Support Services

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Essential books for health workers in the Third World

In developing countries the systematic provision of small sets of basic medical texts responds to a growing awareness of the importance of information but poses some problems, notably in the selection and management of books and in the obtainment of funds.

Until very recently, few efforts were made to provide medical textbooks systematically for health care staff in developing countries. Information support for district hospitals and health centres was not a major consideration when, following the Declaration of Alma-Ata, moves to reorientate and strengthen health care delivery services were initiated.

New or extended health care infrastructures are now in place in many countries and there is an increased awareness of the importance of information among administrators. This is evidenced by the setting up in Malawi and Zimbabwe of small information units in district health offices and many health care facilities (1, 2).

Core collections

In virtually all developing countries the recipients of information support are widely dispersed and communications outside the cities present problems. This practically excludes the few existing medical libraries as information providers for rural health staff. Even if library extension services are provided in remote areas they are of limited value. Requirements for information being case-related, access to reliable sources is vital at the point of use. The only feasible solution is to equip health care facilities with small standard sets of carefully selected textbooks and manuals. As with WHO's Essential Drugs Programme, this approach takes into account the economic necessity for Third World countries to select items that are considered indispensable and to ensure their wide availability. Sets of essential books are referred to as core collections. The concept is not new, numerous core collection programmes

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having been designed for hospital libraries in industrialized countries. However, its application in the national health systems of the developing countries deserves attention.

In planning and implementing national core collection programmes, critical importance attaches to the selection of titles and the provision of funds.

**Title selection**

The first decision to take in the selection process is whether one or several core lists should be compiled. In Zimbabwe two lists were drawn up, one of 40 reference books and manuals for hospitals, the other of 13 textbooks for health centre staff. Referral hospitals, where relatively complicated or unusual cases are treated, clearly require a more comprehensive collection than institutions of first access to the health care system.

In choosing titles, compilers of core lists face severe economic constraints. The average price of a standard medical textbook published in Europe or the USA is about US$ 85; that of a nursing textbook is approximately $ 45. For substantial programmes like that in Zimbabwe, where well over 1000 health care facilities were provided with core collections, such prices are excessive. A more realistic alternative is offered by several low-cost textbook collections designed to meet the needs of the Third World. The Malawi and Zimbabwe projects use the British Council’s Educational Low-price Book Scheme (ELBS), “Teaching aids at low cost” (TALC), and the rural health manuals of the African Medical and Research Foundation. WHO is another source of publications for core collections; their suitability derives from their topicality, their low prices, and the availability of most of them in several major languages.

The method of selection is a key factor in ensuring that the titles meet the needs of staff. While the above low-cost collections provide a practical basis, each selection for a national essential books programme should also take account of such local factors as disease patterns, geographical and environmental characteristics, and the composition and level of the health community. All categories of health professionals, and especially nurses and auxiliaries, should participate in the process. In Zimbabwe the two core lists were drawn up by a joint health information committee comprising senior members of the Ministry of Health’s Division of Health Manpower Development and Health Education, the Ministry’s librarian, three medical librarians and a faculty member of the University of Zimbabwe; they were advised by several former district hospital doctors. In Malawi a first draft of the core list was produced in the Ministry of Health and distributed to district health officers and their staffs for review and suggestions.

**Funding**

In a period of shrinking health budgets it is doubtful whether a comprehensive essential books programme can be entirely financed from government sources. Programme organizers who turn to external funding agencies encounter competition from other
health sectors but their chances of success are quite good. The vital importance of information is increasingly recognized by foundations and aid organizations: their support for core collections of medical textbooks responds to a perceived need, has realistic targets, benefits particularly disadvantaged groups, requires a one-time investment, and can be reliably costed. The Zimbabwean project was mainly funded by a Scandinavian aid agency, while in Malawi different sponsors were secured for each health district, among them a class in a school, a church group, and a polo club in the USA.

There is no reason why journals should not also be represented in core collections. The aim would go beyond the care of patients to the needs of health care staff for continuing education. Regular funding would have to be ensured for the journal component, and this could be difficult to obtain from an outside agency.

**Accommodation, supervision and use of collections**

In many clinics and health centres it may be difficult to house even very small book collections. Where this is so, shelving should be supplied and the recipient institutions should be requested to provide the necessary space. Both in Malawi and Zimbabwe, failure to insist at the outset on arrangements for adequate accommodation led to considerable delays in implementation.

Books should be kept in an accessible room and should be available for consultation by all health professionals. There have been instances of core collections being held in the offices of clinic directors for their exclusive use, in clear violation of the principle of free access to information.

One staff member should be made responsible for each collection and required to exercise control over it. Without supervision, core collections tend to disintegrate. In a country of the Western Pacific Region, only two of 19 collections were still intact and actively used a year after installation. The person charged with supervision should not, as a rule, be expected to provide services, such as that of tracing information, for other staff members: all users should look after their own needs.

As yet it is too early to gauge the success of the few programmes that have been implemented. This will depend on the political support they receive from national health administrations and on the use made of the information resources by health care staff. Rural health staff have been deprived of information support for so long that they may fail to recognize books as problem-solvers. An educational effort by health authorities may be necessary so that reference to the literature becomes standard practice for physicians, nurses and others in rural settings. Once this is achieved, access to information should strengthen their self-reliance and help to overcome feelings of isolation.

**References**
