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Harnessing health information in the Third World

The provision of technical information on health in developing countries is discussed, with particular reference to the Diarrhoeal Diseases Information Services Centre in Bangladesh. Progress towards meeting the pressing needs of the Third World in this field can undoubtedly be made by increasing the use of micrographic, computer and videodisc technologies and by reorganizing and promoting the facilities on offer.

In the Third World, collaboration between the custodians of health information is often inadequate, and library services are frequently ignored. Many libraries are still managed merely as collections of books and journals. There is often a failure to apprise students of the goals of library services and to convince new librarians that they should be facilitators. Users may spend much time searching from catalogue to shelf, unaware of, or incapable of using, the new techniques for information retrieval. Change cannot occur until awareness of both the needs and the technologies that can meet them are appreciated by the administrative and political entities involved. Furthermore, it is vital to recognize that the growth of viable health systems depends on ready access to the literature for all segments of the health community. Institutional libraries should not prevent outsiders from using their facilities.

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Progress

The present situation is not, of course, wholly unfavourable. Some examples are described below.

- The International Nutrition Centre for Central America and Panama has expanded its database to include literature on oral rehydration and maternal and child health. The Centre responds to approximately 900 requests for information on child survival each year. A newsletter on this subject, published six times a year, is sent to physicians and other medical personnel, giving details of new technologies for treating diarrhoeal diseases and malnutrition.
- The *Organisme de Recherches sur l'Alimentation et la Nutrition Africaines*, located in Dakar, Senegal, disseminates information on nutrition, the management of diarrhoea and the application of oral rehydration therapy. A list of recent acquisitions is published every three months.
- The United States Agency for International Development funds a

centre in Ouagadougou which has planning and reference documents, journals, and a computer-based catalogue. WHO and other bodies contribute material in English and French. The object here is to support health planning.

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- In the late 1970s, Mali set up a multi-sectoral documentation centre for the Sahel. Originally concentrating on agriculture, it is now building a strong base in the health field.
- The International Water and Sanitation Centre in The Hague is concerned with the generation and transfer of knowledge and with the exchange of technical information on the improvement of water supplies and sanitation in developing countries.
- In Paris the *Centre International de l'Enfance* disseminates information in English, French and Spanish on child health in the Third World.
- The Asian Institute of Technology in Bangkok, founded in 1959, has a library and regional documentation centre serving as a coordinating body for four specialized centres. One of these, the Environmental Sanitation Information Centre, with its emphasis on low-cost technology, has a direct bearing on health matters.
- In both developed and developing countries, the Appropriate Health Resources and Technologies Action Group (AHRTAG) disseminates information mainly through newsletters

published in eight languages. The subjects covered include diarrhoea, infections, disablement, AIDS, and primary health care. Some 650 000 readers are reached.

- Information on diarrhoeal disease is available from a centre attached to the Department of Community Medicine at Godjah Mada University, Indonesia, and from the Information Centre on Diarrhoeal Disease of the Department of Health in the Philippines. Of outstanding importance in this sphere is the Diarrhoeal Diseases Information Services Centre in Dhaka, Bangladesh.

The Diarrhoeal Diseases Information Services Centre

In 1960 a cholera research laboratory was established in Dhaka. Subsequently it became the International Centre for Diarrhoeal Disease Research, Bangladesh, to which the Diarrhoeal Diseases Information Services Centre is attached.

As studies on diarrhoeal disease proceeded the demand for services to disseminate information increased, particularly in Asia. In 1981, WHO's Western Pacific Advisory Committee on Medical Research proposed the formation of a diarrhoeal diseases network with a view to extending the exchange of information beyond national and regional boundaries. The establishment in each country of an information network and clearing-house was also recommended.

The Diarrhoeal Diseases Information Services Centre was established in 1982 to undertake regional and international networking, using funds provided by the International Development Research Centre in Canada. Micrographic facilities and personal computers were obtained, a quarterly international journal on diarrhoeal diseases was published, annotated

bibliographies were prepared, a directory of Asian specialists on diarrhoeal diseases was compiled, research projects were reviewed, and a document delivery service was inaugurated. Library and communication activities were expanded with the help of two documentalists, an editor, and five supporting staff. In 1988 the Swiss Development Cooperation undertook to provide substantial funds for four years in support of certain established activities, the setting up of new programmes, the acquisition of databases on CD-ROMs to facilitate fast literature searching, and the improvement of infrastructural facilities. The contributions of the International Development Research Centre and the Swiss Development Cooperation were vital for the launching and development of the new programmes. Much of the information on diarrhoeal diseases which is now held has emerged from or could serve biomedical research, the development of control and treatment procedures, and the establishment of programmes for introducing them.

As computerization proceeds the work of the Diarrhoeal Diseases Information Services Centre grows in efficiency. Specific bibliographies can be created on demand, and numerous databases provide the material for retrospective literature searches, annotated bibliographies, a rapid question-and-answer service, the checking of references for journal articles, information on new acquisitions, and a current awareness service.

Combined action

The pressing needs of the developing world for information on health could be met by the micrographic, computer and videodisc technologies. Given careful planning, these technologies should enable many countries to pass directly to the establishment of new

systems, omitting a generation or more of the conventional methodologies. Of course, it should be borne in mind that the collection, compilation and analysis of data are not ends in themselves. If developed in harmony with local conditions the new technologies can undoubtedly help to improve the quality of life.

In the Third World there are areas of excellence in the field of health information, and a growing number of organizations are becoming involved in coordination and networking. Unfortunately, there are still large regions lacking adequate facilities. Wherever necessary, the information profession should act along the following lines.

- If modern information services are not available an attempt should be made to provide them.
- The importance of having sources of information should be impressed on administrators and governments.
- An effort should be made to integrate health literature services at national level, on the basis that libraries, documentation centres and bibliographic services provide essential support for all categories of health personnel.
- Librarians should bring their services to the notice of the health community,

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which should be invited to familiarize itself with facilities not previously accessible to library users. Leaflets indicating recent acquisitions, outlining services and demonstrating a willingness to meet requirements for information could be circulated.

- Community resource centres should be organized so that information reaches the population at large.

Combined action is desirable, involving national health and education authorities, librarians, documentalists, other information professionals, and users. Users should clearly state their needs and press for sufficient funding to support adequate information systems.

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Family planning counselling

The purpose of family planning counselling is to help the client to make an informed, voluntary, and well-considered decision regarding fertility and contraception. The counsellor ensures that the client is informed about all available methods of contraception and helps her apply this knowledge to her circumstances. Counselling is particularly important for sterilization because the method involves surgery and is intended to be permanent. It is a critical checkpoint between the client's decision to seek sterilization and the succeeding steps that lead to surgery. ...

Counselling involves two-way communication, with both the counsellor and the client spending time listening and talking. The counsellor should be objective, showing no bias for or against female sterilization or any other family planning method. Whenever it is possible, the client's partner should also receive counselling. However, the partner's consent should not be a prerequisite for receiving services unless it is a legal requirement.

— *Female sterilization: a guide to provision of services.*
Geneva, World Health Organization, 1992, pp. 61–63.