

Access to HINARI and the Persistent Challenge of Low Research Output in Nepal

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ABSTRACT

Nepal receives free access to the WHO's Health InterNetwork Access to Research Initiative (HINARI) programme, providing thousands of biomedical journals and databases. However, national research output remains low, revealing a gap between access to literature and actual scholarly productivity. This viewpoint article gives insight into the underuse of the ocean of academic publications in Nepal, including limited research skills, weak institutional research culture, time constraints due to heavy clinical workloads, inadequate mentorship and lack of appreciation of academic publication. Technical barriers such as unreliable internet, poor infrastructure, and low awareness of HINARI hinder effective use academic resources. Fear of academic writing and publication bias discourages early-career researchers from publishing. This article highlights that access to information alone cannot improve research output. Strengthening research training, integrating research into the curriculum, enhancing digital literacy, introducing mentorship programs, and promoting institutional grants are essential to optimizing HINARI utilization and improving Nepal's overall research and scholarly culture.



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INTRODUCTION

Access to high-quality scientific literature is widely recognized as a prerequisite for meaningful academic productivity. Health InterNetwork Access to Research Initiative (HINARI) is an initiative led by the World Health Organization (WHO) which have played a transformative role in low and middle income countries (LMICs) by providing free or low cost access to thousands of biomedical journals, major publishers, and global reference databases. In Nepal, academic institutions now have access to scholarly resources, which theoretically removes one of the major structural barriers to research namely, the limited availability of academic information. Several studies have highlighted that improved availability of digital literature can enhance evidence-based practice promote more equitable knowledge production across regions that lacked access to scholarly information in the past.¹

Despite free universal access to the ocean of academic publications, the overall research output in Nepal remains comparatively low, lagging behind countries with similar or even fewer resources.² This inconsistency indicates that while the availability of literature is a necessary condition for research, it is not sufficient on its own to stimulate scientific productivity.. Multiple studies from South Asia noted that inadequate research culture, limited mentorship, insufficient funding, weak institutional incentives, and challenges in research methodology

training contributes to lower academic publication. The actual utilization of digital resources like HINARI may be hampered by low level of awareness among students and faculty, unreliable internet infrastructure, and a lack of training in database navigation which contribute to underuse despite theoretical access. Unfolding this gap between access and application is essential for strengthening academic research ecosystem and optimizing the use of global knowledge sharing platforms.

BACKGROUND: THE PROMISE OF HINARI

The HINARI Access to Research for Health Program was launched by the WHO, was specifically designed to reduce global information inequity by providing institutions in eligible countries with low cost or free access to thousands of high quality journals, books, and databases. HINARI is part of the Research4Life initiative. Local, not-for-profit institutions from countries, areas, and territories listed in Group A and Group B are eligible to join based on five criteria: total GNI, GNI per capita, the United Nations Least Developed Countries (LDC) list, the Human Development Index (HDI), and Healthy Life Expectancy (HALE). Countries such as Nepal, Afghanistan, Bangladesh, and Mali fall under Group A, which provides free access to HINARI, while Group B countries receive low-cost access. Universities, medical colleges, and teaching hospitals

in Nepal benefit greatly from this program, gaining access to leading publications in medicine, public health, pharmacy, and biomedical sciences.

FACTORS CONTRIBUTING TO LOW RESEARCH OUTPUT IN NEPAL

Limited Research Skills and Training

A significant barrier to effective utilization of digital resources such as HINARI in Nepal is the limited research skills among students and early career faculty. Academic institutions in Nepal lack structured research training programs in their curriculum or electives, resulting in inadequate competency in essential areas such as literature searching, research design, data analysis, and academic writing. Several studies from Nepal and comparable LMICs have highlighted that students often receive minimal hands on exposure to research methodology during their undergraduate and postgraduate years, which limits their confidence and ability to engage in independent research activities.^{3,4} This deficiency in technical expertise directly impacts the optimum utilization of platforms like HINARI, as effective use of such databases requires foundational skills.

Inadequate Institutional Research Culture

Teaching and clinical service responsibilities dominate faculty roles, leaving limited protected time for scholarly activities. Research methodology is not embedded in core academic curriculum in many universities, institutes and colleges. Apart from the this, research electives are not available for interest candidates. This ultimately leads to the “Research Paradox”.⁵ This term has been used for highlighting high interest but low outcome. Institutions often lack policies for research, grants for publication, or structured programs that encourage scientific study. Without a culture that values research, students and faculty may view research as an optional or extracurricular activity rather than an essential component of academic growth. Moreover, the lack of academic activities such as journal clubs and research seminars weakens the research and scholarly environment. Many institutions lack dedicated research offices, internal grant mechanisms, or efficient ethics review system.

Time Constraints and Clinical Overload

Experienced researchers who could guide new investigators are few, and clinical or teaching workloads restrict the availability of qualified mentors. Research often becomes secondary to immediate clinical priorities, resulting in limited opportunities to plan studies, review literature, analyze data, or prepare manuscripts. This challenge is particularly pronounced in institutions with high patient volumes and inadequate staffing, where the pressure to maintain service delivery dominates professional responsibilities. Lack of institutional mechanisms to allocate dedicated research hours exacerbates the time-related barriers. Consequently, even when platforms like HINARI provide extensive literature access, the scarcity of time prevents meaningful engagement with scientific resources.

Limited Collaboration Networks

Collaboration networks, both within and across institutions, are equally important for promoting a productive research environment. Furthermore, opportunities for international research collaborations, grant writing and search funding for research and training which can enhance methodological rigor, capacity building of young researchers and provide access to advanced technologies, and increase publication output are also underutilized in the Nepal.

Technical Barriers and Awareness Gaps

In some regions of our country internet access is slow, expensive, and unreliable. Some esteemed journals may not be available through HINARI as this may compromise publishers’ commercial viability.⁶ Technical challenges further compound the problem. Irregular internet connectivity, outdated computer facilities, and limited IT support reduce the consistency and efficiency of HINARI use. For many institutions, reliance on basic computer labs with slow network speeds prevents researchers from conducting timely searches or downloading full text articles. There are no research data by now which identified the number of people unaware of HINARI. But it is clear that most of the medical students are unaware of HINARI. HINARI can also create challenges for researchers and health professionals in developing countries. Its broad, unrestricted access to a vast body of medical literature may result in information overload, making it harder to identify relevant, high-quality evidence.⁷

Fear of Academic Writing and Publication Bias

Many students and early-career faculty feel inadequately prepared to write manuscripts suitable for peer-reviewed journals due to limited training in scientific writing, unfamiliarity with standard reporting system, and lack of confidence in English language proficiency. This fear can discourage researchers from even attempting to publish. Additionally, publication bias is also accounted for the hesitancy where journals accept studies with positive or significant results and demotivates researchers with small-scale, descriptive, or negative-result studies.

IMPLICATION AND CONCLUSION

Studies evaluating research productivity in Nepal consistently demonstrate low publication rates among medical students despite higher interest in research activities.³ Surveys need to be done to find utilization of HINARI. Integrating research methodology and scientific writing courses early in academic programs can empower students to use HINARI more effectively. Institutional or national mentorship programs can guide budding researches through literature searches, study design and manuscript preparation.

University Grant Commission, Universities and colleges should provide grants, awards, and academic expectations that reward research output. Workshops on database search, citation management and systematic searches using HINARI can increase its optimum utilization. Partnerships with regional and

international institutions or laboratories can help researchers gain experience, confidence, and exposure.

The research paradox of widespread HINARI access but limited research output in Nepal highlights that information access alone cannot guarantee scholarly productivity. The barriers are deeply rooted in institutional culture, educational practices, mentorship

gaps, and systemic constraints. Strengthening research skills through curriculum integration, workshops, and mentorship is therefore essential to improving research productivity in Nepal.

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