EVALUATING INASP-HEALTH

Final Report
April 2004

By
Kathleen Armstrong, Lead Evaluator

This is the print version of the INASP-Health Evaluation Report 2004. It is also available at:
www.inasp.info/health/healthevaluationreport2004.pdf

Reprinted upon demand

Contents

Executive Summary

INASP-Health is a UK-based programme that promotes international networking amongst all those involved in the provision and use of health information including librarians, publishers, biomedical researchers, funding agencies, development professionals, frontline healthcare providers, public health specialists, social scientists and others, in order to improve access to relevant and reliable information for health professionals in developing and transitional countries. It was launched in 1996 as a programme of the International Network for the Availability of Scientific Publications (INASP). It has one full-time staff member, with some support for administration and finance from INASP. Since its inception, its activities have grown to include an Advisory and Liaison Service, bi-monthly Health Information Forum (HIF) meetings, the HIF-net at WHO email discussion list, the INASP Health Links Internet gateway, the Health Library Partnerships Database, and the INASP-Health Directory. 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. But demands on its services are growing and INASP-Health has now reached a stage where some fundamental decisions need to be made on its future development.

INASP-Health has done well in focussing on detailed work and activities, such as the organisation of HIF meetings and the moderation of the HIF-net at WHO list. What is missing is the wider strategic perspective. This may not have been so important at the beginning, but it is crucial now to make strategic choices that will carry the organisation successfully forward. The 2001-03 Operational Plan was ambitious. With only one staff member, it is remarkable how much was achieved. This review looks at each of the six outputs listed in the Operational Plan, it evaluates their success (or lack of success) and makes some recommendations to be considered in future strategic planning.

Outputs

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 the London area) together in face-to-face meetings and HIF-net at WHO is an active electronic discussion network that connects people in all regions of the world. Today, INASP-Health needs to be much more clear about who it wants to link together and why – and to monitor each activity to ensure that they operate in a way that helps to achieve these linkages.

A dynamic range of demand-led information resources

A good set of resources has been developed to help provide access to health information. It is important however that decisions are made about how these and future resources will be developed and whose demands these 'demand-led information resources' aim to meet. It is also important to decide what is appropriate for INASP-Health to support and develop and what should be referred on to other organisations. A framework will also help in monitoring whether the resources are meeting the needs of those for whom they were developed. The promotion of INASP-Health's resources is also an issue that needs attention because unless their target audiences know about them, they will not be effective in facilitating communications.

Needs-driven action plans

Some progress was made in developing 'needs-driven plans to address priorities' through collaboration with the WHO on HIF-net at WHO, the establishment of two HIF action groups and discussions regarding support for the establishment of HIF-like groups in developing countries. However, clearer processes need to be developed on 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.

A capacity-building programme of practical workshops

The role that INASP-Health plays in capacity development is an issue that needs to be resolved and clarified as part of the strategic planning exercise. INASP-Health may decide to focus its efforts on ways 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. In this areas as well, INASP-Health could also benefit from closer integration with other INASP-supported initiatives such as the Programme for the Enhancement of Research Information (PERI) in developing countries.

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.

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.

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 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 can be developed to feed into funding applications. To help draw up an effective, realistic strategy with realistic outputs and integrated monitoring and evaluation, we strongly recommend that a Logical Framework be used in which purpose, objectives and related activities are set out. Further details and some options and ideas that were suggested during the interview process, are listed later in this report.

A fundamental challenge in this process is who should decide on the strategic direction of INASP-Health. Can these decisions be made now or are better governance structures needed first? Whatever the decision, INASP-Health must address governance and strategic management structures before it can move forward. If INASP-Health wants to really become a 'thriving global network for intersectoral exchange throughout the international health information community', there is a 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 develop a clear vision, a realistic Operational Plan and to mobilise adequate resources to carry it forward.

Introduction

INASP-Health was launched as a programme of INASP, the International Network for the Availability of Scientific Publications, in 1996. It grew out of a conference hosted by the British Medical Association two years earlier entitled: *Getting health information to developing countries*. According to the INASP-Health website: "The conference demonstrated that a number of organizations were achieving individual successes, but their overall global impact was fragmented and the situation in many countries continues to worsen." It identified three factors within the health information provider community that limited its overall effectiveness:

- a lack of coordination and communication among the providers of health information;
- a lack of collective analysis to build a clear understanding of global health information needs and provision; and
- a lack of collective advocacy to mobilise political and financial commitment.[1]

INASP's health programme was consequently expanded to answer the needs identified at the 1994 conference and Dr. Neil Pakenham-Walsh was employed as Senior Programme Manager.

The 2001-2003 Operational Plan

The goal, purpose and values of INASP-Health were listed in the 2001-2003 Operational Plan as:

Goal:

> "To improve access to reliable, relevant information for health professionals in developing and transitional countries."

Purpose:

> "to facilitate the development of a strong and effective 'international health information community' through:
- increased intersectoral contact and sharing of skills and experience
- increased understanding of health information needs and the most cost-effective ways of meeting those needs
- increased political and financial commitment to services that improve access to reliable health information.

Values:

> "INASP-Health seeks to be fully inclusive. Participation is free of charge and open to all, North and South, whether through physical attendance at meetings and/or by email exchange. There is no formal membership structure: all those with an interest are welcome to come and go as they please. INASP-Health is non-duplicatory and non-competitive – it does not seek to act as a 'health information provider' in itself. Rather, it aims to provide a range of services for the 'health information community' at large through promotion and support of cooperation, analysis and advocacy.
>
> The overall strategic direction of INASP-Health is guided by the above aims and objectives. In consultation with its participants, who are regularly invited to contribute suggestions and comment, and are involved in an annual collective 'Review and Way Forward' process."

According to the 2001-2003 Operational Plan:

> "INASP-Health focuses specifically on providing a range of services to promote cross-sectoral cooperation, analysis, and advocacy among those working to improve health information access."

To achieve the goal of the plan, six outputs were identified. For each output there is a set of activities, some of which relate to more than one output:

[1] The above information about the BMA conference comes from the background document on the INASP-Health website (www.inasp.info/health/about.html)

*Output 1: A thriving global **communications network** for intersectoral exchange throughout the international health information community, with a special emphasis on input from those in developing and transitional countries.*

Activities that contribute to this output:
- Run a series of two-monthly HIF meetings 2001-03
- Organise a 'First International Conference on Access to Reliable Information for Health Professionals in Resource-Poor Settings'
- Identify, support and link with 'HIF-like groups' in developing and transitional countries
- 'HIF-net at WHO'

*Output 2: A dynamic range of demand-led **information resources** to facilitate communication throughout the international health information community.*

Activities that contribute to this output:
- Advisory and referral service
- INASP-Health Directory
- INASP Newsletter
- Indicators for monitoring the impact of health information

*Output 3: A neutral focal point for the development of needs-driven **action plans** to address priorities in health information access, in open consultation with national and local partners and end-users.*

Activities that contribute to this output:
- WHO-HIF Cooperation Programme (1999-2000) which had six priority areas for action:
  - Strengthen the local production, translation, adaptation and dissemination process
  - Strengthen local library and information services
  - Facilitate sharing of experience and lessons learned
  - Improve access to information about existing materials
  - Maximise the impact of information technology
  - Develop an enabling environment for health information activities
- 'HIF-net at WHO'
- 'First International Conference on Access to Reliable Information for Health Professionals in Resource-Poor Settings'
- WHO, INASP-Health and HIF participants to identify, promote and link with 'HIF-like' local and national networks, with WHO country representatives to be encouraged to act as catalysts.

Also to explore:
- Options for international-local cooperation, including an 'international prototype-local adaptation/translation' programme.

*Output 4: A **capacity-building** programme of practical workshops for health information workers and publishers in developing and transitional countries.*

Activities that contribute to this output:
- Practical skills workshops in:
  - Health publications management
  - Electronic publishing
  - Editing and adapting source information to the end user
  - Fundraising for health information activities

The workshops were to contribute and integrate with:
- 'First International Conference on Access to Reliable Information for Health Professionals in Resource-Poor Settings'
- Support for 'HIF-like groups' (eg AfriAfya) and Professional Associations (eg AHILA)
- Workshops to be used not only for training but also for harnessing the knowledge and perspectives of participants relating to information needs, priorities and methods of provision.

*Output 5: An accessible central resource of **materials relating to information needs**, access, application, and monitoring and evaluation.*

Activities that contribute to this output:
- To work with partner organisations to:

- Harness knowledge and perspectives of participants at conferences and workshops
- Collect and make available literature and case studies relating to 'access to information for health professionals in developing and transitional countries'
- Summarise key findings for national and international audiences.

Output 6: An internationally recognised **mechanism for advocacy** to channel the views of those on the ground to policy-makers and others in positions of influence.

Activities that contribute to this output:

- Encourage sharing of perspectives from multiple disciplines worldwide, particularly from developing and transitional countries
- Encourage communication, through email discussion, conferences and publications, between 'front-line workers', international agencies and others
- HIF Organising Group to explore ways of harnessing the combined knowledge and energy of HIF participants for the promotion of health information as an issue - to governments, NGOs, business and foundations
- Provide a channel of communication among end-users, local publishing and information services in developing and transitional countries and international agencies and support services, for the development of priority-based, needs-driven health information strategies
- Participation by INASP-Health in the organisation of relevant plenary sessions and satellite symposia at major conferences with a target of at least two such events annually.

To achieve these various outputs, the following services have been developed since 1996:

- INASP-Health Advisory and Liaison Service (launched in 1996)
- Health Information Forum (launched in 1998)
- *INASP-Health Directory* (launched in 1999)
- *HIF-net at WHO* (launched in 2000)
- *INASP Health Links* (launched in 2002)
- *Library Health Partnership Database* (launched in 2002)
- INASP-Health also has a website, which sits within the INASP website.

According to the Operational Plan, success of INASP-Health was to be measured using the following indicators:

- Invitation of comments on the Operational Plan through its posting on the INASP-Health website
- Evaluation forms distributed at HIF meetings
- An annual 'HIF Review and Way Forward' meeting to review achievements and invite recommendations for the future
- Quantitative analysis of usage of HIF-net at WHO (number of subscribers, geographical profile of subscribers, quantity of messages, types of messages)
- Canvassing HIF-net at WHO participants through structured questionnaires
- External evaluation in year 3 (2003) of the Operational Plan in collaboration with the Exchange programme.

These indicators and other monitoring and evaluation feedback is discussed in the relevant sections throughout this report.

The Operational Plan is an ambitious document, particularly considering that INASP-Health has only one staff member. The list of activities for each output was unrealistic for one person to achieve and, as will be discussed later, plans for a second staff person were not implemented. However, much has been done, resulting in the growth of INASP-Health's activities to the point where resources are stretched and choices about where to take the organisation next need to be made.

Review 2002

The Senior Programme Manager writes up a review of the work of INASP-Health each year. This reports on the activities of the network, plans for the coming period, and results of monitoring and evaluation. It is included as part of funding applications and is posted on the INASP-Health website. It is not a critical evaluation of INASP-Health. It is presented positively, with no real critical reflection. It is like an annual report that is presented to the public, as opposed to an evaluative review. This is fine, as long as it is recognised that that is what it is. However, for monitoring and evaluation purposes, an evaluative review that

identifies what has and has not been achieved, measured against objectives, should be carried out on an annual basis in order to feed into planning and strategy.

Terms of reference and composition of the Review Team

The 2001–2003 Operational Plan provided for an external evaluation to be carried out in year three in collaboration with the Exchange programme. The evaluation team was employed in August 2003 to carry out this evaluation. Exchange was keen that the evaluation should include a substantial component of reflection with different groups of stakeholders and also begin to consider some of the generic issues involved in evaluating networks or networking programmes. The evaluation was given additional resources to make this possible.

The review team comprised a lead evaluator to focus particularly on communication issues (Kathleen Armstrong), another to provide input to evaluation methodology and the evaluation of networks (Rick Davies), and a third to facilitate reflection meetings in the UK and East Africa (David Harding).

The aim of the evaluation was:

> To identify strengths and weaknesses of INASP-Health and develop recommendations for future work that can enable INASP-Health to improve its performance and impact.

Questions to be explored in the evaluation were:

1. What have been the successes, weaknesses, obstacles and threats with regard to the implementation of the operational plan (2001-2003)? Where areas in the plan have not been implemented, what are the underlying reasons and what does that indicate for future planning?
2. Do the different parts of INASP-Health's work influence and/or reinforce each other? Does the organisation thereby achieve more than could be achieved with any one of these activities operating in isolation?
3. What has been the impact of the programme? Where and how has it had an impact, where has it not and why?
4. What suggestions are there for the future direction for INASP-Health? What are the possible scenarios, options and strategies?
5. Measure, where possible, the impact of the programme both in general, and in terms of its long-term goal of improving access to appropriate information for health care workers.
6. What are the issues and challenges in evaluating a network activity? What are approaches and tools that could be used by INASP-Health and other networking initiatives to review their work?

Review methodology

The methodology used included a mix of questionnaires, reflection workshops, analysis of data, reports and resources from INASP-Health, and interviews. Copies of the questionnaires and a list of interviewees can be found in the Appendices. The main tools for data collection were the following:

Interviews with INASP staff: Members of the team held interviews with relevant INASP staff (the Director, the Deputy Director, the INASP-Health Senior Programme Manager and the Publications Coordinator) and attended a November 2003 INASP staff meeting at which the interim report was presented and discussed.

Interviews with HIF Organising Group members: The lead evaluator interviewed several members of the HIF Organising Group. Not all members were interviewed, although most were contacted about individual interviews and those who responded by the end of November were interviewed in person or by telephone. The team also tried to organise a reflection workshop with the HIF Organising Group but were not able to get enough people to attend in the time available.

Observation of HIF Organising Group meeting and HIF meeting: Two members of the team attended a meeting of the HIF Organising Group in September 2003. They also attended the September 2003 HIF meeting on 'Information for Nurses and Midwives'.

Interviews with other key contacts in the north: The lead evaluator held interviews with key INASP-Health contacts in the UK, Europe and the USA, either in person or by telephone.

These contacts included volunteers for INASP Health Links, funders and sponsors, and organisations with which INASP-Health has collaborated. The lead evaluator also held interviews in Geneva with relevant people at the WHO, including those involved with HIF-net at WHO and HINARI.

Interviews with key contacts in Africa: The lead evaluator held telephone interviews with Ibrahima Bob of AHILA, Margaret Mungherera from the Uganda Medical Association and Christine Kanyengo from the University of Zambia Medical Library. Following the reflection workshop in Nairobi in November, the lead evaluator held in-depth interviews with a number of key contacts and observed two consultation meetings that the INASP-Health Senior Programme Manager held with organisations in Nairobi, including a meeting held at AMREF to discuss networking and continuing medical education.

Reflection workshop with INASP-Health contacts in Kenya: A reflection workshop was organised in Nairobi in November 2003 attended by 15 people from organisations in Nairobi. The workshop was facilitated by David Harding and held over one day. It looked at the environment and issues that impact on access to health information in Kenya and the East Africa region, and then reflected on the impact and role of INASP-Health.

Questionnaires to HIF-net at WHO subscribers: Questionnaires were sent out to HIF-net at WHO subscribers in October 2003 to get feedback on HIF-net at WHO and on INASP-Health's other communication tools. A summary of the results is included in the Appendix. A short questionnaire was also sent to people who had posted requests for information on HIF-net at WHO to find out whether they were satisfied with the responses they had received to their queries.

Questionnaire to recipients of the INASP-Health Directory 2003/2004: Questionnaires were included in the mailing of the INASP-Health Directory 2003/2004 to get feedback on the use of the Directory and other INASP-Health communication tools. Only five responses were received. Feedback from the survey is summarised in later in this report.

Analysis of INASP-Health statistics, reports and resources: The team also analysed INASP-Health statistics and reports provided by the Senior Programme Manager as well as other print and online resources.

Staffing, Governance, Management, and Finances

Staffing

INASP-Health currently employs one full-time staff member, the Senior Programme Manager for INASP-Health, Neil Pakenham-Walsh. He has been with INASP-Health since 1996 when the programme was launched. Some administrative and financial support is provided by other INASP staff on an as-needs basis.

The 2001-2003 Operational Plan stated that the expanded programme for 2001–2003 would require two full-time staff. However, the second staff member has not yet been employed. In the meantime, workload has increased significantly. The number of HIF meetings has remained steady but traffic on HIF-net at WHO has increased substantially and is continuing to increase. In addition, the network now has the INASP Health Links Internet gateway that has to be regularly updated, a new edition of the INASP-Health Directory and the Health Library Partnerships Database (responsibility for the updating of the database currently rests with the volunteers who originally developed it). INASP-Health has also taken part in a number of consultations that have added to staff workload.

Staffing is a major issue for INASP-Health. For example, currently the development and maintenance of INASP Health Links is completely dependent on Lenny Rhine, who is able to put time into it in his current position at the University of Florida. However, should he not be able to continue, there are currently no resources within INASP-Health to maintain it. It is unlikely that another volunteer could be found who could put the same amount of time and expertise into it as Lenny Rhine. INASP-Health needs to look at ways to maintain this resource on a longer-term basis, to look at what resources are needed and to include the costs for this in funding applications. One solution could be for INASP-Health to find support from, or form a collaborative relationship with, other organisation(s) who could either support payment of staff time to develop and maintain the site, or who could take over the development and maintenance in a collaborative relationship with INASP-Health.

According to staff, funding applications submitted to date have not included a component for a second staff member. However, if INASP-Health wants to continue to expand its programme and its reach, it needs to make some choices about resources. There has been some discussion within INASP-Health about developing collaborations with other organisations to help with activities such as the Health Information Forum. While these choices may help to share workload, they also raise serious questions about strategic direction for INASP-Health and its management and governance. For example, who will manage the collaborations? What skills will be needed within INASP-Health to undertake its work in a more collaborative style? What other arrangements, such as provisions to employ consultants for short-term projects, advice and/or to fill skill gaps could be built into Operational Plans and budgets?

As INASP-Health builds its networking structures and works more collaboratively with other organisations, either through the type of collaborations described above or by developing local networks, a different set of skills will need to be developed. These skills will need to complement the practical, detailed organisational skills that have been developed for the organisation and development of activities, such as HIF meetings and HIF-net at WHO. Strong skills in facilitation and support will be particularly important if INASP-Health is to move into this type of working.

Before INASP-Health can make these decisions about how it will manage staffing, it needs to be clear about how it wants to develop over the next few years. What will it be doing? Who will be participating? How will it be managed and governed? And, therefore, what staffing structure will be needed to develop and sustain it? If collaborations and partnerships are the direction that is decided then who will manage them? What governance and management structure will be needed to provide direction, checks and balances?

Governance and management

Until the employment of Peter Ballantyne as Deputy Director of INASP the Senior Programme Manager for INASP-Health was managed by the INASP Director Carol Priestley. As INASP staff are not all employed in the same location (some in London, some in Oxford and one in

Sweden), daily monitoring of staff was through a 'day file' on the INASP intranet. Face-to-face staff meetings were held once every three months. Staff interviewed at INASP all spoke about the need for better integrating the organisation's programmes. The Deputy Director is looking at ways of doing this.

Since its inception, INASP-Health has operated as a fairly autonomous programme. The Senior Programme Manager was able to develop and manage his own programme independently – but with little support and with few checks and balances with regard to decision-making. There are no real formal governance structures that guide the direction of INASP-Health. The INASP Advisory Council[2], which meets once every two years, includes a representative from BIREME in Brazil whose has experience in health information and networking. He has had a number of discussions with the Director and INASP-Health staff, however, according to Carol Priestley, his workload is such that he is not able to provide regular advisory support to INASP-Health. That advisory role is filled by the HIF Organising Group, composed of people who have expressed an interest in helping in the organisation of the Health Information Forum. They meet every second month on the same day as the HIF meeting and discuss practical issues to do with HIF, e.g. meeting themes, speakers and funding issues. They have no formal constitution or guidelines but provide support and act as a sounding board for staff. The HIF Organising Group is further discussed below.

The Senior Programme Manager for INASP-Health now reports directly to the Deputy Director who is based in Oxford. They are currently reviewing INASP-Health's work in order to develop the next Operational Plan for the programme and to feed into funding applications. The governance of INASP-Health is an issue that INASP needs to consider carefully. During its developmental stages, operation without these checks and balances may have sufficed. However, as the organisation grows, it will become more important.

INASP is currently applying to become a registered charity in the UK. As it does this, it needs to think about what would be the appropriate governance structure for INASP-Health and how the project's stakeholders should be involved in the feeding into and guiding its management and direction. There are a number of choices. It could report to governance structures set up for INASP to monitor each of the programmes. Or, if INASP-Health is to be developed as a network in its own right, INASP could decide that the focus of INASP-Health's work would be more appropriately monitored by an external governance mechanism (an option which could result in its developing in a different direction from the rest of INASP). Or it could be managed by a governance structure that is an amalgamation of the two, reporting to INASP governance mechanisms with more formalised mechanisms and committees for stakeholders to advise and monitor INASP-Health.

The Senior Programme Manager sees INASP-Health as a network in itself and says that, as a network, INASP-Health needs to facilitate networking rather than implement projects in order not to compete with its members. Its website and documentation state that "INASP-Health is a cooperative network of more than 1000 organizations and individuals worldwide". If INASP-Health wants to further develop as a network, then it does need to consider the role that its 'members' play in determining its direction. One of the important criteria for a network is to work toward decentralised and democratic governance. In *Participation, Relationships and Dynamic Change: New Thinking on Evaluating the Work of International Networks* by Madeline Church et al. it states that networks need to consider who sets the objectives, has access to the resources and participates in the governance.[3] This is a good principle to follow when looking at how and at what level stakeholders should be involved, whether INASP-Health wants to develop a network identity and feeling of ownership amongst those who participate in its activities or to help it develop and monitor its strategies as a programme which facilitates networking.

A major issue for INASP-Health, which needs to be addressed as soon as possible, and which the INASP Deputy Director is now developing, is to set up good systems of management and accountability – both within INASP and with relevant stakeholders within the network. This

[2] In early 2004, this Board was replaced by an International Advisory Panel that meets annually and advises the INASP Board of Trustees on programme content and strategy.
[3] Madeline Church et al. Participation, Relationships and Dynamic Change: New Thinking on Evaluating the Work of International Networks, 2003. p 36

needs to be addressed as soon as possible in order to help inform and feed into any decisions that are made about future directions for INASP-Health.

HIF Organising Group

The HIF Organising Group acts as an advisory group for the Senior Programme Manager. It meets once every two months on the same day as HIF meetings. There are currently 12 members of the HIF Organising Group who have volunteered time to support the Senior Programme Manager in his planning for HIF. They are all very experienced practitioners in health information or in healthcare provision in developing countries. Membership is open to anyone who is interested in participating. Current membership of the organising group is:

Ahmed Aliko, Institute of Psychiatry, London
Ruth Brassington, Wellcome Trust
David Curtis, Healthlink Worldwide
Paul Chinnock, London School of Hygiene and Tropical Medicine (formerly with the Cochrane Collaboration)
Luis Cuervo, BMJ Clinical Evidence
Harry McConnell, Interactive Health Network
Ahmad Risk, Health Informatics Europe
Jean Shaw, Partnerships in Health Information
Rachel Stancliffe, Update Software
David Tibbutt, medical doctor with experience in CME in Uganda
Seshadri Vasan, Journal Server Trust, Oxford
Christopher Zielinski, WHO / Information Waystations and Staging Posts Network

It is an informal group of volunteers with no legal status in governance. The group has been operating since the beginning of Health Information Forum and has filled a valuable role as a steering group. They discuss topics for upcoming HIF meetings and funding issues related to HIF. There is a dedicated core of members who come regularly to meetings and also participate in discussions and decision-making by email. However, some of the members expressed some frustration that often only a small number of members show up to HIF Organising Group meetings. Decisions remain in the hands of the few who do attend or who respond to email discussions before and after meetings.

There is also frustration about their own inability to assist more with the organisation of HIF meetings, as they are too busy to offer practical help. These are problems that are common to voluntary committees throughout the NGO sector. This may be improved by providing them with a clearer framework, drawing up guidelines on the role and responsibility of the organising group, objectives for HIF Organising Group meetings and HIF meetings, their role in decision-making, planning and support, minimum attendance at meetings and where they (and HIF) sit within INASP-Health and in INASP as a whole. Another role that is important to think about is that of monitoring the plans and objectives for HIF. Is this a role that the HIF Organising Group should have? While it is a management responsibility, the group could have a role in monitoring which would provide some support for staff and could feed into organisational evaluation processes.

Any changes made to the HIF Organising Group or the way in which it operates should take into account the basic principles of networking, including who should be involved, what role they should play in decision-making and how to use these mechanisms for consultation with stakeholders. The HIF Organising Group does not fill a management role but how it feeds into INASP-Health strategy and acts as a consultative mechanism could be more formalised. INASP-Health does not need to wait for charity registration to put together objectives for the group with regard to composition and representation from sectors and/or regional interest and how stakeholders from other regions can feed into the process.

Finances

INASP-Health's funding is currently under review. The next Operational Plan is being drawn up and will feed into applications for INASP-Health's programme from 2004. In 2003 funding was provided from the following organisations:

Exchange	£38,500 for general use in the INASP-Health programme
British Medical Journal	£12,000 for the Health Information Forum

Wellcome Trust	£6,350 for HIF-net at WHO (£4,350) and for 10 days of INASP-Health staff time for a consultancy on their e-learning project (£2,000)
IICD	£17,641 for work on their local content project, including travel to Tanzania and Nairobi for workshops

Funding from the WHO which in previous years had supported HIF-net at WHO was not granted in 2003. As £28,664 in funding was carried forward from the previous year, income was able to cover the budgeted expenditure of £94,966. However, almost £20,000 of this funding was for other organisations' projects. Without that funding, INASP-Health would not have been able to cover its budget for staffing, overheads and basic INASP-Health activities, such as the Health Information Forum and HIF-net at WHO.

Prior to receiving funding from Exchange, INASP-Health also received funding from DFID, DANIDA and from ICSU Press, of which INASP was then a part. Exchange took over and increased the funding provided by DFID, as it is a project that is fully funded by DFID. DANIDA funding also ceased around that time, as did the funding from ICSU Press.

Despite the Operational Plan's statement that the 2001-2003 INASP-Health programme would require two full-time staff, the 2003 INASP-Health budget does not provide for the second staff member. And, as indicated above, previous fundraising applications submitted in 2001-2003 also did not include a provision for a second staff member. The Senior Programme Manager stated that this may have been because INASP-Health did not have sufficient staff time to develop a well-formulated funding strategy and therefore funding was raised for projects without taking into account overall organisational needs. He hoped that the employment of the Deputy Director would provide the needed assistance to develop such a strategy.

What fundraising that has taken place to date has therefore been more opportunistic than strategic. Some of the funds that help to pay the Senior Programme Manager's salary are for extra projects for him to undertake, rather than to support the further development of the existing programme or to provide a flexible funding base which would allow the employment of consultants to undertake work on behalf of INASP-Health. In 2002 these projects included 6 days working with Exchange and others on a continuing medical education (CME) project, and 19 days working with IICD and Exchange on a project on local content – out of a total of 250 working days. Funds were also received from the Wellcome Trust for 10 days consultation on their e-learning project, however work on this project has been postponed to 2004. INASP-Health took advantage of some of these projects, however, to build links with organisations in Africa and to consult them about the establishment of local networks and INASP-Health's possible role in supporting them.

The 2002 Review concludes by saying that the "ongoing priority is to develop, expand and consolidate existing services … there are many exciting opportunities to introduce new activities, and to build further on what has been achieved." However, without adequate financial and staffing resources, reflected by a well thought out strategy for future development, the organisation will not be able to sustain further expansion. It needs to build in resources for its own plans for expansion, as well as building in some flexibility to be able to take on relevant other work, such as the projects above that will contribute to its objectives. For example, any agreement to take on other projects could include a provision for the employment of consultants or temporary staff to undertake the work so that it does not take away resources from core INASP-Health activities.

Recommendations on staffing, governance, management, and finances

Before any firm decisions are made about staffing or governance, INASP-Health needs to go through a strategic planning process to decide how it wants to develop over the next few years. What will it be doing? Who will be participating? How will it be managed and governed? And, therefore, what staffing structure will be needed to develop and sustain it and what governance structure to manage it?

Staffing

INASP-Health needs to ensure that there is sufficient staff – each with the relevant skills for their particular role – to carry out the activities developed in the strategic and operational plans.

A different set of skills from those used to develop communication tools and meetings will need to be developed as INASP-Health builds its networking structures and begins to work more collaboratively with other organisations at local level.

The role of collaborations and partnerships needs to be clearly defined in the planning process, particularly if they are being considered as an alternative to employing staff to carry out projects or undertake activities. Planning must also take into account the amount of staff time required to manage collaborations and partnerships.

Some flexibility should be built in to enable the organisation to take on relevant other work, such as the projects above that will contribute to its objectives. For example, any agreement to take on other projects could include a provision for the employment of consultants or temporary staff to undertake the work so that it does not take away resources from core INASP-Health activities.

Governance and management

As part of the planning process, INASP-Health should develop an appropriate governance structure to monitor the programme. This needs to take into consideration the role of stakeholders in feeding into and guiding its management and direction. Possible options for governance structures include:

- INASP-Health reports directly to the governance structures set up by INASP for each of its programmes.
- If INASP-Health is to be developed as a network in its own right, INASP could decide that the focus of INASP-Health's work would be more appropriately monitored by an external governance mechanism (an option which could result in its developing in a different direction from the rest of INASP).
- An amalgamation of the two, with INASP-Health reporting to INASP governance mechanisms – as well as developing more formalised mechanisms and committees for stakeholders to advise and monitor relevant activities / projects of INASP-Health.

As part of this, the role of the HIF Organising Group should be reviewed, including where it sits in the governance of INASP-Health and in INASP as a whole. Any changes that are made to the HIF Organising Group or the way in which it operates, should take into account the basic principles of networking, including who should be involved, what role they should play in decision-making and how to use these mechanisms for consultation with stakeholders. If the HIF Organising Group is to continue, a clearer framework should be developed, including guidelines on the role and responsibility of the organising group, objectives for HIF Organising Group meetings and HIF meetings, their role in decision-making, planning and monitoring, staff support and minimum attendance at meetings.

In addition to governance mechanisms, good systems of management and accountability need to be set up – both within INASP and with relevant stakeholders within the network. This needs to be addressed as soon as possible in order to help inform and feed into any decisions that are made about future directions for INASP-Health.

Finances

A clear funding strategy should be set in place that realistically budgets for sufficient resources (staffing and other resources) to carry out the activities developed in the strategic and operational plans. This needs to include provision for the employment of consultants and temporary staff where necessary to undertake extra projects so that they do not take away resources from core INASP-Health activities. The strategic plan also needs to take into account the resources needed to develop and implement the funding strategy.

Communication Tools and Activities

INASP-Health developed a range of communication tools and activities that have been introduced in stages since its establishment in 1996. They were designed to be part of a complementary package of interconnected activities. The communication tools and activities are described below. Their contributions to the outputs of the operational plan are discussed in later sections.

Advisory and Liaison Service

The Advisory and Liaison Service was the first activity to be established in 1996. The INASP-Health Operational Plan lists the Advisory and Liaison Service as part of its strategy for the development of a range of information resources "to facilitate communication and coordination among health information programmes worldwide", contributing to output 2 of the plan that was to develop "a dynamic range of demand-led information resources". With regard to plans for the Advisory and Liaison Service, the Operational Plan states that INASP-Health "will continue to develop its 'Advisory and Liaison Service', offering information, contacts and facilitation of partnerships". It is the oldest service provided by INASP-Health and in 2002 took up approximately 20% of the Senior Programme Manager's time.

Health Information Forum (HIF)

The Health Information Forum is one of INASP-Health's oldest programmes, having been established in 1998 as a means of bringing the UK health information community together. It was developed in response to requests for a neutral focal point in the UK for dialogue and exchange of experience and ideas among organisations involved in improving access to health information for health professionals.[4] It was developed to contribute to output 1 of the operational plan (a thriving global communications network), output 3 (a neutral focal point for the development of needs-driven action plans) and output 6 (an internationally recognised mechanism for advocacy).

Prior to each HIF meeting a discussion around the theme of the meeting is promoted on HIF-net at WHO – in accordance with the Operational Plan. Reports of HIF meetings are sent out to HIF-net at WHO following each meeting. They are also posted on the INASP-Health website.

Meetings are organised by the INASP-Health Senior Programme Manager, taking up approximately 14% of his time (each meeting takes approximately 32 hours to organise, excluding study visits). It has the largest budget of any of the ongoing INASP-Health activities with a budget in 2003 of £14,052 to cover staff time, study visits and HIF Organising Group expenses.

INASP-Health Directory

The Directory was initially published in 1996, and expanded into its current format in 1998. It is a listing of international programmes working to increase the availability of information for health professionals in developing countries. The Directory was produced as one of INASP-Health's resources to facilitate communication and coordination among health information programmes worldwide and to act as a "reference and networking tool for all those with an interest in health information provision" (from the 2002 Review). It aims to contribute to Output 2 of the Operational Plan (a dynamic range of demand-led information resources).

The Directory was updated in 2003 and included an expanded listing of organisations and a printed version of the INASP Health Links Internet gateway. Five hundred copies of the new edition were printed and posted to an initial list of 250 contacts, most of whom were medical/health libraries and NGOs in developing countries. A CD-ROM version was also made of this edition. It will be given out free to organisations and institutions in developing and transitional countries. The Directory is also available online on the INASP-Health website.

[4] INASP-Health Operational Plan 2001-2003

HIF-net at WHO

HIF-net at WHO is a dynamic and growing email list. It was started in 2000, following consultation with the World Health Organisation (WHO). While the list is hosted on a WHO server in Geneva, the INASP-Health Senior Programme Manager receives, filters and edits emails before posting them to the list. Members can join the list by sending an email to health@inasp.info. They are then placed on the list and able to participate free of charge.

The 2001-03 operational plan stated that HIF-net at WHO would be developed as a tool for international consultation, encouraging end-users and local information/publishing services to participate. HIF-net at WHO was designed to contribute to three of the outputs in the operational plan: Output 1 (a thriving global communications network), Output 3 (a neutral focal point for the development of needs-driven action plans) and Output 6 (an internationally recognised mechanism for advocacy).

It was to be developed in consultation with staff at the WHO and, as a programme of INASP-Health, was to serve "as a tool for debate, problem-solving, advice and referral, as well as for structured international consultation with end users and local information/publishing services".

INASP Health Links

The Health Links Internet gateway is a resource of web links on a wide range of health topics hosted on the INASP-Health website. It was conceptualised, designed and is regularly compiled on a voluntary basis by Lenny Rhine of the University of Florida. He liaises with the Senior Programme Manager of INASP-Health with regard to the web links on the site. The INASP-Health Senior Programme Manager maintains editorial control over the site.

An advisory group was formed in November 2002, headed by Christine Kanyengo, a medical librarian at the University of Zambia Medical School. The other members of the advisory group are: Anne Abduhlrahman (Medical Librarian, Faculty of Medicine, Bamako, Mali); Ibrahima Bob (AHILA President; Africa Consultants International, Senegal); Nancy Kamau (Medical Librarian, Kenya Medical Research Institute, Nairobi); Maria Musoke (Medical Librarian, Albert Cook Library, Makerere University, Uganda); and Erica Van der Westhuizen (Veterinary Librarian, University of Pretoria, South Africa).

The group works on a voluntary basis, checking Internet links and relevancy to their work. While they are currently all based in Africa, there are plans to expand the group to other regions in the world. INASP Health Links contributes to Output 2 of the Operational Plan (a dynamic range of demand-led information resources).

Health Library Partnership Database

This database contains examples of partnerships between medical libraries in the north and the south. It was initiated by Lenny Rhine of the University of Florida who wanted to find out what partnerships existed. He and Jean Shaw from Partnerships for Health Information sent out a survey to libraries around the world and put together the database. Lenny asked INASP-Health if it would host the database because he thought it would reach the target audience he thought it should reach. The Health Library Partnership Database has been on the INASP-Health website since November 2002. It is further discussed in the section looking at Output 2 of the Operational Plan (a dynamic range of demand-led resources).

INASP-Health Website

The INASP-Health website is part of the INASP website but is maintained by Neil Pakenham-Walsh, who liaises directly with the INASP webmaster. It contains information about INASP-Health, its activities and some other information, such as documentation of feedback received. It also contains INASP Health Links gateway, the Library Partnership Database and the online Directory.

HIF-Like groups in developing countries

A further mechanism that is being explored with regard to southern participation in the Health Information Forum is support for the development of 'HIF-like groups', or multi-stakeholder networking, in developing countries. INASP-Health has been in discussion with organisations in Africa to explore ways that they can collaborate with them to support in-country networking

and cooperation. Plans for 'HIF-like groups' were included in the 2001-03 Operational Plan in order to contribute to Output 1 of the Operational Plan (a thriving global communications network), Output 3 (a neutral focal point for the development of needs-driven action plans) and Output 4 (a capacity-building programme of practical workshops).

Achievement of Outputs: A Thriving Global Communications Network

Health Information Forum

HIF meetings were one of the first tools developed by INASP-Health to facilitate networking. The Operational Plan stated that attendance at HIF meetings was to be "open to all with an interest, through physical attendance and/or by email". There was also a recognition of the 'increasing need – and opportunity – to promote stronger communication between health information workers, publishers, health professionals and others in developing countries, and UK-based and international organisations.' The Operational Plan therefore stated that:

> "Participation in HIF meetings from developing and transitional countries is a priority. Pre- and post-conference discussion on each theme are therefore facilitated through the email discussion list 'HIF-net at WHO'. In addition, we are using our extensive network of partners to organise structured visits, initially to the UK by colleagues in the south. These visits, of 1-3 weeks' duration, will allow cost-sharing between INASP-Health and other UK-based organisations. They will combine educational, networking and partnership-building activities with participation in HIF meetings."

The 2002 Review listed a small number of plans for the Health Information Forum which were to take place in 2003:

- Three HIF study visits for speakers from developing countries.
- A possible international HIF conference in the Netherlands during 2003
- The continuation of two-monthly HIF meetings
- Encouragement and support for the development of 'HIF-like' groups in developing countries
- The inclusion of practical training workshops in meetings of HIF-like groups in developing countries.

Funding for the Health Information Forum has been provided for the past few years by the British Medical Journal under its programme to support the distribution of health information. INASP-Health decided not to organise the international HIF conference in the Netherlands. However, currently under discussion is the possibility of holding an international HIF conference in the UK in 2004 as a ten-year follow-up to the BMA conference held in 1994, which led to the establishment of INASP-Health.

HIF meetings - structure and purpose

HIF meetings continue to attract a large audience. In fact, attendance has grown each year. The average attendance during 2002 and 2003 was 47 participants per meeting, compared with an average of 32 participants per meeting from 1998–2001. Feedback questionnaires are distributed at each HIF meeting and responses collated. They indicate that participants find presentations interesting.

They were also praised by many of those interviewed as a way of bringing people together from both the medical and health information communities in the UK. They said that they find the discussions interesting and found them particularly useful for renewing and strengthening contacts. One person said that the reinforcement of contacts a HIF meeting had eventually led to collaborations on projects between their organisation and others. The HIF meeting held in September 2003, which was attended by two of the evaluation was said by some to be one of the best HIF meetings they had attended, because the speakers, two of whom were from Africa, were clear and interesting and the theme attracted a different audience from previous HIF meetings.

Some people wondered if HIF meetings had served their purpose and were no longer needed. A number of others felt that the forums were talk-fests and were interesting but did not result in any real changes. Some thought that the meetings often attracted the same core of people – so that the same voices were heard at most meetings (the evaluation shows that only a small number of people have regularly attended meetings and many others only attend one or two HIF meetings, so the composition of each meeting varies quite widely). There were also a couple of comments from people interviewed that HIF meetings were too formal, inhibiting (at

least for one person) input during the discussion session because of the formal environment and (for another) cutting into informal networking time. One person interviewed suggested that HIF meetings should play more of a role in exploring solutions to problems.

INASP-Health needs to be clear about what it wants to achieve from HIF meetings in the next stage of their development. Is their main purpose to encourage networking, to exchange information, to create a learning forum, or to encourage change? The format of the meetings needs to reflect what they are to achieve. Feedback from participants indicated that many of them had made or reinforced contacts at HIF meetings. If that is to remain a main objective for HIF, the format of the meetings could be designed so that they networking time is more formally built in to meetings rather than its current informal allocation before and after meetings. If INASP-Health decides it wants HIF meetings to encourage learning to contribute to the intersectoral exchange of the network, then it is important to look at how HIF meetings can be developed into dynamic learning forums, with real interchange between northern and southern practitioners.

The November 2003 HIF meeting tried a slightly different format, building in 'peer-assist' sessions following the presentations. These were small group sessions in which each group explored solutions to a problem faced by an organisation. Feedback from that HIF meeting was positive, although a couple of people commented that, because the problems were particular to specific organisations, it did not give people an opportunity to discuss their own problems and they were therefore not predisposed to finding solutions to other people's problems. Another comment, from this and other HIF meetings, was that there were too many speakers in too short a space of time, ie four speakers in a 45-minute period. Not all HIF meetings have had so many speakers but a number of them have had a lot of speakers in a relatively short space of time. However, these are inputs which should help INASP-Health to work on different formats that will lead to more effective and dynamic outcomes from HIF meetings – and this is a positive step towards trying new meeting formats and can feed into the strategic planning process.

Southern participation in HIF meetings

The Operational Plan says that participation in HIF meetings from developing and transitional countries is a priority. One of the ways that the Operational Plan states that it will promote southern participation in HIF meetings is through the email discussion on HIF-net at WHO. These are two different methodologies for communication and networking, as one involves face-to-face interaction and the other does not. However, recognising the distinctions between the two methodologies, linkages can be built so that they contribute to each other. Although the themes of HIF meetings are posted on HIF-net for discussion, only a small number of those on the discussion list participate in the discussion. And there is not a clear method for feeding these discussions into HIF meetings themselves (although in the other direction HIF meeting reports are posted on HIF-net). INASP-Health should explore ways of building the linkages between HIF-net and HIF meetings to enable more of a two-way flow between the two discussion tools.

Another attempt to link the south with HIF meetings was at a meeting held in September 2002 when a videolink with the HIF meeting was made with the Kijabe Hospital Kenya and the University of Washington in the USA through the WorldSpace network. The meeting was used as a technical trial for the applicability of the WorldSpace satellite and Internet in helping to expand the reach of HIF meetings. Unfortunately the audiolink at the Kenya end did not work for most of the meeting and when it did, they were unable to hear the speakers in London. While a good idea, and certainly one to consider in the future, there are still technological issues that make such connections with the south difficult at the present time.

Funding is allocated in the INASP-Health budget for HIF study visits. The Operational Plan provided for three organised study visits per year, of 1–3 weeks' duration each, which, "using our extensive network of partners … will allow cost-sharing between INASP-Health and other UK-based organisations. They will combine educational, networking and partnership-building activities with participation in HIF meetings." To date only three study visits in total have been organised. One study visit took place in 2001 and two further visits were organised in 2002. All of the participants were from Africa.

At the reflection meeting in Nairobi, Caroline Nyamai spoke about the contribution that her study visit in 2002 had made on her work. She stated that it had contributed greatly to her

organisation, AfriAfya, particularly in getting her organisation known and in making contacts with organisations in the north. Similarly, Ibrahima Bob from AHILA stated his visit in 2002 had resulted in collaborations with organisations in the north that he felt were thanks both to the contacts he made while in the UK and the opportunity to let people know about the work of AHILA.

Instead of organising study visits in 2003, INASP-Health took advantage of partners brought to the UK by other organisations to organise southern partners for HIF meetings. However, Ibrahima Bob from AHILA, who INASP-Health had brought to the UK on a study visit in 2002, had his accommodation in London paid by INASP-Health when he came to the UK for a month to attend a course at the London School of Hygiene and Tropical Medicine. He presented a paper at the July 2003 HIF meeting. The HIF Organising Group was informed at its September 2003 meeting that the study visit budget was significantly underspent. The study visit budget for 2003 was £3500 of which only £927 was spent – on Ibrahima Bob's accommodation expenses – one of the three people who had already been on a study visit the previous year. The Senior Programme Manager explained that the underspend was a result of a policy whereby accommodation and subsistence expenses for overseas delegates to HIF meetings are minimised by taking opportunities to combine HIF meetings with other visits. In a document compiled earlier in 2003, in which he had calculated the amount of time it took to organise HIF meetings, he stated that the organisation of study visits was very resource-intensive, indicating that time may have been a factor in the absence of study visits in 2003. INASP-Health needs to look at this issue more closely to decide whether it wants to continue to hold study visits or whether there are other ways that it can support and encourage southern input. Should it have a strategy to encourage other members of the network to bring southern partners to HIF meetings? Should study visits be part of its capacity building strategy? What are the plans for further study visits?

To date, all of those brought over on study visits and a substantial proportion of southern presenters have been from Africa. In 2003 all of the southern presenters were from Africa. In 2002 all but one of the speakers from developing countries was from Africa (the one not from Africa was from Lithuania). The other speakers were from Europe and the USA. This pattern of focus on Africa and the north is reflected throughout INASP-Health's programme. With few resources, it is difficult to spread oneself all over the globe. However, if INASP-Health wants to build itself up as a truly global communications network, it needs to start looking at ways to build up participation from other regions, to build in the resources and mechanisms that will allow it to happen and to think about the barriers (such as language) that may inhibit participation.

Despite the efforts that INASP-Health has made to date, southern participation in the Health Information Forum is still very marginal. What can INASP-Health do to achieve its objective to increase southern participation in HIF meetings? Is it a realistic objective? What resources are needed to make southern participation in HIF a practical reality? These are some of the questions which INASP-Health needs to consider in its planning and strategic thinking.

HIF-net at WHO

The Operational Plan for 2001-2003 stated that the HIF-net at WHO list would "serve as a tool for debate, problem-solving, advice and referral, as well as for structured international consultation with end users and local information/publishing services… A range of moderated discussions on 'HIF-net at WHO' will help to identify information needs, useful resources and expertise."

In the 2002 Review, the development of a web-based archive was seen as a top priority. It was also stated that "there is an increasing need to collate information and experience shared on *HIF-net at WHO* and, indeed, through formal literature". The review stated that the web-based archive would be developed into "an online resource on health information needs and lessons learned, pulling together perspectives and experiences from contributors to HIF, *HIF-net at WHO* and other INASP-Health activities – and beyond". The Review also stated that the International HIF-net at WHO Editorial Panel would be maintained and expanded.

Participation in HIF-net at WHO

Since starting in 2000 with an initial list of 12 subscribers, the list has now grown to over 1300 subscribers. In the objectives in the 2001-2003 Operational Plan HIF-net at WHO was one of

the tools, along with the Health Information Forum, that would help to make INASP-Health 'a thriving global communications network for information exchange'. It has gone some way to creating a 'global' network, with southern participation increasing substantially during the past three years. The geographical breakdown of subscribers is as follows:

	2003	**2002**	**2001**
Total number of subscribers	1301	933	594
Africa	35%	28%	25%
UK / Western Europe	32%	37%	43%
USA / Canada	13%	14%	15%
Asia	7%	10%	8%
Latin America	5%		
Western Pacific	3%		
NIS	2%		
Eastern Mediterranean	3%		
Other (includes the above 4 regions)	11%	9%	

The major change that can be seen in the above statistics is the increase in the proportion of subscribers from Africa. In 2003, 80% of all subscribers to HIF-net came from Africa and the north. This is also reflected in the figures relating to the number of contributors to HIF-net during the first 10 months of 2003:

	Contributors posting messages	**Total number of messages posted**
Total number of messages posted	176	301
Africa	31%	30%
UK / Western Europe	31%	34%
USA / Canada	19%	19%
Asia	8%	6%
Latin America	3%	2%
Western Pacific	1%	1%
NIS	1%	1%
Eastern Mediterranean	6%	7%

The Senior Programme Manager has built up his relationship with a number of organisations in Africa over the past couple of years, organisations such as AHILA (Association for Health Information for Librarians in Africa) based in Senegal, and AfriAfya and AMREF in Kenya. The strong participation from Africa may reflect the contacts that have been built up in Africa or they may simply reflect the British development community's strong relationship with many countries in Africa and use of English in many of those countries.

How big a role does language play in limiting access to HIF-net at WHO in regions such as Latin America, the NIS, parts of Asia and the Eastern Mediterranean? In Latin America, the NIS and in many countries of Asia, English is spoken by a select few. If INASP-Health wants to become a 'thriving global communications network' and to have truly global reach and participation, it will need to explore the barriers to participation – and it may need to look at ways of reaching people in languages other than English. The introductory message that people receive when they first join HIF-net at WHO does state that contributions can be submitted in French or Spanish, however as the main working language is English, French and Spanish speakers may not be encouraged to participate. If INASP-Health wants to encourage participation in those languages, it may be helpful to include a sentence about the ability to submit contributions in French and Spanish in the descriptive footnote at the bottom of each email sent out through the discussion list. What INASP-Health really needs to decide is whether it wants to expand HIF-net into other languages. Is this strategy a realistic one? Or one that INASP-Health really wants to develop? How will it fit in and complement INASP-Health's vision for development over the next five years? What does INASP-Health want to achieve with HIF-net over the next five years?

For example, the high standard of input into the discussion list is both a plus and a minus. While it ensures a high standard of communication – and many people have commented on the

good moderation and editing of the list – some people indicated in interviews that they do not contribute to discussions online because they feel they cannot meet those standards or because of the high professional level of those who currently participate. Inhibitions regarding participation are common in many online discussion lists. However, given the importance of HIF-net in INASP-Health's overall strategy to develop southern participation, it is an issue that should be considered and ways found to overcome if at all possible.

HIF-net is currently aimed at anyone who is interested in joining the list, although the Operational Plan states that it will particularly target end-users and local information and publishing services. Some of those interviewed in Nairobi and elsewhere in Africa commented that HIF-net was only reaching the 'cream' in many countries, with barriers to access such as lack of computers and/or computer skills, resources and level of interest in improving knowledge through health information. Who is HIF-net's real target then? Is it aimed at everyone 'with an interest in access to health information'? Or is it targeted at the local level? Is the current audience that is participating in discussions the appropriate one for HIF-net at WHO, with other tools (or local HIF-net type discussion groups) used to reach others? These are some of the fundamental questions that INASP-Health will need to ask itself in order to be able to decide how to take the network forward.

HIF-net at WHO volume and types of messages

During the three months following 23 August 2003, 177 messages were sent out on HIF-net, an average of 2.7 per working day. These ranged from notices regarding new resources and contributions to discussion threads. The breakdown of types of messages posted was:

Type of message	**Number received since August 2003**
Notices re resources, websites, etc	35
Requests for information / assistance	32
Journal articles	10
Introductions to new subscribers	8
Information about organisations	8
Meeting/conference information/reports	7
Other notices	3
Discussion threads:	
Role of CD-ROMs	27 (theme of November 2003 HIF meeting; took place 4–28 November 2003)
Info for nurses and midwives	20 (theme of September 2003 HIF meeting; took place 22 August – 23 September 2003)
Brain drain	41 (22 July 2002 – 3 November 2003)
Traditional healers	8 (took place 9–25 September 2003)
Connectivity	4 (took place 28–29 October 2003)
Copyright	3 (took place 4–9 November 2003)
Distance learning for health	10 (took place 22 September – 15 October 2003)

The range of postings is varied. The list is used not only for the promotion of resources but also for discussion about ideas. It is also regularly used as a forum for finding out answers to questions or more information for research projects. The level of participation is continuing to grow, indicating that it is a useful tool for those that participate. And despite the increasing volume of messages, the number of subscribers is increasing, further substantiating its value to those in the health information field.

However, success creates its own problems. Many of those interviewed (including those in Nairobi) stated that, because of the volume of emails they received through this and other lists, they only sporadically read the messages they receive from HIF-net. They remarked on the volume of emails received on HIF-net, only some of which may be relevant to their work. Of those who responded to the HIF-net at WHO questionnaire, two-thirds said that only 50% or less of the messages they received via HIF-net were relevant to their work.

Indications are that the volume of contributions is likely to grow even further. Dealing with the moderation takes an increasing amount of staff time. In 2002 it took up approximately 14% of

staff time but during the first 10 months of 2003, it had increased to 20%.[5] At this rate, it may soon get to the point where it becomes too much, both for INASP-Health's resources and for those receiving the emails. Although it has not yet reached the point where people are dropping out because of the volume of emails, it is an issue that needs to be monitored, so that strategies can be put in place before it becomes a real problem.

As a growing organisation, INASP-Health has reached a stage where it needs to make some fundamental choices about how it will deal with the growth of HIF-net and the resources – staffing and financial – that are necessary to carry it forward effectively. Each choice made will result in a change of some kind for HIF-net. If it continues to send out all emails to all subscribers, it may start to lose subscribers. However, part of the wide appeal of the network is that it maintains its relevancy to a broad audience through the wide range of topics and resources that are posted on the discussion list. If it decides to try to lower the volume of emails by creating a number of different discussion lists on different themes, it will substantially change how the discussion list works and may shift how people participate in it. What is important for INASP-Health to monitor is who is joining the list and who is dropping out. If the organisation is clear about who it wants to reach with HIF-net, who are its priority target groups, it will be able to monitor whether it is keeping the groups it wants to keep.

At a workshop organised in Nairobi in November 2003 to feed into the evaluation process, colleagues from resource centres, NGOs and health care institutions spoke about the barriers that prevent access to health information in Kenya, the challenges in getting information to remote areas where resources are low and the need to ensure the relevancy of information. Should discussions on HIF-net move beyond the technical and focus more on some of the process and knowledge management issues that organisations and institutions in developing and transitional countries face, exploring ways of overcoming local barriers to access in a more practical way?

Feedback on HIF-net at WHO

In October 2003 a questionnaire was sent out to subscribers at HIF-net at WHO to assess their level of satisfaction with HIF-net at WHO and other INASP-Health communication tools. Responses were received from 37 subscribers. Survey forms were also sent out in the October 2003 mailing of the INASP-Health Directory. In both surveys HIF-net at WHO was rated very highly, both for impact on work and as a tool for connecting organisations and individuals. Respondents from the north said that the list made them more aware of issues and concerns in developing countries, as well as letting them know about trends and developments. Respondents from the south said that they learned about learned about similar initiatives and challenges in other regions. They found out about, and acquired, resources through HIF-net. And they felt they had increased their knowledge, capacity and skills through the information they read through HIF-net.

Respondents to the survey also gave a number of suggestions for topics and focus that they would like to see on HIF-net at WHO. Some of the suggestions included: greater focus on other regions, such as Asia or Latin America; updates on funding information; accessibility to other links and journals, etc. Many of those who responded to surveys, who were interviewed and who participated in the workshop in Nairobi suggested that there be a time limit on discussions, such as 4–6 weeks. A full summary of feedback received from this survey can be found included in an Appendix of this report.

HIF-net at WHO was ranked as INASP-Health's most successful programme in almost all interviews and surveys. It was described by many as dynamic and several remarked that it was more active than other lists to which they belonged. Most of those interviewed and those who responded to surveys could list contacts that they had made through HIF-net at WHO.

The high quality of moderation was also appreciated by those interviewed, surveyed and in the Nairobi workshop. Several people remarked on the reliability of information in HIF-net and the fact that there was 'no junk mail'. The profiles used to identify those who post messages were regarded as innovative and gave messages greater legitimacy because people could see the background of the author of the message.

[5] Statistics from the 2002 Review and from a spreadsheet containing a breakdown of time spent on INASP-Health activities in 2003 compiled by Neil Pakenham-Walsh

Responses to questionnaires and interviews indicate that members of HIF-net consider it to be unique and to contribute to their work. HIF-net was also greatly valued by those who attended the reflection workshop in Kenya. A lack of resources in the region means that obtaining health information is often difficult. Internet access is also often unreliable – or even non-existent – in remote areas. However, in many instances emails can be downloaded to read offline. In such situations, an email list such as HIF-net is a good tool for making contacts and finding out about new publications and websites. It is also a mechanism through which organisations in developing countries can let others know about their work, about research that they have done and about any resources that they have produced.

Some people said that they responded to messages directly, rather than via the network because they did not have the confidence to post a message in a public forum, in case their response did not stand up to scrutiny. Broad accessibility to the forum, and possible barriers to that accessibility, is an issue that INASP-Health may want to consider further in forming its strategy for HIF-net for the future.

HIF-net at WHO for making contacts

As the results above show, HIF-net has promoted connections north to south, south to north, south to south and north to north. The profiles also help in creating a communications network. Several people who were interviewed remarked that the profiles helped them to identify organisations or individuals with whom they could make connections and possibly work or partner with. One person said that they had identified a number of partners in the south through the profiles and content of contributions on HIF-net.

Some discussion and contact take place on HIF-net but a substantial proportion takes place behind the scenes. Because each message comes from the email address of the person who has posted a message, many of the interviewees indicated that, having seen a posting on HIF-net, they replied to the person who posted it directly, rather than through the network. These contacts have in some cases even led to collaborative work and in others to further dialogue or access to resources.

HIF-net at WHO to answer requests for information or assistance

To try to assess the effectiveness of the list in helping people to answer queries and get further information, a questionnaire was sent out to 12 people who had posted queries or requests for information on HIF-net in September and October. Six responses were received, the majority of whom said that they were satisfied with the responses they had received. On average they had received about 6 responses to their queries (the number of responses ranged from 3 to 12). Four said that they were satisfied with the responses to their queries – even where they had received few responses – and had each made at least one important contact that helped them to get the information they were looking for. The other two said they were somewhat satisfied with the responses they got but had not received exactly the information that they were looking for. However, one of those two said that she had made a useful contact out of the query from someone who was doing similar work (but who had had the HIF-net email forwarded to her as she was not on the list).

None of the responses received to these queries came via HIF-net. All of the responses were made directly to the people who had sent out the query. That would seem to indicate that a very high proportion of communication takes place behind the scenes, rather than on the discussion list itself. In order to assess the impact of HIF-net as a networking and information sharing tool, it would be of value to build into questionnaires and other monitoring tools, questions about how subscribers had responded to discussions or queries on HIF-net, or if they had received responses directly to them, rather than via the discussion list.

HIF-net at WHO archives, summaries, and digest of resources

Many people remarked that there was no archive of discussions, which meant that you could not look up old messages or those that had been posted prior to joining the listserv. The creation of an archive was noted in INASP-Health's 2002 Review but has not yet been developed. The Senior Programme Manager said that he was in discussion with the IT person at the WHO about the creation of an archive on the web. However, until recently the WHO's software would not support a web archive system. The Senior Programme Manager is now in discussion with the WHO, seeking permission for HIF-net at WHO to access the software. If negotiations with the WHO are not successful in the very near future, the development of a

web archive may be something that INASP-Health should take control of and get their own IT person to put on the INASP-Health website. An archive of discussions on a similar listserv can be found on the HIPNET website (http://www.hopkinsmedicine.org/ccp/). HIPNET is an email discussion list that is similar to HIF-net at WHO, although its scope and focus is not exactly the same (see the table of other discussion lists at the end of this section). It may be worth contacting the moderator of HIPNET and other discussion lists regarding the set-up and management of their archives, the learnings from which could feed into the development of the HIF-net archive.

Another suggestion that has been made to address the difficulty that some people face in trying to keep up with the discussions on HIF-net is for INASP-Health to put together a summary of the main issues of each discussion thread once it has been completed. An 'Editorial Panel' (mentioned in the 2002 Review) was established, consisting of HIF-net at WHO subscribers who had responded to a call for volunteers to summarise discussions. This has had varying success as many of those who volunteered failed to deliver summaries to the discussions that were sent out to them. Others that were received were not of good enough quality to be used. It is difficult to manage a group of volunteers from a distance, however if volunteers are to be relied on, then some processes for checking writing skills and maintaining their commitment to produce promised summaries should be developed. Recently, however, another volunteer, Christine Porter has put together summaries of three HIF-net discussions, that of 'Information for nurses and midwives', 'The role of CD-ROMs' and 'The brain drain'. They were all emailed out to subscribers and have recently been loaded onto the INASP-Health website.

These short summaries may also address another issue of particular concern to those in developing countries – the lack of email and Internet access in many places that prevents many health workers and health information practitioners from benefiting from the discussions on HIF-net. At the reflection workshop in Kenya, it was suggested that short summaries could be printed and sent out to remote areas by intermediary organisations in each country.

Similarly, a suggestion was made that the resources announced in the discussion list could be compiled at intervals so that they could more easily be sent out to those without reliable email access. It was also suggested that the website contain a searchable database in which the discussion topics and / or resources could be more easily accessed. These are suggestions that INASP-Health may want to consider in reviewing how it can make the information from the HIF-net at WHO discussion list more accessible.

Other email lists

There are a number of email lists that are similar to HIF-net at WHO but, for the most part, play a complementary role. As mentioned above, there is a similar listserv operating out of the USA called HIPNET. On its website, it states that:

> Health Information and Publications Network (HIPNET) is a group of organizations who work with the Global Health Center of USAID. Its purpose is to encourage cooperation among organizations, eliminate duplication of materials and promote the dissemination and utilization of each organization's materials.

Its messages appear to focus primarily on information exchange rather than discussion, including notification of new resources, upcoming meetings and conferences, etc, rather than thematic discussions.

Other lists include those of SATELLIFE which focus on specific health topics rather than access to health information and are therefore complementary to HIF-net. AHILA-net is an African list that is aimed at health information librarians in Africa. Ibrahima Bob, the President of AHILA, says that it complements HIF-net at WHO as it is focussed more narrowly on local issues and on health information issues related more specifically to medical libraries and resource centres.

There are a number of cross-postings on HIF-net from other listservs, including those named above, and similarly from HIF-net onto other listservs. This enables HIF-net to reach more people but also adds to the volume of emails that people are receiving. A table of some of the listservs that focus on health information and communication is provided on the next page.

HEALTH INFORMATION RELATED DISCUSSION FORUMS

NAME OF EMAIL LIST	LOCATION	SIMILARITIES/DIFFERENCES TO HIF-NET AT WHO
HIPNET (Health Information and Publications Network)	USA	Similarities: exchange information about resources. Differences: HIPNET does not have discussions about access to information whose membership is health organisations only.
AHILA-NET (Association of Health Information for Librarians in Africa)	Senegal	Similarities: Focus on exchange of health information and improvement of access to information for health professionals. Differences: AHILA-NET is Africa-focused only. It is also interested in the professional development of librarianship and the development, standardisation and exchange of African national databases of medical and health literature.
AFRO-NETS (African Networks for Health Research and Development)	USA	Similarities: Explores topics such as the use of information technology for the health sector, networking, resource mobilisation, etc that are relevant to a similar audience of health workers and health information professionals in Africa Differences: Focus is on health research rather than access to information. Its focus is also restricted to Anglophone Africa.
SATELLIFE	USA	Similarities: Has a number of email discussion lists that would be of interest to a similar audience of health workers and health information professionals. Global focus. Differences: Focus is on specific medical issues, eg essential drugs, AIDS, cardiovascular health, and nutrition.
South Asia Public Health Forum	USA	Similarities: Would be of interest to a similar audience of health professionals, particularly in south Asia. Differences: Focus is on research, health issues and social and economic changes in the region, rather than about access to health information. South Asia focus.
PHA-Exchange (People's Health Assembly)	India	Similarities: Exchange of experiences and educational materials on primary healthcare issues that would be of interest to some of HIF-net's audience. Global focus. Differences: A forum for advocacy on primary healthcare issues raised at the People's Health Assembly.
Communication Initiative	Canada	Similarities: Has time limited discussion forums on communication around specific development issues, including communication about health issues. Global focus. Differences: Focus would appeal to health communication specialists rather than health workers.

HIF-like groups in developing countries

The Operational Plan projected that by 2003, "INASP-Health will have promoted the development of an active 'HIF group' network involving at least 3 regional and 6 national groups. The major tool for supporting these groups was seen as HIF-net at WHO, in order to assist with 'exchanging reports and perspectives among groups'. Target groups will include multi-sectoral 'HIF-like groups' as well as medical school librarians, local producers of publications for health professionals, and book and journal publishers."

To date no HIF-like groups have been established, however discussions have been ongoing with contacts in Africa since 2001. The Senior Programme Manager stated that the objectives for HIF-like groups in the Operational Plan were too ambitious at the time. He said that they now recognise the importance of getting the right things in place before these groups can be established. Some of these things include the discussions that are taking place with contacts in Africa.

One of the main considerations that will need to be explored in the support and development of these groups is how they will feed into and contribute to this 'global communications network'. How will their views be represented, both in feeding into communications and discussions within the network and into INASP-Health strategy and planning. What support mechanisms will they need, from INASP-Health and others? And, what resources and skills will INASP-Health need to manage this effectively?

Feedback from African organisations

The reflection workshop in Kenya in November 2003 showed that there was support for the development of some form of networking for those involved in health information provision, in order to be able to exchange information about resources and to collaborate on training, advocacy and other projects. Participants at the workshop felt that networking would lead to the improvement of access to health information, as it could provide a means to get information to those with few resources, to help to raise awareness about the importance of information to the improvement of healthcare and to reduce duplication of effort.

In interviews held with INASP-Health contacts in other African countries, the same feelings were echoed. In Uganda, workshops held earlier this year on local content and CME, organised by IICD, have resulted in the establishment of other networks in the country. They have also increased interest in recognition for the importance of health information and continuing medical education among some people who had little or no interest before.

Learning from experience

Ibrahima Bob in Senegal, heads AHILA, which is the Association for Health Information Libraries in Africa. AHILA acts as a network for health information libraries throughout Africa. It holds capacity building workshops and runs an email discussion list. It is now trying to expand its focus beyond librarians to include a broader range of health information professionals. It has tried to set up local AHILA networks in other countries in Africa but for the most part these have failed.

In Kenya, according to the previous coordinator of KEN-AHILA, it failed because it was too dependent on one person. Nancy Kamau coordinated the network in a voluntary capacity with help from another medical librarian in her organisation. But when Nancy left the country for a year and her deputy also left her position, KEN-AHILA stopped functioning as there was no one to take it over. She is now trying to revive it and recognises that they need to draw other people in so that it is not so reliant on one person. However, her workload also means that it is difficult to re-establish. Although they have gathered names and email addresses from several meetings, no one has the time to organise further events on top of their current workload. Nancy and others at the workshop in Nairobi expressed great frustration at not being able to carry this further.

Pilot work in Kenya

The door is now open to pilot work around networking and knowledge management. An initial pilot programme will be useful to help work out what works and what does not work. Given the feedback from the workshop in Nairobi, Kenya would be a good starting point for this initial work on supporting local networks, as it has expressed a need to network better, INASP-Health has good contacts in the country and it is one of the most developed countries with

regard to health information in Africa, with organisations like AMREF and AfriAfya. INASP-Health has had some discussions already with AfriAfya with regard to their acting as a focal point for the network. What about AHILA? They have discussed these ideas with INASP-Health over the last couple of years and indicated at the HIF workshop in July 2003 that they would like to further develop their local networks in Africa. Should this be supported rather than supporting the establishment of a new network? Or would AfriAfya become the host of KEN-AHILA?

How networking would work in Kenya, and what role INASP-Health could play in supporting it, needs to be discussed by health information professionals who are interested in establishing the network in Kenya. INASP-Health could have a role in supporting and/or facilitating this discussion. Some of the issues that will need to be explored further – that were highlighted at the workshop in Nairobi in November – are: the politics of who takes the initiative with regard to developing and maintaining the network; financial, staffing and other resources; and the type of support needed regarding how to establish and maintain a network on health information.

Local HIF-nets

In the Operational Plan, one of the main vehicles for supporting local HIFs was through HIF-net at WHO. At the workshop in Nairobi, some people flagged the idea of developing a local email discussion list which would help them with networking and would enable them to discuss issues which were locally relevant to them. INASP-Health may be able to provide some support for them to develop this idea by providing advice and guidance to them about how to set up and manage such a list. Participants at the workshop felt they could benefit from the advice and experience that INASP-Health could provide, particularly on issues such as how to establish a list, how to moderate it effectively, time required for moderation and where and how funding could be obtained for such an initiative. AHILA has a regional discussion list which may also provide a source for advice and support if colleagues in Nairobi want to set up an in-country discussion list.

International conference

The Operational Plan stated that INASP-Health would hold a 'First International Conference on Access to Reliable Information for Health Professionals in Resource-Poor Settings'. An international videoconference on the theme of 'Universal Access to Health Information' was held in July 2001, jointly organised by INASP-Health, Exchange and the Interactive Health Network. The videoconference brought together more than 100 people from London, Nairobi, Cape Town, São Paulo and Washington, DC to look at the six priority areas for action contained in the WHO-HIF Cooperation Plan. A report of the conference was written by Rob Vincent from Exchange, a summary of which was posted on both the Exchange and INASP-Health websites and sent out via HIF-net at WHO.

Other possible international conferences were on the agenda for discussion by the HIF Organising Group in 2002 and 2003. In the 2002 Review, INASP-Health suggested that it might organise a conference in the Netherlands in 2003. That conference was not organised, however, a ten-year follow-up conference to the 1994 conference organised by the BMA is now under discussion.

Before making any firm decisions about future conferences, INASP-Health should focus on how such conferences would fit into the its direction and vision, and if organised, where they would best be located to achieve the relevant outputs – in the north or in the south, particularly given INASP-Health's stated aims of wanting to increase southern participation. What staffing resources will be needed to organise the conference? And what is the aim of the conference itself? These issues need to be clarified before planning for any conference begins.

Summary of recommendations on a global network

INASP-Health has gone some way to building a 'thriving global communications network'. HIF meetings bring people (mostly from London area) together in face-to-face meetings and HIF-net at WHO is an active electronic discussion network that connects people in all regions. While it is not necessarily a network in itself, INASP-Health is a facilitator of networking, a node that plays a role in linking a range of networks. The activities that it has developed to achieve this output, such as HIF meetings and HIF-net at WHO, have now grown to a stage

where decisions need to be made to carry them into the next stage of their development. The following are some of the issues that should be considered in the strategic planning process.

Health Information Forum

INASP-Health needs to clarify what it wants to achieve from HIF meetings, for example to encourage networking (amongst whom and for what purpose); to exchange information; to create a learning forum; or to encourage change. Once this is decided, the format of the meetings will then need to be reviewed to ensure that their format reflects what it is they are meant to achieve.

INASP-Health should also look at southern participation in HIF meetings, including the objectives of southern participation and the resources – staffing and otherwise – needed to make it a practical reality. Ways of building the linkages between HIF-net and HIF meetings to enable more of a two-way flow between the two discussion tools should be explored so that the two are better integrated. Or do they each play a separate role and cater to separate audiences?

The role of study visits should also be reviewed, including whether study visits should be part of INASP-Health's capacity building strategy. The organisation could also develop a strategy to encourage other members of the network to bring southern partners to HIF meetings.

HIF-net at WHO

As HIF-net at WHO expands, INASP-Health needs to clarify who its priority target audiences are so that it can monitor its effectiveness and ensure that the themes, language, format, etc are appropriate for those it wants to reach. Is it aimed at everyone or is it targeted at the local level? Is the current audience that is participating in discussions the appropriate one for HIF-net at WHO, with other tools (or local HIF-net type discussion groups) used to reach others?

Being clear about who INASP-Health wants to reach and who it wants to connect with HIF-net will assist in ensuring that the language, themes and format are appropriate and will enable INASP-Health to more effectively monitor whether HIF-net at WHO is achieving what it is meant to achieve.

The strategic planning process needs to explore whether expanding into other languages is a realistic strategy, given current resources and the fact that HIF-net at WHO is primarily an English-speaking discussion list. The organisation needs to consider if, how and when expansion into other languages should fit into INASP-Health's strategy. If the network decides that it wants to encourage discussion in those languages in HIF-net at WHO, a sentence about the ability to submit contributions in French and Spanish should be included in the descriptive footnote at the bottom of each email sent out through the discussion list.

Another issue that needs to be reviewed is the type of discussions on the list. For example, should discussions on HIF-net move beyond the technical and focus more on some of the process and knowledge management issues that organisations and institutions in developing and transitional countries face, exploring ways of overcoming local barriers to access in a more practical way?

In order to assess the impact of HIF-net as a networking and information sharing tool, it would be of value to build into questionnaires and other monitoring tools, questions about how subscribers had responded to discussions or queries on HIF-net – or if they had received responses posted directly to them, rather than via the discussion list.

A web archive of HIF-net at WHO discussions needs to be developed as soon as possible. This is something that INASP-Health may need to take control of and get their own IT person to put on the INASP-Health website, rather than wait for the WHO to do it.

The organisation should continue to find ways to put together summaries of HIF-net discussions. If it is to be done by volunteers, processes for checking writing skills and for maintaining commitment to produce promised summaries should be developed. INASP-Health could discuss with intermediary organisations in each country the role they could play in distributing the summaries to remote areas.

Local HIF-nets

Before HIF-like groups are developed the strategic planning process should consider how they will feed into and contribute to the 'global communications network', including how their views

will be represented – feeding into communications and discussions within the network and into INASP-Health strategy and planning – what support mechanisms they will need, from INASP-Health and others, and what resources and skills INASP-Health will need to effectively manage the process.

Given the feedback from the workshop in Nairobi, contacts in Kenya could be approached as a starting point for initial work on supporting local networks – as they have expressed a need to network better; INASP-Health has good contacts in the country; and it is one of the most developed countries with regard to health information in Africa, with organisations like AMREF, AfriAfya and a branch of AHILA that they are trying to revive. How networking would work in Kenya, and what role INASP-Health could play in supporting it, needs to be discussed by the health information professionals in Kenya who are interested in establishing the network. INASP-Health could have a role in supporting and/or facilitating this discussion.

Some of the issues that will need to be explored further – that were highlighted at the workshop in Nairobi in November – are: the politics of who takes the initiative with regard to developing and maintaining the network; financial, staffing and other resources; and the type of support needed regarding how to establish and maintain a network on health information.

Another issue that should also be discussed is the development of local email discussion lists (local HIF-nets) at country or regional level. INASP-Health could provide some support to those who are interested in setting up a local discussion list by providing practical advice and guidance to them about how to set up and manage such lists.

International conference

Before making any firm decisions about future conferences, INASP-Health should focus on how such conferences would fit into the its direction and vision, and if organised, where they would best be located to achieve the relevant outputs – in the north or in the south – particularly given INASP-Health's stated aims of wanting to increase southern participation. What staffing resources will be needed to organise the conference? And what is the aim of the conference itself? These issues need to be clarified before planning for any conference begins.

Achievement of Outputs: A Dynamic Range of Demand-led Information Resources

Advisory and Liaison Service

According to the 2001–2003 Operational Plan, the Advisory and Liaison Service was an activity that was to contribute to Output 2. The plan stated that: "INASP-Health will continue to develop its 'Advisory and referral service', offering information, contacts and facilitation of partnerships." The Advisory and Liaison Service covers a range of activities from handling telephone enquiries to providing advice and input to projects with other organisations.

The 2002 Review lists several activities undertaken in 2002 under this banner. They were:

- Collaboration with the International Institute for Communication and Development (IICD) in mobilising information on ways in which local content is created, adapted and communicated in the health sector.
- The catalysing of international cooperation to develop procurement tools for health libraries in Africa, in preparation for the AHILA Congress in Bamako, Mali.
- The development of links with University College London and Imperial College London to explore the possibility of postgraduate research studies on 'Impact of information (and lack of it) on quality of health care in developing countries'.
- Collaboration with the University of Florida and Partnerships in Health Information to launch the INASP-Health Library Partnerships Database.
- Participation in the Tropical Diseases Research Consultation for African medical journal editors in Geneva in October 2002.
- Input into the development of the Health Channel (WorldSpace and Interactive Health Network).

The 2002 Review also listed the following as plans for the Advisory and Liaison Service:

- To build on the above activities.
- Collaboration with Johns Hopkins University Center for Communications Program in their USAID 'INFO' project, which aims to improve access to reproductive health information.
- Enhance INASP-Health fundraising advisory service by working with fundraising experts and others to provide a range of specialised services for those seeking funding.
- Work with others to explore options on how to improve access to small grants for health information activities, in both the North and the South.
- Submit a proposal to DFID, in collaboration with Exchange and AHILA, to map international donor priorities in health information.

Work has continued on building on the activities from 2002. However, progress on the activities listed as 'future plans' has yet produced concrete results. Discussions are under way with Johns Hopkins University's INFO programme regarding how to enhance capacity building for AHILA and INASP-Health has encouraged INFO and others to engage the AHILA president in this process. INASP-Health stated that they explored the enhancement of its fundraising and advisory service with a fundraising expert and others, but there was insufficient demand for extensive work to be directed towards this activity – or towards the improvement of access to small grants for health information activities – at this stage. A proposal to map international donor priorities in health information was developed in collaboration with Exchange and AHILA and submitted to DFID but was not successful.

One of the main activities of this service is to link people through responding to requests for information by telephone or email. The HIF-net at WHO discussion list is also being increasingly used as a tool for the Advisory and Liaison Service. The Senior Programme Manager refers many of the requests for information to HIF-net at WHO and would like to see it becoming taking over the advisory and liaison service role from the Secretariat. During 2002, typical enquiries to the Advisory and Liaison Service included:

From developed countries:

- Requests for info on other organisations and programmes
- Requests for recommendations of names and organisations for networking, collaboration, specialised advice, speakers at conferences and meetings
- Requests for contact details
- Requests for advice and opinion on health information issues

- Requests for recommendations on publications and Internet resources for health info
- Requests for advice on specific projects (including BMJ-LSHTM proposal, Health Channel, Tim Albert journal editor training)
- Requests for advice on research opportunities in health information
- Requests for funding sources for health information activities
- Requests to review formal literature prior to publication (Lancet)

From developing countries:

- 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
- Requests for information on job opportunities.

The breakdown of these requests (obtained from the 2002 Review) provides some interesting information regarding the information needs regarding health information – particularly with regard to developing countries. Over half of the requests on the Advisory and Liaison Service in 2002 were from the north (UK, USA/Canada and Europe). Communications from Africa formed the next highest group at 28% of the total. The rest of the world provided only 11% of the total enquiries to the service.

The Advisory and Liaison Service does go some way to facilitating communications, through the provision of information and advice on the topics listed above. For example, requests for information on HIF-net at WHO have resulted in contacts being made between organisations and individuals. However, although it is listed in the Operational Plan, in the website and in other INASP-Health documentation as a distinct 'service' of INASP-Health, it is not well promoted as a service – either to notify people that the service is available to them and how to access it or regarding the scope of the service and what it provides. The INASP-Health website mentions the service but contains no information about how to access it, eg who to contact at INASP-Health, how to use HIF-net at WHO to obtain information, etc. Unless it lets people know that it exists and encourages them to use it, its contribution to Output 2 will be limited. Promoting the service, however, is likely to result in increased demand which will impact on INASP-Health's already stretched resources, whether it is through HIF-net at WHO or through the Secretariat. This must be taken into account when putting together the organisation's operational plan and budget.

Before this is done, the organisation needs to be clear about what it would like the service to be, how it would like it to develop and its relationship with other INASP-Health activities. The activities listed in the Operational Plan are a mixed bag of advice, consultancies, collaboration in other organisations' projects, etc – a bit of a "miscellaneous activities" category. Is that what it really is? Who does it ultimately want to support through its advisory and liaison services and how will that best be achieved? This is particularly important, given that it takes up a significant proportion of staff time.

INASP-Health Directory

The Operational Plan stated that the INASP-Health Directory would be expanded and revised during 2001–2003 "for use as a reference and networking tool for all those with an interest in health information provision. It will be made freely accessible on the Web, and CD-ROM versions will be made available free for libraries and institutions in developing and transitional countries."

This has happened. The second edition of the Directory was published in 2003 and sent out to a list of 250 organisations, mostly in developing and transitional countries. The Senior Programme Manager sees the Directory as a tool that is complementary to INASP Health Links, as well as to the Advisory and Liaison Service and HIF-net at WHO. He says that it was produced as a specialist publication for libraries and resource centres and will be used in both the north and the south. He believes that it will be used in the north as a networking tool and to see who is doing what in the health information sector. He believes that it is used by health librarians in the south to find sources of information and that it should be relevant in both the north and the south as a means of finding information about funding agencies.

Usage and relevance

Questionnaires were sent with the first lot of directories that were posted in October 2003. Only five responses were received. However, usage of the directory was also canvassed in the other questionnaires that were distributed, in interviews and at the Nairobi reflection workshop. Most of those interviewed in the north have not used the Directory, although most of them had received it. Many were unsure about what sort of information it contained and assumed that its focus was medical and therefore not suitable to their needs. They and others said that they use other means of finding information, such as internal databases or the Internet and therefore feel no need to use the Directory. The Senior Programme Manager said that INASP-Health had thought about changing the name of the Directory so that it reflected its contents more clearly. However, this idea came too late for the printing of this edition.

Those who do use the Directory say that they think that it is a good resource. Those who had received it in the south, where finding such information on the Internet is often problematic, said that they found it useful and that it was a good resource. However, many of those at the reflection workshop in Nairobi had not seen the Directory before they were given a copy at the workshop. Once they had seen it, they all said that they thought that it would be a good resource for them, particularly for signposting producers of low-cost and free materials. One woman said that she intended to place her copy in the resource centre at the hospital in which she works, so that doctors at the hospital could also access it.

INASP-Health Directory online

The INASP-Health Directory is also available online and is, as such, a useful resource accessible to a wide range of people in both north and south. In order to promote its usage further, there are some improvements that could be made to its promotion and referencing on the INASP-Health website. Although it is available as a searchable database, this is not clearly stated on the home page of the INASP-Health website. Even on the Directory page of the website, the fact that it is accessible online is well down the page in the text describing the Directory, so unless they read the full text, users may think it is a page of information about the print and CD-ROM versions only. There is an index to the contents of the Directory on this page, but making it clearer may help in promoting its usage. The website also does not contain clear information about how to order the print and CD-ROM versions of the Directory, what the cost is and who can obtain free copies of the Directory. The Directory is a resource that could be better promoted – on the INASP and INASP-Health websites and elsewhere – especially with increasing use of the Internet as a source of information about organisations. The online Directory was updated alongside the updating of the new edition of the printed version of the Directory, however, it must be kept up-to-date on an ongoing basis to maintain user confidence in it. Organisations can update their own entries but this must be supplemented by updating by staff. The staff time required for this needs to be considered in the development of the Operational Plan for the next period.

Distribution and promotion

Attention should also be paid to how and where the Directory is distributed – and how it is promoted so that those who could benefit from it are aware of its existence and how it could contribute to their work. Is it reaching the audience who really needs it – or is it going to those who already have other resources that they could access? What channels are there for getting such information to those who really need it? Can Ministries of Health play a role in distribution? Which formats of the Directory should be distributed where? Are there cultural and technological differences that will influence the success of distribution in different countries?

Some of the people who were interviewed in the north were not were not really aware of what the Directory contained. It was posted to them unsolicited and was put directly onto a bookshelf. If it is to continue to be distributed in the north, INASP-Health may consider developing a flyer that 'sells' the relevancy of the Directory to target organisations. Even where the Directory has been sent out, whether solicited or unsolicited, the flyer could be included so that its use is encouraged and its further development supported.

There is no clear distribution or promotion strategy for INASP publications. In the absence of this, INASP-Health should establish its own strategy. If the monitoring and evaluation process indicates it is being used and is worth distributing more widely, INASP-Health should explore

mechanisms for increasing access to its publications – in line with its own aim of improving access to information for health professionals.

INASP Health Links

Health Links was not part of the 2001–2003 Operational Plan but fits in with Output 2 of the plan. It was developed following an approach to INASP-Health made by Lenny Rhine towards the end of 2001 about adapting the University of Zambia Medical Library's Internet 'Guide to Medical Resources' into an international gateway as a collaborative effort of INASP, the University of Zambia and the University of Florida. INASP Health Links was subsequently launched in January 2002.

Accessibility and relevance

At the reflection meeting in Nairobi, there were a number of people who had used the Health Links gateway. They remarked on its relevancy to Africa and how it had improved their own access to health information. One person stated that INASP Health Links now meant that she did not have to spend a lot of money on printed material as relevant and reliable information was now available to her through INASP Health Links.

INASP Health Links has now also been made available in print form in the 2003 INASP-Health Directory. Participants at the Nairobi reflection workshop indicated that this was useful to them as it meant that they could go directly to a website without having to spend time on the Internet going through the steps to find the appropriate link. This is important in many developing countries where Internet access is expensive and Internet connections are slow.

However, there were also some questions raised at the workshop, mostly to do with accessibility. Some people felt that some of the links in the gateway were too academic. They questioned whether it was signposted well enough and whether it linked to practical information that was relevant to health care workers and health information providers in developing countries, such as Kenya. They also raised concerns about having to surf through all the levels when Internet access was slow and expensive. The INASP Health Links Advisory Group, all of whom are based in Africa, could help to provide some direction and guidance regarding the issues raised in Kenya.

Search

The search function in INASP Health Links could also be improved. When a key word is typed into the search box, the result is a long list of links that is not ordered according to the most relevant links. For example, when the 'eye health' was typed into the search box, one of the categories that information is listed under in the website, the first few results were links which had no obvious relevance to the key word. The relevant links were well down the page and not easy to identify, as they were not written in plain English headings but as full hyperlinks. This is a search feature of the whole INASP website (there is a similar search function for AJOL), perhaps to keep it simple. However, it does not make the search easy and may put off some users.

Usage and promotion

The INASP Health Links web page has a site metre which tracks usage of the site. Some of the statistics are locked and not available to check publicly from the website. The statistics that could be checked included pages visited, entry and exit points and what site they entered from. The most visited INASP Health Links page is the contents page, followed by the index page. The next most popular, both for entry to the site and exit from the site was the e-journals page. Lenny Rhine said that the site metre provided useful statistics for him with regard to the site and demonstrated increased usage since the site had been set up. He stated that he and the Advisory Group checked the links regularly and updated them as necessary. If a link checking service is not already in use to verify the relevancy of web links, there is a third party link checker service that can be found at: http://www.linkalarm.com.

Although usage is increasing, many of those interviewed and many of the participants in the Nairobi workshop, had not heard about INASP Health Links prior to the evaluation. Amongst those who responded to the HIF-net at WHO questionnaire, about 40% indicated that they were not aware of Health Links. As with other INASP-Health resources, if the aim is to improve access to information for health professionals, then it needs to be better promoted so that health

professionals are aware of its existence and can make use of it. In a presentation at a HIF meeting about INASP Health Links, Lenny Rhine suggested that it could also be "offered as a template for use by others to develop and customise their own gateways." This could also be promoted by INASP-Health.

The gateway needs to be promoted in a way that lets people know what it can be used for, what sort of information it contains, how to use it most effectively and how to feed in information about websites that may not yet be listed. An opportunity for regularly reminding people about Health Links and to encourage them to use it exists by sending out a weekly, fortnightly or monthly email to HIF-net at WHO, notifying people of the list of new links and updates that have been added to the gateway. This list could also be included on the INASP-Health website, to encourage people to visit the INASP Health Links page.

Health Library Partnership Database

The Health Library Partnership Database was not in the Operational Plan but could be fitted into Output 2, as it is an information resource about twinning partnerships. According to INASP-Health staff, it was hoped that by hosting the database on the INASP-Health website, it would give it more visibility and would stimulate dialogue amongst those who might consider twinning partnerships. Responsibility for maintaining the database lies with Lenny Rhine and Jean Shaw. However, they currently have other priorities and have not had time to maintain it on a regular basis. If the database is to be a relevant source of information and a resource for those interested in health library twinning partnerships, it needs to be kept up-to-date.

However, there is another issue that should be considered by INASP-Health. While the database may be an interesting piece of research and be of interest to those who may be thinking of health library partnerships, should it continue to be hosted on the INASP-Health website when there is another organisation for whom it is more obviously relevant, ie Partnerships in Health Information, whose focus is health library partnerships? Would it not be more appropriately placed on their website – with a link to it from the INASP-Health website so that it continues to reach the range of people that INASP-Health reaches?

There is also currently no link from the Partnerships in Health Information website to the database, although it relates directly to their work. Similarly, there is also no link from the Health Library Partnerships Database to the PHI website. This raises a question about the purpose of the database and its validity for those to whom it directly relates.

These issues also raise questions about what sort of information should be on the INASP-Health website and what information and/or tools are more appropriately hosted and/or developed by other organisations. INASP-Health can help to facilitate the development of tools by other organisations by helping people to identify appropriate organisations with which they can collaborate. It is important that these issues be examined and clarified as part of the thinking about INASP-Health's role and future directions.

INASP newsletter

The INASP newsletter is issued three times a year and usually contains a four-page section on INASP-Health, prepared by the Senior Programme Manager (special editions may not have sections from the individual INASP programmes). It is posted to a mailing list of 2500 of whom about one-third are interested in health, most of whom are health libraries. There is no charge for receiving the newsletter.

The INASP-Health section of the newsletter contains articles about different programmes in different regions of the world plus information about INASP-Health. In the HIF-net at WHO survey, HIF-net subscribers were asked which INASP-Health service had been most useful to them. Several people said that they found the newsletter to be most useful because it was informative, interesting and they could take it away and read it at leisure.

The Senior Programme Manager was not sure whether or not it was worth its budget however. The production of its proportion of the newsletter cost INASP-Health approximately £6000 per year – relatively expensive when you calculate the cost per page for approximately eight pages a year. At this cost, it is worth doing further analysis of the usage of the newsletter and its priority target audience to ensure that it is meeting its objectives and reaching the right

audience. This analysis should feed into the strategic thinking about the direction and vision for INASP-Health in preparation for the drawing up of its next Operational Plan.

INASP-Health website

The INASP-Health website is a mix of both information about INASP-Health and tools for users. The tools include the INASP Health Links gateway and the online INASP-Health Directory. It is a resource that provides useful information for users in both the north and the south, with potential for further development.

The website is mainly text with few graphics, which makes it easy to download – important for those accessing the site from computers with lower capabilities – but which makes it less inviting to read. It is, however, relatively easy to navigate, with both links in the text and links down the side of the frame. Photos and graphics can make a site much more inviting and need not take a long time to download. They may help to illustrate some of the ideas on the website, particularly in sections which are very text heavy.

The website could be made clearer if its contents were divided into tools and information. Information could contain information about INASP-Health and its activities, reports, lists of publications, etc. Online tools, such as the Directory, INASP Health Links and the Library Partnership Database could then be more easily promoted as tools for use as online resources, including the provision of links to other organisations and to relevant information for health professionals. Services such as the Advisory and Liaison Service need to be made clearer so that people know how to access them.

INASP-Health needs to examine what the main purpose of its website is – to impart information about INASP-Health or as an information sharing and networking tool. Once INASP-Health is clear about its purpose, the organisation will be in a better position to decide what sort of information should be on the website and what may more appropriately be hosted elsewhere. This applies to what is currently on the website and to requests from others to host or develop resources with them. It is interesting that the website is not referred to in either the Operational Plan or the 2002 Review, other than as a location for its online resources. However, the website is an important tool in itself and needs to have a clear purpose and strategy that fits into the broader INASP-Health strategy.

Relevance

There is some information on the site which is fairly old and which should therefore possibly be removed. For example, the section on WHO-HIF cooperation contains a copy of the Cooperation Plan which was developed in 1999 but which is no longer up-to-date. It should therefore either be removed or updated with information about what happened to the Cooperation Plan, otherwise it could give the impression that the WHO and HIF are currently collaborating on the activities listed in the document.

There are other documents which are on the website which are undated and therefore, their relevancy is unclear, for example, the WHO-HIF survey. Does this page contain the results of the HIF-net at WHO survey conducted by the WHO in 2003? (The WHO-HIF survey also raises a question about what should be in the public domain or if some of the content, such as the criticism of the WHO, is information that would have been more effectively used behind the scenes as an advocacy tool with the WHO.) Another document that is undated is the background document. While it provides useful information about INASP-Health, there should be a date on it so that users know the timeframe to which it refers and can have confidence in the information it contains.

The website also has a page for an online fundraising workshop, 'Improving your project proposals'. The page states that "INASP is pleased to present the OnLine Fundraising Workshop: 'Improving your project proposals'." However, there is no workshop on the page, and although the websites of those who developed the course are mentioned, there is no information about how or where to access the course. The websites referred to in the text on that page of the website both link to the same website where there is information about an online fundraising course run by Fahamu, an organisation based in Oxford. That website states that the pilot phase of the course is now complete and that further information is available from the Fahamu office. Should this workshop therefore continue to be listed on the INASP-Health website? Is there updated information that should be added to that page?

The above examples show that there is some updating that needs to be done on the INASP-Health website, in order to review information for its relevancy and suitability and to update information that may no longer be current. If information is not up-to-date, users will lose confidence in the website.

Examples of impact

Another page of information on the website is that entitled 'Examples of Impact'. It contains quotes from people in a variety of organisations and locations regarding the impact of information on healthcare in developing countries. The page is introduced by a paragraph asking people to send information to INASP-Health examples of impact. While it may be a useful advocacy tool to have some examples of impact listed on the website, it would be more effective if it were introduced – both on the INASP-Health home page and on the 'Examples of Impact' page itself – in a shorter, snappier style that makes the purpose of the page obvious from the start and draws people in to read the examples. It is currently very text-based with no pictures or graphics and may put some people off from reading what it contains. It would also be useful to include a paragraph about how such information could be used and what it means with regard to access to health information and other information on the website.

Links

It is somewhat confusing that there are no references on the INASP-Health website to the resources available in other INASP programmes, most notably those of PERI and AJOL which relate to health, including how these can be accessed. (A number of people interviewed, when asked how they participated in *INASP-Health*, mentioned participation in workshops with PERI or possible collaborations in training with PERI, indicating that they do not differentiate between the work of INASP-Health and the health-related work of PERI.) The publications page of the website should contain all the publications available from INASP-Health and how to order them, including the Directory. It should also link to the general publications page of the INASP website.

It may be worthwhile looking at the resources available on the website to see how the information can be organised to easily link to organisations and institutions, either by name or function, so that they can be promoted to those looking for organisations who offer services that they need. It may also be worth exploring whether it can somehow be linked with the information about resources and solutions to problems received via HIF-net at WHO so that that information is not lost.

Search engines

Finally, the tags used on search engines to find the website and the information contained on the website should be reviewed and updated to ensure that the information contained on the website is easily found in a search via Google or similar search engines. The site does come up with a search of the name of the website and the name of Health Links, etc but does not come up if looking for 'health information'. INASP-Health should think of the terms that a search would be conducted under in order to ensure that there are appropriate tags to lead those looking for information to their website.

Summary of recommendations on information resources

A good set of resources has been developed which have helped to provide information about access to information resources. Now decisions need to be made about how these and future resources will be developed. One key question that needs to be examined is whose demand is determining decisions about what 'demand-led information resources' are developed. What is appropriate for INASP-Health to support and develop and what should be referred on to other organisations? In addition, in order to ensure that each resource reaches its appropriate target audience(s), strategies need to be developed regarding the promotion / marketing of INASP-Health's. These, and the issues below, need to be considered in the strategic planning process.

Advisory & Liaison Service

INASP-Health needs to be clear about what it would like the Advisory and Liaison Service to be and its relationship with other INASP-Health activities. The activities listed in the Operational Plan are a mixed bag of advice, consultancies, collaboration in other organisations' projects, etc – a bit of a "miscellaneous activities" category. Who does it ultimately want to

support through its advisory and liaison services and how will that best be achieved? If it is through HIF-net at WHO, then this needs to be more clearly stated – in INASP-Health's strategic and operational plans and in information given out to participants about HIF-net. If there are other ways to provide this service, then they need to be more clearly stated on the INASP-Health website and in promotional materials, so that users know how to access the service and what support / information it provides.

INASP-Health Directory

The target audience for the INASP-Health Directory should be clarified and the format of the Directory reviewed to ensure that it meets the needs of its target audience. Feedback from those who have received the 2003 Directory, in developing countries and in the north, should be monitored to see how and if it has been used and to get suggestions for improvements.

INASP-Health may consider developing a flyer that 'sells' the relevancy of the Directory to organisations. Even where the Directory has been sent out, whether solicited or unsolicited, the flyer should be included so that its use is encouraged and its further development supported.

The online Directory should be clearly promoted on the website as an online resource. Although organisations can update their own entries, this should be supplemented by updating by staff. The staff time required to do this needs to be considered in the development of the Operational Plan for the next period.

INASP Health Links

The INASP Health Links gateway should be promoted in a way that lets people know what it can be used for, what sort of information it contains, how to use it most effectively and how to feed in information about websites that may not yet be listed.

An opportunity for regularly reminding people about INASP Health Links and to encourage them to use it exists by sending out a weekly, fortnightly or monthly email to HIF-net at WHO, notifying people of the list of new links and updates that have been added to the gateway. This list could also be included on the INASP-Health website, to encourage people to visit the INASP Health Links page to see what it offers.

Another recommendation is that the search function in INASP Health Links be reviewed and made more user-friendly.

It is also suggested that NASP Health Links could be promoted as a template for use by others to develop and customise their own gateways.

Newsletter

An analysis of the usage of the newsletter and its priority target audience should be undertaken to ensure that it is meeting its objectives, reaching the right audience and is an information resource that is worth maintaining at its current cost.

Health Library Partnership Database

INASP-Health needs to review whether the INASP-Health website is the appropriate place for the Library Partnerships Database. It should consult with Partnerships in Health Information to see if it could be located on their website – with a direct link to it from the INASP-Health website, so that it continues to reach the INASP-Health audience.

INASP-Health website

The strategic planning process needs to look at the objectives of the INASP-Health website, what sort of information should be on it and what information and/or tools would be more appropriately hosted and/or developed by other organisations. INASP-Health can play a networking role by helping people to identify appropriate organisations with which they can collaborate if the tools / information they want to develop do not fall within INASP-Health's remit.

As part of this, INASP-Health needs to examine whether the purpose of the website is primarily to impart information about INASP-Health or to be an information sharing and networking tool. If it is both, contents should be divided more clearly into tools and information. 'Information' would include information about INASP-Health and its activities, reports, lists of publications, etc. Online tools, such as the Directory, INASP Health Links and

the Library Partnership Database (if it remains on the website) could then be more easily promoted as online resources – and promoted as resources that include links to other organisations and to relevant information for health professionals (or those links could be developed separately if it is more appropriate). Services such as the Advisory and Liaison Service could be described more clearly so that people know how to access them.

Photos and graphics may help to illustrate some of the ideas on the website, particularly in sections which are very text heavy. The 'Examples of Impact' page could include some graphics to break up the text and should have a paragraph about how the information given could be used and what it means with regard to access to health information.

The website should also be regularly monitored with regard to usage and relevancy of content – and to ensure that links to other websites and search engines are effective and appropriate.

Achievement of Outputs: Needs-driven Plans to Address Priorities

One of the main aims under this objective is to develop a shared understanding of the priorities of different end users and promote an exchange of lessons learned. It was to be developed in collaboration with the WHO and identified six priority areas of action:

1. strengthen local production, translation, adaptation and dissemination processes in resource-poor countries
2. strengthen library and information services in resource-poor countries
3. facilitate global sharing of experience and lessons learned
4. improve access to information about existing materials
5. maximise the impact of information technology
6. develop an enabling environment for health information activities.

The WHO-HIF Cooperation Group report suggested a range of activities for capacity building, workshops and conferences, email conferencing, the development of HIF-like groups in developing countries, printed and online directories of resources and organisations, and advocacy.

INASP-Health hoped that they could work with the WHO on a number of these areas. However, HIF-net at WHO is the only action that has developed as a joint initiative to date. The strategies were to be carried forward via a two-pronged approach that included implementation and international consultation, involving the WHO, INASP-Health and other organisations and donors. INASP-Health believes that the lack of a formal agreement and the lack of political will within the WHO to carry the activities forward, contributed to the failure to implement the other actions in the WHO-HIF Cooperation Group report.

When interviewed for the evaluation, the INASP-Health Senior Programme Manager also wondered if the WHO had decided not to take forward the other actions in the Cooperation Group report because they felt that the INASP programme, PERI, was in competition with the WHO's programme, HINARI. However, in interviews with staff at the WHO and with the moderator of HINARI, they indicated that they viewed PERI as being complementary to HINARI and were in discussion with INASP about collaborating with PERI on capacity building.

Since Carol Priestley's discussions with the WHO and HINARI, it may now be a good time to build further on the relationship to find ways that the INASP-Health programme could cooperate with the WHO. INASP-Health's relationship with the WHO needs to be worked through with them, diplomatically, meeting with key people and working through some of the more sensitive areas, such as the impact of criticism of the WHO in an email list that bears its name. Given its status as the major IGO for health, how INASP-Health relates to the WHO in future is critical.

HIF-net at WHO

HIF-net at WHO was started as a joint initiative between INASP-Health and the WHO. It came out of joint discussions between INASP-Health and the WHO in 1999 when the report of the WHO-HIF Cooperation Group was produced. HIF-net at WHO was to be "developed as a tool for international consultation – end users and local information/publishing services in particular will be encouraged to participate." HIF-net at WHO and other INASP-Health initiatives do feed into some of the areas of action listed in the Cooperation Group's report, eg the facilitation of global sharing of experience and lessons learned, improvement of access about existing materials and the development of an enabling environment for health information activities.

The WHO provided some funding for the moderation of HIF-net for its first three years of operation – based on one day per week of the moderator's salary. But because of changes in priorities at the WHO, it did not provide any funding in 2003. Interviews were held with current and previous WHO staff in Geneva during November. They stated that changes in WHO personnel and programme priorities contributed to the reason why no further collaborations developed between the two organisations and why funding was not granted in

2003. Although there are still contacts and supporters of HIF-net at WHO in the World Health Organisation, they are not in the key positions which make decisions about such projects. Their role in the WHO with regard to HIF-net is more as advocates for the continuation of support for the email list, rather than as project coordinators. The discussion list HIF-net at WHO is moderated and edited on a day-to-day basis by the INASP-Health Senior Programme Manager, according to a set of criteria agreed between INASP-Health and the WHO. The Senior Programme Manager consults with the WHO (David Bramley and Barbara Stilwell) with regard to messages that are unusual or doubtful. Otherwise, the WHO acts as the server which hosts the discussion list and provides technical support as required.

The WHO sent out a survey to HIF-net subscribers in March 2003 to assess their perception of the WHO's relationship with HIF-net. Those who responded stated that they found the list to be interesting and useful to their work. Many of the respondents also indicated that they thought that the list was a WHO activity because of its branding. This branding provided initial legitimacy to HIF-net at WHO, enabling it to attract subscribers because of its perceived link to the WHO. However, because there is no regular input from the WHO, other than technical support, one cannot help but question what this branding means and what implications it may have if INASP-Health wants HIF-net at WHO to take on a more provocative role, questioning the policies of institutions such as the WHO. Perhaps this may not arise as an issue but it is important to be clear about what is the role of the WHO with regard to this list and what such branding implies. In fact, some of the people interviewed at the WHO indicated that there had been some people within the WHO that were concerned when a discussion thread sometime in the past (they could not remember which one) became quite critical of the WHO. Apparently, those who were concerned about it felt that it was inappropriate to carry on a discussion which was critical of the WHO when the list had WHO's name. Whether this is felt by only a minority at the WHO, it is an issue that needs to be considered and discussed.

Health Information Forum

One of the methods used to look at priorities in specific areas was through the formation of HIF Action Groups. Two action groups operated during the 2001–2003 period, to carry forward ideas raised at HIF meetings. The Staging Posts Action Group (SPAG), coordinated by Paul Chinnock and Christopher Zielinski, brought together people interested in exploring methods to support local adaptation and repackaging of information from international (and local) sources. The group attracted about 30–40 people to each meeting. They had an online discussion list which was moderated by Chris Zielinski and which exchanged more than 1000 pieces of correspondence while it was operating. Ideas for best practice raised in the discussion were not distilled in any way. In 2000 once the group had brought the idea to the stage where it was ready to be formulated into a proposal, the group had served its purpose and was closed. From this discussion, a proposal for a 'Information Waystations and Staging Posts' project was developed by Chris Zielinski which he is hoping to be able to incorporate into other projects that he is currently working on with the WHO.

The other action group that operated during this period was the Evaluation and Monitoring Action Group (EVAG). This group was formed to look at evaluation issues with particular regard to health information for health information workers in developing and transitional countries. It was chaired initially by Andrew Chetley from Exchange and then, because Andrew did not have the time to facilitate the group, by Christine Kalume from Healthlink Worldwide (according to an EVAG review report compiled by Christine Kalume in February 2003). EVAG did not have the success of SPAG in stimulating discussion. In the review of the group put together by Christine Kalume, she cites a number of problems that contributed to its eventual demise, including lack of time to facilitate discussion, lack of physical meetings to stimulate discussion, lack of discussion on the email list and the fact that there was no real group identity because of the differing focuses and interests within the group. The EVAG list was eventually handed over to LEAP-Impact, which has taken over its moderation.

One of the main differences between the two action groups – and which may have influenced the success of one and the failure of the other – was the number of face-to-face meetings which were held for each group. The first action group had a number of regular face-to-face meetings over a short period while EVAG had hardly any, operating mainly by email. Another factor may have been differences in how each list was moderated and time available to the moderator to stimulate and focus discussion.

Action groups could play a role in exploring to a greater depth ideas raised at HIF meetings. However, in practice, such groups will only function effectively if there is a common understanding of the purpose of the group and clearly defined outcomes. The role that action groups could play is another issue that should be considered once the strategy and objectives for HIF are more clearly defined.

Action groups are one way that HIF can take forward ideas from HIF meetings and build on them. In addition, as suggested earlier, the format and focus of HIF-meetings should be reviewed to explore ways of better encouraging exchange of learning, identification of needs and priorities and ways of taking them forward – or promoting discussion that will lead to needs-driven action plans within the network. To find out the actions that have been taken outside of the formalised HIF action groups, feedback forms could include a question that refers to previous HIF meetings and what follow up with regard to actions or taking forward ideas had taken place outside of HIF structures. This should also become part of the annual review process.

HIF-like groups in developing countries

The Operational Plan stated that: "WHO, INASP-Health and HIF participants will identify, promote, and link with 'HIF-like' local and national cooperative networks. WHO country representatives will be encouraged to act as catalysts." These linkages have not yet been made, although Ibrahima Bob of AHILA has spoken twice at HIF meetings, once in 2002 and a second time in 2003. In further developing this idea, and preparing for taking it forward, INASP-Health needs to consult with key organisations in the countries it wants to initially target to work out with them what role it should play to support them in the identification of their own needs and priorities and how will these be fed into the broader INASP-Health network. It needs to also work out how this will be monitored so that INASP-Health can check whether it is playing an effective linking role that results in needs-driven action plans.

Summary of recommendations on needs-driven plans

Some progress was made in developing 'needs-driven plans to address priorities' through continued collaboration with the WHO on HIF-net at WHO, 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.

WHO-HIF cooperation

INASP-Health's relationship with the WHO needs to be worked through with them, diplomatically, meeting with key people and working through any potentially sensitive issues – such as the impact of branding the email list with the WHO name and what that means when there is criticism of the WHO in discussions on the list. This discussion should also explore ways that INASP-Health and the WHO could work together in future.

Health Information Forum

The role that action groups could play in further exploring ideas raised at HIF meetings is another issue that should be considered once the strategy and objectives for HIF are more clearly defined. In practice, such groups will only function effectively if there is a common understanding of the purpose of the group, clearly defined outcomes and the right person / people to take responsibility for taking it forward.

To find out the actions that have been taken outside of the formalised HIF action groups, feedback forms at HIF meetings could include a question that asks what people have done with regard to acting on ideas raised at previous HIF meetings. This should also become part of the annual review process.

HIF-like groups in developing countries

In further developing the idea of local networking and/or the establishment of local HIF-like groups, INASP-Health needs to consult with key organisations in the countries it wants to initially target to work out with them what role it should play to support them in the identification of their own needs and priorities and how will these be fed into the broader

INASP-Health network. It needs to also work out how this will be monitored so that INASP-Health can check whether it is playing an effective networking role that facilitates the development of needs-driven action plans.

Achievement of Outputs: A Capacity-building Programme of Practical Workshops

HIF-like groups

The operational plan stated that INASP-Health would build on INASP's experience of the organisation of practical workshops in Africa by introducing 'a capacity-building programme specifically for those involved in the provision and use of health information'. INASP-Health was to work with trainers and partners, in both the north and the south, to organise practical skills workshops in:

- health publications management
- electronic publishing
- editing and adapting source information to the end user
- fundraising for health information activities.

These plans seem to indicate that capacity building is an important area of work for INASP-Health. However, there is no real capacity or resources allocated to it within the organisation and there are differing ideas within INASP about INASP-Health's role in capacity building. The INASP-Health Senior Programme Manager believes that as a network, INASP-Health's role is to facilitate, not take on activities such as capacity building which he feels would be more appropriately carried out by an implementing organisation. He believes that INASP-Health's role is to facilitate the linkages that would enable the capacity building to take place. However, despite this, the 2002 Review also included practical training workshops (in areas such as medical editing and writing; publishing management; online publishing; Internet skills) as one of the areas of future work for INASP-Health.

The 2002 Review also stated that training would be 'demand-led'. If it is to be truly demand-led, then the 'HIF-like' groups themselves must be allowed to decide what their own capacity building needs are so that INASP-Health can see what it has the capacity itself to provide and what is more appropriately in the domain of others. 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's role in capacity building may be most appropriately focused on support and guidance on how to establish and maintain effective networks, devising workshops that will help develop skills in the development and maintenance of effective networks and networking communication tools. With regard to training in practical skills in editing and publishing, the PERI programme of INASP has already held some workshops on training in editing and publishing skills in Africa and elsewhere. Some of these workshops have included INASP-Health contacts. It would make sense for INASP-Health to liaise more closely with PERI and to see 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.

Summary of recommendations on capacity building

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's role in capacity building may be most appropriately focused on support and guidance on how to establish and maintain effective networks, devising workshops that will help develop skills in the development and maintenance of effective networks and networking communication tools.

INASP-Health should 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.

Achievement of Outputs: Materials related to Information Needs

Under this output, the Operational Plan stated that INASP-Health would work with partner organisations to:

- harness knowledge and perspectives of participants at conferences and workshops
- collect and make available literature and case studies relating to 'access to information for health information for health professionals in developing and transitional countries'
- summarise key findings for national and international audiences.

The output itself was for "an accessible resource of materials relating to information needs, access, application and monitoring and evaluation." According to the Senior Programme Manager, activities relating to this output have not been implemented in a structured way. However, INASP-Health's participation in other organisations projects did go some way to contributing to this output. For example, for IICD's local content project, INASP-Health was funded to gather case studies and literature relating to access to information for health information for health professionals in developing and transitional countries. The Senior Programme Manager then produced a report for IICD, *Strengthening Local Capacities to Create and Adapt Healthcare Information*. The work with Cordaid and IICD involved consultations and documents that collated data on needs, barriers, etc. The Senior Programme Manager also presented a paper at the Luxembourg International e-Health Conference in 2002 which was a local synthesis of information materials for health workers in developing countries. These documents have been placed on the INASP-Health website.

INASP-Health met someone at the WHO that had expressed an interest in collating data related to the information needs of nurses and midwives (the theme of the September 2003 HIF meeting) – data gathered from discussions on HIF-net at WHO, the HIF meeting and a literature review. The idea was to create an online 'living review' which she would update. This has not happened yet. However as discussed earlier in this report, Christine Porter has compiled a summary of the online discussion on that theme on HIF-net at WHO and that summary has been placed on the HIF-net at WHO website.

The activities that have contributed to the achievement of this output have generally not taken place because of opportunities for collaborations with other organisations (such as IICD and Cordaid) which have taken up staff time. To take advantage of relevant opportunities can be, and has been in many ways, beneficial for INASP-Health. However, 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.

Summary of recommendations on 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.

Achievement of Outputs: An Internationally Recognised Mechanism for Advocacy

Health Information Forum

The 2001–2003 Operational Plan stated that the HIF Organising Group would explore ways to harness the potential of HIF participants as a mechanism for advocacy for the promotion of health information as an issue – to governments, NGOs, business and foundations. HIF is currently not playing an obvious advocacy role, other than advocating the improvement of access to information through the exploration of the themes of each meeting. However, this is to a limited audience (those who attend the meeting) and does not necessarily attract the bigger organisations who can make a difference. It does bring in some voices that would not normally be heard, by getting them to make presentations at the meetings. But again, this is a small number of people and if they do not reach those who have the power and influence to make a difference – either at the HIF meeting itself or via those who attend – its advocacy role will be limited. If advocacy is to remain as an aim of the Health Information Forum, the format and focus of meetings should be reviewed to see how they can become more effective mechanisms for advocacy, including what it is the aim of the advocacy, who is it targeting and how will it be achieved.

HIF-net at WHO

The Operational Plan stated that INASP-Health would "give a voice to frontline health professionals and information workers in developing and transitional countries, thereby promoting their vital contribution to priority-setting and policy development." It also stated that INASP-Health would:

- Encourage sharing of perspectives from multiple disciplines worldwide, particularly from developing and transitional countries
- Encourage communication, through email discussion, conferences and publications, between 'front-line workers', international agencies and others.

One of the advocacy functions was to 'provide a channel of communication among end-users, local publishing and information services in developing and transitional countries, and international agencies and international support services. It is essential to harness the perspectives of those 'on the ground' to develop priority-based, needs-driven health information strategies."

INASP-Health is providing a channel of communication which does allow a sharing of perspectives and encouragement of communication through HIF-net. This discussion list is more dynamic than many – and is growing. However, how it contributes to priority-setting and policy development is unknown. This is an area that INASP-Health may want to further explore, in order to assess the impact of the discussion list. One person who attended the reflection workshop in Nairobi told a story about how she had posted a link to a report that her organisation had produced and that as a consequence, she not only had comments from organisations in other regions of the world, but also from the Kenyan Ministry of Health, who, she said, would probably not have read the report if she had posted it directly to them.

Summary of recommendations on advocacy

If the strategic planning process decides that advocacy is to continue to be an objective of INASP-Health, then the organisation should decide what outcomes they want from that advocacy, who they want to target and how. In addition, INASP-Health will need to consider what sort of discussions would have an impact on policy and practice and what sort of discussions would facilitate the development of 'priority-based, needs-driven health information strategies'.

Achievement of Outputs: Monitoring and Evaluation

In the Operational Plan there were a number of methods given with which INASP-Health would monitor and evaluate the achievement of its objectives and outputs. They were:

- a process of ongoing monitoring and feedback
- consultation on the development of the Operational Plan, including its posting on the INASP-Health website
- evaluation forms at Health Information Forum meetings
- quantitative monitoring of HIF-net at WHO with regard to its use (number of subscribers, geographical profile of subscribers, quantity and types of messages)
- qualitative monitoring of HIF-net at WHO through the canvassing of participants with structured questionnaires
- external evaluation of overall progress in year 3 of the Operational Plan.

These and other methods of evaluating INASP-Health's work are discussed further below. A review of INASP-Health's work is compiled by the Senior Programme Manager annually. It is a good report for sending out to the public and to donors. However, in order to inform strategic and operational planning, INASP-Health should also put together an annual critical evaluative review which brings together the results of monitoring and evaluation in order to help identify areas that could be improved, resource needs, etc.

Advisory and Liaison Service

Current indicators used for evaluating this service include the amount of staff time spent on communications, geographical breakdown and number and types of enquiries. These indicators show quantitatively whether the service is growing, who is using it and how they use it. They form a good basis for looking at how the service is developing and whether or not it is growing. However, they monitor only one aspect of the activities of the Advisory and Liaison Service that were listed in the Review. They do not provide analysis about the other collaborations and activities that took place, what their impact was and how they contributed to the achievement of Output 2 and the overall goal of INASP-Health. While the focus of the service is unclear, its real impact and its objectives will be difficult to accurately assess. Once INASP-Health has clarified what the focus of the Advisory and Liaison Service is, the indicators will need to be revised – to help the organisation measure its usage and impact, using them to help identify gaps and trends. As one of the aims of the service is to facilitate communications, indicators should be developed that help to measure the links that have been made, or the referrals that may lead to linkages, in order to help build a picture of its networking impact. It would also be useful to occasionally survey those who have used the service to find out how satisfied they were with the service and how it impacted on their work.

Health Information Forum

Feedback forms are distributed at every HIF meeting and the results collated and distributed to the HIF Organising Group. The feedback form asks participants to "return this slip with any comments on this meeting or suggestions that you may have for future meetings". Many of those who fill out the form give helpful suggestions for the improvement of meetings (based on the meeting they have attended). It is simple and so is easy for people to fill out at the meeting.

Once the purpose and objectives of HIF meetings are confirmed for the next Operational Plan, feedback forms should be amended to reflect the revised objectives. For example, if one of the objectives of HIF meetings is to create a learning forum, then questions could be geared to assess their learning from the meeting and to find out how they think they will impact on their work. If the purpose is to encourage networking, questions could be asked about links they have made and how they think networking and information exchange could be improved through HIF. Similar questions could be added to reflect impact of advocacy and/or actions that have been taken forward as a result of HIF meetings. However, whatever changes are made to the feedback form, it should keep its similar simple structure to encourage people to fill it out.

Annual reviews could also be carried out, which include short telephone interviews with a range of occasional and regular participants, asking them for their feedback on the impact of HIF meetings and why or why they have not continued to attend.

HIF-net at WHO

Statistics are compiled on an annual basis measuring the following parameters for usage of HIF-net at WHO: number and professional status of subscribers; geographical spread of general subscribers, of contributors posting messages and of actual messages posted; number and types of messages). Structured questionnaires have not been sent out on a regular basis, however the WHO sent out a questionnaire in early 2003 in order to get feedback about HIF-net at WHO and to assess participants' viewpoints regarding the WHO's relationship with, and support of, HIF-net at WHO.

As part of the current evaluation, questionnaires were sent out in October 2003 assessing usage and satisfaction with HIF-net at WHO (a copy of this questionnaire is included in an Appendix at the end of this report). In addition, questionnaires were sent out to those who had posted requests for information via the discussion list. These questionnaires not only measured usage of the list but also incorporated questions to measure the networking function of HIF-net at WHO, asking about contacts made through the discussion list, impact on work, etc.

The quantitative monitoring of HIF-net at WHO is quite thorough but should also be accompanied by regular qualitative monitoring in order to ensure that the list is reaching its primary target audience(s) (which needs to be more clearly defined by INASP-Health) and is achieving its objectives with that target audience (eg as a networking tool, as a mechanism for advocacy, as a means of improving access to health information, etc).

In addition, HIF-net at WHO can be used as a tool for obtaining feedback regarding INASP-Health's own planning and activities, by posting messages via the discussion list as part of strategic and operational planning processes in order to assist in the assessment of the needs and priorities of those in developing and transitional countries.

INASP Health Links

The INASP Health Links gateway is currently monitored by Lenny Rhine of the University of Florida. He obtains statistics through a web monitoring mechanism and has placed a link to those statistics on the website itself. These statistics monitor usage of the site, including pages visited, length of time spent on each page, how it was accessed, search engines used to find the website, types and geographical spread of organisations (from web addresses), etc. An analysis of these statistics should be included in annual reviews of INASP-Health and should be accompanied by qualitative assessments through questionnaires, interviews and/or other means of feedback regarding usefulness as a means of improving access to health information, accessibility and relevance, ease of navigation, effectiveness as a networking tool, etc.

INASP-Health Directory

Feedback from Nairobi and from the questionnaires that were sent out indicated that the Directory is a resource that has some value and could be a good resource – in particular to developing and transitional countries. However, within INASP there is no current means of monitoring or evaluating the use of the INASP-Health Directory. The 1999 edition was never evaluated, so the questionnaire sent out for this evaluation was the first time that those who received the Directory were asked about its use. Given the assumption that its main target audience is users in developing countries in areas where Internet access is unreliable and information resources are poor, it is important that the suitability of the format of the Directory be tested.

This is particularly important as one of the needs identified in the workshop in Nairobi and by those from the south who were interviewed was training in the ability to research and use information. They said that even where information was available, users often needed training in how to make use of it. They also stressed the importance of the format of publications and the need for them to be formatted to suit the audiences they were targeting. Although they did not criticise the format of the Directory, it is worth monitoring if the Directory is to be disseminated to local hospitals and resource centres.

One of the main things that needs to be assessed is who its target audience currently is and who it should be. The Operational Plan states that it is for use by 'all those with an interest in health information provision'. While it may be available to everyone, it is important that INASP-Health be clear about who its real target audience is. This will influence its design, writing style and content and will provide a good basis for monitoring its usage and value as a networking and reference tool. It is recommended that INASP-Health monitor the usage of this new edition to inform any further publications and information tools that it produces. This monitoring should include examining (a) how they use, or would use, the Directory and (b) what other sources of information they have about health information.

Usage of the online Directory also needs to be monitored as part of this process, as well as identifying what statistics are needed from the webmaster or other web monitoring sites to monitor its usage. Is the CD-ROM version more accessible or do people still prefer print? How is it being used – and which audiences suit which format? These are some of the questions that need to be asked in the monitoring process and which should feed into the planning process.

Feedback questionnaires should be sent out with every Directory. If getting them sent back is difficult, then INASP-Health could look at implementing some sort of incentive system. For example, survey forms returned by a certain date could be entered in a draw for a prize, such as a book or a CD. Monitoring needs to become an integrated part of the publication process to inform strategy and ensure that objectives are being met.

INASP-Health website

Website usage is currently not monitored by INASP-Health. The Senior Programme Manager stated that he found website statistics in general to be limited in their usefulness. However, without obtaining any statistics regarding general usage, pages visited, types and location of organisation using the website, etc, it will be difficult for INASP-Health to know whether or not the website is achieving its objectives. Clarifying the objectives of the website will assist the organisation in identifying what it needs to monitor. The organisation's webmaster should be able to help staff to identify what statistics are available and how to access them. If the statistics available from the website's own systems are not good enough, then INASP-Health could try using third party services, such as http://www.linkcounter.com/. If necessary, it could also get an external consultant in to give some training on how to access and use relevant website statistics so that it can start to gather the information together. The results of the monitoring of the website should also be reported in the annual review, as one means of helping INASP-Health to see its website as one of its communication tools.

Network evaluation tools

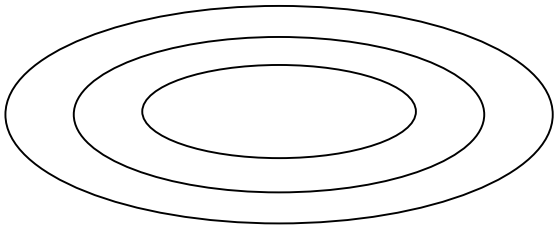
In addition to the evaluation methods suggested above, the next section on networking includes tools for measuring linkages. In addition, there are three further evaluation tools that were developed as a result of the Madeline Church-led network evaluation project that could be adapted to INASP-Health. These tools were used as a reference point for the formulation of survey and interview questions. The tools are:

1. *Contributions assessment:* An assessment of the contributions rather than needs of those in the network. A contributions assessment is "intended to reveal what people have to contribute, what they are willing to contribute and in what time frame. It enables the network to see what resources it has access to, and how they might be shared, multiplied or exchanged." [6]

2. *Channels of Participation:* This tool helps to create a picture of how people participate in the network and how that participation changes over time. It consists of a large circle, inside of which are drawn two smaller circles, creating bands of participation. The closer to the centre an individual or organisation sits, the greater their participation. It is a way of identifying channels of participation, however insignificant and of monitoring movement. [7]

[6] Madeline Church et al. *Participation, Relationships and Dynamic Change: New Thinking on Evaluating the Work of International Networks*, 2003. p 26
[7] Ibid., p. 30

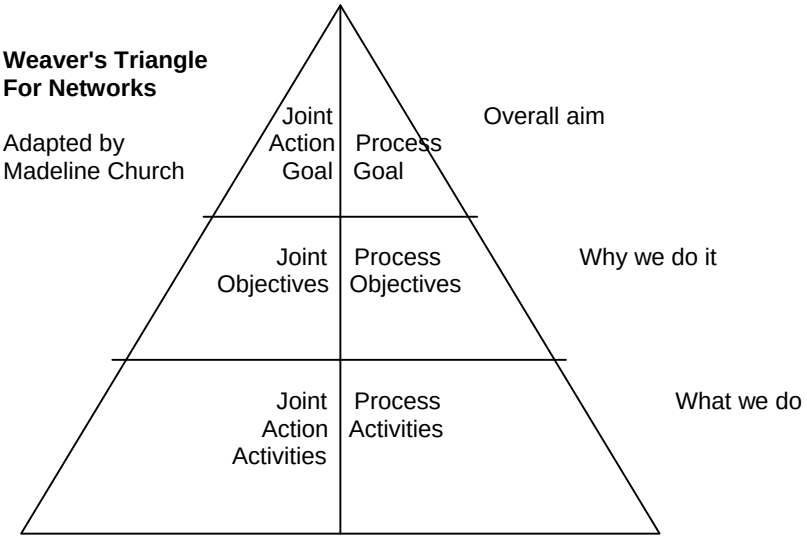
Channels of Participation



3. *Weaver's triangle for networks:* The Weaver's triangle is a tool for clarifying aims, objectives and activities and was adapted for networks as part of the project on network evaluation.

Weaver's Triangle For Networks

Adapted by Madeline Church



"Given that a central part of a network's work is that of facilitating the exchange and connection between members, the triangle is divided into two, to allow action aims and process aims to have equal weight." [8]

Summary of recommendations on M&E

Once the strategic planning process has clarified INASP-Health's objectives, priority target audiences and activities, a monitoring and evaluation strategy should be developed with clear indicators for each objective and output to enable effective monitoring of INASP-Health in its next stage of development.

In addition to the annual report, a critical evaluative review should be put together on an annual basis, bringing together the results of monitoring and evaluation throughout the year, in order to help identify areas that could be improved, resource needs, etc.

Advisory and Liaison Service

Indicators for the Advisory and Liaison Service should measure its usage and impact, and help to identify gaps and trends. As one of the aims of the service is to facilitate communications, indicators should be developed that help to measure the links that have been made, or the referrals that may lead to linkages, in order to help build a picture of its networking impact. It would also be useful to occasionally survey those who have used the service to find out how satisfied they were with the service, linkages made and how it impacted on their work.

Health Information Forum

Evaluation forms for the Health Information Forum should reflect its purpose(s). For example, if one of the objectives of HIF meetings is to create a learning forum, then questions could be

[8] Madeline Church et al. *Participation, Relationships and Dynamic Change: New Thinking on Evaluating the Work of International Networks,* 2003. p 28

geared to assess their learning from the meeting and how participants think they will impact on their work. If the purpose is to encourage networking, questions could be asked about links made as a result of the meeting and how participants think networking and information exchange could be improved through HIF. Similar questions could be added to reflect impact of advocacy and/or actions taken forward as a result of HIF meetings. Whatever changes are made to the feedback form, however, it should keep its similar simple structure to encourage people to fill it out.

Annual reviews could also be carried out, which include short telephone interviews with a range of occasional and regular participants, asking them for their feedback on the impact of HIF meetings and why or why they have not continued to attend.

HIF-net at WHO

The current quantitative monitoring of HIF-net at WHO should also be accompanied by regular qualitative monitoring in order to ensure that the list is reaching its primary target audience(s) and is achieving its objectives with them (eg as a networking tool, as a mechanism for advocacy, as a means of improving access to health information, etc).

In addition, HIF-net at WHO can be used as a tool for obtaining feedback regarding INASP-Health's own planning and activities, by posting messages via the discussion list as part of strategic and operational planning processes – to assist in the assessment of the needs and priorities of those in developing and transitional countries.

INASP Health Links

An analysis of the web statistics compiled by Lenny Rhine should be included in annual reviews of INASP-Health and should be accompanied by qualitative assessments through questionnaires, interviews and/or other means of feedback regarding the gateway's usefulness as a means of improving access to health information, accessibility and relevance, ease of navigation, effectiveness as a networking tool, etc.

INASP-Health Directory

INASP-Health should review who the target audience of the Directory currently is and who it should be. It is recommended that INASP-Health monitor the usage of the 2003 edition to inform any further publications and information tools that it produces. This monitoring should include examining (a) how recipients use, or would use, the Directory and (b) what other sources of information about health information they use. The appropriateness of the format and content of the print Directory for its target audience(s) also needs to be monitored in this process as well as which users find the CD-ROM version more accessible; how the online Directory is being used – and which audiences suit which format. Monitoring of usage of the online Directory should include statistics obtained from INASP's webmaster or other web monitoring sites.

INASP-Health website

If the statistics available from the website's own systems are not good enough, then INASP-Health could try using third party services, such as http://www.linkcounter.com/. If necessary, it could also get an external consultant in to give some training on how to access and use relevant website statistics so that it can start to gather the information together. The results of the monitoring of the website should also be reported in the annual review, as one means of helping INASP-Health to see its website as one of its communication and networking tools.

INASP-Health as a Network: Interconnectivity[9]

One of the objectives of INASP-Health is to create "a thriving global communications network for inter-sectoral exchange throughout the international health information community". INASP-Health describes itself as a "cooperative network of more than 1000 organisations and individuals worldwide, working together to improve access to relevant, reliable information for health professionals in developing and emerging countries." But to what extent is it a network. To what extent does it facilitate networking?

One of the ways of looking at networking is to focus on the linkages, or interconnectivity, between those that take part in INASP-Health activities and use its resources and between the activities and resources themselves.

Levels of analysis

There are three levels at which networking aspects of INASP-Health can be monitored over time, and periodically evaluated:

- Macro: Linkages between INASP-H services and services provided by other organisations
- Meso: Linkages *across* the specific INASP-Health services, especially those arising from overlapping participants E.g. HIF, HIF-net, INASP Health Links, etc.
- Micro: Linkages *within* groups of participants using specific INASP-Health services e.g. HIF-net, HIF, etc

There is also a temporal dimension to each of these levels. How linkages at level change over time.

Some *examples* are given of each of these types of analysis below. I have not had the time to do a comprehensive analysis of INASP-Health networks at all three levels, and how they have changed over time.

Macro level linkages

These can be identified in at least three ways:

- by INASP-Health itself, and
- by the participants / users of INASP-Health services
- by Internet-based search engines and related services

Macro-linkages defined by INASP-Health

INASP-Health is associated with several other organisations which can be influenced by INASP-Health and which can influence INASP-Health. These include:

- Parent / host organisation: INASP, which may influence the future direction of INASP-Health. E.g. by seeking more involvement in capacity building
- Donors: Welcome Trust, British Medical Journal, Exchange, IICD, WHO, DFID, Danida
- The HIF Organising Group: Institute of Psychiatry, London School of Hygiene and Tropical Medicine, BMJ Clinical Evidence, Interactive Health Network, Health Informatics Europe, Partnerships in Health Information, Update Software, Journal Server Trust, WHO / Information Waystations Staging Posts Network, Healthlink Worldwide, Wellcome Trust
- Information related discussion forums: HIPNET (Health Information and Publications Network), AHILA-NET (Association of Health Information for Librarians in Africa), AFRO-NETS (African Networks for Health Research and Development), SATELLIFE, South Asia Public Health Forum, PHA-Exchange (People's Health Assembly)' Communication Initiative
- HIF-like groups in Africa.

I have not done any analysis of network linkages at this macro level, but analysis could be done by:

- Measuring (using ranking methods)
  - The relative priorities of INASP's relationships with each group.

[9] This section was prepared by Rick Davies using data on participants and participation in HIF-net at WHO and HIF, and the contents of the draft report and Neil Pakenham-Walsh's responses to it.

  - Tracking time spent on each of these relationships, relative to their perceived priority
  - The relative achievements with each of these relationships, relative to time spent
- Graphing measurements
  - Priorities against time invested
  - Time invested against achievements
- Examining outliers
  - High priority low achievement relationships
  - Low priority high achievement relationships
  - High time invested low achievements relationships
  - Low time invested high achievement relationships

Macro-linkages as defined by users of INASP-Health services

In the case of HIF-net it is highly likely that many of the users belong to other mailing lists (including HIPNET, AHILA etc). Information about these linkages could be found out via a one question email inquiry to HIF-net members

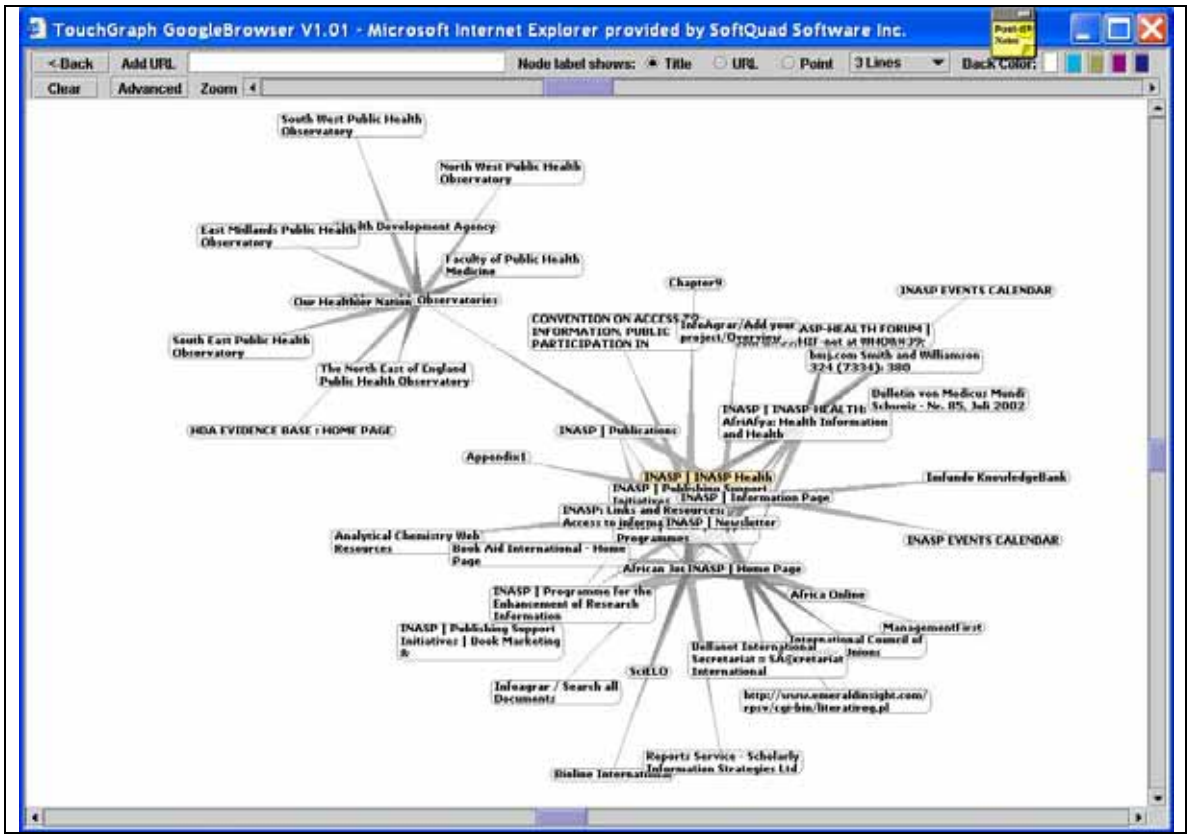
- The first result would simply be a list of mailing lists members used. This itself could be fed back as an item of potentially user information to list members. Many members may not know of all the lists mentioned. Nor may INASP-Health.
- A second email question could ask people to indicate which of the lists listed they use. This would give quantitative data on how the membership of the various lists overlapped, and this potentially interacted. This information could stimulate further brokerage activity by INASP-Health, promoting further use of some lists by some groups not using them. It could also highlight gaps that INASP-Health could help fill via HIF-net.

Macro-linkages as defined by Internet search engines and related software

There is a web-based service called TouchGraph[10], which uses Google search findings to map the connections between a given website and all others, and the connections between those other sites. Connections in this case mean the inclusion of a specific reference to a given website in another website. The figure below shows its view of how http://www.inasp.info/health/ is connected to other related websites, according to TouchGraph's analysis in March 2004. Although not very readable at this scale of reproduction, when viewed on screen the individual nodes can be moved around, expanded, or contracted.

[10] http://www.touchgraph.com/TGGoogleBrowser.html

TouchGraph view of INASP-Health linkages to other websites



The same types of questions can apply here as above: what are the priority relationships, how much time is being invested in them and with what results. Free third party software such as Extreme Tracking can be used to identify which other websites bring traffic to INASP website. Web log statistics held by the INASP website hosts can indicate which other websites visitors have gone to after visiting the INASP website.

Meso-level linkages

HIF-net and HIF

During the evaluation a comment has been made that " *it should be pointed out that most of the people who come to HIF meetings are already on HIF-net. This statistic was provided but has not been indicated in the report*" (NPW). According to the HIF spreadsheet 46% of those who have come to HIF meetings are HIF-net members. This percentage rose from around 50% in the first few meetings up to around 80% in the 20-25th meetings. But since then it has gone down to around 60%.

The question to ask here is "What sort of target figure would be appropriate? This is essentially a question about how much connectivity is appropriate between two different groups. A high level overlap would prevent the HIF from being a means of finding new members of HIF, however it would be a means of meeting the needs of the existing HIF-net group. In James March's terms the choice here is between exploration (of potential new members) and exploitation (of the interests of the existing members).

INASP-Health DIRECTORY, HIF-net and HIF

There is a potential overlap between the organisations listed in the directory, the target audience of the directory, and HIF-net and HIF. I have not had time to investigate these types of linkages. It may be useful to think in terms of INASP's networking objectives here. What sort of linkages would be desirable between these sets of users / participants?

- Are the organisations listed already known to each other, therefore not in need of the directory, or is the opposite the case?
- Are those in need of the directory a completely different group?
- While it would be easy to publicise the directory via HIF and HIF-net are these groups the audiences that INASP wants to be able to access and use the Directory?

Analysing overlaps in participants and users in each of the INASP-Health services

Taking the above argument more generally, different services may deliberately try to reach different audiences in which case little overlap would be expected. For example, the readers of the Directory and the users of online information sources such as INASP Health Links might be expected to be different. In other cases, overlap might be sought because complimentary forms of information might be sent by different means to the same audience. *At the minimum* it might be expected that INASP-Health would be able to say what sort of overlap (or not) was expected, in the membership of users of any two of its services. It may be helpful to construct and fill in a matrix summarising these expectations. For example, as shown in the table below. The achievement of these expectations can then be tracked by analysis of information about actual participation.

Expected overlaps in users / participants (actors in rows link to actors in cols)

		A	B	C	D	E	F	G	H
A	Advisory And Liaison Service				High				Low
B	Health Information Forum				High				None
C	INASP-Health Directory								
D	HIF-net At Who	Low		Low				High	
E	INASP Health Links								
F	Health Lib, Partnership DataB								
G	Website				High	High			Low
H	HIF-Like Groups	Low	None					Low	

[table is incomplete]

Once this table is filled with actual numbers, or categorisations of degrees of overlap, it is possible to construct a network diagram, showing INASP as a *network of networks.*

Micro-level linkages

These are about connections between participants using specific INASP-Health services.

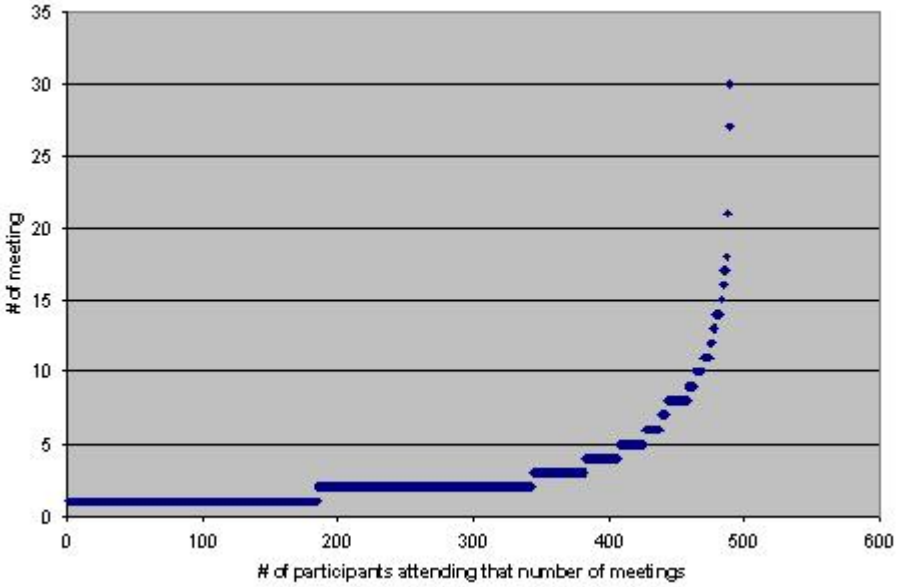
Example: HIF meetings

The draft Evaluation report has commented that some HIF participants *".. said that the meetings often attracted the same core of people"*.

The HIF spreadsheet data shows that the majority of participants had attended two to three meetings. Only three people had attended more than 66% of all meetings, making up 7% of participants in those meetings[11]. Eight people had attended more than 50% of the meetings, making up 20% of those meeting's participants[12]. A graph of participants per meeting is shown below.

[11] Neil Pakenham-Walsh, INASP-H; Andrew Chetley, Exchange; Chris Zielinski (Infomania Ltd).
[12] The above participants plus Healthlink Worldwide, International e-Health Association, Editor, Africa Health and Medicine Digest/ London School H&TM, ECHO International' Partnerships in Health Information (PHI)

Participation frequency and its relationship to numbers of meetings



With the eight most frequent participants the question to ask here is who do they interact with during these meetings? Themselves or the other participants who are less frequent attendees? If they are encouraged to do the latter then they could perform an important bridging role between a large number of people who will not have direct contact with each other. Given that the names of the members of this small group are known it would be worthwhile asking them, or asking them to document, if they are aware of any new connections they have helped to broker in the most recent meeting.

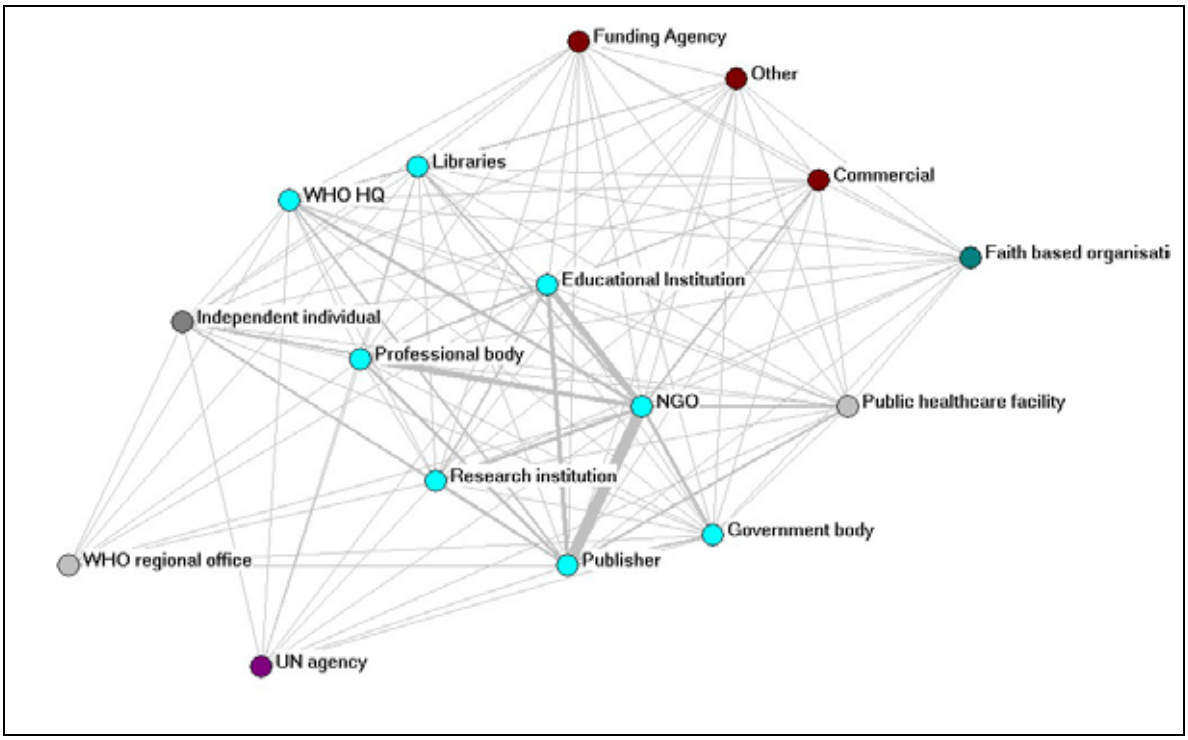
Another question to ask here is what sort of overlap between participants in the different meetings does INASP-Health want? None at all would mean opportunities for networking across different interest groups would be non-existing. On the other hand, complete overlap would mean that participants would not be meeting any new people at each subsequent meeting.

One way of addressing this question would be go down to a further level of detail and look at what sort of linkages have been potentially created between different *groups* of people, simply by participating in the same meetings. Then asking where the linkages are the weakest and might arguably need to be developed .

The figure below shows one analysis based on the classification participants in terms of their organisation type (as given by INASP-Health). Lines show connections between groups based on joint participation in the same meetings. Thicker lines mean joint participation in more such meetings. Organisations closer together are more likely to have similar sets of linkages[13].

[13] This network diagram was constructed from spreadsheet data using UCINET social network analysis software, available free on the Internet.

Linkages between organisations, via attendance at HIF meetings



The organisations that have the smallest number of linkages with other types of organisations are: WHO-regional (8 links), UN agencies (10 links), Other (11 links) and faith-based organisations (12 links). The minimum number of linkages possible here is 15 (i.e. n -1).

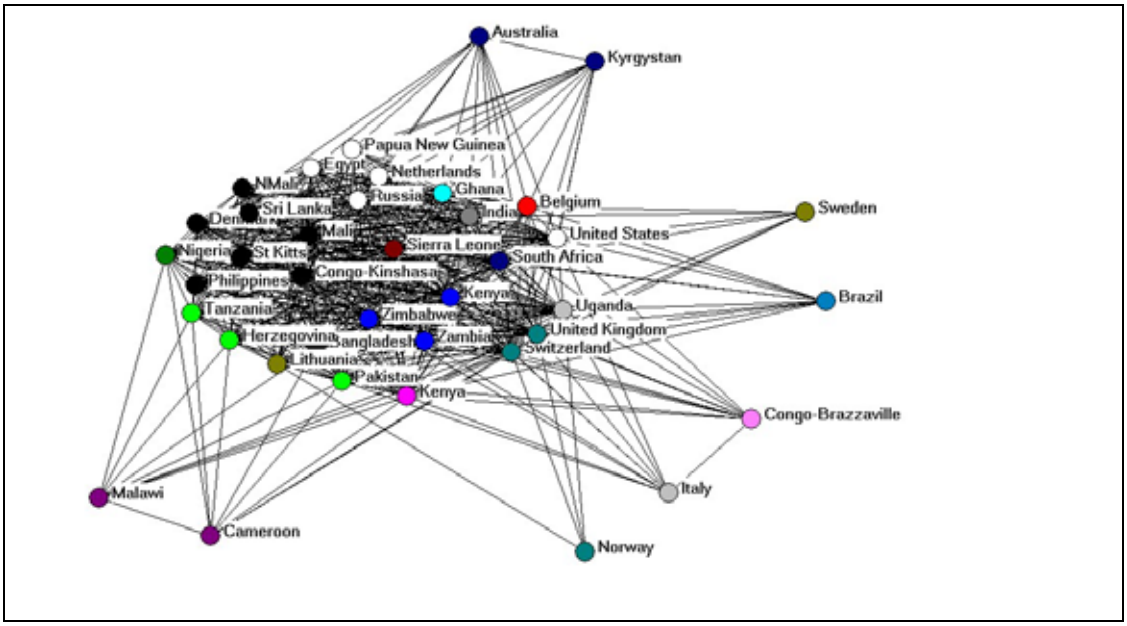
Another basis for analysis of overlaps in participation is the country of origin of the participants. In the draft Evaluation Report it was noted that *"… southern participation in HIF is still very marginal"*.

In the HIF spreadsheet the % of participants whose country is listed as "UK" has ranged from 56% to 97%[14]. There was no clear trend over time in this percentage (the correlation between percentage participation and recentness of meeting was 0.1, i.e. insignificant). As above, it may be useful to look into participation in more detail, country by country, and identify which country participants are interacting the most, and which the least, and then reflect if that is grounds for trying to influence future participation in HIF meetings.

Using the UCINET social network analysis software it was possible to identify two distinct patterns. One is a large group of around 28 counties that are highly interconnected. The other is a smaller group that is less interconnected. They are a heterogenous group consisting of Australia (11), Italy (10), Kyrgyzstan, Brazil (10), Cameroon (10), Congo-Brazzaville(10) and Malawi (9). Sweden (7), and Norway (5). The maximum number of connections possible was 38 (i.e. n –1). There is of course a third larger group of totally unconnected countries, representing those from which there have been no participants.

[14] This category could include non-British citizens.

Linkages between countries through participants in HIF meetings



Both the organisation and country analyses are likely to be overstating the actual number of connections made between groups. Most people who attended a particular meeting will not have met all the other participants in that meeting. Nevertheless the analysis is likely to be indicative of where linkages are strongest and weakest.

The INASP-Health evaluation report noted that "Feedback from participants indicated that many of them had made or reinforced contacts at HIF meetings" These developments should be monitorable in principle, either by:

- One page feedback survey forms at the end of meetings. Tracking links created may be of more value than simply getting a satisfaction rating. They can be analysed in some details, and followed up later.

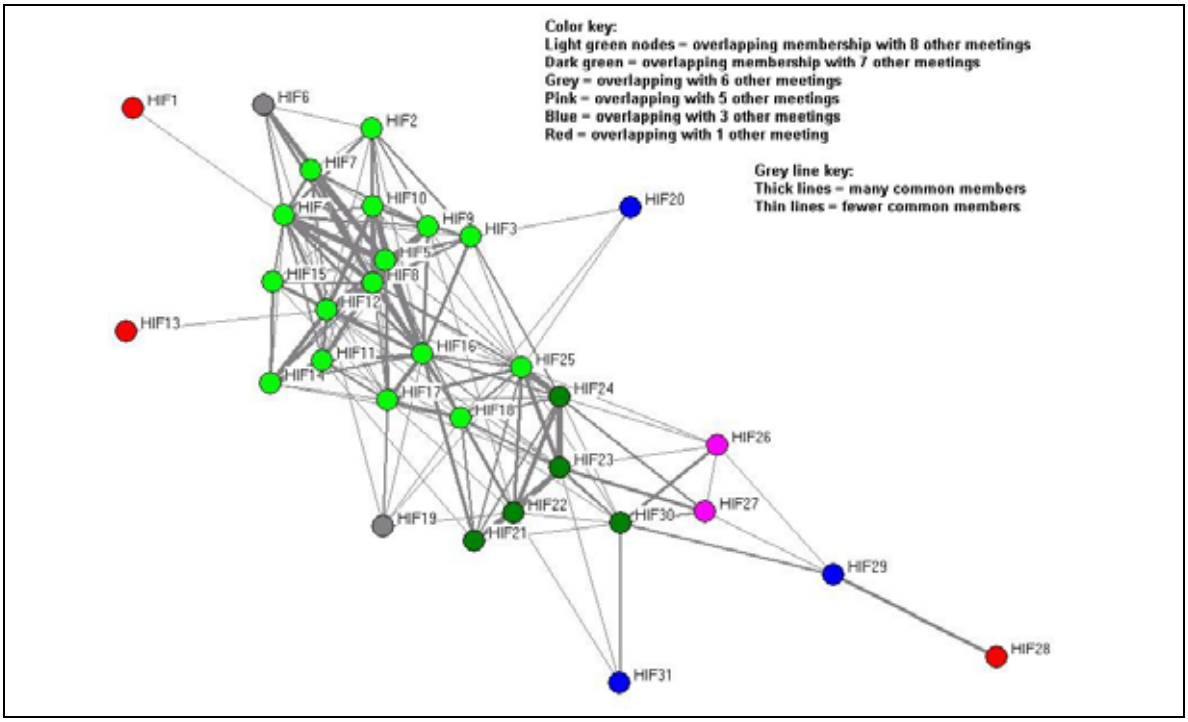
Changes over time

Example: HIF meetings

As of late last year there have been x HIF meetings. The membership of those meetings has overlapped from meeting to meeting. The following network diagram shows linkages between meetings in the form of one or more overlapping participants.

The most recent meetings (HI29-31) are notable in the extent to which their participants do not overlap very much at all with earlier meetings. Earlier meetings had a much higher degree of overlap (e.g. HIF 2-18).

Linkages between HIF participants over time



Objectives and performance within networks

Objectives within networks are problematic in a number of respects. If the network of concern is based on a voluntary membership then the existence of a common objective cannot be presumed to exist. Even if the network has an official statement of purpose. This is the opposite of a formal organisation, where agreement on objectives is presumed to be the starting point for any effective action. In a network of voluntary participants it is more appropriate to see agreement around common objectives as an achievement. The nature of that agreement, and changes over time in that agreement, can be measured and tracked.

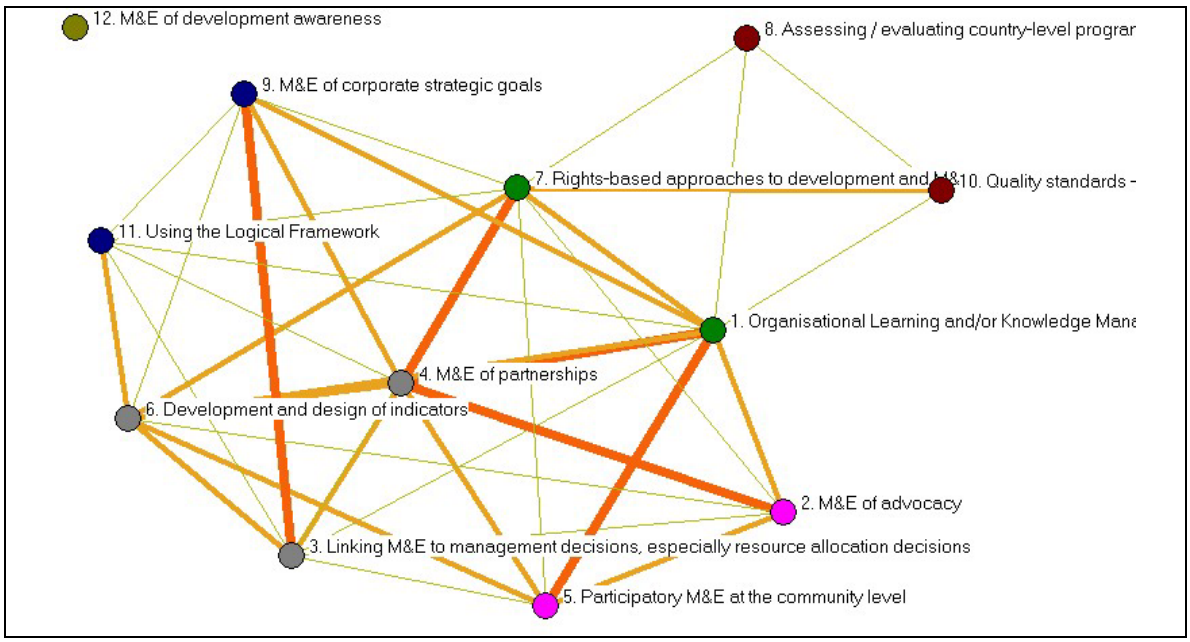
REMAPP example

REMAPP is a voluntary network of UK NGO staff with M&E responsibilities (along with a small number of consultants and academics with M&E concerns). In mid-2003 a list of topics of concern to the membership was brainstormed, and then sent out to members as a menu of topics. They were asked to identify which of these topics were of most interest to them. Those results were then aggregated into a spreadsheet and returned to the polled members for their information and use. The same information was also analysed from a network perspective, in two ways:

- Which objectives (topics of most interest) were most closely linked to each other?
- Which members were most closely linked to each other, by having the most similar topics of most interest?

This information, in graphical form, was also circulated back to members. And all new members joining the REMAPP mailing list (since the survey was undertaken) have been asked to complete the same questionnaire. This will make it possible to track changes in alignment of interests as the membership grows.

Linkages between objectives, through participants expressed priorities



The REMAPP exercise may be appropriate to HIF and HIF-net. As noted in the draft Evaluation Report "The Senior Programme Manager sees INASP-Health as a network in itself and says that, as a network, INASP-Health needs to facilitate networking rather than implement projects in order not to compete with its members." Collecting, collating and feeding back information about common interests / objectives is one means of doing so.

Performance measures

The simplest performance measure of a network is the rate of growth in membership numbers. The assumption is that people are voting with their feet, on the value of the services of a network. In fact growth in membership is probably best seen as a measure of the *perceived relevance* of a network, but not of its effectiveness in meeting those needs. It is the combination of drop out rates and growth rates which would be more indicative of how members perceive the value delivered by the network. For example, high growth rates with low or even constant drop out rates would be a positive indicator. Drop out rates are measurable in both mailing lists and in meeting-based networks, such as HIF, but the difference in significance is substantial. The costs of participating when content is not appropriate are much lower in mailing lists. Data on drop-out rates is available within INASP-Health, readily for the HIF-net and less readily for other services, such as circulation lists for the Directory.

These measures focus on the value of individual networks. But earlier in this brief report it was suggested that INASP can be represented as a network of networks. Each service has some degree of overlap with the other services, in terms of the participants involved. Associated with these overlaps are expectations and actual achievements in terms of number and types of people that do overlap (and thus link) each service. Achievement in relation to expectations provide a second measure of performance, and one reflecting achievements on a larger scale.

INASP-Health as a Network: Participation ad Networking Support

The previous section shows that there are linkages between INASP-Health activities through the participation of individual and organisations in one or more activity. How they function as a network and whether they feel that they are part of a larger network is more difficult to assess. Most people use INASP-Health's resources when they need them and participate in activities, such as HIF or HIF-net at WHO, when the theme or issue under discussion interests them. They do not necessarily feel part of a 'network'. But resources such as INASP Health Links and the Directory do help people to find information. And the Health Information Forum does play a certain networking role, bringing people with similar interests together.

INASP-Health is not a network in itself but is part of a larger network and fulfils a networking function. It acts as a node linking a range of different networks – both within INASP-Health and externally. The most successful 'network' within INASP-Health is HIF-net at WHO which supports active and ongoing email discussion and information sharing. In questionnaires and interviews, people were asked about participation and contacts that they had made as a result of participating in INASP-Health activities. Many of the people who responded said that they had made contacts through HIF-net at WHO, some ending in collaborations and others as brief one-off communications. This networking function of HIF-net at WHO should be encouraged and supported – and monitored to ensure that it is continuing to reach those it should be reaching and linking those that INASP-Health wants to link through HIF-net.

HIF meetings provide another opportunity for networking and some linkages have been made at these meetings. Although Rick Davies' analysis shows potential linkages at meetings, it is currently difficult to assess what linkages have been made and whether those people that INASP-Health hoped would link up, did actually make contact as a result of being at the meeting – or whether they just sat in the same room. By structuring HIF meetings to bring certain types of people together in small group work and/or by structuring more informal networking time into HIF meetings – not just at the beginning and end but also during the meeting, for example – the network function of HIF meetings could be strengthened.

To build up networking between HIF and HIF-net at WHO, INASP-Health needs to find ways of feeding discussion on HIF-net into HIF meetings – by including a report from HIF-net at WHO as a regular part of HIF meetings; by encouraging those who attend HIF meetings to participate in the pre- (and post-) meeting discussions on HIF-net; or by other means.

It is not just attendance at meetings and use of resources that make an organisation a network. One of the main features of a network is the participation of the members of the network in decision-making and in feeding into planning and strategy. This needs to happen through the governance structures of the organisation and through INASP-Health activities. There is more detailed discussion about governance in this report. The annual HIF meetings that discuss the direction and ideas for the Health Information Forum are a good step in encouraging participation in planning. HIF-net at WHO could also be used more proactively to get feedback and input for planning, particularly from developing and transitional countries.

Networking support

The establishment and support of HIF-like groups and of local HIF-nets is seen as a way of broadening INASP-Health's networking and a way of improving communication with regard to access to health information. It is yet to be determined whether these groups will be part of an international INASP-Health (or Health Information Forum) network or whether they will be completely autonomous networks whose establishment INASP-Health may have supported but who then operate independently. How this will develop will be determined through dialogue and consultation with those who are seeking to establish, or strengthen, networking in their own country or region.

The most appropriate role for INASP-Health may be to provide a supporting role, continuing to act as a node in a web of networks, linking and supporting networking. If local networks decide that they want to operate independently, then INASP-Health needs to clarify its own role – either as an organisation that facilitates and supports networking or as a UK-only network or as an international network that complements the local networks.

If the establishment of INASP-Health as a network is being considered, then how governance and support are developed is of key importance. There are many different roles and different shapes that a network can take. Some networks are very diffuse and have a broad focus on information exchange – and 'members' may not have a strong sense of membership. Some have a clear role in advocacy and come together to develop strategies around a single issue (eg ABColombia network who focus specifically on campaigning and advocacy on Colombia). Others have projects that the network secretariat undertakes itself. And others provide training and information around a clear but relatively broad set of issues (eg BOND), seeing a role in strengthening the skills of their membership.

The International Forum for Rural Transport and Development (IFRTD) has an international structure with regional networks in Latin America, Africa and Asia and a governance structure that has representation from all networks. The networks all operate differently and have different priorities, according to their own needs. The UK office has a role of facilitation and support. It is one of the models that INASP-Health could look at when considering options for networking. Taking on the IFRTD model, however, would substantially change how INASP-Health works, the skills needed by staff to provide that facilitation and support role and how decisions are made.

In any case, if INASP-Health wants to support and facilitate networking and the establishment of local networks, it may need to consider undertaking some capacity building in such areas as managing a network, fundraising, setting up email discussion lists, etc. That is, capacity building that is relevant to organising and maintaining a network. The Senior Programme Manager said that he thought that training went beyond INASP-Health's role of facilitating networking but this is a role that INASP-Health, with sufficient staff and financial resources, could legitimately take on. It may mean employing a consultant or temporary staff member – either from the UK or at local level – to do the training and support but it is an option INASP-Health should consider.

INASP-Health as a Network: Summary of Recommendations

Interconnectedness

Some of the recommendations drawn from Rick Davies' report indicate areas that may be useful to monitor in future, such as what sort of linkages would be desirable between sets of users / participants?

- Are the organisations listed already known to each other, therefore not in need of the directory, or is the opposite the case?
- Are those in need of the directory a completely different group?
- While it would be easy to publicise the directory via HIF and HIF-net are these groups the audiences that INASP wants to be able to access and use the Directory?

Rick Davies also suggests that one means of facilitating networking is to collect, collate and feed back information about common interests / objectives to users / participants. In addition, HIF-net at WHO could be used more proactively to get feedback and input for planning, particularly from developing and transitional countries.

Participation

One of the main features of a network is the participation of the members of the network in decision-making and in feeding into planning and strategy. This should happen through the governance structures of the organisation and through INASP-Health activities.

This networking function of HIF-net at WHO should be encouraged and supported – and monitored to ensure that it is continuing to reach those it should be reaching and linking those that INASP-Health wants to link through HIF-net. By structuring HIF meetings to bring certain types of people together in small group work and/or by structuring more informal networking time into HIF meetings – not just at the beginning and end but also during the meeting, for example – the network function of HIF meetings could also be strengthened.

To build up networking between HIF and HIF-net at WHO, INASP-Health needs to find ways of feeding discussion on HIF-net into HIF meetings – by including a report from HIF-net at WHO as a regular part of HIF meetings; by encouraging those who attend HIF meetings to participate in the pre- (and post-) meeting discussions on HIF-net; or by other means.

In addition, if the establishment of an international network is being considered, then how governance and support are developed is of key importance to its success. INASP-Health could consult with other networks, such as IFRTD, to see how they operate and are structured. If local networks are to operate independently, then INASP-Health needs to clarify its own role either as a UK-only network or as an international network that complements the local networks.

Networking support

Promotion of INASP-Health's resources as networking and communication tools will help them to be used more widely and to raise awareness about INASP-Health's role to support networking. There is also potential to further support networking at HIF meetings by structuring more informal networking time into meetings.

If INASP-Health wants to support the development of HIF-like groups in Africa and other regions, it may need to consider undertaking some capacity building in such areas as managing a network, fundraising, setting up email discussion lists, etc. That is, capacity building that is relevant to organising and maintaining a network. It is a role that INASP-Health, with sufficient staff and financial resources, could legitimately take on. It may mean employing a consultant or temporary staff member – either from the UK or at local level – to do the training and support but it is an option INASP-Health should consider.

Recommendations on Strategic Planning

As has been emphasised throughout this report, INASP-Health has a number of significant issues to consider over the next period – and in the preparation of its new Operational Plan. It is recommended that INASP-Health not make any significant changes to its activities until it has resolved some of the issues raised in this evaluation. Most importantly, it needs to dedicate some time to looking at relevant management structures and governance/stakeholder mechanisms for INASP-Health and creating a vision of how it would like INASP-Health to develop – where it would like it to be in the next five years. The next Operational Plan does not have to cover this full period but it is important to form this vision and to develop appropriate management structures and governance/stakeholder mechanisms in order to ensure that the Operational Plan remains realistic and relevant.

After the broader questions of strategy have been resolved, it is strongly recommended that INASP-Health develop a Logical Framework stating what it wants to do and how. The Logical Framework needs to include:

- clear statements of objectives (events at output, purpose and goal levels)
- prioritisation of those objectives, within each level
- identification of indicators of the achievement of those objectives
- milestones saying when those achievements are due
- mechanisms and procedures for gathering and analysing information on progress in each area (eg each service being provided)
- mechanisms for making this information available and accountable – within INASP-Health, to all donors, to HIF-net at WHO members, etc.

In preparing the vision and the next Operational Plan, INASP-Health also needs to consider who should be involved in making decisions about the network's direction. This was explained more fully earlier but is worth re-stating here. Who does INASP-Health need to involve at this stage? And who should be involved in future? These issues all need to be resolved before INASP-Health can move forward into its next stage of development.

Finally, a clear fundraising strategy needs to be developed which allows for adequate financial and staffing resources to carry out the activities that are developed as part of the strategic planning exercise.

Recommendations on Communication Tools and Activities

Listed below are some of the other recommendations made throughout this report. More detailed recommendations are summarised at the end of each section.

1. Identify the primary target audiences for each communication tool and activity of INASP-Health, including geographical distribution, how best to develop activities to reach them, and consultation and feedback processes.
2. Clarify the objectives of the Advisory and Liaison Service, separating enquiries from collaborations and consultations.
3. Define the primary purpose of HIF meetings (eg to promote networking; to act as a forum for learning; as an advocacy tool) and explore ways of structuring meetings to achieve it. Redevelop the evaluation form to get feedback on the effectiveness of meetings in achieving this purpose.
4. Create a web archive for HIF-net at WHO discussion threads and postings.
5. Develop summaries of thematic discussions for distribution through HIF-net at WHO and posting on the INASP-Health website.
6. Clarify the primary objective of the website and develop a strategy for the development of the website, including guidelines regarding what should and should not be on it, structure (eg division of communication tools and general information), and resources needed to update / maintain the tools that are located on the website.
7. Develop a strategy for the promotion and distribution of INASP-Health communication tools and information resources.
8. Clarify the strategy for advocacy for INASP-Health, its objectives, outcomes and actions with which to achieve it.
9. Organise a meeting with the WHO to discuss future collaboration and support, including a review of HIF-net at WHO and any issues regarding the usage of the name of the WHO.
10. Consult and work with contacts in Kenya to support Kenya as a pilot local networking project, including local consultation, development of objectives, identification of training and support needs, and INASP-Health's role in supporting this initiative.

Options for Future Directions

In interviews for this evaluation, interviewees were asked where they would like to see INASP-Health going in future, what role they saw that it could play. Some of those ideas are listed here. They may provide some ideas and help stimulate thinking about roles and directions for INASP-Health in the years to come. These are listed for information only and are not in any order of priority:

- Given INASP-Health's strong links with the medical community, and INASP's focus on scientific publications, staff from one organisation suggested that INASP-Health could play a more proactive role in linking the medical community with the health information community, working to encourage dialogue and collaboration between the two communities and to facilitate a recognition in the medical community of the relevancy of health information to their work.
- INASP-Health activities could be organised around one or two themes for set periods of time, for example continuing medical education (CME), or the relationship between traditional knowledge and medical knowledge, in order to work on the improvement of access to health information in these areas. This strategy could be integrated into HIF, HIF-net at WHO and other INASP-Health activities and could be used as a focus for work with southern colleagues, providing a distinct set of activities and outcomes the effectiveness of which could be more easily monitored.
- Others thought that rather than just provide information about where and how to access health information, INASP-Health could challenge and push the boundaries with regard to what inhibits access to health information in developing and transitional countries. This strategy would involve the structuring of discussions, resources and activities so that they work to change attitudes and get those who consider health information to be peripheral to their work to recognise its essential role and to work toward resolving the barriers to access to relevant and reliable health information.
- Another suggestion is for INASP-Health to play a more proactive role, using its communication tools and events, to let people know where to find possible solutions to the problems that are encountered in access to information for health professionals. Could HIF, HIF-net at WHO, the website and other tools be more geared to this purpose?
- Another possible role is for INASP-Health to take on more of a role in capacity building and training. It could do this either through INASP's PERI programme, by collaborating with other organisations or by doing capacity building itself, as a strategy for network development and support.

APPENDIX 1: EVALUATION TERMS OF REFERENCE

Evaluating INASP-Health
Terms of Reference

Over the past three years, the range of activities and the links being forged by INASP-Health have been growing. It is an appropriate time to take stock of the progress being made by INASP-Health and to clarify the challenges it now faces and the options it might have to meet those challenges.

Exchange – a networking and learning programme that promotes effective health communication – is one of the main funders of INASP-Health and is interested in supporting a review and evaluation process of INASP-Health which has the following components:

- Health Information Forum (HIF)
- INASP-Health Advisory and Liaison Service
- *HIF-net* at WHO
- *INASP-Health Directory*
- *INASP Health Links*
- Capacity-building programme
- Publications
- Health Library Partnership Database

Aim of the evaluation

To identify strengths and weaknesses of INASP-Health and develop recommendations for future work that can enable INASP-Health to improve its performance and impact.

Questions

Questions that should be explored in the evaluation are:

1. What have been the successes, weaknesses, obstacles and threats with regard to the implementation of the operational plan (2001-2003)? Where areas in the plan have not been implemented, what are the underlying reasons and what does that indicate for future planning?
2. Do the different parts of INASP-Health's work influence and/or reinforce each other? Does the organisation thereby achieve more than could be achieved with any one of these activities operating in isolation?
3. What has been the impact of the programme? Where and how has it had an impact, where has it not and why?
4. What suggestions are there for the future direction for INASP-Health? What are the possible scenarios, options and strategies?
5. Measure, where possible, the impact of the programme both in general, and in terms of its long-term goal of improving access to appropriate information for health care workers?
6. What are the issues and challenges in evaluating a network activity? What are approaches and tools could be used by INASP-Health and other networking initiatives to review their work?

Resources to draw upon

Monitoring data that can be used for the review and evaluation includes:

- Planning documents
- Reports of progress, events and meetings
- Minutes of HIF Organising Group meetings

- Evaluation summaries of HIF meetings
- Feedback from users of the services provided by INASP-Health

Key stakeholders that should be consulted include:

- Donors to the programme
- Users of the HIF-net at WHO discussion list
- Attendees at HIF meetings
- Members of the HIF Organising Group
- Staff of INASP
- Representatives from organisations with which INASP-Health has collaborated
- Those in related areas of work who have not participated in INASP activities

Process

The detailed process for how to undertake the review and evaluation should be determined by the evaluation team, in consultation with INASP-Health staff and Exchange. Broadly, it is expected to include a review of available documentation, interviews with INASP-Health staff, some form of a reflective review process with (at least) the HIF Organising Group, one or more focus group discussions with a sample of users of INASP-Health services and products, surveys of users, interviews with key informants/stakeholders, a review of the electronic communication tools used by INASP-Health (website, e-mail) and a review of the health component of the INASP newsletter. Observation of the interaction that occurs during an event (such as the Health Information Forum) would be useful.

Evaluation team

A team of three evaluators is suggested: a lead evaluator to maintain an overview and focus particularly on the communication issues (Kathleen Armstrong), another to support exploration of the broader issues of impact, interaction and networking (Rick Davies), and another to facilitate some of the reflection meetings in the UK and E Africa (David Harding).

Timing

The review and evaluation should be carried out before the 29 November 2003 so that the findings could effectively inform the planning process for the development of a new three-year operational plan, due to take effect from 1 January 2004. The time frame for data collection and interviews should run through September and October 2003, with the initial evaluation report ready by 4 November so that it can be presented at the 9 November meeting of the HIF Organising Group, and a final draft no later than 29 November. The evaluation team should be commissioned and the terms finalised by the end of August 2003.

The evaluation team will agree methodology, timeline and process the week beginning 25 August. INASP-Health will send out notification of the evaluation through *HIF-net* in early September. The evaluation will also be explained at the 23 September HIF meeting, attended by at least one member of the evaluation team. A mid-term meeting of the evaluation team and representatives from INASP-Health and Exchange will be held in early October.

A workshop will be organised in Kenya on 1st or 2nd November to coincide with the Exchange conference on *Health Communication in Africa* (29-31 October).

Financing

INASP-Health has £3000 available for the evaluation. These funds will be used for the workshop in Kenya.

Exchange will provide additional funding to cover the remainder of the costs including consultancy fees, and in particular to ensure that the wider issue of how to evaluate networking activities is effectively explored.

Appendix 2: List of People Interviewed

Name / Organisation

1. Neil Packenham-Walsh, INASP-Health
2. Peter Ballantyne, INASP
3. Carol Priestley, INASP
4. Pippa Smart, INASP
5. Andrew Chetley, Exchange
6. Rob Vincent, Exchange
7. David Curtis, Healthlink Worldwide
8. Sarah Hammond, Healthlink Worldwide
9. Christine Kalume, Healthlink Worldwide
10. Victoria Richardson, Source
11. Jean Shaw, Partnerships in Health Information / HIF Organising Group
12. Rachel Stancliffe, HIF Organising Group
13. Paul Chinnock, London School of Hygiene and Tropical Medicine / HIF Organising Group
14. Chris Zielinski, WHO / HIF Organising Group
15. Bryan Pearson, Africa Health
16. Richard Smith, British Medical Journal
17. Maurice Long, British Medical Journal / HINARI
18. Irene Bertrand, formerly WHO
19. David Bramley, WHO
20. Barbara Stilwell, WHO
21. Barbara Aronson, WHO
22. Judith Velhuizen, IICD
23. Lenny Rhine, University of Florida / INASP Health Links
24. Jennifer de Pasquale, Dreyfus Foundation
25. Christine Porter
26. Ibrahima Bob, AHILA, Senegal
27. Christine Kanyengo, University of Zambia Medical Library
28. Nancy Kamau, KEMRI, Nairobi
29. Jane Ireri, AMREF, Nairobi
30. Mary Ojoo, Gertrude's Garden Children's Hospital, Nairobi
31. Wakari Gikenye, University of Nairobi Medical School Library
32. Chris Wood, AfriAfya, Nairobi
33. Caroline Nyamai, AfriAfya, Nairobi
34. Margaret Mungherera, Uganda Medical Association

Appendix 3: Participants at Nairobi Workshop

14 November 2003

1. Sarah Simons, Administration Officer, INFA-MED
2. Jane Ireri, Resource Centre Manager, AMREF
3. Waceke Karanja, Librarian, Family Health Institute
4. Chris Wood, Chairman, AfriAfya
5. Nancy Kamau, Librarian, KEMRI
6. William Macharia, Professor of Paediatrics, University of Nairobi
7. Caroline Nyamai-Kisia, Project Coordinator, AfriAfya
8. Wakari Gikenye, College Librarian, University of Nairobi Medical School
9. Stephanie Nduba, International Training Coordinator, AMREF
10. Eliazar Kazan, Information Officer, Kenya Medical Association
11. Almas Mohamed, HLM Manager, AMREF
12. Samuel Ochieng, Chief Executive, Comsumer Networks
13. Mary Atieno Ojoo, Chief Pharmacist, Gertrude's Garden Children's Hospital
14. Anne Mwangi, Admin Assistant, AfriAfya
15. Nancy Ndung'u, Project Administrator, AfriAfya
16. David Harding, Evaluation Team
17. Kathleen Armstrong, Evaluation Team
18. Neil Pakenham-Walsh, Programme Manager, INASP-Health
19. Rob Vincent, Learning Coordinator, Exchange

Appendix 4: HIF-net at WHO questionnaire

INASP-Health Evaluation: please take time to fill out this questionnaire

INASP-Health is undergoing a review of its activities. The aim of the evaluation is to identify strengths and weaknesses of INASP-Health and develop recommendations for future work that can enable INASP-Health to improve its performance and impact. INASP-Health is a network of organisations and individuals worldwide, working together to improve access to relevant reliable information for health professionals in developing and emerging countries.

As a subscriber to HIF-net at WHO, we would be grateful if you would take the time to fill out this questionnaire and email it back to Kathleen Armstrong at: <katharm@ntlworld.com> by 27 October 2003. Your comments will be treated in confidence (any quotes used will remain anonymous in the final report) and will be a valuable source of information to help review what INASP-Health does and to ensure that current and future activities meet the needs of health professionals in developing and emerging countries.

If you would like to find out about the results of the survey, please provide your email address at the end of this questionnaire. You can find out more information about INASP-Health on their website at: www.inasp.info/health.

1. How long have you been a member of the HIF-net at WHO email discussion list?

2. How did you hear about HIF-net at WHO?
    a. WHO website
    b. INASP website
    c. Other website (please specify)
    d. Colleague
    e. INASP staff
    f. At a HIF meeting
    g. Other (please specify)

3. How have you participated in / contributed to HIF-net at WHO?

4. What impact has HIF-net at WHO had on your work? Please give a brief description of the most significant impact.

5. Approximately what percentage of the messages on HIF-net at WHO are relevant to your work?

6. What other topics or focus would you like to see on HIF-net at WHO?

7. What new connections have you made with other people or organisations as a result of HIF-net at WHO? List the 4 most useful contacts you have made.

8. How do you think that HIF-net at WHO could perform more effectively?

9. Are you aware of the following INASP-Health communications tools? Please indicate yes or no.

Health Information Forum (HIF) meetings
INASP-Health Advisory and Liaison Service
INASP Health Links Internet gateway
INASP-Health Library Partnership Database
INASP-Health Directory
INASP-Health website
INASP Newsletter

Which of the above has been most useful to you? Please describe why.

10. Any other comments / suggestions?

11. Your name and job title

12. What is the focus of your work?

13. What is the name of your organisation (if relevant)?

14. Where are you / your organisation based?

15. Your email address

Appendix 5: Summary of HIF-net at WHO Survey Results

Number of questionnaires received: 37 (21from the north, 16 from the south)

16. How long have you been a member of the HIF-net at WHO email discussion list?

	North	South
1 month or less:	1	1
3 months:	3	
6 months:	4	4
1 year:	5	2
1-2 years:	2	5
3 years:	1	1
4 years or more:	6	

17. How did you hear about HIF-net at WHO?	North	South
a. WHO website	2	1
b. INASP website	1	1
c. Other website (please specify)		
d. Colleague	9	3
e. INASP staff	4	7
f. At a HIF meeting	4	
g. Other (please specify)	Friend	
	Email group (2)	
	Unknown	
	By chance	
	Africa Health magazine	

18. How have you participated in / contributed to HIF-net at WHO?

	North	South
Read emails	4	2
Contributed to discussions	4	5
Responded to requests for information	1	1
Sent out request for information	1	
Postings re resources	2	
Sending messages		1
Announcement of organisation's work	1	
Used to organise workshop in UK	1	
Contacted people individually	2	
Forwarded info to colleagues	2	3
Not comfortable yet in environment	1	
Presented paper at HIF meeting	2	1
Participated in HIF meetings	3	
On editorial team		1
Joined threads	1	
Introduced myself	1	
Infrequently	2	
Yes	1	4
Never		1

19. What impact has HIF-net at WHO had on your work? Please give a brief description of the most significant impact.

North

Made relevant contacts (5)
Collaborations because of contacts made
Promotion of materials
Has been made aware of the need to market and publicise the information own organisation provides and its relevance to CME

Increased awareness of concerns of colleagues and fields of work that previously knew little about
Increased awareness of trends and developments
Awareness of types of projects groups are undertaking around the world
Awareness of issues in health information
Awareness of issues that affect the developing world (4)
Understanding problems nations encounter
Solutions applicable to central America
Information on relevant topics
Information on views of people / issues in developing countries
Increased knowledge and reference base
Interested in general terms and library access - relevant to work in higher education
Helps keep up to date and encourages ideas
Found out about new resources
Made contacts which enable distribution of CD-ROM
Provides links to other websites that are helpful
Contributed to planning
Experience in listservs (so can set up own listserv)
Provides links for own website and CD-ROM - to check on user friendliness and relevancy
Has provided material for inclusion on TALC's CDs
Keeping up with design of courses re public health in Africa - for own course design
Can share info with others
None so far (1)

South
Made relevant contacts (1)
Awareness of health info strategies and key issues
Awareness of cultural issues on health information, germane issues and current debates on health in general
Helped to exchange ideas and share views on health issues
Received information important to own work
Increased knowledge, capacity and skills relevant to work
Learn about similar initiatives in other regions (2)
Helped enrich instruction programme with new insights
Can share info with colleagues and students
Awareness that colleagues in other developing countries are facing similar challenges
Lowered feeling of isolation through provision of info on available resources on health information and addresses re where to obtain info
Informed others of what organisation is doing (2)
Acquired publications and CD-ROMs relevant to resource centre users (2)
Information about relevant new resources to promote and facilitate access for health professionals
Informative, up to date, useful
None so far (2)

20. Approximately what percentage of the messages on HIF-net at WHO are relevant to your work?

	North	**South**
5%	1	
10%	2	3
15%	2	
25%	4	1
30%	1	1
50%	4	1
60%		2
70%	2	1
80%	1	2
90%	1	1
100%	2	1
Most of interest	1	
Very few	1	
Never accessed		1

21. What other topics or focus would you like to see on HIF-net at WHO?

North
Healthcare education and information
More on teaching medical students and the problems of conducting medical research
Role of the private sector in health
Quality standards in content
Primary schooling and primary health care - need for the two to be more closely associated (including material from Child to Child Trust)
Reproductive health / recognition of obstetric fistula as an important health problem
Nutrition
More on rational use of drugs/medicines
More on teaching professionals how to listen to patients - and patients how to get through to professionals
Work with children
Narrative medicine
More involvement of health workers at community level
More south-south communication
Use of, and access to, the Internet by health professionals in different countries
Updates on funding information, eg application dates
Publications, websites
Announcements of seminars / meetings / symposia regarding the improvement of health care provision in developing countries
ICTs, other listservs
More technical focus - though maybe another list would be more appropriate?
Information about internships / learning opportunities
OK as it is
Unsure but am enjoying contact
Like current focus / would not like to see it broadened too much

South
Greater focus on Asia and promotion of network in Asia
More information on projects and other topics in Latin America and the Caribbean, as most of the messages focus on Africa and Asia
Training needs and capacity development in the area of HIV/AIDS worldwide
More access to other links (2)
Accessibility to international journals
Access costs to scientific journals and consortia
More focus on useful publications
Measuring impact of information transfer
Healthcare funding / financing in developing economies in an era of globalisation
Issues regarding health systems
Distance education for health workers
More evaluation of the network's impact on healthcare in practice (what levels and percentages of the total health care workers in the poor resource regions of the world are being reached or affected? Is it benefiting only the centres of excellence and those with the skills, energy and resources to access its huge volume of information? HIF-net at WHO may be a slowly increasingly effective nerve channel but how effective is it as a sensory nerve channel? Is it inhibiting the simpler lower cost, albeit slower and less comprehensive means of communication? Is there a danger of an information fatigue? Does it obscure priorities and stifle thought? Is technology running ahead of the vision? How to turn the tables so that learning is bottom-up rather than top-down?)

22. What new connections have you made with other people or organisations as a result of HIF-net at WHO? List the 4 most useful contacts you have made. (organisations who responded to the questionnaire in parentheses, preceded by the contacts they made)

North
Nigerian Medical Forum / International College of Nursing (northern NGO)
Andrew Chetley, Exchange / Carolyn Bank, ICN / Harold Robels, Health Information Institute / Norman Nyazema, University of the South, South Africa (northern NGO)
West African Doctors Network / some doctors in Africa / Dr Joseph Anna, Luton, UK (northern institute)

INASP / INTAS (US NGO)
Tend to be a passive user of information (IGO)
Reproductive health expert, UN / women's organisation in New York (northern academic)
TALC / Christine Porter / INASP-Health (northern institution)
Offered CDs to India (northern institution)
INASP / Dr Peter Bewes / AHILA (northern NGO)
IHN / AMREF / Prof Sodeinde, Nigeria (northern NGO)
Contact for materials in Uganda / AfriAfya / Neil Pakenham-Walsh / INASP Directory (northern consultant)
Can't remember - but many (northern NGO)
PATH (northern NGO)
None so far(5)

South
PERI & EBSCO websites (southern network)
Johns Hopkins University Information Programme / Environmental health programmes in Nigeria / International Skin Care Nursing Group / Prof DL Woods, PEP Training for Midwives (southern institution)
AHILA, INASP, several individuals and organisations interested in development communication (IGO)
Strengthened links with Healthlink Worldwide and IICD (southern NGO)
TALC / Uganda Health Information Network / Director, DDG Support, NWDoH, South Africa / IICD (southern NGO)
Bryan Pearson / Eric Friedman / David H U Haerry (southern NGO)
New websites, new sources of information (southern trust)
Found people had lost track of (southern NGO)
Neil Pakenham-Walsh (southern institution)
None so far (3)

23. How do you think that HIF-net at WHO could perform more effectively?

North
Link between HIF and HIF-net so they feed off each other
Web version of discussions so they can see the complete thread
Run several discussions at once so users can choose which discussions they participate in
Categorise/streamline the subjects
Introductory packet to help people learn how to participate
Need to address difficulty and expense associated with Internet/email in some countries
Like the wide variety of topics as opens eyes to different viewpoints
Involvement in some way in distance learning
It is effective (6)

South
Summaries of discussions at the end of each discussion
Time limit (eg 4-6 weeks) on length of discussion
Postings too long - edit to make more concise
Group discussions by subject area
Providing opportunities for more people from developing countries to participate in HIF meetings
More evaluation of the network's impact on healthcare in practice (what levels and percentages of the total health care workers in the poor resource regions of the world are being reached or affected? Is it benefiting only the centres of excellence and those with the skills, energy and resources to access its huge volume of information? HIF-net at WHO may be a slowly increasingly effective nerve channel but how effective is it as a sensory nerve channel? Is it inhibiting the simpler lower cost, albeit slower and less comprehensive means of communication? Is there a danger of an information fatigue? Does it obscure priorities and stifle thought? Is technology running ahead of the vision? How to turn the tables so that learning is bottom-up rather than top-down?)
It is fine as it is (3)

24. Are you aware of the following INASP-Health communications tools? Please indicate yes or no.

	North		South	
	Yes	No	Yes	No
Health Information Forum (HIF) meetings	14	5	8	6
INASP-Health Advisory and Liaison Service	2	19	3	12
INASP Health Links Internet gateway	11	12	9	6
INASP-Health Library Partnership Database	6	14	6	9
INASP-Health Directory	11	10	11	4
INASP-Health website	14	7	12	3
INASP Newsletter	16	5	9	6

Which of the above has been most useful to you? Please describe why.

North

HIF meetings: contacts
good to talk face to face (2)
allowed to present approach and ideas and to get feedback
interchange of information and ideas
meet like-minded colleagues
HIF-net (based in US, working on Latin America)
Directory (based in Scotland - if closer to London, would have said HIF meetings)
Has helped people find out about their work (UK)
Newsletter (US) - used for presentation of approach for feedback
Easy way to keep track of information as and when it becomes available
Interesting (UK)
Website (US) - provides a wide range of information about activities and programmes that are relevant to own work
Directory / website / newsletter / Health Links
Partnerships Database (from Partnerships in Health Information) / Newsletter because of its alerting function
None (1)

South

Directory
Website
Newsletter - more comfortable with print - retired
very informative
have received and read results on findings and research
have time to study its contents
Health Links (3)
HIF discussions - greater involvement and viewpoints from different regions
Each of some use (2)
None (1)

25. Any other comments / suggestions?

North

Doing a great job
Have learned a lot, even from information that is not directly related to own work
HIF-net is a great innovation that has revolutionised the health education industry - still a lot to be done if equity in health education worldwide is to be achieved though
The summaries of threads and discussions are particularly useful. Filtering offered by a moderated list ensures a high value-added service. HIF-net is a wonderful service, one of the best run lists I've ever been on
Perhaps more effort to get people from non-English speaking countries if can arrange translation - perhaps also send out occasional messages in French/Spanish/Portuguese

South

Most valuable aspect is to establish contacts with colleagues in other settings which contributes to own work
Why is Afrihealth not in the Directory?

Might be possible to hook users together with others in the same field for collaborative research
Helpful to have a short explanation of INASP-Health services that could be sent out to own email list

26. Your name and job title

27. What is the focus of your work?

Appendix 6 INASP-Health Directory Questionnaire

INASP-Health is carrying out a review of its activities. The aim of the evaluation is to identify strengths and weaknesses of INASP-Health and develop recommendations for future work that can enable INASP-Health to improve its performance and impact. INASP-Health is a network of organisations and individuals worldwide, working together to improve access to relevant reliable information for health professionals in developing and emerging countries.

As a recipient of the *INASP-Health Directory*, we would be grateful if you would take the time to fill out this questionnaire and send it back to: Kathleen Armstrong, 3 Goodwin House, Nunhead Crescent, London SE15 3PG, UK (email: katharm@ntlworld.com) or fax to: +44 (0)20 7564 6762 by 27 October 2003. Your comments will be treated in confidence (any quotes used will remain anonymous in the final report) and will be a valuable source of information to help review what INASP-Health does and to ensure that current and future activities meet the needs of health professionals in developing and emerging countries.

If you would like to find out about the results of the survey, please provide your email address at the end of this questionnaire. You can find out more information about INASP-Health on their website at: www.inasp.info/health

28. How do you think you will use the *INASP-Health Directory 2003/2004*?

29. Are you aware of the following INASP-Health communications tools?

Health Information Forum (HIF) meetings	Yes / No
HIF-net at WHO email discussion list	Yes / No
INASP-Health Advisory and Liaison Service	Yes / No
INASP Health Links Internet gateway	Yes / No
INASP-Health Library Partnership Database	Yes / No
INASP Newsletter	Yes / No
INASP-Health Directory	Yes / No
INASP-Health website	Yes / No

30. How have you used the following INASP-Health communications tools? Please give examples.

Health Information Forum (HIF) meetings

HIF-net at WHO email discussion list

INASP-Health Advisory and Liaison Service

INASP Health Links Internet gateway

INASP-Health Library Partnership Database

INASP Newsletter

INASP-Health Directory

INASP-Health website

31. Using the scale below, please rate the impact that each of the following services had on your work (circle the most relevant number):

	no impact				significant impact
Health Information Forum (HIF) meetings	1	2	3	4	5
HIF-net at WHO email discussion list	1	2	3	4	5
INASP-Health Advisory and Liaison Service	1	2	3	4	5
INASP Health Links Internet gateway	1	2	3	4	5
INASP-Health Library Partnership Database	1	2	3	4	5
INASP Newsletter	1	2	3	4	5
INASP-Health Directory	1	2	3	4	5
INASP-Health website	1	2	3	4	5

Which of the communications tools above has had the *most* impact on your work? Please describe why:

32. What new connections have you made with people or organisations as a result of your use of the *INASP-Health Directory* or other INASP-Health communications tools? List the 4 most useful contacts that you have made.

33. What do you think are the main weaknesses of INASP-Health?

34. Where do you think INASP-Health could be performing more effectively?

35. Any other comments / suggestions?

36. Your name and job title

37. What is the focus of your work?

38. What is the name of your organisation (if relevant)?

39. Where are you / your organisation based?

40. Your email address

Appendix 7: HIF-net at WHO Questionnaire re requests for information

Dear

I am currently undertaking an external evaluation of INASP-Health, the moderator of the HIF-net at WHO discussion list. As part of the evaluation, we are reviewing the effectiveness of HIF-net at WHO. A general survey was sent out to all members of the discussion list a couple of weeks ago.

Now we would like to look more deeply into the effectiveness of posting queries on the list. I wanted to ask you a couple of questions about the query you posted on the HIF-net at WHO list on 29 August 2003, asking for information re [TOPIC SPECIFIED]. Could you please take a few minutes to answer the questions below and send your answers back to me by return email? Many thanks.

How many responses did you receive to your enquiry?

Were you satisfied with the responses you got to your enquiry on HIF-net at WHO? Please explain why or why not.

What did you with the responses you received?

Thank you for taking the time to respond.

Appendix 8: Key Documents and References

INASP-Health documents

INASP-Health Operational Plan 2001–2003

INASP-Health 2002 Review

INASP-Health Proposed Activities 2004

INASP-Health budget for 2003 and financial report as at June 2003

Health Information Forum reports and summaries of feedback from HIF meetings

HIF-net at WHO: Feedback and Outcomes

HIF-net at WHO 18-month report, February 2000

Feedback on the Advisory and Liaison Service / general activities, 2001–2003

INASP-Health Directory 2003/2004: Feedback and Outcomes

INASP-Health Directory 2003/2004

Report of the WHO-HIF Cooperation Group, December 2000

Notes of the EVAG After Action Review, February 2003

INASP-Health website

Notes of Neil Pakenham-Walsh's visit to Amsterdam, 18-19 September 2003

Multistakeholder networking for health information development: a vision for synergistic communication and collaboration at international, regional and country level

Multistakeholder networking: lessons learned from the INASP-Health programme, Contribution to DFID consultation: communication research findings, August 2003.

Increasing access to relevant information and knowledge for health professionals: a national networking and learning programme in Kenya (2003 discussion paper).

Information and communication technologies and continuing medical education in East and Southern Africa, IICD Research Report No 17, June 2003.

Strengthening local capacities to create and adapt healthcare information, IICD Research Report No 11, October 2002.

Other references

Burt, Ronald S (2000): *The network structure of social capital*, University of Chicago and Institut Européen d'Administration d'Affaires (INSEAD).

Church, Madeline Bitel, Mark Armstrong, Kathleen Fernando, Priyanthi Gould, Helen Joss, Sally Marwaha-Diedrich, Manisha de la Torre, Ana Laura Vouhé, Claudy (2003): *Participation, relationships and dynamic change – new thinking on evaluating the work of international networks*, Working Paper No 121, Development Planning Unit, University College London.

Davies, Rick (2002): *Improved representations of change processes: improved theories of change*, 5th Biennial Conference of the European Evaluation Society, Seville 2002.

Davies, Rick (2003): *Mapping the ecology of ideas: social network analysis and the evaluation of networks*, <www.mande.co.uk>.

Hildreth, Paul and Kimble, Chris: *Knowledge networks: innovation through communities of practice*, Idea Group Publishing.

Krebs, Valdis (1998): *Knowledge Networks: Mapping and Measuring Knowledge Creation*, <www.orgnet.com>

Madon, Shirin (2000): *International NGOs: Networking, Information Flows and Learning*, Institute for Development Policy and Management, University of Manchester.

Nuñez, Martha and Wilson-Grau, Ricardo (2003): *Towards a conceptual framework for evaluating international social change networks*.

Porter, Christine (2003): *Networking for Health: Health professionals using email discussion forums for development*, Paper submitted to the British Medical Journal.

Porter, Christine (2003): Networking for Health: a r/evolution – Using new ICTs to support health professionals in developing countries, Masters Dissertation, Institute of Education, University of London.

About INASP

Enabling worldwide access to information and knowledge

The International Network for the Availability of Scientific Publications (INASP) aims to enhance the flow of information within and between countries, especially those with less developed systems of publication and dissemination. The International Council for Science (ICSU) established INASP in 1992.

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

International Network for the Availability of Scientific Publications (INASP)
58 St Aldates, PO Box 516, Oxford OX1 1WG
United Kingdom
Tel: +44 1865 249909
Fax: +44 1865 251060
Email: inasp@inasp.info
Web: http://www.inasp.info