

# Healthcare Information for All

## Improving the availability of health information worldwide

A. Santhakumar, British Medical Association. I. Wachsmuth, World Health Organization, N.Pakenham-Walsh, Healthcare Information for All

### People are dying for lack of knowledge

Tens of thousands of children and adults die needlessly every day because they do not receive basic life-saving interventions – interventions that are often locally available but are simply not provided due to indecision, delays, misdiagnosis, and incorrect treatment.

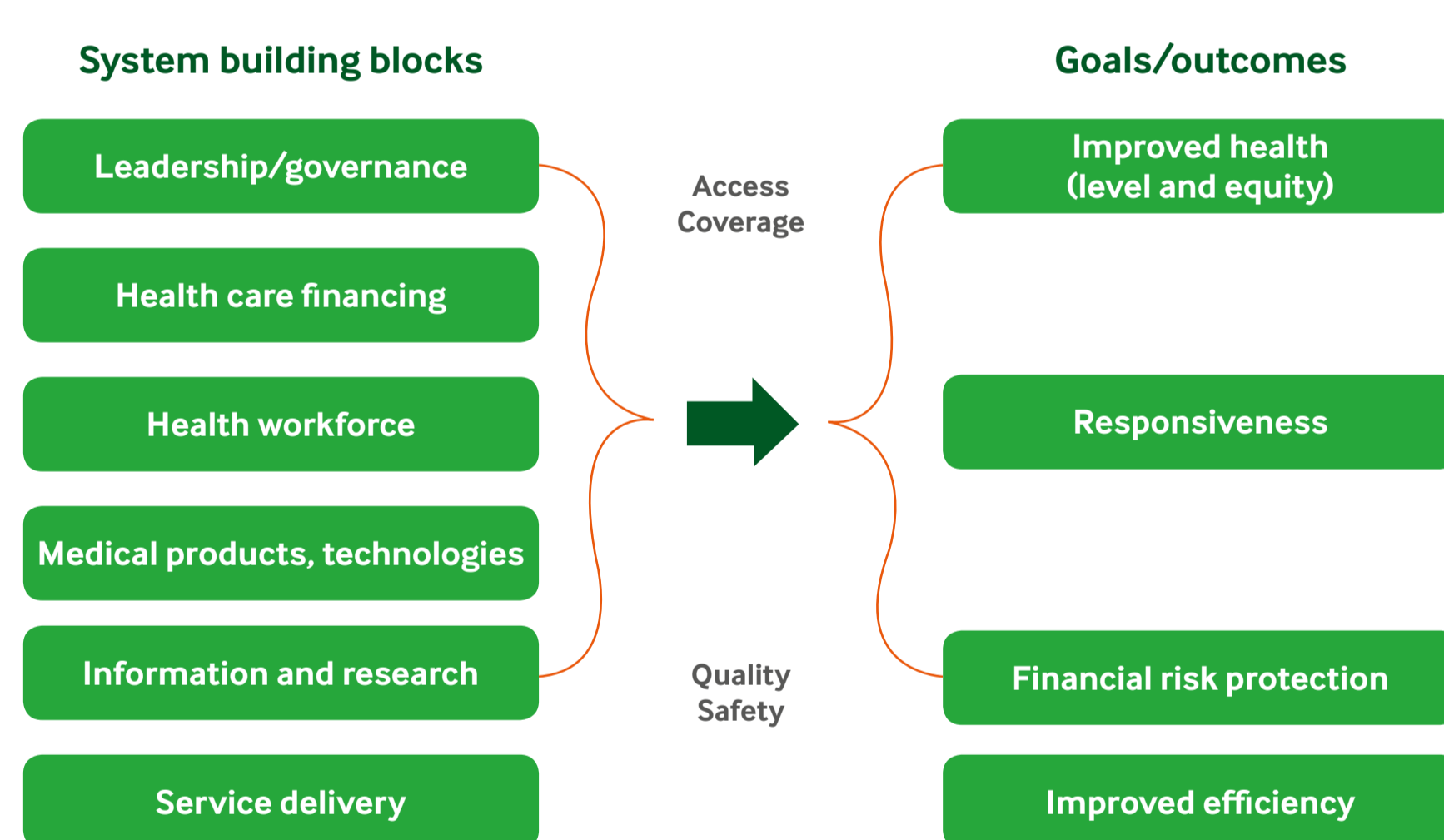
### Towards Universal Health Coverage and realising the right to health

A key determinant to reach **Sustainable Development Goal 3** is a resilient, well-functioning, and responsive health system that meets the basic needs of health workers and thereby empowers them to provide safe and effective care for all. **Of all the basic needs of health workers, the need for reliable, appropriate healthcare information is fundamental to make informed decisions.**

The global healthcare information system represents the totality of processes and structures that underlie the production, exchange, availability and use of relevant, reliable health care information. **This system requires cooperation among a wider range of professionals** including – health care providers, policy makers, researchers, publishers, information professionals, indexers, systematic reviewers.

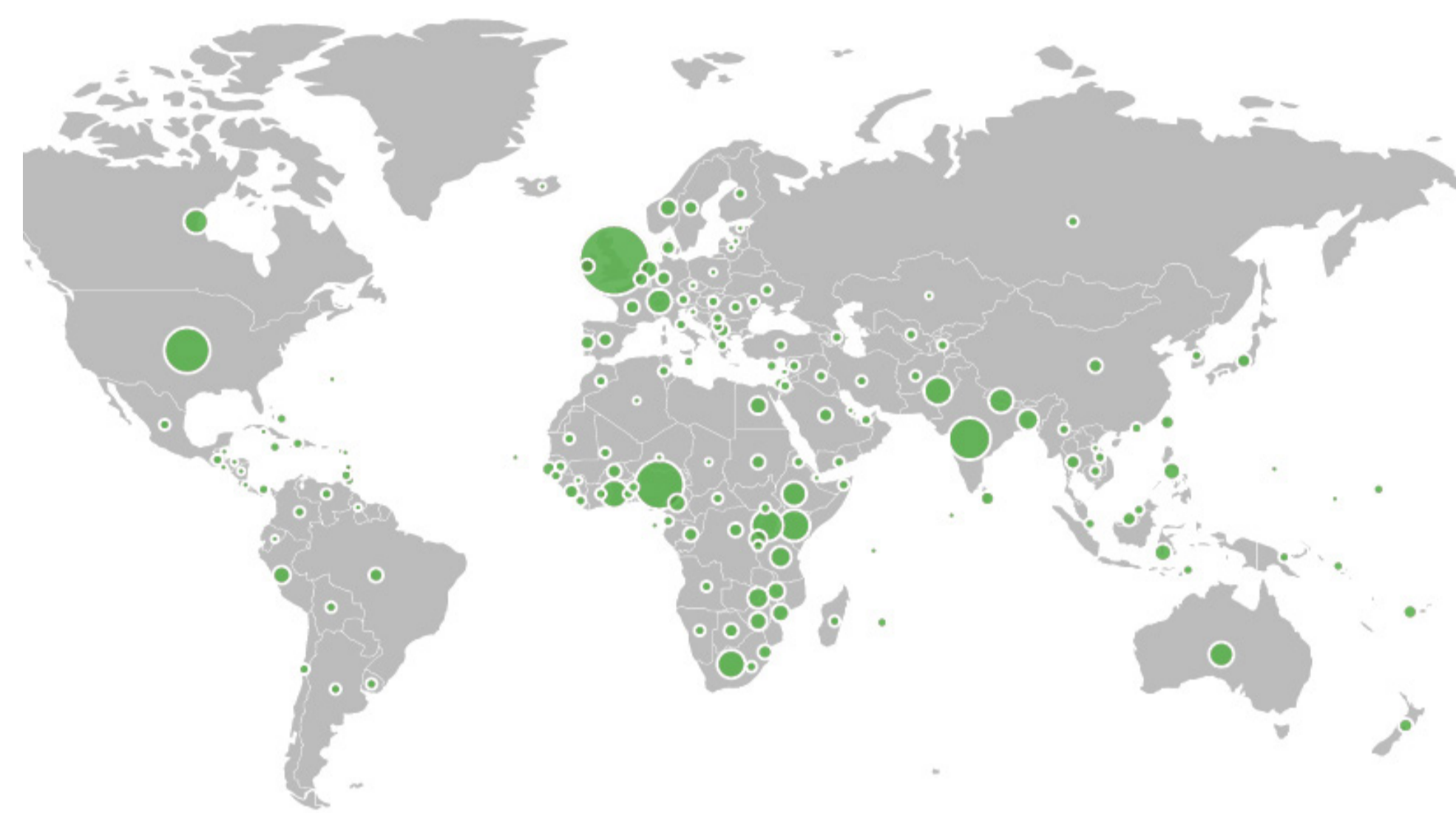
**What we find is that this system is not working because of lack of communication and cooperation, lack of understanding of information needs and how to meet them, and lack of political and financial investment.**

Figure 1: WHO health systems framework



- **8 in 10 caregivers in developing countries do not know the two key symptoms of childhood pneumonia** – fast and difficult breathing – which indicates the need for urgent treatment.<sup>2</sup>
- **Only 1 in 10 children with diarrhoea in India** receive increased fluids to prevent death from dehydration.<sup>3</sup>
- **7 in 10 doctors caring for sick children in district hospitals in Bangladesh**, Dominican Republic, Ethiopia, Indonesia, Philippines, Tanzania, and Uganda had poor basic knowledge of leading causes of child death such as childhood pneumonia severe malnutrition, and sepsis.<sup>4</sup>
- **4 in 10 family doctors in Pakistan** prescribed tranquilisers as first-line treatment for hypertension.<sup>5</sup>
- **7 in 10 children with malaria** treated at home are mismanaged, contributing to 2000 deaths every day in Africa alone.<sup>6</sup>
- **More than 9 in 10 prescriptions for tuberculosis in India** are incorrect, predisposing those patients and the general population to multi-drug-resistant tuberculosis in the future.<sup>7</sup>

**'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'.<sup>1</sup>**

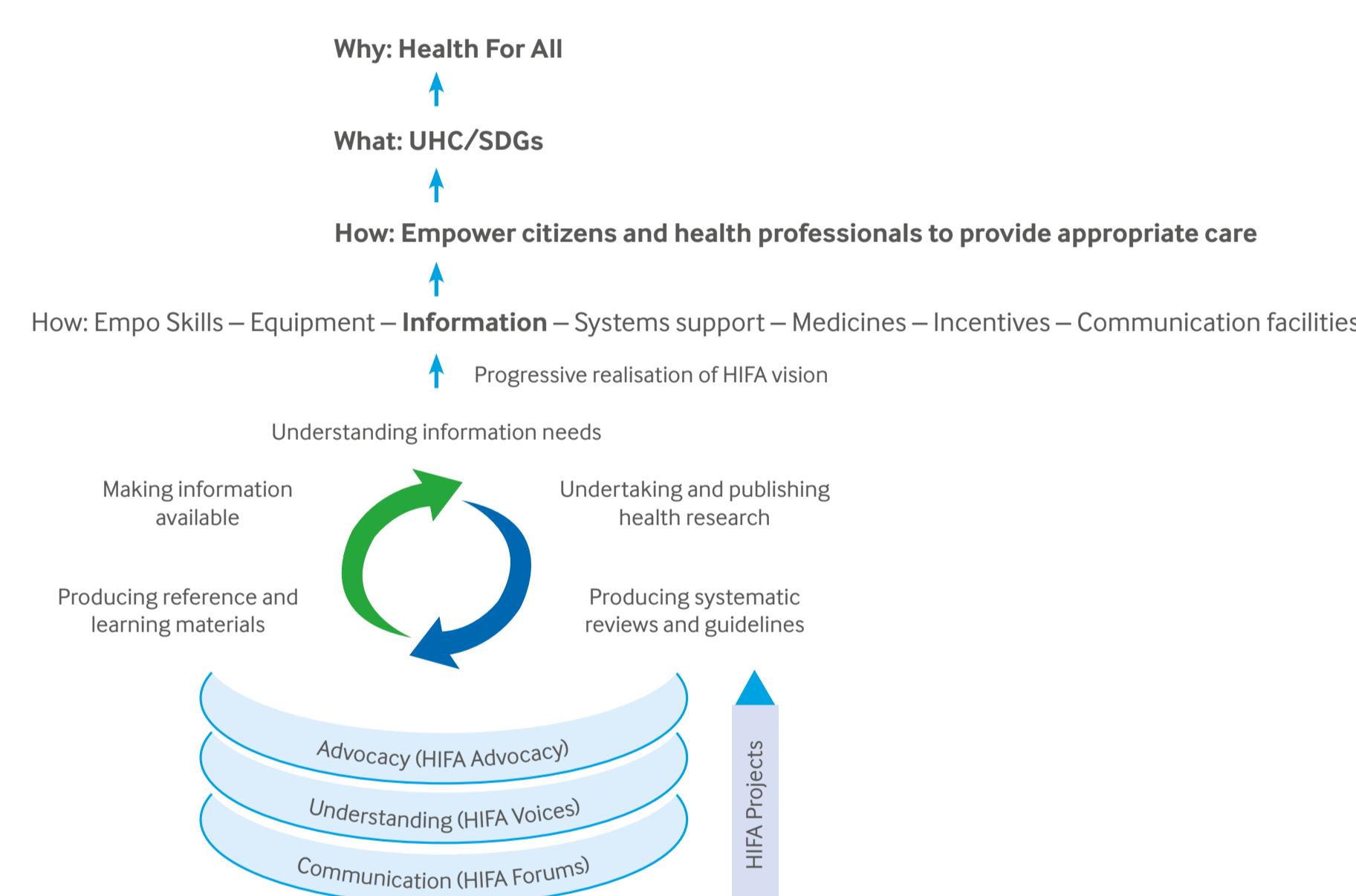


Main forum (English): >8,000 members; 2,500 organisations; 175 countries  
Health professionals – Librarians – Information Professionals – Publishers – Researchers – Policymakers

### Healthcare Information for All – a global campaign

Healthcare Information for All aims to improve communication and cooperation, improve understanding and promote investment. HIFA is a growing social movement of more than 15,000 members in 175 countries with a shared vision **"A world where every person and every health worker will have access to the healthcare information they need to protect their own health and the health of others"**. HIFA is supported by more than 280 organisations worldwide, including WHO and the British Medical Association (BMA).

Figure 2: HIFA strategy



### Example of HIFA project: First HIFA Smart Goal – towards Mobile Healthcare Information for All

'Thousands of lives could be saved every day if all mobile phones had basic healthcare knowledge, including and especially first aid, maternal and child health information for citizens.'

mHIFA Goal: **'By 2017, at least one mobile network operator or mobile handset manufacturer, in at least one low- or middle-income country, will provide access to essential health information for direct use by citizens and free of any charges.'**

### Example from HIFA-French

HIFA-FR as a catalyst to interconnect the different public health issues and bring together global stakeholders to create a coherent public health policy through push and pull mechanisms.

**Push model** – where evidence is pushed to decision makers with the hope of achieving uptake.

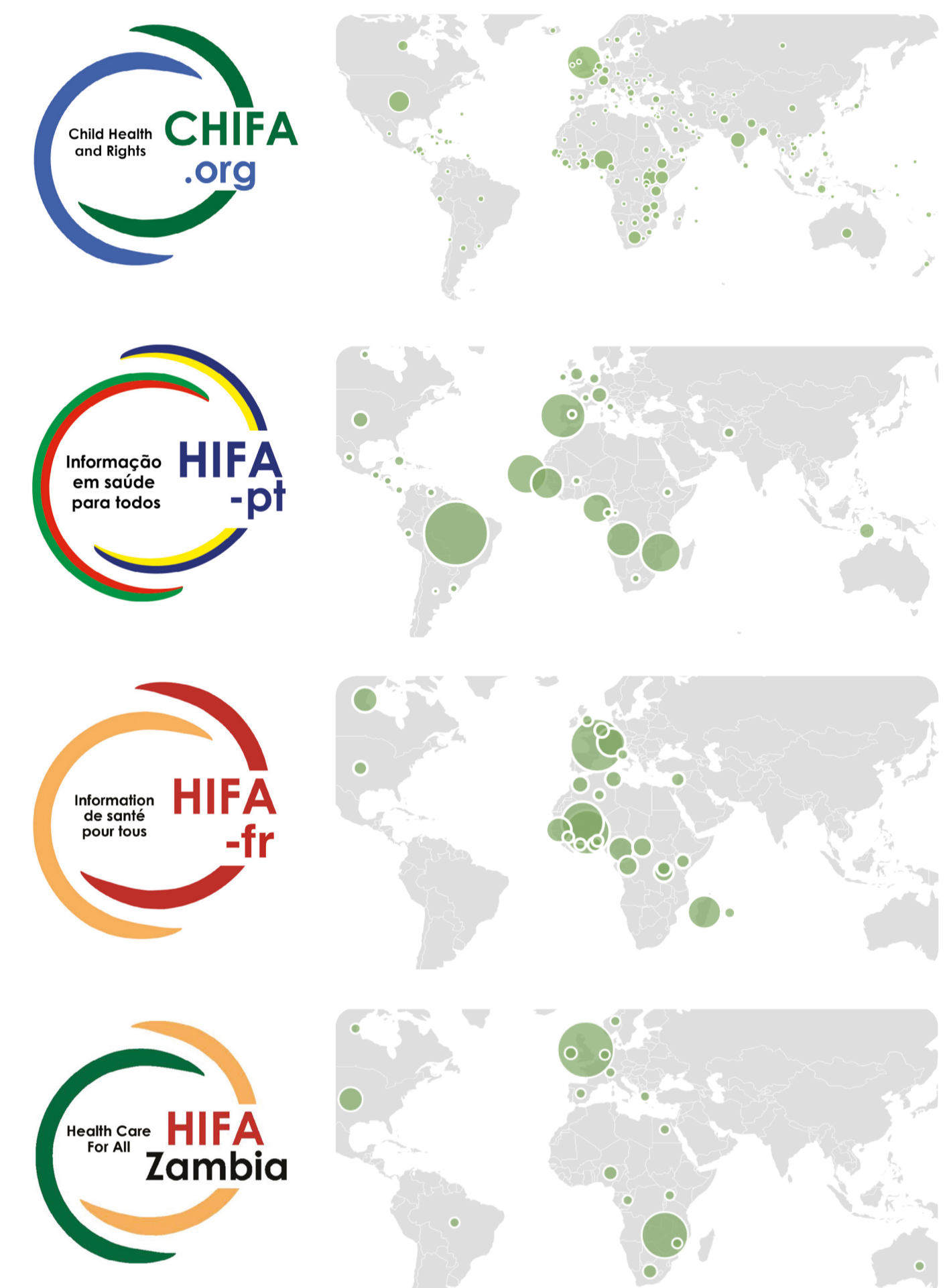
**Pull model** – encourages policymakers and other stakeholders to reach for applicable knowledge to design feasible and viable policies.

At the heart of HIFA lies communication, understanding, and advocacy. It aims;

- 1 To provide a **platform** to connect healthcare information systems stakeholders
- 2 To better **understand** the health information needs of healthcare providers and how best to meet them
- 3 To ensure that healthcare information system is a top priority for **improving global health**

Across a network of global forums, **HIFA brings together on one virtual platform the experiential knowledge of health professions, researchers, and information specialists.** With five global discussion forums in three different languages

Figure 3: HIFA forums and membership



### Call to action

All stakeholders need to work together to develop a better understanding of information needs and to support one another. This is achieved through sharing of expertise and experience to improve our individual and collective effectiveness in meeting the information needs to healthcare providers in low, middle income countries. **The information needs of healthcare providers are central to the realisation of universal access to evidence informed healthcare and universal health coverage.**

**'Not utopian – it is achievable, given the will. Achievement could help save thousands of lives every day'**

### References

- [1] 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
- [2] Wardlaw T et al. Pneumonia: the leading killer of children. *Lancet* 2006;368:1048-50
- [3] Ministry of Health and Family Welfare Government of India. National Family Health Survey (NFHS-3) 2005/6
- [4] Nolan T et al. Quality of hospital care for seriously ill children in less-developed countries. *Lancet* 2001;357(9250):106-10
- [5] Jafar TH et al. General practitioners' approach to hypertension in urban Pakistan: disturbing trends in practice. *Circulation* 2005;111(10):1278-83
- [6] Mazumder P & Marathe A. Role of information and communication networks in malaria survival. *Malaria Journal* 2007;6:136
- [7] Mishra G et al. Tuberculosis Prescription Practices In Private And Public Sector In India. *National Journal of Integrated Research in Medicine* 2013; 4(2): 71-78

### Further reading

- [1] Pakenham-Walsh N & Bukachi F. Information needs of health care workers in developing countries: a literature review with a focus on Africa. *Human Resources for Health* 2009, 7:30 doi:10.1186/1478-4491-7-30 (Free Access)
- [2] Pakenham-Walsh N. Towards a Collective Understanding of the Information Needs of Health Care Providers in Low-Income Countries, and How to Meet Them. *Journal of Health Communication*, Volume 17, Supplement 2, 2012 (Open Access)