

## **Open access and the future of the IJTLD**

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The entire science publishing industry is undergoing a dramatic change with a shift from subscription models to open access (OA); with funding agencies termed ‘cOAlition S’ (including WHO, Gates Foundation and Wellcome Trust) driving this transition.<sup>1</sup> Until now, the *International Journal of Tuberculosis and Lung Disease (IJTLD)* has operated as a hybrid journal, with both subscription content and OA articles. Indeed, part of our recent success in increasing our impact factor (up from 3.4 to 4.0 in 2022) has been due to OA articles, including the IJTLD Clinical Standards for Lung Health<sup>2</sup> and a series on paediatric TB.<sup>3</sup> However, cOAlition S has now mandated researchers to publish exclusively in fully OA journals; hybrid journals are no longer supported. As a consequence, many journals will become fully OA. From the viewpoint of a funding agency, this change is entirely logical as it eliminates obstacles to accessing scientific literature. The Union fully supports this aim as a key part of our mission is the dissemination of knowledge to influence policy and practice. The challenge for the *IJTLD* is that a large proportion of our authors are based in low- to middle-income countries (LMICs) and do not have funding from cOAlition S partners. Many of these authors are therefore unable to pay OA fees and instead require a subscription journal to provide a free-to-publish option. However, unless we adapt to this new OA funding model authors will be obliged to publish elsewhere, and the *Journal* will decline in importance and impact. We therefore require a novel solution that addresses this issue and the needs of our specific community.

Our considered response to this changing publishing landscape is to continue to maintain a subscription journal (the *IJTLD*), but to also launch a new OA journal (*IJTLD*

*Open*). This approach is fully supported by the Union Board as it will allow us to preserve a platform for authors in LMICs, while also having a fully compliant OA journal for enhanced coverage of TB and lung disease. We have also provided answers to frequently asked questions (see Supplementary Data).

We are also aware that many recently launched OA journals are perceived to be of lower quality. To protect the reputation of our journals, *IJTLD Open* will share the same values, scope and Editorial Board as its sister title, with an identical peer review process and acceptance criteria. We believe this approach will preserve the integrity of our journals and further improve access to important scientific knowledge. Authors for both journals will submit their manuscripts via the same portal and manuscripts will be evaluated solely on scientific merit. The only change will occur after a paper has been accepted: authors with funding for OA will be published in *IJTLD Open*; those without will be published in the *IJTLD*. We have also made the decision to cease typesetting and print production. Both elements were subsidised by the Union and the resulting cost savings will allow us to reduce OA fees to attract more submissions. Typesetting also delayed publication and its removal will help to speed up the time between acceptance and go-live. These changes are not taken lightly, but we believe this nuanced approach will further improve and broaden access to scientific knowledge.

Our sincere thanks for the support of our Editorial Board, our readers and authors. We look forward to receiving your future submissions!

## References

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- 2 Otto-Knapp R, Häcker B, Bauer TT. Launch of the IJTLD Clinical Standards for Lung Health. *Int J Tuberc Lung Dis* 2021;25:781–783.
- 3 Alffenaar JWC, Marais BJ, Touw DJ. Paediatric formulations for the treatment of drug resistant TB: closing the gaps. *Int J Tuberc Lung Dis* 2022;26:1097–1100.