

African Index Medicus—a cooperative undertaking

IRENE BERTRAND* and LUCILDA HUNTER† *World Health Organization, 1211 Geneva 27, Switzerland, and †World Health Organization, Regional Office for Africa, PO Box BE 773, Belvedere, Harare, Zimbabwe

Although MEDLINE covers many of the significant medical periodical articles published in developed countries, there is still a considerable amount of medical and health documentation from countries outside the major industrialized areas which is not included. This paper outlines various initiatives to address this, and goes on to describe the setting up, on a cooperative basis, of the African Index Medicus, the problems encountered and progress made.

*'Even if we should presume that most of the world's valid, important biomedical information originates in the West—and there is evidence (...) to suggest that this is wilful self delusion—what about at least a minority contribution from the rest? The 2% participation in international scientific discourse allowed by Western indexing services is simply too little to account for the scientific output of 80% of the world.'*¹

Introduction

Although a MEDLINE search may often serve immediate needs, information seekers need to be aware of the existence of the vast quantity of literature which is not included in that database.² The remedy for this lack of access to health information from and about countries outside the major industrialized nations has been taken up on two main fronts: firstly, databases created, at least partially, in developed countries such as POPLINE and CAB Health, whose coverage includes some of this material, and secondly, bibliographical databases from developing countries created at a regional or country level. The South American continent was the first to produce a regional health bibliographical database entitled LILACS (Latin American and Caribbean Literature on Health Sciences). Later, LILACS was produced on CD-ROM by BIREME (Centro Latino-Americano e do Caribe de Informação em Ciências da Saúde), São Paulo, Brazil, as a cooperative regional resource at about the same time as this new technology was used to produce MEDLINE by commercial means. The mainly Arab countries of the Eastern Mediterranean Region of WHO, and the countries which make up its South-east Asian Region have also created databases of regionally generated biomedical and health literature (*Index Medicus* for the Eastern Mediterranean Region and *Index Medicus* for the WHO South-East Asia Region).

Sub-Saharan Africa (excluding South Africa) may be perceived as less forthcoming in this regard, but back in 1980 the World Health Organization Regional Committee for Africa recommended that the Regional Director 'compile an *African Index Medicus* using resources in the Region and extra budgetary sources including those of Special Programmes'. Work began on the project at the WHO Regional Office for Africa (WHO/AFRO) but was subsequently interrupted. The Association for Health Information and Libraries in Africa (AHILA) recently re-activated the project by convening a consultative

meeting with WHO health information professionals which was held in Accra, Ghana in 1993. Decisions were taken at this meeting on technical aspects of the project, data-entry site requirements, types of documentation to be included, training and so on.

The need for a central coordinating body in such a project is essential. AHILA is a professional body with only the goodwill and motivation of its members to keep it going and no funding apart from its membership fees, of necessity low because of the poor salaries of librarians in Africa. The new project is therefore a collaborative venture between WHO/AFRO and AHILA, with the creation of the regional index being a decentralized, participatory process. National health information databases are being built using a common methodology. This should ensure self-sufficiency and sustainability at country level and the tailoring of services according to local needs. Information services and products such as digests and bulletins are generated locally for national health professionals. The various national databases are merged into a regional database at the WHO/AFRO in Zimbabwe, with additional technical assistance from WHO headquarters. A short-term consultant was recruited by AFRO to get the regional database started, write a manual for national participants and visit some pilot sites to start training in the use of the Micro-ISIS software chosen as the common instrument.

The teething problems and the early experiences gained, both negative and positive, are without doubt common to any decentralized project like this one which covers a wide geographical, linguistic and subject area:

- Funding has been difficult to find, because health information often has a low priority with donor agencies. It became evident to us that no one individual agency was going to hand over the required amount to equip a data-input site in each African country with a computer and to cover the training costs, although the sums involved were actually quite small. However, a collaboration in the early stages with The Dreyfus Health Foundation in New York, which already had a health information component attached to its Communications for Better Health (then INFO-MED) Programme, helped us to realize that other people had common goals and similar objectives. From our experience, it would appear that bilateral arrangements have more likelihood of success in some countries, but this procedure involves added commitment and motivation on the part of the data-input site librarian (usually the librarian of the Medical Faculty of the main or often only university) who has to approach the potential local funders through the hierarchy of his or her institution; often an onerous and lengthy procedure.
- Motivation at national level is the all important factor in the success of such a decentralized programme. Although it may be felt that the creation and upkeep of a national database of published health information should be a priority of our profession, the practical reality is that staff are expected to take on the added workload without any extra financial benefit nor time set aside to do it. Data-input sites need constant encouragement to ensure that they send bibliographical records for the regional database. In some countries it has not been possible to identify a suitable person to take

on the role of a data-input site manager. In addition, staff frequently move on, taking their skills with them, rarely with enough time to train their successors.

- Tracing the 'grey' literature is notoriously difficult and time consuming, even in developed countries where a telephone call, a fax or e-mail can at least help obtain a copy of an identified piece of work. In developing countries, creating a network of contacts in different research institutions, university faculties, publishing houses, professional associations, ministries, etc. is almost a full-time job but it is essential in ensuring as full a coverage as possible of the local literature.
- The linguistic barrier between English, French and Portuguese speaking countries is very real in the African region, not only in planning and decision-making processes, but also in trying to encourage countries to work together.

It is in fact, against all these odds that the *African Index Medicus* is now expanding and gaining new impetus. WHO/AFRO and AHILA, with assistance from the WHO Library in Geneva, has produced 11 printed issues of the *African Index Medicus* since 1993 and will soon be putting up the full database on the WHO Web Page, until AHILA has its own Home Page. We are also currently examining the modalities of including the database in a CD-ROM of African health and biomedical literature databases being planned by NISC (a publishing firm in South Africa). There is therefore a strong possibility that the AIM will also be disseminated through this medium within the next year.

The future of the project has brightened since the beginning of 1997 with the injection of considerable funding from the Norwegian Development Cooperation Agency (NORAD) whose current interest in improving the dissemination of research carried out by African researchers in Africa happily coincides with the objectives of WHO/AFRO and AHILA. This injection of funds has enabled WHO/AFRO to recruit another consultant to promote the project more vigorously, especially among the entirely francophone African countries which have so far not been participants in the venture. Our project promotion efforts will include training and retraining health information professionals for participation in the project and, where this is in line with NORAD's policy of cooperation with individual countries, equipping sites to give them the electronic capacity to join the network of participants.

The key success factor in this undertaking remains the determination of the librarians involved that it should succeed. Large scale external funding has up until now played a minor role in the progress of the *African Index Medicus*. In one country, the determined librarian of the only medical library sought and obtained aid from local donors to acquire the necessary computer equipment with which to start the national database. The WHO/AFRO library has used its own staff to enter data sent in by participating sites on manual worksheets, and the WHO headquarters library has used its own staff to assist with certain aspects of processing output from the database for printing. It is difficult and very time-consuming, but it is extremely rewarding to be able, through such cooperation, to make a positive contribution, not only towards improving the exchange of biomedical and health information within Africa, but also its flow outwards to other developing countries and northwards to the industrialized nations of the world.³

References

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