



Health Information for All

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Global Healthcare Information Network
an international collaborating partner of the PPE Campaign

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Bangkok, 25 January 2011

Global Health Workforce Alliance

Vision

*Every person
will have access to
a skilled, motivated, and
supported health worker,
within a robust health system*

How to achieve the GHWA Vision

Health workers must be:

1. Present when and where they are needed
2. Accessible to those who need them
- 3. Empowered by a Positive Practice Environment to deliver the care that is needed**

A Positive Practice Environment

... is one that meets the 7 needs of health workers:

Skills

Equipment

Information ✓

Structural support

Medicines

Incentives

Communication facilities



Positive practice environments for health care professionals

Quality Workplaces for Quality Care

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The Alliance is the
PPE sponsoring partner

Positive Practice Environments: Meeting the information needs of health professionals

Fact Sheet

Introduction

Health professionals need health care information to be able to learn to diagnose; and to provide appropriate care, patient education and treatment that saves and improves lives. Health care information is here defined as the clinical reference and learning materials critical for the delivery of safe, appropriate and effective care. Such information must be available in the local language and at the educational and technical level that is appropriate to the user.

Reference and learning materials must be *reliable* and *relevant*.

Reliable materials provide an accurate, up-to-date and unbiased description of the current state of cumulative evidence-based knowledge on health questions.

Relevant materials provide information that is relevant to the language and educational level of the health care provider, and the geographical, epidemiological and socio-cultural context. The materials are in a presentation and format (e.g. book, decision aids or charts, e-book, CD-ROM, or website) that is appropriate to the context and level of resources (e.g. diagnostic equipment, drug availability) available to the health care provider.

Why it is important to meet the information needs of health professionals

Access to health information should be considered as equally important as to access to drugs and equipment. All are essential tools in the delivery of safe, efficient and effective care and/or advice.

The PPE Campaign is a joint activity of:



Uninformed health care is unsafe

- 7 in 10 children with malaria treated at home are **mismanaged** (in Africa, a child dies from malaria every 30 seconds)
- 3 in 4 doctors looking after children in hospitals in Asia and Africa had **insufficient basic knowledge** of common life-threatening child diseases
- 7 in 10 mothers giving birth in health centres in Africa and South Asia are **incorrectly managed** in the 3rd stage of labour, increasing risk of death from postpartum haemorrhage

Uninformed health care
is mainly due to systemic failure,
not individual failure

1. **Local** systemic failure

2. **Global** systemic failure

Local systemic failure

Failure to provide:

- **evidence at the point of care**, to inform clinical decisions;
- **training in information skills**;
- opportunities for **personal and group learning**.

Global systemic failure

Public Health

Can we achieve health information for all by 2015?

Fiona Godlee, Neil Pakenham-Walsh, Dan Ncayiyana, Barbara Cohen, Abel Packer

Universal access to information for health professionals is a prerequisite for meeting the Millennium Development Goals and achieving Health for All. However, despite the promises of the information revolution, and some successful initiatives, there is little if any evidence that the majority of health professionals in the developing world are any better informed than they were 10 years ago. Lack of access to information remains a major barrier to knowledge-based health care in developing countries. The development of reliable, relevant, usable information can be represented as a system that requires cooperation among a wide range of professionals including health-care providers, policy makers, researchers, publishers, information professionals, indexers, and systematic reviewers. The system is not working because it is poorly understood, unmanaged, and under-resourced. This Public Health article proposes that WHO takes the lead in championing the goal of "Universal access to essential health-care information by 2015" or "Health Information for All". Strategies for achieving universal access include funding for research into barriers to use of information, evaluation and replication of successful initiatives, support for interdisciplinary networks, information cycles, and communities of practice, and the formation of national policies on health information.

10 years ago, a meeting to review global access to health information concluded that most health professionals in developing countries had inadequate access to information and that the information available to them was often unreliable or irrelevant.¹ At that time, there was optimism that, by 2004, all—or nearly all—health professionals in developing countries would have access to the information they needed to provide the most effective health care possible with the resources available. The world was at the cusp of the information age: information and communication technologies would mean that lack of access to reliable relevant information would no longer be a barrier to effective health care. Although other factors such as lack of drugs and infrastructure might hinder provision of health care, this would not be the case with information.

What then has been achieved in the past 10 years? What have we learnt? And if providing access to reliable information is the single most cost-effective and achievable strategy for sustainable improvement in health care,² what steps can we now take to bring us nearer to health information for all (panel)?

What has been achieved?
Important progress has undoubtedly been made. Information and communication technologies are increasingly available; more and better content is available to a growing number of people, especially those in tertiary hospitals, academic institutions, and urban settings; there are more and better free resources on the internet; there is a larger and wider range of health-information support programmes; an international community has evolved that is committed to improving health-care information, with governments and other bodies in developing countries playing an increasingly active part; and politically, access to health-care information has become a key international development issue. Equitable and universal access to health-care information is recognised in the latest draft of WHO's *World Report on Knowledge for Better Health*³ as an important part of worldwide strategies to reduce global disparities in health and to achieve the health-related Millennium Development Goals.

Progress has been patchy, both geographically (with sub-Saharan Africa generally falling far behind most other regions) and across different health sectors (specialist and academic health care is much better served with information than rural primary care), and overall there is little if any evidence that the majority of health professionals, especially those working in primary health care, are any better informed than they were 10 years ago. The few empirical studies we identified⁴ and many anecdotal reports suggest that lack of physical access to information (absent, slow, or unreliable internet connectivity, expensive paper, and high subscription cost of products) remains the major barrier to knowledge-based health care in developing countries.

However, there are now many successful initiatives that could be extended or replicated. An example is BIREME (<http://www.bireme.org>), the Latin American

Panel: Background
This paper is adapted from a discussion paper commissioned by WHO in preparation for the Mexico Summit on Health Research in November, 2004. Publication in *The Lancet* coincides with the launch of the Global Review of Access to Health Information in Developing Countries (<http://www.inasp.info/globalreview>). Building on a series of existing conferences worldwide in 2004–05, the review will bring together people from all stages of knowledge creation and dissemination, to understand more about progress, lessons learned, and ways forward. To get involved, join the e-mail forum HIF-net at WHO (health@inasp.info).

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See Comment
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“The development of reliable, relevant, usable information can be represented as a [global] system that requires cooperation among a wide range of professionals...”

The system is not working because it is poorly understood, unmanaged, and under-resourced.”

Godlee F, Pakenham-Walsh N, Ncayiyana D, Cohen B, Packer A. Can we achieve health information for all by 2015? *Lancet* 2004;364(9430):295-300

How can we achieve health information for all by 2015?

No single solution, but a need to support and strengthen the global **Health Knowledge System**.

Key weaknesses of the Health Knowledge System:

1. **Poor communication** among health professionals, publishers, librarians, policymakers, researchers...
2. **Poor understanding** of information needs and ways of meeting those needs
3. **Low political and financial support** for health information services

To address these issues:

1. HIFA2015 **Forum**
2. HIFA2015 **Knowledge Base**
3. HIFA2015 **Advocacy Programme**



“HIFA2015 is an ambitious goal but it can be achieved if all stakeholders work together. The approach... is innovative and promises to harness the international cooperation and understanding needed to achieve the goal.”

Dr Tikki Pang

Director, Research Policy and Cooperation, WHO

2006

HIFA2015 Forum

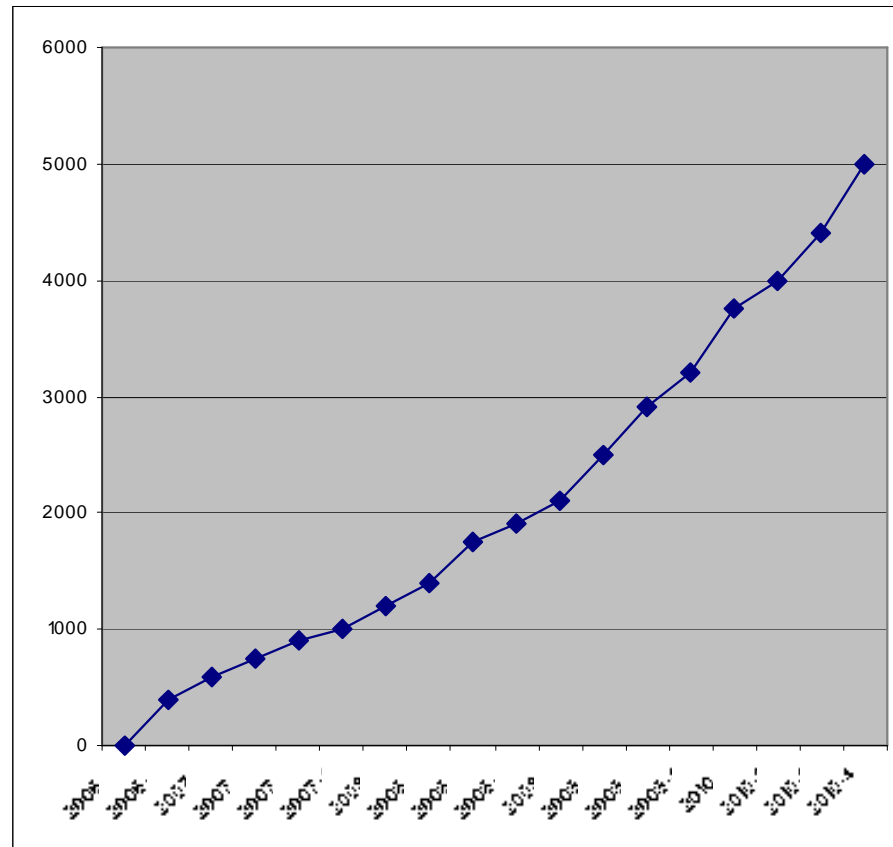
*“HIFA2015 is needed as a global forum which provides space for professionals from all parts of the world **to exchange views and share knowledge.**”*

Najeeb Al-Shorbaji, Director, Knowledge Management and Sharing, World Health Organization, 2010

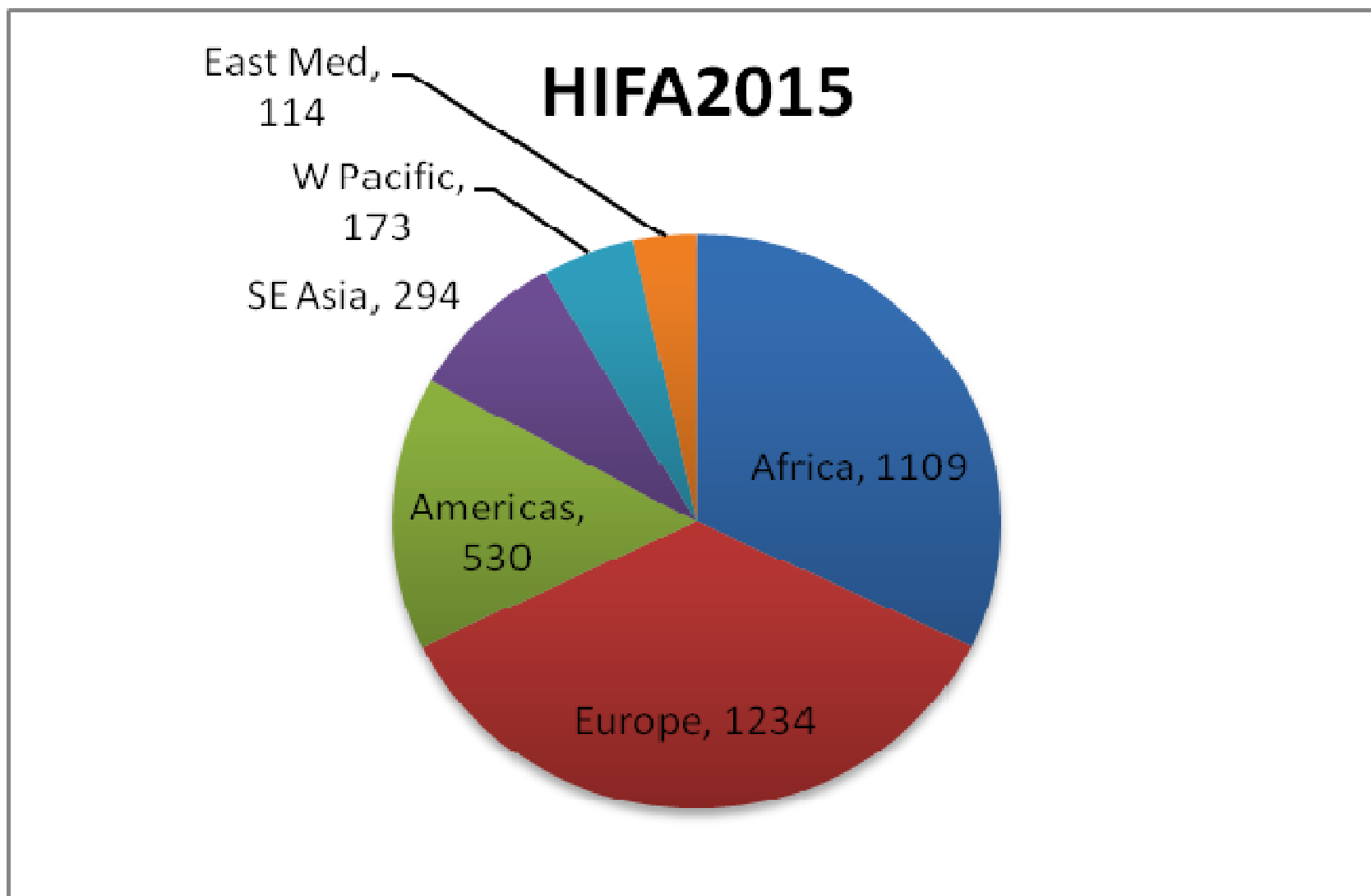
*“HIFA2015 has **many incredibly important and informative discussions** - it is a tremendous, flourishing community and a valuable service to health workers and others around the world.”*

Eric Friedman, Health Workforce Advocacy Initiative and Physicians for Human Rights, USA, 2010

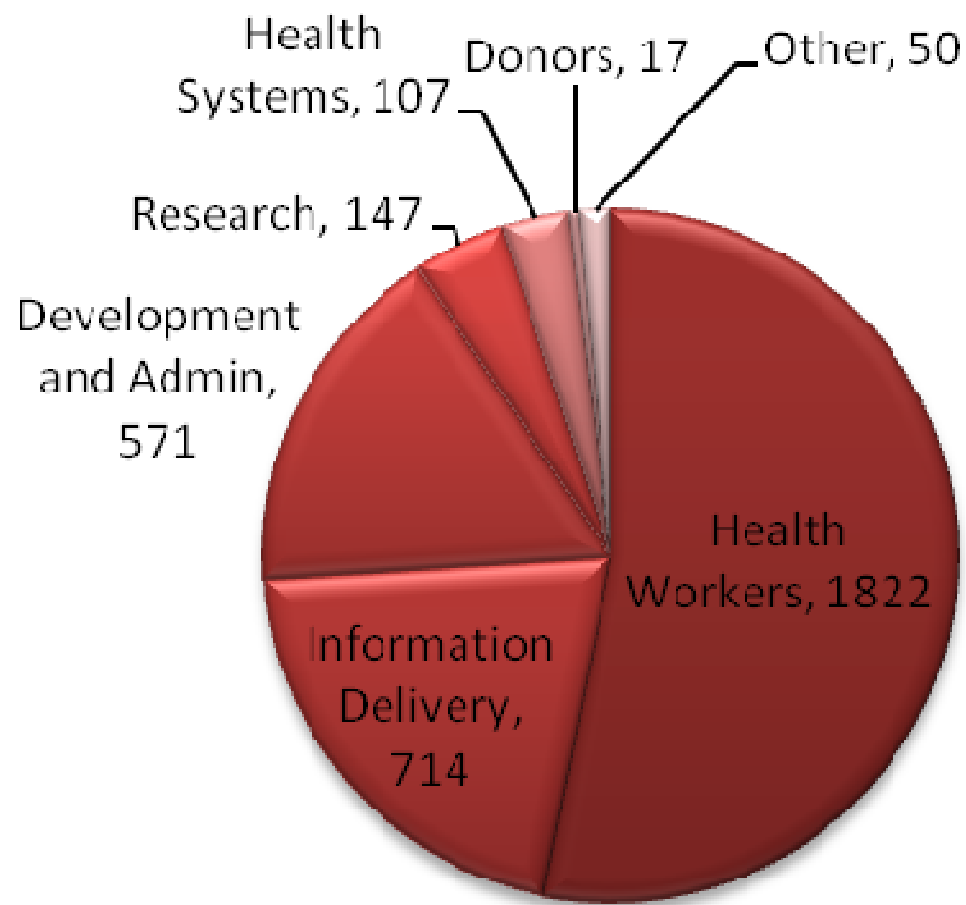
HIFA2015 Forum



Growth in membership, 2006-2011

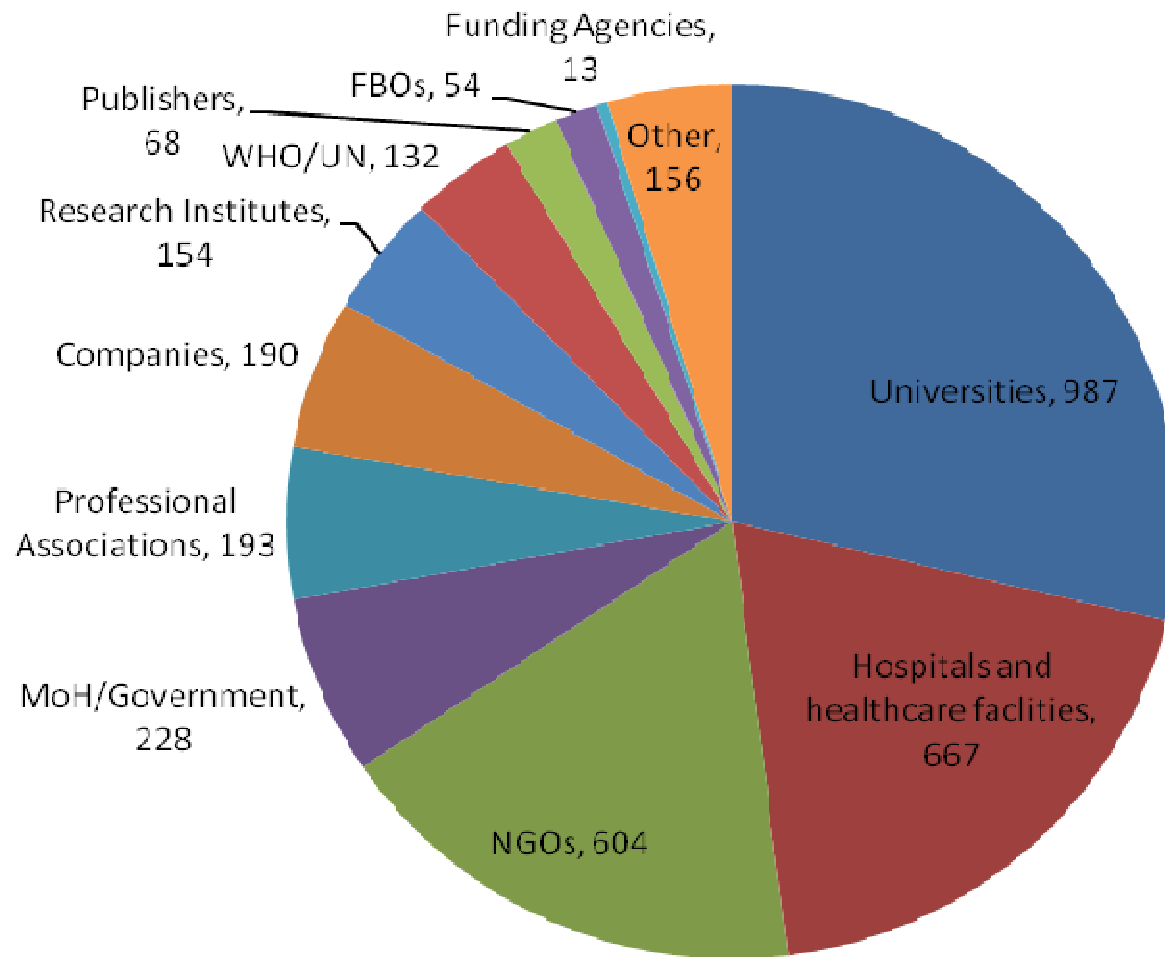


Geography of members, January 2011



Professional distribution of HIFA2015 members

Distribution of HIFA2015 members by type of organisation



HIFA2015 Knowledge Base



HIFA2015 Advocacy Programme

1. The Knowledge Base will provide the evidence needed to:
 - inform existing and new health information services
 - persuade governments and funding agencies to invest in health information services.
2. HIFA2015 / New York Law School project:
Governments are **obliged under international human rights law** to ensure availability of information for health professionals and citizens

Monitoring and evaluation of HIFA2015, Jan-Aug 2011

(Funded by Rockefeller Foundation)

Expected outcomes:

1. Improve HIFA2015;
2. Improve HIFA2015 sister forums (CHILD2015, HIFA-Portuguese, HIFA-EVIPNet-Francais);
3. Replicate the HIFA2015 approach to address **ALL** the needs of health workers and thereby progressively realise our shared vision...

Our shared vision:
**Positive Practice Environments
for All Health Workers**

Skills ✓

Equipment ✓

Information ✓

Structural support ✓

Medicines ✓

Incentives ✓

Communication facilities ✓



With thanks to:

Our funders:

- **British Medical Association**
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- Royal College of Nursing

Our collaborators:

- Norwegian Knowledge Centre for the Health Services
- New York Law School
- **World Health Organization / ePortuguese**
- World Health Organization / EVIPNet . . . and others.

Our 99 HIFA Supporting Organisations

Global Health Workforce Alliance and PPE Campaign

A global campaign: Healthcare Information for All by 2015



Your business
card



Join now!

www.hifa2015.org

Thank you!