

cOAlition S:

Making full and immediate Open Access a reality

Request for Information on the NIH Plan to Enhance Public Access to the Results of NIH-Supported Research: response from cOAlition S

NIH seeks public input on the NIH Plan to Enhance Public Access to the Results of NIH-Supported Research (NIH Public Access Plan). In 2022, the White House Office of Science and Technology Policy (OSTP) released a memo on Ensuring Free, Immediate, and Equitable Access to Federally Funded Research that establishes new guidance for improving public access to scholarly publications and data resulting from Federally supported research. The NIH Public Access Plan outlines the proposed approach NIH will take to implement the new guidance, consistent with its longstanding commitment to public access. The Public Access Plan can be viewed at: [NOT-OD-23-091](#).

Strasbourg, 11th April 2023

cOAlition S is an international consortium of research funding and performing organisations committed to accelerating the transition to open access. See <https://www.coalition-s.org> for further details.

1. How to best ensure equity in publication opportunities for NIH-supported investigators.

*The NIH Public Access Plan aims to maintain the existing broad discretion for researchers and authors to choose how and where to publish their results. Consistent with current practice, the NIH Public Access Plan allows the submission of final published articles to PubMed Central (PMC) (in cases where a formal agreement is in place) to minimize the compliance burden on NIH-supported researchers and also maintains the flexibility of NIH-supported researchers to submit the final peer-reviewed manuscript. **NIH seeks information on additional steps it might consider taking to ensure that proposed changes to implementation of the NIH Public Access Policy do not create new inequities in publishing opportunities or reinforce existing ones.***

Response from cOAlition S

cOAlition S has long championed the view that their funded researchers should have the freedom to submit their manuscripts to any journal of their choice, irrespective of any open access (or public access) mandate they may be subject to. As such, funded researchers should have the freedom to submit manuscripts to both fully OA journals and subscription/hybrid journals, whilst also being able to honour the conditions of any public access mandate.

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- **Publication costs should not be borne by the author**

When a manuscript is accepted for publication in a fully OA journal, any publication costs charged by the publisher – like an APC – should be met by the funder. This is the approach cOAlition S has long endorsed.

- **Avoiding double payments in hybrid journals**

However, when publishing in a subscription journal/hybrid journal, we do not believe a funder should pay an APC (or similar open access publishing fee), as the costs incurred by the publisher in publishing that article have already been met by the journals' subscribers.

- **Retaining author rights**

To ensure that NIH funded researchers can **always** seek to publish in their journal of choice while at the same time making their papers available in public access via a repository, we strongly support the NIH proposal, outlined in section III. C. 1, to “develop language that NIH-supported investigators may use for submission with their peer-reviewed manuscripts to journals to retain rights to make the peer-reviewed manuscript available post-publication in PMC as soon as processing is complete, without an embargo period”.

Many funders within cOAlition S – including the Bill and Melinda Gates Foundation, Howard Hughes Medical Institute, Wellcome and UK Research and Innovation (UKRI) – have adopted a similar approach, providing templated language which researchers must include in the manuscripts they submit to publishers.

By way of example, the [Wellcome grant conditions](#) include the following clauses:

7.4. You hereby grant a CC-BY Public Copyright Licence to all future Author Accepted Manuscripts (AAMs). If you allow others to own copyright in AAMs, you must ensure they grant such a licence.

7.5. All submissions of original research to peer-reviewed journals must contain the following statement:

“This research was funded in whole or in part by the Wellcome Trust [Grant number]. For the purpose of open access, the author has applied a CC-BY public copyright licence to any author accepted manuscript version arising from this submission.”

By requiring researchers to include the language (in clause 7.5) in their submissions, they are giving notice to the publisher of a prior licence. Publishers must either respect this – and allow the author to make the AAM available at the time of publication under the specified licence – **or** reject the submission.

In the two years or so since this approach was introduced by many cOAlition S funders, we are only aware of one example where a publisher rejected a manuscript due to the existence of a prior licence. In contrast there are many examples where an AAM has been made freely available at the time of publication (with a CC BY licence), but where the publisher version (the so-called Version of Record (VoR)), is paywalled.

See below three examples of articles published in 2023 where the AAM is freely available and licensed CC BY, but the VoR is paywalled with a more restrictive licence.

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Plan S

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1. Article published in Nature Cell Biology, January 2023.

AAM, published under CC BY licence, freely available at:

<https://europepmc.org/article/MED/36650381#free-full-text>

VoR, paywalled and published under an exclusive licence to Springer Nature Limited, available at:

<https://dx.doi.org/10.1038%2Fs41556-022-01053-0>

2. Article published in *Journal of Virology*, February 2023

AAM, published under a CC BY licence available at:

<https://europepmc.org/article/MED/36749077#free-full-text>

VoR, paywalled, copyright of the American Society for Microbiology, All Rights Reserved, available at:

<https://dx.doi.org/10.1128%2Fjvi.00039-23>

3. Article published in *Journal of Immunology*, March 2023

AAM, published under a CC BY licence, available at:

<https://europepmc.org/article/MED/36695776#free-full-text>

VoR, paywalled, copyright of The American Association of Immunologists, available at:

<https://dx.doi.org/10.4049%2Fjimmunol.2200211>

2. Steps for improving equity in access and accessibility of publications.

*Removal of the currently allowable 12-month embargo period for NIH-supported publications will improve access to these research products for all. As noted in the NIH Public Access Plan, NIH also plans to continue making articles available in human and machine-readable forms to support automated text processing. NIH will also seek ways to improve the accessibility of publications via assistive devices. **NIH welcomes input on other steps that could be taken to improve equity in access to publications by diverse communities of users, including researchers, clinicians and public health officials, students and educators, and other members of the public.***

Response from cOAlition S

We are delighted that the NIH will remove the 12-month embargo period for NIH-supported publications.

Using licenses that allow sharing and reuse

However, to ensure that this research can be used by a large and diverse community of users, it is imperative that this work is properly licensed in ways which facilitate this.

For example, it may be desirable to translate an article from English to another language, such that it can be read by communities where English is not their first language. Equally, there may be value in creating a lay-person summary of a research article, such that it could be made accessible to non-experts. In both examples cited here, this would only be possible if third parties had the right to create derivative works, which is only possible under specific licences.

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Beyond the need to create derivatives, some third parties may wish to re-use NIH-funded work which could have commercial implications, such as re-using a figure from an article for inclusion in a commercially published textbook. To ensure this is possible, the ability to reuse NIH funded research for commercial purposes must be made explicit in the licence which accompanies the research article.

It is also worth stressing that re-using images/figures from an article to create or enhance a page on a resource like Wikipedia, is only possible if the images are free of copyright or in the public domain. See: https://en.wikipedia.org/wiki/Wikipedia:Image_use_policy

All the use cases described here can be enabled if the NIH makes it a requirement that research findings which arise from its funding are made available under a Creative Commons Attribution licence (CC BY) or similar licence.

3. Methods for monitoring evolving costs and impacts on affected communities.

NIH proposes to actively monitor trends in publication fees and policies to ensure that they remain reasonable and equitable. NIH seeks information on effective approaches for monitoring trends in publication fees and equity in publication opportunities.

Response from cOAlition S

We agree with the NIH that it is important to monitor trends in publication fees, to ensure they are reasonable and equitable.

Price and services transparency

One way cOAlition S is seeking to do this is through the free, online [Journal Comparison Service \(JCS\)](#), which we have developed.

The primary purpose of the JCS is to provide those who procure publishing services (typically libraries, library consortia, and funders) with the ability to quickly compare journal publishing services and fees. As of March 2023, **28 publishers** have shared their data through this service.

Although the JCS holds data on journal APCs and subscriptions – and will retain such data to enable longitudinal analyses to be conducted over time – the service also provides information on the services publishers provide (copy editing, managing peer review, marketing etc) and the proportion of the total price which is allocated to each service. As such, we believe it will be possible for users to determine whether the fees levied are commensurate with the services provided.

Consequently, one way the NIH could operationalise its ambition to monitor trends in publication fees is by strongly encouraging publishers who publish NIH-funded research to make their price and service data available through the JCS.

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4. Early input on considerations to increase findability and transparency of research.

Section IV of the NIH Public Access Plan is a first step in developing the NIH's updated plan for PIDs and metadata, which will be submitted to OSTP by December 31, 2024. NIH seeks suggestions on any specific issues that should be considered in efforts to improve use of PIDs and metadata, including information about experiences institutions and researchers have had with adoption of different identifiers.

Response from cOAlition S

The widespread adoption of PIDs will both reduce the burden on researchers (as information required for publisher and funder systems can be pre-populated) and provide all users with richer and more accurate data. For example, a funder reporting system, which requires grantees to disclose a list of publications arising from their grant, will get more accurate metadata if the publication data is pulled from services like Crossref or SCOPUS, using the researchers ORCID id as its match point. Regarding specific actions NIH could consider to further encourage the adoption of PIDs, we would make two recommendations:

1. Require researchers to have an ORCID iD

Although NIH already makes good use of ORCID – for example, by allowing researchers to populate their SciENcv and eRA Commons records using their ORCID iD – having an ORCID iD is not yet a requirement for NIH applicants and grant holders.

However, we would like to suggest that, as part of the grant application process, all applicants are **required** to have an ORCID iD, and for that PID to be validated as part of the application process. A number of funders – such as Wellcome and HHMI – already require their researchers to have an ORCID iD.

By implementing this change, NIH can be assured that every funded researcher has a valid ORCID iD, which will make downstream reporting far simpler, as all published papers carrying the ORCID iD can be automatically added to the researcher's ORCID record. Although some may argue that mandating the use of ORCID will discourage other researcher identification systems to be developed, there is no need for multiple systems in this space, especially given the fact that ORCID is run as a community initiative, governed by a Board of Directors representative of its membership with wide stakeholder representation.

2. Assign a DOI to every grant awarded by the NIH

A number of funders within cOAlition S – including Wellcome and the Austrian Science Fund (FWF) – mint a DOI for every grant they award. This approach has two distinct benefits. Firstly, it enables the funder to make a trusted assertion in the researchers' ORCID record that they are in receipt of a Wellcome (or FWF) grant. Consequently, when anyone else looks at this ORCID record – maybe a funder considering a new award, or an institution determining a promotion or tenure decision – they can be assured that the applicant does hold the award they claim.

Secondly, it enables third party systems – such as publisher submission systems – to query other sources (such as the Crossref registry) to prepopulate the submission system with the correct name of the funder and the specific grant ID. And, if the article is eventually published, then the Grant DOI will become part of its public metadata, enabling the funder (or the researcher) to unambiguously identify all the articles which have arisen from that grant.

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