

## **‘Healthcare Information for All by 2015’: a community of purpose facilitated by Reader-Focused Moderation**

*Neil Pakenham-Walsh*

### **The challenge: healthcare information for all**

Tens of thousands of people die every day in developing countries, from common illnesses that can be easily treated. The vast majority die at home or under the care of a primary health worker, while a smaller number die in a district healthcare facility, and fewer still in tertiary centres. A major factor in these deaths is that the parent, carer, or health worker very often does not know what to do and when to seek help. In other words, *people are dying for lack of basic healthcare knowledge*. And for each person who dies, there are many more who survive with unnecessary pain, disability or reduced quality of life due to failure to receive timely care.

Over the past 20 years there has been an astonishing lack of progress in understanding and meeting the information and learning needs of those responsible for the vast majority of health care in developing countries: family caregivers, traditional healers, primary health workers, and district health professionals. The problem is largely attributable to ineffective communication and coordination among the many stakeholder groups involved at international, national and local levels, resulting in duplication, waste of effort, and failure to mobilise political, financial and technical support.

### **The solution: strengthen communication among stakeholders**

As Dr Tikki Pang (Director of Research Cooperation and Policy, World Health Organisation) stated in his Letter of Support:

*Healthcare Information for All by 2015 is an ambitious goal but it can be achieved if all stakeholders work together. (Pang 2006)*

The key to success is inclusive participation: anyone and everyone with an interest is encouraged to participate, contribute, share experience, and learn from others in a spirit of openness and collaboration.

The HIFA2015 concept was developed in consultation over several years with a growing range of stakeholders, including health workers, producers of reference and learning materials, librarians, technologists, researchers, and policymakers. The rationale for the campaign was presented in a paper in *The Lancet* in 2004 (Godlee *et al* 2004). A new NGO, Global Healthcare Information Network, was formed to

provide organisational support, and the campaign was finally launched at the 10th biennial congress of the Association for Health Information and Libraries in Africa, Mombasa, Kenya, on 26 October 2006.

### **A community of purpose**

The HIFA2015 community is a community of purpose, defined in Wikipedia as:

a community of people who are going through the same process or are trying to achieve a similar objective.

For our purpose, this term is more appropriate than the more common term 'community of practice'. The latter is unspecific and yet it implies that each member should 'do something', that each member is a 'practitioner'. Moreover, in the health field, the terms 'practice' and 'practitioner' imply specifically those who provide health care.

### **Dgroups**

We use the Dgroups platform [[www.dgroups.org](http://www.dgroups.org)] which has multiple benefits:

1. Dgroups is simple to use and targeted at low bandwidth users in developing countries. It is rare for members to require technical help of any kind, saving both members and moderators valuable time.
2. Free technical support is available to moderators, both directly from staff at Bellanet and from one another, through a discussion group dedicated to the purpose.
3. Dgroups is non-commercial (no ads) and the platform is supported by a consortium of leading development organisations. This is essential to engender trust and usability among users.
4. Dgroups promotes cooperation across a large number of different groups committed to international development, providing potential for cross-fertilisation and peer-to-peer learning.
5. Plans are under way to improve Dgroups further, in line with the requirements of moderators.

For these reasons we have come to respect and depend on Dgroups as the ideal communication tool for large-group, multi-stakeholder e-mail communities that involve members with slow internet access.

### **The method: Reader-Focused Moderation**

We have developed an approach we call **Reader-Focused Moderation (RFM)**, building on 5 years previous experience in moderating a large e-mail discussion group (HIF-net) managed by the International Network for the Availability of Scientific Publications (INASP).

As the name implies, RFM aims to meet the needs of e-mail readers, who, in large lists (more than 100) are inevitably a much larger group than contributors, not least because all contributors are themselves readers. The essence of the approach is to

ensure the greatest possible value to the greatest number of members. Members can be assured that every message they receive will be relevant to the purpose of the group, easy to read, fully understandable, and without unintentional errors. This means that every message is proofread before forwarding to the group. Any queries are dealt with off-list by direct communication between the moderator and the author of the message. The moderator aims to meet the needs of readers while helping the author express what they want to say.

The elements of Reader-Focused Moderation are outlined in Table 1, and described in detail below. The first element, ‘a personalised service to each and every member’, may equally be applied to any other moderation style, but is essential to underpin the delivery of the ‘3 R’s’ of Reader-Focused Moderation: Relevance, Reliability and Readability

**Table 1: Elements of Reader-Focused Moderation**

**A personalised service to each and every member**

- Establish rapport with members
- Every member is equally important
- Aim to be fully inclusive.
- Promote diversity
- Facilitate off-list discussion
- Engage people in languages other than English
- Deal with members’ technical problems
- Give a voice to those who do not have e-mail

**The 3 R’s -**

**Relevance**

- Have a clear remit
- Inappropriate messages
- Deal with messages that might cause offence
- Problem members

**Reliability**

- Who is the author?
- Who is saying what?
- Is the message clear?
- Are all URLs functional?
- Are there any unintentional errors?
- Is there any evidence of intentional misinformation?
- Does the message breach copyright law?

**Readability**

- Is the message easily readable?
- Can readers keep track of discussions?
- How can we capture experience and expertise?

The approach is more rigorous than other e-mail groups, but we have been using and honing it for more than 7 years to process tens of thousands of messages, and authors and readers alike have consistently shown appreciation. RFM is not just a set of procedures. To make it work, it is vital that the moderator maintains a conscientious sense of commitment and service to both author and reader. This sense of commitment will help the moderator know what to do in any given situation, and will in the long term help build a sense of community and ownership among members.

### **A personalised service to each and every member**

#### *Establish rapport with members*

Rapport is important to make members feel welcome, and the best time to start is at the time of joining. Prospective members are encouraged to join by sending their name, organisation and brief description of professional interests to the moderator. The moderator puts this together as a draft 'HIFA2015 profile', adds the new member to the group, and sends a personal welcome message, which includes guidance on how to use the list. This sounds like a lot of work for the moderator, but in fact it isn't, and the benefits are many: every member has a personal profile (which is itself useful for many reasons - see below); establishing rapport; finding out about new members; identifying possibilities for links with other members; and identifying potential for an introductory message.

#### *Every member is equally important*

The emphasis is on individuals coming together, not organisations, not whether 'North' or 'South', not whether an NGO or a company. Everyone is welcome who has a personal interest. A primary health worker and a senior executive from a major international organisation are both welcome as equals. What each has to say is potentially of equal importance, and moreover each can learn as much from the other. Members exchange experience and expertise on health information priorities, activities and trends.

#### *Aim to be fully inclusive*

The aim is to provide facilitation for all those interested in improving the availability and use of healthcare information. The platform therefore aims to be neutral. It is not promoting any specific agenda other than the achievement of the goal. It is for members to define such an agenda. The HIFA2015 campaign itself does not seek to be a provider of health information, nor involve itself in practical activities such as training of health workers etc. It aims to avoid duplication of, and competition with, existing activities.

To maintain inclusiveness, a neutral approach is required. For example, if a member puts forward a point of view that is unusual or controversial, it is not the moderator's role to express surprise or disagreement, nor to hint at disagreement, or even to draw attention to it. A well-known discussion forum recently called a straw poll - I agree/I disagree - in relation to a controversial statement. The moderator invited members to vote online and provide comments on why they agree or disagree. In passing the comments on to the group, collated in a single e-mail, the moderator inadvertently drew attention to the one person who disagreed, versus the eight who agreed. The next

message to the group, predictably, attacked the one person who disagreed. Inadvertently, the moderator had set up a 'fall guy' for the others. It seems unlikely the group will ever hear again from the one person who disagreed. Such communication dynamics will lead discussion groups towards homogeneity and away from the constructive creativity that is possible with diverse perspectives.

#### *Facilitate off-list discussion*

Members can choose whether to include their profile in a public Members Directory on the HIFA2015 dgroup website. This aims to facilitate direct off-list contacts between members. We are aware from previous evaluation of a large dgroup (HIF-net) (Armstrong 2004) that perhaps more than 90% of all communication between members occurs off-list. The level of off-list communication appears to be similarly high on HIFA2015, and we are looking at ways to monitor and evaluate this.

#### *Engage people in languages other than English*

Language is one of the greatest barriers to inclusive participation. English is the main language of HIFA2015. Messages in French and Spanish are welcome and are forwarded to the list together with an English translation by the HIFA2015 moderation team. We aim to accommodate other languages in the future, but this does present both technical (eg compatibility of software with non-Latin scripts) and human resource challenges.

#### *Give a voice to those who do not have e-mail*

HIFA2015 is particularly concerned to engage and learn from family carers and primary health workers, most of whom do not have e-mail. We are exploring ways to give a voice to this unconnected majority, for example, via local NGOs working in direct contact with them, via reports from local and national information and library services; or through information needs assessments and scholarly research looking specifically at knowledge, attitudes and practice of health workers.

#### *Deal with members' technical problems*

In the 5 years we have been moderating Dgroups, we have spent less than a few hours *in total* attending to technical queries from the 3000 or so members for whom we have been responsible. We attribute this partly to the ease of use of Dgroups, and partly to the personal sign-up procedure described above, which does not require members to access the web, enter passwords, etc. Conversely, we estimate we have spent many *dozens* of hours getting frustrated trying to subscribe to *other* lists - and the more sophisticated/innovative/advanced the list software, the more problems we have. Such barriers must be particularly frustrating to those with slow internet connections. Sophisticated web-based collaborative technologies are excluding large numbers of people, particularly those in the developing world, from the development process.

#### *'Pull' vs 'push' moderation*

Most of the discussions we have facilitated have started spontaneously as a result of a message from a member, often as an offshoot of a previous discussion thread. Others have been seeded by forwarding extracts from a current publication relevant to the group. The latter technique can be further enhanced by engaging the author of the

article to join the group, through personal invitation. Conversely, we have found that overt 'push' attempts by the moderator to stimulate a discussion (for example, by asking direct questions around a particular topic) often elicit little or no response.

### **The 3 R's - Relevance, Reliability and Readability**

Almost everybody who has e-mail will, sooner or later, feel overwhelmed with the number of e-mails coming into their inbox. Spam messages such as advertisements for Viagra are only part of the problem, and their impact can be reduced by free 'spamkillers' available with the main commercial e-mail service providers. Spam messages can usually be readily identified by their Subject line, so at least all that is required is to delete them. However, there is another category of unwanted e-mail that is not so obvious: any e-mail message forwarded onto an e-mail discussion group that is not relevant, not reliable and/or not readable. Such messages are likely to cause frustration and waste of time and energy for dozens if not hundreds of people. Understandably, many people are now abandoning e-mail discussion groups altogether because of such frustrations.

RFM seeks to address this by ensuring that every message intended for the list brings maximal value to readers as well as the author of the message. All messages forwarded to the group are (as far as possible) relevant, reliable and readable. In practice, this means that almost every message that is sent on HIFA2015 is 'value-added' in some way.

### **Relevance**

#### *Have a clear remit*

The remit of the HIFA2015 e-mail group is to achieve the HIFA2015 goal: Healthcare Information for All by 2015. Early discussions on the group engaged members to define what this goal actually means, and how we will achieve it. The definition that is emerging is one that is patient-centred:

*By 2015, every person worldwide will have access to an informed healthcare provider.*

The interpretation of individual words within this definition, such as 'informed' and 'healthcare provider' are not rigidly set in stone, and are themselves the subject of ongoing constructive debate among HIFA2015 members. In practice, the group looks particularly at the basic healthcare information and learning needs of lay/family caregivers as well as vocationally trained health workers. The emerging bottom line is that, by 2015, people will no longer be dying or seriously harmed as a direct result of lack of relevant, reliable healthcare information.

Once the area of interest/purpose of a group is established, there may be room for evolution of scope, but any changes in the definition of the purpose of a group should come as a consensus from the group itself - not from the moderator.

A clear remit is important not only for the healthy evolution of an individual group, but for the collective evolution and impact of *all* discussion groups concerned with

international development. One of the greatest barriers to successful use of collaborative technologies for development is the sheer multitude of groups with unclear and overlapping remits.

#### *Inappropriate messages*

Any person who sends a message to a specific discussion group expects that their message will be forwarded to the group. Messages that are clearly not relevant can always, in our experience, be dealt with off-list by direct communication with the author, including (where appropriate) guidance on where and how the author might like to develop their topic (eg details of other e-mail groups that include the topic in their remit). Messages are often received that are in some way related to, but at the boundaries of, the HIFA2015 remit. Handling of such messages, and the discussions that emerge, often requires careful judgement from the moderation team. The judgement rests largely on the perceived needs and expectations of the group's readers.

If the message is not appropriate (eg is not relevant, is gratuitously offensive, is nonsensical, etc.) the moderator may send a courteous, personal note to the author to explain the problem and suggest options on how the sender might proceed. These options will vary from case to case, but may include (1) a simple 'suggestion' that this particular message is not forwarded to the group (the word 'suggestion' being used to keep the door open for the member to come back saying why the message should be sent - in practice, such come-back messages are very rare, and would perhaps be more common if the moderator had responded less sensitively to the first message); (2) a suggestion that the message is revised in some way so as to make it more relevant/understandable/useful to readers; and/or (3) help and advice on how the person might proceed elsewhere - if a person sends a message about a new treatment for tuberculosis, the moderator might suggest he contacts one of the many e-mail groups that deal specifically with that disease.

#### *Deal with messages that might cause offence*

It is a hard and a long process to build trust, confidence, credibility and sense of ownership in a large discussion group - and it is very easy to lose it, with potentially catastrophic loss of members and even a fatal blow to the list as a whole. From my involvement in many other discussion groups as an ordinary member, I have observed that the commonest reason for loss of trust, and members, is offensive exchanges between two or more members. This is entirely preventable by having explicit guidelines for what is not acceptable, and by the moderator anticipating and addressing potential conflicts off-line. Inflammatory comments are not always obvious - moderators have a responsibility not only to identify and address obvious abuse, but also more subtle comments that might cause offence through innuendo or hidden implication. Debate is to be encouraged; by contrast, offensive messages, put-downs, and personal attacks should never reach the public domain of an e-mail group.

#### *Problem members*

Theoretically, any list that is open for anyone to join is liable to have a 'problem member' sooner or later. In practice, though, the risk is very small. In five years of moderating open lists, we can remember only one 'problem member', and indeed the

problem was minor and easily dealt with. One member went through a period of several weeks, e-mailing a nonsensical and sometimes offensive reply to every message sent to the group. Of course, none of these messages was forwarded to the group, who were unaware of the problem. Each of the messages was returned by the moderator to the sender with a courteous explanation. Eventually, the messages stopped.

A potential scam that has been reported by other list owners is the false invitation to a conference, whereby a fraudster puts out an announcement about a non-existent conference, hoping to be able to persuade people to send them a 'registration fee'.

### **Reliability**

Clearly it is not possible, nor desirable, for a moderation team to ensure that everything that is said on an e-mail group is reliable in the sense that every statement expressed in every message is 'true' (a word that is in itself indefinable). Nor is it the place of a moderator to make judgements on whether something is true. This is up to other members - e-mail groups are an excellent means of informal peer review and debate.

Reader-Focused Moderation does, however, include procedures that help to minimise both unintentional error and intentional misinformation.

#### *Who is the author?*

When we meet someone, we get a first impression from their face, their body language, their voice. Our first questions are: How are you? What's your name? Where do you live? What do you do for work? What are your interests? On many e-mail groups, we get none of this - we may simply get a message from 'bob@yahoo.com'. On HIFA2015, every message carries a brief profile of the author, describing who they are and where they are coming from. For example, my profile is:

**Neil Pakenham-Walsh** is coordinator of the Global Healthcare Information Network, a non-profit organization that supports the goal of 'Healthcare Information for All by 2015' ([www.hifa2015.org](http://www.hifa2015.org)). He has a special interest in the availability and use of relevant, reliable healthcare information in developing countries, especially at primary and district levels. He qualified as a doctor in 1983 and worked for 6 years in NHS hospital medicine, including 2 years in paediatrics. In 1990 he moved into medical publishing and worked with the World Health Organization, Medicine Digest, and the Wellcome Trust CD-ROM series 'Topics in International Health'. From 1996 to 2004 he developed and managed the INASP-Health programme and the eForum, HIF-net (Health Information Forum). He has worked as a medical officer in rural Ecuador and Peru, and in 2005 he worked alongside rural healthcare providers in South India to assess local priorities in access and use of health information.

Thus, unlike many other lists, the provenance of every message that is sent to the list is transparent. Before a message is even opened, the reader will know the name of the person who sent it, the country they are based, and a few carefully selected words (the Subject line) to succinctly describe what the message is about.

There is always the theoretical possibility that an author may wish to remain anonymous, and we would respect that right to anonymity. However, in practice, such requests are extremely rare.

There is also the theoretical possibility that a fraudulent person could join the group, supplying a false profile. To our knowledge, this has never happened in practice.

*Who is saying what?*

Moderator comments are restricted to facilitatory comments - for example, explanation of acronyms. Moderators are instructed to place all comments in [square brackets], signed by the moderator concerned to ensure that everyone knows who it is coming from.

*Is the message clear?*

Before forwarding to the group, all messages are checked not only for relevance, but also for clarity. If a sentence doesn't make sense to the facilitator, it won't make sense to everyone else in the group. If a message begs an obvious question, then it makes sense to sort this out with the author before forwarding to the group.

*Are all URLs functional?*

If a member includes one or more URLs in their message, we check every one to ensure they are functional. Failure to do so could mean that dozens of people are led down a blind alley to '404 errors'. Considering that many of these people are on expensive dial-up access, we are talking about significant amounts of time and money - all of which could be avoided by a minute or two of the moderator's time. If a URL proves to be faulty, a little effort on the part of the moderator can usually find out why, and can often reveal the correct URL; if the problem is still unclear, it can be sorted off-list by direct communication with the author.

*Are there any unintentional errors?*

Unintentional errors can occur in any message sent to a list. In our reader-focused approach, we scan every message for such errors. Off-list communication is required with the sender to clarify and rectify the issue before forwarding the message. In virtually every case, the author expresses pleasant surprise and gratitude for having the error pointed out.

If incorrect information *is* inadvertently forwarded the list, it is likely that it will be identified and rectified straight away by other members. For example, a message was sent recently that included a quote from page 1 of the best-selling book *The End of Poverty* by Jeffrey Sachs: 'More than 20,000 people perished yesterday of extreme poverty... up to 8,000 children dead of malaria...' (Sachs 2005). A HIFA2015 member responded immediately saying the latter figure is incorrect: the actual daily rate of child deaths due to malaria is approximately 3,000 per day, not 8,000. The publisher of *The End of Poverty* has been informed.

*Is there any evidence of intentional misinformation?*

In 7 years of moderating large e-mail groups we do not recall a single case of intentional misinformation. We attribute this partly to the fact that every member has a personal profile, and therefore the provenance of every message is transparent. If such a message were to be sent to the list, it would be appropriate, at the least, to

request a reference source for the data, so that other members could refer and challenge the statement.

*Does the message breach copyright law?*

Contrary to popular belief, 'fair use' does not include dissemination of full text on e-mail discussion groups. There is a good argument that it *should* include such use, at least perhaps on lists that deal with humanitarian and international development issues, but it doesn't. Unlike many other groups, we have been rigorous in avoiding copyright infringements and always seek permission where necessary. However, our experience with publishers has been disappointing: most fail to respond, or reply after several days or weeks, requesting an exorbitant fee. Very few respond quickly with gratis permission; and only one or two (the *British Medical Journal* is an example) have given us blanket permission to reproduce occasional articles.

Occasionally we receive e-mail messages that include quotes or paraphrasing of what others have said. If what is said is already in the public domain, there will generally be no problem in forwarding it to the group, preferably including the source URL. If, however, the quote is not in the public domain (for example, if it has been taken from a personal e-mail where the original author may have had no intention for his or her words to be made public), the message should not be forwarded. Instead, off-list communication with the list member can offer options such as anonymisation or a request for written permission from the person quoted.

## **Readability**

*Is the message easily readable?*

All messages are proofread. Extraneous characters are removed and typos corrected, where this will help with readability. Messages that are originally sent in all-capitals or all-lower-case are converted to upper-and-lower case. Acronyms are assessed for the likelihood that others on the group will understand them. Where there is doubt, an explanatory footnote from the moderator is provided. For example, it is assumed that HIV will be understandable to everyone on the group, whereas GPRS (general packet radio service) might not be.

*Can readers keep track of discussions?*

One of the difficulties for users of e-mail discussion groups is keeping track of discussions. This can be helped by:

1. Having a low number of threads at any one time. In practice, this happens spontaneously. We rarely have more than two or three discussions at any one time.
2. The Subject line of each message is made as clear as possible to readers. If it is the first message in a potential thread, special consideration should be given to the exact wording of the Subject line. During the thread, the Subject line remains consistent, and each message is numbered. For each message that comes in, the moderator needs to look out for the possibility of a new thread emerging. If this occurs, then the Subject line would read as 'Main thread subject (12) New thread subject'. This

notation allows for subject line headings to transit smoothly from one subject to another.

### *Summaries*

As a previous author in this journal has said:

*threads that are inconclusive, truncated and most importantly perhaps undocumented are dampening the output of the forum.* (Mwakalinga 2005)

Other related problems include circular discussions and reiteration of points that have previously been discussed at length. Such problems create both a real and perceived situation of ‘failure of progress’.

Long threads are summarised wherever possible, by the moderator or by volunteer members. This has numerous benefits. First, it provides members with a review of the recent discussion. This in turn often raises issues that had been overlooked, and provokes further discussion to address those issues. Furthermore, it gives members a chance to have a brief overview of the issues discussed, which will assist understanding of the issue. Second, profiles of all contributors are listed at the end of each review. This has two benefits: 1. It acknowledges the contributions of individual members, and 2. It shows readers, at a glance, the range of people who have contributed.

The purpose of a summary is to provide a representation of what was said, rather than an interpretation. Thus, the summary is composed largely of short extracts from members’ messages rather than attempting to paraphrase what members say. Also, a summary of a thread does not include any judgement from the summariser - it is not for the summariser to say ‘he made the important point that...’ or ‘she made the controversial comment that...’. If a summariser wants to express an opinion about any aspect of the thread, then this should be done separately from the summary itself. Thus, it is appropriate for the summariser to add their personal comments about the thread as a separate note to accompany the summary, but it should be clear these are personal comments and not part of the summary. Such comments may also include further questions to the group to stimulate continued discussion.

### *Free vs time-bound discussions*

The vast majority of discussion on HIFA2015 is free of time constraints. Time-bound discussions do have a place. they can be useful when there is a defined task to be done. For example, we recently had a discussion among HIFA2015 members about the first draft of the HIFA2015 Foundation Document, which outlines the strategy of the campaign (HIFA2015 2007). Time-bound discussions can also be useful in the run-up to a physical meeting that is addressing a specific topic.

## **Progress**

Reader-Focused Moderation has been applied to two new e-mail groups: CHILD2015 focuses on the information and learning needs of child healthcare providers, and



## **The future: moving beyond dialogue towards collective understanding, advocacy and action**

Bringing committed people together is important but is not enough to achieve a goal like HIFA2015. Ultimately, we need to persuade policymakers, governments and funders to invest in activities that will improve the availability and use of healthcare information. This will not be done simply by talking. We need to base our campaign on evidence: evidence in the widest sense, from controlled trials through to personal anecdotes and photographs.

The process of Reader-Focused Moderation is the starting point, the foundation for a wider participatory approach based on Communication, Understanding, Advocacy, and Action (Fig 1).

Our aim is to create a unique, web-based resource, the HIFA2015 Knowledge Base, which will seek to address questions such as:

- What are the key information and learning needs of different cadres of healthcare provider in different settings?
- How can existing healthcare information be made more available?
- What types of healthcare information resources are needed that do not yet exist, and how might they be developed?

To build the HIFA2015 Knowledge Base, members will use both conventional and participative approaches in parallel. Thus, we are collating and preparing literature reviews, summaries of e-mail discussions, conference reports, and evaluation reports; and we also aim to embrace new collaborative technologies such as wiki, so that individual members can contribute directly.

We are collaborating with the Institute of Development Studies and others to address the following questions:

1. How will the resource interface with the existing dgroup?
2. What approach is most likely to attract maximum input, especially from people with low bandwidth, little time, and perhaps little confidence in technology and/or expression in English?
3. What can be done to maximise the quality of the resource as it evolves?
4. How can we best plan and implement the architecture of the resource?
5. How can the resource be most effectively translated into advocacy tools and, in particular, an evolving Agenda for Action that will present a clear and persuasive case for international agencies and governments to support the creation, exchange and use of information and learning worldwide?

These are difficult questions and we would welcome the experience and expertise of others who are working on similar issues.

### **Making links between communities**

The availability of relevant, reliable information is a prerequisite for the delivery of effective care, but is not enough in itself. Healthcare providers have a wide range of needs: availability of essential drugs; appropriate equipment for diagnosis and surgical intervention; a cell phone to call a colleague for help; transport to a referral centre; a decent salary and working conditions. HIFA2015 is therefore synergising with other initiatives such as the campaign for access to essential medicines, in order to maximise and evaluate our collective impact.

### **Conclusions**

If we are going to harness collaborative technologies for development, our first priority is to focus on the needs of our users, both within and among individual communities of interest and purpose.

#### **Key messages**

- Users of collaborative technologies have increasing time constraints and problems with e-mail overload
- Reader-Focused Moderation aims to provide maximum value to readers, while providing a valuable service to authors as well
- The emergence of new technologies such as wiki provide exciting possibilities to harness the experience and expertise of large multi-stakeholder groups

#### **How you can get involved**

We welcome any comments, suggestions, lessons learned and help from others to steward the HIFA2015 process as it evolves from dialogue to collective understanding, advocacy and action. We also welcome expressions of interest to help monitor and evaluate the process.

For those with an interest in healthcare information, or who would just like to experience RFM from a reader's point of view, we invite you to join the HIFA2015 e-mail forum - send your name, organisation and brief description of professional interests to: [hifa2015-admin@dgroups.org](mailto:hifa2015-admin@dgroups.org). For those interested in child health, there is also the CHILD2015 e-mail forum: [child2015-admin@dgroups.org](mailto:child2015-admin@dgroups.org)

#### **Further information**

*E-mail:* [hifa2015@ghi-net.org](mailto:hifa2015@ghi-net.org)

*Web:* [www.hifa2015.org](http://www.hifa2015.org)

*HIFA2015 e-mail archive:* [www.dgroups.org/groups/hifa2015](http://www.dgroups.org/groups/hifa2015)

*Child2015 e-mail archive:* [www.dgroups.org/groups/child2015](http://www.dgroups.org/groups/child2015)

#### **Training in moderation skills**

For further details about Reader-Focused Moderation and information about training in moderation skills, please contact the author.

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## Abstract

'Healthcare Information For All by 2015' (HIFA2015) is a new global campaign that aims to improve the availability and use of healthcare information in developing countries. The campaign brings together all stakeholders as a community of purpose around a common goal, using e-mail discussion groups (Dgroups) as our main communication platform. We have developed a novel approach to facilitation - Reader-Focused Moderation - that aims to provide maximum added value to all members. The methodology of Reader-Focused Moderation is described, together with the key challenge for the future evolution of the campaign: to move beyond dialogue towards collective understanding, advocacy and action, using new collaborative authoring tools such as wiki.

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## About the author

*Neil Pakenham-Walsh* is coordinator of the Global Healthcare Information Network [<http://www.ghi-net.org/campaign>]. He has a special interest in the availability and

use of relevant, reliable healthcare information in developing countries, especially at primary and district levels. He qualified as a doctor in 1983 and worked for 6 years in NHS hospital medicine, including 2 years in paediatrics. In 1990 he moved into medical publishing and worked with the World Health Organization, *Medicine Digest*, and the Wellcome Trust CD-ROM series 'Topics in International Health'. From 1996 to 2004 he developed and managed the INASP-Health programme (International Network for the Availability of Scientific Publications) and the eForum, HIF-net (Health Information Forum). He has worked as a medical officer in rural Ecuador and Peru, and in 2005 he worked alongside rural healthcare providers in South India to assess local priorities in access and use of health information.

E-mail: [neil.pakenham-walsh@ghi-net.org](mailto:neil.pakenham-walsh@ghi-net.org)