Support Services

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Health literature: a neglected resource

Libraries and related facilities are ignored in many countries as sources of information on which to base health planning and management. Ways of remedying this defect are suggested below.

The health and medical sciences enjoy outstanding information support through a vast literature made accessible by secondary services such as abstracting journals and databases. Yet national health plans contain few references to bibliographic services, libraries or documentation centres. By no means all ministries of health can count on the support of such facilities, and the services that exist are rarely efficient. Neither their staffing nor funding permits them to provide health managers with adequate literature services.

Practically all major health science libraries operate under the administrative authority of ministries of education, with the consequence that ministries of health seem to regard them as being beyond the scope of national health planning. Furthermore, health administrators are almost exclusively interested in numerical data. For them, health information means health statistics, and health literature and libraries are seen as less relevant.

A better appreciation by health administrators of the support they can obtain from literature services is hindered by the outdated image many of them still have of libraries, that of collections of books and journals to which the information seeker must go in person. This type of service can now be replaced by active information dissemination and personalized literature retrieval. However, it is not solely the fault of health managers that they are not aware of these possibilities. Blame also attaches to information professionals in the developing countries who frequently fail to offer such services because they have not been trained in the modern modes of service provision, have insufficient resources, and receive little or no encouragement or support for reform from the health authorities.

The areas requiring improvement most urgently vary from country to country. However, those indicated below appear to be of prime importance.

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Mobilization of resources

In many developing countries, health literature resources are scarce yet underutilized. This is because health science libraries are usually institution-based and their services limited to research personnel, medical school staff, and postgraduate students. Even within parent institutions, access to library resources is often severely restricted. For instance, only a few privileged readers may be permitted to use photocopiers or have free access to collections. No developing country can afford a system that denies whole segments of the health community access to the literature, nor does it make sense economically not to obtain maximum return on investment in libraries and documentation centres. Liberal access policies and non-restrictive use regulations should therefore be the rule.

It is also necessary to provide continuing education for staff in specific subjects directly related to user services, inter-library cooperation, and improved exploitation of collections. Examples for course topics are current awareness services, library networking, and the application of information technologies. Health administrators can also greatly contribute to

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the mobilization of librarians and related staff by acknowledging their professional status and potential as information intermediaries.

Coordination of health literature services at national level

Coordination and cooperation are still inadequate among health libraries in developing countries. Plans of national or regional networks have occasionally been published but they have either failed to become operational or have disintegrated quickly. It seems that the benefits obtainable from cooperative ventures such as resource sharing are not fully understood, and in any case there appears to be a widespread aversion to cooperation. Of course, in a number of developing countries there is only one sizeable medical library, and so the question of coordination does not arise. It should also be noted that slow and precarious communications present an obstacle to cooperation.

The modern trend is to organize libraries and documentation centres in networks and to coordinate some of their activities at national level. It is in the more affluent industrialized countries that library networking is most advanced. The principal cooperative activities are collection-sharing through inter-library lending and photocopy provision. The cooperative development of collections and the pooling of staff resources, e.g., for centralized cataloguing, also occur. Users benefit by gaining access to a much wider range of resources than would otherwise be at their disposal.

Coordination and cooperation can be improved by using information technologies, notably small computers in conjunction with telecommunications. Each country should equip itself with the best technology it can afford, so long as this can be handled by the existing staff.

Developing countries have much to gain from systematic coordination and cooperation. Initially, it may be necessary to
overcome resistance through awareness campaigns led by health administrators and librarians.

Progress in this area would be greatly helped if ministries of health coordinated network planning and implementation and provided the required support. Such involvement would encourage information professionals, librarians and documentalists, many of whom complain about official indifference towards their work.

Extension of facilities to underserved groups

Medical research and teaching staff rely on health literature services, and even in developing countries are relatively well provided with them. This is not true for health administrators and health care personnel: ministry of health staff and hospital physicians frequently have little or no literature support. Given the major role of these people in implementing national health policies, the implications are serious.

Numerical data are essential in planning, decision-making and management but cannot transmit new ideas, views, criticisms, theories and other types of wholly or partly non-numerical information. Statistics represent information generated in national health systems, whereas literature permits an influx of information from outside. Literature services also play a part in the continuing education of health personnel. The technical means exist to provide health managers with adequate literature information and this support can be presented in a format attractive to managers and responsive to their needs, which clearly differ from those of researchers and teachers. Their subject coverage, for instance, extends far into the environmental, social, behavioural and management sciences and includes housing, waste disposal, water supply, air pollution, population control, nutrition, planning and budgeting. Health administrators usually have neither the time nor the inclination to read extensively, and an optimal literature service for them should probably be based on personal interest profiles and generated from a wide array of sources, including the less conventional ones of “grey” or “fugitive” literature. Health administrators normally have no need to read full-length original articles, preferring concise summaries or synthesized and repackaged information extracted from a multitude of sources. Careful selection of material helps to avoid an information overload. The service should require practically no effort on the part of the user and should be highly relevant. A bibliographic service for health administrators should be able to meet specific requests for information and needs suitably trained staff with proper technological support.

For the majority of health care personnel in most developing countries, who work in rural areas, it would be unrealistic to imagine that literature support could be provided through a network of hospital libraries. Only the larger teaching hospitals can be expected to support their own library facilities. The solution probably will be to create outreach services in existing libraries, notably those in medical schools, for staff in
district and rural hospitals. Thanks to photocopying technology, library services can be provided in remote locations, given reliable communications. The libraries concerned will doubtlessly confront organizational and financial problems, the latter possibly requiring government support.

Ministries of health should also investigate whether primary health care personnel should have literature services at their disposal. Established libraries and documentation centres are probably not equipped to serve this group, mainly because of the cultural and educational gap between rural health workers and traditional library users. New communication services may be needed for both training and information purposes, together with new formats for presenting information.

Integration of health literature services into national health systems

The potential impact of the above measures cannot be realized without integration of health literature services into national health systems. Health libraries, documentation centres and bibliographic services should be recognized as providing essential information support to all categories of health personnel, particularly in the context of health planning and management, and their development should be planned at national level in accordance with priorities. Governments can take the following four steps to initiate integration.

1. Formulation of national policy for health literature services

This policy should state the objectives of health literature services, outline the organizational structure of the system, delegate responsibilities, set priorities, and determine medium- and long-term targets. The policy should reflect government commitment to health literature services. For the information mediators, it should provide guidance in reorientating their work so as to make it more responsive to the needs of all health personnel.

Of particular importance should be a recognition of the need for intersectoral coordination and an appeal for close cooperation from government and private agencies. It is obvious that without coordination, particularly between ministries of health and education, the integration of libraries into national health systems is impossible.

2. Inclusion of health literature services in national health plans

Health literature services should be planned in the context of overall national health plans, so as to be associated with laboratory, pharmaceutical, statistical, logistical and other services. Inclusion in the regular planning process should guarantee that health libraries and other information-processing institutions develop more usefully than they would otherwise, in so far as national health objectives and programmes are concerned. Health libraries can give support by adjusting their subject coverage or by developing new types of service. There will normally be a reorientation
of collection policies, with a shift in emphasis from the curative to the preventive and promotive aspects of medicine.

3. Allocation of funds to health literature services in national budgets

If health libraries in developing countries are to broaden their mission, reorientate their policies for the development of collections, enlarge their user communities, and provide documents to other libraries, they will require resources additional to their regular funding, usually provided by ministries of education. Supplementary money should be allocated for new functions and services in health library networks or for national health system support.

Both capital investment and current expenditure will have to be met. The former typically includes the purchase of photocopying equipment in order to improve centralized document delivery by a resource library, the purchase of a microcomputer and supporting software for the compilation and maintenance of a union list of serials, and the organization of a training course for health librarians, focusing on library cooperation and networking. Recurring expenditure may include the salary of a full- or part-time operator of a photocopying machine in a resource library, subscriptions to periodicals, and the purchase or subsidizing of bibliographic computer searches from foreign computer hosts.

Although the sums involved are relatively modest, in some countries it will not be easy to provide them as part of the national health budget, within which a redistribution of funds may be necessary. In some cases there will be reluctance to invest in an area where no quick, tangible returns can be shown. However, any health manager who takes a long-term view of health development is likely to recognize the need for improved information transfer and to accept the price that must be paid for achieving it.

4. Bibliographic control of national health literature

Many members of the health community in developing countries regard the domestic health literature as an information source of secondary importance. It is frequently neglected both by the consumers of health literature and by the more prominent authors, who try to place their articles in the top foreign periodicals. This is understandable but short-sighted.

It is important for health personnel in developing countries to realize that the domestic medical periodicals deal with local health problems, whereas the international journals are slanted towards the high-technology medicine of the industrialized countries. Unfortunately, in many countries there is no bibliographic control over the national health literature: no indexes or abstracting tools are compiled, and this seriously hampers the dissemination of information on the books and periodicals published. Jointly with librarians, therefore, members of the health community should endeavour to create indexes to national health literature, including official documents, technical reports, memoranda, surveys, and other material outside commercial channels. They should also refrain from publishing in the foreign medical press, since this obliges local libraries to pay in hard currency for their articles. By giving preference to publication in domestic periodicals they can help to raise the standard and reputation of these publications, and in turn to improve their
coverage by international medical bibliographies. None of this implies that medical publications from developed countries should be ignored.

**Joint action**

Progress will only come about through the combined action of the three partners involved. National health and education authorities with administrative and financial control over health literature services should take the initiative, exercise leadership and provide political and material support. Information mediators, i.e., librarians, documentalists, bibliographers and others should shed their traditional role as mere keepers of literature and move into the field of information management. And the users of health literature services should realize that they can be a substantial pressure group; they should urge the authorities to increase financial support for libraries and other information-processing institutions; they should review and restate their information needs, and bring these to the attention of librarians and documentalists, with whom they should cooperate in developing new services that are more responsive to their needs; and they should take an active interest in the national health literature and its bibliographic control and dissemination. These suggestions presuppose that all concerned understand the need for improved health literature services.

The interest and participation of the various groups mentioned above cannot, however, be taken for granted. The development of health literature services implies policy changes for librarians and new patterns of information-seeking for users. Change inevitably brings resistance, and this will have to be overcome by patient persuasion. In this connection it is worth pointing out the following to administrators and information specialists.

- Normally, there should be no need for structural changes in national systems of health libraries and documentation centres; no costly new facilities need to be created; existing infrastructures should be adequate for extended functions if there is proper coordination and judicious redeployment of staff and resources.

- Health libraries will continue to fulfil their primary role at the same level as before; given careful planning and adequate support, the new functions will supplement their established operations, not interfere with them.

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Literature support for national health systems has been grossly neglected. Methods and technologies exist for improving matters, but before any programmes can be initiated an awareness of the requirements has to be created in administrative circles, and a political will to achieve change in this area has to be developed.