AVAC
Global Advocacy for HIV Prevention

January 12, 2012

Office of Science and Technology Policy (OSTP)
Executive Office of the President
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RE: Request for Information: Public Access to Peer-Reviewed Scholarly Publications Resulting From Federally Funded Research 76 Fed. Reg. 68518, November 3, 2011

To the OSTP:

AVAC welcomes this opportunity to comment on the recent RFI, *Public Access to Peer-Reviewed Scholarly Publications Resulting From Federally Funded Research*. AVAC is a non-profit organization that uses education, policy analysis, advocacy and a network of global collaborations to accelerate the ethical research and development and global delivery of vaccines, male circumcision, microbicides, pre-exposure prophylaxis (PrEP) and other emerging HIV prevention options as part of a comprehensive response to the AIDS pandemic. By invitation from federal agencies, AVAC Board members and staff participate in U.S. government advisory committees, federally funded biomedical science review teams, conferences and planning groups and other activities. These activities require knowledge of the latest published materials in the field in order to add stakeholder value to taxpayer-funded initiatives. We commend the OSTP for soliciting public comment on the importance of open access to peer-reviewed scholarly publications as a supportive policy under the America Competes Act.

The NIH public access policy currently requires that all investigators funded by the NIH submit, or have submitted for them, to the National Library of Medicine's PubMed Central, an electronic version of their final, peer-reviewed manuscripts upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication.[1] Along with many other public representative organizations, AVAC saw this knowledge-user measure as a long over-due, but imperfect, means to enhance public health education; speed the translation of scientific advances into quality, affordable health care; extract best returns on investments in research; and empower patients in their health care decisions. Since 2004, when NIH access instructions appeared as policy, AVAC has

[1] http://grants.nih.gov/grants/guide/notice-files/NOT-OD-08-033.html. The policy follows the statutory directives of Section 218 of PL 110-161 (Consolidated Appropriations Act of 2008).

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continually supported efforts to require immediate access to federally funded research upon publication. [2]

Patients, academics, researchers and advocates deserve free, timely, and complete access to these articles. The NIH policy began to restore balance to this system. The OSTP can now build upon the NIH policy to fuel innovation and improve health outcomes.

Our responses note the several questions to which they relate.

1. ***Are there steps that agencies could take to grow existing and new markets related to the access and analysis of peer-reviewed publications that result from federally funded scientific research? How can policies for archiving publications and making them publically accessible be used to grow the economy and improve the productivity of the scientific enterprise? What are the relative costs and benefits of such policies? What type of access to these publications is required to maximize U.S. economic growth and improve the productivity of the American scientific enterprise?***

An increase in the scope of available literature and a decrease in the waiting period for public access to scholarly publications have potential to increase US competitiveness and maximize the potential for discovery from government investments.

A recent study found "the observed differences in access levels between institutions suggest an un-level playing field, in which some researchers have to spend more efforts than others to obtain the same information." Even well funded U.S. institutions lack adequate access to research necessary for their vaccine research productivity. International collaborators in U.S. government sponsored vaccine research show even lower rates of access. As a result, scientists must spend time away from primary investigation to engage in laborious, fair use or private paper specific requests to share new literature that they need on a daily basis. [3] This is not a wise use of tax dollars, which should instead free up the time of investigators to carry on funded clinical study. An open licensing model works best since it grants permission to access, re-use and redistribute a work with few or no restrictions.

Two visitors in a new city may each own a map – one a large paper foldout, the other an instant phone app – but the modern tourist will get to the destination faster. In

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[2] AVAC Letter to "NIH Public Access Comments, " November 1, 2004, responding to 69 Fed. Reg. 56074, September 17, 2004

[3] Voronin Y, Myrzahmetov A, Bernstein A, *Access to Scientific Publications: The Scientist's Perspective,* PLoS One. 2011; 6(11):e27868. Epub 2011 Nov 17.

collaborative vaccine research for the public good – 85% of which is funded by public investment – the U.S. funding goal should be that both arrive at the earliest possible time.

Eliminating this un-level playing field will facilitate increased productivity. Even minor increases in research efficiency can have significant effect on the United States economy. With the United States' gross domestic expenditure on research and development at $312.5 billion in 2007 and assuming economic and social returns to R&D of 50%, a 5% increase in knowledge access and efficiency would have been worth $16 billion. [4]

Literature on social returns from R&D, while varied, show that returns to publicly funded R&D are high. The increase in returns to R&D resulting from more Open Access may be sufficient to cover costs. When the cost savings and additional returns are added together the benefits of open access publishing models likely exceed the costs.

Perhaps the most important potential benefit of open access is enhanced access to, and greater use of, research findings, which would, in turn, increase the efficiency of R&D as it builds upon previous research. There is also significant potential for open access to expand the use and application of research findings to a much wider range of users, well beyond the core research institutions that have had access to the subscription-based literature.[5]

A U.S. requirement for immediate broad access will maintain competitiveness with programs in other countries, such as the efforts of the European Commission, to develop new policies to make access "quicker" – in the words of the EU Commissioner - and broader in scope than its current system. [6]

2. ***What are the pros and cons of centralized and decentralized approaches to managing public access to peer-reviewed scholarly publications that result from federally funded research in terms of interoperability, search, development of analytic tools, and other scientific and commercial opportunities? Are there reasons why a Federal agency (or agencies) should maintain custody of all published content, and are there ways that the government can ensure long-term stewardship if content is distributed across multiple private sources?***

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[4] Houghton J.W. and Sheehan, P.J. (2006) *The Economic Impact of Enhanced Access to Scientific Publications,* Centre for Strategic Economic Studies, Working Paper, No 23, Victoria University, Melbourne. (http://eprints.vu.edu.au/archive/00000472/).

[5] Houghton, J.W., Steele, C. and Sheehan, P.J. (2006) *Research Communication Costs in Australia, Emerging Opportunities and Benefits,* Centre for Strategic Economic Studies, Working Paper, No 24, Victoria University, Melbourne. (http://www.cfses.com/documents/wp24.pdf).

[6] EU Commissioner Kroes on Open 2011 and Open Access http://www.youtube.com/watch?v=YAkf7VmpQ5M

Data storage and management require significant investment of time and resources. Economies of scale and efficiencies are most likely to be achieved with a centralized model. AVAC is not opposed to decentralized storage provided that federal standards insure its quality.

AVAC strongly supports the development of new analytical tools for searching peer-reviewed scholarly publications. The search function available for searching Pub-Med publications, Entrez Global Query Cross-Database Search System, allows users to search many health sciences databases at the National Center for Biotechnology Information (NCBI) website. Improved search options for peer-reviewed scholarly publications may take advantage of capability currently available through Google and other search engines, such as optimized or personal use retrievals that are enhanced compared to NCBI's current personalized retrievals.

3. ***What steps can be taken by Federal agencies, publishers, and/or scholarly and professional societies to encourage interoperable search, discovery, and analysis capacity across disciplines and archives? What are the minimum core metadata for scholarly publications that must be made available to the public to allow such capabilities? How should Federal agencies make certain that such minimum core metadata associated with peer-reviewed publications resulting from federally funded scientific research are publicly available to ensure that these publications can be easily found and linked to Federal science funding?***

AVAC supports the development of minimum core metadata for scholarly publications and efforts such as the "Dublin Core Metadata Initiative" to define them.[7] Linking methods such as connections currently available between PubMed and personal scholarly citation portals such as "citeulike"[8] would enable this information more efficiently.

4. ***How can Federal agencies that fund science maximize the benefit of public access policies to U.S. taxpayers, and their investment in the peer-reviewed literature, while minimizing burden and costs for stakeholders, including awardee institutions, scientists, publishers, Federal agencies, and libraries?***

Community advocates are frequently appointed to Food and Drug Administration (FDA), NIH and investigator science boards pursuant to Federal Advisory Committee Act procedures or to other official advisory bodies requiring advocates and their constituents to keep abreast of and speak knowledgeably on latest scientific developments. Pursuant to provisions of the health care reform law, a new "Patient-Centered Outcomes Research Institute" was created to "commission research that is guided by patients, caregivers and

[7] http://www.niso.org/publications/isq/free/FE_DCMI_Harper_isqv22no1.pdf
[8] http://www.citeulike.org/

the broader health care community and will produce high integrity, evidence-based information." The PCORI's first funding announcement received 856 grant applications subject to traditional peer review scoring procedures and involves over 60 government recruited community public representatives to sit on high level grant review study sections. They must decide how to spend the initial $13 million in first term pilot projects.[9] In order to secure the value of this public investment and generate quality peer review, open access to the scientific literature must be provided to all knowledge users serving in multiple citizen roles and not restricted to those in otherwise subsidized environments such as universities or government institutions.

Federal agencies require and solicit broad input based on sound science to decide numerous policy, research and funding choices. The patient and at risk public community are often asked to participate in these decisions as part of open government consultation measures. Yet often agency staff producing vital data to compile evidence based information directly informing policy and translational science publish their own studies in publications where consulting parties may not read them. A case in point recently occurred when the Centers for Disease Control experts published an important proposal affecting best ways to implement HIV prevention research in the U.S.- an effort on which the nation spends hundreds of millions of dollars annually - in a journal that cannot be read without costly subscription. [10] The public is strategically involved now in complex consultations on these matters that change day to day and benefit from the latest new data reports. At a minimum when discussing systems to view publicly funded research, the government's own publications produced by staff and directors with taxpayer funds must be available promptly and at no cost to further the aims of transparency, access to public records and public participation.

5. Besides scholarly journal articles, should other types of peer- reviewed publications resulting from federally funded research, such as book chapters and conference proceedings, be covered by these public access policies?

AVAC strongly supports access to reports from conferences or other meetings supported by federal funds. Recent and expected constraints in federal research grant funds prevent grantees and others from attending conferences where collaboration, productive peer interactions and knowledge exchange occurs in real time and reviewing abstracts on site. Although published or other conference reports are not an adequate substitute for

[9] http://www.pcori.org

[10] Herbst, Jeffrey H.; Glassman, Marlene; Carey, James W.; Painter, Thomas M.; Gelaude, Deborah J.; Fasula, Amy M.; Raiford, Jerris L.; Freeman, Arin E.; Harshbarger, Camilla; Viall, Abigail H.; Purcell, David W., *Operational Research to Improve HIV Prevention in the United States,* JAIDS Journal of Acquired Immune Deficiency Syndromes., POST ACCEPTANCE, 1 January 2012 doi: 10.1097/QAI.0b013e3182479077

attendance, open access publication at least mitigates the missed opportunities that result from these funding decreases.

6. ***What is the appropriate embargo period after publication before the public is granted free access to the full content of peer-reviewed scholarly publications resulting from federally funded research?***

AVAC strongly supports immediate access to publicly funded research publications with no embargo period as discussed elsewhere in these comments Ensuring timely, free access to health-related information empowers patients and disseminates information affecting themselves and their families.

Thank you again for this opportunity to comment. If you have questions about this letter, please do contact me mitchell@avac.org.

Very truly yours,

Mitchell Warren
Executive Director