

University of Pretoria

Open Access workshop: 3. Copyright and Open Access

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Open Access can be achieved by two routes

Open Access repositories (green route)

- Belong to an institution or disciplines such as Physics
- Supplement publishing, it is not a substitution
- Do not perform peer review
- Internet users can easily find content, if repositories comply with metadata harvesting protocol of the Open Archives Initiative
- Scholarly content available

Open Access journals (gold route)

- Alternative business model
 - Some journals receive subsidy from hosting university/society
 - Some require processing fees from authors
- Research articles are peer reviewed and contents are made freely available
- Major Open Access publishers (BioMed Central, Hindawi, AOSIS)



What is copyright?

- ❑ Copyright gives legal protection to the creators of “works of the mind”
- ❑ Copyright law covers
 - Literary works (articles, books, letters)
 - Musical works
 - Dramatic works (operas, plays)
 - Graphic arts (photographs, sculptures, paintings)
 - Motion pictures and audiovisual works (movies, videos, television programs)
 - Architectural works
 - Computer software



Open Access & copyright

Open Access repositories (green route)

- Depends on the kind of material in repositories
- Journal articles – some policies known
- Theses & dissertations – institutionally based
- Books – no known policies
- Other material – author (?) needs to negotiate

Open Access journals (gold route)

- Creative Commons licenses are commonly used



Copyright & the **green route** to Open Access

- Copyright is complex, confusing & major hurdle
- Major concern for researchers
- Best way to check copyright is to refer to the original Copyright Transfer Agreement
- Authors do not keep them
- For the archiving of journal articles, SHERPA/RoMEO website
- 64% of 1022 publishers allow self-archiving & 36% not!
 - 8% allows archiving of the pre-print
 - 30% allows archiving of the post-print
 - 26% allows archiving of the pre-print and post-print



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Problem? Many South African journals do not have policies



SHERPA/RoMEO

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Publisher copyright policies & self-archiving

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Journal:	South African Journal of Occupational Therapy (ISSN: 0038-2337)
RoMEO:	This is a <u>RoMEO ungraded</u> journal
	 - This publisher's policies have not been checked by RoMEO. - Please contact the publisher for further information if necessary
Updated:	Please contact us if you wish to suggest adding this publisher properly to RoMEO
Link to this page:	http://www.sherpa.ac.uk/romeo/issn/0038-2337/

Interpreting copyright conditions -



One journal found when searched for: **southern african journal of critical care**

Journal: [Southern African Journal of Critical Care](#) (ISSN: 1562-8264)

RoMEO: This is a RoMEO green journal

Author's Pre-print: ✓ author can archive pre-print (ie pre-refereeing)

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General Conditions:

- Publisher source must be acknowledged
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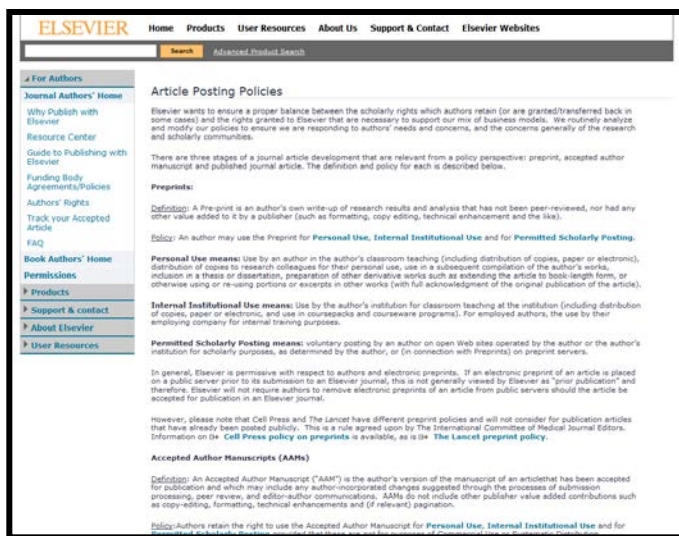
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- ❑ Institutional policy determines copyright



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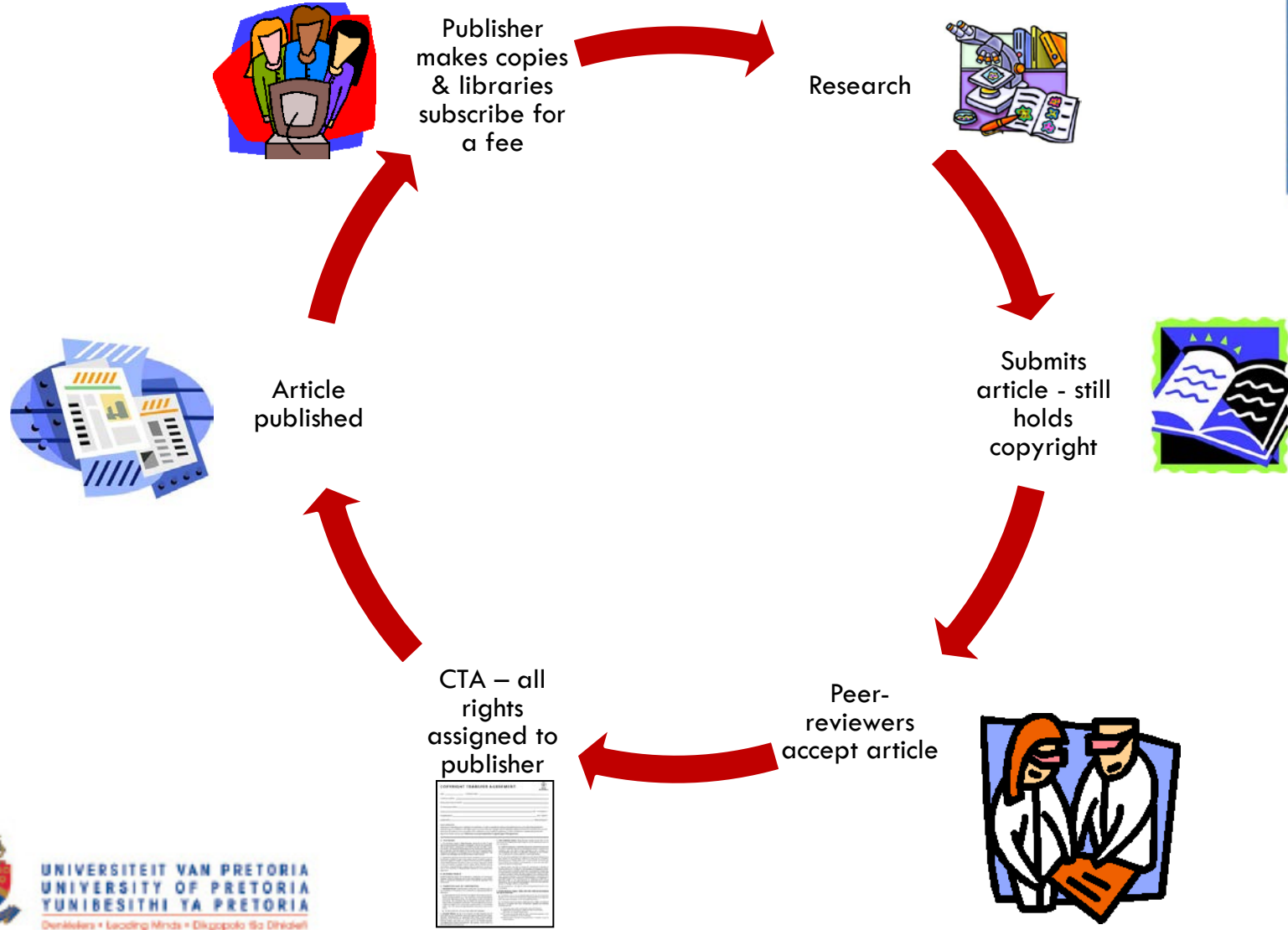
- Archiving policies for publishers do not exist
- Publishers traditionally do not allow re-use of published chapters

□ Other grey material

- Authors should negotiate copyright with copyright holder



Traditional rights management cycle

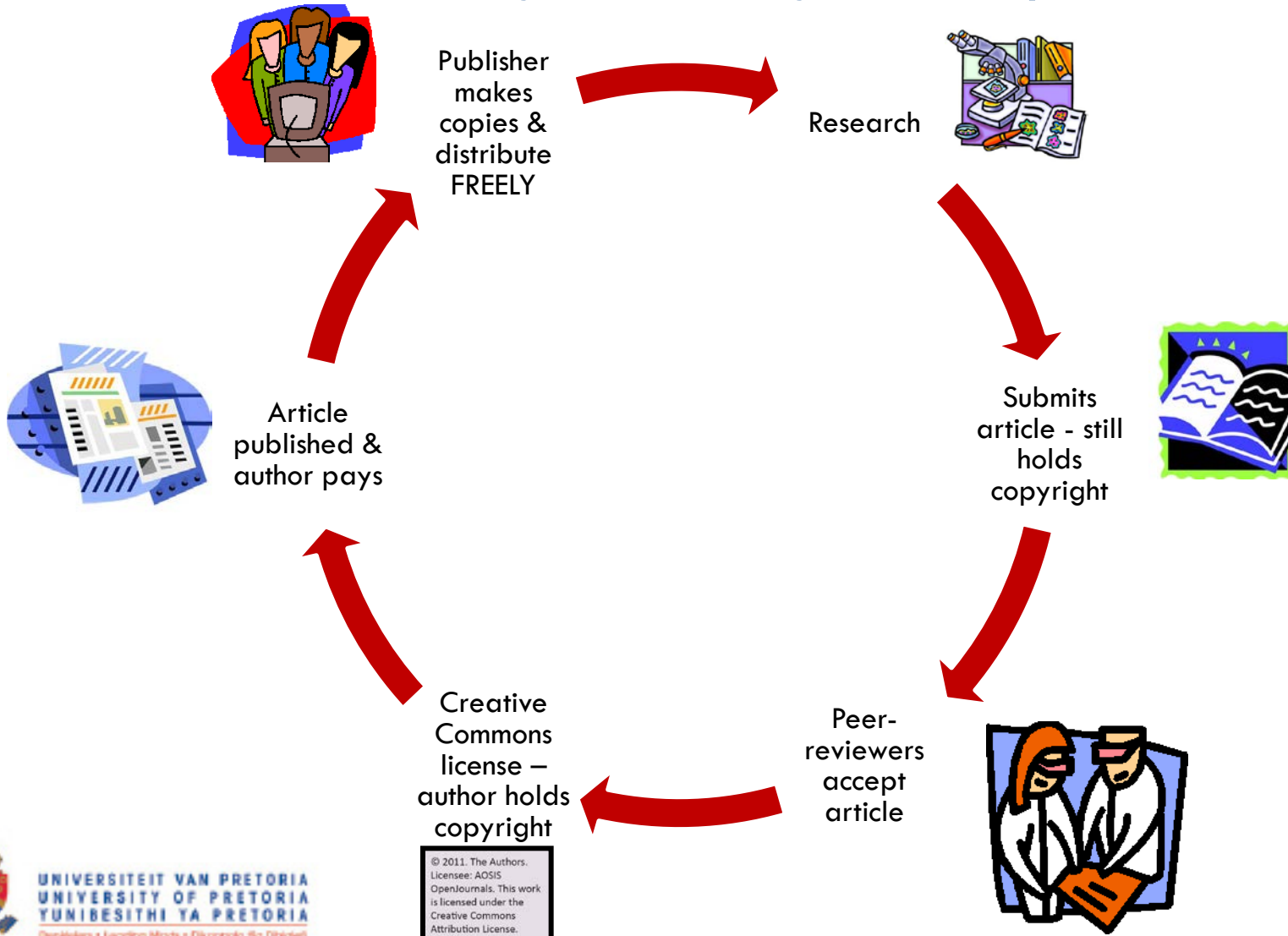


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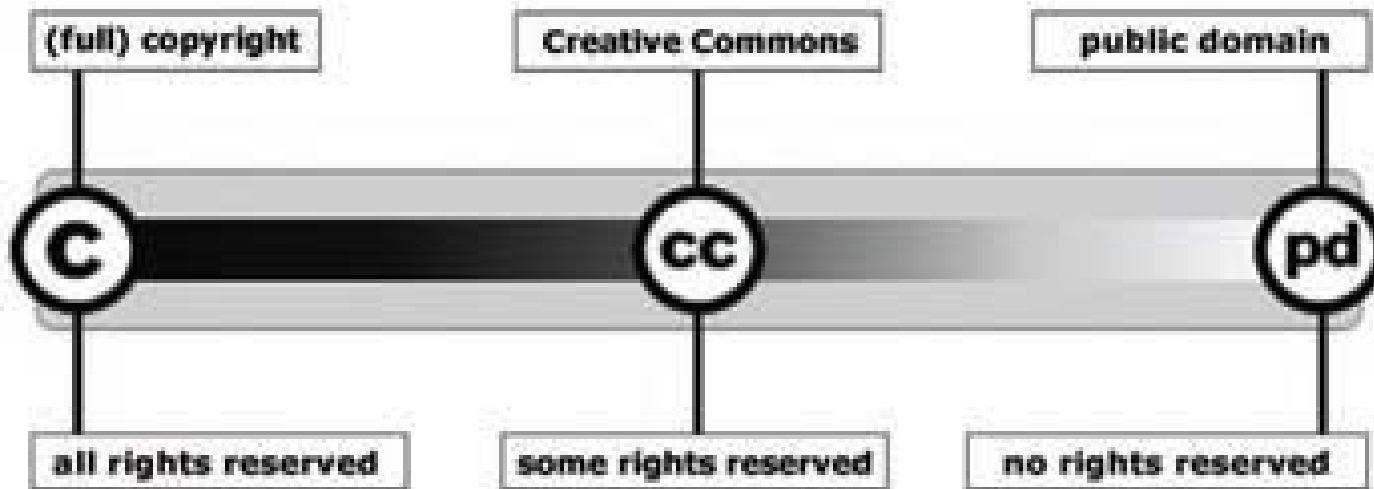
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Page 1 of 9 Original Research

Nigerian health workers' views concerning factors influencing paediatric adherence to anti-retroviral therapy

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Introduction
Children on anti-retroviral therapy (ART) are not always retained on the ART programmes (Beach-Cott et al. 2003:258) and parents of children might feel stigmatised by taking their children to ART clinics (Reddington et al. 2000:1148). Some parents might be unable to afford expensive antiretroviral drugs (ARVs) and inadequate access to ART could pose challenges.

Four studies have focused on paediatric anti-retroviral therapy (ART) adherence in Nigeria, probably because of the ethical challenges involved in studying children.

The study aimed to identify factors that influence paediatric ART adherence as perceived by health care workers providing ART services in two cities in Nigeria. Knowledge about such factors would be used to formulate recommendations for enhancing paediatric ART adherence in Nigeria: for facilitating the tasks of the health care workers and for enhancing the ART programme's effectiveness.

An exploratory descriptive qualitative research design was used to identify and to describe health care workers' views in Kano and Lagos, Nigeria. Three focus group discussions were conducted at two clinics that provide free paediatric ARVs (antiretroviral drugs). The transcribed data were analysed by using the framework approach of data analysis.

Health care providers perceived poverty, illiteracy, stigma, discrimination, inappropriate care approaches, and parental dynamics as factors that influence paediatric ART adherence.

Paediatric ART adherence levels in Nigeria could be enhanced by emphasising paediatric ART adherence counselling and by adopting a comprehensive family centred care approach; by improving free paediatric ART services and by empowering parents and reducing stigma and discrimination.

Min studies het al op pediatriese anti-retrovirale behandeling (ARE) nakoming in Nigeria gefokus: wat moontlik toegeskryf kan word aan die etiese uitdagings betrekke by die bestudering van kinders.

Die studie het gepoeg om faktore te identifiseer wat pediatriese ARE nakoming kan beïnvloed, soos versagters: deur gesondheidsdieners wat ARE dienste verskaf in twee stede in Nigeria. Kennis van sulke faktore sal aangewend word om aanbevelings te maak om die pediatriese ARE nakoming in Nigeria te verbeter: om die taak van die gesondheidsdieners te vergemaklik en om die ARE (anti-retrovirale medisyne) program se doeltreffendheid te verbeter.

'n Verkennende beskryvende kwalitatiewe navorsingsontwerp was gebruik ten einde gesondheidsdieners in Kano en Lagos, Nigeria se standpunte te identifiseer en te beskryf. Drie fokusgroeppesopnames is gehou in twee klinieke wat gratis ARVs verskaf. Die getranskribeerde data is ontleed deur die raamwerkbenadering tot data-analise te gebruik.

Gesondheidsdieners het waargeneem dat armoede en ongeskilderdheid, stigma en diskriminasie, onepassende sorgbenaderings en ouerlike dinamika faktore was wat pediatriese ARE nakoming beïnvloed het.

Pediatriese ARE nakomingvlakke in Nigeria kan verbeter word deur pediatriese ARE nakomingbeoordeling te beklemtoon: deur die aanvaarding van 'n omvattende gesinsentreeerde sorgbenadering wat gratis ARE dienste bied; deur die versterking van ARE dienste; die bemagtiging van ouers en die vermindering van stigma en diskriminasie.

<http://www.hsag.co.za> doi:10.4102/hsag.v16i1.571

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<http://www.creativecommonsza.org/>

Copyright problems experienced in digital environment

- Most institutions follow mediated submission
- Library staff clear copyright & store responses internally
- Problems (Hanlon & Ramirez 2011)
 - Obtaining copyright policies
 - Slow response / no response
 - Overly aggressive licensing terms
 - Unclear / absent terms of licensing
 - Poor rights record-keeping
 - Interpreting these policies
 - Educating authors about their rights
 - Time
 - Resources



What can be done about copyright problems?

- ❑ Matter of finding the right balance – Trevor Clarke, IFLA session on copyright (Kniffel 2011)
- ❑ Educate, educate, educate
 - Librarians (interpreting conditions, sharing policies)
 - Researchers (Creative Commons license, signing CTA and its implications)
 - Publishers (formulate policies)
- ❑ The growth of Open Access and repositories depend on correct copyright procedures
- ❑ Let's develop common copyright clearance practices
- ❑ Collaboration with SHERPA/RoMEO



Conclusion

- ❑ Copyright is still one of the major barriers to repository growth & success
- ❑ Copyright in the digital environment needs to be revamped!
- ❑ Collaboration is the answer



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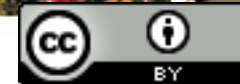
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Questions?

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