's literature (Pouris 2010)

Africa

- Least able to pay for access to information
- Will benefit from Open Access

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But we do always have access?




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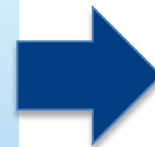
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Who pays for the access?



Closed/Toll access



- Journals are sold on subscription to libraries
- Some journals are bundled in packages
- Why is this a problem?
 - It consumes almost the total serials budget
 - Library budgets can't keep track with rising costs
 - We pay different prices for the same journals
 - Libraries cannot subscribe to the world's research literature
- Some libraries are considering cancelling their contracts



Researchers are also taking a stand



The Cost of Knowledge

13883 Researchers Taking a Stand. *See the list*

Academics have protested against Elsevier's business practices for years with little effect. These are some of their objections:

1. They charge exorbitantly high prices for subscriptions to individual journals.
2. In the light of these high prices, the only realistic option for many libraries is to agree to buy very large "bundles", which will include many journals that those libraries do not actually want. Elsevier thus makes huge profits by exploiting the fact that some of their journals are essential.
3. They support measures such as SOPA, PIPA and the ~~Research Works Act~~, that aim to restrict the free exchange of information.

The key to all these issues is the right of authors to achieve easily-accessible distribution of their work. If you would like to declare publicly that you will not support any Elsevier journal unless they radically change how they operate, then you can do so by filling in your details on this page.

More information:

- [Statement of Purpose](#)
- [PolyMath journal publishing reform page](#)

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Journal publishers' high profit margins



Sauropod Vertebra Picture of the Week

SV-POW! ... All sauropod vertebrae, except when we're talking about Open Access

The obscene profits of commercial scholarly publishers

January 13, 2012

In an article that many of you will now have seen, Heather Morrison demonstrated the enormous profits of STM (Scientific, Technical and Medical) scholarly publishers. The figures are taken from her in-progress dissertation which in turn cites an article in *The Economist*. It all checks out. I emphasise this because I found the figures so hard to believe. Here they are again: profits as a percentage of revenue for commercial STM publishers in 2010 or early 2011:

- **Elsevier:** £724m on revenue of £2b — **36%**
- **Springer's** Science+Business Media: £294m on revenue of £866m — **33.9%**
- **John Wiley & Sons:** \$106m on revenue of \$253m — **42%**
- Academic division of **Informa** plc: £47m on revenue of £145m — **32.4%**



Sauropod Vertebra Picture of the Week by Mike Taylor, Matt Wedel, Darren Naish is licensed under a Creative Commons Attribution 3.0 Unported License.

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<http://svpow.com/2012/01/13/the-obscene-profits-of-commercial-scholarly-publishers/>

So, what is Open access?

- Digital, online & unrestricted access
- Free of most copyright & licensing restrictions
- What makes it possible is:
 - Internet
 - Consent of author/copyright holder
- It is compatible with peer-review
- Open Access movement:
 - A global movement in academia
 - Dedicated to sharing information for the common good
 - Of importance to researchers, academics, librarians, funding agencies, government officials, publishers



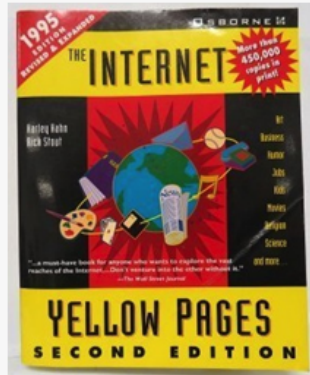
Happy 20th birthday WWW!

Happy 20th Birthday open World Wide Web! You made open access possible

Posted by Gary F. Daught on April 30, 2013

3 Comments

My concept of the world changed on a cold November evening in Brandon, Manitoba, 1994. I attended a public information meeting put on by a new company (I forget the name) that called itself an "Internet Service Provider" (ISP, for short). The company was offering access to the Internet, a global system of interconnected computer networks, upon which I would be able to send and receive electronic mail, and most intriguing, browse across and between pages of text and image documents (hyper)linked together into a "world wide web" of freely and readily accessible information. The sell was accomplished simply by providing a live demonstration. I was totally captivated.



The next day, I drove down to the local computer store and bought a [SupraFAXModem 14400](#) to connect my Apple Macintosh Classic computer via the telephone line to the Internet. I got a 15-year old kid in town to supply me with a 3.5" floppy disk loaded with the necessary TCP/IP and PPP software, an email client, and a copy of the [NCSA Mosaic web browser](#). After just a couple phone calls to that same 15-year old kid to help me troubleshoot some initial configuration problems, I was on! (Incidentally, that kid went to work for Apple Computer at the age of 17.)

This was long before search engines like Google. And Yahoo! was nothing more than a list of website links. I recall going down to [Waldenbooks](#) (remember them?) to buy a copy of *The Internet Yellow Pages* so I'd have a bunch of interesting websites to visit. I gather that for me

and many others in that first wave or two of adopters, "surfing the web" was primarily an intriguing though mind-expanding hobby. But before too long, it would become a critical and transformative tool. I can certainly remember, but I am finding it increasingly difficult to imagine attempting to perform my job today as a librarian, information professional, and scholar before there was a World Wide Web.

<http://oaopenaccess.wordpress.com/2013/04/30/happy-20th-birthday-world-wide-web-you-made-open-access-possible/>



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Two routes to Open Access

- **Green route:**
 - Authors publish in any journal & self-archive/submit article to institutional or subject repository
- **Gold route:**
 - Authors publish in an Open Access journal which provides immediate Open Access to research



Green route: archives/repositories

- Belong to an institution (universities, disciplines such as Physics, Economics)
- Supplement publishing, it is not a substitution
- Do not perform peer review
- Internet users can easily find content, if repositories comply with the metadata harvesting protocol of the Open Archives Initiative
- A repository is a “critically important tool for managing a university’s image and impact on a global scale” (Alma Swan 2011)



OpenDOAR: 2200 repositories worldwide, 26 South Africa!



OpenDOAR

Directory of Open Access Repositories

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The Directory of Open Access Repositories - OpenDOAR

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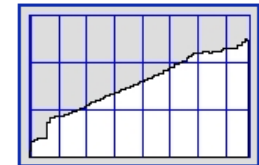
OpenDOAR is an authoritative directory of academic open access repositories. Each OpenDOAR repository has been visited by project staff to check the information that is recorded here. This in-depth approach does not rely on automated analysis and gives a [quality-controlled](#) list of repositories.

As well as providing a simple [repository list](#), OpenDOAR lets you [search for repositories](#) or [search repository contents](#). Additionally, we provide tools and support to both repository administrators and service providers in sharing best practice and improving the quality of the repository infrastructure. Further explanation of these features is given in a project document [Beyond the list](#).

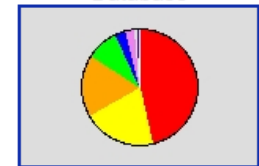
The current directory lists repositories and allows breakdown and selection by a variety of criteria - see the [Find](#) page - which can also be viewed as [statistical charts](#). The underlying database has been designed from the ground up to include in-depth information on each repository that can be used for search, analysis, or underpinning services like text-mining. The OpenDOAR service is being developed incrementally, developing the current service as new features are introduced. A list of [Upgrades and Additions](#) is available.

Developments will be of use both to users wishing to find original research papers and for service providers like search engines or alert services which need easy-to-use tools for developing tailored search services to suit specific user communities.

OpenDOAR has over 2200 listings!



Growth of the OpenDOAR Database



Repositories by Continent

<http://www.opendoar.org>

Gold route: Open access journals

- Research articles are peer reviewed and contents are made freely available
- Business model
 - Some journals receive subsidy from hosting university or professional society
 - Some require processing fees from authors
 - Creative Commons licenses
- Major Open Access publishers
 - BioMed Central <http://www.biomedcentral.com/>
 - Hindawi <http://www.hindawi.com/>
 - AOSIS <http://www.openjournals.net/>



DOAJ: 9957 journals worldwide, 67 from South Africa!



DOAJ DIRECTORY OF
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JOURNALS

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2003-2013

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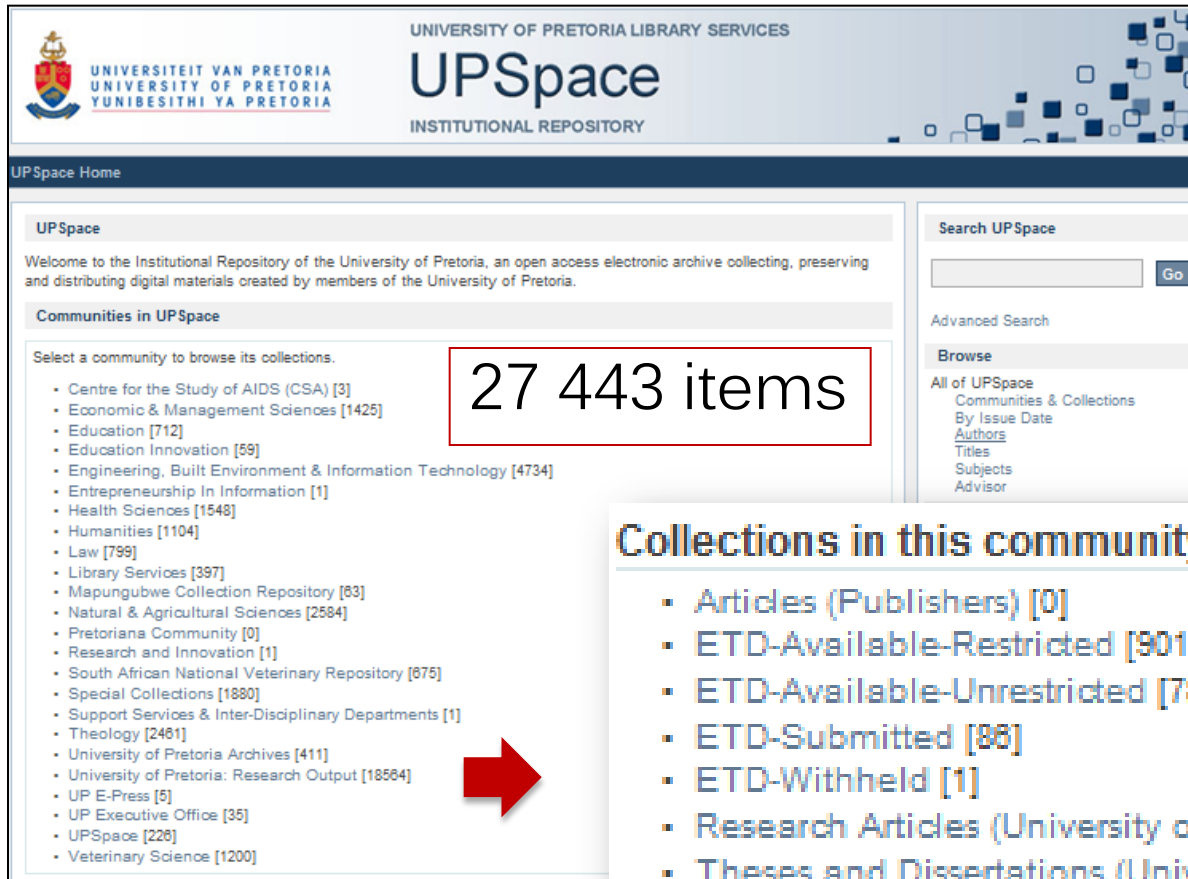
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Open Access @ UP: UPSpace



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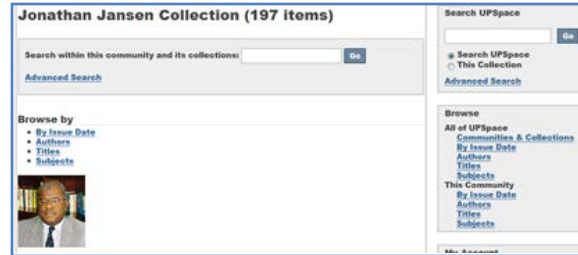
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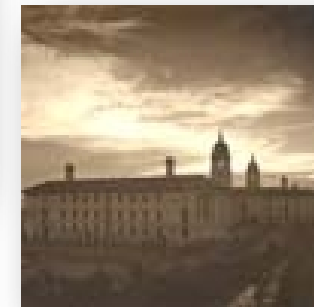
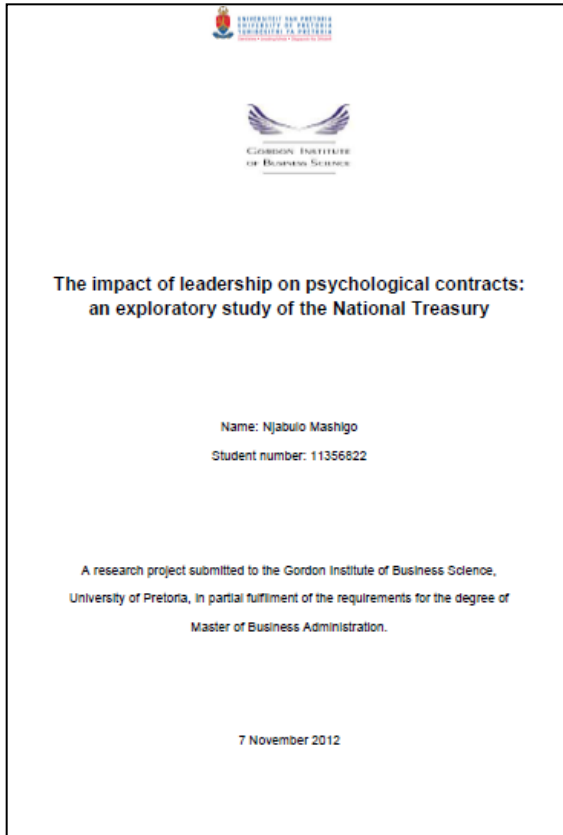
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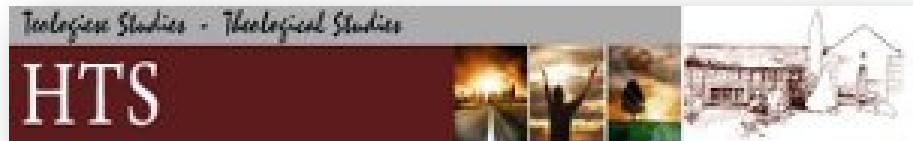
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Academic journals

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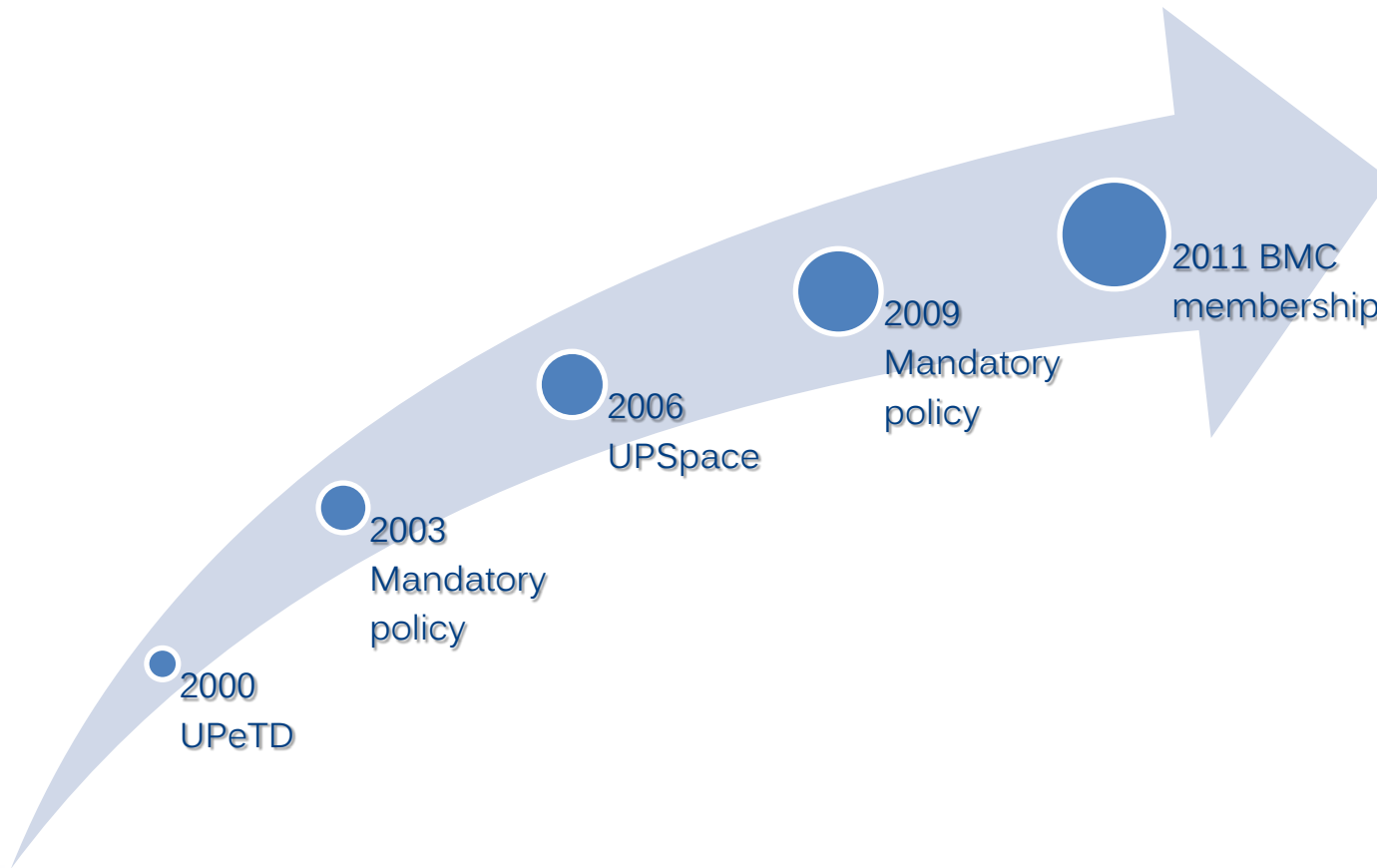
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What was the next step at UP?



UP's mandatory policy

- University of Pretoria:
 - supports free access to research
 - takes responsibility for research dissemination

1st in Africa!

3. Policy statement

1. To assist the University of Pretoria in providing open access to scholarly articles and conference papers resulting from research done at the University, and which are wholly or in part supported by public funding, staff and students are **required** to
 - submit peer-reviewed postprints* of their articles and published conference papers to UPSpace, the University's institutional repository (<https://www.up.ac.za/dspace/>), **AND**
 - give the University permission to a) make the content freely available and b) to take necessary steps to preserve files in perpetuity.



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Output 2011

Research articles in refereed specialist journals

South African Medical Journal (SAMJ)

Article Title

Louw VJ, Bassa F, Chan SW, Doozi LM, Du Toit M, Ferreira M, Gartell K, Swart AM, Jogaesvar V, Littelton N, Mahlangu J, Pool SS, Patel M, et al.: 2011. Guideline for the treatment of myelodysplastic syndromes (MDS) in South Africa. 101 (12) / Dec, pp 900-906, [Full Text](#)
 Westaway M, Mosaka PK: 2011. Investigating the health-related quality of life (HRQL) of surface and underground mine workers at a South African platinum mine. 101 (6) / Jun, p. 392, [Full Text](#)
 Wang H, Louisa E, Stark RW, Munro A, Walensky RP, Wilke M, Martin DJ, Lu J, Freedberg KA, Wood R: 2011. Loss to follow-up in a community clinic in South Africa - roles of gender, pregnancy and CD4 count. 101 (4) / Apr, pp 293-297, [Full Text](#)
 Slabbert MH, Pappas HS: 2011. Medicine and the law. The Consumer Protection Act: No-fault liability of health care providers. 101 (11) / Nov, pp 800-801, [Full Text](#)
 Moodley T, Lebalakala MS, de Gouveia L, Dangor V, Hoosen AA: 2011. Meningococcal infections in hospitalised patients in Pretoria. 101 (10) / Oct, pp 736-738, [Full Text](#)
 Meyer ME, [Paperset DCD](#): 2011. Newborn hearing screening in the private healthcare sector - a national survey. 101 (V) / Sep, pp 645-647, [Full Text](#)
 Ardier B N, Weyer J, Paweska J, Nkosi DB, Leman PA, [Tof DL](#), Blumberg L: 2011. Outbreak of Rift Valley fever affecting veterinarians and farmers in South Africa, 2008. 101 (4) / pp 263-266.
 Henton M, Eager N, Swan GE, [van Vuuren M](#): 2011. Part VI. Antibiotic management and resistance in livestock production. 101 (8), pp 583-587, [Full Text](#)
 Visser A, Moore DP, Whitelaw A, Lowman W, Kantor G, Hoosen AA, Madhi SA, Brink A, Van den Bergh D, Devenish L, Moodley P, Apalata T, Duse AG, Gelband H: 2011. [SARS-CoV-2 Infections](#). 101 (9) / Aug, pp 673-684

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Guideline for the treatment of myelodysplastic syndromes (MDS) in South Africa
 Louw, V.J.; Bassa, F.; Chan, S.W.; Doozi, Lydia; Du Toit, M.; Ferreira, M.; Gartell, K.; Gunther, K.; Jogaesvar, V.; Littelton, N.; Mahlangu, J.; McDonald, A.; Patel, M.; Pool, Roger; Ruff, P.; Schmidt, A.; Sirocock, G.; Swart, Andre; Verburgh, E.; Webb, H.J.

URL: <http://web.up.ac.za/2011/12/2011>
 Date: 2011-12

Abstract:

INTRODUCTION: Myelodysplastic syndromes (MDS) encompasses a heterogeneous group of clonal haematopoietic stemline disorders characterised by chronic and progressive cytopenias resulting from ineffective haematopoiesis. Treatment is complicated by differences in disease mechanisms in different subgroups, variable clinical phenotypes and risk of progression to acute myeloid leukaemia. **METHODS:** Changes in disease classification, prognostic scoring systems, the availability of novel treatment options and the absence of South African guidelines for the diagnosis and management of these complex disorders underpinned the need for the development of these recommendations. **METHODS:** These recommendations are based on the opinion of a number of experts in the field from the laboratory as well as clinical settings and come from both the private and institutional academic environments. The most recent literature as well as available guidelines from other countries were discussed and debated at a number of different meetings held over a 2-year period. **RESULTS:** A comprehensive set of recommendations was developed focusing on risk stratification, supportive management and specific treatment. These agents and their indications are discussed and recommendations are made based on best available evidence and taking into account the availability of treatments in South Africa. **CONCLUSION:** Correct diagnosis, correct stratification and appropriate therapeutic choices are the cornerstones of success in the management of patients with MDS.

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“Of all SA universities, Pretoria delivers the highest number of research articles, over 1600 2011 publications, of which 130, not entered by departments, were traced by the Open Scholarship Office in 2012. Without their invaluable assistance in locating these, our task would be measurably more difficult.”
 UP Research Office

GUIDELINE

Guideline for the treatment of myelodysplastic syndromes (MDS) in South Africa

V.J. Louw, F. Bassa, S.W. Chan, M. Du Toit, M. Ferreira, K. Gartell, K. Gunther, V. Jogaesvar, N. Littelton, J. Mahlangu, A. McDonald, A. Patel, M. Pool, R. Ruff, P. Schmidt, A. Sirocock, G. Swart, A. Verburgh, E. Webb, H.J.

Introduction

Myelodysplastic syndromes (MDS) encompasses a heterogeneous group of clonal haematopoietic stemline disorders characterised by chronic and progressive cytopenias resulting from ineffective haematopoiesis. Treatment is complicated by differences in disease mechanisms in different subgroups, variable clinical phenotypes and risk of progression to acute myeloid leukaemia. Changes in disease classification, prognostic scoring systems, the availability of novel treatment options and the absence of South African guidelines for the diagnosis and management of these complex disorders underpinned the need for the development of these recommendations. These recommendations are based on the opinion of a number of experts in the field from the laboratory as well as clinical settings and come from both the private and institutional academic environments. The most recent literature as well as available guidelines from other countries were discussed and debated at a number of different meetings held over a 2-year period. A comprehensive set of recommendations was developed focusing on risk stratification, supportive management and specific treatment. These agents and their indications are discussed and recommendations are made based on best available evidence and taking into account the availability of treatments in South Africa. Correct diagnosis, correct stratification and appropriate therapeutic choices are the cornerstones of success in the management of patients with MDS.

1. Introduction

Myelodysplastic syndromes (MDS) encompasses a heterogeneous group of clonal haematopoietic stemline disorders characterised by chronic and progressive cytopenias resulting from ineffective haematopoiesis. Treatment is complicated by differences in disease mechanisms in different subgroups, variable clinical phenotypes and risk of progression to acute myeloid leukaemia. Changes in disease classification, prognostic scoring systems, the availability of novel treatment options and the absence of South African guidelines for the diagnosis and management of these complex disorders underpinned the need for the development of these recommendations. These recommendations are based on the opinion of a number of experts in the field from the laboratory as well as clinical settings and come from both the private and institutional academic environments. The most recent literature as well as available guidelines from other countries were discussed and debated at a number of different meetings held over a 2-year period. A comprehensive set of recommendations was developed focusing on risk stratification, supportive management and specific treatment. These agents and their indications are discussed and recommendations are made based on best available evidence and taking into account the availability of treatments in South Africa. Correct diagnosis, correct stratification and appropriate therapeutic choices are the cornerstones of success in the management of patients with MDS.

2. Introduction of the guideline

The recommendations included in this guideline are based on the opinion of a number of experts in the field from the laboratory as well as clinical settings and come from both the private and institutional academic environments. The most recent literature as well as available guidelines from other countries were discussed and debated at a number of different meetings held over a 2-year period. A comprehensive set of recommendations was developed focusing on risk stratification, supportive management and specific treatment. These agents and their indications are discussed and recommendations are made based on best available evidence and taking into account the availability of treatments in South Africa. Correct diagnosis, correct stratification and appropriate therapeutic choices are the cornerstones of success in the management of patients with MDS.

Benefits for researchers

- Increased:
 - Visibility
 - Retrievability
 - Greater audience
 - Greater usage
 - Possibility of citations
- Repositories provide persistent storage of and access to digital copy
- Tool for internal audits & annual reviews
- Possibilities for international collaboration



Benefits for an institution

- Alma Swan (Swan 2011) identified the following benefits:
 - It opens up the institution's output for the whole world
 - Maximizes the visibility and impact of these outputs
 - Showcases the output to prospective staff, students, funders and other stakeholders
 - Collects, curates and preserves intellectual output
 - Manages and measures research & teaching activities
 - Supports students endeavors (etds)
 - Benefits researchers, institutions, nations & society



“When you **enlarge the audience** for an article, you also enlarge the **subset of the audience** that will later cite it, including professionals in the same field at institutions **unable to afford** subscription access. OA enlarges the potential audience, including the potential professional audience, far beyond that for even the most prestigious and popular subscription journals.”

(Suber 2012)



UPSPace statistics



Additions to Van Wouw House Eaton, Norman, 1902-1966

URI: <http://hdl.handle.net/2263/10398>

Date: 2009-06-08

Abstract:

Additions to Van Wouw House for Prof. S.F. Oosthuizen. South and west elevations. Two storey brick home. Thatch roof. Gumpole verandah in courtyard with braai area. 07560.

Description:

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4 511 global views!

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Development of a training programme for state prosecutors to address revictimisation of the sexually abused child during forensic procedures
Schiller, U.; Spies, G.M.

URI: <http://hdl.handle.net/2203/5825>
Date: 2008-10

Abstract:
In this paper the researchers developed a training programme for state prosecutors working with sexually abused children during court procedures. The study commenced with a literature study focusing on: (a) the person-centred approach as a scientific foundation for the study, (b) the long-term effects of sexual abuse, and c) the revictimization of sexually abused children during forensic procedures. The empirical study was a combined qualitative-quantitative study. The researchers started with the qualitative study, where prosecutors dealing with sexual abuse cases were interviewed to determine their training needs in this field of service delivery. After training needs were determined, a training programme was compiled. This training programme formed part of the quantitative study and was implemented during a training session for prosecutors at the Justice College in Pretoria. The programme was evaluated using pre- and post-test questionnaires.

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Schiller_Development(2008).pdf 87

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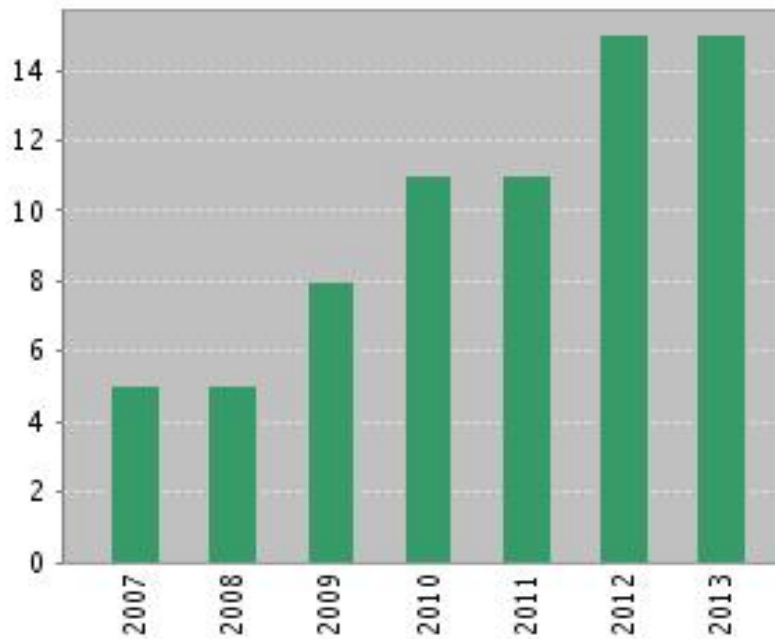
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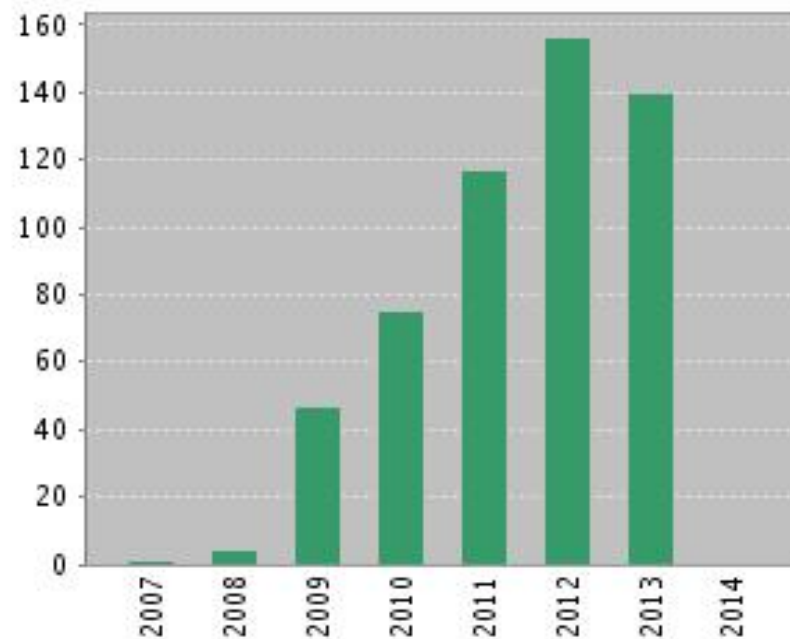
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












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Exercise prescription in the management of rheumatoid arthritis

Nabe K. BA(Hon), Biokinetics MA(HMS), Biokinetics PhD
Department of Biokinetics, Sport and Leisure Sciences, University of Pretoria
Issa van Rensburg DC, MDCOS, MSc(Sports Med), MMed(PedMed), MEd, FFPM
Section Sports Medicine, University of Pretoria
Correspondence to: Dina Jasse van Rensburg, e-mail: vrensburg@sport.up.ac.za

Key words: rheumatoid arthritis, exercise therapy, exercise prescription, inflammation, autoimmune disorder, synovial tissue

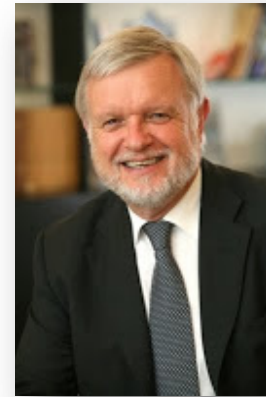
Abstract
Background: Over the last few years, the types of exercises prescribed for patients with rheumatoid arthritis (RA) have changed. There is also increasing knowledge on the physical status and physical activity levels of these patients. This article aims to give an overview of the physical status, physical activity levels and appropriate exercise prescription for patients with RA.
Method: A literature search was conducted of scientific journals and text, including Medline and PubMed (1980-2012). Literature was selected for its in-depth data and well-researched information. Key search terms included "RA and exercise therapy", as well as "physical activity levels and physical status of patients with RA".
Results: The literature indicated that RA has a major impact on physical and psychological health. Over the past decade, there has been growing evidence of the health benefits of physical activity for patients with RA. Despite this evidence, patients with RA are less physically active than the general population. The types of exercises prescribed for patients with RA have changed from the traditionally prescribed isometric and range-of-motion exercises. However, proper choice and appropriate utilisation of exercise is essential in order to provide a therapeutic effect.
Conclusion: Although pharmacological interventions have largely improved RA management, exercise therapy remains an important part of treatment. Despite the known benefits of physical activity and exercise, patients with RA are less physically active than the general population.

Introduction
Arthritis and other rheumatic conditions are among the most prevalent chronic conditions. Arthritis is one of the main causes of disability. It limits everyday activities, such as dressing, climbing stairs, getting in and out of bed, or walking.¹ Rheumatoid arthritis (RA) is the most common type of chronic inflammatory arthritis. The inflammatory process associated with RA manifests itself primarily in the synovial tissue.² It can affect any joint, large or small. Other parts of the body may be involved in the inflammation.³ The care of patients with RA is complex and often includes healthcare providers from different disciplines.⁴ Four major treatment approaches are recognised in the management of RA, including medication, exercise, joint protection and lifestyle changes, and surgical intervention.⁵ Even if pharmacological interventions have largely improved RA management, exercise therapy remains an important part of treatment.⁶

Method
A literature search was conducted of scientific journals and text, including Medline and PubMed (1980-2012). Literature was selected for its in-depth data and well-researched information. Key search terms included "RA and exercise therapy", as well as "physical activity levels and physical status of patients with RA" (Figure 1).



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University of Pretoria

Elsabé Olivier
elsabe.olivier@up.ac.za



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