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# Better access to research is vital to advance healthcare in Africa UCT study finds

Researchers from the Division of Emergency Medicine at the University of Cape Town foun that one in six African emergency care publications are inaccessible outside institutional library subscriptions and therefore not accessible to African researchers.

This cross-sectional study by visiting Professor Stevan Bruijns also revealed that the cost of access to research publications in low- and middle-income countries is excessive. Together with undergraduate Health Science students, Mmapheladi Mosly Maesela and Suniti Sinha, his aim was to describe the level of access that African emergency medicine researchers had to each other's work – in terms of publisher-based access (open access or subscription and alternate access (self-archived or author provided).

Sinha explained: "One-sixth of research pertaining to Africa is being lost, only to be accessible to overseas researchers. Chances are it is likely to be research with recommendations that we need. And this is only due to cost obstacles."

During his time as chief editor of the African Journal of Emergency Medicine, Bruijns recognised the gap in research from the African context. He discovered that emergency calpublication outputs from low- and middle-income regions are disproportionately lower than those of high-income regions and are often less relevant to the African context. As a result access to local research is imperative to local researchers.

Bruijns believes that access to African based research can have a direct impact on the health of patients and the level of care they receive.

Said Bruijns: "A lot of people were saying they'd like to get into research, but one of the bi stumbling blocks they have is that as soon as they start trying to do a literature search the hit these paywalls. If we have better access to research, especially our own research, we could provide better informed healthcare."

The authors concluded that publishers should consider revising the pricing for research subscriptions to ensure access for researchers from low- and middle-income countries.

### **Notes to Editors**

The publication is openly accessible on <u>PubMed Central Canada</u>.

**ENDS** 

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