

HIFA2015

Evaluation of HIFA2015

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Annexes (separate document): including - (1) Examples of Effectiveness – Case Studies; (2) Terms of reference, (3) The Evaluation Process, (4) Survey findings and analysis, (5) Communication strategy process, (6) GHI-net objectives and legal status, (7) HIFA forums, (8) Messages on HIFA, and (9) Glossary of terms.

EXECUTIVE SUMMARY

HIFA2015 is a global campaign and knowledge network, launched in October 2006 to prevent avoidable death and suffering due to lack of healthcare information in developing countries. The goal of the campaign is that by 2015, every person worldwide will have access to an informed healthcare provider.

This evaluation aimed to review HIFA2015 progress, to identify successes to date and lessons learned, and to make recommendations for the future.

The evaluation focused on the three "foundation level" outcomes HIFA2015 aims to achieve as well as commenting on appropriateness and effectiveness of its parent organisation, Global Healthcare Information Network (GHI-Net) to support HIFA2015 future plans. Foundation outcomes are that HIFA2015 will build:

Outcome 1 - a connected critical mass of healthcare knowledge system change agents; Outcome 2 - better understanding of health information needs of healthcare providers and how to meet them; and Outcome 3 - healthcare knowledge system a top priority for improving global health.

KEY FINDINGS

1. **The evaluation found that HIFA2015 has become a successful, interactive, dynamic, global network involving a diverse range of healthcare providers from high and low income countries.** Innovations such as reader-focused moderation which support members participation have contributed to this. Members are able to identify tangible benefits they gain from their participation in the network. For instance, over 95% of members find HIFA2015 forum useful or extremely useful for networking and making contacts. Membership participation is highest from a small number of low income African countries.
2. **Members report tangible gains to their knowledge in understanding and addressing health information needs through participation in the forum.** For those in low-income countries this is particularly through access to people, skills, resources and experiences from elsewhere. They also value HIFA2015's role in over-coming their isolation and route to participation in global discussions. For those based in the north this is particularly through direct access to knowledge from community level in "real-time". Resource limitations have impeded further development of these activities but ambitious plans and sound cooperation with international agencies should see the launch of HIFA-Lumps, easy to access and digest nuggets of knowledge about how to understand and meet health information needs. These will be on the HIFA2015 Knowledge Base later this year.
3. **HIFA2015 has taken up opportunities for advocacy and created some opportunities and outputs for this** e.g. the development of journal articles, recruitment of a network of over 117 supporting organizations and running and participating in relevant conferences. HIFA2015 has established a strong, institutional base ready and willing to organise together to advocate for healthcare information provision. There was evidence of at least some cases of HIFA2015 advocacy and individuals drawing on learning from HIFA2015 bringing about changes in local healthcare provision. However, the overall activities are currently behind schedule and would benefit from a more focused, specific strategy for the next phase.
4. **HIFA2015 is operating on a severely limited budget and has achieved considerably more than its budget might suggest.** It has so far punched above its weight and in doing so demonstrated it has a

successful model for running a knowledge sharing network. It has developed a less clear, specific campaign strategy maybe because the available resources have focused primarily on creating the forum or network. For HIFA2015 to manage a step change in terms of activity and impact it needs a significant increase in resources and also a more robust, specific 3-5 year plan with SMART objectives. A combination of building on its current success, harnessing the power of the HIFA2015 network for resources and joint activity, expanding HIFA2015 capacity, focusing its work and strategy for the medium term and incorporated some practical operational recommendations should enable HIFA2015 to make a real contribution to achieve increased access to health information for all, if not by 2015 then beyond. Below are some overall conclusions and key recommendations for HIFA2015 in its next phase.

CONCLUSIONS

- **HIFA2015 Forum growth:** The network has achieved impressive numbers and members demonstrate considerable commitment and interest to participate in it. This is building on their judgment that they gain both tangible benefits such as knowledge, skills and understanding about health information needs and how to meet them. It also addresses less tangible issues such as isolation of people working on this issue both in geographical but also sometimes professional terms. However, it is an English-language based project which limits participation from some parts of the world.
- **Members sharing:** HIFA2015 successfully enables members to access perspectives from outside their country and profession including grassroots views, to participate in global discussions which otherwise they would not have access and to access and promote relevant resources.
- **Reader focused moderations strategy:** HIFA2015 has developed some highly successful approaches to enabling a participatory forum notably the reader-focused moderation.
- **Diversity of voices:** There are some key experiences and voices currently under-represented in the forum notably community health workers and Asian low income countries.
- **Country coordinators strategy:** Country coordinators have proved successful in some countries in recruiting large numbers of members.
- **Supporting organizations:** HIFA2015 has a strong network of 117 supporting organisations.
- **Resources:** The potential of the HIFA2015 model has been demonstrated but there is a need for significant new resourcing to enable a step change for much greater impact. This will require more robust planning, budgeting, time management and other developments.
- **Strategic management:** HIFA2015 has quite specific operational plans outlining key outputs for each strategic area each year. However, there is a gap in between the articulation of outputs and statement of goals or aspirations and a clearer articulation of the specific changes that HIFA2015 will achieve itself in the next 3-5 years as well as those to which it will contribute (and how).
- **Monitoring and Evaluation:** The plans for the future monitoring and evaluation of HIFA2015 are well underway and (resources allowing) these will be able to build on this mid-term evaluation process. This process will include both quantitative evaluation projects and qualitative, dynamic and holistic evaluation of how people experience HIFA2015, how they learn and change and how this brings about change in their environments.
- **Commitment:** HIFA2015 staff and many supporters demonstrate impressive commitment to HIFA2015.

HIFA2015 achieves an extraordinary level of activity on minimal resources from which many people around the world benefit. It has significantly punched above its weight. However its ultimate success will depend on external funders providing additional funding, and of course continued effective use of these, if it is to achieve its ambitious plans.

RECOMMENDATIONS

Strategic recommendations

1. ***Ambitious but realistic strategy plans*** – It is recommended that HIFA2015 establish clear SMART goals for 2015. Describe the changes HIFA2015 will achieve as well as the outputs it will produce. Establish clear priorities and focus.
2. ***Harness the power of the network*** – HIFA2015 rests on an impressive web of members, supporting organisations, country coordinators and others. However it is recommended that each of these groups could do more - eg in recruitment of members, providing financial and other support to HIFA2015, building knowledge and undertaking advocacy. Develop and articulate a plan for their role in each activity.

Membership Recommendations

3. ***Promote diversity of voices*** – There are some key groups (geographical and of different types of healthcare provider) who are under-represented in HIFA2015 online discussions e.g. community health workers. Therefore it is recommended that HIFA2015 continue efforts to recruit more members from these groups and focus efforts to support their active participation in the forum.
4. ***Recruitment strategy*** – It is recommended that HIFA2015 increase membership and participation of low income countries and community health workers who are not participating at high rates now, noticeable from Asia.
5. ***Contact and content for members*** – It is recommended that HIFA2015 further develop and promote tools such as a map and members list to enable members to contact each other outside of the forum and to identify the subject matter of messages they would like to receive.

Knowledge Sharing Recommendations

6. ***Accelerate the knowledge base developments*** – It is recommended that HIFA2015 press ahead with the HIFA-Lumps development and promotion with urgency. Monitor the effectiveness or otherwise of ‘HIFA-Lumps’ as a method to capture and promote knowledge in an accessible way.
7. ***Increase and promote community level content*** – It is recommended that HIFA2015 prioritise knowledge from grassroots/community based initiatives in HIFA-Lumps first phase. Encourage community health workers and organisations working directly with them to participate more actively in online discussions.

Advocacy Recommendations

8. ***Advocacy strategy*** – It is recommended that HIFA2015 develop a 3-5 year strategy with SMART (specific, measurable, appropriate, realistic, time bound) aims for this time period and a clear approach for how to achieve these.

9. **Develop advocacy outputs** – It is recommended that HIFA2015 develop a set of case studies to highlight the costs of healthcare information needs not being understood or met as well as the benefits (and costs) of meeting these needs.
10. **New media learning** – It is recommended that HIFA2015 identify three decentralised global campaigns and initiatives that have achieved success at the global and local level to learn about how they designed and implemented their strategy.

Further Recommendations

11. **Resources** – It is recommended that HIFA2015 develop an operational plan and budget for HIFA2015 based on known income and a realistic projection of anticipated income if some fund-raising is successful. Prioritise the recruitment of additional fund-raising and moderator skills to HIFA2015. Simplify the governance structure to reduce the number of groups and committees. Develop a communication plan for HIFA2015 considering use of ICT, marketing and advocacy.
12. **Funding** – It is recommended that HIFA2015 develop a system for supporting organisations to contribute an annual fee to HIFA2015 for membership. This could be a sliding scale to avoid discouraging wanted members. Consider levels of £1000 upwards. Establish a commercially oriented cost basis for services such as moderation training, mentoring, hosting forums, maybe even promotion of materials.
13. **Monitoring and Evaluation** – It is recommended that HIFA2015 continue to develop the current M&E framework. This will continue to build on the outcomes model being developed (DoView Results Roadmap). Once more specific SMART outcomes for the next 3-5 years are articulated the monitoring and evaluation framework can be further developed to assess these and also incorporate further qualitative processes.

ACKNOWLEDGEMENTS

We would like to thank HIFA2015 steering group and the International Evaluation Advisory group for their support and guidance through this evaluation process. In particular we thank Neil Pakenham-Walsh for his patient and tireless support. Most particularly we are grateful to the HIFA2015 members who contributed their time, reflections and experiences in surveys, online discussions, interviews and focus group. We hope this process has been both helpful for HIFA2015 and produces a report which will be relevant and practical for the next phase of this important endeavour.

1. INTRODUCTION TO THIS EVALUATION OF HIFA2015

1.1 THE AIM OF THIS EVALUATION

HIFA2015 is a global campaign and knowledge network, launched in October 2006 to prevent avoidable death and suffering due to lack of healthcare information in developing countries. The goal of the campaign is that by 2015, every person worldwide will have access to an informed healthcare provider. This evaluation aimed to review HIFA2015 progress, to identify successes to date and lessons learned, and to make recommendations for the future.

As outlined in the evaluation terms of reference this evaluation aims to:

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, and HIFA-Zambia
3. Provide evidence of what is working well for the future development of other, similar initiatives
4. Help inform the wider Communications for Development community on ways to mobilize interdisciplinary communication, understanding and advocacy to address other global health and development challenges.

The evaluation focused on the three "foundation level" outcomes HIFA2015 aims to achieve as well as commenting on appropriateness and effectiveness of its parent organisation, GH-Net to support HIFA2015 future plans. Foundation outcomes are that HIFA2015 will build:

Outcome 1 - a connected critical mass of healthcare system knowledge change agents;

Outcome 2 - better understanding of health information needs of healthcare providers and how to meet them;

Outcome 3 - healthcare knowledge system a top priority for improving global health.

1.2 THE APPROACH TAKEN FOR THIS EVALUATION

In this evaluation we focus on progress towards results in relation to the three key "foundation outcomes" which are detailed in the HIFA outcome model. We also aim to highlight any other unexpected results.

This evaluation is similar to a mid-term review, in so far as it is a formative evaluation – examining the development of a project which is in the early stages, or mid-stages of development, rather than completion which is planned for 2015.

We aim to provide a report which provides a reflection of progress, to highlight some of the opportunities, issues and choices open to HIFA2015 and to be a catalyst for reflection and discussion within HIFA2015.

In terms of the focus on clear outcomes, the HIFA2015 International Evaluation Advisory Group was continuing to develop an outcomes model for HIFA2015 during the evaluation process. This made it difficult to pin down the specific outcomes to evaluate HIFA2015. However, the three outcomes used here were agreed as well as the team's intention to include any results that fell outside of this system.

As part of this formative evaluation we consider organisational effectiveness considering the appropriateness of Global Healthcare Information Network structures and processes for current and future implementation. This is not a full organisational audit but rather a review of the structure, processes and potential for growth on the current base.

1.3 THE METHODOLOGY USED FOR THIS EVALUATION

We took a mixed methodological quantitative and qualitative approach which intended to surface success, challenges and lessons to feed into the future development of HIFA2015.

The evaluation drew on and analysed in-depth the quantitative data that HIFA2015 routinely collects and focused on collecting qualitative data to understand better what achieves success and what does not in relation to the three outcomes. The evaluation is essentially a formative one, aiming to inform the next stage of development of HIFA2015 rather than focusing on impact. This is also due to the stage of development of the project which needs more time for a wider range and large scale of impact to be feasible. The report does include data of impacts on individual members and the changes they have been able to bring about in their own environments due in part or whole to HIFA2015 activities or membership. These are detailed in the relevant part of the report and some are in more detail in the case studies in the annexes.

Drawing on this data and analysis we go on to discuss some of the broader achievements, issues and options for the future of HIFA2015.

Qualitative data has been gathered through a range of data-gathering methods including:

- a survey receiving over 320 responses from HIFA members
- 7 focus group discussions at the HIFA conference involving over 100 members
- 2 online discussions / forums
- 32 in-depth interviews including a cross-range of stakeholders
- review and analysis of HIFA2015 documentation
- targeted email survey of 80 policy-makers who are members of HIFA2015 and over 100 supporting organisations
- HIFA2015 receives unsolicited comments and feedback from members which was also considered by the evaluation team as well as data we directly gathered

The evaluation was carried out through a UK and largely desk-based process though with some face-to-face meetings, including at the HIFA2015 conference (9th May 2011), the HIFA2015 Steering Group (SG meeting, 11 July 2011), and meetings with the HIFA2015 coordinator and with other UK-based stakeholders

Other interviews were by telephone/Skype; the survey was online; and the two online discussions were held on HIFA2015 itself.

This enabled a greater global reach but also meant there were the usual limitations of phone interviews for instance in the challenges to gain an understanding of the interviewees context. However, members of the team are experienced evaluators and in phone-interviewing so this was overcome as far as possible.

In terms of ethics all survey and interview responses have been anonymised. Permission was sought and given where names are mentioned in the report. Further permission is being sought from interviewees for HIFA to make the case studies in the appendices available online.

Full details are available in Annex.

1.3 SCOPE AND LIMITATIONS

It is understood that this evaluation was commissioned to specifically evaluate and learn lessons from the experience of HIFA2015 development. This evaluation is examining HIFA2015 - not the full strategy of Global Healthcare Information Network (GHI-Net); therefore we are not examining in depth the range of e-forums being developed by GHI-Net and how these may integrate with each other and become more than the sum of their parts. It is recommended that such an evaluation should take place within the next year as the broader strategy of GHI-Net is integrally related to the strategy taking HIFA2015 forward and the two cannot, or should not, be examined in isolation from one another.

Scope: Clearly, an evaluation is limited by the scale of activities carried out in the programme. The evaluation considers all three key outcomes but is able to go into more depth in terms of results and impact on the more developed areas, i.e. outcome 1 activity. HIFA2015 staff report that due mainly to resource constraints, activities for the second and third pillars of the strategy (knowledge base and advocacy) are less progressed than the development of the online forums.

Online evaluation limitations: The evaluation of any global discussion forum is challenging for a number of reasons. For example, it is difficult to assess how many people read each message, what interactions take place outside of the forum (i.e. one-to-one interactions between members), and what results from forum interactions.

Survey methodology limitations: The survey was chosen to get the widest range of input in geographical and stakeholder groups. It identified the issues we explored in more depth in qualitative methods. However the survey as method did have some limitations:

- It was completed from a self selecting group of mainly HIFA2015 forum members so is not random nor necessarily representative of all members or stakeholders
- It is likely that it is made up of some of the more involved members. For instance, 4 out of 5 survey respondents had contributed a message to the HIFA2015 forum which indicates a much higher level than average (1 in 5 members contributed one or more messages in 2010).
- Thus the findings from this survey group tell us more about why HIFA2015 works for them rather than the difficulties or gaps experienced by those who are less engaged with HIFA2015. However, survey respondents did make some constructive criticisms of HIFA2015. Also 20% of respondents had never

contributed a message to HIFA2015 so this does imply that the respondents did represent a range of levels and types of participation in the network (e.g. reading messages only rather than actively contributing to online discussions).

However, despite these limitations we are confident that the findings presented here are sound and make a significant contribution to understanding results of HIFA2015, to understanding what is effective and what areas need to be adapted and builds understanding on how HIFA2015 contributes to change.

2. HIFA2015 STRATEGY AND ACTIVITIES

2.1 HIFA STRATEGY -OVERVIEW

HIFA2015 is a global campaign and knowledge network to prevent avoidable death and suffering due to a lack of healthcare information in developing countries. It was launched in Mombasa, Kenya in October 2006. The goal of the campaign is that by 2015, every person worldwide will have access to an informed healthcare provider. HIFA2015 is run by the Global Healthcare Information Network (further details available at <http://www.hifa2015.org/about/why-hifa2015-is-needed/>).

HIFA2015 strategy which the diagrams below represent has three main strands of communication, understanding and advocacy which are linked, building upon each other (discussed further in 2.6 in integrated outcomes).

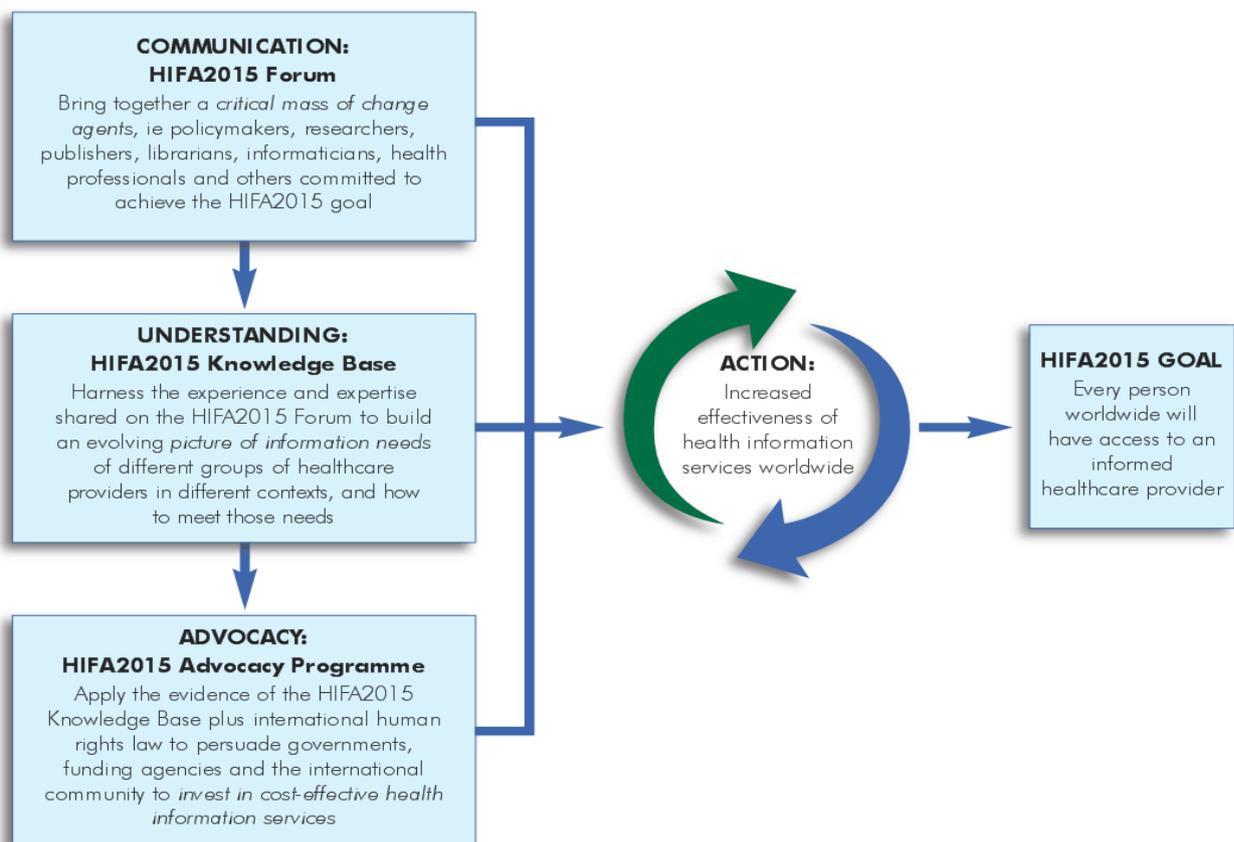


Figure 1. (above): The strategy for achieving the HIFA2015 Goal. The middle section 'Action' represents the Global Healthcare Knowledge System, which is shown below in Figure 2.

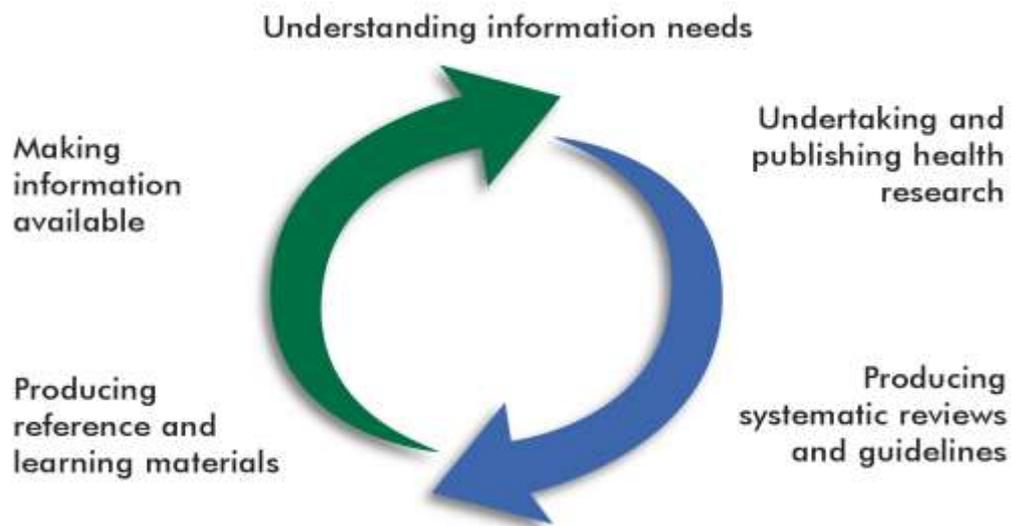


Figure 2. (above): The Global Healthcare Knowledge System. Adapted from Godlee et al 2004.

HIFA2015 members use a broad definition of the term healthcare provider, to include mothers and family caregivers as well as health workers.

HIFA2015 INTEGRATED STRATEGY

HIFA2015 aims to address the three major inherent weaknesses of the global healthcare knowledge system identified as the lack of communication among stakeholders within the system; poor understanding of healthcare information needs and how to meet them; and need for advocacy for increased commitment to and resourcing of the system¹. These weaknesses, together with a lack of political and financial commitment to meet the information needs of healthcare providers are believed by HIFA to result in a dysfunctional global healthcare knowledge system where the majority of health workers and citizens worldwide continue to lack access to relevant, reliable healthcare information when and where they need it

To achieve this goal HIFA2015 is implementing an integrated strategy which has three main strands or pillars – (1) Communication - HIFA2015 Forum; (2) Understanding - HIFA2015 Knowledge Base; and (3) Advocacy - HIFA2015 Advocacy Programme to achieve the outcomes the model outlines. HIFA2015 sees the outcomes as sequential with each building on the foundation established by the previous work and this has directed the prioritisation of the available resources. So the first priority has been to establish the network connecting healthcare providers through a range of a communication approaches notably the online forum. This produces

¹ See: <http://www.hifa2015.org/about/the-strategy-for-achieving-our-goal/> based on the premise described in the 2004 *Lancet* article by Fiona Godlee, Neil Pakenham-Walsh, and others: 'Can we achieve health information for all by 2015'. This premise sees the availability and use of relevant and reliable healthcare knowledge as being dependent on the functionality of the global healthcare knowledge system. This complex system is described in the *Lancet* article and also subsequently by other authors.

much of the knowledge that will form the knowledge base and build understanding about healthcare information needs and how these can meet. Together these inform the advocacy approach. For funding reasons the first of these areas has been the focus of work to date. The logic of the strategy does hold but it means that two-thirds of the HIFA2015 plans have been only partially developed. We will return to this issue later in the report.

PILLAR 1: COMMUNICATION

Firstly, Global Healthcare Information Network is developing an online network of healthcare providers, policy makers, researchers and health information providers (including publishers, librarians, information technologists and others).

- This network, HIFA2015, is an online forum with more than 3800 members by July 2011, providing a space for people to interact across disciplines, countries and professions.
- The forum is characterised by its "reader-focused moderation" which involves an active role by the moderator who aims to establish message readability, relevance and reliability through a personalised service.
- This includes establishing a rapport with members by welcoming each one personally, facilitating off-list discussion and dealing with members' technical problems, providing help with messages to ensure their clarity.
- It has been an emerging strategy of the organisation to develop other forums hosted on a common email platform, Dgroups (www.dgroups.org).
- Collectively these forums are known as HIFA Global Networks and they include HIFA2015, CHILD2015 (focus on information needs of healthcare providers responsible for child health and rights in LMICs), HIFA-Portuguese (Portuguese language global health forum), HIFA-Zambia (Healthcare For All in Zambia) and HIFA-EVIPNet (French language with a focus on information needs of policymakers in francophone Africa), developed in partnerships with other organisations including WHO (further details in Annex).
- HIFA2015 has also established a network of 117 HIFA2015 Supporting Organisations from around the world which publicly support the HIFA2015 aim and promote HIFA2015 to their members.

PILLAR 2: UNDERSTANDING

Secondly, HIFA is building a "knowledge base": a searchable, multi-lingual database of healthcare information needs and how to meet them.

- The HIFA2015 Knowledge Base aims to be a tool for HIFA2015 members and others with a professional interest in how to improve the availability of relevant, reliable information for healthcare providers in low-income settings.
- It is work in progress, drawing from the experience and expertise of HIFA2015 members. It aims to build a picture of information needs of different healthcare providers in low-income settings; barriers and

drivers to the provision and use of information; and cost-effective solutions to address information needs.

- Some information is on the website e.g. some key references from academic literature and also relevant quotes from HIFA members about their need for healthcare information or observations of the consequences of its absence.
- This area of work is less developed. The planned approach to fill the database in the future is a new innovation called "HIFA-Lumps". These are selected, short verbatim extracts from HIFA2015 discussions which are tag-worded and collated into the database for easy access to the experience and expertise of HIFA2015 members.
- HIFA is collaborating on this with the Norwegian Knowledge Centre for the Health Services, WHO and others. HIFA has plans also for a series of webinars, hosted by HIFA2015 Supporting Organisations, to discuss relevant health information issues

PILLAR 3: ADVOCACY

Thirdly, HIFA advocates for increased awareness, commitment to and resourcing of the healthcare knowledge system. HIFA aims to raise awareness of healthcare information "poverty" and its consequences.

- The methods being used for advocacy to date include: presentations at conferences and articles in journals.
- There are future plans to use the HIFA2015 Knowledge Base as a basis for collective advocacy towards the HIFA2015 goal.

2.2 MANAGEMENT STRATEGY

HIFA2015 is a project administered by the Global Healthcare Information Network (GHI-Net), a non-profit, UK-registered Community Interest Company (for more details see annex 6). There is a full time coordinator supported by a Steering Group and advisory groups made up of volunteer stakeholders.

HIFA2015 is run by one full-time staff member in the UK with some additional consultancy and volunteer support.

HIFA2015 is overseen by the HIFA2015 Steering Group (16 members) supported by the HIFA2015 Advisory Panel (21 members).

2.3 THE NETWORK OF FORUMS STRATEGY

HIFA2015 is one of a growing number of GHI-NET forums. It is by far the largest and by virtue of being the first it is often viewed as the main output of Global Healthcare Information Network (GHI-Net), however there is an emerging strategy being developed for a global networks of forums – each addressing specific segmented audiences or focusing on specific thematic areas (for more details on the forums see Annex).

The forums include:

- CHILD2015 (focus on information needs of healthcare providers responsible for child health and rights in LMICs)
- HIFA-Portuguese (Portuguese language global health forum)
- HIFA-Zambia (Healthcare For All in Zambia) and
- HIFA-EVIPNet (French language with a focus on information needs of policymakers in francophone Africa), developed in partnerships with other organisations including WHO.

2.4 THE HIFA2015 COMMUNICATION STRATEGY - MARKETING, CAMPAIGNING AND ADVOCACY

There is a Fundraising and Marketing Working Group. The group deals only with (1) fundraising and (2) marketing of HIFA2015 (ie raising awareness of HIFA2015 as a campaign). The question of how to develop the first, second and third pillars (Communication, Understanding, Advocacy) of the HIFA2015 strategy are dealt with by the HIFA2015 Steering Group and the GHI-net board of directors.

HIFA2015 is a campaign and therefore is based on a campaign strategy. This focuses the project clearly on advocacy. Part of the strategy for this has been the development of a network of supporting organizations, development of advocacy outputs eg articles which make the case for health information and collaboration with like-minded campaigns such as the Positive Practice Environments led by the International Council of Nurses, World Medical Association, International Pharmaceutical Association, International Hospital Federation and other global health professional associations (<http://www.ppecampaign.org/>).

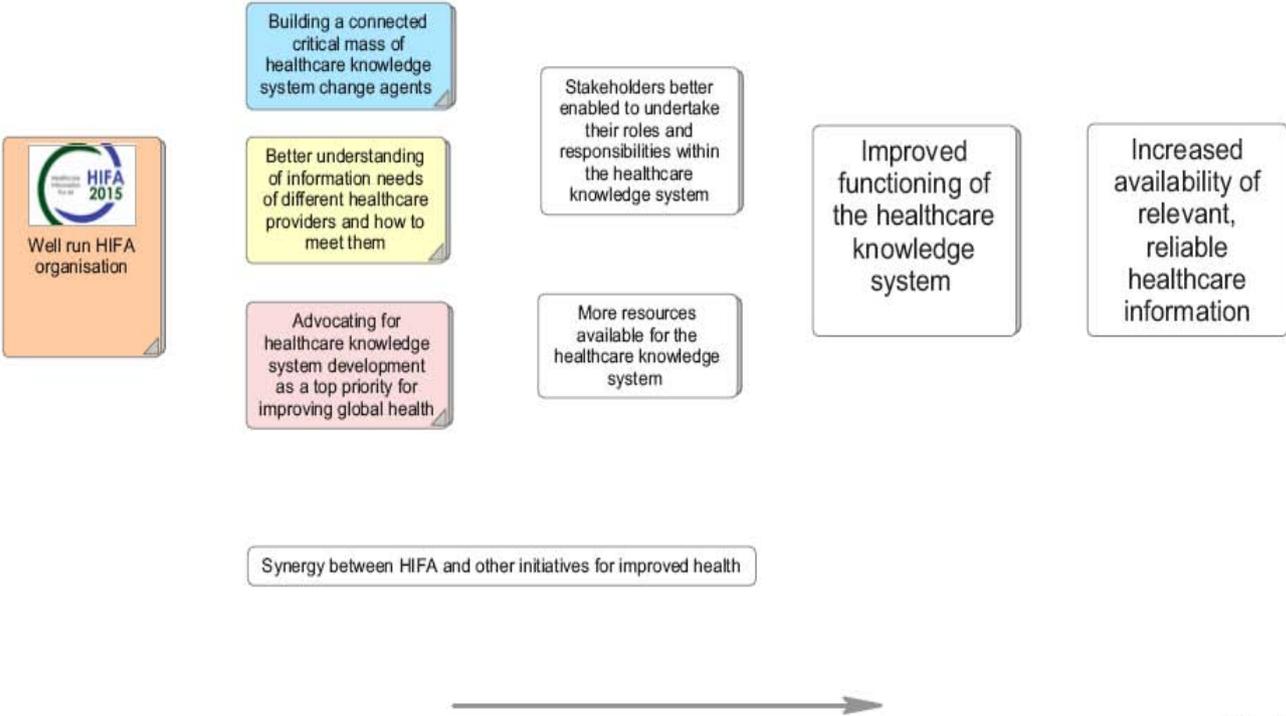
2.5 EVALUATION STRATEGY

HIFA2015 has a well developed evaluation framework based on the generic DoView Results Roadmap Evaluation planning Guide. (Duignan, P. (2010). *Evaluation of Healthcare Information for All 2015 (HIFA2015) using a DoView visual evaluation plan and Duignan's Visual Evaluation Planning Method*. Outcomes Theory Knowledge Base Article No. 291. (<http://knol.google.com/k/paul-duignan-phd/evaluation-of-healthcare-information/2m7zd68aaz774/171>) or (<http://tinyurl.com/otheory291>).

The DoView Results Roadmap approach to evaluation planning is based around the development of a comprehensive intervention logic (outcomes model/results roadmap) that is used to structure all thinking about evaluation planning. It was used as the basis for seeking funding from the Rockefeller Foundation for this current Phase I of the evaluation, In addition the DoView Results Roadmap Evaluation Planning Guide is being used to undertake an Impact Evaluation Feasibility Assessment as part of planning for Phase II of the evaluation.

The HIFA2015 outcome model was the basis for this evaluation.

Overview of the HIFA2015 outcomes model



3. EVALUATION OF THE OUTCOMES

The next sections go on to review the progress, success and lessons learned from activities carried out as part of HIFA2015 to achieve its outcomes.

3. OUTCOME 1: A CONNECTED CRITICAL MASS OF HEALTHCARE SYSTEM KNOWLEDGE CHANGE AGENTS

3.1.1 INTRODUCTION

This outcome is concerned with establishing an on-line network of people from around the world who are committed to HIFA2015's aim. It aims to put in contact with each other healthcare providers (health professionals from tertiary to community health care organisations and systems and other providers including family caregivers), healthcare information producers and providers (e.g. researchers, publishers, librarians, information technologists) and policy-makers. It is expected that through the forum people can exchange knowledge (discussed further in chapter 4), make contacts and support one another in their individual efforts to increase the understanding and meeting of healthcare information needs. The strategy anticipates that diverse people will join HIFA2015 for a range of different reasons, including individual and organizational reasons as well as a commitment to work with others towards the HIFA2015 goal at regional, national or local level. The strategy anticipates that this diversity of background and of motivation will provide the dynamism needed to (1) build a collective understanding of information needs and ways to meet them, and (2) build a critical mass of committed 'global healthcare system change agents'

In this section we seek to answer the following questions:

Progress toward outcome:

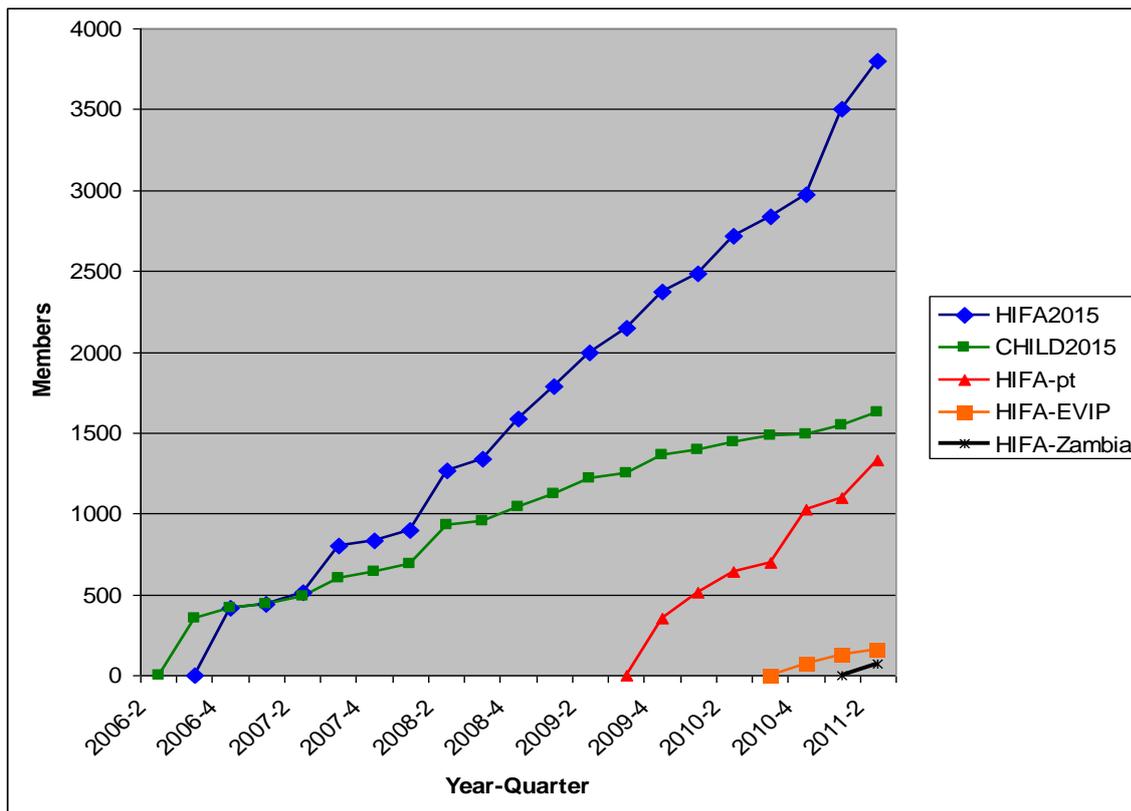
- Who are the members of HIFA2015?
- What has been learned about successful ways to recruit members to the network?
- What are the different ways people participate in HIFA2015 forum?
- What are the patterns of interaction on and beyond the forum?

Understanding how HIFA2015 contributes to change:

- Why do people join HIFA2015?
- How do people benefit from membership of HIFA2015?
- Does reader focused moderation help build a successful network?

3.1.2 MEMBERSHIP OF HIFA2015

HIFA2015 has a total of 3800 members from 158 countries (July 2011). This has grown at a relatively steady rate over the lifetime of HIFA2015 as the diagram below shows.



HIFA forum membership 2006-11

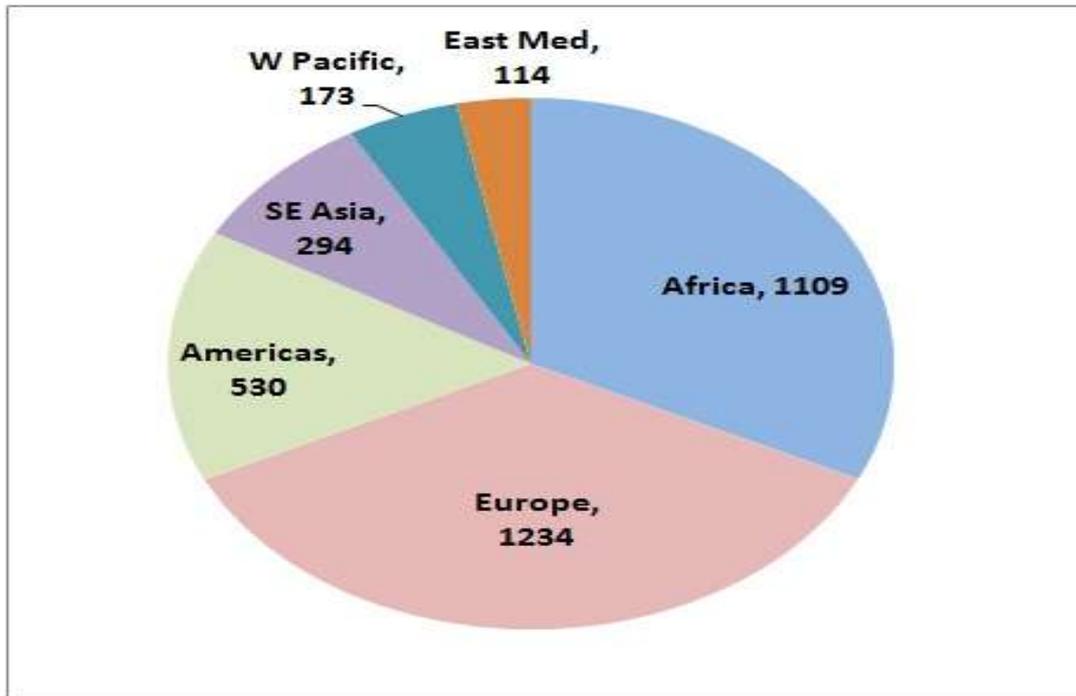
There are a total of approximately 6000 members when all forums are taken into account (July 2011). There is a high level of cross-over between some of the forums. In particular 873 members of HIFA2015 also being part of CHILD2015. An estimated 50 people are members of HIFA2015 and HIFA-Portuguese. There is however very little dual membership between HIFA2015 and HIFA-EVIPNet-French.

Based on the survey and review of membership data the evaluation found that the membership is made up of the target groups for HIFA membership. All the respondents to the evaluation survey were well able to articulate their role in relation to healthcare information provision.

PROGRESS TOWARD OUTCOME 1: WHO ARE THE MEMBERS OF HIFA2015?

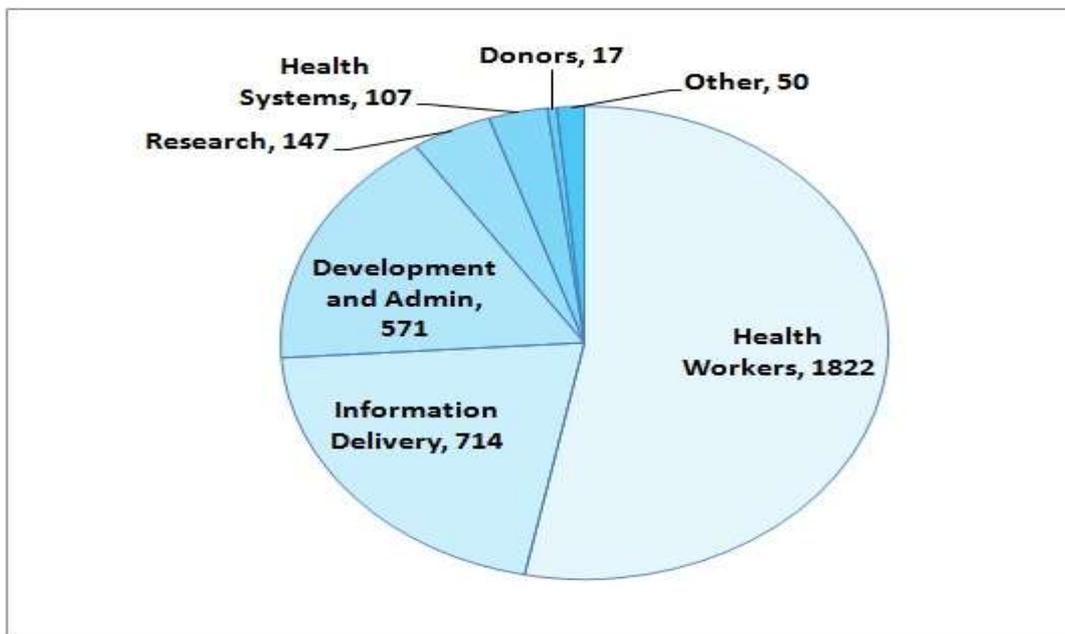
Membership of HIFA2015 is made up of the following groups:

Geographical distribution of HIFA2015 members (figures from February 2011): The following diagram shows the geographical distribution of HIFA2015 members. The single region with the highest number of members is Europe closely followed by Africa. The proportions in other low income countries noticeably from Asia and also the Middle East and South America are much lower. This distribution is likely to have changed significantly following a recent recruitment of 500 additional members during a midwifery conference in South Africa.



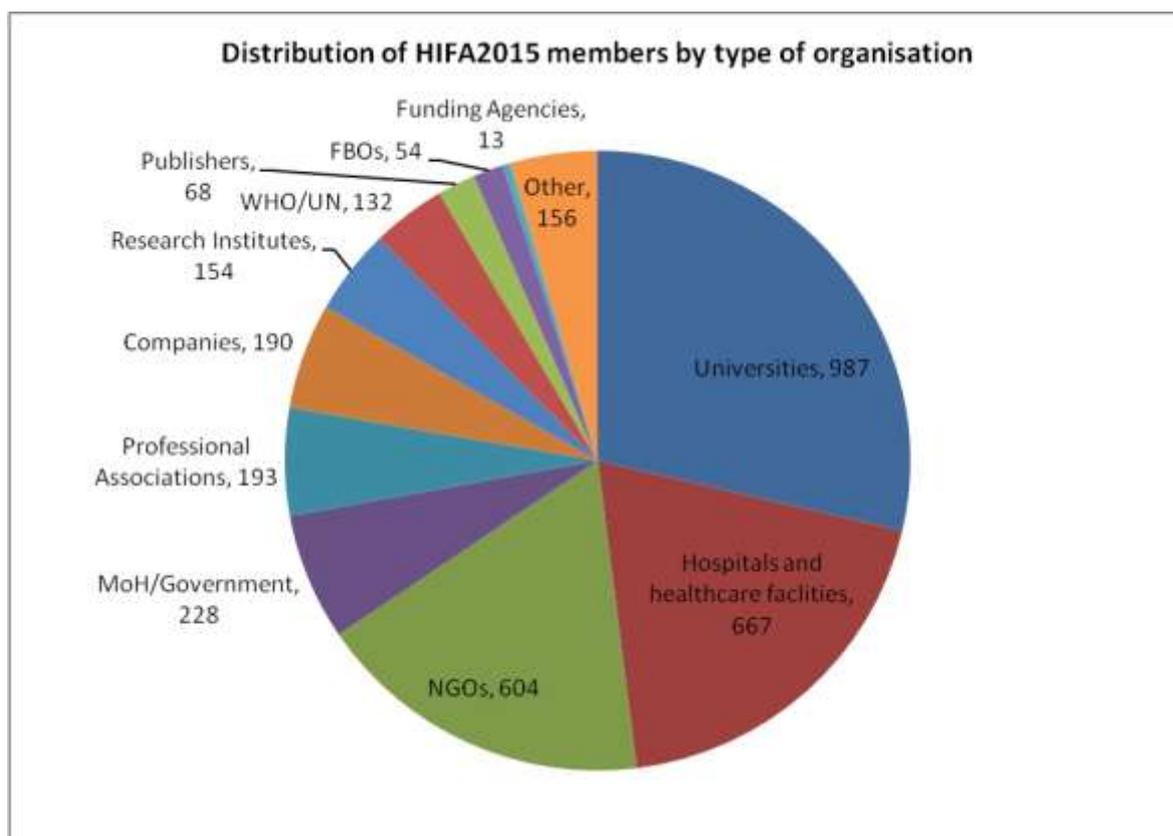
HIFA membership by regions 1

Professional role (*figures February 2011*): The figure below shows the distribution of members according to profession. Over half the members are health workers, of whom 37% are doctors, mainly in tertiary or secondary institutions, teaching hospitals and medical schools. There are also substantial numbers of nurses, midwives and health sciences students (especially medical, nursing and midwifery students).



Professional Role of HIFA members 1

By organisation: There are approximately 2000 organisations represented among the HIFA2015 members. The following diagram shows the distribution of HIFA2015 members by the types of organisation where they work. It is interesting to note the high proportion of those based at university/training college level (this category includes medical, nursing, midwifery and allied health students as well as faculty of universities and training colleges).



There has been steady growth in HIFA2015 membership over its lifetime and it has achieved a good spread of members in global and professional terms. However, given its aim to benefit low income countries there is a high proportion of people from Europe and globally from those based in universities. This well serves HIFA's aim to bring together people from the Global North and South.

The available data together with comments from the survey and interviewee respondents suggests that there is an under-representation of community based healthcare givers. Such a pattern is not surprising given the internet-based nature of activities to date but suggests the need for strategies to ensure that people operating at community level have access to discussions. HIFA has tried to recruit more community-based healthcare givers but the membership figures show this has had limited success so far. The current pattern of membership raises the question of HIFA2015's target composition for membership which may be useful to clarify for the next phase and inform future marketing strategy.

UNDERSTANDING HOW HIFA2015 CONTRIBUTES TO CHANGE: WHY DO PEOPLE JOIN HIFA2015?

Over 70% of respondents to the evaluation survey said a high priority for joining HIFA2015 was the potential to network and to discuss with like minded people. (The next important reason was to learn). In interviews a number of participants noted that HIFA2015 provides them an opportunity to be a part of global discussions.

HIFA2015 is successfully meeting this aim of members. For instance, over 95% of members find HIFA2015 forum useful or extremely useful for networking and making contacts. 56% of respondents thought that HIFA2015 is useful or extremely useful for building trust and a sense of community with others. 90% of people who join HIFA have remained as members.

There is substantial appetite among people concerned with lack of healthcare information to network and to discuss issues with like-minded people.

PROGRESS TOWARD OUTCOME 1: WHAT HAS BEEN LEARNED ABOUT SUCCESSFUL WAYS TO RECRUIT MEMBERS TO THE NETWORK?

According to the survey nearly 40% of respondents heard about HIFA2015 through a recommendation by a colleague, and 35% via publications or websites, and 10% via conferences. 15% noted 'other' routes.

People join HIFA2015 for a variety of reasons, and based on different experiences of contact – however through interviews and the survey it was apparent that many people have joined HIFA because they have met someone who has encouraged them to do so. This personal recommendation – word of mouth – is highly significant.

People who encourage others to join HIFA include:

- Other members: Members are predominantly recruited through recommendations by colleagues. 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.
- Country representatives: Some HIFA2015 Country Representatives have been highly successful at increasing membership. According to the HIFA2015 coordinator, a small number of very active country representatives in Nigeria and Kenya are the main reason for high membership numbers from these countries (355 and 188 members, respectively [July 2011]).
- Support organisations: who encourage other their own members to participate in the forum.
- The Coordinator: Many survey respondents and interviewees noted that they had joined HIFA2015 because they either knew Neil or had met him at a conference or event and learnt about HIFA2015 through him.

Word of mouth is successful as a recruitment method and indicates members' satisfaction with HIFA2015. But it is likely to be contributing to a perpetuation of the same pattern of membership that already exists, so will not address gaps.

Targeted recruitment is necessary to shift the pattern of membership to address gaps. Evidence of recent recruitment success (e.g. South Africa midwife conference where 500 new members recruited) suggests there is

significant scope for HIFA2015 to grow enormously with targeted marketing eg via powerful presentations at conferences.

3.1.4 PARTICIPATION IN HIFA2015

HIFA2015 members read messages posted by other members and the coordinator, some post messages themselves while others mainly read them, save them for reference, forward them to colleagues and in other ways benefit from them.

PROGRESS TOWARD OUTCOME 1: WHAT ARE THE DIFFERENT WAYS PEOPLE PARTICIPATE IN HIFA2015 FORUM?

Posting messages

There is a high level of participation on the HIFA2015 network in terms of the numbers who contribute messages. Numbers of messages and people contributing them have increased each year (see Annex 8). During 2010, 567 HIFA2015 members (19%) contributed 1917 messages to the forum, which were approved and distributed to the rest of the group. This broke down as follows:

- 295 members contributed more than 1 message to the group during the year (range, 2-55)
- 272 members sent one message during 2010
- The moderator sent 175 messages (9% of total)

Unlike some global discussion forums there is a broad range of types of message posted on the HIFA2015 site with the vast majority (72%) discussing topics of substance raised by other members (see annex for more details).

Who sends messages?

- Members who work for NGOs, Ministries of Health/Government and UN/WHO are more likely than average to contribute messages, and members who work in hospitals and health facilities are less likely to contribute.
- Analysis of messages shows that there is a fairly wide range of level of participation among contributors. For instance, just ten members contributed 15% of all the messages on HIFA2015 in 2010, and the moderator contributed a further 9%.
- However, six of the "top ten" contributors are based in Nigeria which is an impressive level of participation from HIFA2015 members in that country but also means that experiences and perspectives from one country are over-represented in the discussions.

Issue: range of voices:

- While there is a good spread of people contributing to the forum over the course of the year, the evaluation data from interviews and the survey suggest people find these discussions valuable but would like to hear from a greater number and range of people.
- There is a need to monitor that there are adequate voices represented in discussion. If they are absent the moderator may need to consider strategies to promote a greater range eg invite contributions from particular professions or countries.

One clinician interviewee said, "I think that it is a good forum however I find that many of the people engaged with HIFA are the same core group of people who are already engaged in healthcare information debates - to become really strong HIFA needs to reach out to new people."

Issue: geographical spread and diversity:

- Analysis of messages shows that the geographical origin of messages is similar to the geographical distribution of members with Africa and Europe being the most frequent origin of messages.
- Through interviews and the survey the evaluation found that some people felt discussions were overly focused on Africa and that a wider participation from the range of stakeholders would be of benefit.

An interviewee commented that they found the discussions interesting and relevant but they did not feel they could contribute because they did not think it "was for them".

Analysis of messages, survey responses and interviews all identify that members want to hear more from, particularly from grassroots or community health workers. Evaluation participants suggested a number of reasons driving this:

- o their lack of access to internet facilities in terms of time, equipment, skills
- o lack of familiarity with global level discussion on these issues
- o sense that the discussions are "not for them".
- o language

This issue is even further compounded if HIFA2015 wants direct input from its target groups of family healthcare givers (a priority in HIFA2015 2011 Challenge) and also patient voice.

The findings suggest that continued proactive work is needed to encourage more community health and other grassroots workers to join HIFA2015 and then to feel they can initiate and contribute to discussions. This is a challenge other global forums face to with the differential access to technology around the world. Sustained efforts via supporting organisations and taking advantage of the rapidly evolving technological developments eg use of mobile telephony may help recruitment in the future along with more customised support to encourage participation on the forums which will itself build momentum for more community-based members.

Reading messages

It is an assumption that the majority of members of HIFA2015 read the messages that are posted, however from an evaluation point of view this is impossible to verify. Survey respondents did indicate that they enjoyed reading the messages however, although the issue of too many messages coming into their email inbox was raised often. Most appear to be unaware of the option to receive a weekly digest.

Forwarding messages

According to the survey the majority of respondents are in the habit of forwarding interesting messages to other people; over 90% of respondents said they did this (39% often, 35% sometimes, and 17% occasionally).

Contacting other Members off the forum

The forum leads to substantial connections between members. Individuals network one-to-one with other members off-list. There is an appetite among members for more information about each other which will enable this to happen further.

3.1.5 PATTERNS OF INTERACTION

PROGRESS TOWARD OUTCOME 1: WHAT ARE THE PATTERNS OF INTERACTION ON AND BEYOND THE FORUM?

Members interact with each other by sending and answering messages on the forum and by making contact with each other off the forum based on mutual interests. HIFA enables interaction in all geographical directions - between global North and South as well as local, regional and international interactions which are South-South. There are many examples of interactions between members in Africa and Asia.

Over one-third of survey respondents have made between 2-5 contacts and more than one in five (22%) have made over five contacts with whom they have communicated on a one-to-one basis outside the forum.

HIFA2015 enables connections between people which not only provide practical advice, information and at times working partners but also less tangible benefits such as overcoming isolation. This was a frequent comment from participants in low income countries. In addition, in interviews we found that people would like to know more about other members to be able to approach people directly who may have similar interests or relevant experience.

3.1.6 BENEFITS OF MEMBERSHIP OF HIFA2015

HIFA2015 members reported a range of benefits they derived from the forum. To some extent these are all unique according to each respondent's circumstances. However, they can be grouped into a number of broad categories: learning; breaking isolation and networking; access to resources and sharing resources. These themes came through strongly in the survey responses and interviews. They are also backed up by the unsolicited feedback that HIFA2015 receives on a regular basis².

UNDERSTANDING HOW HIFA2015 CONTRIBUTES TO CHANGE: HOW DO PEOPLE BENEFIT FROM MEMBERSHIP OF HIFA2015?

In the Annex we provide case studies of a number of members to demonstrate the range of ways members use HIFA2015 and act on their learning from it. These present the inter-connectedness of the different benefits and ways of engagement with HIFA2015.

Here we give a brief description of some of the dominant ways members reported they benefitted from HIFA2015.

Breaking isolation and networking

² For more information on this see <http://www.hifa2015.org/what-people-say-about-hifa2015/>

- It was noticeable the high number of members in low resource settings who highlighted how HIFA2015 helps to break their sense of isolation of working on health information issues.
- Sometimes this was very real isolation in terms of working in remote locations and for others, it was a sense of being a lone voice advocating health information but with little support and technical advice on whether their approach was the best.
- Contact with other HIFA2015 members helped to overcome this isolation.

Comments from HIFA members

"[Through HIFA2015] we explored the possibility of collaboration to conduct research and write proposals. It was a very healthy initiative which we are still pursuing. Some collaboration has already started with a sister university and a training programme is being developed. Soon there should be some enrolment for student exchange and distance learning. It is progressing very well. I also intend to attend a conference I learnt through HIFA" (University hospital library, Kenya)

"I have questioned a few people on their posts to get more information in order to understand and apply their ideas better. In some cases they have led to further collaboration, such as working together on clinical video production or sharing health posters". (Foundation, Haiti) HIFA made me in contact with people all over the world that I would not have been in touch with otherwise It gave me support... I felt supported, the world knows that I am here, I am no longer alone (Doctor, Nigeria)

To learn and be informed

- A key benefit identified by the majority of survey respondents and interviewees was that they learned more about health information needs and provision through HIFA2015.
- Members valued hearing about experiences from other parts of the world. For instance, interviewees in Asia and Central valued hearing about the experiences from African countries when they were facing similar challenges but hearing about success stories from low resource settings.
- People said they heard new ideas from a range of perspectives and particularly valued the multi-disciplinary nature of the forum.
- Members valued hearing from professions that were not their own. Members who were trying to find out what else might be under way in an area they planned a health information initiative they were finding hard to find elsewhere.
- For many in the Global North, they valued being able to hear grassroots voices directly from people working at community level and in direct contact with it. This helped in their programme development and identification of priorities.

Comments from HIFA members

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.

HIFA2015 has been vital to the understanding of issues that influence information needs and access as applied to midwives (Royal College of Midwives).

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.

To gain access to resources

- Many members of HIFA2015 value the very practical assistance it provides through information on health information resources including text books and other teaching materials, grants for communication and health information activities and contacts.
- Members valued the short introduction to them that the moderator sometimes provides rather than only forwarding a notice from another organisation. HIFA2015 was the only way many people heard about some of these resources. For students and researchers they valued being able to ask questions directly of people working in the field.
- In addition the discussion in general provided an aid to academic study, and a number of survey respondents and interviewees noted this in their own context.

Comments from HIFA members

Through HIFA I learned] how to access various digital and open access information resources, especially for developing countries.

Following questions I posted on the use of misoprostol and bimanual compression for the management of Post Partum Haemorrhaging. 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.

To share knowledge and resources

- Some of the HIFA2015 members in northern agencies appreciated the opportunity to share information about their resources to a wide range and far reaching network.
- They recognised that HIFA2015 membership included people important to their target group but who they may not always reach through their usual distribution methods.
- Some members were slightly concerned that too many messages were concerned with this area but it appears to be a benefit to members in low resource settings and to be something that reinforces the relevance of HIFA2015 to members.
- While each individual member's perceptions of the benefits to them of HIFA2015 are unique they do in the main fall under HIFA2015's aims to grow a learning network.

- Members appreciate different aspects for instance with some placing more weight on the very practical benefit of information about teaching materials while others are more involved in some of the discussions around innovation e.g. e-communication methods and policy discussions.
- Maintaining this breadth of discussion is part of what helps to maintain the range of professions and groups who are members.

UNDERSTANDING HOW HIFA2015 CONTRIBUTES TO CHANGE: DOES READER FOCUSED MODERATION HELP BUILD A SUCCESSFUL NETWORK?

A key feature of the HIFA2015 forum is its reader-focused moderation.

This uses considerable amount of the current limited HIFA resources with the current moderator who acts as facilitator, enabler and support to members. It is a much personalised service and is one that members appreciate. The moderator estimates this takes 49 hours in a month (based on March figures).

Many members feel a strong connection with the moderator, (HIFA2015 coordinator Neil Pakenham-Walsh) having had direct contact with him on becoming members and when they have made contributions to forum discussions.

This seems to have gone a long way to build a sense of community on the forum and a feeling of being connected.

However, there were some instances of interviewees reporting they did not contribute to the forum discussions because they were not sure if it was really "for them" because they did not see their own profession represented often. This came from some in information services who felt the discussions tended to involve clinicians more

Reader focused moderation is a success and a worthwhile investment in building a vibrant and inclusive network. However, even with this there is still a need to ensure that all the various stakeholders and groups who are part of HIFA2015 feel that the discussions are relevant to them and their contribution is relevant to the forum.

CASE STUDY OF MEMBER EXPERIENCE – PAKISTAN

A HIFA member in Pakistan, Jamila is a Public Health Educator and Consultant, and in a key leadership position with the Midwifery Association of Pakistan; she used to have a senior management position at the Midwifery Association in Pakistan. Despite being over 70 years of age she likes to keep up with current medical advice and opinion 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.

Through HIFA Jamila 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 resulted in policy change for improved healthcare delivery, and 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. 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 internationally and nationally.

Jamila 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 her valuable knowledge which she is passing on to her own network of healthcare providers in Pakistan.

Through HIFA, Jamila gained valuable information that resulted in policy change for improved healthcare delivery. She 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 areas 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.

(Please see Annex for more detail. All names in this main report are changed)

3.2 OUTCOME 2: BETTER UNDERSTANDING OF HEALTH INFORMATION NEEDS OF HEALTHCARE PROVIDERS AND HOW TO MEET THEM

3.2.1 INTRODUCTION AND OUTPUTS

HIFA2015 aims to build a picture of health information needs of different groups and how these can be met, drawing on members’ comments and the available literature. HIFA2015's activities are less progressed in this area than in relation to outcome one due mainly to funding reasons. Nonetheless there are a number of outputs already produced as well as plans developed for the future. In this part of the evaluation we sought to answer the following questions:

Progress toward outcome

- What outputs have been produced to date to achieve this outcome?
- To what extent is the forum building understanding?
- What strategies and methods have been employed to date to build understanding? With what success?

- How developed and feasible are the plans in place for the future?

Understanding how HIFA contributes to change

- What evidence is there that outputs produced and planned are/will be used by HIFA's members and/or target groups?
- What will success look like?

PROGRESS TOWARD OUTCOME 2: WHAT OUTPUTS HAVE BEEN PRODUCED TO DATE TO ACHIEVE THIS OUTCOME?

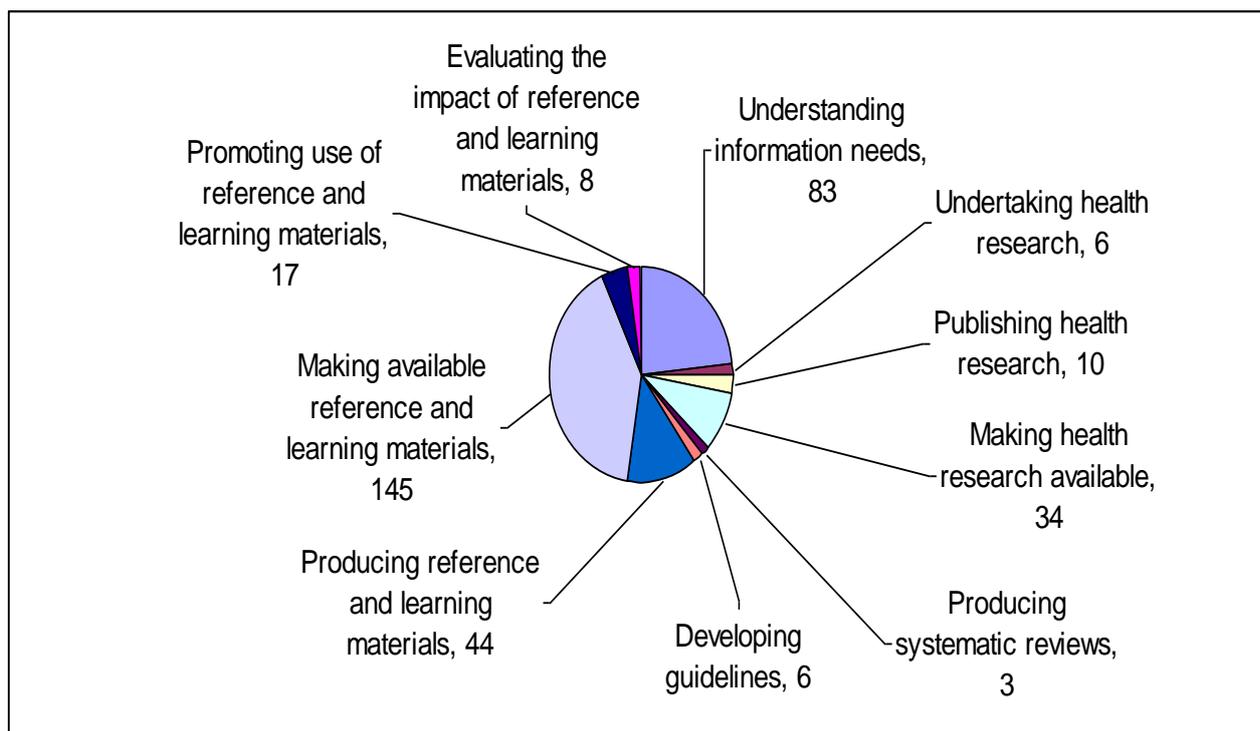
| HIFA2015 KNOWLEDGE OUTPUTS | |
|---|--|
| <i>Website</i> | The HIFA2015 website includes a number of outputs relevant to building understanding including HIFA2015 outputs but also links to journal articles describing health information needs. However, the evaluation found that members of HIFA find the website difficult to navigate and tend to use the forum instead. The site is currently being updated. |
| <i>Literature review</i> | In 2009, HIFA2015 published a literature review on the information needs of healthcare providers with a focus on Africa. |
| <i>HIFA2015 "Challenges"</i> | <p>HIFA2015 has launched four "challenges" to consider particular groups' information and learning needs.</p> <p>These have so far been focused on the health information needs of healthcare students (medicine, nursing, allied health sciences), nurses and midwives, community health workers, and mothers and family caregivers. Part of the challenge is to build knowledge about information needs from the published literature.</p> <p>This has been done successfully in one challenge area. This was in a literature review of the information needs of nurses and midwives as part of a "HIFA Challenge" and partnership with the Royal College of Midwives, Royal College of Nursing, International Council of Nurses and International Confederation of Midwives. The section on midwives was included as a background paper to a major multi-agency report published in June 2011: State of the World's Midwifery 2011.</p> <p>HIFA piloted approaches to summarise knowledge gained through HIFA forums in email summaries. HIFA2015 coordinator reports that capacity has prevented this being duplicated in other challenge areas.</p> <p>GHI-net has developed proposals for knowledge building projects focused on the challenge areas, e.g. with Global Consultation on Community Health Workers reference group (Global Health Workforce Alliance) and Giving a Voice to Community Health Workers (Wellcome Trust). These have built HIFA membership and partnerships but so far not been successful in raising funds.</p> |
| <i>Summaries:</i> | Previous efforts to harness knowledge have attempted to summarise discussions, but this approach was found to be too time-consuming, prone to misinterpretation, and impossible to keep up-to-date. |
| HIFA2015 KNOWLEDGE OUTPUTS IN DEVELOPMENT | |
| <i>HIFA-Lumps:</i> | A new initiative is currently under way in cooperation with Norwegian Knowledge Centre for the Health Services and WHO, Geneva to develop what is being described as "HIFA-Lumps". HIFA-lumps are short, verbatim extracts from HIFA discussions that reveal key points about |

| | |
|------------------|---|
| | <p>health information needs and ways of meeting those needs. The new HIFA Knowledge Base was due to be launched in May 2011, but has been delayed to lack of human resources and delays in setting up the IT infrastructure. HIFA-Lumps are tagged according to five main parameters, each having about twelve sub-categories to enable members to search for their interest area. The five parameters for tagging are:</p> <ul style="list-style-type: none"> - Healthcare provider - Health care - Geography - Knowledge Cycle - Human Resources for Health/Health Systems |
| <i>Webinars:</i> | <p>HIFA2015 also plans in 2011 to hold webinars to discuss understanding and meeting healthcare information needs. The plan for 2011 was to hold four. A webinar was held at the BMA Conference in May, where a public announcement was made to invite HIFA2015 Supporting Organisations. The first thematic seminar is provisionally scheduled for October 2011 in collaboration with PLoS, on the question 'How can open access help to achieve the HIFA2015 goal?'</p> |

3.2.2 CONTENT OF DISCUSSIONS

An analysis of the 744 **discussion threads** (a thread is a discussion on a particular topic when responses link to the original question) revealed that the vast majority of discussions relate to subjects significant to understanding healthcare information needs and how to meet them. Nearly 50% focused on one or more of the 10 components of the global healthcare information knowledge system (364 out of 744 = 49.05%) These are shown in more detail in the diagram below.

Number of discussions in relation to the nine different parts of the global healthcare knowledge system:



Clearly making available reference and learning materials is the largest proportion of message threads. This broad category (used by HIFA) includes discussions from the promotion of new materials to discussions on the content of HINARI materials and using e-resources and mobile telephony. The second most popular category in messages which relate to specific stages of the knowledge cycle relate to understanding health information needs - what are they, how to understand and find out what they are and other questions.

Analysis of the subjects that generate most discussion in terms of number of messages and contributors tell a broader story. The discussion threads [2006-11] with the greatest number of messages are listed below (one contributor may submit more than one message per thread).

Top ten discussion threads (number of messages) [2006-11]

- Role of Traditional Birth Attendants (134)
- Information on traditional medicine (60)
- Promoting local research (53)
- Vimbai Hungwe (48)
- Health information on mobile phones (46)

- HINARI: Publishers withdraw 2500 journals (42)
- Revisiting Traditional Birth Attendants (42)
- Help to shape WHO guidance on maternal and perinatal health (39)
- Looking ahead to the HIFA 2010 Challenge: what do you think the focus should be? (37)
- Video-taped health education at the waiting bay (32)

In terms of the subjects which generate the greatest number of contributors the top ten list of this group is as follows:

Top ten discussion threads by number of contributors

- Role of Traditional Birth Attendants (65 contributors)
 - (Tributes to) Vimbai Hungwe (48)
 - Health information on mobile phones (36)
 - Revisiting Traditional Birth Attendants (33)
 - Information on traditional medicine (32)
 - HINARI: Publishers withdraw 2500 journals (31)
 - Promoting local research (29)
 - Looking ahead to the HIFA 2010 Challenge: what do you think the focus should be? (28)
 - Video-taped health education at the waiting bay (26)
 - Meeting the information needs of patients (23)
-

3.2.3 UNDERSTANDING HOW HIFA CONTRIBUTES TO CHANGE

A significant proportion of members feel they gain knowledge from their involvement in HIFA2015. 54% of survey respondents find HIFA extremely useful for building their understanding the information needs of healthcare providers and 51% find HIFA extremely useful for better understanding about drivers and obstacles to provision.

The HIFA2015 forum is providing an effective mechanism through which members discuss subjects relevant to understanding health information needs and provision. Members do this by receiving direct answers to their questions, being sparked to explore new areas, being exposed to new ideas through the forum, having access to a range of perspectives from outside their own professional area of expertise and/or geographical location and gaining confidence in their own efforts to understand or provide information through training.

There would be value in looking in more detail at the content of other forums and how it related to HIFA aims along with the extent that cross-fertilisation takes place between forums.

While a great deal of knowledge exchange is under way through the forum this is currently not being captured. HIFA2015 has built on its experience in trying to develop methods to capture knowledge shared through the forum. For instance the plan to develop HIFA-lumps grew from discussions with WHO and HIFA experience to produce summaries of discussions which proved both beyond the available resources but also a challenge given that paraphrasing others' comments raises major challenges.

HIFA2015 efforts to date to raise funds for this area of work have not been successful in gaining funds though they have helped to build productive partnerships. Thus, its plans for its activities and outputs are outstripping its available resources and capacity. HIFA2015 has developed a number of well thought out initiatives in this area which, if they were funded, would seem to provide an important impetus on this issue. However, given the limited resources available to HIFA2015, they have not yet been implemented so evidence of their effectiveness is not yet available.

MEMBER EXPERIENCE – UGANDA

Matron Zesiro is a senior health manager in a regional hospital in Uganda. She started reading and having discussions on HIFA about two years ago.

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 and the needs of patients and others and what strategies can be applied in order to meet their needs. 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.

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 gaining information 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.

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 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 gynaecology, 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.

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 Zesiro, 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.

(Further information is available in the case studies. Names have been changed for this public report).

3.3 OUTCOME 3: GLOBAL HEALTHCARE KNOWLEDGE SYSTEM IS RECOGNISED AS A TOP PRIORITY FOR IMPROVING GLOBAL HEALTH

3.3.1 INTRODUCTION AND OUTPUTS

HIFA2015 is a campaign as well as a learning network. Thus, HIFA2015 has identified advocacy for the global healthcare knowledge system as a key outcome it aims to achieve. The HIFA outcome model has identified a

number of the components that are needed to achieve this outcome such as the collection of evidence that healthcare information should be priority; cost-effective ways to meet needs; understanding views and power of decision makers; developing well informed arguments; and being credible and well informed advocates. Again, due to resource constraints HIFA2015 has progressed less far with this area of work in the past five years but has nonetheless produced a number of outputs and achievements.

In the evaluation we sought to answer the following questions:

Progress toward outcome

- What outputs have been produced to date to achieve this outcome?
- What strategies and methods have been employed to achieve HIFA2015 advocacy aims? With what success?
- How developed and feasible are the plans in place for the future?

Understanding how HIFA contributes to change

- To what extent are members acting as advocates themselves and how does HIFA2015 support this?
- What will success look like?

PROGRESS TOWARD OUTCOME 3: WHAT OUTPUTS HAVE BEEN PRODUCED TO DATE TO ACHIEVE THIS OUTCOME?

HIFA has developed a number of outputs towards its advocacy aim. These include articles in the media and relevant journals, fact sheets, run conferences, made submissions on global policy consultations, developed a theoretical framework, enabled peer discussions and made videos (for full list please see annex). Two of the activities - the conference and online peer discussions - are both activities which feedback from participants indicates strengthened their resolve to do more to promote health information provision. However, they tended to involve people already committed to the aim so were reinforcing activities rather than advocacy.

The articles and readership of the journals selected are certainly relevant ones - for instance predominantly doctors read BMJ and while it is UK based it does have international standing. PLoS Medicine is the leading open-access general medical journal and is an appropriate choice for publication of HIFA2015's article on health information access under international human rights law.

HIFA2015 has been good at taking up opportunities to strengthen and respond to requests for advocacy outputs and produced outputs of a high quality through robust processes involving peer review and multiple stakeholders. It is less clear how the outputs fit together into a clear strategy as a basis for a campaign.

The strategic and operational plan details further the aspirations and intended outputs that HIFA will achieve. However, they do not detail the priority audiences (in terms for instance of geography, specialty, issue) that HIFA2015 as a campaign seeks to change nor link the outputs to such target audiences.

3.3.2 BUILDING AN INSTITUTIONAL BASE

HIFA2015 has established a group of 117 supporting organisations which have all publicly declared their support for HIFA's aim. This gives weight to advocacy efforts of HIFA2015. HIFA2015 members who work within

HIFA2015 supporting organisations report that this enables them to advocate internally for more attention and support to efforts to improve the availability and use of relevant and reliable healthcare information.

Of the 3800 individual members of HIFA, the coordinator identified approximately 80 as being in policy making positions and these are in decision-making positions in 33 countries mainly in government and international organisations.

In addition, nearly 40% of respondents to the evaluation survey said they found HIFA2015 extremely useful as a means to learn more about advocacy and as a source of arguments for the better provision of healthcare information. Whilst these are high they are noticeably lower ratings than for HIFA's other roles eg in networking where over 95% members found HIFA2015 forum useful or extremely useful for networking and making contacts

There is a strong belief among HIFA2015 members that HIFA2015 has great potential both to support advocacy efforts of its members in their own work to build commitment to healthcare information and also to harness the power of the collective HIFA family to advocate itself. Some of the challenges and opportunities identified are briefly outlined below. A member of HIFA from Hong Kong is typical of many members' views. He said 'We are a powerful group..... from all levels, from health workers to ministries of health'. But he thinks HIFA is not presently leveraging this value yet.

HIFA has established a strong foundation from which to launch advocacy activities. It is one that is both committed and broad. However, it does not currently have a clear specific focus. HIFA members have implemented a range of activities on very limited resources but to develop this area further HIFA reports it will need additional resources.

3.3.3 ACHIEVING CHANGE

UNDERSTANDING HOW HIFA CONTRIBUTES TO CHANGE: WHAT WILL SUCCESS LOOK LIKE?

There are examples of where HIFA2015 has achieved success in raising the profile of healthcare information. For instance, policy-makers reported to the evaluation team that HIFA2015 promoted health information needs to them in three ways:

- HIFA2015 keeps information and communication issues prominent for those policy makers who are members of HIFA2015 through the forum's messages;
- HIFA2015 provides policy makers with voices, perspectives and experiences directly from people working at grassroots level.
- HIFA2015 provides policy makers with real time information from the ground on an ongoing basis rather than only during field trips or through reports and policy papers which may be slow to reach them and thus out-dated.

UNDERSTANDING HOW HIFA CONTRIBUTES TO CHANGE: TO WHAT EXTENT ARE MEMBERS ACTING AS ADVOCATES THEMSELVES AND HOW DOES HIFA2015 SUPPORT THIS?

There are examples where HIFA2015 membership has worked together and made a difference to meet a specific need, e.g. in access to HINARI in Bangladesh (see case study in annex).

However, most frequently it seems the role HIFA2015 plays is a support role to a broader process of change. This is illustrated with the example below.

Illustration: Increasing information provision in Ethiopia

Toronto, Canada has a partnership with Addis Ababa, Ethiopia which includes collaboration on healthcare development. As part of this the Director of Library Services at the Mount Sinai Hospital in Toronto became involved in the hospitals links with Black Lion Hospital in Addis. This has grown to involve the sending out of textbooks to Ethiopia and developing a professional development programme for medical librarians from across Ethiopia involving ten Canadian librarians. The current library in Addis has mainly print copies of material many of which are twenty years old or more. The only e-resources are those that HINARI provides access to. While these are extremely useful there is still a preference to have hard copy materials given the difficulties of access to good internet connections.

HIFA2015 played a role to increase information provision to healthcare providers in Ethiopia by: linking the Director of Library Services to a source of funding to enable the training librarianship and information literacy skills course (from INASP); providing a means to find out what else is going on in similar initiatives in other parts of the world and what links are there that can be made with others working in Ethiopia on this and related issues.

But the most significant change is that the government is now building a six-storey medical library for healthcare personnel in Addis Ababa, a significant change from the current small facility. The partnership between Toronto and Addis Ababa seems to have been significant in building this commitment to increase information provision in Addis and the HIFA2015 role in linking individuals to resources and information has played a role in strengthening this relationship.

This example highlights both one of the ways that HIFA2015 may make a difference in advocacy efforts for better healthcare information, in this case for doctors and nurses in Ethiopia but also the difficulty of attributing its role and quantifying its added value to such changes.

HIFA2015 has the potential to play a significant role as a campaign for better provision of health care information. It has a network of individuals from grassroots to policy makers and including a broad institutional base to drawn on and to galvanise.

HIFA has enhanced individual interactions which in turn have made or contributed to change on the ground but the extent of the HIFA2015's contribution to these changes are very difficult to capture, attribute or measure.

However, HIFA2015 is missing a clear, realistic set of aims and strategy for its advocacy work in the medium term, the next 3-5 years. This is constraining HIFA2015 members' potential to have a greater collective impact through advocacy. In addition to HIFA2015 clarifying its strategy, the other major constraint of lack of additional external funding for HIFA2015 to advance its advocacy needs to be overcome by increased contributions to HIFA2015 by funders..

MEMBER EXPERIENCE –KENYA

HIFA member Chilemba (not real name) is a Health Information Manager, at the Ministry of Health in Kenya; in a position that entails consolidation, analysis, interpretation and dissemination of health information to all stakeholders in the Ministry of Health.

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.

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.

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.

HIFA assist Kenyan policymakers in developing national strategy for health information

Chilembai 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.

(Further details in the annex. All names have been changed)

4. ORGANISATIONAL EFFECTIVENESS

The evaluation sought to assess the effectiveness of the organisation for running current and future HIFA2015 activities assuming growth in HIFA2015. We considered resourcing, governance, key activities such as communication, planning and risk management which we comment on below.

4.1 PROJECT MANAGEMENT

HIFA2015 is a project albeit a large one, but as a project it requires all the standard project management processes and resources.

4.1.1 HUMAN RESOURCES

HIFA2015 has only one staff person, the HIFA2015 coordinator, who is extremely committed, supported by two directors (both of whom are in full-time alternative employment: Dr Frederick Bukachi, a consultant and lecturer at the University of Nairobi, Kenya; and Rachel Stancliffe, director of the Centre for Sustainable Healthcare, Oxford, UK). It has successfully recruited specialist volunteer input (over 80 volunteers at present) in addition to consultancy input for specialist services such as IT.

The evaluation found the HIFA2015 Coordinator is extremely stretched. For instance, in a time analysis of a working month (March 2011) the coordinator estimated he worked a total of 306 hours. Given a five day working week, assuming no illness or holiday then this makes an average of over a 13-hour working day. This total may be slightly over the average monthly working hours given the upcoming conference but it still indicates a substantial workload.

Furthermore, the HIFA2015 coordinator is on a salary well below the usual rate for a role of this nature. This is not a sustainable basis on which to build HIFA2015.

The successful securing of volunteer and low cost consultancy services has saved HIFA2015 significant costs and enabled it to progress on a low budget but at times these savings come at their own cost ie interruptions to services. For instance, the development of the HIFA2015 knowledge base was behind schedule due to delays in services being provided by the contracted IT. The service provider has suffered no financial penalty for late completion of these services.

4.1.2 FINANCIAL MANAGEMENT AND RESOURCES

Budget - the HIFA coordinator reports that in November 2010 GHI-net prepared a budget for HIFA2015 and CHIL2015 activities during 2011, based on (1) aspirational target - £90k; (2) minimal target - £25k; and (3) actual funding already assured at that time - £4.5k.

Income - HIFA2015 Income includes one-off donations and some payments for services. There was no substantial funding in 2006-7. Since 2008, the British Medical Association has been the main funder, and has

provided annual funding in 4 consecutive years. Other supporting organisations have made relatively small donations in financial terms³.

Some supporting organisations provide support in kind through the time of staff, notably the BMA International Department, where HIFA2015 is included as part of the Deputy Director's duties. GHI-net has also secured income from WHO (less than \$5000 each) to provide training and mentoring for moderators of HIFA-Portuguese and HIFA-EVIPNet-French. In 2010, the World Health Organization commissioned GHI-net to run a focused discussion on 'Help to shape WHO guidance on maternal and perinatal health', and to collate a synthesis report for use by the WHO Reproductive Health Department.

The budget for the evaluation received from the Rockefeller Foundation is the largest donation Global Healthcare Information Network has received.

There is a high level of interest in HIFA2015 among donors as it is perceived to be an effective global network of a range of healthcare and health information professionals, demonstrated for instance by the funding for this evaluation. However, there is a lack of financial backing to enable HIFA2015 to explore the extent of its full potential. Indeed some organisations which themselves are benefitting from HIFA2015, notably northern organisations which commented on the value of being able to reach grassroots organisations to promote awareness of their resources as well as receiving direct "real-time" information from a range of perspectives from the ground are receiving this benefit at a very low, if any cost to themselves. Ultimately, regardless of all of the effort put in by HIFA2015, the success or failure of HIFA2015 depends on outside organisations which have the potential to fund it providing it with sufficient resources to realise its potential.

4.1.3 TECHNICAL RESOURCES

HIFA2015 has excellent medical and other health professional expertise within the organisation or accessible to it, for instance via its Steering Group, Advisory Panel, the International Evaluation Advisory Group and three working groups (see governance) - not to mention the expertise of the HIFA2015 members themselves.

Three key skills appear to be insufficient, namely fund-raising, specialist communication skills (particular with a focus on low income countries current developments), and ICT.

4.1.4 MATERIAL

HIFA2015 has no physical location being run from the home of the HIFA2015 coordinator It has limited office facilities and equipment mainly donated or on loan and the budget seen by the evaluation team does not show allowance for capital depreciation to enable renewal.

4.1.5 RISK MANAGEMENT

^{3 3} The BMA provided £15k in 2008, £12 in 2009, £10k in 2010, and £10k in 2011. Several other supporting organisations have made financial contributions, although these are small (£200 - £1000). These include: CABI, Global HELP, International Child Health Group (Royal College of Paediatrics and Child Health), Joanna Briggs Institute, Network for Information and Digital Access, Public Library of Science, Royal College of Midwives, Royal College of Nursing, Tropical Health and Education Trust, and UnitedHealth Chronic Disease Initiative.

There is no formal risk management process for HIFA2015 nor has there been a formal risk assessment by its governance through the strategic plan includes a SWOT analysis but not plan for managing risks.

But the risk most commonly cited by people closely involved (Steering Group) with its day to day running is the reliance on the coordinator. This is not simply the reliance on one person often found in a small operation but beyond this given the hours, time, knowledge, personal relationship with members held by the HIFA2015 coordinator it is unlikely it could continue without him.

4.1.6 FUNDRAISING AND MARKETING

There is a fundraising and marketing (FR&M) working group, however they work informally and do not keep minutes. The coordinator of the FR&M working group reports every 2-3 months to the HIFA2015 Steering Group, and these reports are minuted. Steering group members have expressed the need for a more robust communication plan to (a) raise the profile of HIFA2015 and its effects, (b) build the community in terms of scope, scale, level and quality of interaction between them, and (c) for advocacy

4.1.7 MONITORING AND EVALUATION

This section presents some of the learning gained through this evaluation on the data that is needed and methodologies that are useful and feasible to feed future monitoring and decision-making.

FUTURE EVALUATION

This evaluation has been guided by the DoView Results Roadmap Evaluation Plan developed by HIFA2015 with expert input from Paul Duignan, an outcomes evaluation planning expert based in New Zealand. The outcomes model at the heart of the plan is a very helpful breakdown of the outcomes and key steps required to bring about HIFA2015's overall aim. In some ways the evaluation has served to test the model by exploring how far progress towards the three outcomes can be judged.

Now that rich qualitative information is available from the interviews undertaken for this evaluation (some of which are set out in more detail in the Annex) this can be used by the HIFA2015 International Evaluation Advisory Group to feed into further development of the DoView Results Roadmap. It can also inform thinking about additional complementary rich qualitative ways of describing what is happening in the program.

The model works well to guide evaluation processes. Complemented by qualitative data this provides a holistic view of HIFA and it how brings about change. At the heart of HIFA2015 is a network of people and of course people do not experience membership of a network as a journey of progress to any one outcome (though this is not to suggest they do not experience a journey of progress towards HIFA's goal). Rather, they tend to experience HIFA2015 in a much more integrated way. In the case studies attached in Annex, we detail examples which demonstrate members' experience of HIFA2015. HIFA2015 needs to find a way to articulate the change it catalyses in ways beyond the outcomes model which to some audiences may appear mechanistic. More in-depth qualitative research building on this initial, formative evaluation could inform in addition to the work being carried out in relation to the outcomes model.

ROUTINE DATA - INCREASE THE EMPHASIS ON QUALITATIVE DATA

HIFA2015 routinely collects quantitative data to monitor progress eg number and distribution of members and discussion threads. However, this needs to be developed to be able to enable better understanding of what is

happening through HIFA2015 and to enable decisions about priorities. Areas that a supporting organisation reported they would be interested to have more information include more detail on:

- the patterns of interaction in discussions
- the number of people who read each message

It is likely that data collection will need to go beyond the statistics but need in addition some routine sampling. For example every six months there could be:

- routine random sampling by email or phone of 10-20 members to ask a number of key question around satisfaction with HIFA2015;
- follow-up of all participants in 3-4 discussion threads each quarter (what did you learn, what did you value in the discussion, what did you do as a result of participating in it)
- follow-up of selected members who have never contributed to see what they would like to see on the site.

The specifics of this approach can be clarified once the priorities for HIFA2015 are established for the next 3-5 years.

MORE IN-DEPTH RESEARCH TO TEST ASSUMPTIONS

HIFA2015 is currently running with a set of assumptions of how certain steps contribute to change. These are laid out in the outcomes model. There is a need to test these through in-depth research at some point e.g. consider how in practice raised stakeholder and citizen awareness of the importance of healthcare information contributes to making health information a top priority for policy makers (outcome three). To some extent these in-depth pieces of work may be related to the evidence- building process HIFA2015 plans to undertake as part of the knowledge base.

4.2 GOVERNANCE

HIFA2015 comes under the governance of GHI-Net which has a board of Directors (Neil Pakenham-Walsh, Frederick Bukachi and Rachel Stancliffe). It is unusual for the coordinator of the project to be also on its governance structure. However, given the scale of the project at this stage, the review team did not view this as problematic. It is a structural issue that should be addressed should HIFA2015 grow significantly in years to come. Meanwhile there are also other support structures which also provide some checks and balances to the implementation of HIFA2015.

HIFA2015 has its own steering group to guide the HIFA2015 Coordinator in the development of HIFA2015, and a series of working groups which have developed in the past 2 years to help decentralise functions of the HIFA2015 Steering Group.

- HIFA2015 Steering Group - this is an 18-member informal voluntary group that is responsible for implementation. It advises on the direction and implementation of the project, monitors progress, provides/seekes specialist advice where appropriate, receives regular reports from the HIFA2015 Coordinator and working groups as well as to ensure effective communication and dissemination

- HIFA2015 Advisory Panel - is a group of people with specific expertise, on whom the HIFA2015 Steering Group may call for advice when needed, though in practice this is rare.
- HIFA Fundraising and Marketing Working Group
- HIFA Optimising for Maternal and Newborn Health Group/Knowledge Base Working Group
- HIFA Challenge Working Group

HIFA2015 clearly benefits from a committed steering group⁴. However, while there have been attempts to ensure this group is global with representatives from the countries HIFA2015 most clearly aims to benefit (low income) representation on the group is predominantly UK-based and/or British. For a small, essentially one-person operation this is a large set of working groups to administer. The review team believe a simplification of these could be useful though the steering group considers the current structure to be the most appropriate.

5. HIFA USE OF INFORMATION COMMUNICATION TECHNOLOGIES (ICTS)

5.1 INTRODUCTION AND CURRENT STRATEGY

HIFA has learnt a great deal about how to run an online community, and about how this can be supported by strategic moderation. However there has been a lack of a digital strategy. The approach has centred on the use of d-groups as an e-forum platform based on its effective performance over the past ten years and reviews of alternatives which do not appear to meet the needs of HIFA more effectively. There are a number of strategic questions that are relevant for the next phase for HIFA ICT approach. *Strategic questions:* How can HIFA management with current and maybe slightly enhanced capacity make best use of the ICT options available now for promoting HIFA to its range of audiences e.g. twitter, RSS feeds, email alerts, other? What functions does the forum need to have to best serve the HIFA network/community of practice. Is D-groups the best; what's its shortfalls and are there alternatives. What are good ways to keep abreast of future options? What functions does the HIFA site need to have to enable monitoring of its effectiveness

Recommendations: It is recommended that HIFA establish an ICT strategy within the next 6 months (framework to support this is in the annexes). It is recommended that HIFA management / moderator joins the eCampaigning Forum (<http://fairsay.com/ecflist>): this is about the use of ICTs for campaigning and advocacy – through this membership they will get ideas, inspiration and understanding of this fast moving area

⁴ ⁴ The HIFA2015 Steering Group and the HIFA Challenge Working Group meet every 2-3 months and keep regular, formal minutes. The Advisory Panel has never met. The Fundraising and Marketing (FR&M) working group communicates informally by email, complemented by one-to-one meetings of the HIFA2015 Coordinator with the FR&M Coordinator and a HIFA2015 volunteer with marketing expertise. The HIFA Optimising for Maternal and Newborn Health Group meets by skype every month and keeps regular, formal minutes.

5.2 ONLINE MODERATION

This 'reader focused' moderation approach and methodology has been very effective, in fact is possibly one of the key aspects of HIFA that has contributed to success.

Recommendations: It is recommended that HIFA2015 package the reader focused moderation approach into an easy to understand summary, so users as well as others can understand it and recognise it and possibly duplicate it as a methodology for online community. We would suggest a 500 word description. This should be on the website – under 'our approach' section

5.3 THE E-FORUM

The use of the d-groups platform seems to have been effective for the purposes of HIFA so far; it is being revised now so many of the outstanding issues regarding ease of usage should be resolved. There is a need for clearer instruction about how to select a digest of messages, this has not been very clear for members; and the issue of 'too many emails' is a problematic one and one that is not necessary as there is a digest option. The e-forum is email. Membership of the e-forum from developing countries is significant and it seems this may have been aided by the simple nature of the email system and the lack of strong visual 'gadgets'.

Recommendations: It is recommended that the d-group 'wish list' of improvements that has been drafted by HIFA management need to be addressed and this looks likely. But if there are continued problems then another e-forum platform should be considered.

5.4 THE WEBSITE

The website is not really functioning well as the window onto HIFA; not many people know about the website; the structure and content of the website do not seem to be strategic and they are not very appealing and do not serve the programme as well as they should; there is a need for an editorial strategy for the website – what do you want it to do for HIFA?

Recommendations: It is recommended that a new editorial strategy for the website is developed; and that this includes revised architecture such as: a 'who we are' section, a 'Our approach' section, a 'Background' section, and a 'How to get involved' section.

5.5 THE ONLINE DATABASE

There is on-going work together with the Norwegian Knowledge Centre for the Health Services to develop the online database for the 'knowledge base' of HIFA; i.e. archiving the snippets of relevant messages on various topics searchable by a range of fields. This is a positive development however there is concern about the length of time it has been taking (over a year) and the lack of IT resources to finalise it. Recommendations: It is recommended that the online database is completed as a matter of urgency.

5.6 THE USE OF SOCIAL MEDIA

There has been some discussion internally about how HIFA should relate to social media platforms such as Facebook and Twitter. To date HIFA is making limited use of social media platforms – and not using RSS feeds.

Recommendations: It is recommended that HIFA2015 use social media more strategically as part of its renewed advocacy / campaigning agenda. This use should be to highlight the campaign and direct people to the HIFA site and knowledge base.

5.7 IT SUPPORT

There is a weakness in IT support and resourcing –there is only a part time ad hoc IT manager and this is slowing down some developments, the online database developments for example. A more business-like approach with the IT function supported by a skilled professional who is contracted to HIFA to perform agreed functions, one of which is to be available for support with a set period of time.

Recommendations: It is recommended that IT maintenance and support is more thoroughly managed, with a help desk support function available within 24 hrs. There needs to be an audit done about what IT support is necessary for all of HIFA online platforms and based on this a clear agreement made with an IT support supplier. There is a need for a digital strategy because most developments appear ad hoc, this has been fine so far but as more digital strategy is needed for the next phase I would suggest this should be formalized. A digital strategy can be done by a consultant and the working group for marketing or the Steering Group can give feedback and it can be revised and agreed. This is important as HIFA moves into the next phase of more concentrated online campaigning.

6. FINDINGS AND FUTURE CHALLENGES

In this final section we pull together the conclusions and recommendations from the overall report. Each chapter has identified learning and recommendations which are noted here.

6.1 HIFA'S STRATEGIC DIRECTION AND PRIORITIES

The HIFA2015 strategy was developed through a participatory process. It identifies HIFA2015's goals and outputs. However, there is a gap in HIFA2015 SMART goals between 2012 and 2015.

HIFA2015 has identified ten key SMART objectives for 2011, but there is a lack of SMART objectives beyond this time frame. HIFA has an Operational Plan 2010-2012, and have also developed a longer term Strategic Plan 2011-2015. The longer term plan has ambitious goals and a clear statement of outputs to achieve in this time. However, it does not have clear, achievable (SMART) outcomes for the time period to 2015 along with indicators of these. Success will be hard to judge in 2015 in terms of changes that will have taken place, results and impacts (rather than activities undertaken).

The review team identified a number of key strategic questions which would be useful to consider in developing the outcomes for the next phase :

What is the weighting of HIFA's outcomes? HIFA aims to achieve three outcomes. Since its inception, HIFA2015 time and resources have focused on the development of a vibrant network which works towards outcome one. HIFA sees that outcomes 1, 2 and 3 are sequential with outcome 1 providing the foundation for outcome 2, and similarly to use outcomes 1 and 2 as a foundation for outcome 3. With regards to input in terms of money and time, GHI-net has consistently estimated that 3 full-time staff equivalents are needed to deliver the full

HIFA2015 strategy (outcomes 1,2 and 3). Looking to the future, there is a need to review what is the desired balance of inputs in terms of money and time into the three outcomes.

What is the focus? A frequent comment made by interviewees during the HIFA2015 evaluation by the more involved members was about the complexity of HIFA2015. To some extent this is a communication issue. But it is also a reflection of the very full agenda that HIFA2015, a relatively small initiative so far, aims to meet. Making some hard choices and setting some clear priorities with achievable aims would make its aims clearer. This could include focusing work on a particular issue, geographical area, healthcare provider or a combination of these. This would not necessarily need to be to the exclusion of the range of interactions members have through the forum but would be the focus for a period of time for the HIFA2015 coordinator, website, knowledge base and other activities. The process to develop a strategic plan with SMART objectives should help achieve this focus if it is carried out within a realistic resource plan.

Beyond 2015: HIFA2015 is currently configured around a target date of 2015 by which time the goal is that everyone will have access to an informed healthcare provider (<http://www.hifa2015.org>). While the HIFA team remain optimistic that this goal is achievable the review team believe that, like most of the Millennium Development Goals further work is likely to be needed after 2015 for their successful and sustained achievement. HIFA2015 has started work on this and now promotes the five global forums (HIFA2015, CHILD2015, HIFA-Portuguese, HIFA-EVIPNet-French, HIFA-Zambia) as HIFA Global Networks. A clearer long term plan to 2020 would be useful. Some work has begun on this (outlined in the HIFA 2010 report <http://www.hifa2015.org/wp-content/uploads/HIFA-Review-2010.pdf>).

Matching plans to capacity and resourcing: HIFA2015 is clearly limited to a major extent by its resources but still trying to implement all its plans without the necessary resources. This is clearly not a sustainable model. A plan that matches both available and anticipated resources is required so that HIFA2015 can operate reasonably with the resources it has but be ready to gear up with additional income.

6.2 OUTCOME 1

HIFA2015 has the potential to grow considerably in numbers. Word of mouth has been one of the most successful mechanisms for recruitment so far. But country coordinators and focused presentations at conferences and use of the network also provide effective means to recruit members when done well.

However there are some distinct gaps in current membership (geographic e.g. Asia and sectoral e.g. community health workers) that should be addressed through a targeted recruitment approach.

HIFA2015 members value a range of benefits they derive from HIFA2015. In particular, they value targeted information relevant to their work area as well as occasional exposure to perspectives and views on unexpected issues. The multi-disciplinary, global nature of HIFA2015 membership and their discussions is highly valued.

Moving forward, HIFA2015 faces a number of challenges and choices to progress further to achieve this outcome.

SCALING UP

HIFA2015 has been extremely successful at generating a sense of community among members. Many respondents refer directly to the HIFA2015 coordinator and credit him with this for the personalised and

supportive approach to members and to moderation. However, this approach may present a challenge as HIFA2015 scales up its members and scale of work.

Growth challenges: There is insufficient capacity and resources to expand more without more funding. But also maintaining a "feel" or culture (some respondents refer to the HIFA family), when it is much bigger will be a challenge as both the number of members and moderators increase. The potential to scale up is clear given the wide range of audiences that HIFA2015 aims to reach. Its potential is also evident from the success of one effort to recruit members at a conference resulting in 500 new people joining HIFA2015. Translating this number into 500 active participants may require significant work and illustrates the problem of scale-up.

Membership challenges: The scope of HIFA2015 speaks to a wide range of healthcare and other professionals. HIFA2015 does not currently have a strategy for recruitment and particularly important and valued by members is the input of community health workers, currently under-represented. Some geographical areas are underrepresented including non-English languages areas but also Asia. HIFA2015 is addressing this in part by creating parallel forums, beginning with HIFA-Portuguese in collaboration with WHO, with plans for HIFA-Spanish and HIFA-French in the future, subject to funding. Scaling up which identifies the location, types of member and means to recruit them would be beneficial to ensure a balanced membership and it may be useful to start with a focus on areas (professional, sectoral, geographical, other) that are currently under-represented e.g. community health workers and South-east Asia.

MORE FOCUSED AND TAILORED PARTICIPATION

The evaluation found that HIFA members value being exposed to new ideas through the forum discussions. However, there is also a significant call for more focused discussions, fewer emails, more targeted emails and less information on subjects not relevant to members interest area.

The most frequently cited reason from people who request to be unsubscribed is the volume of emails. HIFA want both to receive messages that are relevant to them but not lose the value of being able to hear about new ideas and from perspectives they might not otherwise have contact with. Members are also keen to know more about other members and to be able to contact them directly without necessarily having to go via the forum. HIFA could promote attention to existing resources such as the members' directory online and email addresses which accompany each message. Interviewees suggested a members list with information about where people are based, have worked and their interest areas would be useful. HIFA2015 coordinator reports this exists on the website but does not seem to be known about by some members.

QUALITATIVE MEASURES OF SUCCESS

HIFA produces good quantitative data on the network. This includes data on its growth in size, scale, membership details in terms of geography, profession and organisational details In addition HIFA regularly shares anecdotal feedback from members of their appreciation of it. However given its potential to grow to large levels, Steering Group members are aware of a need for a more qualitative approach to judge success. This is a very difficult challenge facing most online communities and to some extent not possible due to their very nature of empowering members to choose their level of involvement as well as for technological issues.

Building on discussions and learning from this evaluation process and discussions with HIFA some suggestions are below:

- Consider on a regular basis the range of voices in forum discussions;

- develop ways to monitor the pattern and quality of interactions between members much of which takes place outside of the forum. This could be through an annual survey using survey monkey.

6.3 OUTCOME 2

HIFA faces three significant challenges to build knowledge.

SUMMARISING KNOWLEDGE

HIFA has found it difficult to find ways to best capture the knowledge generated through the forum into easily retrievable and informative summaries for members. The provision of summarised information is undoubtedly one of the most called for innovations on the site by members. Through a process of trial and error it has identified HIFA-lumps as the way forward having earlier tried summaries and digests of messages.

There is undoubtedly an appetite for summaries. 200 HIFA-Lumps have been entered into the database to date but it is too early to comment on the new initiative. It is likely to need careful piloting and testing to ensure that: tagwords are useful and understood by all members, promotion strategy to direct people to the information on a regular basis is done, ensuring the HIFA-Lumps are up to date - a challenge that will increase as the number of them grow though HIFA is confident that once the system is established it will not be time-consuming.

KEEPING CONNECTED TO GRASSROOTS EXPERIENCE

Some interviewees in the evaluation felt that much of the real grassroots experience of small-scale, local but innovative initiatives to understand and meet information needs is not being covered in HIFA2015 forum discussions. HIFA team feel that this type of local experience is already exchanged but clearly from the survey responses and interviews some members would like to see more. This is an important perspective to take on board.

" HIFA discussion are now a bit high level - it needs more from on the ground...The real ways that information is shared don't seem to feature eg a nursing tutor in Zambia from UK on technical support visit reported how one of the students took her lecture notes and copied them to eight other students who each took and copied eight times too and so on. That's how information is being shared".(Librarian, Kenya).

STRATEGY FOR BUILDING KNOWLEDGE - SOURCE AND TARGET

HIFA2015 has specified that the HIFA Knowledge Base aims to be a specialised resource that will be used (1) to help inform those who are planning or implementing health information projects and services, and (2) to provide an evidence base that can be used by HIFA2015 and its members to help in their efforts to persuade governments and funding agencies to invest with confidence in health information projects and services. However, these are broad and ambitious aims (more details at <http://www.hifa2015.org/wp-content/uploads/HIFA2015-Knowledge-Base-Concept-Paper-August-2010.pdf>). It is not clear what would constitute success in relation to this outcome for HIFA in three years time. HIFA has recently identified success for the long-term regarding it being used and regarded as useful along with other steps. However, these may take some time to achieve.

6.4 OUTCOME 3

ADVOCACY STRATEGY

HIFA2015's intended advocacy outcome (Healthcare knowledge system a top priority as a strategy for improving global health) is admirable, ambitious but clearly beyond the capability of HIFA2015 to achieve alone. As an outcome it is not quantified so success would be hard to recognise and substantiate. Few if anyone in HIFA2015 would expect to achieve the outcome alone. HIFA2015 does not currently have milestones established to be able to monitor progress towards this outcome nor baseline data of the situation at the start of HIFA2015 in 2006. Indeed, it is hard to know how success would be identified. Some more specific outcomes that HIFA2015 can achieve would be useful. The monitoring and evaluation committee are working on some of the milestones that would go some way to articulate these more specific aims.

A number of key questions remain for instance in prioritising the targets of HIFA's advocacy, HIFA2015's role in relation to members' advocacy and others.

These and other necessary answers for a full advocacy strategy are not easy. For instance, in considering the targets of advocacy a focus group discussion as part of the evaluation a group identified the following potential targets: (a) International organisations e.g. UN organisations, WHO, World Human Rights NGOs, (b) National and sub-national government departments including departments of health, education, universities, (c) Professional bodies, (d) Publishers, (e) Libraries, (f) Media, (g) Donors from governments, Gates to local donors women's institutes, (h) Professional bodies, (i) Patient advocacy groups, (j) Faith groups, (k) Private sector IT organisations including those creating smart phones and applications, software producers; and potentially others as this list is not exhaustive.

Similarly, there is a lack of clarity at present around HIFA2015's role in campaigning. Members have a myriad of ideas of what is possible. It is not clear if HIFA2015 will confine its role to enabling members to advocate and if so how it will do this e.g. through the provision of case studies and other evidence. Will HIFA2015 take a proactive role and seek to galvanise the network to advocate for specific changes through linked, orchestrated collective action? Also HIFA2015 could go further and carry out campaigning activities eg run side events at health-related conferences, use social marketing methods to reach and involve specified target groups, organise face-to-face meetings with policy makers in its own name on specific issues. The scope and focus of campaigning need to be clarified.

BUILDING THE CASE FOR HEALTH INFORMATION

A challenge to advocacy is the limited availability of hard evidence such as case studies and other data demonstrating in quantitative terms the difference that the effective provision of healthcare information can make to health outcomes, quality of care, training or other relevant results. The clearest message from members was for HIFA2015 to play a role in the collection and development of case studies to show the impact of healthcare information. Members want robust case studies to show the costs and benefits of absence of and access to along with use of healthcare information in terms of healthcare outcomes,

LEARN FROM OTHERS

Orchestrating a global campaign is clearly a challenge for any organisation. However, there is a growing number of global initiatives familiar with the opportunities and limitations to work both locally and globally. They have

also considered how to make best use of new technology, how to link with existing groups such as social movement advocacy groups, community organisations and how to galvanise action globally. Some relevant examples include: social movements and global campaigns on HIV/AIDS, environment and poverty and initiatives such as Countdown to 2015 for Maternal, Newborn and Child Health (MNCH) are useful examples. These could provide relevant experience and advice for HIFA.

7. CONCLUSIONS AND RECOMMENDATIONS

HIFA2015 achieves an extraordinary level of activity on minimal resources from which many people around the world benefit. It has significantly punched above its weight. However its ultimate success will depend on securing additional funding, and of course continued effective use of these resources, if HIFA2015 it is to achieve its ambitious plans. The case for further funding for HIFA2015 has been made by a range of its stakeholders including editor of the British Medical Journal⁵. The following section draws together the overall conclusions and key recommendations for HIFA in its next phase.

CONCLUSIONS

| Conclusions |
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| 1. HIFA2015 Forum growth: The network has achieved impressive numbers and members demonstrate considerable commitment and interest to participate in it. This is building on their judgment that they gain both tangible benefits such as knowledge, skills and understanding about health information needs and how to meet them. It also addresses less tangible issues such as isolation of people working on this issue both in geographical but also sometimes professional terms. |
| 2. Members sharing: HIFA2015 successfully enables members to access perspectives from outside their country and profession including grassroots views, to participate in global discussions which otherwise they would not have access and to access and promote relevant resources. |
| 3. Reader focused moderations strategy: HIFA2015 has developed some highly successful approaches to enabling a participatory forum notably the reader-focused moderation. |
| 4. Diversity of voices: There are some key experiences and voices currently under-represented in the forum notably community health workers and Asian low income countries. |
| 5. Country coordinators strategy: Country coordinators have proved successful in some countries in recruiting large numbers of members. This is an area that could be explored in more depth for targeted recruitment of members and even for an expanded role to support members' participation |

⁵ For more information see <http://www.bmj.com/content/342/bmj.d4151.full?sid=55d7a166-946d-416c-bc47-8c294d5fb57d> where Editorial: Provision of health information for all: A major organisation should support global efforts Richard Smith, director, UnitedHealth Chronic Disease Initiative; Tracey Pérez Koehlmoos, programme head, ICDDR,B Bangladesh argue for funding for HIFA21015 in a BMJ editorial published 30 June 2011.

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| in the forum. |
| <p>6. Supporting organizations: It has also developed a strong network of 117 supporting organisations publicly committed to HIFA2015 aims.</p> |
| <p>7. Resources: The potential of the HIFA2015 model has been demonstrated but there is a need for significant new resourcing to enable a step change for much greater impact. HIFA2015 is operating under severe resource constraints. Its financial, technical and material base is not sustainable and is not adequate to meet its strategy and plans as currently outlined. But increased funding will have organisational issue and for instance will require more robust planning, budgeting, time management and other developments.</p> |
| <p>8. Strategic management: HIFA has quite specific operational plans outlining key outputs for each strategic area each year. However, there is a gap in between the articulation of outputs and statement of goals or aspirations. There is a need for a clearer articulation of the specific changes that HIFA2015 will achieve in the next 3-5 years as well as those to which it will contribute (and how).</p> |
| <p>9. M&E: M&E: The plans for the future monitoring and evaluation of HIFA2015 are well underway (resources allowing) and these will be able to build on this mid-term evaluation process to include both quantitative evaluation projects and qualitative, dynamic and holistic evaluation of how people experience HIFA2015, how they learn and change and how this brings about change in their environments.</p> |
| <p>10. Commitment: HIFA2015 staff and many supporters demonstrate impressive commitment to HIFA2015.</p> |

GENERAL RECOMMENDATIONS

We divide the recommendations into the longer term strategic areas and those that are more directly relevant to the implementation of the HIFA2015 operations.

| Recommendations | |
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| Strategic Recommendations | |
| <p>1. Develop an improved strategy and also a focused, realistic plan</p> | <ul style="list-style-type: none"> HIFA has established an approach and ambitious strategy. It also has quite specific operational plans outlining key outputs for each strategic area each year. However, there is a gap in between the articulation of outputs and statement of goals or aspirations for a clearer articulation of the specific changes that HIFA2015 will achieve in the next 3-5 years as well as |

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| | <p>those to which it will contribute (and how).</p> <ul style="list-style-type: none"> It is recommended that HIFA2015 establish clear SMART goals for 2015. Describe the changes HIFA2015 will achieve as well as the outputs it will produce. Establish clear priorities and focus. |
| <p>2. Harness the power of the network</p> | <ul style="list-style-type: none"> HIFA2015 rests on an impressive web of members, supporting organisations, country coordinators and others. Each of these groups could do more - in recruitment of members, providing financial and other support to HIFA2015, building knowledge and undertaking advocacy. Develop and articulate a plan for their role in each activity. |
| <p>Membership Recommendations</p> | |
| <p>3. Promote diversity of voices</p> | <p><i>There are some key groups (geographical and of different types of healthcare provider) who are under-represented in HIFA2015 online discussions e.g. community health workers. Therefore It is recommended that HIFA2015:</i></p> <ul style="list-style-type: none"> Stimulate discussions and consider inviting input from groups that are less vocal in discussions. Enlist the assistance of supporting organisations to aid their members who are part of some of the less-heard groups to share their experiences, views and questions on the forum Continue to emphasise the reader-focused moderation as a way to create the sense of community for members. |
| <p>4. Recruitment strategy</p> | <p><i>There is great potential for scaling up HIFA membership but an absence of a strategy for which new types of members should be prioritised for recruitment over the next 1-3 years. Therefore it is recommended that HIFA2015:</i></p> <ul style="list-style-type: none"> Develop a strategy to recruit community health workers from across a range of countries and also increase the membership of low income countries not participating at high rates now, noticeable from Asia. |
| <p>5. Develop more sharing of members' information</p> | <p><i>Members want more focused information and access to other members with similar interests. therefore it is recommended that HIFA2015:</i></p> <ul style="list-style-type: none"> Further develop and promote tools such as a map and members list to enable members to contact each other outside of the forum. Develop tools to enable members to identify the subject matter of messages they would like to receive along with regular (annual) opportunities to review this selection. |

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| | <ul style="list-style-type: none"> • Develop products to provide members with an overview of discussions and a means to link to these to continue to provide a wide range of discussions to them. |
| Knowledge Sharing Recommendations | |
| 6. Accelerate the knowledge base developments | <p><i>Building the knowledge base has slipped well behind schedule. Therefore it is recommended that HIFA2015:</i></p> <ul style="list-style-type: none"> • Press ahead with the HIFA-Lumps development with urgency. Test the tagging with a range of members to ensure it works for them. • Monitor the effectiveness or otherwise of HIFA-Lumps as a method to capture and promote knowledge in an accessible way. • Develop an approach to promote new and existing content on the HIFA website including in the HIFA-lump database to members. • State more explicitly whose knowledge in the next 1-3 years HIFA2015 seeks to build (eg geographically, sectorally) |
| 7. Increase and promote community level content | <p><i>Members want more information on events, activities and learning from community-based work. Therefore it is recommended that HIFA2015:</i></p> <ul style="list-style-type: none"> • Prioritise knowledge from grassroots/community based initiatives in HIFA-Lumps first phase. • Encourage community health workers and organisations working directly with them to participate more actively in online discussions. |
| Advocacy Recommendations | |
| 8. Advocacy strategy | <p><i>Advocacy work so far has been ad hoc which is opportunistic but means the full potential of harnessing HIFA has not been realised. Therefore it is recommended that HIFA2015:</i></p> <ul style="list-style-type: none"> • HIFA should develop a 3-5 year strategy with SMART (specific, measurable, appropriate, realistic, time bound) aims for this time period and a clear approach for how to achieve these. |
| 9. Develop advocacy communication outputs | <p><i>There is only limited empirical evidence to back the theoretical and moral argument for attention to healthcare information. Therefore it is recommended that HIFA2015:</i></p> <ul style="list-style-type: none"> • Develop a plan for the development of a set of case studies to highlight the costs of healthcare information needs not being understood or met as |

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| | <p>well as the benefits (and costs) of meeting these needs. HIFA should develop a plan to do this over the next three years, probably in partnership with relevant organisations from either within or outside its members.</p> |
| <p>10. New media learning</p> | <p><i>HIFA has limited experience in running global campaigns, a rapidly evolving area of work as new technology changes fast. Therefore it is recommended that HIFA2015:</i></p> <ul style="list-style-type: none"> • Identify three decentralised global campaigns and initiatives that have achieved success at the global and local level to visit and learn about how they designed and implemented their strategy. |
| <p>Further Recommendations</p> | |
| <p>11. Management and Resources</p> | <p><i>HIFA achieves impressive outcomes on very limited resources but is running on an unsustainable operational model. Therefore it is recommended that HIFA2015:</i></p> <ul style="list-style-type: none"> • Develop an operational plan and budget for HIFA for the next 18 months based on known income and a realistic projection of anticipated income if some fund-raising is successful. This should include a reasonable working week for staff. • Prioritise the recruitment of additional fund-raising and moderator skills to HIFA2015. • Simplify the governance structure to reduce the number of groups and committees. • Develop a communication plan for HIFA (draft format attached in Annex) |
| <p>12. Funding</p> | <p><i>HIFA's funding is extremely limited and puts the organisation at risk in the coming years. Therefore it is recommended that HIFA2015:</i></p> <ul style="list-style-type: none"> • As a priority invest in fund-raising skills to develop small scale projects that may be able to gain swift funding from donors including supporting organisations. • Develop a system for supporting organisations to contribute an annual fee to HIFA for membership. This could be a sliding scale to avoid discouraging wanted members. Consider levels of £1000 upwards. • Establish a commercially oriented cost basis for services such as moderation training, mentoring, hosting forums, maybe even promotion of materials. In particular WHO should consider making a greater contribution to the HIFA in hard cash terms considering the benefits its |

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| | staff consider they derive from HIFA. |
| 13. M&E | <p><i>Monitoring and evaluation needs to capture holistic experiences of HIFA and how it contributes to change. Continue to develop the M&E framework to accompany the more focused strategy. Therefore it is recommended that HIFA2015:</i></p> <ul style="list-style-type: none"> • As part of the more specific 3-5 year strategic plan HIFA2015 continues to develop its current M&E framework. This will continue to build on the outcomes model being developed (DoView Results Roadmap). Once more specific SMART outcomes for the next 3-5 years are articulated the monitoring and evaluation framework can be further developed to assess these. The framework is likely to include: • Indicators for each SMART outcome to be monitored with routine quantitative data collected and occasional sampling as described above • A series of case studies to explore in more depth how membership of HIFA contributes to change in different locations and for different roles • a series of more in-depth studies to test assumptions (8.3) • Establish ways to monitor the range of voices participating in discussions. For instance develop three key attributes that constitute success in the network which can be followed up e.g. through samples e.g. 70% participants in discussions learn something new (each year contact all the participants in 10% of the discussion threads to find out if they learned something new). |
