

# Définir, mesurer, critiquer, utiliser l'ouverture : recherches, politiques institutionnelles et débats publics sur la science ouverte



**Didier Torny**



# disciplines et questions

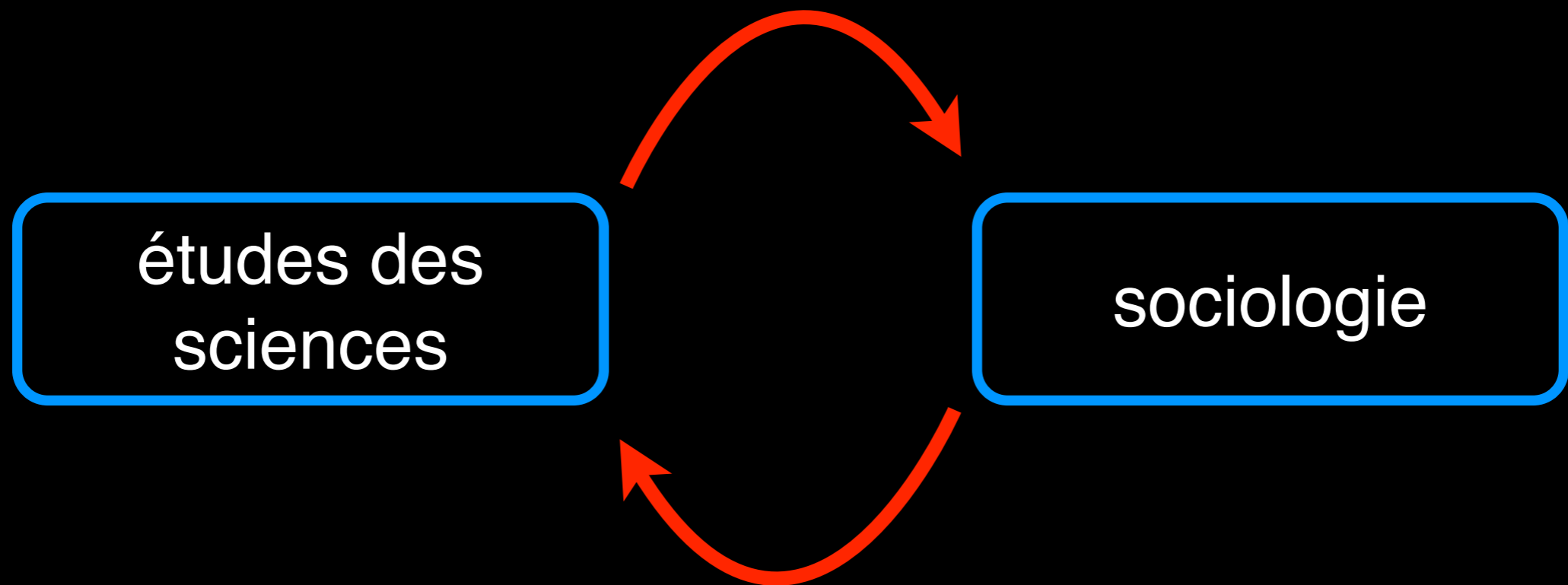
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études des  
sciences

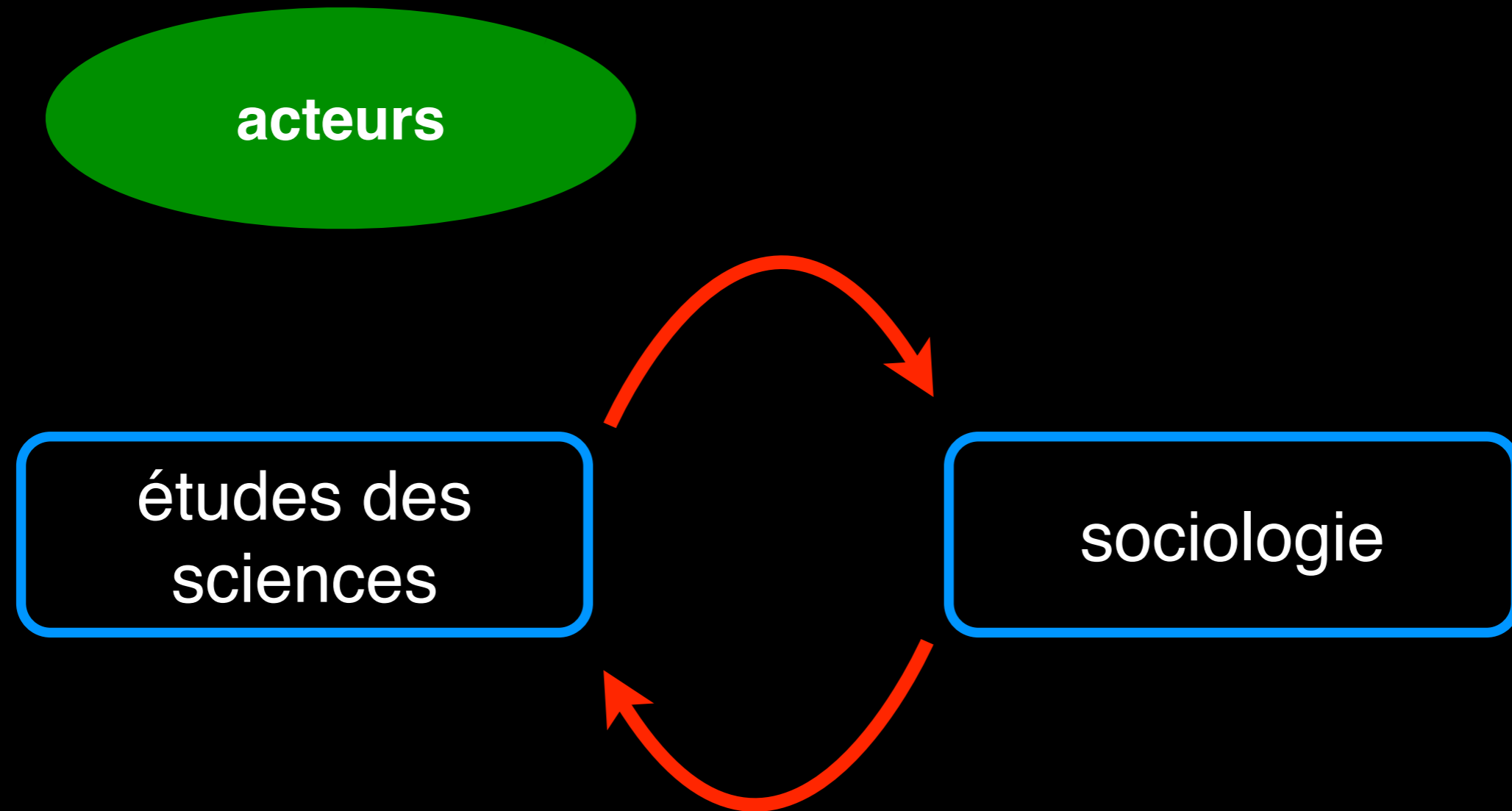
sociologie

# disciplines et questions

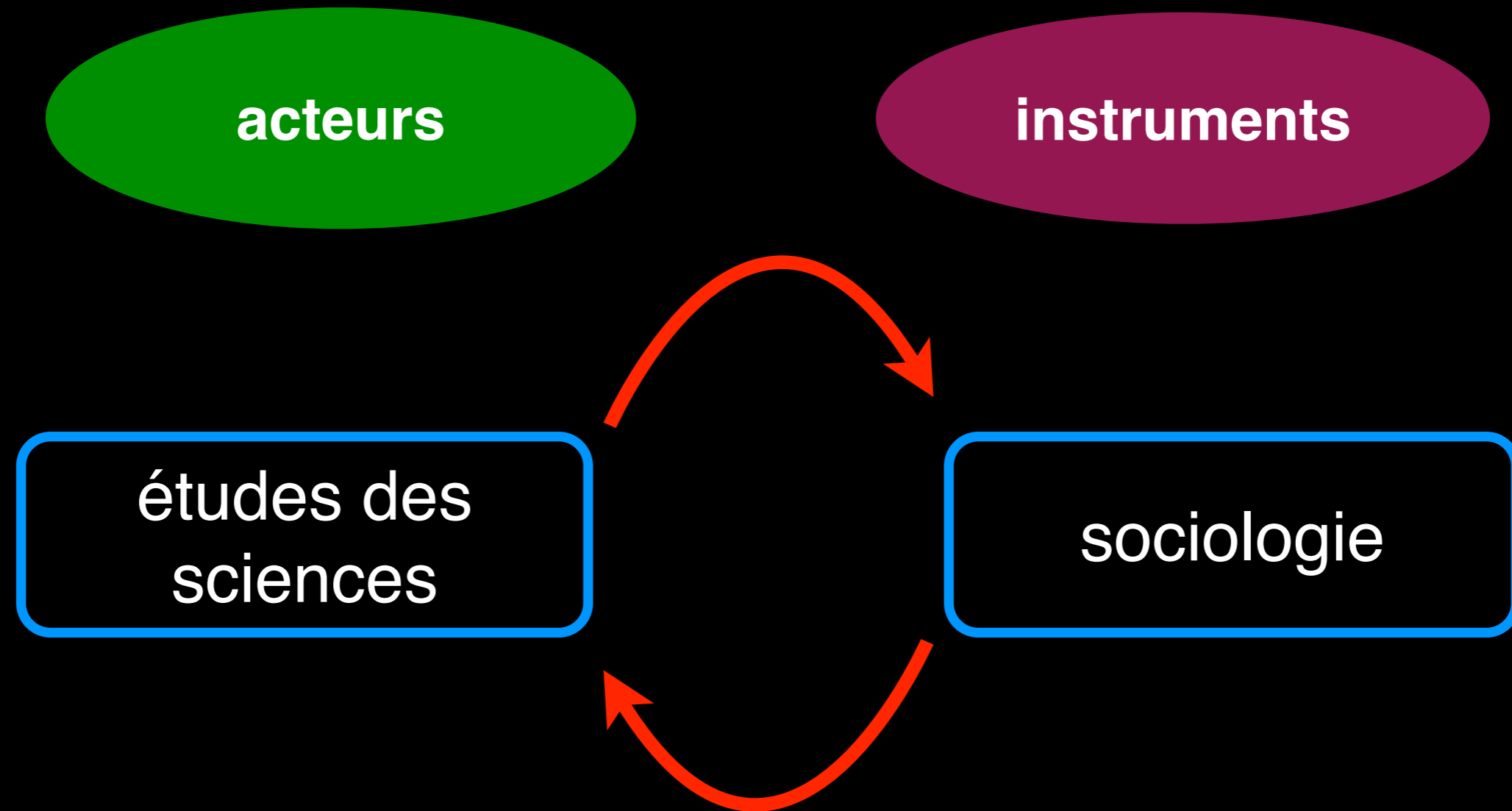
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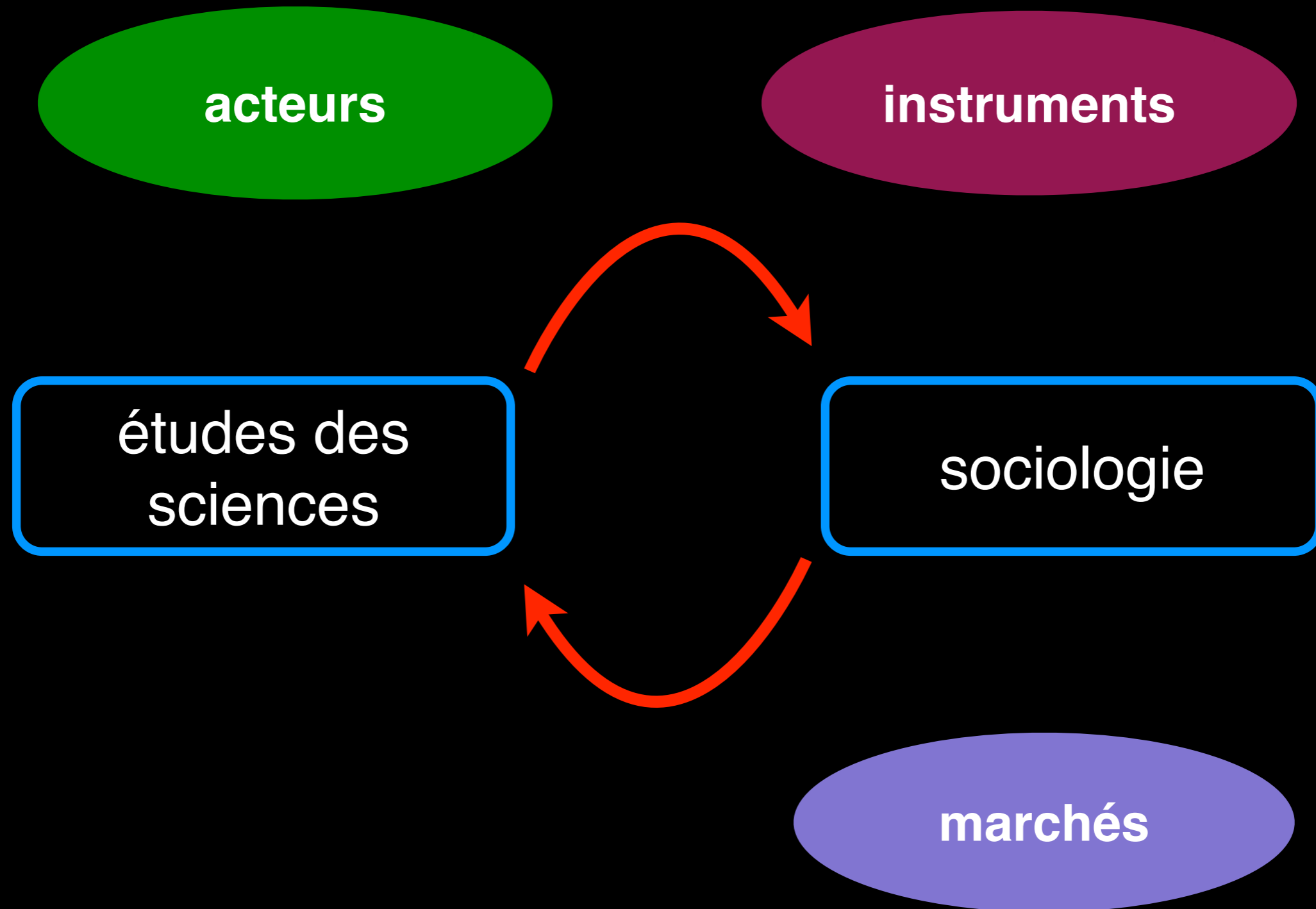
# disciplines et questions



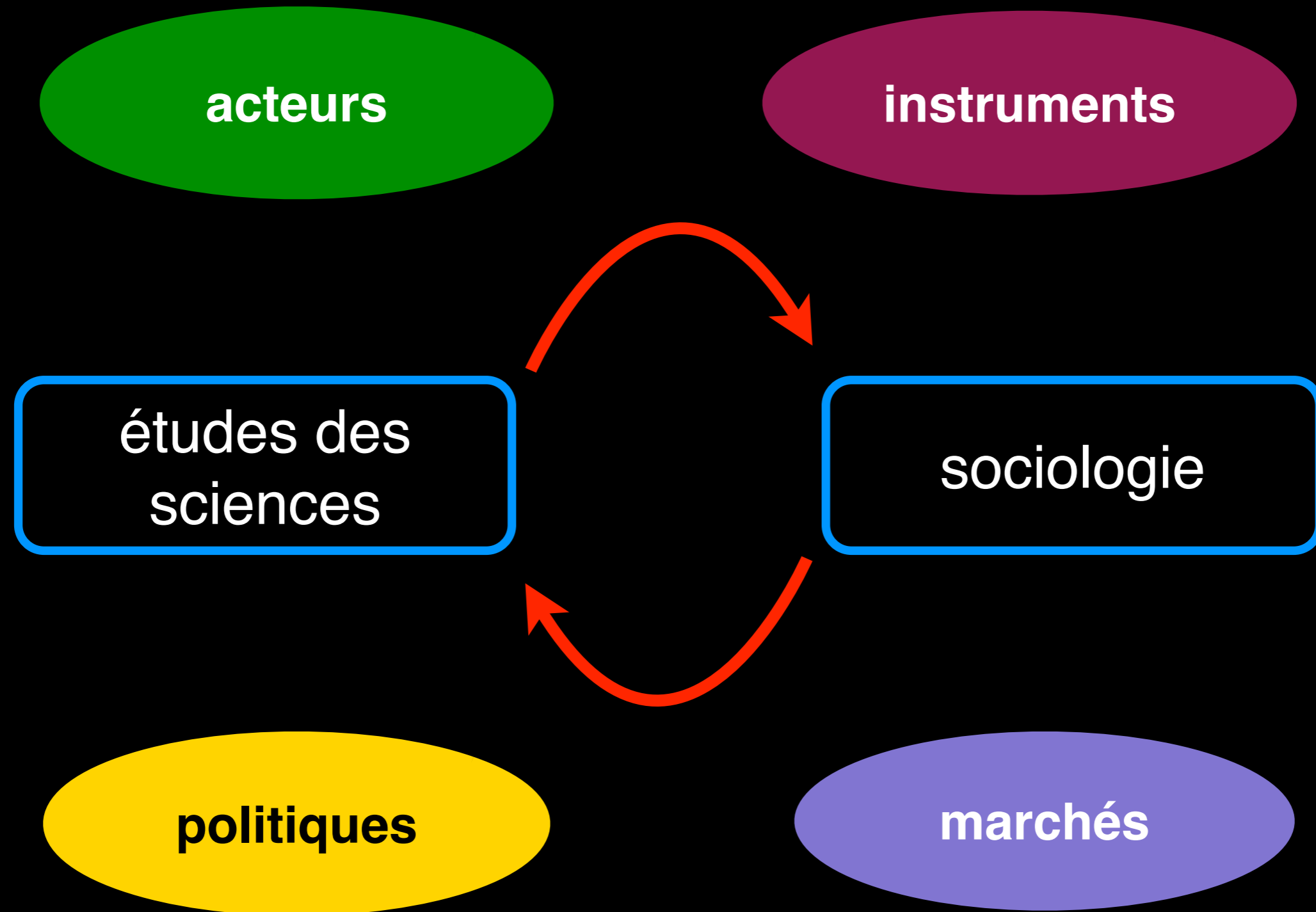
# disciplines et questions



# disciplines et questions



# disciplines et questions



# définir l'ouverture : accès ouvert

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“la mise à disposition gratuite sur l’Internet public, permettant à tout un chacun de lire, télécharger, copier, transmettre, imprimer, chercher ou faire un lien vers le texte intégral de ces articles, les disséquer pour les indexer, s’en servir de données pour un logiciel, ou s’en servir à toute autre fin légale, sans barrière financière, légale ou technique autre que celles indissociables de l’accès et l’utilisation d’Internet”

(BOAI, 14 février 2002)



# définir l'ouverture : accès ouvert

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**marquage du réusage  
(licences)**

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**délai vs. immédiateté**

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**versions du texte**

# définir l'ouverture : accès ouvert

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1 225 412 scientific papers,  
3 383 823 references











# mesurer l'ouverture

July 5, 2018

Other

Open Access

## Complaint to the European Ombudsman about Elsevier and the Open Science Monitor

 Jonathan Tennant

A formal complaint to the European Commission Ombudsman regarding the relationship between Elsevier and the Open Science Monitor. Submitted to them on July 05, 2018.

The latest version now includes a full response from the European Commission, as well as an email response to this request additional information. See the Annex file, which can be annotated/commented on using [THIS LINK](#) and Hypothes.is.

The full signatory list can be found [here](#), and can still be signed if wished.

For more information, please check [this website](#).



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July 5, 2018

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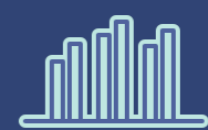
For more information, please check [this website](#).

French Open Science Monitor

Accueil

Glossary 

Welcome to  
**the French Open Science Monitor**



Measure the evolution of open science in France using reliable, open and controlled data.

See the last communication →



Data updated on  
Dec 1, 2022 with  
publications  
released between  
2013 and 2021



BY

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**sources ouvertes**  
**ouverture maximale**



The screenshot shows the homepage of the French Open Science Monitor. The page has a dark blue background with white text and icons. At the top, there is a navigation bar with 'Accueil' and 'Glossary' links. The main heading reads 'Welcome to the French Open Science Monitor'. Below this, there are six icons representing different aspects of open science: a wavy line, a cluster of circles, a bar chart, a network diagram, a stack of books, and a laptop. The text below the icons states: 'Measure the evolution of open science in France using reliable, open and controlled data.' There is a button that says 'See the last communication →'. At the bottom, a circular badge indicates 'Data updated on Dec 1, 2022 with publications released between 2013 and 2021'.

# mesurer l'ouverture

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**sources ouvertes  
ouverture maximale  
limites « techniques »**



The screenshot shows the homepage of the French Open Science Monitor. The page has a dark blue header with the title "French Open Science Monitor" and navigation links for "Accueil" and "Glossary". The main content area is white with a blue background for the text. It features a welcome message, the title "the French Open Science Monitor", and six icons representing different aspects of open science: a network, a globe, a bar chart, a circuit, a stack of books, and a laptop. Below the icons is a call to action: "Measure the evolution of open science in France using reliable, open and controlled data." and a button "See the last communication →". At the bottom, a circular badge indicates "Data updated on Dec 1, 2022 with publications released between 2013 and 2021".

# mesurer l'ouverture : infra technique

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# mesurer l'ouverture : infra technique



petite infrastructure  
sous licence ouverte  
destinée à trouver une  
version « ouverte »

# mesurer l'ouverture : infra technique



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Crossref

# mesurer l'ouverture : infra technique



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record »



# mesurer l'ouverture : infra technique



**the French Open Science  
Monitor**

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# mesurer l'ouverture : infra technique



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version « ouverte »

« détournement » à fin  
de mesure globale

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Crossref

favorise la « version of  
record »

rétablit l'ensemble des  
versions

# mesurer l'ouverture : COVID-19



**RoRI** RESEARCH  
ON RESEARCH  
INSTITUTE

## Scholarly Communication in Times of Crisis

The response of the scholarly communication system  
to the COVID-19 pandemic

Ludo Waltman, Stephen Pinfield, Narmin Rzayeva, Susana Oliveira Henriques, Zhichao Fang, Johanna Brumberg,  
Sarah Greaves, Phil Hurst, Andy Collings, Arianne Heinrichs, Nick Lindsay, Catriona J. MacCallum, Dan Morgan,  
Susanna-Assunta Sansone & Sowmya Swaminathan

DECEMBER 2021



# mesurer l'ouverture : COVID-19

Similar results have been found for COVID-19 journal articles. Gkiouras et al. [22] investigated data sharing in COVID-19 articles published in five prominent medical journals (i.e., *Annals of Internal Medicine*, *BMJ*, *JAMA*, *the Lancet*, and *New England Journal of Medicine*) in the first months of the pandemic (i.e., the period until March 14, 2020). Of the 32 COVID-19 articles that include patient data, they found that one shared this data in a fully open manner. Lucas-Dominguez et al. [37] studied data sharing in COVID-19 articles published between January and April 2020 and indexed in PubMed Central. Of the almost 6,000 articles, they found that about 800 made data available, either as supplementary material or in a repository. However, in most cases data was made available in PDF files or Word documents containing textual or graphic material. In only 1.2% of the 6,000 articles, data was made available in a way that, according to Lucas-Dominguez et al., allowed for reuse of the data.

# critiquer l'ouverture

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## Reviewers

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anonymized

identified

## Auteurs

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anonymized

double blind

blind review

identified

single blind

open peer  
review

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David Pontille, Didier Torny. The Blind Shall See! The Question of Anonymity in Journal Peer Review.. Ada: A Journal of Gender, New Media, and Technology, 2014, 4, <http://adanewmedia.org/2014/04/issue4-pontilletorny/> . 10.7264/N3542KVW . halshs-00981277



# critiquer l'ouverture

## DEFINITION OF "SOLE CONTRIBUTION"

SEVERAL weeks ago a manuscript, its science and presentation intrinsically adequate, was submitted to the *Journal*. Yet it could not be seriously considered for acceptance, for the substance of the paper, including its one and only illustration, had already appeared in print. The condition stated on the *Journal's* masthead, "Articles are accepted for consideration with the understanding that they are contributed for publication solely in this journal," had been violated.

The young author, when informed of the *Journal's* action and its cause, was incredulous. The paper had not been published previously, he insisted, because it had only appeared in a "throw-away,"

Papers are submitted to the *Journal* with the understanding that they, or their essential substance, have been neither published nor submitted elsewhere (including news media and controlled-circulation publications). This restriction does not apply



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Ingelfinger, Franz. "Definition of" sole contribution"." *N Engl J Med* 281 (1969): 676-677.

# critiquer l'ouverture

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Didier Raoult @raoult\_didier · Follow



L'abstract et le tableau récapitulatif des données de notre article portant sur le traitement de 1061 patients sont en ligne !

The abstract and the summary table of our paper on the treatment of 1061 patients are online !

[mediterrane-infection.com/wp-content/upl...](https://mediterrane-infection.com/wp-content/upl...)

[mediterrane-infection.com/wp-content/upl...](https://mediterrane-infection.com/wp-content/upl...)

	Poor virological outcome <sup>a</sup>	Good outcome	Poor clinical outcome <sup>a,b</sup>	Total
	n (%)	n (%)	n (%)	n (%)
Group size	47 (4.4%)	973 (91.7%)	46 (4.3%)	1061 (100%)
Age (years)				
Mean (SD)	47.9 (17.5)*	42.4 (14.7)	69.2 (14.0)***	43.6 (15.6)
Male	19 (40.4%)	450 (46.3%)	23 (50%)	492 (46.4)
Chronic condition(s) and treatment(s)				
Chronic conditions				
Cancer	0 (0.0%)	21 (2.2%)	7 (15.2%)***	28 (2.6%)
Diabetes	3 (6.4%)	66 (6.8%)	9 (19.6%)***	78 (7.4%)
Coronary artery disease	2 (4.3%)	36 (3.7%)	9 (19.6%)***	46 (4.3%)
Hypertension	8 (17%)	120 (12.3%)	23 (50.0%)***	149 (14%)
Chronic respiratory diseases	8 (17%)	96 (9.9%)	8 (17.4%)	111 (10.5%)
Obesity	1 (2.1%)	57 (5.9%)	4 (8.7%)	62 (5.8%)
Comedication(s)				
Biguanides (metformin)	1 (2.1%)	15 (1.5%)	4 (8.7%)**	20 (1.9%)
Selective beta blocking agents	6 (12.8%)**	22 (2.3%)	9 (19.6%)***	34 (3.2%)
Dihydropyridine derivatives	3 (6.4%)	23 (2.4%)	8 (17.4%)***	34 (3.2%)
Angiotensin II receptor blockers	6 (12.8%)**	22 (2.3%)	14 (30.4%)***	40 (3.8%)
HMG CoA reductase inhibitors	4 (8.5%)	28 (2.9%)	7 (15.2%)***	38 (3.6%)
Diuretics	2 (4.3%)	28(2.9%)	5 (10.9%)*	35(3.3%)
Time between onset of symptoms and first day of treatment start (days) <sup>f</sup>				
Mean (SD)	4.3 (2.5)	6.5 (3.9)	5.9 (4.0)	6.4 (3.8)
Median [Min-Max]	4.0 [0.0-9.0]***	6.0 [0.0-27.0]	5.0 [0.0-16.0]***	6.0 [0.0-27.0]
Clinical classification (NEWS score)				
0 - 4 (low)	43 (91.5%)*	948 (97.4%)	19 (41.3%)***	1008 (95.0%)
5 - 6 (medium)	2 (4.3%)	14 (1.4%)	10 (21.7%)	25 (2.4%)
≥ 7 (high)	2 (4.3%)	11 (1.1%)	17 (37.0%)	28 (2.6%)
Low-dose pulmonary CT-scanner within 72 hours of admission <sup>g</sup>				
Normal	11/37 (29.7%)	231/642 (36.0%)	4/39 (10.3%)***	245/714 (34.3%)
Limited	23/37 (62.2%)	277/642 (43.2%)	10/39 (25.6%)	307/714 (43.0%)
Medium	3/37 (8.1%)	123/642 (19.2%)	20/39 (51.3%)	146/714 (20.5%)
Severe	0/37 (0.0%)	11/642 (1.7%)	5/39 (12.8%)	16/714 (2.2%)
Viral load at inclusion (Ct - nasal) <sup>h</sup>				
Mean (SD)	23.4 (5.1)	26.8 (4.9)	25.6 (4.8)	26.6 (5.0)
Median [Min-Max]	22.1 [14.8-34.0]***	27.3 [12.8-34.0]	25.8 [15.0-33.2]	27.0 [12.8-34.0]
Hydroxychloroquine levels at day 2 (µg/mL) <sup>i</sup>				
Mean (SD)	0.25 (0.17)	0.26 (0.16)	0.20 (0.17)	0.25 (0.16)
Median [Min-Max]	0.19 [0.07-0.70]	0.22 [0.00-1.01]	0.15 [0.00-0.75]**	0.21 [0.00-1.01]
Number ≤ 0.1 µg/mL	4/24 (16.7%)	15/206 (7.3%)	12/37 (32.4%)***	30/263 (11.4%)

11:22 AM · Apr 10, 2020



8.5K



Reply



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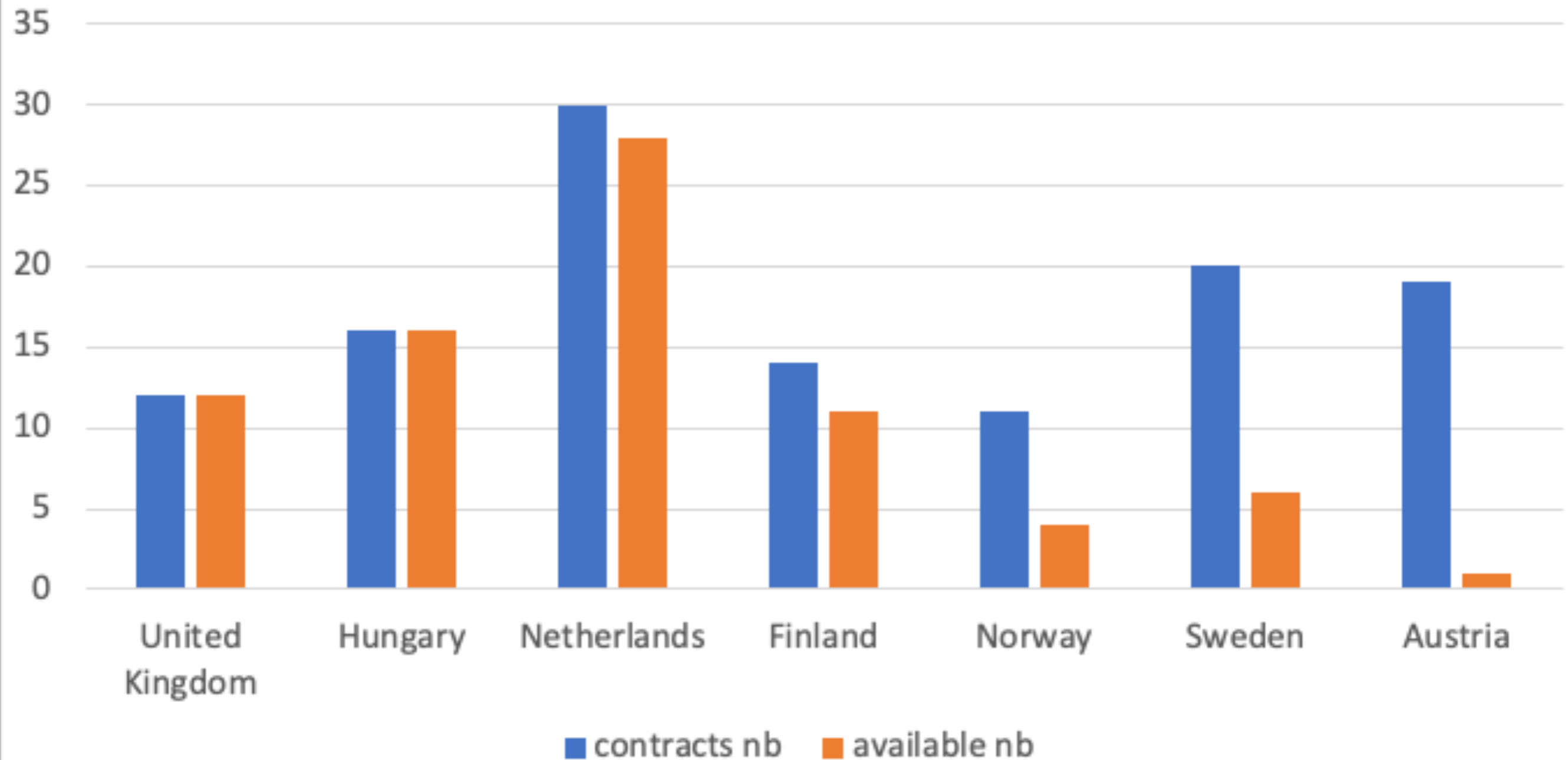
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# utiliser l'ouverture

Country factor

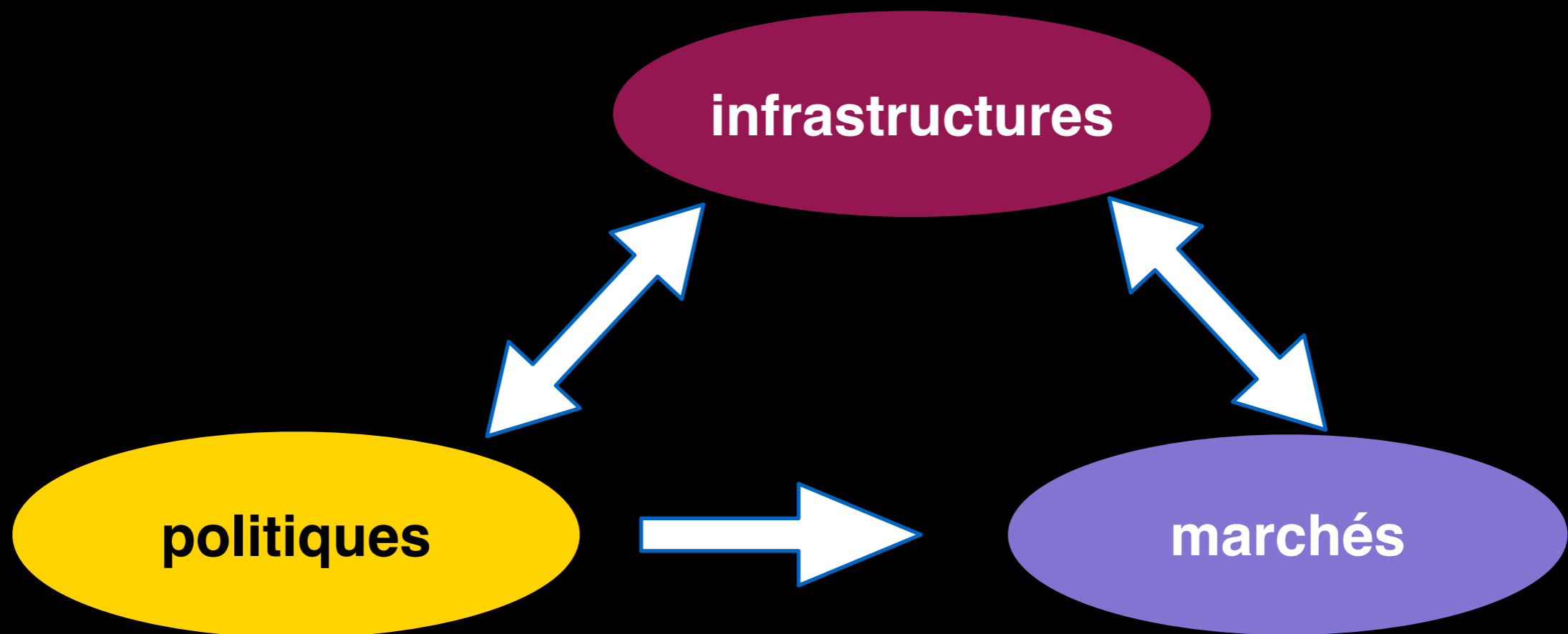


"Contracter à l'heure de la publication en accès ouvert. Une analyse systématique des Accords Transformants", 72 p. (avec Q. Dufour, D. Pontille), 2020. <https://hal.archives-ouvertes.fr/halshs-03203560>

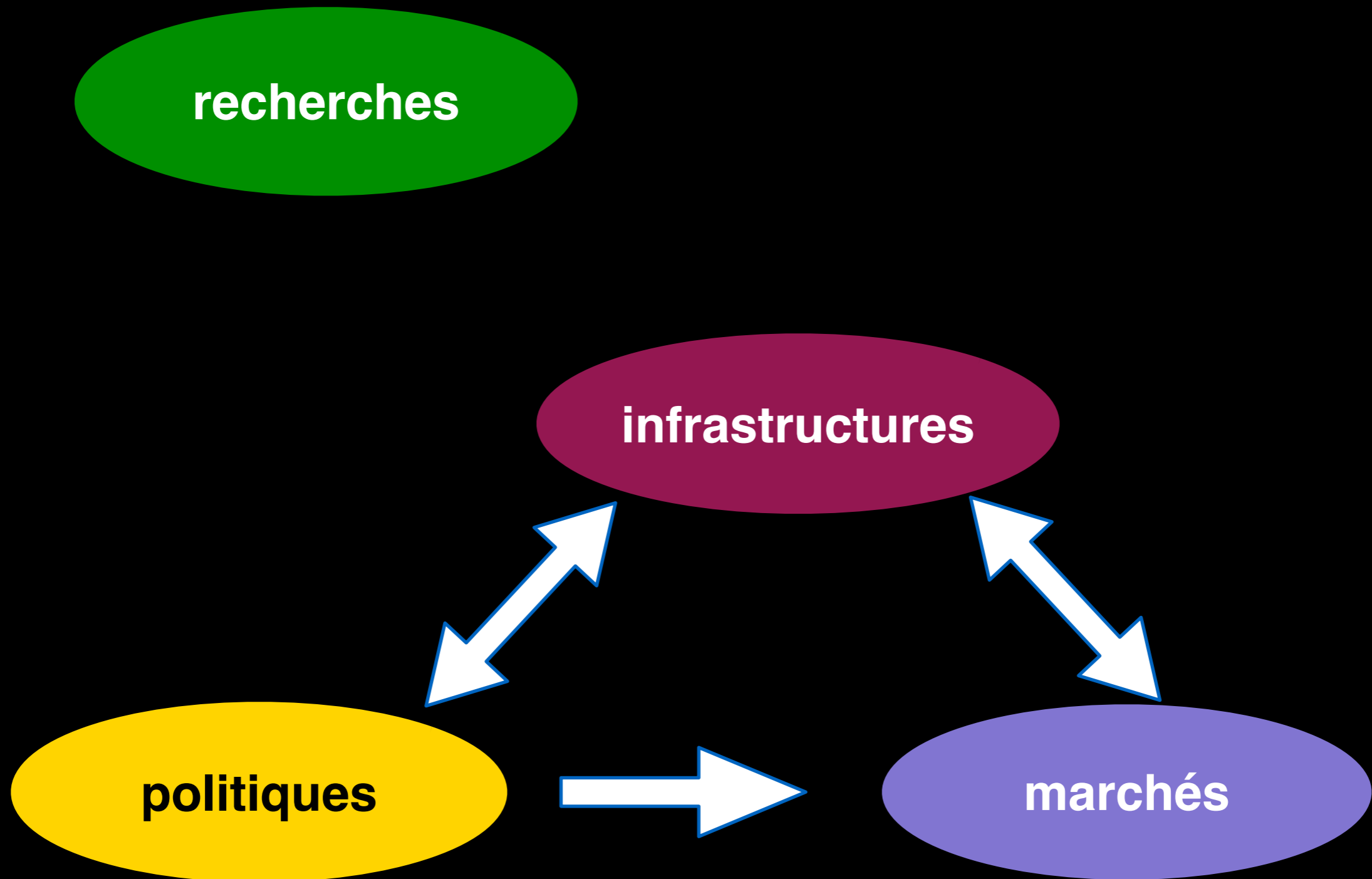


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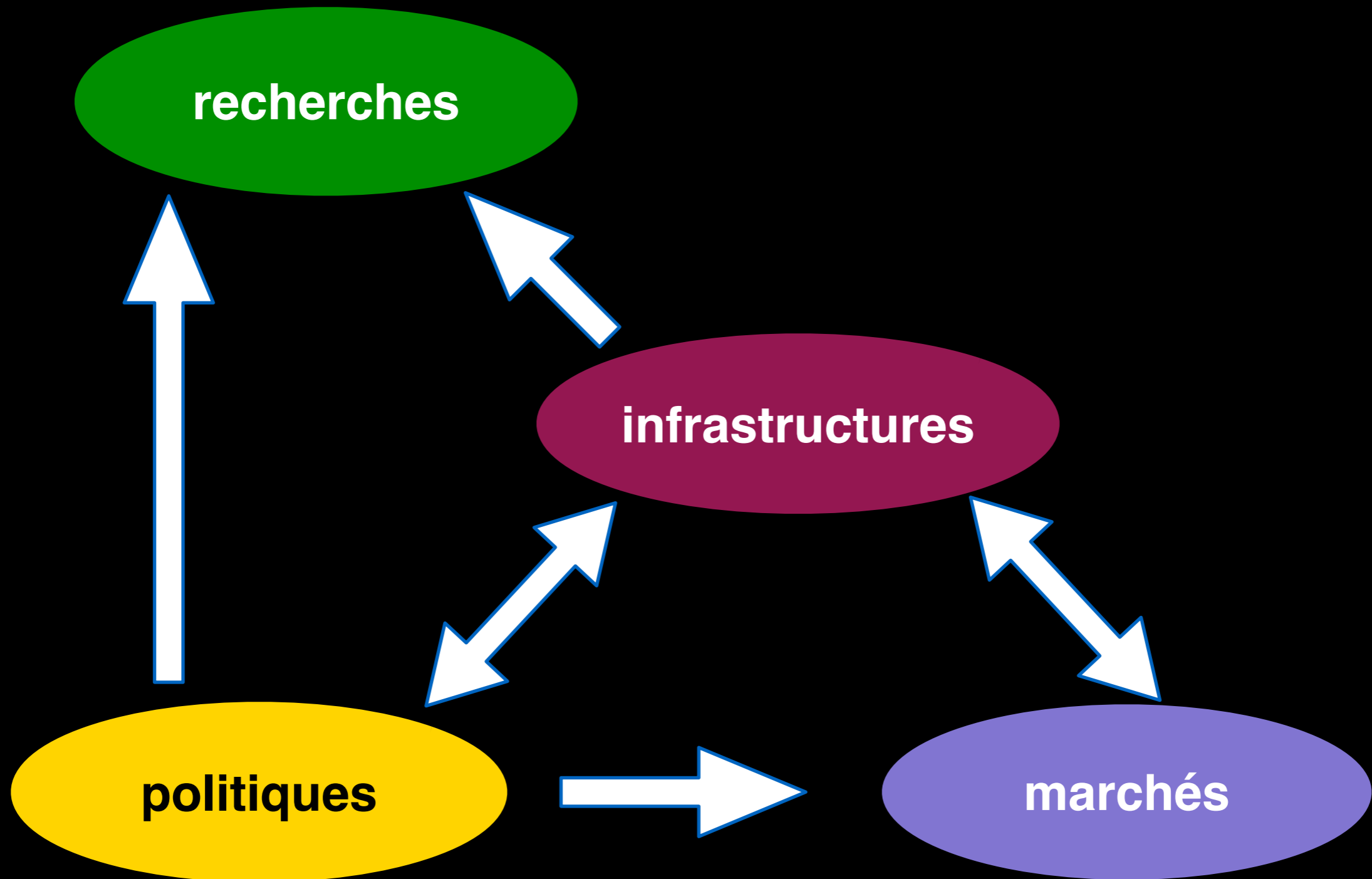
# un écosystème en construction



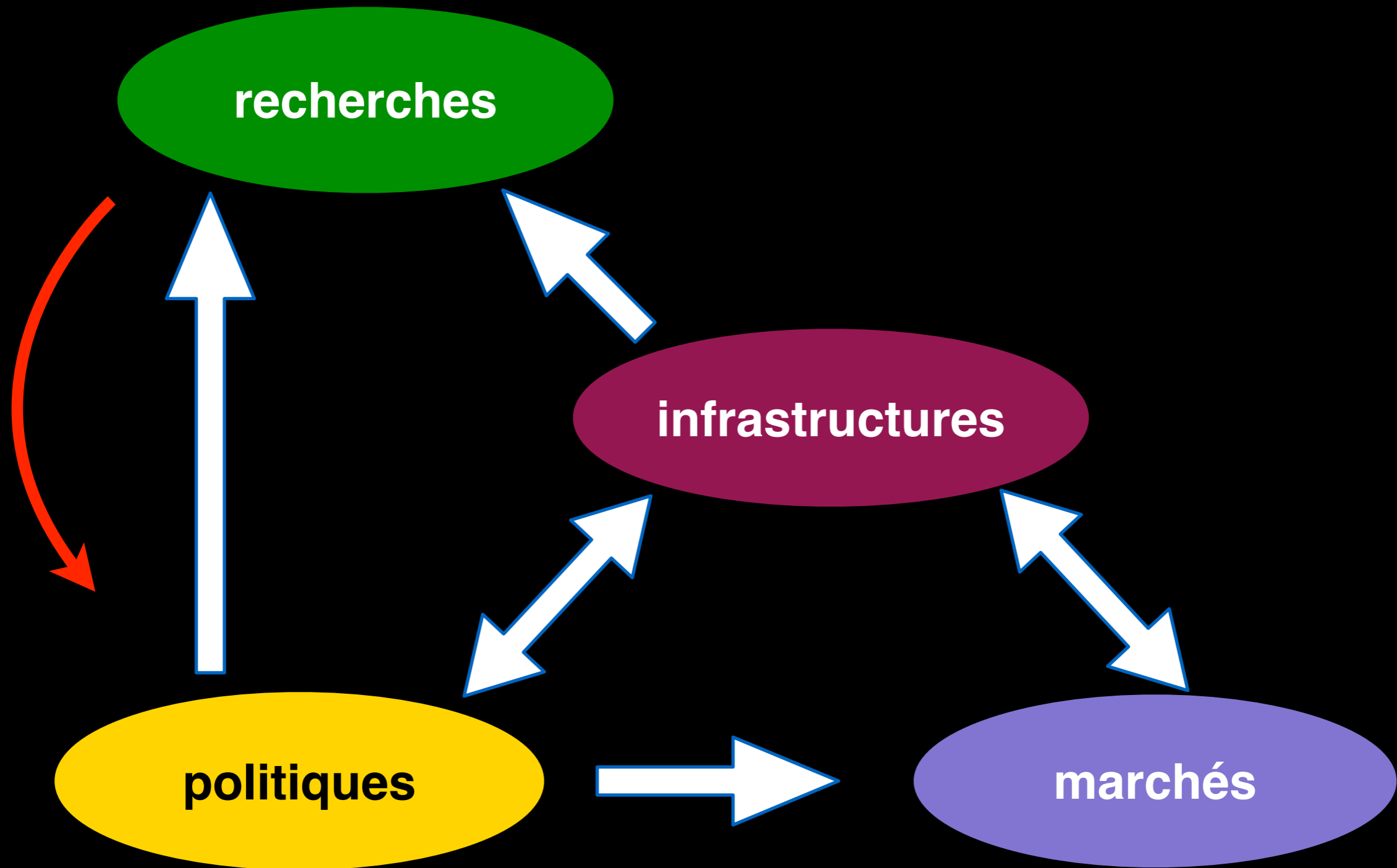
# un écosystème en construction



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# un écosystème en construction

