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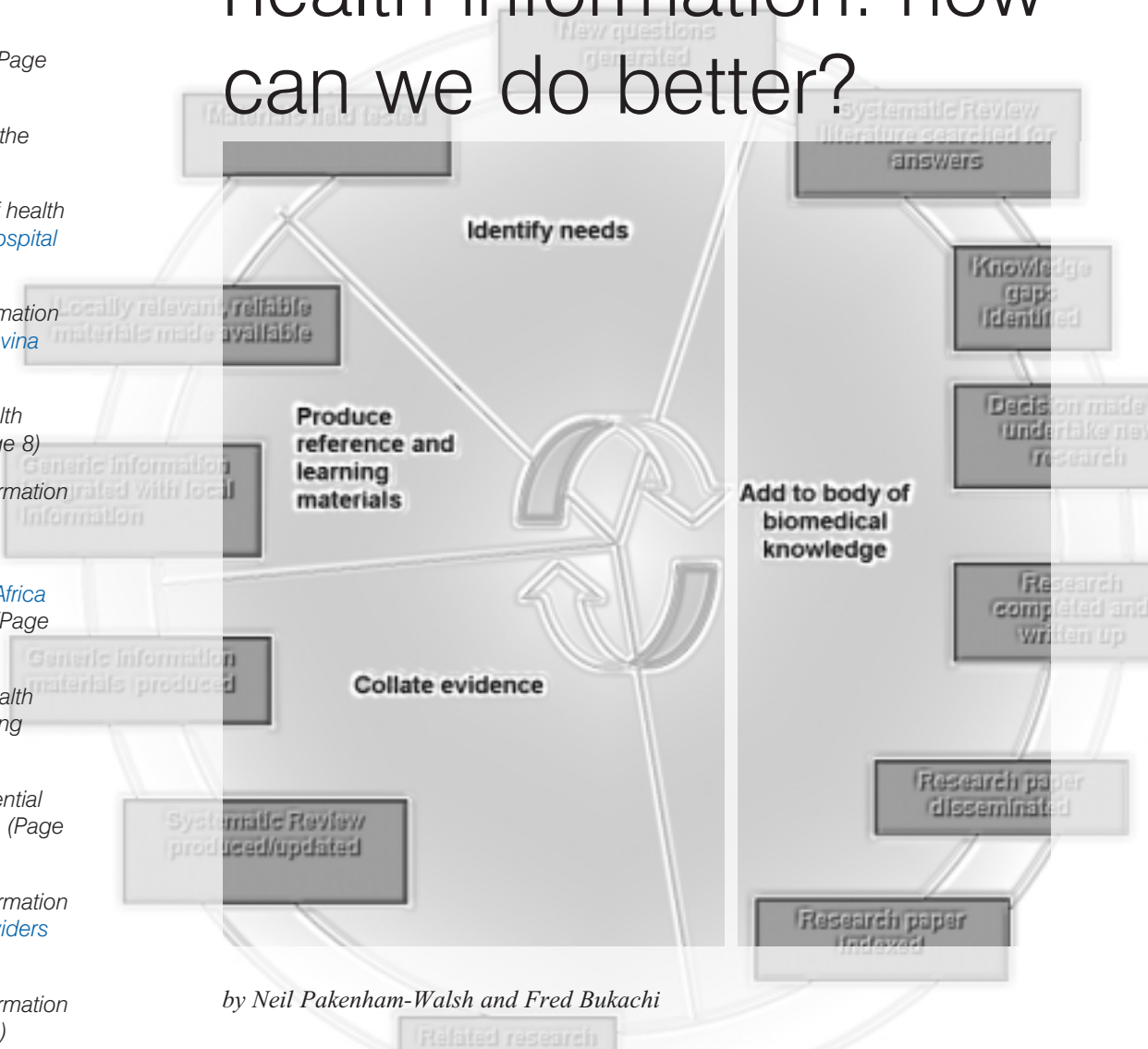
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## Improving access to health information: how can we do better?



by Neil Pakenham-Walsh and Fred Bukachi

This special issue of the *INASP Newsletter* is dedicated to the “Global Review on Access to Health Information in Developing Countries”, a major initiative proposed by representatives of 20 leading health organisations worldwide (see box on inside cover). The Review aims to assess progress over the last 10 years, lessons learned and ways forward to improve access to relevant healthcare information.

The Global Review started with the publication of a discussion paper in *The Lancet* (July 2004 <<http://image.thelancet.com/extras/04art6112web.pdf>>).

Continued on inside cover...

# About INASP

INASP is a cooperative network of partners whose aim is to enhance worldwide access to information and knowledge. It has three immediate objectives:

- to map, support and strengthen existing activities promoting access to and dissemination of scientific and scholarly information and knowledge;
- to identify, encourage and support new initiatives that will increase local publication and general access to high quality scientific and scholarly information;
- to promote in-country capacity building in information production, organisation, access and dissemination.

INASP is part of the ICSU (International Council for Science) family.

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The views expressed in this newsletter are those of the authors, and do not necessarily represent the opinions of INASP.

... continued from front page.

The paper points out that much has been achieved over the last 10 years, but that the majority of the world's healthcare providers remain isolated from the information they need. It suggests "the system" isn't working and emphasises the need for greater understanding. It says a Global Initiative is required to address information needs and it calls on WHO to champion the road to "Universal Access to essential health information by 2015".

The papers in this issue of the newsletter give a glimpse of the extraordinary diversity of health information activities worldwide. Diversity can bring fragmentation or synergy. We need to share experience and expertise, otherwise we shall duplicate effort and waste resources. Moreover, healthcare providers will continue to lack the information they need to relieve suffering and save lives. We invite you to join us and over

1500 other professionals worldwide who are committed to improve access and use of relevant health information in developing countries. To follow progress join "HIF-net at WHO" (Health Information Forum-net at WHO): send an email to [health@inasp.info](mailto:health@inasp.info) with your name, organisation and a brief description of professional interests.

We are grateful to *The Lancet* and the *BMJ* for providing seed funding for the Global Review. We are now seeking political and financial commitment to help us towards our goal: access to essential information for all healthcare providers by 2015.

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BIREME (Latin American and Caribbean Centre on Health Sciences Information)

*BMJ*

The Cochrane Collaboration

Dreyfus Health Foundation

Forum for African Medical Editors (FAME)

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International Congress of Medical Librarians

*The Lancet*

Medical Library Association (US)

Society for the Internet in Medicine

South Asian Public Health Forum

University of Papua New Guinea

Wellcome Trust

WHO Eastern Mediterranean Regional Office.

For further information, see

<<http://www.inasp.info/health/globalreview>>

# Changing minds

## Identifying policymakers' information needs related to cervical cancer prevention

*This report is based on a manuscript written by Cristina Herdman, Allison Bingham, Karen Levin, Anne Boyd and Jacqueline Sherris*

Cervical cancer is an important women's reproductive health problem, with over 470,000 new cases occurring annually. The disease has particular impact in developing countries, where >80% of cervical cancer incidence and mortality occur. The Alliance for Cervical Cancer Prevention (ACCP, <[www.alliance\\_cxca.org](http://www.alliance_cxca.org)>) was launched in 1999 to assess innovative approaches to screening that are safe, effective, acceptable and perform reliably in low-resource settings.

In 2000, PATH (an ACCP member), began conducting interviews with policymakers in developing countries to learn about information content, format and authors whom they find most credible and useful for understanding and making policy decisions about health issues in general and cervical cancer prevention in particular.

In all, 53 key policymakers were interviewed from Bolivia, China, the Dominican Republic, Ghana, Haiti, Kenya, Mexico and Thailand. Individuals were asked to describe the types of information they would find most persuasive in making the decision to support national cervical cancer prevention efforts, as well as the preferred format and source of such information.

### *What do policymakers want to know?*

The clinical aspects of cervical cancer prevention are complex, and many people interviewed agreed that access to the most current information on screening approaches, clinical protocols and programmatic issues was essential. Similarly, dissemination of practical information on how to organise or reorganise national prevention efforts was seen as

invaluable. Many people said that having a personal connection to the issue or hearing compelling stories

was written for the layperson. One-third of respondents cited journals as their preferred resource, but others



influenced their consideration of health issues.

The vast majority of people interviewed felt that accurate national epidemiological data highlighting the extent of the problem would convince them to work for policy change - data that in many cases were unavailable to them.

Information on cost-effectiveness was not identified as a high priority among most policymakers, and yet most agreed that lack of funding was a major barrier to implementing effective policies.

### *How do they want to learn?*

Policymakers preferred receiving information through meeting attendance or reading printed materials such as pamphlets, fact sheets and other grey literature that

stated that they were usually too technical for them to understand. About one-fifth of respondents preferred to get information off the Internet.

### *Who are trusted information sources?*

Research and academic institutions and governmental organisations were the most trusted sources of information upon which to base policy decisions. Inter-regional organisations such as the World Health Organization and international NGOs were frequently mentioned as desired information sources.

### *Responding to these findings.*

It is clear that policymakers are persuaded by a wide array of factors when faced with competing priorities, limited time and little funding. The findings from these interviews helped to clarify the scope and focus of

PATH's advocacy and information dissemination efforts for improved cervical cancer prevention programmes and policies. Several key points, listed below, emerged from these interviews.

- *Synthesise peer-reviewed research* on innovative prevention strategies appropriate for low-resource settings.
- *Keep publications brief*, use non-technical language and provide references as appropriate.
- *Make information accessible* by providing it in preferred formats.
- *Facilitate development of national cancer registries* so that that countries can reliably track incidence,

prevalence and mortality rates, and so justify the need for prevention efforts.

- *Make a clear case* for cervical cancer prevention as a reasonable, cost-effective public health strategy.
- *Increase donor awareness* of the issue in order to expand opportunities to launch or strengthen prevention efforts.
- *Publish compelling stories* to illustrate the unnecessary suffering cervical cancer can cause to women and their families and how prevention efforts can save lives.
- *Leverage alliances* with global and inter-regional organisations to ensure that cervical cancer is recognised and

promoted as a health priority.

While these findings were invaluable for shaping a strategy for awareness-raising about cervical cancer prevention, they may be applicable to other health issues as well.

Policymaker information needs are likely be similar when considering other health problems that do not receive a great deal of publicity, and for which safe, effective and acceptable prevention measures are available.

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# The importance of relevant information

*by Marietjie de Villiers*

For rural practitioners the problem is not only that of access to information, but the relevance of information. There are many sources of learning available, but these are not always appropriate to the needs or practice conditions of rural doctors. These practitioners invariably carry large clinical workloads and have little time available to sift through information to find what will be of use to them.

In two separate research studies on rural medical practitioners in the Western and Northern Cape Provinces of South Africa it was found that general practitioners mostly used medical journals and lectures organised by pharmaceutical companies to further their continuing professional development. Neither method was necessarily linked to their learning needs or the circumstance of their clinical setting, but because they were accessible\*. Convenience seems the key.

We have been involved in research focusing on the skills and competencies of doctors at rural district (community) hospitals.

Various factors that enhanced or hampered the skills and competencies of district doctors were identified.

A number of factors - negative as well as positive - impact on the quality of care provided by the doctors. Working conditions, education and training are the most significant influences.

Many rural doctors consider leaving their practice due to strenuous after-hours duties and workloads, plus the lack of management support. Another concern is the lack of opportunities they have to update their skills and knowledge. They are often confronted by problems requiring a broad range of knowledge and skills, such as trauma, the effects of violence and primary health care problems plus advanced surgical skills such as caesarean section. Skills and knowledge gaps from a lack of training, inexperience, inadequate equipment and skills attrition due to limited exposure were identified\*.

The follow-up study focused on the development of a model on how to maintain competency for district hospital doctors. The consensus of the expert panel was that content should

be in three categories: (1) skills and knowledge areas common to district hospital practice; (2) areas in which a gap has been identified, and (3) areas identified as special needs for district hospital practitioners.

This calls for access to relevant information. The panel agreed that the best method of updating for rural doctors was in-service learning under supervision of a more experienced colleague, and small group case discussions. This pinpoints the importance of integrating information into clinical practice and the presence of experienced senior generalists to assist with this process\*.

From these results a model was developed, comprising various cyclic activities and actions, all aimed at acquiring knowledge by using a variety of resources. It emphasises that learning should be needs-driven, contextualised and relevant to the district hospital, and it should take place at the practice setting itself. Furthermore, there must be protected time for learning, and the learning should be outcome-based.

In this model information is offered

on a “menu” of options. Practitioners choose the appropriate information relevant to their own needs as well as that required by the health services. Once the content has been studied it needs to be incorporated into practice by using methods such as case discussions. In addition activities that facilitate reflection and evaluation were proposed\*.

The aim of the project is to improve human resource development by

maintaining the competency of district hospital practitioners including doctors, therapists and primary health care nurses. It moves away from the exclusive acquisition of knowledge by facilitating the whole learning cycle. The challenge facing the implementation of the model lies in overcoming entrenched approaches to information utilisation that hinders its integration into everyday clinical practice.

\* References available on request

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## Library partnerships

by Jean G. Shaw

Library partnerships became more feasible with the advent of email in the 1990s. Most library partnerships began by sending material - books, journals and requested photocopies - which they continue to do today though the emphasis is changing. Many now focus on training so as to make best use of initiatives, such as PERI and HINARI, in the context of evidence-based healthcare.

Libraries are particularly important to disadvantaged groups of healthcare workers - health science students who are unlikely to afford printed learning and updating materials for themselves, and have little, or no access to Internet facilities. Library partnerships are important because they provide a sustained approach to training and one that can be tailored to the needs of a particular library. Also since some of the training visits take place in developed countries, librarians can have hands-on experience of trends in “one-stop shopping” in the development of national or regional virtual libraries giving access to information selected for its relevance and reliability.

The partnership between the College of Medicine and Allied Health Sciences, University of Sierra Leone (COMAHS) and the College of Medicine at Cardiff University is an example. It was initiated by

Partnerships in Health Information (Phi) in 1998. By then, Sierra Leone had been devastated by the civil war and the COMAHS library which had been established 10 years earlier was itself damaged, and lacked books, journals, IT equipment and suitable accommodation. Under the sponsorship of the British Council and DFID, the partnership initially arranged for the shipment of computer equipment and printed materials selected by the Medical Librarian. More recently, 25 new textbooks (mainly from TALC - Teaching Aids at Low Cost) requested by the staff and students at COMAHS were purchased and shipped. Funding for this programme continues until the end of 2005.

A recent evaluation of the partnership resulted in the purchase of a laptop computer and this, along with trial access to a number of medical databases via OVID, formed the basis of further training sessions for the library staff. This has greatly enhanced the expertise of librarians at COMAHS to the benefit of both staff and students. Additional seminars given by the visiting librarians from Cardiff have introduced the basics of

evidence-based healthcare and effective literature searching to the Sierra Leone Medical Association amongst others. The use of HINARI and databases of particular relevance to Africa enabled library staff in Freetown to develop a research-based service already piloted - *Sierra Leone Health Bulletins* - summarising the latest research information and modelled on the *Health Evidence Bulletins Wales* produced in Cardiff <<http://hebw.uwcm.ac.uk>>. The need to implement the best information available has thus begun to spread; students are a particularly important target group in this respect since they will shortly become practitioners.



Library Partners: Nance M'Jamtu-Sie and Alison Weightman

Modern technology can now bring knowledge to the desktop or to the hand, but it is not the technology that informs. Librarians have a key role (with others) in selecting what is relevant to their country and

documenting reports and research produced in their country that are not picked up by the major indexing and abstracting services. This is one of the chief concerns of Phi. We and other organisations concerned with library partnerships are working together to support our colleagues in developing countries to provide the services to

health professionals that are found in the developed world. It will take time, but it is achievable.

*Written with significant contribution from Nance M'jamtu-Sie, Medical Librarian at COMAHS, and Dr Alison Weightman, Head of Library Service Development at Cardiff University.*

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# Health information at the grassroots

by Sarah Shannon and Todd Jailer

The slogan 'Health Information for All' gains real meaning only when it focuses on the *All* and their needs. We have to find out what people think are

from the broadening gap between the rich and poor, then health information must deal with the social determinants of health and functional community responses as much as it does with microbes and medicines.

International trade, banking and development policies are causing the abandonment of comprehensive primary healthcare and forcing the privatisation of health and other services. This leads to the disappearance of village and urban health promoters, the health workers who most often and effectively bring health information to their communities. Unfortunately, these grassroots health promoters have also been mostly absent from the *Health Information for All* discussions.

Where we work at the Hesperian Foundation, these are the people for whom and with whom we produce our internationally renowned health guides *Where There Is No Doctor*, *Where Women Have No Doctor*, etc. We design processes that involve health workers in determining, developing, reviewing and implementing the content of these books to make sure they meet their needs.

While the books are used by those with no health training as well as by nurses and doctors, they are written for the community health information delivery system: the grassroots health worker. When we think about her current and future conditions and needs, we see that printed books are still her most needed information source.

Though the distribution of web-based or CD-ROM information may have an impact on a relatively small number of people, for those people the impact can be very great. However, it will not significantly redress the denial of health information for all in the near future. ICTs are not yet available, usable, or sustainable for the majority of people needing health information. Many health workers have difficulty using an index in a textbook; we ourselves have had trouble navigating many of the free CDs that contain health materials; thus "architectural accessibility" is also important. Above all, the content of health information - regardless of the form it is delivered in, must be useful to the grassroots health worker in order to ensure that health information is reaching those who need it most.

*Health Information for All* can be achieved when the right to health is understood and accepted as a human right of all people (UN Declaration of Human Rights, Article 25), not just of those who can afford it. Like most rights, it will move from paper to reality only when people demand it. If conceived of as accessible in content as well as in technology and design, *Health Information for All* will help us organise to win that right.

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their most pressing health information needs, and then get that information to them in the best ways.

If we listen, we find that people need not only information about (for example) preventing and treating HIV, but also about how a community might organise collective care for HIV-positive people and orphans and how to stop the World Trade Organization and pharmaceutical companies from preventing their access to affordable generic medicines. When the greatest threats to health come



# Access to and use of health information in a rural hospital

by Ben Selvan

Several years ago, as a fresh medical graduate, I joined a rural mission hospital near Coimbatore in southern India. Before long, I was feeling I had made the wrong decision. Like other colleagues, I felt my clinical skills were becoming outdated. I was haunted by the fear of becoming rusty in my clinical practice, and was on the point of seeking a 'better job' in the city.

While in this dilemma I came across many clinical incidents in the hospital, which were heartbreaking. These experiences changed my attitude and confirmed the need for me to upgrade

our institution to provide essential secondary level care in a rural setting. This is proving to be a difficult task to achieve, and one that requires new skills and access to health information.

Meanwhile, there has been an increase in access to information among the general public, through radio and television health education programmes, and this has improved patient awareness in the last ten years. Patients' expectations and attitudes towards disease are changing, and this has led to a sharp rise in the fear of litigation among doctors.

Access to relevant health information is mandatory for health professionals

like myself to provide safe, effective care. There are many hurdles for those of us who work in rural hospitals. In particular, basic transport networks are not efficient. The Internet therefore offers a potential way to deliver health information to these sites. The need to provide rural doctors with up-to-date health information is becoming more urgent now than ever before. I am afraid that unless doctors are well equipped to meet the new challenges of rural healthcare we will not have any medical practitioners working in rural areas in the coming few years. One of the best ways to retain them will be to provide health information and upgrade their skills through continuing medical education.

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# ICTs and health information in Bosnia and Herzegovina

by Vladimir Simunovi and Mladen Mimica

In 1996, shortly after the end of the brutal war which left the country depleted of means and human resources, we were confronted with the task of reconstructing medical education in the five medical schools in Bosnia and Herzegovina. At that time we had very little information technology and slow unreliable connection to the Internet. Basic computer literacy was very poor among both students and staff. The five medical schools decided a way forward was for their libraries to

"include connections, links, access, outreach, distance learning, and education as well as books, journals, media and databases. The successful library of the future will consist of a delicate balance between materials that are owned and those that are accessed."\*

Funding from the European Union has enabled computerisation of libraries and retraining of librarians. By 2003, all our medical graduates were capable of using the technology effectively and finding the information they need. Computers are fast becoming the centre of the medical teaching and learning environment. The challenges for the future include reform of the curriculum and retraining of teachers

to make most effective use of ICTs in the future.

\*References available on request.



Installation of first web server at Mostar University School of Medicine done by team from Heidelberg University, Germany, in November 1999.

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# Access to sexual health information in Iran

by *Pejman Azarmina and Sara Nasserdezeh*

Health professionals need access to relevant, reliable sexual health information to prevent and control sexually transmitted diseases (STDs) and HIV/AIDS. Until recently, access to such information has been difficult in Iran. Thanks to the Internet, the situation is starting to improve.

Iran has one of the best family planning programmes in the developing world, with services freely available to all. But sexual health is given less priority. STDs are mainly treated rather than prevented, HIV prevention programmes are very conservative, and the mass media does not provide frank and direct information.

Healthcare providers in Iran have four main sources of information.

1. National publications: The Ministry of Health, Ministry of Education and Family Planning Association publish materials for health care professionals, with support from the United Nations Population Fund (UNFPA). These materials are published in Iran, in Farsi, but they are poorly distributed and their content is often not adjusted to the level of knowledge of its many different readers (e.g. health workers, nurses, general practitioners, specialists).

2. International publications: Medical libraries in Iran have limited access to journals, mostly because of high costs but also because of a US embargo which affects sales of full-text electronic journal packages to Iranian institutions\*. When a health professional orders a book, CD, or video from abroad, they are inspected by customs and may be confiscated or destroyed if they have a picture of nudity, which is not unusual in sexual health packages\*. However, governmental organisations and UN agencies have a license to import such materials.

3. Conferences and workshops: Health professionals in Iran are discouraged from attending international conferences for two reasons: visas and

funding. Both are increasingly difficult.

4. The Internet is becoming the main source of information for Iranian health professionals. Internet users in Iran have increased from 250,000 in 2000 to over 4 million in 2004 (total population 67 million)\*. Despite government attempts to block websites\*, there are still many sites that provide quality information on reproductive and sexual health. But online materials are mostly in English and many are unreliable. This can lead to misunderstanding, misinterpretation, and incorrect healthcare practice.

The challenge for the future is to develop Farsi websites on reproductive and sexual health and to train health professionals in Iran to find quality material on the web, and to peer-review, update and customise training materials.

\*References available on request

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# Access to health information in India

by *Naina Pandita*

Ten years ago access to health information in India was largely restricted to printed materials and CD-ROM. Although today there are over 4 million Internet subscribers in the country, this is still less than 0.5% of the total population, and access is largely unavailable to the poor and those in rural areas. The National Informatics Center, however, has set up 450 Community Information Centers (CICs) in the remotest areas of the north eastern region of the country.

The Indian MEDLARS Center (ICMR-NIC Center for Biomedical Information, New Delhi) plays a

major role in providing information services and information training programmes for health professionals. It maintains IndMED, a bibliographic database of 76 Indian biomedical journals, and medIND <<http://medind.nic.in>>, full-text of 26 of these journals. The nearby National Medical Library is the hub of medical resources in the country and provides wide and efficient library and information services to health professionals in India, including several online journals.

Health InterNetwork (HIN) India <<http://www.hin.org.in>> aims to bridge the digital divide in health information, and between health research, policy and practice. It is

currently focused on Tuberculosis and one of its objectives is to improve communication and networking among public healthcare workers, researchers and policymakers.

There are many other organisations involved in providing free access to health information in the country. What is lacking, however, is cooperation amongst these providers. Consequently there is a lot of duplication of efforts to compile the existing Indian literature as well as in activities like dissemination and training of medical professionals. There needs to be more sharing of resources and experience, and coordination of tasks and activities.

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# Progress in ICTs and information access in Africa over the last 10 years

by Leela McCullough

The last ten years have seen a proliferation of efforts in Africa that use IT to support health information access and healthcare delivery. Global e-forums for knowledge exchange, cell phones for health messaging, low-bandwidth teleradiology, digital satellite technology for radio health programmes, hospital information systems, electronic newsletters, Web sites and handheld computers for data collection and access.

Internet and email use in capital cities continue to increase since there are now more Internet Service Providers (ISPs), and Community Access Points such as cybercafes, telecentres, and community kiosks. However, with 90% of the population living in rural areas, the benefits of the information revolution frequently bypass them. Sub-Saharan Africa has about 10% of the world's population, but only 0.2% of the world's 1 billion fixed telephone lines\*. Email is common through dial-up or the many free Internet email sites such as Hotmail and Yahoo, but cost still prevents widespread use as users have to pay by the minute or by the hour for much-needed information. However, newer wireless technologies offer the opportunity to leapfrog land lines and make Internet access more of a reality.

## Lessons learned

Information and communications technology (ICT) has a crucial role to play in connecting people to the resources they need.

- The most valuable lesson learnt is that the best investment is in people - their education, training and skills development so they can harness the potential of IT.
- Technology is not the answer to the problems of development and health - it is a tool that needs to be integrated into what people already do and into

*"People lack many things: jobs, shelter, food, health care and drinkable water. Today, being cut off from basic telecommunications services is a hardship almost as acute as these other deprivations, and may indeed reduce the chances of finding remedies to them"*

Kofi Anan Secretary General of the UN, Telecom 99 in Geneva, Switzerland

existing work flows.

- Content is key. Health information must be easily accessible and relevant. Knowledge sharing and free exchange of ideas is crucial in addressing the larger issues of the global health agenda. Language barriers prevent participation in global dialogue.
- No single technology is the answer. We need to explore multiple technologies that take into account the needs of users and local conditions.
- High bandwidth may be desirable, but low bandwidth alternatives can be equally useful when used creatively.

## Ways forward and how do we get there

Several issues need to be addressed if the potential of ICTs is to be harnessed fully:

- *Training:* Health practitioners need to acquire basic computer and Internet literacy to maximise use of the new tools. They also need skills in assessing the quality of the information that they locate.
- *Content:* Most of the content on the Internet serves the needs of the industrialised world - to provide relevant information more local (i.e. African) journals, organisations, and institutions need to go online to serve

the needs of their communities.

- *Gender balance:* Among health practitioners, women (especially nurses) do not have easy access to computers leaving them marginalised in the information revolution. Positive action is needed to provide IT training in nursing schools, and access to computers in hospitals and health clinics where nurses are the frontline health workers.
- *Rural connectivity* and access to health information require imaginative and innovative IT solutions. Through public/private partnerships, new technologies (e.g. the cell phone explosion in Africa) need to be explored, funded, tested



and implemented on a national scale to reach the rural poor.

Health practitioners in Africa are actively using the new ICTs to benefit the people they serve. They are translating the 'digital divide' into 'digital opportunity' and making a difference in the delivery of healthcare in their countries.

\*References available on request.

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# Training needs for health information in developing countries

by Adamson Muula and John Eyers

Over the last 10 years there has been a large increase in access to health information in developing countries for the minority with Internet connectivity. This has brought new challenges of information overload with much of the content irrelevant and/or unreliable. However, there are also opportunities for repackaging and synthesising information to create resources that are both relevant and reliable for local healthcare providers.

To benefit from the information provided through ICTs, people need appropriate skills to find, appraise and make use of it. Skills vary widely among different types of healthcare

providers, according to their level of pre-service training and exposure to ICTs after training.

Resources are available in various locations: the Quest programme from Healthlink Worldwide has developed a manual for training in resource development and production together with related "How to..." guides such as *How to Write Clearly*. They can be found at <[www.healthlink.org.uk/consult/quest-sample.htm](http://www.healthlink.org.uk/consult/quest-sample.htm)>.

Current evidence suggests that a mix of workshops, resources and continuing support are likely to be more effective than one-off courses - for example the approach offered by Fahamu: using CDROMs, workshops and a learning community mediated by the Internet - see <[www.fahamu.org/courses.php](http://www.fahamu.org/courses.php)>.

Ideally those who use the skills most in their professional lives are best placed to train, e.g., librarians for information skills training, journal editors for writing and publishing, and

healthcare professionals for critically appraisal and adapting content

The most effective approach is to build a cadre of local trainers to provide regular workshops backed up with a range of self-paced training packages to suit different needs in the local community.

An increasing number of organisations are working in this area - the challenge is for them to work together and learn from each others' experience, to reduce duplication of effort and maximise the collective impact on health in the developing world. We should seize this opportunity!

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# Open Access to essential health care information

by Christabel Stokes and Manoj Pandey

'Essential healthcare information' is the basic information required by primary health care workers to perform their role within the community. This basic information would be most useful if it is informed by relevant research,

produced locally, and made available in the local language. The potential benefits of Open Access in terms of access to the research literature in general, and to research from low- and middle-income (LAMI) countries in particular, have been well described elsewhere.

We would like to introduce a new dimension into this debate: Open Access has an untapped potential to enhance the synthesis and distribution of essential healthcare knowledge. Open Access, as opposed to free access, allows readers the right to use the article without restriction. Local publishers can therefore filter, reproduce and distribute the most relevant research and healthcare information from any and all Open Access journals. In essence, they can create journals focussed on local issues based on content from a variety of journals.

These "local journals" can be circulated in print - a medium that remains essential in countries with limited

computer and Internet access. To our knowledge, this has yet to be done, although we are hoping someone will exploit this opportunity soon.

In the future, we imagine the technology and infrastructure that has been developed for Open Access could be used to publish download-able manuals, guides or basic handbooks created by healthcare providers in these countries. These free resources could then be accessed worldwide and, where necessary, reproduced within local communities in the optimal medium.

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## PLoS Medicine

The Public Library of Science announce the launch of *PLoS Medicine* - an international open-access medical journal, available at:  
<[www.plosmedicine.org](http://www.plosmedicine.org)>

# Access to health information for NIS healthcare providers

by Mark Storey and Irina Ibraghimova

The 1991 breakup of the USSR led to a decade of professional isolation for health professionals in the emerging Newly Independent States (NIS). Economic collapse and government cuts led to loss of most of the region's medical journals, and health professionals and medical libraries found themselves unable to afford the remaining national publications, let alone Western journals.

Before 1991 the Moscow-based Ministry of Health regularly issued mandatory guidelines, which discouraged clinicians from developing critical appraisal skills. Guidelines continue to be produced but are now failing to reach many health professionals, especially in rural areas where existing guidelines may be more than a decade old.

Most NIS countries are eligible for free or deeply discounted access to e-journals through WHO's Health InterNetwork Access to Research Initiative (HINARI). Other programmes have supported provision

of free online information and training, including INTAS <[www.intas.be](http://www.intas.be)> (supported by the European Community), eIFL (Electronic Information for Libraries, supported by Open Society Institute), Electronic Information Consortium <[www.neicon.ru](http://www.neicon.ru)> and the Scientific Electronic Library <[www.elibrary.ru](http://www.elibrary.ru)>.

The main challenges for the future are:

1. *Internet access.* Despite a well-developed telecoms infrastructure, many health professionals and institutions continue to lack access to the Internet. Monthly Internet access can cost as much as a physician's salary.

2. *Language.* Most NIS health professionals do not speak English, and there is a lack of information in Russian or other native languages. The main Russian-language bibliographic medical literature database, maintained by the Russian Central Medical Library, is not available to users in the region for free. Media Sphere <[www.mediasphera.ru](http://www.mediasphera.ru)> and the Society of Evidence-based Medicine

Specialists <[www.odsm.org](http://www.odsm.org)> are translating and publishing journals and evidence-based guidelines.

How can efforts to produce and translate health information in Russian and other NIS languages be better coordinated - to avoid duplication of effort and to increase the overall quantity and quality of available native-language information?

More needs to be done to improve production, integration and use of regional and international health information, for the benefit of people in the region and worldwide.

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# Access to health information in South Asia

by Rana Jawad Asghar

South Asia is a region of 1.4 billion people and seven countries: Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka. 40% of its population lives below the poverty line of one dollar per day.

Ten years ago, health information was available only in print. Medical books were very expensive - a single book might cost more than a month's salary of a young doctor. Today the Internet is widely available, thanks to supportive government policies (unlike many other regions in the developing

world). For example, Internet cafes in Pakistan now charge just 10 Pakistan rupees per hour for Internet access (less than 20 cents US).

Three challenges remain:

1. *Access to international journals:* there is an increasing number of free access e-journals, but most of the medical literature is controlled by the major commercial publishers and are increasingly unaffordable. HINARI provides free electronic journal access to some countries (e.g. Nepal), but others (e.g. India) are excluded, and the benefits are only available to selected institutions.

2. *Access to national journals:* South Asian countries need to strengthen and organise their own local journals, which need to be indexed and made

available electronically, free of charge. This is already underway in India and, less so, in Pakistan.

3. *Access to relevant reference and learning materials:* primary healthcare providers continue to lack access to basic practical information. Very little is available in print, and much of it is promotional material from drug companies.

South Asia is ahead on the Internet highway, but health care providers need more access to international and regional publications if they are to translate this into better public health.

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## Fourth World Conference of Science Journalists

This event took place in Montreal, Canada in October. The theme was: 'Reporting the future: Journalism meets emerging science'. Highlights from the conference included the acknowledgement that science journalists have a crucial role in informing communities and influencing policymakers in the developing world.

See the conference web site  
<[www.wcsj2004.com](http://www.wcsj2004.com)>

## African Journals OnLine

African Journals OnLine (AJOL) now has over 200 journals available on its website - with the first full-text title available - SAHARA-J

See: <[www.ajol.info](http://www.ajol.info)>

## PERI mid-term review

A review of the INASP Programme for the Enhancement of Research Information (PERI) is taking place in the last half of 2004, and a report will be published on the INASP website, and also reported in the next issue of the Newsletter.

## INASP symposium

*Investing in scientific  
knowledge:  
strategies and  
models for the  
developing world*

5 November 2004

With speakers from developing and developed countries, representing government, public and private interests, this interactive event explored new priorities, new thinking and new methods of information creation and dissemination. A full report is available on the INASP website, and will be reported on in the next issue of the Newsletter.

## INASP-Health changes

The INASP-Health programme is changing. INASP's focus will increasingly be on local capacity development and network developments as a compliment to its international networking. At the same time it recognises that the need for international cooperation is greater now than ever.

INASP is also exploring different options for the continuation of its international networking activities in health: HIF-net at WHO, Health Information Forum, INASP-Health Directory, and INASP Health Links. It is currently also exploring possibilities to bring together a number of interested organisations to carry these activities forward collaboratively. Comments and suggestions are welcome.

Email: <[health@inasp.info](mailto:health@inasp.info)>

## E-guide to science communication

SciDevNet publishes an e-guide to science communication. The effective communication of information about science and technology is becoming an essential component of all aspects of social and economic development. This e-guide provides an invaluable 'one-stop shop', containing original articles and guidance and links to the best material elsewhere. Available in English, Spanish, Portuguese.

See: <[www.scidev.net/ms/sci\\_comm](http://www.scidev.net/ms/sci_comm)>

## INASP Training

New INASP Training workshop materials are available on the website.

See: <[www.inasp.info/training](http://www.inasp.info/training)>

*INASP wish all colleagues and partners a happy, successful and prosperous 2005*

The next *INASP Newsletter* will be published in March 2005.  
If you would like to contribute to its contents, please write to the editor at the Oxford address.  
Contributions must be received by **1 January 2005**.

  
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