Access to health information in Africa: between yesterday and tomorrow

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Panel 4 – Health Libraries Thursday, September 22, 2005 ICML 9, 9th World Congress on Health Information and Libraries Salvador – Bahia, Brazil, September 20 to 23 - 2005



Access to health information

Analysing access to health information yesterday and today would help us in Africa understand more where we are going tomorrow

 Better be equipped to face challenges in responding to health information needs in Africa.



- Developing resource centres known today as Faculty of Medicine Libraries
- Knowledge mobilization that did not suit Africa, but the metropolis
- Satisfying the information or study needs of the former colonial master while training the autochtons
- Producing news resources for the future generation



Studies were carried out, but findings were not turned into books or manuals

Problem of relevancy of content started to be raised

 Various initiatives trying to solve several issues including content, access and making health and medical resource centres proactive.

But where is Africa in this global health information effervescence?



- Need to train human resources to manage health libraries
- Local professionals tried to take over from the expatriates
- Library holdings did not exceed dozens of print books published by foreign experts
- Libraries played a dormant role in the school teaching and learning activities serving only a small number

Medical libraries in Africa were put on a drip and lots of donated materials were provided

 Question about the value of such resources was raised

"One of the crucial aspects of making information available for better health care is that it should be relevant to the countries environment and culture." Yesterday's librarianship in Africa was suffering shortage of funding/support for appropriate resources, absence of policy, lack of medical journal or/and access to other medical journals and professional training for health information specialists.

- Organizations were seriously concerned at the lack of up-to-date information reaching universities and thus affecting health professionals in many sub-Saharan countries
- In 1995 a review of the current state of university libraries in Africa was undertaken. It covered 19 libraries in 10 libraries and painted a grim picture of decline (Diana Rosenberg, The sustainability of libraries and resource centres in Africa, 1997)

Another study revealed very difficult conditions for health information professionals in Africa and could be summarised into two words: training and access (Ibrahima Bob, HYPOTHESIS: The Journal of the Research Section of MLA Volume 17, Number 1, Spring 2003)

- Open access came in to make a tremendous difference to the situation
- National Library of Medicine's decided to make MEDLINE available free of charge via PubMed.

- HINARI (Health InterNetwork Access to Research Initiative) launched in 2001
 - PERI (Programme for the Enhancement of Research Initiative) have made access to many electronic versions of major journals and databases free of charge to low-income and some low-medium income countries.

Today students have access to library computer facilities in the ever-increasing use of ICTs.

- Opportunities offered by these developments are not taken up as widely as they might be.
- Cost barriers to their use remain

 Other problems include problems electricity supply and the type of climates

ICT is expanding in Africa: raise this question on validity, accuracy, and relevance of content beamed down Most of the initiatives developed were **IT** oriented Healthcare workers and the general population were not put in the centre of analysis in the design of systems

The four sources of power are to receive advice and guidance, to listen carefully to colleagues' ideas, to acknowledge power in others and to express humility

A giant step has been made in urban settings

The rural settings nurse the hope to fully access health information in the next decade.

Vision: Health information for all by 2015

- Reliable, relevant, usable information, locally produced
- Based on freely available generic information (drug formularies, evidence syntheses) and source material (systematic reviews, new research studies), much of which is also locally produced
- Achieved through building capacity at every stage in the knowledge cycle

Appeal to the international community and donors

- Must have greater co-operation between them and create a special interest group whose role should be to advocate and mobilise more actors
- Taking the pressure off health information professionals
- Donors should understand that their support should not antagonise local ownership, which is the heart and brain of any real progress in improving health information management in developing countries

Appeal to the international community and donors

- Avoid sticking to policies that are only relevant to the institution and not to what is good for health libraries in Africa.
- WHO, MLA, AHILA and other organisations should do more to advocate, network, and mobilise resources for the international health information community

- For tomorrow Africa needs better human resources that can keep up with the technologies
- For tomorrow Africa needs to promote local content

For tomorrow Africa needs to be able to put on the universal table its contribution to health information and not be the eternal 'grabber' from the universal table

- For tomorrow Africa needs to have a stronger policy catalysing all health information stakeholders mobilisation in using the power of information to respond to health problems
- For tomorrow Africa needs to look at the buying into initiatives, the technology reluctance, the appropriateness of the content and medium and the country policy towards health information.

For tomorrow Africa needs to show to the Western world although they have gone a long way, that with health disparities in this global village no one is safe until the disparities are controlled. Yesterday



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Thank you for your attention