

WHO Libraries : local needs shaping a global approach

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Abstract: WHO Libraries have become innovative developers of online information and knowledge management programmes and products, reaching a worldwide audience of staff in all offices and health institutions across the globe and the general public with priority given to low resource countries. This has brought a fundamental shift from a passive individual "response on demand" to solutions based on collaboration and partnerships that are focused on empowering individuals, regardless of their geographic location to access the information they need to carry out their work at the highest possible standard. Through collaboration and partnerships among the WHO Libraries, we have been able to establish such programmes as the Global Index Medicus, GIFT and the Global Health Library as well as collaborate in training workshops in support of the HINARI programme. A new initiative is currently underway, the Global Institutional Repository which will house all the WHO information products from Headquarters, Regional and Countries Offices and making WHO knowledge accessible to a worldwide audience.

Introduction

Imagine a work environment with six official languages of which three are in non-Latin characters in addition to two regional languages, partner libraries on every continent except Antarctica. Further envision a staff representing over 191 nationalities where English is not the first language to the majority and arranging a teleconference meeting requires consideration of a time difference of 23 hours. To better understand these challenges, I would like to use some examples from WHO to illustrate how important networking and close collaboration can achieve innovative responses and solutions for libraries within the WHO library network and for libraries in

developing countries. Through careful listening to the needs of our colleagues in the field, the HQ WHO Library works closely with Regional and Country Offices to develop global initiatives and programmes to respond to the needs of WHO staff and those of an even larger audience worldwide. These programmes are most often initiated and supported by library staff working at the Regional and Country level. With this support, initiatives can flourish and take root.

Environnement

The World Health Organization is one of the most decentralised of the specialised agencies of the United Nations. Many are familiar with the WHO Library located at the headquarters in Geneva, Switzerland. There are also 6 Regional Offices of which five have physical libraries. Regional libraries are located in the following WHO regions, AMRO/PAHO - Washington D.C. (United States of America); AFRO - Brazzaville (Congo); SEARO - New Delhi (India); WPRO - Manila (Philippines) and EMRO - Cairo (Egypt). EURO - Copenhagen (Denmark) is unique in having a library focal point without dedicated space. WHO Libraries network also includes a number of specialised liaison offices such as the International Agency on Cancer Research (IARC - Lyons, France); the Latin American and Caribbean Center on Health Sciences Information (BIREME- Sao Paulo, Brazil); WHO Centre for Health Development (Kobe, Japan) and WHO Mediterranean Centre for Vulnerability Reduction (Tunisia). Among the WHO Country offices of the Member States of the World Health Organization, there are over 100 libraries or library focal points. In a decentralised model such as the World Health Organization, the libraries of the Organization are administrated not by one single entity but rather each library or library staff reports to its own cluster, department or office.

Needs assessment

In light of the Organization's global reach and its decentralised nature, coordination of library services has been challenging. WHO libraries are using new collaborative tools such as EZCollab, Elluminate and Sharepoint so that WHO library staff on the six continents can communicate with each other more rapidly and with ease. With the participation of all, a momentum can be created to launch global initiatives that contribute to answering the needs of WHO staff. Of course, although global, the structure of the programs remains "simple" as no "one solution" can fit all. This is due to the

nature of certain challenges that have to be approached separately. It is clear that by bringing together tailored responses and approaching the overall needs with a variety of solutions that the demand for health related information can be met step by step.

Global Index Medicus

An early example of networking among the WHO Libraries has been the creation of regional indexes. Regional health and medical databases have been compiled to complement the internationally known bibliographical indexes such as MEDLINE from the US National Library of Medicine. Although most of the significant medical periodicals published in developed countries are indexed in the MEDLINE database and similar tools, there is still a considerable amount of important and valuable medical and health documentation from countries outside the major industrialized areas which is not included. This material therefore receives less global visibility despite its often higher relevance for other developing countries. Through collaboration between the WHO HQ Library and the AFRO Library the African Index Medicus (AIM) was established in 1984 to index the journals, reports, theses and other types of health literature from the AFRO region. Focal points in the various countries of the AFRO region compile the data at the national level. The national data is then forwarded to the AFRO Library and integrated into AIM. The AFRO Library now has full responsibility for AIM and coordinates the aggregation of the bibliographic data within its network of libraries and librarians in the AFRO region.

Today each of the WHO regions has an index which brings visibility and access to the scientific and medical published knowledge. Index Medicus for the Eastern Mediterranean Region (IMEMR) gives access to what has been published on health issues in the Eastern Mediterranean Region (Afghanistan, Bahrain, Cyprus, Djibouti, Egypt, Iran, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, The Occupied Territories, Pakistan, Qatar, Saudi Arabia, Somalia, Sudan, Syria, Tunisia, U.A.E., and Yemen Arab Republic). Index Medicus for South-East Asia Region (IMSEAR) is a database of articles published in selected journals within the WHO South-East Asia Region. It is a collaborative effort of participating libraries in Health Literature, Library and Information Services (HELLIS) network in the region. Established since 1982 by BIREME, the Latin American and

Caribbean Health Sciences (LILACS) is a cooperative database of the Virtual Health Libraries network that covers the health sciences literature published in the countries of Latin America and the Caribbean. The Western Pacific Regional Office (WPRO) was the latest to join the club in 2006. Now under the overarching activities of the Global Health Library, the WHO Libraries are working together to bring all the regional bibliographic databases together to form the Global Index Medicus that allows searching across all the databases with one interface at the same time. BIREME has been responsible for the development of the WINISIS software that is being used by three of the Regional Libraries. Work is currently under way to provide full text as much as possible. As an outcome of this regional collaboration, others have been able to benefit. More than a quarter of the 2.2 million scientific records held in the Global Health database produced by CABI are citations to developing country literature. Many of these references were identified for CABI from the five regional databases coordinated by WHO libraries.

GIFT (Global Information Full Text)

WHO regional offices, country offices, specialized offices, as well as headquarters staff need access to the top scientific, technological and medical journals and databases to ensure that the work of the Organization is based on evidenced based information of the highest possible level of quality, relevancy and timeliness. WHO Headquarters Library is in direct or indirect contact with global needs expressed by WHO staff worldwide and through discussions, meetings and analysis of requests. WHO Libraries were able to summarize a number of key directions and were able to identify the following needs among WHO staff:

- access to high quality and timely scientific information, accessible in a sustainable way ;
- retrievable whenever possible, from a single location (physical or virtual) ;
- in languages that are relevant to the users' requirements ;
- affordable - at no/low cost and
- accessible round the clock - 24/7.

Over the last six years, the WHO HQ Library has been implementing a policy of equitable access to health information resources for all WHO staff regardless of location. With many information resources available in electronic format, the WHO Library decided to purchase whenever possible all resources in electronic format allowing accessibility to WHO staff located in HQ, Regional and Country Offices. The first phase was to purchase electronic access to approx 1,000 online journals and 20 databases. The initiative was entitled GIFT (Global Information Full Text) and is managed by the WHO Library based in Geneva headquarters, however all the Regional libraries contribute in part to the support of GIFT. While very simple in theory, it was not initially simple to set up the IT structure to support IP recognition for the electronic resources as many of the Country offices had variable IP ranges. Negotiating contracts for multiple site was also challenging. The HQ Library team was responsible for coordinating the updating of these IP ranges with all the publishers and services providers. Regional libraries played an important part in identifying connectivity problems whether due to software or hardware problems.

HINARI

HINARI is wonderful example of a private public partnership. In the case of access to priced scientific information, HINARI and GIFT are two similar programs in regards to their content (online journals and databases) though aimed at two different sets of end users. The HINARI Programme, set up by WHO together with major publishers, enables developing countries to gain access to one of the world's largest collections of biomedical and health literature. Over 6200 journal titles are now available to health institutions in 108 countries, areas and territories benefiting many thousands of health workers and researchers. GIFT resources are only accessible to WHO HQ, Regional and Country Offices and GIFT is fully funded from the WHO operating budget. HINARI is targeted to academic, governmental or research institutions located in the eligible countries and primarily locally funded. Regional and Country offices of WHO located in HINARI eligible countries do not access HINARI. Nonetheless, both are global efforts providing journal and other electronic information access but to two very different audiences.

However, WHO library staff collaborate in the promotion and coordination of training of HINARI. Staff from the Regional libraries have conducted training workshops such as the EMRO Library has conducted training in

Afghanistan, Iraq, Sudan, Syria and Yemen in addition to translating the training kit into Arabic and French. AFRO Librarians have trained the users in Rwanda, Senegal and Mali. In the WPRO and SEARO, we have seen cross regional co-operation between the libraries when the two regions organised a workshop in Bangkok in 2005 where HINARI workshop participants originated from both regions.

Global Institutional Repository

WHOLIS is the World Health Organization library database currently available on the web. WHOLIS indexes all WHO publications from 1948 onwards and articles from WHO-produced journals and technical documents from 1985 to the present. The WHO library was among the forerunners of the United Nation libraries in providing a full text database of its documents and publications. Currently over half of the bibliographic records in WHOLIS has embedded full text links. Today's technology has now advanced significantly and the WHO HQ Library is leading an effort to create a new access to WHO publications. Some limitations of WHOLIS are a search interface available in only three languages (English, Spanish and French). All Russian language versions of WHO publications and documents are available through the English language record only as translations are only indexed via the English titles. By tracking the WHO website usage, we noticed that users coming through the Russian language WHO website were not accessing WHOLIS and as a result not finding the Russian version of WHO publications. Due the decentralised nature of the publication process in WHO, it was also difficult for WHO HQ library to track and include all regional WHO publications and documents in WHOLIS. Under the current process, cataloguing and data input into WHOLIS is primarily centralised at the WHO HQ Library.

To overcome these shortfalls in the current database, the WHO Library will create a new database called the Global Institutional Repository (WHO-GIR). The WHO-GIR will be used for gathering and storing, in digital form, WHO's intellectual output in all available languages with multilingual searching capabilities. The WHO-GIR will be an expansion of WHOLIS (WHO HQ & EURO libraries database) in terms of its contents and searching capabilities and extended to regional content.

A Global Working Group (GWG) composed of librarians, web officers, publishing, information technology and other experts from WHO headquarters, regional and country offices have been working on the definition of the requirements and common standards for the WHO-GIR. The GWG is currently evaluating different open source tools following these requirements. The implementation timeline is 6 years (2008-2013). The WHO-GIR will be constructed by responsible offices in all Regional Offices and Headquarters, working together, according to standards determined by a consensus process. Data will be stored in a decentralized fashion and common standards will permit full interoperability and searching across all data. Through cooperative cataloguing, all Regional libraries will be able to submit bibliographic and upload the full text documents into the database data in real time. Moreover, the GIR will have a multilingual interface, its content will be openly and freely accessible and fully searchable in all six official languages, and the collections will include WHO information products in official and non-official languages. As a result WHO-GIR will be more reflective and current of WHO's output than the current WHOLIS. Responding to users all across the globe, we hope to see the first phase of WHO-GIR operational in 2010.

Establishing networks and partnerships even among institutional members is not always easy. Some initiatives take more time to take root. Some initiatives such as the Global Health Library demonstrate the need for collective agreement on how to empower all partners in the network before such initiatives can flourish. The Global Health Library (GHL) which I presented in 2005 at the 10th EAHIL conference in Cluj, Romania has progressed at a slower rate. The GHL aims to strengthen, promote and develop worldwide networks on the collection, organization, dissemination and universal access to reliable health sciences information. The original concept was initiated by WHO HQ staff. While we have been able to focus some of the energies of the Global Health Library around the Global Index Medicus, HINARI and the Global Institutional Repository, we are still learning in the process of building the networks to firmly ground this initiative. WHO has an ongoing role in building global approaches for health related information needs worldwide and specifically in the developing world. With the network of librarians and information specialists located at country and regional level, we commit ourselves to listen, learn and work globally to build together fundamental approaches to achieve far-reaching ideas and solutions. We see as our goal an environment where even the most resource strained countries can advance the health of

their people through knowledge of the highest possible level of quality, relevance and timeliness.

On a personal level, I really do see the challenges I mentioned in the beginning of this paper as opportunities. A multilingual workforce means I can turn to any number of my colleagues to obtain information in Chinese or obtain an article in Arabic. The 24 hour cycle allows for at least one of the libraries to be open to get help with a difficult reference question. Collaboration and partnership produced global programmes and initiatives, but it is work at the personal level, on the one to one level that really is essential to the success of these programmes.

On behalf of our team in WHO Headquarters and of the Global WHO Librarians Network, we welcome your expertise, ideas, participation and feedback to build strong partnerships. It is our belief that collaborative spaces and broad social networks enable new ideas, large-scale training and, ultimately, the access to much needed health knowledge and information in developing countries.