Healthcare Information for All
hifa2015.org

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Outline

1. Health information + UHC
2. Health information poverty
3. HIFA
4. How you can be involved
1. Health information and UHC

UHC

access to quality health services

promotion + prevention + treatment + rehabilitation

informed health workers + informed citizens + informed policymakers

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Cumulative evidence
2. Health Information Poverty

= any situation where a citizen, a health worker or a policymaker does not have access to the healthcare information they need to protect their own health or the health of others

(may coexist with health info overload)
Consequences of health information poverty

People are dying for lack of knowledge

Delays in using health services, delays in diagnosis, wrong diagnosis, wrong treatment, wrong policy…

Studies in LMICs “suggest a gross lack of knowledge about the basics of how to diagnose and manage common diseases, going right across the health workforce and often associated with suboptimal, ineffective and dangerous health care practices.”

*Human Resources for Health* 2009, 7:30
Causes of health information poverty

- Proximate causes
- Systemic causes
Causes of health information poverty

1. **Proximate causes** (examples):
   - Lack of existing healthcare knowledge/health education
   - Information isolation (no phone, no internet…)
   - Inability to find and/or identify the information that is needed (in the right language, at the right technical level, appropriate to available resources, in the right format)
   - Exposure to misinformation
Causes of health information poverty

2. Systemic causes (focus of HIFA strategy)

Understanding information needs

- Making information available
- Producing reference and learning materials

Global Healthcare Knowledge System

(Adapted from: Godlee et al. Can we achieve health information for all by 2015? Lancet 2004;364:295-300)
Three systemic causes of health information poverty

1. Poor communication

2. Poor understanding

3. Poor advocacy
Three systemic causes of health information poverty

1. Poor communication
   HIFA Forums

2. Poor understanding
   HIFA Voices database

3. Poor advocacy
   HIFA Advocacy programme
HIFA Global Forums

• >12,000 participants in 172 countries
• 5 discussion forums in English, French and Portuguese
  (in collaboration with WHO and others)
HIFA Global Forums

Virtual communities of practice

Email based (inclusive)
Dgroups Foundation (>2000 groups)

Reader-focused moderation:
Moderators add value to every message
HIFA2015 Membership

(total m'ship of all 5 forums = 12,000)
6,700 members; 2,500 organisations; 170 countries

Health professionals – Librarians – Information Professionals – Publishers – Researchers – Policymakers
2,000 members in 32 countries
440 members in 34 countries
HIFA Voices

What is it? A database that captures experiential knowledge shared on HIFA forums

What will it provide? A shared understanding of the information needs of different user groups, and how to meet them

Who will use it and why? WHO, MoHs, library and information programmes and services, HIFA members

Method: HIFA Quotations
HIFA Quotations →
WHO Recommendations on Task Shifting (2012)

“[HIFA Voices] has the potential to become a leading source of practical and experiential data to help inform future international guidelines by WHO and other organisations”

Dr Simon Lewin,
WHO Guideline Development Group
“Governments have a legal obligation under international human rights law to ensure that citizens and health workers have access to the information they need to protect their own health and the health of others.”
HIFA-Watch

• Launched 2013
• What are governments doing (or not doing) to promote (or block) the availability and use of healthcare information? (Example: South Africa)
• 2014: 2\textsuperscript{nd} Collaboration with NYLS → “code of practice” for governments
Impact of HIFA2015

“HIFA2015 achieves an extraordinary level of activity on minimal resources from which many people around the world benefit”

HIFA2015 External Evaluation Report, October 2011
How is HIFA funded?

Income = $30,000 p.a.
1 fulltime staff (Neil PW)
140 Volunteers (inc. 88 Country Representatives)
Looking ahead: 2014 and beyond

- HIFA2015 → HIFA.org
- HIFA SMART Goals: #1 mHIFA
- HIFA Voices – The Lancet
- 2nd HIFA Conference, Dar es Salaam, October 2014
- New forums - ?HIFA-Es  ?HIFA-Fr
- Continuing collaboration with WHO
How you can be involved

1. Join HIFA2015 forum:  
   www.hifa2015.org
2. Consider how you might use HIFA forums to help achieve your programme objectives
3. Sponsor a HIFA thematic discussion.
4. Publicise HIFA to your contacts and networks.

Thank you