www.hifa2015.org

A Global Campaign: Healthcare Information for All by 2015

Foundation Document

17

Introduction

Tens of thousands of people die every day from common illnesses that can be easily treated. A major factor in these deaths is that the parent, carer, or health worker very often does not know what to do, and when and where to seek help. In other words, people are dying for lack of basic healthcare knowledge.

Healthcare Information For All by 2015 (HIFA2015) is a global campaign that aims to reduce death and suffering due to lack of essential healthcare information in the developing world. HIFA2015 brings together all stakeholders around a common goal: **By 2015, every person worldwide will have access to an informed healthcare provider**. Achievement of this goal is critical to attain the Millennium Development Goals: reducing child mortality by two-thirds; reducing maternal mortality by three-quarters; and combating HIV/AIDS, tuberculosis and malaria.

The HIFA2015 Community includes health professionals, producers of reference and learning materials, librarians, technologists, researchers, policymakers, trainers, teachers and the general public - indeed, all those involved in the creation, exchange and use of healthcare information.

The HIFA2015 approach is based on an innovative cycle of:

1. Communication: Promoting international, regional and national cooperation

HIFA2015 members interact via two dynamic email discussion groups: **HIFA2015** and **CHILD2015** (child health). Members plan campaign strategy, and exchange experience and expertise on health information priorities, activities and trends.

2. Understanding: Building a picture of information needs and how to meet them

HIFA2015 members are creating a unique web-based resource, the HIFA2015 Knowledge Base, specifically about information needs and different methods to meet those needs.

3. Advocacy: Promoting sustainable solutions to achieve HIFA2015

HIFA2015 members identify cost-effective solutions to address the information and learning needs of healthcare providers, and promote the political and financial commitment needed to support information and learning initiatives worldwide.

"Healthcare Information For All by 2015 is an ambitious goal but it can be achieved if all stakeholders work together."

Dr Tikki Pang, Director of Health Research and Cooperation, World Health Organization, Geneva

Note: This Foundation Document has been prepared by the HIFA2015 Steering Group, on the basis of dialogue on the HIFA2015 and CHILD2015 email discussion groups [1-6] and consultation on an earlier draft. The HIFA2015 strategy continues to be a 'work in progress', and further comments and suggestions are welcome.

Why is HIFA2015 needed?

Tens of thousands of children, women and men die every day due to easily treatable diseases such as malaria, HIV/AIDS, tuberculosis, diarrhoea, and respiratory infections [7]. The vast majority die at home, or at a primary or district healthcare facility [8]. Two-thirds of all neonatal, child and maternal deaths are preventable through simple, inexpensive interventions. Many of these deaths happen because the parent, carer, or health worker simply did not know what to do and when to seek help [9]. People are dying for lack of basic healthcare knowledge.

"people are dying for lack of basic healthcare knowledge"

Examples of why HIFA2015 is needed

- 80% of caregivers in the developing world do not know the two key symptoms of pneumonia – fast and difficult breathing - which indicate the child should be treated immediately. Only half of children with pneumonia receive appropriate care, and less than 20% receive antibiotics [10]
- 4 in 10 mothers in India believed that they should withhold fluids if their baby develops diarrhoea [11]
- 90% of doctors in Somalia did not know the correct treatment for tuberculosis [12]
- Only 1 in 20 diabetic patients in Egypt had basic knowledge on how to control their disease [13]
- One in three pregnant women in Burkina Faso were given drugs that are contra-indicated in pregnancy [14]
- Three-quarters of doctors responsible for managing sick children in district hospitals had inadequate basic knowledge of common life-threatening illnesses such as pneumonia, severe malnutrition, and sepsis [15]
- Over 40% of primary care doctors in Pakistan used sedatives as their drug of first choice for the treatment of hypertension [16]

We live in the 'information age' but the reality is that most healthcare providers continue to lack the information they need to deliver basic health care. Indeed, there is little evidence that the majority of caregivers and health workers at primary and district levels are any better informed than they were 10 years ago [17]. This lack of progress is directly attributable to ineffective coordination and communication among the many stakeholder groups involved at international, national and local levels, resulting in duplication and waste of effort and resources. As a result, loss of life and suffering continue unabated, jeopardising the achievement of the Millennium Development Goals.

Improving the availability of relevant, reliable information will prevent death and suffering, and will promote more appropriate and timely referral to secondary and tertiary care. It will improve the cost-effectiveness of drug prescribing and use of diagnostic and other facilities, thereby increasing the efficiency of health systems and bringing social and economic benefits for communities and countries.

How do we define our goal?

HIFA2015 member and health systems consultant, Nigeria: "I propose that we define our goals within the context of ensuring that, by 2015, every person worldwide will have access to an informed healthcare provider... A tall order one would say, but it is achievable."

The specific goal of HIFA2015 needs to be specific, measurable, agreed-upon, realistic, and time-bound (S M A R T). Thanks to discussion on the HIFA2015 and CHILD2015 email groups, we have agreed a user-centred definition: **By 2015, every person worldwide will have access to an informed healthcare provider**.

What do we mean by 'informed healthcare provider'?

We use the term '**healthcare provider**' in its widest sense: not only formal health workers, but all providers of health care. The vast majority of preventable deaths occur at home, without reaching a health worker, or in the care of a primary health worker or small district hospital. The specific focus of HIFA2015 is therefore to meet the information needs of frontline healthcare providers, particularly household carers, and primary and district level health workers: nurses, clinical officers, midwives, doctors... Their needs have been relatively ignored as compared with 'high-level' professionals and researchers. When we use the term healthcare provider, we include mothers and fathers, friends and relatives. Indeed, we must include ourselves. Every single one of us may be called upon to provide urgent care for a fellow human being.

An '**informed**' healthcare provider is someone who has the basic healthcare information and/or knowledge they need to provide effective health care. The term is not absolute: what is needed will vary depending on the carer, the person receiving care, and the situation. The bottom line is that the person who requires health care is not put at risk simply because of lack of appropriate life-saving information. If you are a baby with diarrhoea, if you are a young woman bleeding heavily after childbirth, if you are sick or injured in any way, it will **not** be the **lack of information** in your locality that limits your chances.

Stakeholders have emphasised the importance of the quality rather than the quantity of information: **reliability**, **relevance** and **ease of use:**

"The 15th challenge is to ensure that everyone in the world can have access to clean, clear, knowledge – a basic human right, and a public health need as important as access to clean, clear water, and much more easily achievable." [18]

The deadline for HIFA2015 and the Millennium Development Goals is getting closer, but the race is not being won. We have therefore called for all interested organizations, including the World Health Organization, to work together to address the issue. Here is the response of Dr Tikki Pang, Director of Research Policy and Cooperation, WHO (see Letter of Support, opposite)[19].

"By 2015, every person worldwide will have access to an informed healthcare provider"

World Health Organization, Geneva

11th September 2006

Dear Colleagues,

I am writing to express my support, on behalf of the World Health Organization, for the global campaign Healthcare Information For All by 2015: 'By 2015, every person worldwide will have access to an informed healthcare provider'. This campaign has the potential to make a substantial impact on the quality of healthcare in developing countries and countries in transition. Progress in meeting the campaign objective is vital if we are to achieve the broader Millennium Development Goals.

As I have stated recently with others: "Applying what we know already will have a bigger impact on health and disease than any drug or technology likely to be introduced in the next decade. If disease is to be defeated, existing knowledge must be applied in ways that will improve health care, especially in developing countries... The 15th challenge is to ensure that everyone in the world can have access to clean, clear knowledge - a basic human right, and a public health need as important as access to clean, clear water, and much more easily achievable." (Pang T, Gray M, Evans T. A 15th grand challenge for global public health. Lancet 2006; 367:2846)

Healthcare Information For All by 2015 will address a fundamental part of 'the 15th challenge' the healthcare information needs of family care givers, primary health workers, and staff of district hospitals - it is at these levels where most healthcare - including most unsafe healthcare - takes place; and it is at these levels that the majority of avoidable deaths occur. These health-care providers are also the least well served and the most neglected in terms of availability and application of healthcare knowledge. It is here that knowledge can make the greatest difference in terms of lives saved and reduced suffering and disability.

Healthcare Information For All by 2015 is an ambitious goal but it can be achieved if all stakeholders work together. The approach proposed by the Global Healthcare Information Network (www.ghi-net.org) and its partners is innovative and promises to harness the international cooperation and understanding needed to achieve the goal. It also represents a concerted effort to implement a key recommendation of the Ministerial Summit on Health Research in Mexico in November, 2004 to increase public trust and confidence in science - if healthcare providers have better access healthcare knowledge and information, they can serve the public more effectively.

I support the global campaign Healthcare Information For All by 2015 and urge others to do the same.

Sincerely,

Dr Tikki Pang,

Director, Research Policy and Cooperation

World Health Organization

How do we achieve our goal?

As Dr Pang stated in his Letter of Support: "Healthcare Information For All by 2015 is an ambitious goal but it can be achieved if all stakeholders work together." The key to success is **inclusive participation of all stakeholders**:

1. **The people**: the users of healthcare services.
2. **Healthcare providers**
   - Vocational healthcare providers (nurses, midwives, pharmacists, laboratory technologists, clinical officers, doctors and others): especially the majority whose current ability to deliver safe, effective health care is limited by lack of relevant, reliable reference and learning materials.
   - Traditional and non-allopathic healthcare providers
   - Lay healthcare providers: family members, friends and community carers.
3. **Those responsible for meeting the needs of healthcare providers**
   - Health trainers: including all those involved in the basic education and continuing professional development of healthcare professionals
   - Health information professionals: librarians and others who train healthcare providers to find, appraise and use health information
   - Producers and distributors of reference and learning materials: a very large and diverse group, including those who create, publish and/or distribute original research, systematic reviews, drug formularies, textbooks, practical newsletters, manuals, clinical guidelines, and computer-assisted diagnostics
   - Communication and development professionals
   - Media workers and journalists
   - Information technologists and IT/telecoms industries
   - Policy makers and international health organisations
   - Regional bodies concerned with health information
   - Health researchers: including biomedical researchers and health systems researchers
   - Health information researchers: those with specialist research interests in access, use and application of healthcare information.

The HIFA2015 approach was developed in consultation with stakeholders in order to meet their needs for a strategic framework for cooperation and development of a cohesive agenda for action. The rationale for the campaign was presented and discussed in *The Lancet* in 2004 [17] with a commentary from staff at WHO [20]. Further presentations and discussions took place at Global Forum 9 (Mumbai, India, September 2005) and the Geneva Forum: Towards Global Access to Health (September 2006). The HIFA2015 Campaign itself was launched at the 10th biennial congress of the Association for Health Information and Libraries in Africa, Mombasa, Kenya, on 26 October 2006 [21].

"The key to success is inclusive participation of all stakeholders"

The HIFA2015 Approach

HIFA2015 provides inclusive support to the full range of stakeholders involved in the creation, exchange and use of healthcare information. It is not itself a provider of healthcare information.

Together we have developed a **participatory approach based on**:

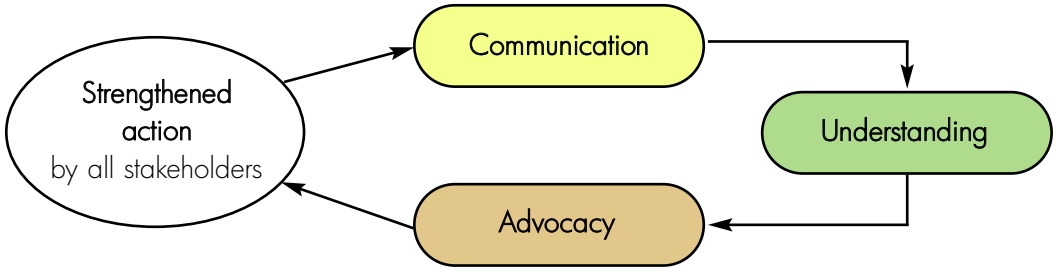

Figure 1. The process for achieving our goal (simplified)

Communication: Promoting international, regional and national cooperation

"HIFA2015 is needed as a global forum which provides space for professionals from all parts of the world to exchange views and share knowledge on this important issue." Najeeb Al-Shorbaji (Head of Knowledge Management and Sharing at WHO Eastern Mediterranean Regional Office)

HIFA2015 members communicate via two dynamic email discussion groups: HIFA2015 and CHILD2015 (child health). Together they include more than 1600 members from 115 countries worldwide, with more joining each day: health workers, librarians, publishers, researchers and others. Members plan campaign strategy, and exchange experience and expertise on health information priorities, activities and trends. HIFA2015 members also facilitate, manage, and participate in face-to-face meetings and conferences worldwide, promoting and exploring issues around the availability of healthcare information in developing countries. Both groups are open to anyone with an interest, and membership is free and without obligation. The archives are freely available at www.dgroups.org/groups/hifa2015 and /child2015, respectively.

The **HIFA2015 email forum** was launched in October 2006, simultaneously with the launch of the campaign itself. It provides a platform for exploration of information and learning needs, and how to meet them, and serves as the main communication tool for the Campaign.

The **CHILD2015 email forum** was started in July 2006 in collaboration with the International Child Health Group of the Royal College of Paediatrics and Child Health (www.ichg.org.uk). CHILD2015 focuses specifically on the information and learning needs of those who provide healthcare for children in developing countries. Its goal is complementary to HIFA2015: 'By 2015, every child worldwide will have access to an informed healthcare provider'.

Challenges

Language: The main language of communication is currently English, but we welcome messages in French, Spanish and Portuguese, and we aim to accommodate other languages in the near future.

Giving a voice to those without access to email: Many HIFA2015 members work directly with local communities and are encouraged to represent the views of community members and unconnected health workers wherever possible. Meanwhile, HIFA2015 will continue to campaign for the right of local communities to be heard.

Understanding: Building a picture of information needs and how to meet them

"I am currently doing a literature review on the information needs of primary health care providers (medical officers, nurses). Anyone out there with the same interests?" HIFA2015 member and medical librarian, Kenya.

A key aspect of the Campaign is to build a robust evidence base on information needs and how to address them. This will enable us to argue for more funding for health information activities worldwide, and will help ensure that the creation, exchange and use of healthcare information are more cost effective. Furthermore, it will identify gaps where further information research is needed.

HIFA2015 members are working together to create a unique, web-based resource, the HIFA2015 Knowledge Base, specifically about information needs and different methods to meet those needs. The HIFA2015 Knowledge Base seeks to answer fundamental questions such as:

What are the key information and learning needs of different cadres of healthcare provider in different settings?

Information needs will be assessed by a variety of criteria, including needs as perceived by healthcare providers themselves, and needs as inferred by evaluations of healthcare provider knowledge and practice.

What information resources and learning tools already exist that might help address these needs?

In many cases, it is evident that resources and tools already exist - somewhere - that would meet information and learning needs. Our main concerns are: How easy is it to identify them, and how can such identification be facilitated?

How can new resources and learning tools be developed, if required?

Often, appropriate resources and tools do not yet exist and there is a need for them to be developed - building, adapting, or translating wherever possible on whatever exists locally, nationally or internationally.

How can existing resources and tools be made more available to those who need them?

The HIFA2015 Knowledge Base will explore the full range of drivers and barriers to the production, availability and use of appropriate healthcare information.

HIFA2015 is coordinating a major review of the existing literature on health information needs and how to meet them. A preliminary Medline review has already been completed with support from the Lown Cardiovascular Foundation, Mattina Proctor Foundation and Global Healthcare Information Network. It reveals gross and pervasive deficiencies in information, knowledge and practice, running right across the health workforce in the developing world. More in-depth reviews are now being planned, extending to regional databases such as the African Index Medicus as well as conference proceedings, postgraduate theses, and evaluations of existing projects and programmes.

To build the HIFA2015 Knowledge Base, members will use both conventional and participative approaches in parallel. Thus, we shall collate and prepare literature reviews, summaries of email discussions, conference reports, and evaluation reports; and we shall also embrace new collaborative technologies such as wiki, so that individual members can contribute directly.

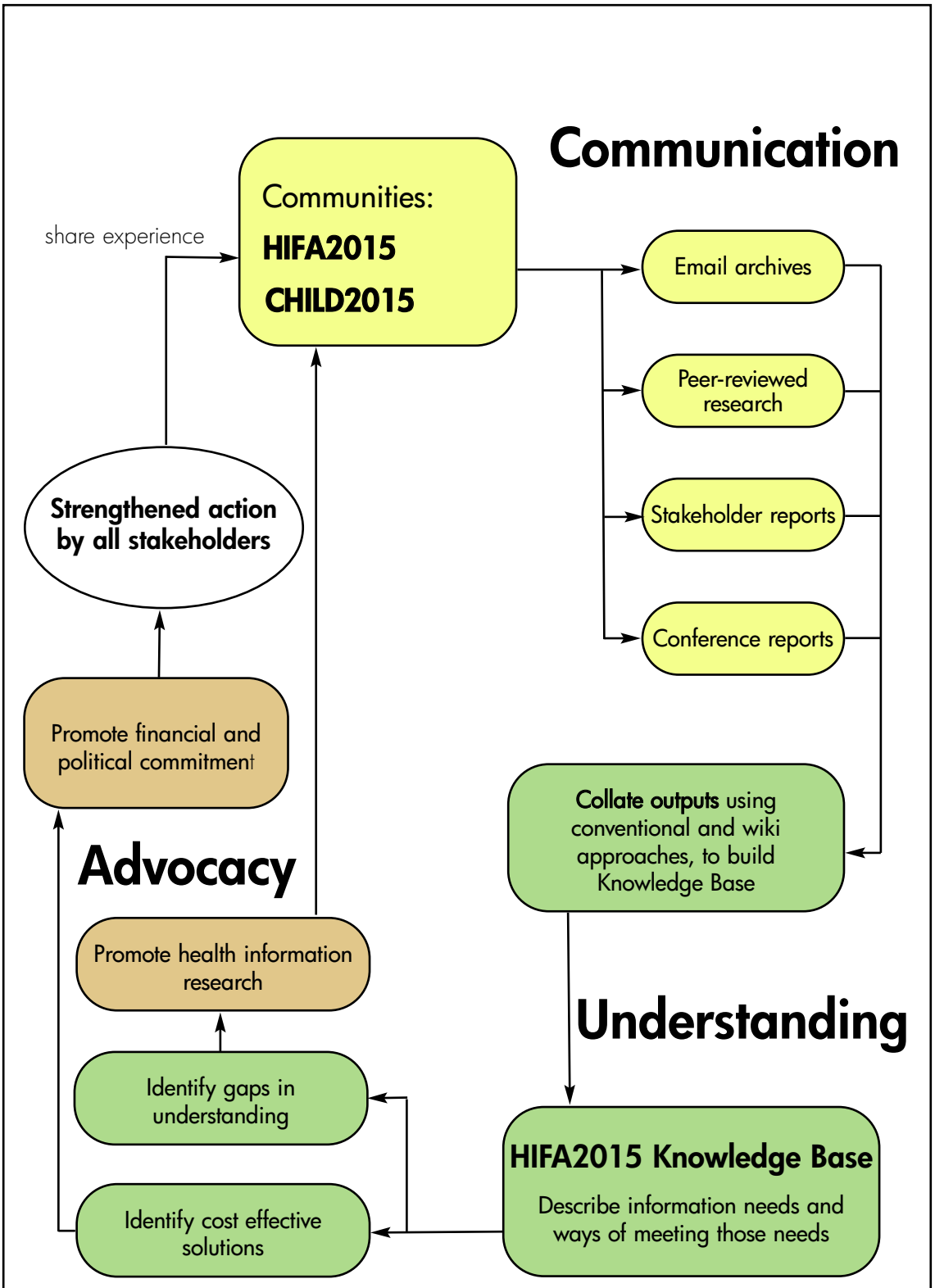

Figure 2. The process for achieving our goal. Two email discussion groups - HIFA2015 and CHILD2015 - focus on generic and child health information issues, respectively. Together with inputs from other informal sources, and the formal literature, HIFA2015 members build the HIFA2015 Knowledge Base of information needs and ways of meeting those needs. This provides the evidence base needed to underpin Advocacy.

Advocacy: Promoting sustainable solutions to achieve HIFA2015

"We support HIFA2015... We will achieve it together if we work hard to share experiences, to train medical librarians and to convince the stakeholders about the importance of HIFA2015 and its impact in the field. ... AFRO Library is really involved in this programme and will do anything it can to achieve our goal." Marie Paule Kabore (Librarian, WHO Regional Office for Africa).

HIFA2015 members are building an Agenda for Action, which will present a clear and persuasive case for international agencies and governments to support the creation, exchange and use of information and learning worldwide. Drawing on the experience of its members and the HIFA2015 Knowledge Base, the Agenda for Action will show what works and what doesn't in meeting the information needs of healthcare providers. It will include evidence, wherever possible, that meeting information needs improves health outcomes. HIFA2015 members have identified several broad priority areas for action: understanding information and learning needs; improving the availability of existing materials; and developing new reference and learning materials.

The HIFA2015 process also generates new ideas and initiatives among its members. Such initiatives are carried forward independently by those concerned, so that HIFA2015 continues to provide an inclusive, neutral space for communication, understanding and advocacy.

"HIFA2015 members have identified several broad priority areas for action"

Strengthened action by all stakeholders

Thousands of organisations, and millions of individuals, are currently implementing and planning action to identify and meet the information and learning needs of healthcare providers. The purpose of HIFA2015 is to provide a networking and learning environment to enable all stakeholders to do more effectively what they are already doing or planning to do.

HIFA2015 member from Malaysia: "We need to realise that it is all about individual information needs matching the supply rather than information transfer from one area of excess supply to another area of need."

A systems view is emerging from discussions on HIFA2015, whereby health information flow is all about identifying and then meeting needs, not necessarily about transferring know-how from developed to developing countries. The creation, exchange and use of healthcare information are seen to be dependent on a systematic organisation of stakeholders operating at international, national and local levels. These stakeholders include healthcare providers, information professionals, publishers, researchers, policymakers and others. Our current understanding of the system is rudimentary, but it can be represented as a cycle of improvement, with drivers and barriers at every stage (Fig 3):

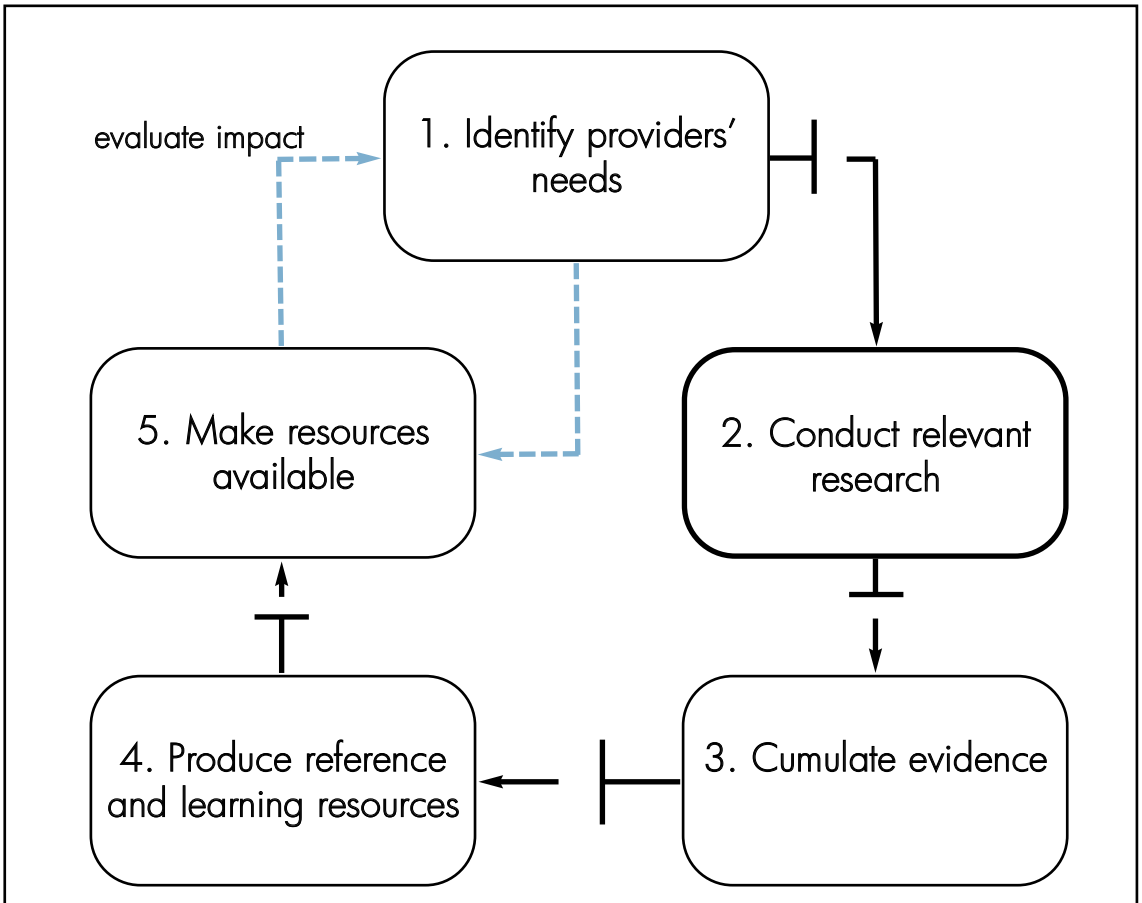

Figure 3. Healthcare providers require information and learning resources that are evidence-based, easy to use and relevant to their needs. Some needs can potentially be met by resources that already exist, in which case the challenge is 'simply' to make such resources available to those who need them (- - -). Others require production of new resources. Production of evidence-based resources requires integration of local and generic information, whose availability is in turn dependent on processes (health research; communication of research findings; systematic reviews) at global, national and local levels, within a cyclical system providing feedback. Adapted from [17].

Every process in the system is constrained by major barriers: (1) providers' needs are poorly understood; (2) most of the world's health research funding is irrelevant to the health prorities of developing countries ('10/90 gap'); (3) most policy and practice decisions fail to take into account the available cumulative evidence; (4) there is a chronic lack of resources to produce relevant, evidence-based reference and learning materials; and (5) existing resources are often inaccessible to those who need them. Given these constraints (and there are many others), it is not surprising that healthcare providers continue to lack the information they need to learn, to diagnose, and to save lives.

In summary, HIFA2015 provides a framework of communication, understanding and advocacy in order to support existing and future action by all stakeholders involved in the creation, exchange and use of healthcare information.

This may be represented as a Campaign Plan 2006-2015:

HIFA2015 Campaign Plan 2006-2015

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. BUILD HIFA2015 COMMUNITY										
HIFA2015 moderation and synthesis	✓	✓								
CHILD2015 moderation and synthesis	✓	✓								
2. BUILD HIFA2015 KNOWLEDGE BASE										
Preliminary Literature Review	✓	✓								
Lit Review: Students		✓								
Lit Review: Nurses, Midwives & AHWs										
Lit Review: TBC										
Knowledge Base: Collation	✓	✓								
Knowledge Base: Wiki										
Publication of Thematic Review papers										
3. DEVELOP HIFA2015 AGENDA FOR ACTION										
Engage stakeholders	✓	✓								
Publish Advocacy papers										
Publish HIFA2015 Annual Reports										

✓ = Completed

How do we measure our impact?

1. Monitoring of progress towards the goal

Measuring progress towards the goal will draw from past, current and future information research by HIFA2015 members and others. Discussions among HIFA2015 members suggest a range of indicators and methods to measure progress. Possible indicators may include (for example):

1. Information needs as reported by (a) healthcare providers themselves (perceived needs), (b) assessments of healthcare provider knowledge; and/or (c) assessments of healthcare practice.
2. Quantitative measures of access to information and communication technologies.

Indicators may refer to general populations and/or to specific underserved groups (eg caregivers with low literacy levels; non-English-speaking health workers).

Methods to measure progress might include the following (among others):

- Map, review and analyse needs assessments and other relevant studies carried out by others
- Monitor direct and proxy indicators that are already being measured by other organisations such as WHO, Health Metrics Network, and International Telecommunications Union
- Conduct questionnaire surveys
- Conduct random point sampling of healthcare providers
- Commission independent expert overviews of the availability of relevant, reliable healthcare information - including the question: To what extent is current availability of information a barrier to the delivery of effective healthcare?

2. Monitoring and evaluation of the effectiveness of the campaign methodology

The innovative nature of the methodology has attracted interest from communications experts, and there is high potential for having one or more communications researchers involved in the project at undergraduate, MSc and/or PhD levels. Lessons learned will be shared with others in the field of 'communications for development', with the potential to be adapted for use in other areas (health, agriculture, environment).

3. Evaluating the impact on the quality of healthcare in developing countries

It is difficult to demonstrate direct causality between information access and quality of healthcare. This is because the availability of relevant, reliable information is a prerequisite for the delivery of effective care, but is not enough in itself. Healthcare providers have a wide range of needs: availability of essential drugs; appropriate equipment for diagnosis and surgical intervention; a cell phone to call a colleague for help; transport to a referral centre; a decent salary and working conditions... HIFA2015 is therefore synergising with other initiatives such as the campaign for access to essential medicines, in order to maximise and evaluate our collective impact.

As we proceed, we are establishing and strengthening links with communities of practice in related areas (eg access to essential medicines), thereby addressing the full range of needs for healthcare providers in developing countries. We shall work with others to ensure that all the basic needs of healthcare providers are met to enable them to deliver effective care: **S**kills, **E**quipment, **I**nformation, **S**tructural support, **M**edicines, **I**ncentives, and **C**ommunication facilities. This spells out SEISMIC: it's a SEISMIC shift that the world's healthcare needs! Information is HIFA2015's area of special interest, but all factors must combine for successful care.

"We shall work with others to ensure that all the basic needs of healthcare providers are met"

Administration

The Global Healthcare Information Network is responsible for the overall coordination and administration of the HIFA2015 Campaign: see www.ghi-net.org and www.hifa2015.org.

The HIFA2015 Steering Group is responsible for the strategic direction and implementation of the campaign, with input from HIFA2015 and CHILD2015 members and with expert assistance from the HIFA2015 Advisory Panel.

A regional initiative - 'Healthcare Information For All in Africa by 2015' - is being developed in collaboration with the Association for Health Information and Libraries in Africa (see AHILA executive committee 2006-8, left). Similar initiatives are being explored in other regions worldwide.

Finance

The campaign aims to put healthcare information at the top of the international development agenda and thereby make it easier for all stakeholders to secure the political and financial support they need. The Global Healthcare Information Network is seeking a small amount of funding to coordinate and administer the campaign itself.

The following organisations provided financial support for the launch meeting (October 2006): BMJ Publishing Group, Wellcome Trust. The International Child Health Group of the Royal College of Paediatrics and Child Health has supported CHILD2015. ProCOR supported the preliminary literature review on healthcare information needs. The activities of the campaign are currently (2008) supported financially by the British Medical Association.

In-kind support has been received from the Bernard Lown Cardiovascular Foundation, BMA, International Child Health Group, Royal College of Nursing, Royal College of Physicians and Wellcome Trust, and the leading journals *Archives of Disease in Childhood*, *BMJ*, *Journal of Child Health Care*, *Journal of Tropical Paediatrics*, *The Lancet*, and *Pediatrics*.

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Credits

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Inside Front Cover Image - A health worker in Kenya uses a flip chart to counsel Lorna and Lomek on family planning in the film "Haki Yako" ("It's Your Right") © John Riber, Courtesy of Photoshare.

Page 3 Image - The infant mortality rate in Nigeria is approximately 112 deaths per 1000 births. © Liz Gilbert/David and Lucile Packard Foundation, Courtesy of Photoshare.

Page 4 Image - A group of health workers in Nigeria use a flip chart to discuss family planning at a market. © CCP, Courtesy of Photoshare.

Page 10 Image - Surgical team corrects a fistula at University Hospital, Dhaka, Bangladesh. © D. Hinrichsen, Courtesy of Photoshare.

Page 13 Image - Shoklo Malaria Research Unit courtesy of Ashley E. Source: The Wellcome Trust. International Health Image Collection.

Page 14 Image - Association for Health Information and Libraries in Africa (AHILA) Executive Committee 2006-2008.

Page 15 Image - © Alfredo L Fort, Courtesy of Photoshare.

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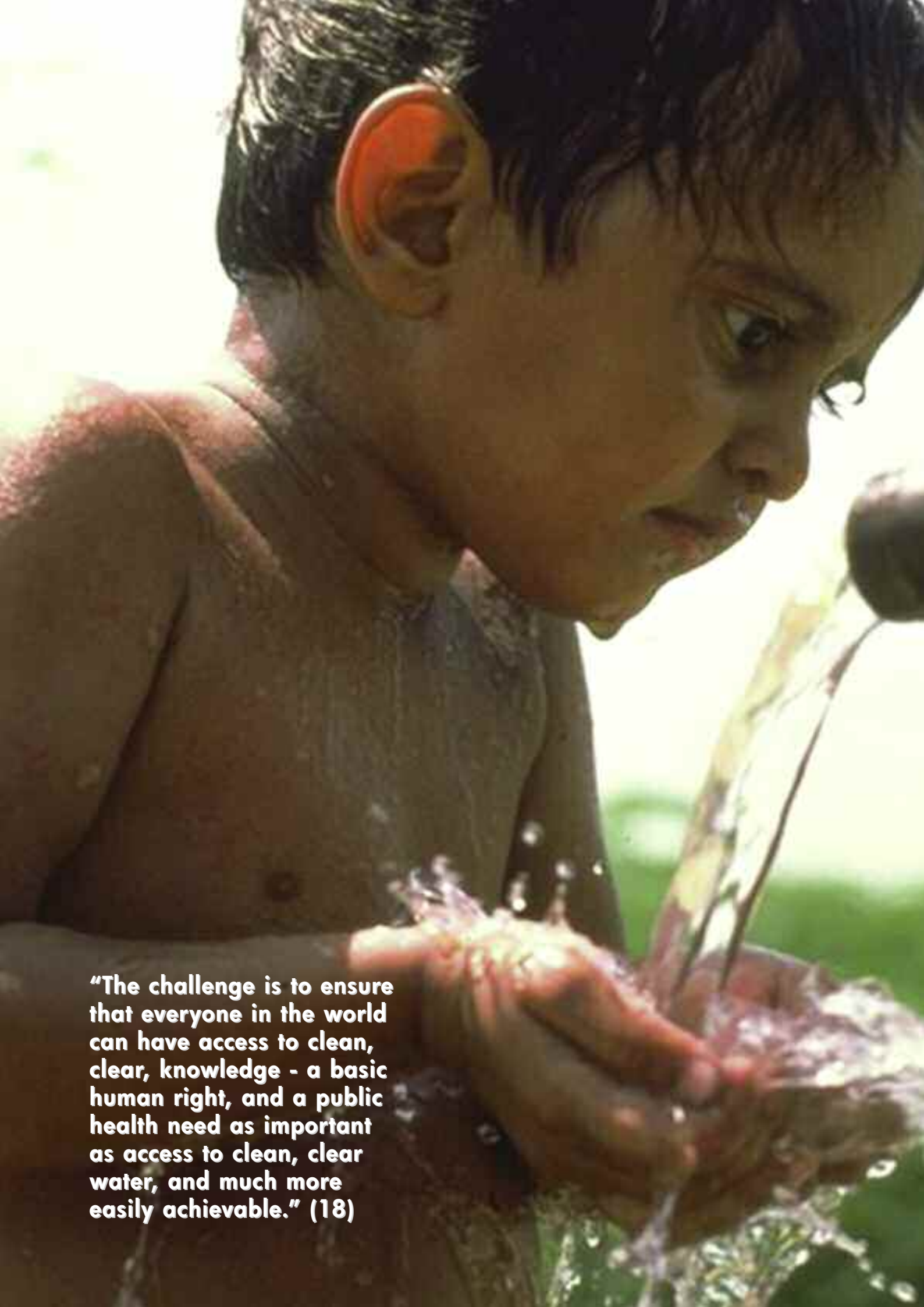

"The challenge is to ensure that everyone in the world can have access to clean, clear, knowledge - a basic human right, and a public health need as important as access to clean, clear water, and much more easily achievable." (18)

HIFA2015 Supporting Organisations

Several organisations have officially declared their commitment to work together towards the goal of HIFA2015:

- Association of Community Pharmacists of India
- Association for Health Information and Libraries in Africa
- Bangladesh NGOs Network for Radio and Communication
- Book Aid International
- British Medical Association
- Community Health Global Network
- Health Sciences Online
- HealthConnect International
- Hesperian Foundation
- International Child Health Group
- International Federation of Medical Students' Associations
- International Medical Corps
- Kenya Association for Prevention of Tuberculosis and Lung Diseases
- Medsin
- Partnerships in Health Information
- ProCOR
- QMed Knowledge Foundation
- Royal College of Midwives
- Royal College of Nursing
- Southern Ethiopia Gwent Health Link
- Tanzania Medical Students' Association
- Teaching-aids at Low Cost (TALC)
- Virtual Development

How you can be involved

Join the HIFA2015 email forum

Send your name, organisation and brief description of professional interests to:

hifa2015-admin@dgroups.org

Join the CHILD2015 email forum

Send your name, organisation and brief description of professional interests to:

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We invite you to join our growing list of Supporting Organisations to contribute to this vital campaign.

Further information:

Email: **admin@hifa2015.org**
Web: **www.hifa2015.org**
HIFA2015 email archive: **www.dgroups.org/groups/hifa2015**
CHILD2015 email archive: **www.dgroups.org/groups/child2015**