



## Summary of the HIFA thematic discussion and PHE evidence briefing on Knowledge Management for Global Health and Disaster Preparedness

### Introduction

The Healthcare Information For All (HIFA) Project on Library and Information Services (LIS) aims to leverage the individual and collective HIFA membership to support communication, understanding and advocacy for library and information services as they relate to global public health and evidence-informed decision making by health professionals, citizens, and policymakers. The project's focus is global health, especially (but not exclusively) population health, preparedness for disasters (natural or man-made), emergencies, and disease outbreaks. To achieve this, a literature review and a thematic discussion were carried out, and the purpose of this document is to summarise the findings from these two outputs. More information about the scope and remit of the HIFA Library and Information Services (LIS) Project is available here: <http://www.hifa.org/projects/library-and-information-services>

### Highlights of the Evidence Briefing

In March 2017, Public Health England produced an Evidence Briefing (EB) looking at the role of libraries in providing support to disaster management teams and the general public during times of crisis. The purpose of the briefing was to identify existing work and gaps in the knowledge for this area of work, and find opportunities to provide further support.

A total of seven databases were searched: CINAHL, Embase, Global Health, LISTA, Medline, and PubMed, and Google. Out of 130 references, 68 met the inclusion criteria and were included in the EB. The results fell in to 6 categories:

1. Access to information
2. Knowledge management
3. Existing programmes/resources
4. Librarian roles
5. Potential and implied roles
6. Social media

The key messages were:

- Access to timely, accurate, and quality health information for disaster teams is essential, but access is not consistent.
- There is a digital divide, and in times of crises, power can fail and access to vital information is interrupted, presenting challenges to the emergency workforce, who cannot make informed decisions.
- Knowledge management tools are available to support global health.
- Effective data sharing is vital in environments facing crisis, such as disease outbreaks.
- Knowledge brokering can play a key role in supporting data sharing and facilitating access to information, and librarians have the skills to be effective knowledge brokers.

- Awareness of local context, such as cultural sensitivities, fears, insecurities, and inequity in literacy levels is needed.
- Several programmes and resources are already available to people who are operating in crisis situations, and some are listed in the briefing.
- Librarians have a variety of roles to play in supporting disaster management teams, including knowledge brokering, and Disaster Information Specialist, who are emerging as part of the health library workforce. With adequate training in disaster planning, librarians can become valuable members of disaster management teams.
- In addition to information, libraries and librarians can provide shelter, charging facilities, Internet connection points, warming centres, a meeting place, a communication channel, and pastoral care.
- Social media can be used effectively in global health protection.

To conclude, the evidence shows that libraries and librarians have a very important role to play in terms of providing support during, and after disasters, but information professionals should receive training in disaster planning and management. The full briefing is available here [http://www.hifa.org/sites/default/files/publications\\_pdf/Evidence\\_briefing\\_global\\_health\\_library\\_services\\_EAHIL\\_June\\_2017\\_FINAL\\_VERSION.pdf](http://www.hifa.org/sites/default/files/publications_pdf/Evidence_briefing_global_health_library_services_EAHIL_June_2017_FINAL_VERSION.pdf).

## Observations from the HIFA thematic discussion

The HIFA thematic discussion started on 17 July and continued until 18 August 2017. Having looked at the published evidence, the purpose of the discussion was to find out more about librarian activity in areas of crisis and disaster. The following questions were posted to the forum on an intermittent basis during the discussion time-frame:

1. What do we know about the availability and use of reliable information for global health emergencies, disasters and disease outbreaks? What works and what doesn't?
2. Do you (or your organisation) have any real-life experience in dealing with an emergency/disaster/outbreak? Were you able to access/provide the information needed? What were the challenges and lessons learned?

HIFA and PHE were especially keen to hear from library and information professionals who have been involved in an emergency, disaster, or disease outbreaks, and from health professionals and policymakers who have been involved in an emergency response, to find out what the challenges were, and how were they dealt with.

There were 78 messages from 19 contributors in 9 countries (Ethiopia, Germany, New Zealand, Nigeria, Norway, Tanzania, UK, USA, Zambia). We have attempted to highlight some of the key messages. Please note that some of the text below has been taken directly from the discussion, which is available here: <http://www.hifa.org/news/join-hifa-major-thematic-discussion-library-and-information-services-emergencies-disasters-and>

1. For low and middle income countries, the digital divide is not just during times of crisis. Lack of investment in libraries and essential utilities like reliable power supply meant that poor access information is normal for them, and not just during emergency situations.
2. Terminology should be considered when approaching health communications in all countries.
3. The Building Bridges forum proposes a network to facilitate sharing knowledge for health between researchers, policymakers and knowledge intermediaries like journalists, broadcasters, librarians and journal editors.
4. The implementers in all countries need to cascade the readiness plan and processes to rural, lay, media and professional stakeholders, well before the epidemics strike. Awareness and ownership of readiness plans if they are effectively disseminated as health information, to our understanding was the cornerstone of the success that Nigeria recorded when Ebola struck the country.
5. There is clearly a huge gap between what is needed and what is available, with each player (whether WHO, Evidence Aid, or whoever) not having the capacity to deliver to their potential.

There is a sense of great urgency in building political and financial investment to improve preparedness.

6. The topic under discussion has been tabled before routine library and information professionals/practitioners who had never participated in any vivid emergency because most often during such situations hardly library and health information staffs are actively engaged.
7. We should increase our people-to people mutual exchange and understanding, even if we have completely different political systems. Efficient public libraries stock books published about different cultures and peoples. By making those materials available for public consumption, the library is indirectly encouraging people to appreciate each other's culture and live in peacefully.
8. The best way to prepare for pandemics is to prevent outbreaks from becoming pandemics. This includes strengthening various aspects of health systems including a comprehensive workforce agenda for public health, establishing/strengthening National Public Health Institutions in all member states with the ability to conduct disease surveillance; coordinating laboratory networks; managing emergency operation centres, establishing innovative information system, being alert and sensitive, and setting up rapid/emergency response teams.
9. Knowledge is the only weapon that health systems have, with major new epidemic outbreaks. The only viable initial approach in confronting this emergency was to disseminate information through all media to those at risk, and to send people to share their knowledge face-to-face - while the race to develop vaccines and other treatments began.

Caroline De Brún (Public Health England)

Neil Pakenham-Walsh (Healthcare Information For All)

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