INASP-Health Annual report 2004

International Network for the Availability of Scientific Publications
(INASP)
Oxford

# Contents

Introducing the programme

INASP-Health was launched in 1996 to promote increased access to information for healthcare providers and researchers in developing and emerging countries.

Its specific remit is to support multidisciplinary cooperation, analysis and advocacy across the 'health information development community' north and south: healthcare providers, researchers, librarians, information specialists, publishers, educators, development workers, policy makers, social scientists, technologists, and others. The programme brings together the full range of stakeholders involved in the flow of health information, from senior executives to frontline health workers and healthcare providers.

In line with its original vision, and in response to demand, INASP-Health has developed an integrated package of services (see Figure 1). This comprises three communication tools (inner circle) and two reference tools (outer circle).

Over the past four years, INASP-Health has also played an increasingly active and specific role in capacity development at regional and country levels.

Figure 1: INASP-Health: three communication tools and two reference tools
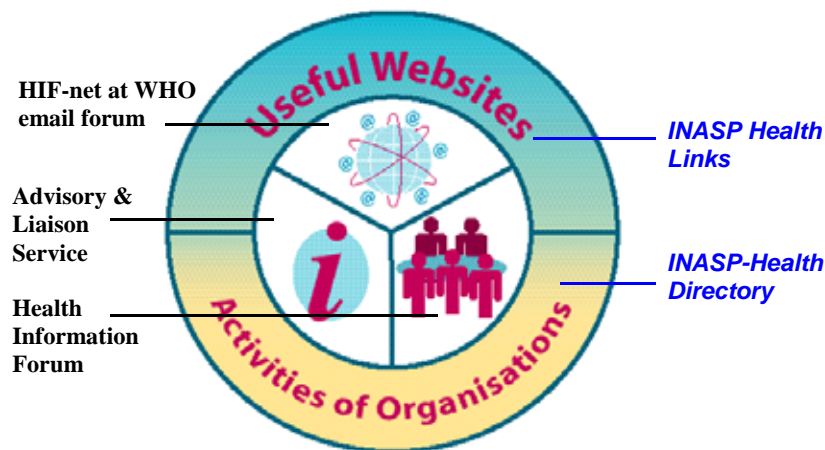
Communication tools

1. **INASP-Health Advisory and Liaison Service:** provides a global focal point, expertise and brokerage for health information development activities – launched in 1996.

2. **Health Information Forum:** thematic workshops on key issues relating to access to information in developing countries – launched in 1998.

3. **HIF-net:** a global Email discussion forum on issues relating to health information development – launched in 2000 in cooperation with WHO (World Health Organization).

Reference tools

1. *INASP-Health Directory:* a directory of international programmes in health information development – published 1996, 1999, 2003, and continuously updated online.

2. *INASP Health Links:* an Internet gateway to 600 websites of special relevance to health professionals in developing countries – launched in 2002.

Fundraising

Exchange continued to be the main supporter of the programme. Grants were also offered from the *BMJ* (for Health Information Forum, country networking, and Global Review), and from the *Lancet* (Global Review).

INASP approached several funding agencies during 2004 but without success. Problems with funding threatened closure of the programme. All funding agencies approached by INASP reported that they were unable to support international communication, networking and learning activities. In an attempt to get more funding, the programme developed new programme areas for INASP-Health. These included the 'Global Review on Access to Health Information', country networking and learning activities, and training.

Meanwhile, the workload of the general activities of INASP-Health increased further, causing an increasing gap between what needed to be done and what could be done with available human resources. This also meant that insufficient attention was given to strategic long-term planning and governance structures – areas that had been highlighted by the Evaluation.

Evaluation

Key points from the external evaluation of INASP-Health include:

- "INASP-Health's success has been to develop a set of real resources with expectations around their potential for further development."
- "In the period reviewed for this evaluation, the work of INASP-Health has contributed to the improvement of access to reliable, relevant information for health professionals in developing countries through the range of its activities. But demand on its services is growing. As a result, INASP-Health has now reached a stage in its growth where it has some fundamental decisions to make about how it would like to develop."
- "INASP-Health has done well in focussing on detailed work and activities, such as the organisation of HIF meetings and the moderation of HIF-net. But what is missing is the wider strategic perspective. This may not have been so important at the beginning, when the organisation was smaller, but it is crucial now to make some strategic choices in order to carry the organisation successfully through its next phase of development. The 2001-03 Operational Plan was ambitious. With only one staff member, it is remarkable how much the organisation did manage to achieve."

Regarding the 6 outputs from the 2001-03 Operational Plan, the review team concluded:

1. *A thriving global communications network:* "INASP-Health has gone some way to building a 'thriving global communications network'. It is not in itself a network but plays a linking role in a web of different networks, facilitating networking and communication. HIF meetings bring people (mostly from London area) together in face-to-face meetings and HIF-net is an active electronic discussion network that connects people in all regions. INASP-Health's activities have now grown to a stage where decisions need to be made to carry them into the next stage of their development. INASP-Health needs to be clear about who it wants to link together and why with regard to each of its activities – and monitor whether each activity is operating in a way that helps to achieve those linkages."

2. *A dynamic range of demand-led information resources:* "A good set of resources has been developed which have helped to provide information about access to health information resources. INASP-Health has now reached a stage of growth where decisions need to be made about how these and future resources will be developed and what framework will determine whose demand each of the 'demand-led information resources' is for."

3. *Needs-driven action plans:* "Some in-roads were made in developing 'needs-driven plans to address priorities' through continued collaboration with the WHO on HIF-net, the establishment of two HIF action groups and continued discussions regarding support for the establishment of HIF-like groups. However, clearer processes could be developed with regard to issues such as who feeds into planning and through what mechanisms; the role and development of HIF action groups; the purpose and development of HIF-like groups; and future cooperation with the WHO."

4. *A capacity-building programme of practical workshops:* "The role that INASP-Health plays in capacity building is an issue that needs to be resolved and clarified as part of the strategic planning exercise. In its initial stages, INASP-Health may decide to focus its capacity building on how to establish and maintain effective networks – to support the networking at country and regional level – devising workshops that will help develop skills in the development and maintenance of effective networks and networking communication tools. INASP-Health could also liaise more closely with PERI and explore how it could feed the needs of local networks into PERI. This may be a good way to integrate the work of the two programmes within INASP in an effective way that contributes to INASP-Health's goal for capacity building."

5. *A central resource of materials relating to information needs:* "Insufficient staff time has been available to develop materials relating to information needs that were envisaged in the original plan. If this output remains as one of the objectives in the next Operational Plan, it needs to have a clear strategy which is matched with adequate staffing and financial resources – or plans for how it will be achieved by other means."

6. *An internationally recognised mechanism for advocacy:* "INASP-Health's advocacy strategy so far has been to raise awareness through its various activities about the need for access to health information. There has not been a clearly defined advocacy strategy. If the strategic planning process decides that advocacy is to continue to be an objective of INASP-Health, then the organisation needs to decide what outcomes they want from that advocacy, who they want to target and how it will be achieved."

7. **Strategic planning for the future:** "We recommend that INASP-Health not try to change things until they have done some strategic thinking. Continue with business as usual in 2004 while this process takes place. The focus of this process is important. INASP-Health needs to think about where it would like the organisation to be in five years' time, what it would like it to achieve, how it would look, who would be involved, and what it will and won't do. These choices need to be made or the organisation will become dysfunctional. Once this process has been completed, the operational plan for the next period (commencing later in 2004 or the beginning of 2005) can be developed to feed into funding applications. To help it draw up an effective, realistic strategy with realistic outputs and integrated monitoring and evaluation, we strongly recommend that INASP-Health develop a Logical Framework in which it can set out its purpose, objectives and related activities."

"A fundamental challenge for INASP-Health in this planning process will be who should make decisions about the strategic direction for the network. Can these decisions be made now or do better governance structures need to be built first? Whatever the decision, INASP-Health must deal with its governance and strategic management structures before it can move forward. If INASP-Health decides it want to really develop itself as a 'thriving global network for inter-sectoral exchange throughout the international health information community', there is huge scope for growth. Even if it decides to maintain the status quo, it will soon grow beyond its present resources. Now is the time to prepare by developing a clear vision about how it wants to develop, a realistic Operational Plan and adequate resources to carry it forward."

Advisory and liaison service

This service provides a focal point, expertise and brokerage for health information development activities worldwide.

Typical enquiries from developing countries included: requests for information on training opportunities, requests for information on sources of low-cost and free publications, requests for financial support, requests for information on sources of funding, requests for profiles and contact details of support programmes, requests for INASP publications, and requests for information on job opportunities.

Typical enquiries from developed countries included: requests for information on other organisations and programmes, requests for recommendations of names and organisations for networking, collaboration, specialised advice, speakers at conferences and meetings, requests for advice and opinion on health information issues, requests for advice on research opportunities in health information, requests for advice on funding sources for health information activities, and requests for information on job opportunities.

The service has become increasingly indivisible with HIF-net. Many enquiries were handled simply by encouraging the person to submit their request directly to the HIF-net Email discussion forum. This approach increased the efficiency of the INASP-Health secretariat while promoting the involvement of the wider development community in sharing of experience and problem-solving.

Health Information Forum

The Health Information Forum (HIF) is a series of thematic workshops on key issues relating to access to information in developing countries. HIF was originally conceived to enhance cooperation and sharing of experience among UK-based organisations, with inputs from colleagues in developing countries and worldwide. The meetings served as a means of networking; as a space for sharing of experience, learning, critical thinking and mutual support; and as a catalyst for individual partnerships and joint projects between and among participants.

During 2004, INASP planned to explore options for the long-term management of HIF meetings, in consultation with participants and UK-based organisations, including Healthlink Worldwide. On the basis of feedback from HIF participants, HIF meetings would adopt an increasingly learning-centred approach, with more emphasis on small group discussion and action plans.

Five meetings were planned to be held in London, while exploring possibilities to support meetings elsewhere, especially in developing countries. A meeting on 15 July 2004 was used to launch a collaborative review of health information access in developing and emerging countries.

Four HIF meetings were actually held in 2004, bringing the total number to 36 since HIF was first launched in 1998:

1. 'Getting research into practice in developing countries', Royal College of Physicians, London, 27 January, 2004.
2. 'Leapfrog technologies', BMA, London, 27 April 2004.
3. 'Global review on access to health information', Launch meeting, BMA, London, 12 July 2004.
4. 'Sharing reproductive health information' – videoconference to link HIF and HIPNET (Health Information and Publications Network, a group of USAID-supported organisations in the US), Royal College of Physicians, 5 October 2004.

Each meeting was evaluated and results indicated a consistently high level of approval, as well as suggestions that enabled continuous quality improvement and experimentation with new formats and technologies.

HIF meetings continue to be recognised for continuing professional development by the Royal Colleges. Each meeting is preceded by international debate and discussion around the topic using the HIF-net Email forum. Proceedings are also distributed on HIF-net and are available at http://www.inasp.info/health/forum.html.

HIF meetings continued to be popular. The number of people registering for each meeting was 41, 51, 102, and 32, respectively (compared with an average of 47 in 2003, and 32 in 2002).

HIF study visits were originally introduced in 2002 as a way to increase the proportion of speakers from developing countries (in response to demand from HIF participants). During 2004, we were unable to continue study visits due to lack of funding.

Feedback on HIF during 2004

I have picked up so much information to take back to my organisation, some things to implement straight away and others to build into long-term projects. It was good to chat to so many people working in this area and to hear what we might do to benefit colleagues in other countries.
***

Please have more meetings! As was mentioned in the meeting, being structured group might be helpful as well. It would help members to collaborate with each other outside the meetings too.
***

Reinforces the need for more collaboration and less duplication of effort. The need for linkages and a central hub is a priority, and a goal that can only be reached together.
***

Helped me put my own project in the broader perspective and motivate me to continue my contributions.
***

I have been able to make very important contacts relevant to my area of interest and learning from them about their experiences.
***

Thank you very much for this opportunity. For a young person like me full of drive and motivation to be involved in ICT and healthcare, today's meeting was fantastic.

The *BMJ* and Exchange are thanked for their financial support for Health Information Forum. We thank the *BMJ* and the Royal College of Physicians for providing complimentary meeting room facilities.

Contributors to HIF meetings

INASP is grateful to the following speakers who shared their experiences in 2004:

Najeeb Al-Shorbaji, WHO Eastern Mediterranean Regional Office, Egypt
Ibrahima Bob, Association for Health Information and Libraries in Africa (AHILA), Senegal
Fred Bukachi, HealthNet Kenya
Paul Chinnock, Cochrane Collaboration, UK
Lou Compernolle, Implementing Best Practices, WHO Geneva
Luis Gabriel Cuervo, BMJ Knowledge, UK
Peggy D'Adamo, Health Information and Publications Network, USA
Bruce Dahlman, Kijabe Hospital, Kenya
Meenakshi Gautham, London School of Hygiene and Tropical Medicine, UK
Fiona Godlee, BMJ Knowledge/Clinical Evidence, UK
Rana Jawad, South Asian Public Health Forum, Pakistan
Sandra Jordan, Global Health Bureau, USAID, USA
Christine Kalume, Healthlink Worldwide, UK
Faina Linkov, Supercourse, University of Pittsburgh, USA
Edwin Mapara, Athlone Hospital, Botswana
Abel Packer, BIREME, Brazil
Neil Pakenham-Walsh, INASP, UK
Tikki Pang, Research Policy and Cooperation, WHO Geneva
Beth Robinson, Family Health International, USA
Nono Simelela, International Planned Parenthood Federation (IPPF), UK
James Tumwine, Forum for African Medical Editors (FAME), Uganda
Hans van der Slikke, Society for Internet in Medicine, Netherlands
Lenny Rhine, Medical Library Association, USA
Jean Shaw, Partnerships in Health Information, UK
Mike Stein, Medic-to-Medic, USA
Suzanne Stensaas, Slice of Life, Utah, USA
Carolyn Stephens, Enlace Hispano-Americano de Salud, Colombia

The following people kindly chaired HIF meetings in 2004:
Harry McConnell, Interactive Health Network
Neil Pakenham-Walsh, INASP
Tessa Richards, BMJ
Richard Smith, BMJ

HIF meetings are organised by a dedicated group of volunteers, the 'HIF Organising Group', whose current members include:
Ruth Brassington (Wellcome Trust)
Fred Bukachi (Healthnet Kenya)
Paul Chinnock (Cochrane Collaboration)
Luis Cuervo (BMJ *Clinical Evidence*)
David Curtis (Healthlink Worldwide)
Edwin Mapara (London School of Hygiene and Tropical Medicine)
Harry McConnell (Interactive Health Network)
Neil Pakenham-Walsh (INASP)
Ahmad Risk (Health Informatics Europe)
Jean Shaw (Partnerships in Health Information)
Rachel Stancliffe (Update Software)
David Tibbutt (CME Uganda)
Seshadri Vasan (Journal Server Trust, Oxford)
Christopher Zielinski (Alliance for Health Policy and Systems Research)

HIF-net

The Email discussion forum HIF-net at WHO was launched in July 2000 in cooperation with the World Health Organization. Its remit is to provide a forum for international discussion and debate on issues relating to health information, and as a means to keep informed of new publications and services, and identify new contacts and potential partners.

From December 2003 until December 2004, the number of subscribers to the list increased by 21% from 1301 to 1570 (see Figure 2).

Figure 2: Growth of HIF-net
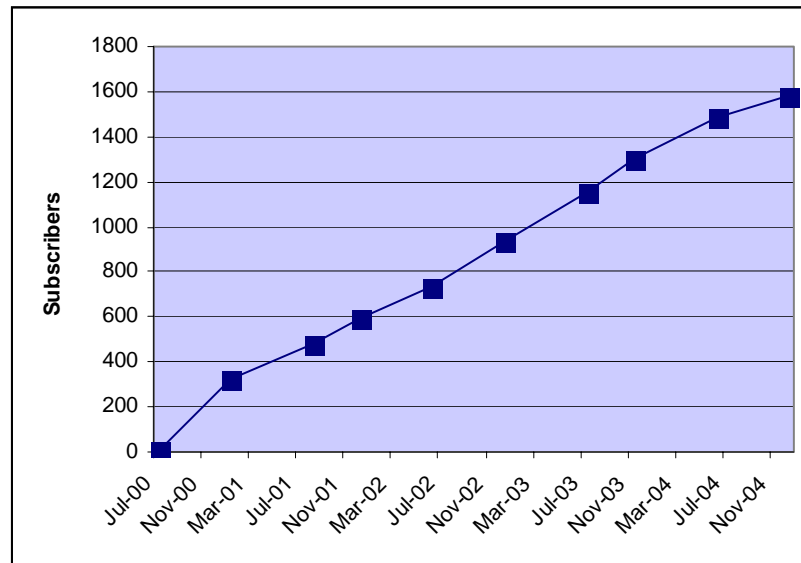
All subscribers provide a personal profile, which includes name, location, organisation and professional interests. This allows detailed analysis of the subscriber base.

The proportion of subscribers from developing countries remained stable at approximately 55% (see Table 1).

Table 1: Geography of subscribers

	End-2004	End-2003	End-2002	End-2001
Africa[1]	537 (34%)	35%	28%	25%
Europe (W)	474 (30%)	31%	37%	43%
USA/Canada	233 (15%)	13%	12%	15%
South East Asia	118 (7.5%)	7.4%	10%	8%
Other[3]	208 (13%)	13%	11%	9%

[1] East Africa, 183 (34% cf 38% in 2003); West Africa, 213 (40% cf 35% in 2003); Southern Africa, 118 (22% cf 22% in 2003); Central Africa, 11 (2.0% cf 2.5% in 2003); Horn of Africa, 12 (2.2% cf 2.3% in 2003).
[2] Eastern Mediterranean, 57 (27% cf 26% in 2003); Latin America & Caribbean, 71 (34% cf 37% in 2003); Newly Independent States, 25 (12% cf 12% in 2003); Western Pacific, 54 (26% cf 25% in 2003).

Subscribers are affiliated with the full range of stakeholders. There continued to be a relative lack of representation from funding agencies.

The subscriber base included development workers, information and communication specialists, librarians, publishers and producers of health information and health learning materials – as well as healthcare providers and biomedical researchers. A high proportion of subscribers are senior-level leading professionals in their field. An

increasing number of frontline health workers joined the list, perhaps reflecting the increasing availability of Email. Approximately 75% of people who have joined the list since July 2000 continue to be subscribers today.

Six hundred and thirty three messages were sent during 2004 (average 1.7 per day). This compares to a total of 581 and 450 messages during 2003 and 2002, respectively (1.6 and 1.2 per day, respectively).

Major discussion threads during 2004 included:
- 'health information for all by 2015'
- information for rural health workers
- IT skills of health workers
- mobile phones
- open access
- research into practice
- role of WHO in health information development
- strengthening health systems
- systematic reviews

In November 2004 the list was migrated to the Dgroups platform (www.dgroups.org), which provides Web archiving as well as editing facilities.

HIF-net: Feedback during 2004

"This forum offers a real opportunity for many more significant stakeholders ... to offer their opinion on theoretical and practical interventions to health system development. Interventions that, years down the line, will have implicated millions of dollars of donor funding ... in this forum, we are beginning to hear the indirect voices of some 'mules' and many 'lions' all of whom we will have to engage at some stage and so the sooner the better.... this forum is all about constructive empowerment." Dick Hooper, Medical Officer, Peace Corps, Morocco

"HIF-net has played a crucial role to give as the right answers about what and how our colleagues are doing during their daily practice. I think this is very important to build bridges of connection among us all over the world." Albert Leka, Medical Doctor, Albania

"HIF-net-at-WHO is the highest quality, most valuable resource I have found in my work. Apart from the diverse scope of people participating and range of experience and perspective represented, I find it to be the best run (i.e. moderated) e-list I've encountered. Especially valuable are the introductions you urge people to make, and the fact that each message contains a short bio of the person posting. It provides a consistently high level of discussion on diverse topics among informed colleagues. The information exchanged is valuable, as are the connections that are made among people and programs." Catherine Coleman, ProCOR, USA

INASP-Health Directory

Since 1996, INASP has published a bi-annual directory of international programmes in health information development. Available on paper, this is also continuously updated online.

In 2004, approximately 50 existing entries were updated and 12 new entries were added. Discussions were held with Healthlink Worldwide to explore the possibility of integration into Source International.

Example of feedback during 2004

The best and most complete examples [of health directories] I found in my work are hosted by INASP-Health... Not only do good directories provide health professionals with direct access to quality, relevant information, they also help avoid costly duplication and support evaluation efforts by mapping ongoing efforts. Christine Porter, communications researcher, USA

INASP Health Links

This web gateway to health information for health professionals in developing countries was launched in January 2002.

In 2004, all websites recommended on *INASP Health Links* continued to be evaluated using criteria adapted from the OMNI guidelines (Organizing Medical Networked Information), selecting only the best sites for specific purposes relevant to developing countries. The overall focus is on quality rather than quantity; nevertheless the resource continued to expand and currently has 50 sections with a total of more than 650 entries. The integrity of all links was checked every 6 weeks. Sites that become non-functional or less useful (for whatever reason) were removed regularly.

A total of six volunteer specialist colleagues have been recruited to advise on individual parts of the site. Priority was given to non-English websites, which have been under-represented. For ease of use, all sites that contain non-English content are now clearly flagged. Discussions have taken place with Healthlink Worldwide about possible integration of INASP Health Links into Source International.

Special thanks to Lenny Rhine, University of Florida (compiler, *INASP Health Links*) and Christine Kanyengo (coordinator, *INASP Health Links* advisory group).

Example of feedback during 2004

Health information has been a serious problem to majority of the health practitioners particularly people like us working in district hospitals... I see INASP Health Links as a very important solution to our problems. Hospital doctor, General Hospital Gumel, Jigawa State, Nigeria

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Support for country networks and training

There has been demand from some countries to set up something similar to INASP-Health at a country level. Obviously, substantial adaptation would be needed. Our approach has been to work with local stakeholders to investigate how local 'HIF-like groups' could be supported in a country.

In 2004, we aimed to establish a multi-stakeholder networking programme in collaboration with international and southern partners, in at least one country. The approach would be to support local 'HIF-like groups' that would bring together professionals with a common interest (publishers, librarians, health professionals, etc.) to explore priorities and ways forward to improve access to information at a national level, with a view to sharing and comparing perspectives across the international health information community. Extra value would be added to such meetings by working with local and international partners to provide practical training workshops, especially around networking and communication skills, and also in specific health information skills as required (e.g. medical editing and writing; publishing management; online publishing; internet skills). Such events would therefore provide participants with strategic networking opportunities *and* demand-led training.

During the year, the concept of country-level multi-stakeholder networking ('local HIF programme') was developed further in collaboration with international and southern partners (e.g. Association for Health Information and Libraries in Africa, African Medical Research Foundation (AMREF), AfriAfya, Exchange, International Institute for Communication and Development, Johns Hopkins INFO Project, DFID, Council on Health Research for Development (COHRED), Global Forum for Health Research (GFHR), Open Knowledge Network, WHO). Opportunities were envisaged for linkage with HIF UK, HIF-net and the Global Review.

Funding proposals were developed with the Kenya Medical Research Institute and the University of Malawi but neither was successful in securing funds.

A videoconference meeting was held to link Health Information Forum (UK) with the Health Information and Publications Network (USA). HIPNET is a group of organisations who work with the Global Health Center of USAID. Its purpose is to encourage cooperation among organisations, eliminate duplication of materials and promote the dissemination and utilisation of each organisation's materials.

With regard to health information training, a strategy was developed in consultation with key AHILA members and representatives of potential international collaborating organisations (e.g. HINARI, CABI, Healthlink Worldwide, INFORM, University of Florida), forming an 'AHILA Training Task Force'. A consultation was held at the AHILA Congress, Malawi, in October 2004, which gave useful information about who was doing what, and train-the-trainer needs. The Congress passed a Resolution to introduce training programmes into at least three African countries. An AHILA training subcommittee was formed, under the leadership of Ibrahima Bob (president, AHILA). Lenny Rhine (University of Florida) arranged training workshop with Muhimbili University, Tanzania, and also developed plans for an Email based course on HTML.

An updated, revised 'Health Information' educational module was developed for health services personnel from ministries of health and NGOs in Africa, Asia and Latin America. For the third year running, this module was run at Keele University in February 2004 as an integrated part of their postgraduate Masters degree in health systems.

Global Review on Access to Health Information

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

> *"A global initiative should be launched to improve access to health-care and health research information in the developing world, led by WHO and its partners. The initiative could consider drafting a declaration of universal access to relevant, reliable and up-to-date health-care and health research information."*
> WHO World Report on Knowledge for Better Health, 2004

Despite many successful initiatives during the past 10 years, most healthcare providers in developing countries continue to lack access to the information they need to deliver safe, effective healthcare with available resources.

Access to health information is increasingly recognised as a prerequisite for the Millennium Development Goals. The issue has never been so high on the political agenda.

INASP-Health has made some progress over the years in documenting who is doing what, and in facilitating communication among stakeholders. But relatively little progress has been made in terms of bringing information together to create a better understanding of local and global health information exchange, access, and use – information needs, constraints and drivers, and points of leverage. In the latter part of 2003 this became an increasing topic of discussion on HIF-net, and at Health Information Forum meetings. The Health Information Forum organising group considered a 10-year review meeting to be held in July 2004, 10 years after the BMJ-INASP conference 'Getting health information to developing countries'. Further discussions suggested that a 10-year review could not be dealt with adequately at a single meeting (perhaps especially one held in the UK), but would require a more comprehensive approach involving the full range of stakeholders.

In 2003 the World Health Organization convened a Task Force on Health Information and Knowledge Sharing and commissioned a position paper on access to health information. This was prepared by an international team of five co-authors, led by Fiona Godlee (*BMJ*). A short version of the paper was published in July 2004 in *The Lancet*. One of the key recommendations of the paper was that there should be a 'global review of access to health information'. The paper also called for WHO and funding agency commitment to the goal of 'essential information for all health workers by 2015'.

INASP aimed to facilitate a Global Review during 2004-05 to examine what has been achieved in health information access, what works and what doesn't. The review would serve three purposes: increased understanding, increased communication, and increased political and financial commitment.

The plan was to run a 'red thread' consultative review, taking advantage of a series of existing international and national conferences and meetings in 2004-05, each of which was being hosted by the organisations described above. The aim was to cover the full range of professional and geographical perspectives. The review would provide a framework for an inclusive global 'Agenda for Action'.

Dialogue at face-to-face meetings would be complemented by a series of moderated discussions on HIF-net. The Review would build on what is already known. It would draw from pre-existing material on the subject and new findings from parallel health information research projects.

In 2004, INASP brought together 20 representatives from leading organisations involved in the creation and exchange of health information, supported by an expert advisory panel. Participating organisations include the Alliance on Health Policy and Systems

Research, Association for Health Information and Libraries in Africa (AHILA), BIREME (Latin American and Caribbean Centre on Health Sciences Information), BMJ, The Cochrane Collaboration, Forum for African Medical Editors, Global Forum for Health Research, Interactive Health Network, International e-Health Association, *The Lancet*, Medical Library Association, Society for the Internet in Medicine, South Asian Public Health Forum, Wellcome Trust, World Health Organization, and the WHO Eastern Mediterranean Regional Office.

The review was launched at a special meeting of Health Information Forum, at the British Medical Association, London, on 12th July 2004.

The November 2004 issue of the INASP Newsletter was entirely devoted to the Global Review, illustrating experience, lessons learned, ideas and suggested ways forward to improve access to health information in developing countries.

At its meeting on 30 September 2004, the Review steering group committed to refine and review the focus and methodology of the Review in consultation with stakeholders. Informal consultations were held at conferences in Malawi (AHILA Congress: Association for Health Information and Libraries in Africa) and Mexico (Global Forum for Health Research).

Publications

INASP Newsletter (November 2004). Special issue on Access to Health Information in developing countries. http://www.inasp.info/newslet/nov04.html

Godlee, F., N. Pakenham-Walsh, D. Ncayiyana, B. Cohen, and A. Packer. 2004. Can we achieve health information for all by 2015? *The Lancet*, 364 (9430): 295-300 [doi: 10.1016/S0140-6736(04)16681-6] http://image.thelancet.com/extras/04art6112web.pdf

INASP