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An information explosion - with little impact?

Local capacities to create and adapt information for healthcare workers in developing countries

Von Neil Pakenham-Walsh

Despite its massive potential, the current global information explosion has had surprisingly little impact on access to practical information for frontline healthcare workers in developing countries, especially those working in primary care and district hospital settings. Healthcare workers in developing countries continue to lack access to the basic information they need to learn, to diagnose, and to save lives.

Improving access to reliable and relevant information for healthcare workers is potentially the most cost-effective way to enhance the delivery of healthcare and reduce the burden of disease and death in developing countries.

It is relatively easy to find reliable health information - there are hundreds of 'reliable' resources on the Internet. But it is hard to find information in a form that is directly relevant to individual healthcare workers in developing countries: relevant to their level of training, relevant to available diagnostic and treatment resources, relevant in terms of language and vocabulary, relevant to local disease patterns and health priorities, relevant to local healthcare infrastructure... the list goes on.

Many observers have noted the need to promote 'a reading culture', and governments in developing countries are increasingly concerned to enhance continued professional development of healthcare workers. But this can only be achieved if readers have access to materials that are easy to use, rewarding, useful and relevant to their everyday experience.

Local creation and adaptation for local relevance

Local 'health information providers' - whether ministries of health, NGOs, training colleges, publishers, or libraries - are best placed to create and adapt health information for local healthcare workers. They are best placed to understand their information needs, use of language, and educational level. They are best placed to understand the context of how the information will be used: socio-economic factors that affect healthcare interactions, levels of available resources (eg drugs, diagnostic equipment), health system logistics, cultural factors, and local disease profiles.

A recognized priority area for action is to "Strengthen the local production, translation, adaptation, and dissemination process in resource-poor countries. National and local players - ministries of health and education, local publishers, NGOs - are best placed to produce many types of materials. Their capacity needs to be supported as part of any long-term strategy to improve information access."**

The convergence of reliability and relevance

Healthcare is too important to be influenced by untested, potentially harmful information. In practice, collection and dissemination of 'local knowledge' is not enough. There is plenty of overlap between 'creation' and 'adaptation' of content. Generation and dissemination of new content in and by developing countries is relatively weak and requires much greater support.

Any piece of 'new content' is in practice generally a synthesis of adapted content from other sources (formal and informal publications, own experience, others' experience), plus the authors' interpretations, beliefs, and (in research articles) new data thrown in. In other words, generation of new content plus access to source content, including international or 'Northern' sources, are part of the same.

How to strengthen local capacities to create and adapt content?

How can the processes of local content creation and sharing can be best supported? Possibilities include:

- training and technical support (writing, editing, adaptation, evaluation);
- access to and application of information technology, including Internet connectivity;
- joint initiatives that involve local producers and end-users throughout the publication cycle, from initial needs assessment and planning through to evaluation of use and impact assessment.

Information technology has the potential to increase dramatically the ability of local 'health information providers' to produce locally relevant content, whether this is in electronic or printed form, visual or audio.

But information technology is of limited value on its own. What is of enormous potential value is the opportunity to link with partners around the world, to access 'source' information, and to disseminate locally created or adapted resources for the benefit of others. There is a huge opportunity for local people and organisations to generate and share their own knowledge and ideas, appropriating and adapting information and communication tools as necessary.

International organizations have spent an increasing amount of time to try to understand the needs of end users, and tailoring their own publications accordingly. But is this the best approach? Should international organizations in fact spend more time trying to understand the needs of local 'health information providers'. If local 'health information providers' are best placed to create and adapt locally relevant information, surely the priority for international organizations should be to strengthen their capacities to meet the needs of their end users.

ICTs are increasingly available to creators and adaptors of local content, and (less so) to end users. How can international organizations, local creators and adaptors and others work more effectively together to meet the needs of end users? What channels are available for sharing of local content, whether locally, with other southern end-user groups, or internationally? Formal and informal printed publications, email, CD-ROM, internet? How can they be enhanced to facilitate the sharing of local content? What are the training, IT and other requirements of local repackagers of information? What new channels can be used?

With the increasing availability of ICTs to access, adapt, and share materials, 'health information providers' worldwide can work together to ensure that future healthcare workers have access to information that is reliable and relevant.

Discussion paper for the first 'HIF-net at WHO' consultation of users and providers of health information. By Neil Pakenham-Walsh, Programme Manager, INASP-Health; slightly adapted and reproduced with the kind permission of the Author. This consultation was carried out as part of a larger study coordinated by the International Institute for Communication and Development, www.iicd.org. Join 'HIF-net at WHO'! For further details, contact health@inasp.infoor see www.inasp.info/health/hif-net.html

**WHO - Health Information Forum cooperation group. 'Working together to improve access to information for healthcare workers in developing and transitional countries.' INASP Newsletter, February 2001,www.inasp.info/newslet/feb01.html#6*

Kontakt

Deutschschweiz

Medicus Mundi Schweiz

Murbacherstrasse 34

CH-4056 Basel

Tel. +41 61 383 18 10

info@medicusmundi.ch

Suisse romande

Medicus Mundi Suisse

Rue de Varembé 1

CH-1202 Genève

Tél. +41 22 920 08 08

contact@medicusmundi.ch

Bankverbindung

Basler Kantonalbank, Aeschen, 4002 Basel

Medicus Mundi Schweiz, 4056 Basel

IBAN: CH40 0077 0016 0516 9903 5

BIC: BKBBCHBBXXX