

Evaluation of HIFA2015

ANNEX

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ANNEX 1: EXAMPLES OF EFFECTIVENESS - CASE STUDIES OF MEMBER EXPERIENCE

These case studies are drawn from a series of interviews with HIFA members and further background study.

MEMBER EXPERIENCE: CLARA PASHA, PAKISTAN

Who: HIFA member Clara Pasha is a Public Health Educator and Consultant, and Vice President of the Midwifery Association of Pakistan; she used to have a senior management position with the Association. Despite being over 70 years of age she likes to keep up with current medical advice and opinions, especially with regard to women's health and childbirth issues. She started looking at the HIFA website about a year ago and is very enthusiastic about it. She now reads it regularly.

What has she gained? Through HIFA, Clara gains access to up to date health information from international sources, she has also gained access to a network of experts sharing information which she would not normally be able to access from Pakistan. Through HIFA she has gained valuable information that has informed her own work and has also been a resource that she has been able to forward on to other healthcare providers in Pakistan. Through HIFA she has gained experience and increased confidence in using online forums and in sourcing information online. This has further gained her valuable knowledge which she is passing on to her own network of healthcare providers in Pakistan. She has also been able to communicate her own contextual situation and health information, and through the forum she has been able to communicate directly with policymakers both nationally and internationally.

What impact or change: The impact is subtle but important – through HIFA Clara has gained a range of benefits that has increased her access to information and her ability to communicate to other healthcare providers, as well as to policymakers nationally and internationally. She has also directly experienced impact through finding information on HIFA that she has taken to her own Ministry and which has been taken up as a new development in improving disaster relief midwifery in a country which is often rocked by natural disasters.

What happened? Through HIFA Clara has gained valuable information that resulted in policy changes for improved healthcare delivery.

Clara read on HIFA about health emergency response in Japan after the earthquake that included using working lamps as an integral part of emergency supplies. *"I read about birthing kits in post disaster Japan last year – kits that can be specially used in times of disaster", she remembers.*

She took this information to the Midwifery Association of Pakistan and lobbied for them to add working lamps in their own birthing kits for rural communities, since there is often little or no electricity in these areas. *"Last August we had floods in Pakistan so the TBAs went to tents, but there was no electricity, no glucose and no water purification. So I showed the Midwifery Association that those kits are very important - because they have an extra working lamp which worked without electricity. In times of disaster there is no electricity and in rural areas in Pakistan there is often no electricity –so the Midwifery Association asked for lamps to be included – which they were."*

This experience illustrates how being part of the HIFA online community has enabled a member to access highly current and relevant health information and in accessing this information to take it and lobby her own government to change policy so that the new innovation can be implemented.

What context: In Pakistan, midwives do not enjoy the same or even similar status that other professionals related to the field of healthcare do; with a professional midwife often being equated with a Daai (the illiterate woman who delivers 80 per cent of babies in Pakistan), and there are no regulatory mechanisms and no code of conduct for midwifery practice. Pakistan has a very high Maternal Mortality Ratio (MMR), with about 276 women die per 100,000 births in the country, with a third of the Maternal Mortality Rate caused by post-natal haemorrhage (excessive bleeding). But it is being gradually recognized that this figure cannot be brought down unless the country produces competent midwives to give care to every woman during their maternity cycle. Healthcare provision during emergencies is particularly important in this disaster prone region, for example Action Aid has reported that in 2010 the devastating floods in Pakistan have affected over 1.4 million pregnant and lactating women. It said: "At least 436 health facilities have been damaged or destroyed and there is a need to prevent emerging health threats and outbreaks of diseases and to ensure that essential medical supplies reach affected communities in time." In this context improved emergency kits such as the one that Clara advocated for due to hearing about it on HIFA is invaluable."

Benefits against HIFA outcomes

Outcome 1: contact between people sharing expertise: Particularly interesting for her is the information from experts all around the world. She says that it has opened up a whole new world for her. HIFA has also brought increased access to information – as before she was a member she said that, in the past, she mostly relied on printed material, mostly produced in Pakistan. She is now getting information from HIFA; the impact that HIFA makes is enabling her to access relevant information for her work, and to pass this information on to others. According to Clara, HIFA has made a great difference because it has given her additional confidence in her ability to access and process current information and thinking on child delivery and to pass on this information in her training sessions. *"When I go for training sessions of midwives in rural health centres, I train them in what I pick up from HIFA", she says.* Through HIFA she has gained access to a network of experts sharing information, and she has gained access to up to date health information from international sources.

Outcome 1: people in contact & Outcome 1: people know about developments and what others are doing: Clara is pro-active in passing on information received from HIFA to the midwives on the ground, and others, as she believes it is important not just to read the information on HIFA but also to pass it on and to train other midwives, as this information is valuable and hard to find, but through HIFA she finds it, so it is her responsibility she feels to pass this benefit on to others. Her activity in forwarding information found on or through HIFA to others in Pakistani Healthcare Delivery illustrates the benefit of HIFA as a source of information and as a source that can easily be re-distributed by the forwarding of emails or printing out of emails. It is information in an accessible form. Clara forwards information on to many people in turn, illustrating the benefit of HIFA in connecting people *"As Vice President of the Midwifery Association of Pakistan, I have had a lot to share with friends; schools of nursing and midwifery have been sent information", she says.* Through HIFA she has gained access to valuable healthcare information that has informed her own work and also been a resource that she has been able to forward on to other healthcare providers in Pakistan.

Outcome 1: people know about developments and what others are doing & Outcome 2: understanding barriers and drivers at each stage of the healthcare knowledge system: Clara helps Pakistani midwives in the field to learn about the importance of accessing health information, and shows them how this can be done online via forums like HIFA and other routes: *"I encourage traditional birth attendants to be informed; I tell them to look for links, especially for midwives – for example hygiene and washing after delivery and proper*

referrals to health clinics.This is all information I picked up from HIFA.” Through HIFA she has gained experience and increased confidence in using online forums and in sourcing information online. This has further gained valuable knowledge, which she is passing on to her own network of healthcare providers in Pakistan.

Outcome 2: picture of health information needs: She creates a picture of the needs that she knows from her context in midwifery in rural areas of Pakistan, and she communicates this to policymakers. This has a benefit in giving her an avenue for expression and also enabling the policymakers to access such communication from informed practitioners in the field. Clara has used HIFA to communicate health information herself to relevant policymakers, and it has proved to be an effective communication mechanism for her to be able to express herself and communicate directly on the international and national level. “.....even locally related information has been posted to some international agencies and concerned Government officers and departments,” she says. Through HIFA she has been able to communicate her own contextual situation and health information, and through the forum she has been able to communicate directly with policymakers nationally and internationally.

Further information: “I’m really amazed at HIFA. Hats off to Neil. I am proud and happy to be the part of HIFA15.” Clara is very happy and enthusiastic about HIFA and despite being 70 years of age plans to keep reading HIFA online for as long as she can, despite the technical challenges that both she and her country face. “Many health professionals are not equipped or able to afford this facility,” she says’, “Out of +300 nursing, midwifery and public health institutions, there would be just 10-18 of schools having the availability of computer technology.”

Visuals:



<http://www.internationalmidwives.org>



MEMBER EXPERIENCE: DR SHIMA GYOH, NIGERIA

Who: HIFA member Dr Shima K Gyoh is Professor of Surgery at Benue State University, Nigeria. His position involves teaching students (under and postgraduates), informing patients, giving lectures and participating in workshops, and he has used information gained from HIFA to pass on as valuable training information to other doctors. Trained in the UK, Dr. Gyoh worked as a professor of medicine in Nigeria and is a retired Permanent Secretary of the Ministry of Health — the highest career position for civil servants in Nigeria. He enjoys close relations with many senior officials in the medical and public health communities, many of whom are his former students.

What has he gained: HIFA has benefited him by connecting him with an international community of peers, and providing him with a platform in which he can express himself and give voice to his own perspectives and sharing of experience. HIFA has also enabled him to network with international colleagues and this has opened up new professional opportunities. HIFA has benefited him by providing a means to access knowledge from international experts and also to engage with them about good practice, and by equipping him with current and relevant health information, which he may not have known how to access if it were not for HIFA. HIFA has provided learning about health information as a topic and this has improved his own understanding of this field. This is beneficial as medical practitioners and teachers such as him need to understand and prioritize health information in order for it to be resourced and effective.

What impact or change: The cumulative impact of the benefits that Dr Gyoh has gained through membership of HIFA over the past two years is greater knowledge, both about the topic of health information and about specific health developments like the latest surgery for new mothers. This knowledge has in turn impacted on the skill and expertise of himself as a teacher of medical doctors, and of their future practice. It has brought him and his network into a broader international network of peers and through this, isolation has been broken down and shared learning made possible.

What context: Nigeria has an estimated total population of over 150 million people and it has a background of long-standing underperformance in reducing high levels of under-five mortality, vaccine-preventable ailments, pregnancy-related deaths, and morbidity and mortality associated with malaria, HIV/AIDS and tuberculosis¹. A woman's chance of dying from pregnancy and childbirth in Nigeria is 1 in 13. Although many of these deaths are preventable, the coverage and quality of health care services in Nigeria continue to fail women and children. Presently, less than 20 per cent of health facilities offer emergency obstetric care and only 35 per cent of deliveries are attended by skilled birth attendants. Daily, Nigeria loses about 2,300 under-five year olds and 145 women of childbearing age. This makes the country the second largest contributor to the under-five and maternal mortality rate in the world. Preventable or treatable infectious diseases such as malaria, pneumonia, diarrhoea, measles and HIV/AIDS account for more than 70 per cent of the estimated one million under-five deaths in Nigeria.²

Benefits against HIFA outcomes

¹ <http://allafrica.com/stories/201012130347.html>

² http://www.unicef.org/nigeria/children_1926.html

Outcome 1: mix of people & people in contact: He values HIFA for the opportunity it presents to network and discuss with likeminded people. He regularly reads information on HIFA and enjoys participating in the debates, even disagreeing with colleagues online. He said it is more than awareness-raising; it is also about being able to voice your opinions and discussing issues. HIFA gives him an outlet to communicate with other healthcare providers on an equal footing. *"I've been in practice in the health sector for a long time; I feel I can pass information to others. I had been chairperson of Nigerian Surgical Rural Practitioners and I learnt a lot of new things on HIFA and passed it onto them"*, he says. HIFA networking and exposure to international organisations and agencies has made a difference to his working practice, as he has gained new connections resulting in opportunities for work with organizations such as the WHO. HIFA has benefited him by connecting him with an international community of peers, and providing him with a platform in which he can express himself and give voice to his own perspectives and sharing of experience. HIFA has also enabled him to network with international colleagues and this has opened up new professional opportunities.

Outcome 1: contact between people sharing expertise: He values the exposure to international experts – accessing their work and engaging with them in discussion - which he has gained through HIFA; and he considers HIFA to be a learning platform. *"One of the benefits of HIFA is that I can read about experiences and opinions that are good – they have good ideas and I can learn from them. I can also see more advanced ideas or say if something is wrong or I don't agree with. And it gives me a forum that I can reach other people,"* he says. HIFA has benefited him by providing a means to access knowledge from international experts and also to engage with them about good practice.

Outcome 1: people know about developments and what others are doing: A major benefit of HIFA has been the access to new health information that it enables members to access. This is not the core focus of the forum, but it has been an important initial outcome as members have heard about new health information via the forum and then gained access to it. For Dr Gyoh this has been an important benefit of his HIFA membership, and he attributes HIFA with making a significant difference to his teaching practice. [Through HIFA] *"I have been given updated information which I have used to amend my practice and teaching, for example receiving excellent CD teaching on difficult subjects,"* he says. For example through HIFA he gained access to a new CD on vesico-vaginal fistulae, a complication of delivery when the mother is very young. He showed it to a number of both young and experienced doctors, using it as a way of further training to the doctors. *"Through the forum on HIFA, I was sent an excellent teaching CD on repair of vesico-vaginal fistulae. The condition is difficult to repair but I got a beautiful CD taking it step by step which was fantastic. I invited doctors to join and showed them the CD"*, he remembers. HIFA has benefited him by equipping him with current and relevant health information, which he may not have known how to access if it were not for HIFA.

Outcome 2: picture of what works & understanding of perceived and empirically based needs: Through following discussions over HIFA he has developed awareness about information needs, about how to deal with information and how to structure delivery of that information. This has been a new area for him as his main focus has primarily been on medical practice. But now he knows more about the broader context and importance of health information as part of health provision. HIFA has benefited him by providing knowledge about health information as a topic and this has improved his own understanding of this field. This is beneficial as medical practitioners and teachers such as himself need to understand and priorities health information in order for it to be resourced and effective.

Further information: The Professor is very enthusiastic about HIFA; however he is concerned about the future. *"One of the things I worry about is what happens to it after 2015. It should evolve and continue. It's a wonderful thing,"* he says.

Visuals:



Professor Shima K Gyoh 1

MEMBER EXPERIENCE: MATRON ODELLA, UGANDA

Who: Matron Odella is a senior health manager, heading the department of nursing at the Mbale Regional Referral Hospital in Uganda. She started reading and having discussions on HIFA about two years ago.

What she gained: HIFA has benefited her by giving her access to an online community of peers with whom she can interact and share information and challenges, in a way that ultimately benefits her hospital as she puts into practice good health information strategies that have been discussed on HIFA. Through HIFA she has gained valuable knowledge about healthcare information needs of her patients and some of the optimal strategies to meet these needs. HIFA has benefited her by increasing her knowledge about the importance of health information, the needs of patients and others and what strategies can be applied in order to meet these needs. HIFA has benefited her by helping her to develop awareness about information needs, about how to deal with information and how to use it within the hospital and health clinic settings.

What impact or change: By meeting the health information needs of key patients with HIV/AIDS and their families, the lives of these patients and their families has improved, as information gained about their own condition has confronted stigma and enabled them to manage their own lives, rather than live without information that they have a right to know.

What happened? The Matron learnt through HIFA valuable strategies for providing HIV/AIDS patients and their families with the information that they need

She often informs her nurses of new information about health information needs and strategies to meet needs that she has learnt from HIFA as she considers it vital that other healthcare providers also have access to this learning and peer advice and sharing.

She told the nurses in her hospital - where many patients have HIV/AIDS and stigma remains a challenge - about the importance of giving information to patients about their condition, specifically to patients who have AIDS or who are HIV positive; information she learnt via HIFA.

“When I started discussions on HIFA, I got some topics so relevant, for example the importance of sharing information with patients – since many times we hide many things from the patients about their conditions, their treatments and preventable measures. I’ve already done that, I’m the matron of the hospital so I now share with the nurses and help them to share and tell the patients what they ought to know,” she says.

Following this move to really engage with communication she initiated sessions with patients telling them what they should know, what they should do and how not to spread their infection, and found that this was a very helpful experience.

Many of the patients responded positively and even brought back relatives for referral to her.

According to Odella, due to this change there is now improved communication among those who produce, deliver, access and use information and improved understanding of how to make essential healthcare information more available within the hospital context.

She said there is still stigmatisation around HIV/AIDS and many patients do not want to know anything more about their condition or about HIV/AIDS; however by developing a policy of communicating the information rather than remaining silent the healthcare providers can ultimately give a better service, and help the individuals and their families. Through this ‘positive’ message lives can be saved and lives can be improved.

What context: Uganda has a high HIV/AIDS prevalence although it is also renowned as a country that has implemented a wide range of anti-stigma HIV/AIDS communication strategies and has accentuated information and a positive approach. However forty percent of patients with HIV in Uganda only have their infection diagnosed when they are already ill because of HIV, or have developed AIDS, according to a study reported by AidsMap.com.³ The study showed that this figure is likely to represent the lower bound for number of patients diagnosed late. Individuals who initiate antiretroviral treatment when they have a very low CD4 cell count or are severely unwell because of HIV often have a poor outcome. Research to date suggests that between 15 and 43% of individuals in resource-limited settings are in this situation when they start HIV treatment. “In an era when highly active antiretroviral therapy is not only free but also widely available in Uganda, we found that 40% of patients in a large HIV clinic had late-stage HIV disease at their initial clinic visit,” comment the study’s authors. They conclude that the low CD4 cell counts and advanced HIV disease that are often present in patients starting HIV therapy in Africa is because of late diagnosis, rather than the “selective treatment of patients with late-stage disease”.⁴

Benefits against HIFA outcomes

Outcome 1: contact between people sharing expertise & mix of people: Odella values HIFA because it is a discussion space where different voices can be heard; she likes to read people’s thoughts and experiences; in particular she likes reading about the experiences of health practitioners around the world. For her HIFA it is more than awareness-raising about health issues and health information issues; it is also about being involved in discussing issues and transferring it to her practice as a matron. HIFA has benefited her by giving her access to an online community of peers with whom she can interact and share information and challenges, in a way that ultimately benefits her hospital as she puts into practice good health information strategies that have been discussed on HIFA.

Outcome 1: contact between people sharing expertise: By using HIFA and accessing information from HIFA she has been able to teach others about the importance of health information and needing the needs of patients for information. Odella actively engages with HIFA as an information resource to share; she obtains information and directly transfers it to her practice as a matron. “I have communicated specific messages to specific groups to help them improve - doctors, midwives and nurses,” she says. Through reading other people’s experiences and strategies HIFA has given her strategy skills to be more effective in health information delivery herself. “The HIFA 15 forum has given me insight in delivering the right information to clients at the right time,” she says. Through HIFA she has gained valuable knowledge about healthcare information needs of her patients and some of the optimal strategies to meet these needs.

Outcome 2: understanding of needs & picture of what works: She is sure that HIFA has aided the development of better policy about healthcare information flows within her hospital as well as between the hospital and clinics in Uganda. Through participating in HIFA she gained a greater understanding of health information needs within the health system and she has taken this new knowledge and applied it within her own context.

She realized that the information flow between departments in the hospital has been difficult and she has tried to improve this thanks to what she has found out about other people’s strategies via HIFA. “*Information*

³ <http://www.aidsmap.com/40-of-HIV-patients-in-Uganda-diagnosed-late/page/1434868/>

⁴ <http://www.aidsmap.com/40-of-HIV-patients-in-Uganda-diagnosed-late/page/1434868/>

flow between the departments has been a bit difficult in hospitals and also information from the hospital to the health centres”, she says. This is very important in a context where primary healthcare is largely rurally based and communication flows between hospitals in the capital and local clinics is challenging. “In the department of gynecology, women come in too late for help. We need to get the information back to where the women came from – to the local doctors and clinics. We got that idea through a discussion on HIFA,” she remembers. HIFA has benefited her by increasing her knowledge about the importance of health information and the needs of patients and others and what strategies can be applied in order to meet their needs.

Outcome 3: raised awareness among stakeholders and citizens of importance of healthcare information: Through HIFA she has gained a fuller appreciation about the importance of health information, and this has proved to be invaluable to her practice and beliefs as a matron in a hospital in Africa. *“Health information is relevant to my job because the discussions are related to either clients/patients care or care givers, the doctors, nurses, midwives and information /communication transmission across,” she says approvingly.* HIFA has benefited her by helped her to develop awareness about information needs and about how to deal with information and how to use it within the hospital and health clinic settings.

Further information: She would like HIFA to continue as it is doing and is very happy with it but would like it to expand. *“My recommendation is that Africa should share ideas with other countries – HIFA needs more countries to be involved. If we have to meet the information flow by 2015, we have to share as we have so many gaps. I am very positive about HIFA, there are very good topics and very relevant.”*

Visuals



Mbale Regional Referral Hospital

MEMBER EXPERIENCE: DR ROSALIND AMBROSE, MEDICAL ASSOCIATION OF ST. VINCENT & THE GRENADINES

Who: HIFA member Dr Rosalind Ambrose works at the Medical Association of St. Vincent & the Grenadines; a small Caribbean multi-island state that high dispersed geographically and has significant health resource needs. The country consists of 30 islands part of the Windward Island chain of the Lesser Antilles, with a small population of less than 200,000 who are mainly resident on the mainland island of St Vincent but with over 50% rurally based. Health challenges include teenage pregnancies, accidents, drugs and alcohol abuse amongst adolescence and HIV/AIDS and other sexually transmitted diseases, hypertension, heart disease, diabetes and cancer are important health conditions for adults. The country has a shortage of healthcare providers, who operate dispersed across the islands with limited access to health information. The Medical Association services all healthcare workers on the islands – ranging from physicians to dentists. “The numbers are too small for each to have their own association, for example there are only three physiotherapists and only seven radiographers in the country”, says Dr Ambrose, “So we work together, doing outreach programmes and supporting each other”.

What has she gained: Through being a member of HIFA Dr Ambrose gained access to information about a competition for a mini-library of books offered by the British Medical Association (BMA). The benefit of being part of HIFA has been access to current information about resources and opportunities, such as the book competition that she applied for on behalf of her organisation and won. Dr Ambrose is sure that she would not have known about the award if she was not part of the international information sharing network that is HIFA.

What impact or change: The change that being part of HIFA brought was the breaking of information isolation so that the Medical Association could be part of an international information sharing network and hence learn about opportunities and gain access to valuable health information resources. This in term supports the development of a well informed nursing practice on the islands, where health information needs are great.

What happened?

Dr Ambrose saw a posting about a competition offered by the BMA in cooperation with TALC that offered as a prize a mini-library of health information publications.

The British Medical Association Information Fund provides health information to organisations in developing countries and donates educational materials, such as books and DVDs.

Teaching Aids at Low Cost (TALC) is a charity that supplies over 10,000 health workers (doctors, nurses, midwives, lab technicians, etc.) with health materials - including low cost health text books, videos, CDs, weight charts, etc. TALC operates as a trading company and development charity combined.

The BMA used HIFA to publicize the BMA Information Fund competition annually. The Information Fund was heavily oversubscribed in 2010 and a record number of applications were received.

Upon seeing the announcement and potential of all the resources she thought ‘Lets Apply! Then when we won, we were so happy! Thank you HIFA!’

She found the whole process of learning about the competition and applying for it was *‘very straight forward, unlike many applications that require lots of paperwork’*.

The Medical Association then took the generous step to donate the awarded mini-library to the St. Vincent & the Grenadines School of Nursing who urgently needed more books. They were particularly delighted that many of the books were focused on maternal health as this is the key need.

The mini-library included resources about water and sanitation that were particularly useful because this was the exact theme of that year's annual outreach programme held by the Medical Association in cooperation with the healthcare services across the island nation. This outreach programme reaches out to local schools, and an annual college and career exhibition.

The materials were also of benefit for the annual awareness raising events such as breast cancer awareness day that the Association runs. Breast cancer in the islands can only be diagnosed – but treatment has to be done in neighboring Jamaica, which is particularly hard for women who have to be apart from family. There is a need for information for healthcare providers in managing the process of working with people who are undergoing breast cancer assessment.

All the healthcare providers who have been touched by the book award – including the nursing students and other members of the Association including radiographers have benefited from access to current information and the health information resources gained through HIFA.

What context: According to PAHO statistics from 2000 the medical practitioners' register included 89 doctors and 5 dental practitioners. Of these, 56 doctors work in the public sector (51 per 100, 000 population), and 26 work in the private sector exclusively. Health services are offered at the primary and secondary levels. 38 health centers in 9 health districts facilitate the delivery of primary care. There is a 209-bed referral hospital offering various categories of specialist care. Acute care, not requiring specialist intervention, is also provided by 5 rural hospitals with a combined capacity of 58 beds. Health promotion services are offered mainly through the Ministry of Health's Health Education Unit. The Nursing Council's register included 398 trained nurses (362 per 100,000 population), and there were only 42 registered nursing aides, 45 community health aides, and 7 nursing tutors. Nursing training is provided at the Government's St. Vincent's School of Nursing. The Ministry of Health has endorsed continuing medical education to improve efficiency and productivity. Nurses are particularly important on the islands in the context of limited medical services as they are frontline healthcare providers and being well informed is vital. Eleven Family Nurse Practitioners are assigned to the sixty-six primary schools in the country and the services provided detect for health defects, administration of treatment and a system of referrals to specialized services.

Benefits against HIFA outcomes

Outcome 1: a network: By being part of HIFA the Medical Association found out about the latest competition and was able to apply for it and won a mini-library of health information publications. The Islands need as many new resources as possible, and health information resources for healthcare workers are particularly in short supply, so by having the mini-library of health information resources at the Nursing College nurses and other healthcare providers have gained valuable access to a range of health publications and other resources that they would not otherwise have had access to due to the limitations in resources in the country. By having the competition promoted through HIFA the BMA and TALC demonstrated the HIFA objective and principle of members supporting each other.

Outcome 2: picture of health information needs: Through the competition process and its promotion via HIFA the BMA and TALC have learnt valuable lessons about the information needs of developing country healthcare providers, as illustrated by the competition entrants such as the St. Vincent & the Grenadines Medical Association. The entrants created a picture of needs for these Northern partners that is valuable as it shapes responses in programmes and policies to addressing many of these health information needs.

Further information: The competition is an initiative run by the BMA International Department: http://www.bma.org.uk/international/international_development/informationfund2010.jsp.

St. Vincent & the Grenadines Medical Association: www.svgmeda.com.

Visuals:



<http://www.svgmeda.com/svgmaphotos>

MEMBER EXPERIENCE: AUGUSTINE GITONGA, KENYA

Who: Augustine is a Medical Librarian and it is his job to pass on up to date and useful information to staff, students and healthcare workers in the Aga Khan hospital. HIFA has proved to be an invaluable tool to him.

What he has gained: By using the HIFA site, Augustine has been able to log on every day in order to obtain relevant up-to-date information regarding various health issues. He has also taken part in various discussions taking place, and as a result he is now more knowledgeable of the opinions of other people around the world.

"I use HIFA a lot; I check it daily to see the communication taking place. I follow through on the discussions and I give responses."

Augustine did not only use HIFA for networking and discussions but saw the use of it as information flow; passing information to healthcare providers and to staff and students in the hospital. He is a firm believer in advocacy and he sees the potential in using HIFA to being able to influence decisions in government, leading to a more Democratic society.

"It's a very good thing, if it can be enlarged and people can discuss and find a forum for advocacy to government. If people can join together and push through HIFA, [this is] something that should be done and can be done. And make sure it is an actionable issue and push their governments."

What impact or change: In addition to being able to obtain information for him and networking with other users, the benefits for Augustine include knowledge sharing and connecting people in terms of actually giving out information to healthcare providers and to staff and students in the hospital.

"Some of the information we get on databases, we make use of it to educate the librarian users – both the staff and the students."

"And there are a few outreach programmes in the hospital being developed now – information is being given to the healthcare providers. So development communication is a good idea."

What context: The Kenyan health context is highly constrained with decline in health sector expenditure, inefficient utilisation of resources, centralized decision-making, inequitable management information systems, outdated health laws, inadequate management skills at the district level, worsening poverty levels, increasing burden of disease, and rapid population growth. In 2004, the Kenyan population was estimated at 32.8 million. Life expectancy is on the decline, at 48 years for women and 47 for men, and expected to fall further due to the rising incidence and prevalence of HIV/AIDS. There is also a steady decline in the fertility rate, from 8.1 in 1978 to 5.4 in 1992, and to 4.9 in 2003. Overall morbidity and mortality remain high, particularly among women and children. An infant mortality rate (IMR) of 77 in 2003. The National Development Plan of 2002-2008 states that the health care system in its current form (at the time of the National Plan's preparation) does not operate efficiently and in some areas is declining; for example in 2003, full immunisation coverage declined to under 60 percent (from 65 percent in 1998 and 78 percent in 1993), and the major causes of this decrease in coverage are the declining availability, access to, and quality of public health services; the increasing level of poverty is a main underlying factor.⁵ The challenge facing the government is to reverse this

⁵ <http://www.measuredhs.com/pubs/pdf/SPA8/02Chapter2.pdf>

decline, and part of this is related to effective health information strategies. The overall policy guidance for the health sector is through the Government of Kenya Vision 2030 and the Kenya Health Policy Framework (KHPF, 1994-2010). One of the key challenges in the health sector identified in First Medium Term Plan of Vision 2030 is weak health information systems. Various weaknesses identified in the existing information systems include lack of guidelines and policy, inadequate capacities of HIS staff, lack of integration, many parallel data collection systems, and poor coordination, amongst others.

Benefits against HIFA outcomes

Outcome 1: contact between people sharing expertise & mix of people: Augustine has used the website for the purpose not only of gaining up-to-date information, but also for networking with other people around the world, taking part in various discussions on a daily basis and actively engaging with HIFA as an information resource. Having gained useful information Augustine is then able to pass it on to the students and staff of the Aga Khan hospital. As a professional, he has found it necessary to interact with others in the field, sharing experiences and learning from each another. He hoped to learn of the most efficient practices and know what others are doing in other locations, which he has been able to do to a great extent. By reading the communication among colleagues in the field and visiting the HIFA website he has learnt a great deal of practices in all corners of the world in terms of health needs, health professionals' needs and how they access information. Doctors need certain information packaged in a given way; nurses in well established hospitals; health professionals in remote areas; all require the information packaged and delivered to meet the issues they encounter on a day-to-day basis. He has been able to adapt to using the most efficient information sources and how to deliver this information to those that need it.

Outcome 2: picture of what works and understanding of perceived and empirically based needs: Augustine sees the information provided by HIFA as a useful source of information flow, and having taken advantage of the services provided by HIFA, Augustine was then able to pass on the information that he had gained to the staff and students of the Aga Khan Hospital, thus influencing others and making the members of the hospital more knowledgeable, in the long term building up an easy to access archive in the hospital and saving more lives. Production of health publications and information services – *“This is a big challenge but the information on HIFA about electronic publishing and access seems to militate against it”*; Delivery of health publications and information services – *“Again electronic distribution seems to be a way out. We receive e-talc and other CD-ROMs we've come to learn about on HIFA”*; Access to health publications and information services – *“Access to publications is a major challenge. The advice and linking provided on HIFA to possible sources of information are very helpful.”*

Outcome 3: evidence collected that healthcare information should be priority: Advocacy is another important element to him; he feels that people should get together and press the government on particular health issues and HIFA could help with that. Once the government has access to up to date relevant information, they will be able to make more informed decisions, benefitting society as a whole. *“With the sensitization and participation of health information providers and users on HIFA, it is possible to impact greatly as there is continued sharing of how to avail and consume health information. New information is also being generated as well as new grounds and collaborations for research.”**“Advocacy for health information provision - It is a big challenge but HIFA is providing useful information on how to sensitize stakeholders and how to advocate for increased health information provision”*. Augustine was generally very enthusiastic about the idea of being able to expand HIFA, as a result being able to reach more people currently working in healthcare. It seems he does not have too many problems with internet access and getting information in this way is efficient, and the majority of other hospital members are likely to be in the same situation.

Further information: Augustine was generally very enthusiastic about HIFA, very little in the way of criticism and really just wanted to see it expanded and able to reach more people working in healthcare. It seems he does not have too many problems with internet access and getting information in this way was efficient.

Augustine Gitonga, Organisation - Aga Khan Hospital Library in Nairobi, Country – Kenya.

Visuals:



<http://www.linkedin.com/pub/augustine-gi 1>

MEMBER EXPERIENCE: TITUS KOLONGEI, KENYA

Who: HIFA member Titus Kolongei is the Health Records and Information Manager, at the Ministry of Health in Kenya; a position that entails consolidation, analysis, interpretation and dissemination of health information to all stakeholders in the Ministry of Health.

What he has gained: Through HIFA he has been able to gain a depth of knowledge about health information issues that has informed him in developing the Ministry's Health Information Action Plan; this is a direct policy impact. Through HIFA he has been able to access the writing and opinion of international experts and learn from other people's experience of health information challenges and solutions; he has gained access to a wide range of content about health information delivery and gained more knowledge about varied health information issues. This knowledge and information has aided the Ministry's strategic planning for meeting Kenya's health information challenges, as it has informed the development of policy about health information in Kenya, as he has been able to use some of this information as evidence in advocating with colleagues about the importance of health information, and he has been able to share his increased knowledge with colleagues in the Health Ministry and which have impacted on strategic planning within the Ministry.

What impact or change: The policy impact of HIFA has been direct as this policymaker member has explicitly used HIFA as a source for information and knowledge and evidence about health information as a priority and about many different aspects of health information that needs to be addressed within a strategy. He has used this knowledge to advocate for prioritising of health information strategy within the Ministry, and he has used it to inform the writing of a new Health Information Action Plan for Kenya.

What happened? HIFA assist Kenyan policymakers in developing national strategy for health information

Kolongei credits HIFA with assisting him in the development of the latest Health Information Action Plan, as it has informed him about health information issues. *"HIFA has been very useful in writing the Health Information Action Plan at the Ministry of Health; I've seen a lot of discussion on health information management," he says.*

Through HIFA he has been able to gain knowledge about health information issues that has informed him in developing the Ministry's Health Information Action Plan; this is a direct policy impact.

Through HIFA he has gained access to a range of 'evidence' about the importance of effective health care information strategy and delivery and he has been able to take this to colleagues to support his case for a stronger focus on health information within the Kenyan Health Ministry. Because of HIFA he is sure that *"we have managed to improve on our strategic plans in the health sector and redefined our goals and values and revised our vision and mission statements."*

Through HIFA he has gained access to a range of content about health information delivery that has informed the development of policy about health information in Kenya, and which he has been able to use in advocating with colleagues about the importance of health information.

The successful implementation of the Health Information Strategic Plan is expected to provide a basis for quality information that can be used at all levels of the health system for planning, managing, monitoring and

evaluation of desired outputs. The Plan provides a roadmap and strategic direction on key priorities in line with the Health Sector Strategic Plan.⁶

What context: The Kenyan health context is highly constrained with decline in health sector expenditure, inefficient utilisation of resources, centralized decision-making, inequitable management information systems, outdated health laws, inadequate management skills at the district level, worsening poverty levels, increasing burden of disease, and rapid population growth. In 2004, the Kenyan population was estimated at 32.8 million. Life expectancy is on the decline, at 48 years for women and 47 for men, and expected to fall further due to the rising incidence and prevalence of HIV/AIDS. There is also a steady decline in the fertility rate, from 8.1 in 1978 to 5.4 in 1992, and to 4.9 in 2003. Overall morbidity and mortality remain high, particularly among women and children. An infant mortality rate (IMR) of 77 in 2003. The National Development Plan of 2002-2008 states that the health care system in its current form (at the time of the National Plan's preparation) does not operate efficiently and in some areas is declining; for example in 2003, full immunisation coverage declined to under 60 percent (from 65 percent in 1998 and 78 percent in 1993), and the major causes of this decrease in coverage are the declining availability, access to, and quality of public health services; the increasing level of poverty is a main underlying factor.⁷ The challenge facing the government is to reverse this decline, and part of this is related to effective health information strategies. The overall policy guidance for the health sector is through the Government of Kenya Vision 2030 and the Kenya Health Policy Framework (KHPF, 1994-2010). One of the key challenges in the health sector identified in First Medium Term Plan of Vision 2030 is weak health information systems. Various weaknesses identified in the existing information systems include lack of guidelines and policy, inadequate capacities of HIS staff, lack of integration, many parallel data collection systems, and poor coordination, amongst others.

Benefits against HIFA outcomes

Outcome 1: contact between people sharing expertise & people know about developments and what others are doing: Kolongei credits HIFA with increasing his knowledge about relevant health information issues. He also believes that the HIFA community's active discussion forum enables him to benefit from really valuable discussions. He is also active in sharing this valuable information with colleagues in the Ministry. *"I always check HIFA fora, and I share the information in the meetings with the Ministry of Health,"* he says. *"These discussions on HIFA are very vital and have varied views. I don't use the information alone, I share the same information to colleagues via emails and send them links."* Through HIFA he has gained more knowledge about health information issues, knowledge that he has been able to share with colleagues in the Health Ministry and which have impacted on strategic planning within the Ministry. He believes that his exposure through HIFA to writings and opinions from international experts has been vital as it has enabled him and others to learn and see how to get over common challenges. *"Through HIFA you read experiences of colleagues in other countries and that is good, especially for someone like me in the health sector,"* he says. *"Within programme areas we want to see what other countries are doing – or see what challenges they are facing and how they address that."* Through HIFA he has been able to access the writing and opinion of international experts and learn from other people's experience of health information challenges and solutions; and this information has aided his own strategic planning for meeting Kenya's health information challenges.

⁶ http://www.publichealth.go.ke/index2.php?option=com_docman&task=doc_view&gid=60&Itemid=94

⁷ <http://www.measuredhs.com/pubs/pdf/SPA8/02Chapter2.pdf>

Outcome 2: picture of what works and understanding of perceived and empirically based needs: Kolongei credits HIFA with assisting him in the development of the latest Health Information Action Plan, as it has informed him about health information issues. *“HIFA has been very useful in writing the Health Information Action Plan at the Ministry of Health; I’ve seen a lot of discussion on health information management,”* he says. Through HIFA he has been able to gain knowledge about health information issues that has informed him in developing the Ministry’s Health Information Action Plan; this is a direct policy impact.

Outcome 3: evidence collected that healthcare information should be priority: Through HIFA he has gained access to a range of ‘evidence’ about the importance of effective health care information strategy and delivery and he has been able to take this to colleagues to support his case for a stronger focus on health information within the Kenyan Health Ministry. Because of HIFA he is sure that *“we have managed to improve on our strategic plans in the health sector and redefined our goals and values and revised our vision and mission statements.”* Through HIFA he has gained access to a range of content about health information delivery that has informed the development of policy about health information in Kenya, and which he has been able to use in advocating with colleagues about the importance of health information.

Further information: ‘The sky is the limit; scale HIFA up more, more people need to be informed. Organise forums in developing countries and come together face to face too’. For the future he would like to see HIFA scaled up and for it to reach more people in more developing countries. He also wants to see if it is possible for forums to be organised so that people can meet face to face.

MEMBER EXPERIENCE: DR OLAYINKA AYANKOGBE, NIGERIA

Who: HIFA member Dr Ayankogbe is a Consultant Family Physician and heads a Unit of Family Medicine at the Department of Community Health and Primary Care in the College of Medicine at the University of Lagos. He is also a Senior Lecturer in Family Medicine in the Department. He is the Chairman, Continuing Medical Education of the Association of General & Private Medical Practitioners of Nigeria, Lagos State branch and the National Chairman of its Research & Data Committee. He was the Nigerian co-ordinator of the Primafamed Project run by the University of Ghent, Belgium in conjunction with the European Union and Edulink, that strengthened 10 Family Medicine University Units/ Departments in 8 countries of West, Southern and East Africa. He has recently been appointed to the International Editorial Board of the prestigious British Journal of General Practice.

What he has gained:

Through HIFA Dr Ayankogbe has been able to access relevant information, which *“helps me enormously”*. He uses the website to carry out networking exercises, putting him in contact with people all over the world that *“I would not have been in touch with otherwise”*, such as professionals in Britain, Nepal, South Africa and various top officials working for the WHO. Because of this increased contact with the rest of the medical world, he now feels less isolated in Nigeria, believing that HIFA removes this sense of isolation as he is in contact with people around the world. His assessment of HIFA is that after three years it is great to see everyone talking and exchanging*‘Share and solve it’*. It is useful for people wanting to make a contact or finding out where to go for information. It is also an excellent centre for exchanging ideas and collaborating with other professionals.

The new information available to him means he can pass it on to the students that he lectures each week, thus benefitting the next generation whether they’re undergraduate or postgraduate medical or nursing students, or Community Health Workers. During his time using HIFA the benefit to the rural communities has been substantial. Instead of doctors coming in from these areas to the centre to aggregate and disseminate via workshops and the like, a great waste of time and effort, information can now travel directly to those that need it via the internet instantly.

“I have always believed the people in the bush need support, and if they cannot get support from urban organisation.... at least to tell someone what is going on with me.”

What impact or change:

Dr Ayankogbe was able to discuss information that was relevant to his work, as well as being able to use it to research ideas. He uses an international research collaboration that he found on the HIFA website, and the material he finds online he uses to teach undergraduate, postgraduate medical and nursing students and Community Health Workers. He is now collaborating his research with contacts from Britain, Nepal and South Africa.

Every week he gives lectures; he lectures at School of Community Health, and he takes them information he finds on HIFA, and he has also told them about HFIA as a resource. He takes information from HIFA and stores it on his laptop to share with his students; for example – information about the medical education initiative, he found this and *‘so next morning I took it to college and asked if they knew about this?’* He says that he is often

asked 'where do you get your information' as it is so current and useful; and when he tells them about HIFA they are impressed.

What context: Nigeria has an estimated total population of over 150 million people and it has a background of long-standing underperformance in reducing high levels of under-five mortality, vaccine-preventable ailments, pregnancy-related deaths, and morbidity and mortality associated with malaria, HIV/AIDS and tuberculosis⁸. A woman's chance of dying from pregnancy and childbirth in Nigeria is 1 in 13. Although many of these deaths are preventable, the coverage and quality of health care services in Nigeria continue to fail women and children. Presently, less than 20 per cent of health facilities offer emergency obstetric care and only 35 per cent of deliveries are attended by skilled birth attendants. Daily Nigeria loses about 2,300 under-five year olds and 145 women of childbearing age. This makes the country the second largest contributor to the under-five and maternal mortality rate in the world. Preventable or treatable infectious diseases such as malaria, pneumonia, diarrhoea, measles and HIV/AIDS account for more than 70 per cent of the estimated one million under-five deaths in Nigeria.⁹

Benefits against HIFA outcomes

Outcome 1: contact between people sharing expertise & mix of people: The use of the HIFA website has allowed Dr Ayankogbe to develop contacts throughout the world and within the WHO. He uses HIFA as a place for networking and sharing, believing a good approach to practicing medicine is to '*share and solve it*'. When it comes to endeavouring to create a contact or finding out good sources of information, both are carried out exceptionally by HIFA he says. HIFA has also provided Dr Ayankogbe with a fast and efficient way of maintaining close contact with remote rural areas in Nigeria, negating the need for experts to have to travel into Lagos to seek relevant up to date medical information they need, which is a costly practice in terms of time and effort. With the use of HIFA this information can now be sent almost instantly to such areas. Connectivity is not so much of a problem either as the internet is accessible from various telecentres and mobiles.

Outcome 2: picture of what works and understanding of perceived and empirically based needs: The knowledge that he learns from HIFA he transfers to the students he teaches at the University of Lagos, thus influencing the next generation of professionals in the country. Prior to becoming a member of HIFA, Dr Ayankogbe found it a challenge to gain access to health publications and information services, as well as accessing topical health information as medical books tend to become obsolete after only a few years. A problem that he faced alongside this was that the sheer volume of health information he was forced to browse through was enormous. However now HIFA narrows down and focuses his search to the areas he is interested in.

Outcome 3: evidence collected that healthcare information should be priority: He has a vision of HIFA 'percolating' to the rural health workers – who will gradually become accustomed to coming to HIFA to get information '*I know it is a tall order but...*' He points out the severe lack of quality information available in rural areas, for example at mission hospitals, and he acknowledges that while connectivity may be a challenge there are also ways of accessing the net even in rural areas, via telecentres or mobile for example.

⁸ <http://allafrica.com/stories/201012130347.html>

⁹ http://www.unicef.org/nigeria/children_1926.html

Further information:

“Just keep doing what you are doing! You are doing just fine!”

Dr Olayinka Ayankogbe, Organisation – College of Medicine, University of Lagos, Country – Nigeria, Email – Yinayanks@yahoo.com, Phone - +2348033308369

Olayinka Ayankogbe University of Lagos:

<http://www.ijpcm.org/index.php/IJPCM/about/editorialTeamBio/66>

Visuals:



<http://www.ijpcm.org/index.php/IJPCM/abo 1>

MEMBER EXPERIENCE: DR PREETI DABAR, INDIA

Who: HIFA member Preeti Dabar is a Lung Health Promotion Consultant working for the World Lung Foundation (WLF) and is currently working on a survey assessing tobacco consumption by young people in Delhi.

What she has gained: Through being a member of HIFA, Preeti has been able to gain access to information relating to her project/survey on increased tobacco consumption by young people in Delhi. She has found it to be an excellent tool for contacting professionals in her chosen field throughout the world and realises its networking potential of developing contacts with other professionals. After the initial purpose of joining HIFA with the intent of networking, she now checks the site every day for developments. Once her survey is complete, she intends to contact people with HIFA again with regard to the initial planning stage of her project. As a tool of gaining the information that she requires, Preeti found HIFA very interesting. *"It has been very helpful with reading, studies etc"* she says. The main purpose of joining the site, while it was to use it for its networking potential, given her position as a young professional who may not have received the experience necessary to carry out her own investigations without a guiding hand, HIFA was able to provide it by putting her in touch with people around the world that were very useful to her in developing her work.

What impact or change: Preeti was enabled to contact professional people through the website with the knowledge that she required to make a contribution to the anti-tobacco campaign in Delhi in 2006. Through HIFA, as a member of a new generation of health professionals, Preeti has been able to pick up HIFA's uses very quickly and will most likely rapidly continue to do so for the foreseeable future. She was able to access the archive and help to put together an anti-tobacco campaign in India for the WLF. As a young and inexperienced member of the medical community, HIFA has helped Preeti to learn from others, and in turn influence the community by contributing to the anti-tobacco campaign and highlighting the dangers of smoking.

What happened? HIFA assist Indian NGO's in staging an anti-tobacco campaign in Delhi

Preeti helped in putting together a successful anti-tobacco campaign on behalf of the World Lung Foundation of South Asia (WLF-SA), mobilizing thousands of students to fight against the increasing consumption of cigarettes among India's one billion citizens alongside local government officials, private sector representatives, and cricket star Kapil Dev in one of the first mass demonstrations of its kind.

Over 1,200 students and teachers took part in the educational presentations held by WLF-SA throughout Delhi in 2006. Twenty-five colleges opted to join an anti-tobacco essay contest; three students from each college won prizes for their essays outlining the harmful effects of tobacco use and related policy issues.

The campaign culminated in a street play and march held in Delhi on December 12, 2006. Thousands of passers-by watched the 20-minute street show that started the rally. During the show, attendees also visited an exhibition on the harmful effects of tobacco that was sponsored by one of India's largest banks.

The march was begun by Delhi's Health Minister. About 2,500 walked, snaking through Delhi University's urban campus. Students chanted and carried signs stating the dangers of tobacco. At the end of the march, the Vice-Chancellor of Delhi University led the participants in making a vocal commitment not to use tobacco.

The Campaign was widely covered in local media, including All India Radio, a TV station, and nineteen newspapers. WLF-SA's efforts are a very visible example of how personal commitment and just a minimal amount of funds can be used to raise awareness and political commitment among thousands.

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What context: A study on smoking, educational status and health inequity in India carried out in 2006 found that health related behaviours, especially smoking and tobacco use, are major determinants of health and lead to health inequities. Smoking leads to acute respiratory diseases, tuberculosis and asthma in younger age groups and non communicable diseases such as chronic lung disease, cardiovascular diseases and cancer in middle and older age. It was observed that there was an inverse association of educational status with tobacco use (smoking and other forms) in western Indian State of Rajasthan, with the greatest tobacco consumption was observed among the illiterate and low educational status subjects. The age groups most at risk of this trend are those of children and teenagers. In rural areas of India, the percentage of smokers is almost double that of those living in urban areas, a trend which correlates with the lower literacy rates found in the rural areas as educational institutions are focussed in more densely populated areas. With a total literacy rate of 74% of the total Indian population of 1.2 billion people, there is a lack of awareness of the dangers of tobacco smoking.

Benefits against HIFA outcomes

Outcome 1: contact between people sharing expertise & mix of people: HIFA has enabled Preeti to carry out networking for the purpose of providing research material for her project/survey. Generally, she believes HIFA is an excellent tool and she is using its networking potential as much as she can and would like to see this aspect of it made easier or for there to be more access to experts, and while she was not interested and has failed to grasp the wider aspect of being able to share her experiences with others and to use HIFA as a centre of information flow, which one may consider to still be in development, she has been able to take advantage of the information service HIFA provides to help others.

"When I joined HIFA, it was more of a networking aim. Now it is something that I check into everyday or two. It's a great initiative and I'm thrilled to read the documents. After I finish the survey, I will communicate with people at HIFA on how to plan the project."

Outcome 2: picture of what works and understanding of perceived and empirically based needs: For the purpose of research and to gain information in relation to her work/survey on tobacco consumption, Preeti developed contacts within the online community, contributing to her project/survey. Because she feels that she is not that experienced in this given area, information from experts around the world have given her a real boost in how to carry out the project and what path it should take.

“It has been very helpful with reading, studies etc. Very interesting. For example I studied one or two documents on tobacco issues from Africa countries. I’m just a young professional in public health so it very good to get information from people who are very experienced.”

“I had communicated with the people at HIFA and done some networking. That way it helped me getting the information, they talked about their own experiences and how to talk to youngsters.”

Further information:

Dr Preeti Dabar, Organisation – World Lung Foundation of South Asia, Country – India, Email – preetidabar11@gmail.com

Preeti has found HIFA to be an excellent tool for contacting professionals in her chosen field throughout the world and realises its networking potential of developing contacts with other professionals.

Visuals:



[http://www.linkedin.com/pub/dr-preeti-da 1](http://www.linkedin.com/pub/dr-preeti-da-1)

HINARI CASE STUDY

Through the communication and lobbying power of the HIFA forum, a proposed decision about the withdrawal of free access to online journals for Bangladesh was reversed, and access reinstated.

On the 9th of January 2011, staff at the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B), a member organisation of HIFA, received an email to say that various publishers, including Elsevier, were withdrawing their free access to online journals. By the 14th January the AAAS (publisher of Science) reinstated access.

Access to the online journals was through the HINARI system. HINARI is a web based service with the purpose of providing free of charge, low costing online access to prestigious journals within the fields of Biomedical and other social science to non-profit organisations in developing countries. It was launched in 2002 with the backing of 6 major publishers. Since then it provided information from more than 8,000 information resources provided by over 160 publishers, with that number growing every year.¹⁰

The HIFA forum provided a powerful platform for news of this occurrence to be circulated, and for the situation to actually be solved. After receiving the notification of withdrawal Dr Tracey Koehlmoos of the ICDDR,B notifies HIFA 2015 member Richard Smith of these events and he in turn notified the HIFA moderator Neil Pakenham-Walsh as well as the British Medical Journal (BMJ).

It was suggested to Dr Koehlmoos that this was just the sort of issue that HIFA members would want to hear about, and as a community dedicated to promoting health information provision this was a highly pertinent issue. So Dr Koehlmoos joined HIFA and sent her message to HIFA members. At the same time the BMJ published a news item about the Bangladesh situation¹¹, and this article was also circulated to other HIFA2015 members and the ILIG forum (International Libraries Group of CILIP). In addition the BMJ's editor Richard Smith contacted the withdrawing publishers to seek clarification.

Through the HIFA forum over the course of a few days a flurry of messages past alerting membership to the situation; and over the next 10 days messages were passed back and forth between 50 HIFA members discussing the issue. At one point it was suggested that there was a risk that other countries might be affected, including Nigeria and Kenya.

In all seventy messages were exchanged about HINARI among approximately 50 HIFA members. The participants include Richard Smith, Tracey Koehlmoos, Kimberly Parker (manager of HINARI), Richard Gedye (Director of STM Publishers Association), staff of ICDDR,B, open access publishers, medical librarians, health professionals, researchers and others from the following countries worldwide: Argentina, Australia, Bangladesh, Canada, El Salvador, Ghana, India, Indonesia, Jamaica, Kenya, Netherlands, New Zealand, Nigeria, South Africa, Tanzania, Uganda, UK, USA, Zimbabwe.

¹⁰ www.who.int/hinari/about/en/

¹¹ <http://www.bmj.com/content/342/bmj.d196.full>

A blog on the issue was also produced by a HIFA member and published via PLOS.¹² The Lancet carried a story on 'Big publishers cut access to journals in poor countries':¹³

- In this article it was stated that: '*...Once the news was broadcast that Bangladesh had been denied access to journals, it became apparent through the Health Information for All 2015 listserve that similar notification had been received by institutions in Kenya and Nigeria (we do not know exactly which publishers have pulled out, but we hope that this will become clear).*' (Indeed, I hope and expect that these isolated reports from Kenya and Nigeria are indeed isolated...' We call on the big publishers and all other publishers to continue to provide free access to all of their journals in all of the 64 low-income countries signed up to the HINARI system.'— quoted from the Lancet article.

The Lancet also published an accompanying editorial that is critical of its publisher, Elsevier:

- '*...Unknown to editors at The Lancet, our journals were also part of this withdrawal. Elsevier [has] now reinstated its journals into HINARI for Bangladesh. We welcome that decision... Our view is that any country designated as 'low human development' by the UN justifies a clear and unambiguous commitment by all publishers to full and free access to research through HINARI... Free access to critical knowledge is vital if those countries are to address their huge burdens of preventable disease.'If publishers are genuine about their mission to improve health through partnerships with medical and research communities, they need to send a stronger signal of commitment to countries that most need the knowledge they control. For our part, we have asked Elsevier to assure us that the editors will be consulted on all future HINARI access negotiations involving The Lancet. That assurance has been given.'*

In response to the barrage of messages and attention and media coverage the publishing company Elsevier published a statement online on Lancet.¹⁴ This detailed that the reason access was removed was down to a technical issue of an action plan whose original intent was to move to a free access trial of Elsevier's Sciverse Science-Direct in 2011. Unfortunately Bangladesh experienced technical delays, resulting in access under Research4Life being terminated before the trial began. Access to HINARI was restored. This incident showed the power of HIFA to communicate and activate people around and issue, and to have an effect. This bodes well for future advocacy efforts for HIFA2015 in the future.

¹² PLoS blog on the story <http://blogs.plos.org/speakingofmedicine/2011/01/14/what-next-for-hinari-in-an-open-access-world/>

¹³ Published online January 18, 2011 DOI:10.1016/S0140-6736(11)60067-6
<http://download.thelancet.com/flatcontentassets/pdfs/S0140673611600676.pdf>

¹⁴ <http://download.thelancet.com/flatcontentassets/pdfs/S0140673611600688.pdf>

ANNEX 2: TERMS OF REFERENCE

HIFA2015 EVALAUTION TERMS OF REFERENCE

Introduction

HIFA2015 is a global campaign and knowledge network to prevent avoidable death and suffering due to lack of healthcare information in developing countries. The goal of the campaign is: By 2015, every person worldwide will have access to an informed healthcare provider.

The campaign has almost 5000 professional members from nearly 2000 organizations in 157 countries worldwide. Members interact through three global email forums:

- HIFA2015 (general)
- CHILD2015 (child health)
- HIFA-Portuguese (health in Portuguese-speaking countries)

Three further networks are in development:

- HIFA-EVIPNet-French
- HIFA-Zambia
- HIFA-Policy

The current evaluation will focus especially on HIFA2015 (general), which has 3200 members. The evaluation will, however, also inform the development of other forums, collectively called HIFA Global Networks (see below).

The Global Healthcare Information Network, which runs HIFA2015, has received funding from the Rockefeller Foundation to evaluate HIFA2015 (general) through to the end of August 2011. GHI-net is seeking further funding to continue the evaluation through to 2015.

This document sets out the specifications for two external evaluators who are being contracted to undertake the evaluation. The two evaluators are: a Senior External Evaluator and an Associate External Evaluator.

A draft evaluation plan has been prepared using a new approach to evaluation planning and design – Duignan’s Visual Evaluation Planning Approach.

It is expected the evaluation will use Duignan’s Visual Evaluation Planning Approach. This involves doing all planning of the evaluation against a comprehensive visual outcomes model (logic model) of the project.

The draft evaluation plan can be found at <http://www.tinyurl.com/otheory291>.

Further information on HIFA2015 is available at www.hifa2015.org

Purpose of evaluation

It is hoped that the evaluation will serve a number of functions:

1. Help directly to inform the future development of HIFA2015
2. Help directly and/or indirectly to inform the future development of other existing and emerging global discussion forums such as CHILD2015, HIFA-Portuguese, HIFA-EVIPNet-French, HIFA-Policy and HIFA-Zambia (see HIFA Global Networks - www.hifa2015.org/hifa-global-networks)
3. Provide evidence of what is working well, which may in turn:
 - (a) Help to secure much-needed sustainable operational financial support for HIFA2015 and other HIFA Global Networks;
 - (b) Help to inform the wider Communications for Development on ways to mobilize interdisciplinary communication, understanding and advocacy to address other global health and development challenges.

Deliverables

The deliverables from this evaluation work will be:

1. Verbal and written input into the further development of the draft HIFA2015 Evaluation Plan. This plan has already been largely but not completely developed by an initial voluntary HIFA2015 M&E Planning Group to HIFA2015. This group has now become the HIFA2015 M&E Advisory Committee (see below).
2. Draft and final versions of evaluation instruments (e.g. questionnaires, interview schedules etc.) used in the evaluation.
3. Draft and final versions of reports on the evaluation.
4. If required, verbal presentations to stakeholders regarding the evaluation of HIFA2015.
5. If required, drafts of proposals for further funding for the evaluation in later years.

All communications and report writing will be in English only.

Lines of management

HIFA2015 is run by the Global Healthcare Information Network. The evaluators will be contracted by the Global Healthcare Information Network because it is the body which has received the grant from the Rockefeller Foundation for the evaluation. The evaluators will report regularly to the Global Healthcare Information Network.

Day to day liaison will be with the HIFA2015 Coordinator and GHI-net co-director, Dr Neil Pakenham-Walsh.

A HIFA2015 M&E Advisory Committee has been set up to provide advice and recommendations to Global Healthcare Information Network about the design and conduct of the evaluation. The evaluators will work with this group and will, in the usual course of events, attend its virtual meetings. Along with Dr Pakenham-Walsh, the evaluators will not be formal members of the HIFA2015 M&E Advisory Committee.

In order to maintain the independence of the evaluation, the Senior External Evaluator and the Associate External evaluator at any time can approach the Chair of the HIFA2015 M&E Advisory Committee in regard to

any matter they wish to have deliberated on by the HIFA2015 M&E Advisory Committee. While it does not have decision-making power, the Committee can make whatever recommendations to whatever parties it likes in regard to any issue and provide those recommendations publicly or privately as it deems appropriate.

Experience

The evaluators will have had experience in conducting evaluations on a range of topics using a range of different techniques. The Senior External Evaluator would be expected to have had more experience and to, ideally, have had experience managing an evaluation team.

Ideally, the evaluators would have experience in evaluating international development projects in the area of health and e-networking. However we realize that potential evaluators for this project may not have all the above mix of experience.

Location

The proximity of the Evaluators to the HIFA2015 Coordinator will enable frequent face-to-face meetings. Evaluators will also be able to attend meetings of the HIFA2015 Steering Group and HIFA Challenge Working Group, which take place mainly at the BMA in London, with teleconferencing for group members outside the UK. There is also a public HIFA2015 event planned for May 2011, which the Evaluators may like to attend and derive inputs for the evaluation.

Apart from the above, it is proposed for the evaluation will be conducted using virtual means wherever possible so it is not expected that there will be extensive travel.

The Evaluation Team

The Evaluation Team will consist of: The Senior Evaluator and the Associate Evaluator.

The HIFA2015 M&E Advisory Committee: Dr Peter Tugwell, Dr Jordi Pardo, Dr Veronique Thouvenot and Dr Paul Duignan.

Dr Paul Duignan, External Evaluation Strategy Expert and Chair of the Evaluation Advisory Committee.

Dr Neil Pakenham-Walsh, HIFA2015 Coordinator who will be undertaking internal evaluation work.

This team will meet virtually on a regular basis to further plan, implement and report on the evaluation.

THE EVALUATION PROCESS

This evaluation of HIFA2015 has followed the approach and methodology indicated from the terms of reference.

The evaluation team was made up of Jackie Davies as associate evaluator and Teresa Hanley, senior evaluator. The two-person evaluation team, with significant valuable input from the HIFA2015 coordinator, benefitted from the support of a HIFA2015 monitoring and evaluation advisory group chaired by Paul Duignan. This group has guided this evaluation process and provided a sounding board for the team.

The evaluation team began working with HIFA2015 in January 2011 and most quantitative data is from the time period up to the end of March 2011 and qualitative data was largely collected from April-July 2011.

The evaluation involved all stakeholders who were identified as:

- HIFA2015 members: Health care and information professionals - low income countries
- HIFA2015 Steering Group members
- HIFA2015 monitoring and evaluation advisory committee members
- HIFA2015 Country Representatives
- HIFA2015 Challenge working group members
- HIFA2015 fund-raising and marketing group
- Donors and supporting organisations

Methodology

The following methodology was used to gather data for this evaluation:

Desk Review:

Analysis of HIFA2015 internal data and documents including member and message statistics, strategic and operational plans, and financial data.

Online Survey:

- An online survey open to all via the HIFA2015 website, though targeted at members of HIFA2015 forum. This secured an impressive 321 responses from 68 countries. The majority of respondents were healthcare professionals (30%) with others identifying themselves as public health / health systems professionals (20%), health information delivery professionals (20%) and academia/research professionals (20%). The majority of respondents identified university and NGO / civil society as their places of work (34% and 30% respectively). The respondents were nearly all HIFA2015 members (98%)
- A second survey was conducted - a targeted online survey to an identified 80 policy-makers from among HIFA2015 members and the 115 supporting organisations achieving response rate of over 10% (for supporting organisations).

Online discussion:

Two online discussions were conducted via the e-forum, to elicit members' comments and feedback on two topics: (1) building knowledge for effective health information provision, and (2) advocacy.

Focus Group discussions:

The team ran seven focus group discussions at the HIFA2015 conference (London, 9th May 2011) involving around 100 HIFA2015 members in total.

Key stakeholder interviews:

A total of 32 individuals were interviewed by telephone or face to face in the course of this evaluation.

HIFA2015 members interviewed	Internal stakeholders interviewed
1. HIFA member: Dr Ayankogbe, Nigeria	1. Internal stakeholders: Neil Pakenham-Walsh
2. HIFA member: Mary Sloper, Jamaica	2. Internal stakeholders: John Evers
3. HIFA member: Augustine Gitonga , Kenya	3. Internal stakeholders: Jonathan Parker
4. HIFA member: Dr.Preeti Dabar , India	4. Internal stakeholders: Regina Ungerer, Moderator, HIFA-Portuguese, WHO
5. HIFA member: Nand Wadhvani, Hong Kong	5. Internal stakeholder: Isabelle Wachsmuth, Moderator, EVIP-NET, WHO
6. HIFA member: Dr Khaled Islam, Bangladesh	6. Donors and support organisations: Sue Jacobs, Royal College of Midwives
7. HIFA member: Shiv Mathur, India	7. Donors and support organisations: Wendie Norris, CABI
8. HIFA member: Uduak Uboh, Nigeria	8. Donors and support organisations: Martin Carroll, BMA
9. HIFA member: Beatrice Muraguri, Kenya	9. Donors and support organisations, Shane Godbolt, Partners in Health
10. HIFA member: Dr Sudarshan, Nepal	
11. HIFA member: Dr Khalid Iqbal Arain, Pakistan	
12. HIFA member: Christine Danielle Evina, Cameroon	
13. HIFA member: Diana Mawindo, Malawi	
14. HIFA member: Maria Masoke, Uganda	
15. HIFA member: Dr. Subhash C. Mandal, India	
16. HIFA member: Saulet Nurtayeva, Kazakhstan	
17. HIFA member, Sandra Kendall , Mount Sinai Hospital, Canada	
18. HIFA member: Clara Pasha, Pakistan	
19. HIFA member: Titus Kolongei, Kenya	

20. HIFA member : Dr Shima Gyoh, Nigeria	
21. HIFA member : Matron Odella, Uganda	
22. HIFA member: Dr Rosalind Ambrose, Medical Association of St. Vincent & the Grenadines	
23. HIFA member : Dr Olayinka Ayankogbe, Nigeria	

Evaluation tools - Stakeholders and semi-structured interview checklist

The following groups were identified and coded for stakeholder inquiry:

Stakeholder groups

- S1 Steering group members
- S2 Advisory panel
- S3 Country representatives
- S4 Challenge working group
- S5 HIFA fund-raising and marketing group
- S6 HIFA 04MNH group
- S7 Donors
- S8 Supporting organisations
- S9 Health care professionals - low income country
- S10 Public health/health system professional - low income country
- S11 Health information delivery- low income country
- S12 Academic - low income country

Basic draft interview template - INTERNAL S 1-S6

1. What is your role in the development and implementation of HIFA 2015?
2. What is going well in how HIFA is developing

(Consider the range of people involved, their coordination, information sharing)

3. What is going well in how HIFA is being implemented? (consider range of people involved, strategies, management of implementation, profile)
4. What have been the three main successes that HIFA 2015 has achieved?
5. What are the three main lessons from the past three years of how HIFA can better achieve its aims?
6. What can be improved? (as above for prompts)
7. Can you comment on the processes for developing the strategy and plans for HIFA? What has gone well and what has been a challenge?
8. Can you comment on the process for financial management and funding HIFA? What has gone well and what has been a challenge.
9. Can you comment on HIFA partnerships? Which is the most important partnership that HIFA has established? What types of additional partnership will be crucial in the future?
10. What additional capacities and skills does HIFA need to have in its implementation team to be more effective? (consider skills and expertise for a)technology b)health communication)
11. What are the key risks that HIFA 2015 faces? How can these be managed/mitigated?
12. What final comments on HIFA do you wish to make including any recommendations for the future?

Additional prompts (taken from do-view indicators)

- *Clear outcome*
- *Financial management procedures*
- *Communication strategy and plans*
- *High caliber leadership*
- *Adequate staffing*
- *Positive organisational culture*
- *Engaged volunteers*
- *Sufficient partnerships*
- *Clear ownership*
- *Clear brand*
- *Credible/reputation/profile*
- *Risk management and ongoing monitoring*
- *Appropriate ICT infrastructure*
- *Legal requirements met*
- *[Range of donors - others for funding]*

Basic draft interview template - internal ie S7 donors and S8 supporting organisations

1. What is your role in the partnership with HIFA?

2. What is your organisation's interest in supporting HIFA? What do you hope it will achieve for a) health care providers and b) for your organisation?
3. From your knowledge of HIFA, what is going well with HIFA?
(Consider the range of people involved, their coordination, information sharing)
4. What have been the three main successes that HIFA 2015 has achieved?
5. What have been the benefits for your organisation of being a HIFA partner/supporting organisation so far?
6. Can you comment on HIFA's management of its partnership with you? What has gone well and what has been difficult?
7. What additional partnerships will be crucial for HIFA in the future?
8. What additional capacities and skills does HIFA need to have in its implementation team to be more effective? (consider skills and expertise for a)technology b)health communication
9. What are the key risks that HIFA 2015 faces? How can these be managed/mitigated?
10. What final comments on HIFA do you wish to make including any recommendations for the future?

Basic draft interview template - internal ie S9-S12

S9 Health care professionals - low income country

S10 Public health/health system professional - low income country

S11 Health information delivery- low income country

S12 Academic - low income country

1. What is your involvement in HIFA? (Duration, level and nature of engagement)?
2. What is your role in understanding and meeting healthcare provider information needs?
3. In your experience and context, what are the main barriers you face to fulfill your role in a) understanding and b) meeting healthcare provider information needs?
4. In your context what have been some of the most effective ways to build understanding of the information needs of healthcare providers?
5. In your context what have been some of the most effective ways to meet understanding of the information needs of healthcare providers?
6. How has HIFA helped you to understand and meet these needs?

7. What best practice and lessons can be learnt from HIFA for similar large multi-stakeholder international development initiatives in the future? Examples?
8. What lessons from other similar initiatives can be learned for HIFA? Examples.
9. What recommendations would you like to make to HIFA for the future?

ANNEX 4: SURVEY FINDINGS AND ANALYSIS

ANALYSIS AND FINDINGS

HIFA 2015 Survey - Some general comments

Overall assessment

- Good rate of response and range of respondents, though some bias to the richer countries. Results generally very positive though any survey of this nature likely to have some in-built bias to being positive because those who are more critical will not take time to respond and/or maybe have already unsubscribed from HIFA 2015. Nevertheless, the results are very encouraging and provide useful information not just for the rest of the evaluation but also future development of HIFA 2015.

Data

- We have more evidence regarding development of a network and less on the other intended outcomes of HIFA 2015.
- We need to get more specific data from people on the types of information they get from HIFA 2015 i.e. is it about understanding needs and how to meet them.
- We can explore in a future survey or other way the options for making the forum more focused and options for people to opt in and out of messages.

Respondents

- The majority of respondents were healthcare professionals (30%), followed by public health / health systems professionals, health information delivery professionals and academia/research professionals (all 20%).
- The majority of respondents identified university/research and NGO / civil society as the main sectoral contexts they operate in (34% and 30% respectively); with less than 20% coming from hospital /healthcare settings and less than 10% from government.
- The respondents were nearly all HIFA members (98%).
- 319 people responded to this survey, with 270 providing completed surveys.

Findings about Outcome 1: A connected critical mass of healthcare system knowledge change agents

Indicators [from Do-view]

- *people in contact*
- *mix of people*
- *contact between people sharing expertise*
- *people know about developments and what others are doing*
- *trust and sense of community*
- *members support each other*

Findings

1. Effectiveness /importance of word of mouth in building the network

People are finding out about HIFA 2015 from colleagues recommendations. They are forwarding useful information to colleagues. This suggests HIFA 2015 is providing useful information, but also suggests that broader promotion in other forums may be important.

- **Forwarding messages:** The majority of respondents are in the habit of forwarding interesting messages to other people; over 90% said they did this to a greater or lesser extent (39% often, 35% sometimes, and 17% occasionally).
- **Hearing about HIFA:** Nearly 40% of respondents heard about HIFA through a recommendation by a colleague, and 35% via publications or websites, and 10% via conferences. 15% noted 'other' routes.
- **Recommending HIFA 2015** - 88% of respondents say that they have recommended the HIFA2015 project to colleagues: 35% say they do this 'often', and over half do this 'occasionally' (53%), but 11% say they 'never' do this.

2. Effective linking through HIFA 2015 - The HIFA2015 email forum appears to be very successful in linking people to each other as the majority of respondents report that they have made new contacts through the forum. Over half the respondents have made new contacts (65%). 34% say they have made an average of 2-5 new contacts, and 22% note that they have made more than five new contacts, and 9% have made at least one; however 34% say that they have made no new contacts.

Examples

- "HIFA 2015 is extremely useful in bringing professionals together to discuss issues that are relevant in many contexts. I have found that following these discussions and applying them to my own work has been the biggest benefit of membership in the forum."
- I have commissioned articles from several people who I have 'met' on HIFA 2015. Great for networking with many like-minded individuals.
- Used the mail about the launch of MEPI to link up with its administrators to initiate partnerships in countries we work in.

Findings about Outcome 2: Better understanding of health information needs of healthcare providers and how to meet them

Indicators

- *Picture of health information needs [for/by whom?] (through formal and informal means including HIFA members comments)*
- *picture of what works*
- *understanding of perceived and empirically based needs*
- *understanding barriers and drivers at each stage of healthcare knowledge system*

Survey data about understanding healthcare information needs: In the survey 95% of respondents consider HIFA2015 to have improved the understanding of the information needs of healthcare providers;¹⁵ and 98% of respondents found the HIFA forum useful for learning more about these needs.¹⁶

Survey data about challenging areas in healthcare information provision: Survey respondents want to see change/impact in the challenging areas of: improved health care information access, improved production of healthcare information, and improved delivery of healthcare information, and improved advocacy about healthcare information.¹⁷

Survey data about HIFA improving understanding about the process of healthcare information provision: HIFA2015 has already made an impact in improving understanding about how to improve the availability of healthcare information, according to nearly all survey respondents.¹⁸ The HIFA forum has been useful for finding out about current developments in healthcare information and for providing evidence of cost-effective ways of improving the availability of healthcare information. According to most respondents, the forum has also been useful for sharing learning about barriers to effective healthcare information provision, and for understanding the views and power of parties who are able to improve healthcare information provision.¹⁹

¹⁵ Strong impact=48%, moderate impact=47%, weak impact=5%

¹⁶ Extremely useful=54%, useful=44%

¹⁷ Survey respondents identified the following challenges: Improved health care information access (identified as a challenge in the survey by 74%); Improved production of healthcare information (identified as a challenge in the survey by 51%); Improved delivery of healthcare information (identified as a challenge in the survey by 49%); Improved advocacy about healthcare information provision (identified as a challenge in the survey by 43%).

¹⁸ In the survey: Impact - 94% respondents consider HIFA2015 to have improved understanding of how to improve the availability of healthcare information (moderate impact=52%, strong impact=42%, weak impact=5%).

¹⁹ In the survey: usefulness of HIFA forum: Finding out about current developments in healthcare information - 98% of respondents found HIFA2015 most useful for finding out about current developments in healthcare information (67% = extremely useful, 31% = useful). Providing evidence on cost-effective ways of improving the availability of healthcare information - 88% of respondents found the forum useful for providing evidence on cost-effective ways of improving the availability of healthcare information (51% useful, 37% extremely useful, and 10% not useful). Learning more about barriers - 98% of respondents found the forum useful for learning more about barriers (extremely useful=51%, useful=47%). Understanding the views and power of parties who are able to improve healthcare information provision - 92% of respondents found the forum useful for understanding the views and power of parties who are able to improve

In the survey nearly all respondents reported that HIFA forum has been useful for finding information and resources about effective healthcare information provision.²⁰

Findings

1. The forum is providing information that users find fairly useful, the website much less so:

- Respondents were strongly supportive of HIFA as a useful forum for communication; with it being viewed as extremely useful by nearly 70% for finding out about current developments. But respondents are a little equivocal about relevance, giving it an average assessment; 48% say that forum messages are generally 'very relevant' but only 9% consider them to be 'extremely' so; a further 39% say they find them 'somewhat relevant' and 4% say they find them to have low relevance. 94% of respondents found the forum useful for finding out about useful publications, websites and health information services (extremely useful=60%, useful=34%).

Most respondents were not highly positive about the HIFA2015 website; with an average of 20% of respondents saying that they have not used the website so cannot assess its usefulness; while others considered it generally easy to use but not very useful for finding the information that they seek; nearly 70% would however recommend the site to colleagues.

2. There is a strong sense that people would like more focused information to meet their needs from the forum and/or routes. To some extent this may be that the forum is a victim of its own success. But to avoid more people leaving due to overload and to ensure members get the maximum benefit from HIFA 2015, findings to date suggest exploring ways to enable people to opt in/out of discussions and ways of transmitting main discussions in summary.

- *"I appreciate the targeted discussions. This allows me to decide whether or not I want to access that topic. At one stage, I think there were summaries of the discussion which I also appreciated."*
- The forum is just too broad for me; it feels too unfiltered.
- Sometimes the members get bogged down in detail.
- Sometimes the e mails are too many.
- Often a dozen communications per day... Too many for me to go through. Brevity would be helpful.
- Too many emails are being sent. I used to be able to read all the messages, now with such a massive email flow; I'm losing the ability to use this as a forum for communications.
- Very helpful in giving a sense of connectedness, that there are all sorts of projects and people out there working for a common purpose. But also get the feeling that there is repetition and reinvention of things which is time consuming.
- I want to see the profession oriented email for me that I work. E.g. Anti Tobacco, Health Economics, Health Informatics, Alternative Medicine.

healthcare information provision (useful=48%, extremely useful=44%, not useful=7%). Here is a sample of some of the comments made by survey respondents about HIFA shared knowledge and learning: *'The numerous contributions to discussions imply the extent at which members are sharing knowledge and ideas. / Useful to find out how developing countries are coping and how more well off countries can help.'*

²⁰ In the survey: Finding out about useful publications, websites and health information services - 94% of respondents found the forum useful for finding out about useful publications, websites and health information services (extremely useful=60%, useful=34%).

- It should be possible to conclude discussions on topics if they have gone on for a long time; or it can be that contributions can be limited to a certain number e.g. 50 as a maximum.
- Establish regional forums where colleagues can meet and address specific health information issues.

3. Survey results included examples of how HIFA 2015 has increased access to health information data, understanding of needs and how to meet them. Some are potential case study success stories. It will be difficult to give a quantitative value to these but we may want to look at exploring a range of different types of impacts here and the way that HIFA can successfully increase access to health information data, increase understanding of healthcare information needs and ways to increase understanding of ways to meet them.

Example

- How to access various digital and open access information resources, especially for developing countries.
 - The RCM is a WHO collaborating centre and has a number of commitments to build capacity and capability within midwifery communities in the world. HIFA has been vital to the understanding of issues that influence information needs and access as applied to midwives.
 - I'm the vice president of the Association for health Information and Libraries in Africa AHILA; I'm looking for health professional groups who work on how to provide health information for all, all over the world. I also want to exchange with colleague on how they manage and provide health information (motivation for joining).
 - I posted a project concept that we were planning to implement in the area of maternal health information. We had problems trying to overcome certain bottle necks. Ever since I posted the concept, I have received many people who have helped us to fine tune our project and also some have agreed to work with us to make the project work. One amazing thing is that I got people from USA who are even working on a similar project in my country Uganda. I couldn't have known them if I was not on HIFA for sure.
 - I have discussed with my colleagues about other countries are doing in the field of telemedicine and SMS messaging in order to reach the remotest communities
 - It's useful to get a sense of the usefulness of modern technology in health information, and also in stating needs for more traditional print-based materials
 - Benefits for one person - Learning about applications of IT in disseminating & gathering healthcare information and managing treatment. Learning about useful websites & publications. Advising colleagues about events & publications e.g. relating to health informatics
 - Following questions I posted on the use of misoprostol and bimanual compression for the management of PPH, I have been in touch on a one-to-one basis with experts whose comments will be incorporated in our films. We are also engaging into a partnership with a London based NGO that we got in touch with through HIFA.
 - We have found new partners for our book donations through the forum.
4. Members have been able to get practical help in accessing materials from learning about opportunities through HIFA e.g. we have obtained some of the resources mentioned in the messages for our collection.
5. But some sense that people are expecting to find information on how to treat/prevent particular health care conditions rather than understanding how to assess and meet healthcare *information* needs.

Examples of benefits survey respondents cite that are "off-centre" of HIFA main aims.

- "Because I'm very difficult to obtain the information such as obstetry and gynecology journal, so in this forum I expect will find it. And also I need to hear about medical services in other country".
- " To network with other health care professional worldwide in order to improve awareness about the neglected diseases"
- "To discuss issues related to health, with the aim of addressing health problems appropriately"
- "Networking and sharing health information from different cadres in health, and how best to intervene in various health programmes"
- "There are very few people doing teaching of rehabilitation in developing countries as we are so I wished to find them and resources for our link".

Findings about Outcome 3 - Healthcare knowledge system a top priority as a strategy for improving global health

Indicators

- *evidence collected that healthcare information should be priority*
- *evidence of cost-effective ways to meet needs*
- *well informed arguments developed*
- *Advocates seen as credible and well informed.*
- *raised awareness among stakeholders and citizens of importance of healthcare information*
- *local and global decisions makers feel compelled to act*
- *decision makers know what to do to improve healthcare knowledge system*
- *decision makers have sufficient resources*

Survey data about learning about advocacy

The vast majority of survey respondents report that HIFA2015 has had an impact and has been useful in improving advocacy to promote healthcare information as a global health priority; Survey respondents also report that the forum has been useful for providing arguments that can be used in advocacy to improve the healthcare information provision.²¹

²¹ In the survey: Impact - 93% respondents consider HIFA2015 to have improved advocacy to promote healthcare information as a global health priority (moderate impact=53%, strong impact=40%, weak impact=7%). In the survey: Learning more about advocacy for health - 93% of respondents found the forum useful for learning more about advocacy for health (53% useful, 40% extremely useful, and 7% not useful). In the survey: Providing arguments that can be used in advocacy to improve the healthcare information provision - 90% of respondents found the forum useful for providing arguments that can be used in advocacy to improve the healthcare information provision (51% useful, 40% extremely useful, and 9% not useful). Here is a sample of some of the comments made by survey respondents about HIFA shared advocacy: *'One of the greatest impacts the HIFA has had on advocacy and availability of information globally in the recent past was in the overturning of the removal of the HINARI journals. It had influenced me and impressed upon me the ability of a global network of healthcare professionals to reverse the changes which could be of an adverse nature. / HIFA 2015*

Findings

- 1) A significant proportion of members (survey respondents) are interested in advocacy for better health information. 57% said that they had joined in order to find out more about advocacy.
- 2) Success so far in this area is more limited, although there is some. For example: "We have used HIFA2015 messages to introduce healthcare education issues into schools, colleges and universities, and health facilities that are interested in healthcare promotion programs".
- 3) However respondents remain positive, although less strongly [than other outcomes e.g. networking, etc] about its impact in improving understanding regarding strategies for improvement and in advocacy for healthcare information as well as creating a more enabling environment for collaborations. E.g. *"Powers who are able to contribute to improving health information are not active participants-seen BMJ and WHO, some academic institutions. There should be some more active targeting in this area"*
- 4) Examples indicate that HIFA 2015 members and the network can have power as an advocate itself.

E.g. The HINARI Bangladesh issue highlighted how the forum members can work together as an important voice [they need to know more on this example].

Reinstating the HINARI journals which had gone out of availability, though not directly related to my work has also been a great achievement.

Findings about internal effectiveness, efficiency and sustainability

Indicators

- *Clear outcome*
- *Financial management procedures*
- *Communication strategy and plans*
- *High caliber leadership*
- *Adequate staffing*
- *Positive organisational culture*
- *Engaged volunteers*
- *Sufficient partnerships*
- *Clear ownership*
- *Clear brand*
- *Credible/reputation/profile*
- *Risk management and ongoing monitoring*
- *Appropriate ICT infrastructure*
- *Legal requirements met*

has undoubtedly contributed significantly to raising the profile of the issues involved. The challenge is how to scale this up and broaden the impact... without running the risk of overburdening the receivers (with too many messages etc).'

- *[Range of donors - others for funding]*

QUANTITATIVE HIFA EVALUATION SURVEY DATA

The respondents

- The majority of respondents were healthcare professionals (30%), followed by public health / health systems professionals, health information delivery professionals and academia/research professionals (all 20%).
- The majority of respondents identified university/research and NGO / civil society as the main sectoral contexts they operate in (34% and 30% respectively); with less than 20% coming from hospital /healthcare settings and less than 10% from government.
- The respondents were nearly all HIFA members (98%).
- 319 people responded to this survey, with 270 providing completed surveys.

Hearing about HIFA: Nearly 40% of respondents heard about HIFA through a recommendation by a colleague, and 35% via publications or websites, and 10% via conferences. 15% noted 'other' routes.

Joining motivation: The majority of respondents gave 'high' priority to all options. The most popular reasons for joining were for discussion and learning (71%), understanding needs and networking with like minded people (both 70%); the second level of motivating options were around access to specific information and resources (65%) and understanding barriers and drivers (63%); only 57% said that they had joined in order to find out more about advocacy.

Challenges: The challenges that respondents identify most strongly are challenges around health care information access (74%), challenges around production of healthcare information (51%), around delivery (49%) and around advocacy (43%).

Use of HIFA:

- **Use of the email forum:** 70% of the respondents often use the email forum, with a further 20% saying that they sometimes use it. Less than 10% said their use was occasional.
- **Participation in the HIFA forum – reading messages:** the vast majority of respondents said that their participation was primarily through reading messages (85% often and 10% sometimes);
- **Contributing to the HIFA forum:** 40% said that they contributed 'occasionally', with a further 30% saying 'sometimes' and 8% often; but 20% say they have never contributed.
- **Forwarding messages:** The majority of respondents are in the habit of forwarding interesting messages to other people; over 90% said they did this to a greater or lesser extent (39% often, 35% sometimes, and 17% occasionally).
- **Use of the HIFA website:** 60% of respondents use the HIFA website – either occasionally (32%) or sometimes (27%); an additional 20% saying they either often use it or never use it.
- **Use of the knowledge base:** reflecting the fledgling development of this part of HIFA 38% of respondents noted that they have never used this; with 25% saying they have occasionally, and 22% sometimes; 14% said they often used it.
- **Use of other HIFA global forums:** 55% of respondents said that they had not used other global forums; however 2% had: 14% often, 14% sometimes and 16% occasionally.

Assessment of HIFA email forum

Assessment of the email forum – quantity of messages: The majority of respondents consider the number of forum messages that are sent to be about right (65%), however over a third of respondents think there are too many (35%), with only 2% wanting a greater quantity.

Assessment of the email forum – relevance: respondents are a little equivocal about relevance, giving it an average assessment; 48% say that forum messages are generally 'very relevant' but only 9% consider them to be 'extremely' so; a further 39% say they find them 'somewhat relevant' and 4% say they find them to have low relevance.

Assessment of HIFA website

Assessment of the HIFA2015 Website: Most respondents were not highly positive about the HIFA2015 website; with an average of 20% of respondents saying that they have not used the website so cannot assess its usefulness; while others considered it generally easy to use but not very useful for finding the information that they seek; nearly 70% would however recommend the site to colleagues.

- 60% of respondents found the HIFA2015 website to generally be easy to use (agree=40%, strongly agree=20%, neutral=14%, disagree=5%)
- 48% of respondents found the HIFA2015 website useful for finding the information that they need (agree=34%, strongly agree=14%, neutral=25%, disagree=5%)
- 69% of respondents say they would recommend the HIFA2015 website to colleagues (agree=37%, strongly agree=31%, neutral=12%)

Assessment of HIFA2015 usefulness

On average respondents were overwhelmingly positive about HIFA2015.

The usefulness of HIFA as a forum for communication: Respondents were strongly supportive of HIFA as a useful forum for communication; with it being viewed as extremely useful by nearly 70% for finding out about current developments, and just fewer than 65% noting its extreme usefulness for learning more from other members. It was also seen as useful, but not extremely useful, for building trust and a sense of community, and networking and making contacts.

- 98% of respondents found HIFA2015 most useful for finding out about current developments in healthcare information (67% = extremely useful, 31% = useful).
- 98% of respondents thought HIFA2015 was useful for learning from other members (extremely useful = 64%, useful = 34%).
- 91% of respondents found HIFA2015 useful for building trust and a sense of community (57% = useful, 34% = extremely useful).
- 95% of respondents were positive about HIFA2015 being useful for networking and making contacts. (47% = extremely useful, 48% = useful).

The usefulness of HIFA as a forum for understanding: Respondents were most positive about HIFA2015 being extremely useful for finding out about other sources, for learning about health information needs and about barriers, they were less positive about it as a route for understanding the views and power of parties.

- 94% of respondents found the forum useful for finding out about useful publications, websites and health information services (extremely useful=60%, useful=34%)
- 98% of respondents found the forum useful for learning more about needs (extremely useful=54%, useful=44%).
- 98% of respondents found the forum useful for learning more about barriers (extremely useful=51%, useful=47%).
- 92% of respondents found the forum useful for understanding the views and power of parties who are able to improve healthcare information provision (useful=48%, extremely useful=44%, not useful=7%).

The usefulness of HIFA as a forum for advocacy, support and motivation: Respondents' views about the usefulness of the forum for advocacy, support and motivation are less strong but still very positive; with the majority finding it useful, if not extremely useful; a portion found it not to be useful for them however.

- 93% of respondents found the forum useful for learning more about advocacy for health (53% useful, 40% extremely useful, and 7% not useful).
- 90% of respondents found the forum useful for providing arguments that can be used in advocacy to improve the healthcare information provision (51% useful, 40% extremely useful, and 9% not useful).
- 88% of respondents found the forum useful for providing evidence on cost-effective ways of improving the availability of healthcare information (51% useful, 37% extremely useful, and 10% not useful).
- 87% of respondents found the forum useful for supporting and motivating them in their work (46%=useful, 41% extremely useful, and 12% not useful).

Networking

The HIFA2015 email forum appears to be very successful in linking people to each other as the majority of respondents report that they have made new contacts through the forum. Over half the respondents have made new contacts (65%).

- 34% say they have made an average of 2-5 new contacts, and 22% note that they have made more than five new contacts, and 9% have made at least one; however 34% say that they have made no new contacts.

Impact

Assessment of impact: Respondents are highly positive about HIFA2015 having an impact amongst producers of information and in aiding improved understanding of needs; and they are positive although less strongly about its impact in improving understanding about strategies for improvement and in advocacy for healthcare information and in creating a more enabling environment for collaborations.

- 95% respondents consider HIFA2015 to have improved communication amongst those who produce, deliver and use information (strong impact=52%, moderate impact=44%, weak impact=4%).
- 95% respondents consider HIFA2015 to have improved understanding of the information needs of healthcare providers (strong impact=48%, moderate impact=47%, weak impact=5%).
- 94% respondents consider HIFA2015 to have improved understanding of how to improve the availability of healthcare information (moderate impact=52%, strong impact=42%, weak impact=5%).
- 93% respondents consider HIFA2015 to have improved advocacy to promote healthcare information as a global health priority (moderate impact=53%, strong impact=40%, weak impact=7%).
- 89% respondents consider HIFA2015 to have impacted on the development of an enabling environment for development of new initiatives and collaborations (moderate impact=46%, strong impact=43%, weak impact=10%).

Recommending HIFA2015: 88% of respondents say that they have recommended the HIFA2015 project to colleagues: 35% say they do this 'often', and over half do this 'occasionally' (53%), but 11% say they 'never' do this.

Respondents' location

Respondents	Countries of residence
More than 30 per country (144)	66 UK 46 USA 32 Nigeria
More than 20 per country (25)	25 India
More than 10 per country (25)	13 Canada 12 Kenya
Between 5 and 10 per country (40)	5 Australia 7 Bangladesh 7 Pakistan 7 South Africa 7 Switzerland 7 Uganda
4 per country (8)	4 Mozambique 4 Philippines
3 per country (6)	3 France 3 Malawi

<p>2 per country (32)</p>	<p>2 Belgium 2 Brunei Darussalam 2 Burkina Faso 2 Cameroon 2 Congo, Republic of 2 Egypt 2 Ghana 2 Haiti 2 Indonesia 2 Namibia 2 Netherlands 2 Norway 2 Spain 2 St. Vincent & the Grenadines 2 Zambia 2 Zimbabwe</p>
<p>1 per country (36)</p>	<p>1 Argentina 1 Belize 1 Botswana 1 Burundi 1 China 1 Denmark 1 El Salvador 1 Eritrea 1 Ethiopia 1 Fiji 1 Hong Kong 1 Israel 1 Jamaica 1 Kazakhstan 1 Malaysia 1 Mauritius 1 Micronesia, Federated States of 1 Morocco 1 Nepal 1 Peru 1 Rwanda 1 Saipan, Commonwealth of the Northern Mariana Islands 1 Saudi Arabia 1 Serbia 1 Sierra Leone 1 Sri Lanka 1 St Helena 1 St Kitts & Nevis (Nevis Island) 1 Sudan 1 Tanzania 1Tunisia 1 Turkey 1 Uruguay 1 Ukraine 1 Vietnam 1 Zambia</p>
<p>316 answered</p>	

ANNEX 5: COMMUNICATION STRATEGY PROCESS

It is recommended that HIFA’s management strategize about their future advocacy communication by considering the following communication strategy process:

Strategy areas	Questions to ask
Stage 1: Identifying what do you want to communicate, and to whom?	
Communication and advocacy objectives	<ul style="list-style-type: none"> - What are the three main communication objectives for HIFA2015? - What are the three main advocacy objectives for HIFA2015?
Who are the people you wish to reach with your communication, and why?	<ul style="list-style-type: none"> - Who do you want to communicate to / with? - What audience segments are you targeting? (Be very specific)
What are the information and learning needs of the audience?	<ul style="list-style-type: none"> - According to each audience segment you have identified what information and learning are you going to supply that they need Map what each audience segment needs in order to be part of the positive change you want and then identify how you are able to meet these needs. - <i>For example international level policymakers in health information provision – what do they need to know in order to become champions for health information for all? What can you supply? Do they need statistics, do they need case studies, and do they need evidence of social pressure for health information?</i>
Stage 2: Developing your content	
What do you want to communicate (your communication needs)	<ul style="list-style-type: none"> - Be really clear about what you want to communicate. - This will alert you to the match between your needs and the audiences’ information and learning needs, do they match? If not then you either need to revise your audience targeting or revise your communication aims.
What are your key messages	<ul style="list-style-type: none"> - What are your three key messages – in general for your whole campaign, and what are your three key messages specifically for each identified audience target? - If you can’t summarize these messages in one sentence each then they are too complex and may need to be broken down into more accessible elements. <p><i>*Note that there is a difference between being clear about your key messages and ‘messaging’ which is a description of a type of information delivery which is more about ‘telling’ than ‘listening’.</i></p>
Stage 3: Deciding on ‘how best’ to communicate your content to your audiences	
Selecting the appropriate medium	<p>What media and other communication routes would be most appropriate for reaching the audiences you have identified with the messages you have identified?</p> <p>Options include:</p> <ul style="list-style-type: none"> - radio (international to local) - TV and video (terrestrial, satellite, cable)

	<ul style="list-style-type: none"> - online (websites, blogs, social media, emails, online video, online audio podcasts) - newspapers (international to local) - other print mediums (such as publications) - live communication (drama and theatre, talks and presentations) - person to person communication
Selecting the appropriate formats	<p>Once you have decided on one or more communication mediums then you need to decide on what formats within those mediums are best for your audience and message.</p> <p>Options include:</p> <ul style="list-style-type: none"> - TV and radio: soap operas, news shows, talk shows, panel discussions, documentaries, public service announcements - Digital online: personal blogs, formal web content, emails, e-newsletters - Digital audio/visual: podcasts and video speeches, interviews, mini-features - Newspapers: feature articles, news articles, editorial, letters pages, cartoons etc - Other print: press releases, policy briefs, brochures, papers, books, posters, advertising boards, PowerPoint presentations
Stage 4: Production	
Production Commissioning	<ul style="list-style-type: none"> - A written brief identifying communication aims and key messages is essential; this brings clarity to all issues that otherwise will be guessed at or misunderstood - You may either produce the communication yourself if you have the competencies and resources - Or you may sub-contract production to experts
Stage 5: Distribute and promote your communication effectively	
Dissemination	<ul style="list-style-type: none"> - Once you have produced your communication disseminating it to your target audiences is the crucial part, and this dissemination needs to be carefully planned so that you do actually reach the people you are intending. - Your choice of medium has provided you with the platform for distribution but there is also promotional work that you need to do to ensure that your target audiences actually listen, view or reach that communication.
Stage 6: Learn from what you have done and you will do even better next time	
Reflect and research	<p>Once your communication has been made and distributed then spend some time reflecting on what you have learnt about the process – what worked well and what did not, and why.</p> <ul style="list-style-type: none"> - Reflect on whether your audience targeting was right - Reflect on whether your messages were clear and the most relevant for your needs and whether they were relevant to your audiences' needs - Reflect on whether the mediums and formats you chose were the right one's for you, your audience, your messages - Reflect on whether you did all you could to promote the communication and get it in front of your audiences - Research whether you did reach your intended audiences, and ask them how they understood the communication – did they get the message that you intended or was there some misunderstanding along the way?

ANNEX 6 COMMUNICATION STRATEGY PROCESS

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Communication and advocacy objectives	<ul style="list-style-type: none"> - What are the three main communication objectives for HIFA2015? - What are the three main advocacy objectives for HIFA2015?
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What are the information and learning needs of the audience?	<ul style="list-style-type: none"> - According to each audience segment you have identified what information and learning are you going to supply that they need Map what each audience segment needs in order to be part of the positive change you want and then identify how you are able to meet these needs. - <i>For example international level policymakers in health information provision – what do they need to know in order to become champions for health information for all? What can you supply? Do they need statistics, do they need case studies, and do they need evidence of social pressure for health information?</i>
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Stage 3: Deciding on 'how best' to communicate your content to your audiences	
Selecting the appropriate medium	<p>What media and other communication routes would be most appropriate for reaching the audiences you have identified with the messages you have identified?</p> <p>Options include:</p> <ul style="list-style-type: none"> - radio (international to local) - TV and video (terrestrial, satellite, cable)

	<ul style="list-style-type: none"> - online (websites, blogs, social media, emails, online video, online audio podcasts) - newspapers (international to local) - other print mediums (such as publications) - live communication (drama and theatre, talks and presentations) - person to person communication
Selecting the appropriate formats	<p>Once you have decided on one or more communication mediums then you need to decide on what formats within those mediums are best for your audience and message.</p> <p>Options include:</p> <ul style="list-style-type: none"> - TV and radio: soap operas, news shows, talk shows, panel discussions, documentaries, public service announcements - Digital online: personal blogs, formal web content, emails, e-newsletters - Digital audio/visual: podcasts and video speeches, interviews, mini-features - Newspapers: feature articles, news articles, editorial, letters pages, cartoons etc - Other print: press releases, policy briefs, brochures, papers, books, posters, advertising boards, PowerPoint presentations
Stage 4: Production	
Production Commissioning	<ul style="list-style-type: none"> - A written brief identifying communication aims and key messages is essential; this brings clarity to all issues that otherwise will be guessed at or misunderstood - You may either produce the communication yourself if you have the competencies and resources - Or you may sub-contract production to experts
Stage 5: Distribute and promote your communication effectively	
Dissemination	<ul style="list-style-type: none"> - Once you have produced your communication disseminating it to your target audiences is the crucial part, and this dissemination needs to be carefully planned so that you do actually reach the people you are intending. - Your choice of medium has provided you with the platform for distribution but there is also promotional work that you need to do to ensure that your target audiences actually listen, view or reach that communication.
Stage 6: Learn from what you have done and you will do even better next time	
Reflect and research	<p>Once your communication has been made and distributed then spend some time reflecting on what you have learnt about the process – what worked well and what did not, and why.</p> <ul style="list-style-type: none"> - Reflect on whether your audience targeting was right - Reflect on whether your messages were clear and the most relevant for your needs and whether they were relevant to your audiences' needs - Reflection whether the mediums and formats you chose were the right ones for you, your audience, your messages - Reflect on whether you did all you could to promote the communication and get it in front of your audiences - Research whether you did reach your intended audiences, and ask them how they understood the communication – did they get the message that you intended or was there some misunderstanding along the way?

ANNEX 7 GHI OBJECTIVES AND LEGAL STATUS

The legal status and Objects of GHI-Net provide the organizational framework within which HIFA2015 'sits'.

Objects of Global Healthcare Information Network CIC:

"To contribute to the realization of the highest attainable level of health for all people worldwide, especially for the poor and disadvantaged in low-income and middle-income countries, by facilitating communication, understanding and advocacy among all stakeholders to address health priorities, including and especially (1) the education, clinical knowledge and skills of healthcare providers worldwide so as to improve their ability to deliver effective healthcare, and (2) the health information and learning needs of the public, healthcare providers, researchers and policymakers."

HIFA FORUMS

HIFA2015 has given rise to other forums, and has enabled GHI-net to expand its reach and capacity by collaborating with other organizations:

CHILD2015

- The focus here is on the information needs of healthcare providers responsible for child health and rights in low and middle income countries.
- The forum is administered by GHI-Net, the International Child Health Group of the Royal College of Pediatrics and Child Health, and the European Society for Pediatrics and Child Health.
- The concept of CHILD2015 was developed in parallel with HIFA2015, thanks to interest from the International Child Health Group of the Royal College of Pediatrics and Child Health (ICHG).
- ICHG provided start-up funding (£5000) for CHILD2015, which meant that CHILD2015 was actually launched 3 months before HIFA2015.
- CHILD2015 and HIFA2015 have exactly the same goal, namely 'By 2015, every person/child worldwide will have access to an informed healthcare provider'.
- In late 2010, the European Society for Social Pediatrics and Child Health approached ICHG and GHI-net, and a three-way partnership was agreed in May 2011. As part of the agreement, in consultation with CHILD2015, the scope of CHILD2015 has been widened to include information on child health rights.

HIFA-Portuguese

- The focus of this Forum is the information needs of healthcare providers and policymakers in Portuguese-speaking countries, Angola, Brazil, Cape Verde, East Timor, Guinea-Bissau, Mozambique, and Portugal.
- In practice, the focus has extended to global health because HIFA-Pt is the only Portuguese-speaking forum for global health issues.
- The forum is administered by GHI-Net in partnership with the ePORTUGUESe Network at WHO, Geneva.
- HIFA-Portuguese (Portuguese language global health forum) resulted on the basis of a presentation of HIFA2015 and subsequent discussions at WHO Geneva, in December 2009.

- The discussions at WHO emphasized that HIFA2015 should be open to the 75% of the world's population who do not speak English.
- HIFA2015 had previously attempted to include French and Spanish within the existing English-language HIFA2015 forum, but this had proved to be impossible.
- There was a consensus that HIFA2015 should develop as a network of parallel forums in different languages, each with the same goal, each using the same reader-focused moderation approach, and all integrated as a network of networks.
- It was recognized it was important that the moderators of each forum should liaise regularly and cross-fertilize messages from one forum to the other, and keep each others' members informed of developments.
- The first non-English language was Portuguese, thanks to interest from the ePORTUGUESe network at WHO, Geneva (ePORTUGUESe is the only network at WHO dedicated to health information in a particular language, and it was originally conceived in recognition of the global importance of the language).

HIFA-Zambia

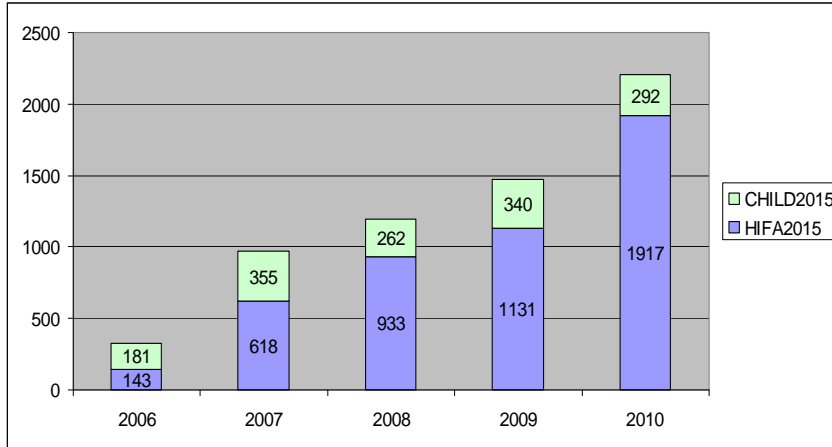
- The focus is on the information needs of healthcare providers and policymakers in Zambia.
- It includes all human resources for health issues related to the goal of Healthcare for All in Zambia.
- HIFA-Zambia is administered by GHI-Net in partnership with the Zambia UK Health Workforce Alliance),

HIFA-EVIPNet-French

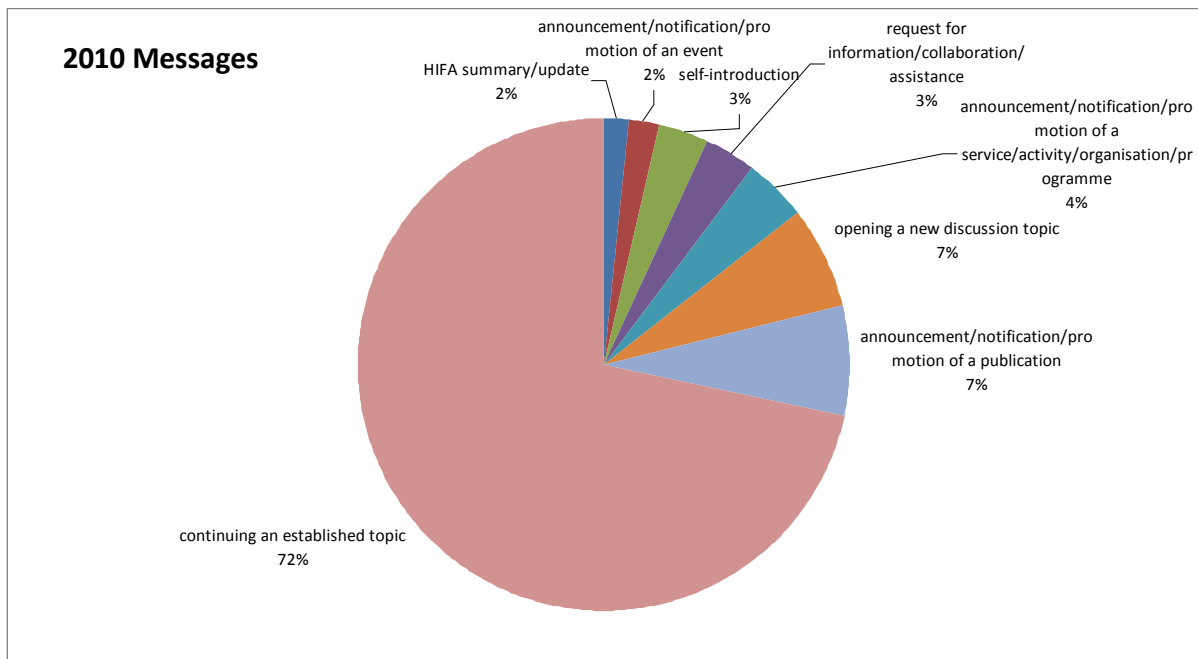
- The focus is on the information needs of policymakers in francophone Africa.
- HIFA-EVIPNet-French is administered by GHI-Net in partnership with Evidence for Informed Policy Network at the WHO, Geneva.
- HIFA-EVIPNet-French was launched in October 2010 as collaboration between GHI-net and EVIPNet, the Evidence for Informed Policy Network at the WHO, Geneva.
- EVIPNet was looking at ways to enhance communications around the information needs of policy makers in francophone Africa, and recognized the growing success of HIFA2015.

ANNEX 9 MESSAGES ON HIFA

Number of messages exchanged in HIFA



Types of messages exchanged on HIFA2015



ANNEX 10 GLOSSARY OF TERMS

HIFA2015 goal - By 2015, every person worldwide will have access to an informed healthcare provider – lack of relevant, reliable healthcare information will no longer be a major contributor to avoidable death and suffering.

Informed - has the knowledge and/or the tools to acquire appropriate information to inform health care decision making. For example, a mother in rural Nigeria knows, or is able to find out, that a child with diarrhea is at risk of dehydration and should maintain his or her fluid intake. And a doctor in Pakistan knows, or is able to find out, that a person with high blood pressure should be treated with antihypertensives, not sedatives.

Healthcare provider: any person who is responsible for the health care of another person at any time. This includes ordinary citizens (mothers, family caregivers and others) as well as health workers. For example, if a truck driver in Kenya comes upon the scene of a road traffic accident with no other persons present; he or she is the provider of health care until someone with more experience takes over. For the truck driver to be 'informed' means the truck driver has some basic first aid knowledge and/or recognizes that help is needed and knows how to get it.

HIFA2015 Forum: The HIFA2015 email discussion forum is the main communication tool for HIFA2015 members to learn, network, and share experience and expertise on how to improve the availability and use of appropriate healthcare information

Change agents: A change agent is any HIFA2015 member who is committed to the purpose of improving the availability and use of appropriate healthcare information worldwide, either in a general or in a specific sense (e.g. some members may be especially interested in the availability of information in a specific geographical area such as India, or the availability of information for a specific clinical context such as child pneumonia, or the availability of information for a specific group of healthcare providers such as midwives)

HIFA2015 Knowledge Base: The HIFA2015 Knowledge Base aims to capture and organize the ideas, perspectives and experience of HIFA2015 members. It is currently being redeveloped and will be relaunched this year. In time, it will contain all key points relating to the information needs and ways of meeting those needs, as expressed by HIFA2015 members. The Knowledge Base will consist of extracts from HIFA2015 messages. These extracts are called HIFA-Lumps. Each HIFA-Lump is tagged with key words before it is added to the Knowledge Base. This means it will be easy to search the Knowledge Base to find HIFA-Lumps relating to (for example) Africa and/or mobile phones and/or malaria. Currently we are integrating several hundred HIFA-lumps with help from the Norwegian Knowledge Centre for the Health Services, University of Toronto, and World Health Organization, Geneva. The new HIFA2015 Knowledge Base will be launched in autumn 2011. We are confident it will really help us individually and collectively to meet the needs of healthcare providers. Also, importantly, it will add to the evidence base needed to persuade governments and funding agencies to invest with confidence in health information services.

HIFA2015 Advocacy programme: Advocacy here refers to the individual and collective ability and action of HIFA2015 members to (1) raise global and national awareness of the importance of improving the availability of healthcare information for healthcare providers, and (2) persuade governments, funding agencies and others to invest more, and more cost-effectively, in any and all actions and services that will improve the availability of healthcare information. Our premise is that effective advocacy requires collective understanding.

Action: Improved communication, understanding and advocacy is expected to lead to increased effectiveness – both individually and collectively – of actions and services by all those who produce, exchange and use healthcare knowledge.

Global Healthcare Information System: This refers to all processes involved in the production, publication, exchange and application of evidence-based health knowledge. The system is described variously by different authors. For HIFA2015, we use a modification of the system described by Godlee et al (2004). The main components of this system are:

- Understanding information needs
- Undertaking health research
- Publishing of health research
- Systematic review of health research
- Generic guideline development
- Production of appropriate reference and learning materials for end-users
- Making appropriate reference and learning materials available to end-users
- Facilitating the identification and use of appropriate healthcare information
- Measuring the impact of healthcare information