



**HIFA Discussion on
Library and Information Services
for Disasters, Emergencies,
Disease Outbreaks**

Messages IN FULL, August 2017

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] LIS (1) Library and Information Services in emergencies,
disasters and disease outbreaks (1)

Dear all,

Welcome to those who have recently joined us. To introduce yourself and/or contribute to the discussion, just send an email to hifa@dgroups.org

And welcome everyone to this new HIFA thematic discussion on "Library and Information Services in emergencies, disasters and disease outbreaks", 17 July - 18 August 2017. All messages in this thread will be prefixed LIS so that you can follow the discussion easily.

This discussion is sponsored by Public Health England (PHE), with technical support from Evidence Aid and others.

In our first week we shall discuss the scope and remit of the HIFA LIS Project and how you can be involved. We'll also discuss the findings of the PHE/HIFA Evidence Briefing and invite you to suggest additional papers and publications we may have missed.

The PHE/HIFA Evidence Briefing asks "What is the evidence around LIS to support global health, and disaster and emergency preparedness?". We are grateful to Caroline De Brun of PHE for researching and preparing this briefing to help guide our discussion. The Evidence Briefing is available here and we shall refer to it regularly:
http://www.hifa.org/sites/default/files/publications_pdf/Evidence_briefing_global_health_library_services_EAHIL_June_2017_FINAL_VERSION.pdf

All: Please invite your colleagues and contacts to join us by pointing them to our page here:
<http://www.hifa.org/news/join-hifa-major-thematic-discussion-library-and-information-services-emergencies-disasters-and>

On behalf of the LIS working group, we look forward to learn from your experience and expertise in this critical area.

Best wishes, Neil

Coordinator, HIFA Project on Library and Information Services (with special focus on Population Health, Disasters, and Disease Outbreaks)

<http://www.hifa.org/projects/library-and-information-services>

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HIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign (Healthcare Information For All - www.hifa.org) and current chair of the Dgroups Foundation (www.dgroups.info), which supports 700 communities of practice for international development, social justice and global health. Twitter: @hifa_org FB: facebook.com/HIFAdotORG neil@hifa.org

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] LIS (2) Introducing the HIFA LIS working group

Dear all,

I would like to introduce you to the HIFA working group on Library and Information Services (read profiles online with photos here: <http://www.hifa.org/projects/library-and-information-services> - Members):

Anne Brice is the Head of Knowledge Management for Public Health England, the expert national public health agency with a mission to protect and improve the nation's health and to reduce inequalities. After qualifying in 1983, Anne has had a variety of positions in academic and health libraries, including the University of London, Borders Health Board, and the University of Oxford. She has held a range of national roles, including those with the former National Library for Health, NHS National Knowledge Service, and the Department of Health. Prior to joining Public Health England she was Head of Knowledge Management at Better Value Health Care, and seconded to the NHS Choices commissioning team at the Department of Health. She helped set up CASP International and has worked internationally with a range of partners and colleagues. Anne's professional interests include evidence based practice, professional development, and the information professionals role in facilitating knowledge translation. She is currently undertaking a DPhil in Evidence Based Health Care at the University of Oxford in the area of participant experience in internet-based clinical trials. She is a member of the HIFA Project on Library and Information Services.

Aoife Lawton is a National Health Service Librarian in Ireland. Professional interests: Library and Information Services, Library management systems, Repository management, Digital Libraries, Open Access Publishing, Continuing professional development for healthcare professionals, information literacy.

Bob Gann is a digital health consultant, specialising in digital health strategy, partnerships & stakeholder engagement, and digital inclusion. Bob is currently working as Digital Inclusion Lead on NHS Digital's Widening Digital Participation initiative, reducing inequalities in access to digital health. He is also a Specialist Advisor in Digital Health to the Care Quality Commission in England. Internationally Bob is consultant to the National Opinion Research Centre at the University of Chicago in the USA and is a member of the World Health Organization e-Health Advisory Group. Previously in his career Bob qualified and worked as a healthcare librarian, and was Director of Strategy & Partnerships at NHS Choices and

Director of New Media at NHS Direct. He is Visiting Professor in Health Informatics at Plymouth University.

Caroline De Brøn is a Knowledge and Evidence Specialist for Public Health England.. Professional interests: health information literacy, information skills, knowledge management, outreach librarianship, patient information.

Chris Zielinski: As a Visiting Fellow in the Centre for Global Health, Chris leads the Partnerships in Health Information (Phi) programme at the University of Winchester. Formerly an NGO, Phi supports knowledge development and brokers healthcare information exchanges of all kinds. Chris has held senior positions in publishing and knowledge management with WHO in Brazzaville, Geneva, Cairo and New Delhi, with FAO in Rome, ILO in Geneva, and UNIDO in Vienna. Chris also spent three years in London as Chief Executive of the Authors Licensing and Collecting Society. He was the founder of the ExtraMED project (Third World biomedical journals on CD-ROM), and managed the Gates Foundation-supported Health Information Resource Centres project. He served on WHO's Ethical Review Committee, and was an originator of the African Health Observatory. Chris has been a director of the World Association of Medical Editors, UK Copyright Licensing Agency, Educational Recording Agency, and International Association of Audiovisual Writers and Directors. He has served on the boards of several NGOs and ethics groupings (information and computer ethics and bioethics). UK-based, he is also building houses in Zambia. His publications are at www.ResearchGate.net and <https://winchester.academia.edu/ChrisZielinski/> and his blogs are <http://ziggytheblue.wordpress.com> and <https://www.tumblr.com/blog/ziggytheblue> chris AT chriszielinski.com

Claire Allen is Operations Manager at Evidence Aid, UK. Professional interests: Evidence Aid (www.evidenceaid.org) provides evidence for people in disaster preparedness and response to make better decisions. Areas of interest = humanitarian crises, natural disasters and major healthcare emergencies (disaster = when a country is unable to cope with the disaster/crisis or emergency). callen AT evidenceaid.org

Isla Kuhn is a Medical Librarian at the University of Cambridge in the UK.

Jane Amongi Akora is current President of AHILA (Association for Health Information and Libraries in Africa) and is Librarian at WHO Country Office, Uganda. She is a HIFA Country Representative for Uganda.

Maria G. N. Musoke is Uganda's first female Professor of Information Science. She was University Librarian at Makerere University in Uganda from 2004 to 2014. She then moved to the School of Library and Information Science in the same University, as a Professor, from January 2015 and took a sabbatical for 1 year to write a book. The book is titled: Informed and healthy: theoretical and applied perspectives on the value of information to health care and it was published by Academic Press/Elsevier in 2016. She is the current Chair of IFLA Health and Bio sciences Libraries Standing committee. Formerly she was Medical Librarian at the Albert Cook Medical Library and her background is in the biological sciences and librarianship/information studies at postgraduate level. She is one of the founder members of AHILA and she has been actively involved in its activities including being a keynote speaker in 2004 and 2014 at AHILA's biennial Congresses. She is a Council member of the Uganda National Academy of Sciences and chairs the Council Women in Sciences Committee.

She initiated Communication for Better Health (CBH) in Uganda, coordinated AIM and other local, regional and international health information activities. She obtained a PhD in Information Studies from the University of Sheffield, UK. Her research interests include: value and impact of health information, access and use of health information by health workers and ordinary people particularly women, information behaviour.

Pascal Mouhouelo is Head Librarian at WHO/AFRO. He is also a trainer for biomedical researchers using the HINARI Access to Research in Health Programme, which offers free or very low cost online access to the major journals in biomedical not-for-profit institutions in developing countries. He is also Coordinator of the African Index Medicus and the lead author of a PLOS Medicine 2006 article "Where There Is No Internet: Delivering Health Information via the Blue Trunk Libraries." which describes a practical way to address the local absence of internet and contemporary medical textbooks in many African health care settings.

Please join me in thanking all the above who have volunteered their time and considerable collective expertise.

Best wishes, Neil

Coordinator, HIFA Project on Library and Information Services (with special focus on Population Health, Disasters, and Disease Outbreaks)

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From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] LIS (3) Evidence Briefing

Dear all,

We are grateful to Caroline De Brøn - Knowledge and Evidence Specialist for Public Health England - who has worked over the past 2-3 months to prepare an Evidence Briefing to inform our discussion.

The aim of this Briefing is to identify papers that help us answer the following question: "What is the evidence around knowledge and library service provision and knowledge management to support global health, and disaster and emergency preparedness?"

The 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

Here is the Background:

'This evidence briefing aims to highlight ways that library, knowledge, and information professionals can provide support to disaster management and disease outbreak teams, and the general public during times of crisis...'

The briefing is based on the abstracts of 68 highly relevant papers identified by a literature search (due to time constraints it was not possible to review the full text of all papers). We invite HIFA members to notify us of any other papers (informal or informal) we may have missed. Indeed if anyone has the capacity to build on this preliminary work, please let us know.

'For the purpose of this evidence briefing, natural disasters include tsunamis, storms, floods, earthquakes, etc. and man-made disasters include off-shore oil drilling, wars, civil unrest, terrorism, etc. Outbreaks refer to disease outbreaks, pandemics, infections, etc. Out of all the papers, 19% of references were about any type of crisis, 19% about global health in general, 43% were about natural disasters, 7% about outbreaks, 4% about man-made disasters, and 7% did not specify what type of crisis they referred to. It is possible that they were more specific in the full-text, but this summary is based solely on the abstracts of the highly relevant references.'

The briefing organises the key points from the abstracts under five headings:

1. Access to information
2. Knowledge management
3. Existing programmes/resources
4. Roles of libraries, librarians and knowledge brokers
5. Social media.

We look forward to introduce some of these key points into the LIS discussion over the coming days and weeks.

Best wishes, Neil

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To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] LIS (4) Lancet: Are we prepared for a major global pandemic?

Richard Horton, editor-in-chief of The Lancet, attended the recent G20 meeting in Hamburg. He writes in this week's print issue of The Lancet:

'Imagine ~~any~~any country. A low-income nation-state with a weak health system. People have begun to report a mysterious respiratory infection that is rapidly fatal. The cause is an unknown virus. A localised outbreak quickly spreads from village to village. The virus is not only extremely pathogenic but also highly transmissible. The epidemic soon crosses the country's border to neighbouring states. A global health emergency beckons... Last weekend, the new Director-General of WHO, Dr Tedros, addressed G20 Heads of State assembled in Hamburg. It was the first time WHO had been invited to a Summit that is usually focused on finance and economics. His conclusion was fearful: "we are not well prepared"

Richard Horton notes that 'the final 15-page Declaration from G20 leaders was full of platitudes' but 'these warm words were missing one thing - concrete and specific actions'.

Lancet Offline: The G20 and health — platitudes and broken promises
[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)31858-5/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31858-5/fulltext)

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Best wishes, Neil

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To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] LIS (5) Evidence Briefing (2)

Dear all,

Caroline De Brun - Knowledge and Evidence Specialist for Public Health England - has prepared an Evidence Briefing to inform our discussion.

Her literature search aimed to identify papers that would help us answer the following question: "What is the evidence around knowledge and library service provision and knowledge management to support global health, and disaster and emergency preparedness?"

The 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

Caroline identified 68 papers, which are listed below. (If you are aware of other literature on this topic, please let us know: hifa@dgroups.org)

References

1. United Nations Economic and Social Council. Health literacy and the Millennium Development Goals: United Nations Economic and Social Council (ECOSOC) regional meeting background paper (abstracted). *Journal of Health Communication*. 2010;15 Suppl 2:211-23.
 2. Leidig M, Teeuw RM. Quantifying and mapping global data poverty. *PLoS ONE*. 2015;10(11) (no pagination)(e0142076).
 3. Lindberg DA, Humphreys BL. Rising expectations: access to biomedical information. *Yearbook of Medical Informatics*. 2008:165-72.
 4. Seppanen H, Virrantaus K. Shared situational awareness and information quality in disaster management. *Safety Science*. 2015;77:112-22.
 5. Doughty K, Rothman L, Johnston L, Le K, Wu J, Howard A. Low-income countries' orthopaedic information needs: challenges and opportunities. *Clinical Orthopaedics & Related Research*. 2010;468(10):2598-603.
 6. Devereaux AV, Tosh PK, Hick JL, Hanfling D, Geiling J, Reed MJ, et al. Engagement and education: Care of the critically ill and injured during pandemics and disasters: CHEST consensus statement. *Chest*. 2014;146:e118S-e33S.
 7. Cheeseborough J, Godbolt S, Grant MJ. Getting involved in international development activities: UK initiatives and hidden benefits. *Health Information & Libraries Journal*. 2015;32(1):1-4.
 8. Young C, Lawrence JC, Robinson-Bontrager K. Providing Access to Electronic Journals in the Face of a Natural Disaster: The Experience of Two Libraries. *Journal of Electronic Resources in Medical Libraries*. 2009;6(1):49-54.
 9. Turoff M, Hiltz SR. Assessing the health information needs of the emergency preparedness and management community. *Information Services & Use*. 2008;28(3/4):269-80.
 10. Allen C. A resource for those preparing for and responding to natural disasters, humanitarian crises, and major healthcare emergencies. *Journal of Evidence-Based Medicine*. 2014;7(4):234-7.
 11. Ohkubo S, Harlan SV, Ahmed N, Salem RM. Conceptualising a New Knowledge Management Logic Model for Global Health: A Case-Study Approach. *Journal of Information & Knowledge Management*. 2015;14(2):-1.
 12. Sullivan TM, Limaye RJ, Mitchell V, D'Adamo M, Baquet Z. Leveraging the power of knowledge management to transform global health and development. *Global Health: Science and Practice*. 2015;3(2):150-62.
 13. Chretien JP, Rivers CM, Johansson MA. Make Data Sharing Routine to Prepare for Public Health Emergencies. *PLoS Med*. 2016;13(8):e1002109.
 14. Davison C, Ndumbe-Eyoh S, Clement C. Critical examination of knowledge to action models and implications for promoting health equity. *International Journal for Equity in Health*. 2015;14(49):(29 May 2015)-(29 May).
 15. Van Eerd D, Newman K, DeForge R, Urquhart R, Cornelissen E, Dainty KN. Knowledge brokering for healthy aging: a scoping review of potential approaches. *Implementation Science*. 2016;11(1):140.
- What is the evidence around knowledge and library service provision and knowledge management to support global health, and disaster and emergency preparedness?
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16. Hamel N, Schrecker T. Unpacking capacity to utilize research: A tale of the Burkina Faso public health association. *Social Science & Medicine*. 2011;72(1):31-8.
17. Dagenais C, Some TD, Boileau-Falardeau M, McSween-Cadieux E, Ridde V. Collaborative development and implementation of a knowledge brokering program to promote research use in Burkina Faso, West Africa. *Global health action*. 2015;8:26004.
18. Raman M, Kuppusamy MV, Dorasamy M, Nair S. Knowledge Management Systems and Disaster Management in Malaysia: An Action Research Approach. *Journal of Information & Knowledge Management*. 2014;13(1):1450003-1--15.
19. Reyers B, Nel JL, O'Farrell PJ, Sitas N, Nel DC. Navigating complexity through knowledge coproduction: Mainstreaming ecosystem services into disaster risk reduction. *Proceedings of the National Academy of Sciences of the United States of America*. 2015;112(24):7362-8.
20. Clarke M. Evidence Aid - from the Asian tsunami to the Wenchuan earthquake. *Journal of Evidence-based Medicine*. 2008;1(1):9-11.
21. Love CB, Arnesen SJ, Phillips SJ, Windom RE. National Library of Medicine Disaster Information Management Research Center: Achieving the vision, 2010-2013. *Information Services & Use*. 2014;34(1/2):149-70.
22. Love CB, Arnesen SJ, Phillips SJ. National Library of Medicine Disaster Information Management Research Center: Establishment and growth, 2008-2010. *Information Services & Use*. 2013;33(4):273-98.
23. Lalla NJ. NLM Disaster Information Management Research Center. *Choice: Current Reviews for Academic Libraries*. 2014;51(12):2219-20.
24. Mallery M. Tech Services on the Web: Disaster Information Resources for Libraries <http://nnlm.gov/mar/emergency.html>. *Technical Services Quarterly*. 2014;31(1):82-3.
25. NLM's resources support information needs of Haiti earthquake medical response. *NLM Technical Bulletin*. 2010(372):39-40.
26. Koustova H. Disaster Information Management Research Center (DIMRC): A Gateway to Disaster Information Resources. *Journal of Electronic Resources in Medical Libraries*. 2010;7(4):326-35.
27. Hochstein C, Arnesen S, Goshorn J, Szczer M. Selected resources for emergency and disaster preparedness and response from the United States National Library of Medicine. *Medical Reference Services Quarterly*. 2008;27(1):1-20.
28. Arnesen SJ, Cid VH, Scott JC, Perez R, Zervaas D. The Central American Network for Disaster and Health Information. *Journal of the Medical Library Association*. 2007;95(3):316-22.
29. Moore M, Burrows S, Collins M, Roderer N. Libraries and Publishers Respond to Disaster with Groundbreaking Collaboration. *Journal of Electronic Resources in Medical Libraries*. 2011;8(1):54-62.
30. International Federation of Library Associations and Institutions. IFLA principles of engagement in library-related activities of disaster risk reduction and in times of conflict, crisis or natural disaster. Den Haag: The Netherlands: 2012. What is the evidence around knowledge and library service provision and knowledge management to support global health, and disaster and emergency preparedness? KLS Evidence Briefing June 2017
31. Heilman JM, Kemmann E, Bonert M, Chatterjee A, Ragar B, Beards GM, et al. Wikipedia: a key tool for global public health promotion. *Journal of Medical Internet Research*. 2011;13(1):e14.

32. Schell MB. Disseminating Disaster Health Information: Three Trial Projects. *Journal of Hospital Librarianship*. 2013;13(3):291-7.
33. Murphy J. Global health: Where are things heading? and what does this mean for health information professionals?: International perspectives and initiatives. *Health Information and Libraries Journal*. 2009;26(4):336-40.
34. Murphy J. Globalization: implications for health information professionals. *Health Information & Libraries Journal*. 2008;25(1):62-8.
35. Tu-Keefner F, Liu J, Hartnett E, Hastings SK. Health Information Services and Technology Access during and after a Disaster: Lessons Learned by Public Librarians in South Carolina. *Journal of Consumer Health on the Internet*. 2017;21(1):26-39.
36. Lackey M, Swogger S, McGraw KA. Building capacity in a health sciences library to support global health projects. *Journal of the Medical Library Association*. 2014;102(2):92-5.
37. Rana GK. Information empowerment: Informationist-led training for University of Michigan's predeparture students. *Annals of Global Health*. 2014;80 (3):175.
38. Rana GK. Information empowerment: predeparture resource training for students in global health. *Journal of the Medical Library Association*. 2014;102(2):101-4.
39. Kanyengo BK, Kanyengo CW. Information Provision in Emergency Settings: The Experience of Refugee Communities in Zambia. *Behavioral & Social Sciences Librarian*. 2011;30(4):246-58.
40. Swanson J, Welmaker RB, Arango XE. Disaster and Emergency Planning Outreach Workshops: National Library of Medicine Consumer Health Databases and Disaster Preparedness. *Journal of Consumer Health on the Internet*. 2012;16(2):170-9.
41. McKnight M, Zach L. Choices in Chaos: Designing Research into Librarians' Information Services Improvised During a Variety of Community-Wide Disasters in order to Produce Evidence-Based Training Materials for Librarians. *Evidence Based Library & Information Practice*. 2007;2(3):59-75.
42. Varheim A. Public libraries, community resilience, and social capital. *Information Research*. 2017;22(1).
43. Hagar C. The US public library response to natural disasters: A whole community approach. *Open Journal Systems*. 2014;21(1).
44. Garvey MM. Serving A Public Library Community After A Natural Disaster: Recovering From "Hurricane Sandy". *Journal of the Leadership & Management Section*. 2015;11(2):22-31.
45. Wilson V. Public Libraries Can Play an Important Role in the Aftermath of a Natural Disaster. *Evidence Based Library & Information Practice*. 2010;5(3):59-61.
46. Thatcher A, Vasconcelos AC, Ellis D. An investigation into the impact of information behaviour on information failure: The Fukushima Daiichi nuclear power disaster. *International Journal of Information Management*. 2015;35(1):57-63.
47. Marcella R, Pirie T, Rowlands H. The information seeking behaviour of oil and gas industry workers in the context of health, safety and emergency response: a discussion of the value of models of information behaviour. *Information Research*. 2013;18(3):2-.
48. Donahue AE, Featherstone RM. New roles for hospital librarians: a benchmarking survey of disaster management activities. *Journal of the Medical Library Association*. 2013;101(4):315-8.
49. O'Sullivan TL, Amaratunga CA, Hardt J, Dow D, Phillips KP, Corneil W. Are we ready? Evidence of support mechanisms for Canadian health care workers in multi-jurisdictional emergency planning. *Canadian Journal of Public Health Revue Canadienne de Sante Publique*. 2007;98(5):358-63.

50. Featherstone RM. The Disaster Information Specialist: An Emerging Role for Health Librarians. *Journal of Library Administration*. 2012;52(8):731-53.
 51. Featherstone RM, Lyon BJ, Ruffin AB. Library roles in disaster response: an oral history project by the National Library of Medicine. *Journal of the Medical Library Association*. 2008;96(4):343-50.
 52. Murphy MW, Iqbal S, Sanchez CA, Quinlisk MP. Postdisaster health communication and information sources: the Iowa flood scenario. *Disaster Medicine & Public Health Preparedness*. 2010;4(2):129-34.
 53. Cretikos M, Eastwood K, Dalton C, Merritt T, Tuyl F, Winn L, et al. Household disaster preparedness and information sources: Rapid cluster survey after a storm in New South Wales, Australia. *BMC Public Health*. 2008;8:195.
 54. Cretikos MA, Merritt TD, Main K, Eastwood K, Winn L, Moran L, et al. Mitigating the health impacts of a natural disaster - The June 2007 longweekend storm in the Hunter region of New South Wales. *Medical Journal of Australia*. 2007;187(11-12):670-3.
 55. Zach L, McKnight M. Innovative Services Improvised During Disasters: Evidence-Based Education Modules to Prepare Students and Practitioners for Shifts in Community Information Needs. *Journal of Education for Library & Information Science*. 2010;51(2):76-85.
 56. Oelschlegel S. Emergency Preparedness and the Role of Information Services. *Tennessee Libraries*. 2008;58(2):1-3.
 57. van der Haar S, Jehn KA, Segers M. Towards a model for team learning in multidisciplinary crisis management teams. *International Journal of Emergency Management*. 2008;5(3-4):195-208.
 58. Cobus L. Integrating information literacy into the education of public health professionals: roles for librarians and the library. *Journal of the Medical Library Association*. 2008;96(1):28-33.
 59. Thomas TL, Schrock C, Friedman DB. Providing Health Consumers with Emergency Information: A Systematic Review of Research Examining Social Media Use During Public Crises. *Journal of Consumer Health on the Internet*. 2016;20(1/2):19-40.
 60. Yates C, Partridge H. Citizens and social media in times of natural disaster: exploring information experience. *Information Research*. 2015;20(1):298-314.
- What is the evidence around knowledge and library service provision and knowledge management to support global health, and disaster and emergency preparedness?
KLS Evidence Briefing June 2017
61. Yates D, Paquette S. Emergency knowledge management and social media technologies: A case study of the 2010 Haitian earthquake. *International Journal of Information Management*. 2011;31(1):6-13.
 62. St Louis C, Zorlu G. Can Twitter predict disease outbreaks? *BMJ (Online)*. 2012;344(7861) (no pagination)(e2353).
 63. Chew C, Eysenbach G. Pandemics in the age of Twitter: Content analysis of tweets during the 2009 H1N1 outbreak. *PLoS ONE*. 2010;5 (11) (no pagination)(e14118).
 64. Wukich C. Social media use in emergency management. *Journal of Emergency Management*. 2015;13(4):281-94.
 65. Cody EM, Reagan AJ, Mitchell L, Dodds PS, Danforth CM. Climate change sentiment on Twitter: An unsolicited public opinion poll. *PLoS ONE*. 2015;10 (8) (no pagination)(e0136092).
 66. Goff DA, Van Den Bergh D. Twitter: A tool to improve healthcare professionals' awareness of antimicrobial resistance and antimicrobial stewardship. *South African Medical Journal*. 2015;105(5):427-30.

67. Rattan P. Role of Library and Information Centres In Disaster Management. *Library Philosophy & Practice*. 2013:1-10.
68. Zach L. What Do I Do in an Emergency? The Role of Public Libraries in Providing Information During Times of Crisis. *Science & Technology Libraries*. 2011;30(4):404-13.

Best wishes, Neil

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From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] LIS (6) Disaster Lit - Impact of climate change

Dear HIFA colleagues,

Many if not most public health professionals consider that climate change is an existential threat to the survival of the human species over the next 50 years, or at least to the continuation of civilisation as we know it. Information on the reality, causes and human impact of climate change - and how the public and politicians interpret and respond to it - will determine our future.

The US Government Disaster Information Management Research Center Disaster Lit: the Resource Guide for Disaster Medicine and Public Health database - <https://disasterlit.nlm.nih.gov/> - announces this important publication from the Asian Development Bank.

Region at Risk: The Human Dimensions of Climate Change in Asia and the Pacific

Asian Development Bank.

This 131-page report discusses the most recent projections pertaining to climate change and climate change impacts in Asia and the Pacific, and the consequences of these changes to human systems, particularly for developing countries. It also highlights gaps in the existing knowledge and identifies avenues for continued research. Section 3.2 discusses Climate Change and Human Health.

<https://www.adb.org/publications/region-at-risk-climate-change>

Recent regional climate change projections have consequences for human systems, particularly for developing countries in Asia and the Pacific.

Asia and the Pacific continues to be exposed to climate change impacts. Home to the majority of the world's poor, the population of the region is particularly vulnerable to those impacts. Unabated warming could largely diminish previous achievements of economic development and improvements, putting the future of the region at risk.

The report discusses the most recent projections pertaining to climate change and climate change impacts in Asia and the Pacific, and the consequences of these changes to human systems, particularly for developing countries. It also highlights gaps in the existing knowledge and identifies avenues for continued research.

- Global flood losses are expected to increase to \$52 billion per year by 2050 from \$6 billion in 2005.
- Food shortages could increase the number of malnourished children in South Asia by 7 million by 2050.
- Asia needs strategies for ensuring prosperity and security under unavoidable climate change.
- This report is the outcome of a collaboration of ADB with the Potsdam Institute for Climate Impact Research (PIK).

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Best wishes, Neil

Coordinator, HIFA Project on Library and Information Services (with special focus on Population Health, Disasters, and Disease Outbreaks)

<http://www.hifa.org/projects/library-and-information-services>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: www.hifa.org

HIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign (Healthcare Information For All - www.hifa.org) and current chair of the Dgroups Foundation (www.dgroups.info), which supports 700 communities of practice for international development, social justice and global health. Twitter: @hifa_org FB: facebook.com/HIFAdotORG neil@hifa.org

From: "Jackton Kaijage, Tanzania" <jajolika15@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] LIS (6) Evidence Briefing (3)

Thanks Dr Neil for sharing.

I hope most of us will make contributions with a more informed mind for our discussions to be made in a more focused and proper context.

Jackton

HIFA profile: Jackton L Kaijage, M.Lib. (Information Systems and Services for Health Care), PG Dip. in Librarianship (University of Wales, Aberystwyth, UK), B.Ed. (Teachers'

Education) (Hons.) (University of Dar es Salaam, Tanzania), Grade IIIA Teaching Certificate (Morogoro Teachers' Training College, Morogoro, Tanzania). Jackton Kaijage is the CEO and Sole Proprietor for the Jacktiv Events Management Services in Dar es Salaam, Tanzania. We are licensed to offer: multimedia printing, publishing and recording services; business consultancy services; and conference and catering services and supplies. He was the Chief Librarian, on contract basis between March, 2014 and February, 2016, at Kibaha Public Library, Directorate of Education Services, Kibaha Education Centre (KEC). He still offers English-Kiswahili-English Translation services. He has began writing Kiswahili eBooks on diverse basic life skills including, basics of entrepreneurship targeting specifically struggling Kiswahili speaking SMEs; basics of success from the Biblical view point etc. Besides that, he is very active on the Facebook and LinkedIn. He is a HIFA Country Representative for Tanzania. _____

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] LIS (8) How well prepared are we for the next global pandemic?

How well prepared are we for the next global pandemic?

This Comment by Gavin Yamey and colleagues summarises the recommendations of a recent workshop held at the National Academy of Medicine, Washington, DC, USA.

'Two planks of preparedness must be strengthened. The first is public health capacity — including human and animal disease surveillance — as a first line of defence... The second plank is financing global efforts to accelerate research and development (R&D) of vaccines, drugs, and diagnostics for outbreak control, and to strengthen the global and regional outbreak preparedness and response system. These two international collective action activities are underfunded...'

'Crucial components of the global and regional system for outbreak control include surge capacity (eg, the ability to urgently deploy human resources); providing technical guidance to countries in the event of an outbreak; and establishing a coordinated, interlinked global, regional, and national surveillance system. These activities are the remit of several essential WHO financing envelopes that all face major funding shortfalls.'

Would anyone like to comment on the availability and use of reliable information to guide countries and populations in the event of a disease outbreak? Liberia, Sierra Leone and Guinea were seriously unprepared, both technically and in terms of communication with the public, in the Ebola crisis of 2015. How much better prepared are they and other LMICs now? And how well prepared are we globally in the event of a catastrophic pandemic along the lines of the Spanish flu pandemic of 1918, or worse?

CITATION: Financing of international collective action for epidemic and pandemic preparedness

Gavin Yamey, Marco SchÄrferhoff, Ole Kristian Aars, Barry Bloom, Dennis Carroll, Mukesh Chawla, Victor Dzau, Ricardo Echalar, Indermit Singh Gill, Tore Godal, Sanjeev Gupta, Dean Jamison, Patrick Kelley, Frederik Kristensen, Ceci Mundaca-Shah, Ben Oppenheim, Julie Pavlin, Rodrigo Salvado, Peter Sands, Rocio Schmunis, Agnes Soucat, Lawrence H Summers, Anas El Turabi, Ron Waldman, Ed Whiting
The Lancet Global Health, Volume 5, No. 8, e742e744, August 2017

DOI: [http://dx.doi.org/10.1016/S2214-109X\(17\)30203-6](http://dx.doi.org/10.1016/S2214-109X(17)30203-6)

Best wishes, Neil

Coordinator, HIFA Project on Library and Information Services (with special focus on Population Health, Disasters, and Disease Outbreaks)

<http://www.hifa.org/projects/library-and-information-services>

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From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] LIS (9) Solar Eclipses: Planning Resources

'On August 21, 2017, a total solar eclipse will be visible in a path across the U.S. from Oregon to South Carolina, from early morning through the afternoon. It is expected that millions will travel to locations across the country to view this rare event.'

The message below is forwarded from the [DISASTR-OUTREACH-LIB] listserv. A total solar eclipse is a rare event that requires effective public health education to reduce risks of blindness to viewers, as well as planning for population movement and mass gatherings.

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Now Available from ASPR TRACIE: This planning resource can help emergency healthcare planners and providers prepare for and address response concerns related to the 2017 solar eclipse (and unplanned and planned mass gatherings in rural and urban areas). Resources in sections I through V are specific to the eclipse event; the rest of the sections include resources related to planned mass gatherings.

<https://asprtracie.hhs.gov/documents/aspr-tracie-solar-eclipse-resources.pdf>

Please contact ASPR TRACIE if you have any questions.

Department of Health and Human Services (HHS), Assistant Secretary for Preparedness and Response (ASPR)

Technical Resources, Assistance Center, & Information Exchange (TRACIE)

1844-5-TRACIE (587-2243) | askasprtracie@hhs.gov | asprtracie.hhs.gov

ASPR TRACIE is a healthcare emergency preparedness information gateway that ensures all stakeholders — at the federal, state, local, tribal, and territorial government levels and non- and for-profit organizations—have access to information and resources to improve preparedness, response, recovery, and mitigation efforts.

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Best wishes, Neil

Coordinator, HIFA Project on Library and Information Services (with special focus on Population Health, Disasters, and Disease Outbreaks)

<http://www.hifa.org/projects/library-and-information-services>

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HIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign (Healthcare Information For All - www.hifa.org) and current chair of the Dgroups Foundation (www.dgroups.info), which supports 700 communities of practice for international development, social justice and global health. Twitter: @hifa_org FB: facebook.com/HIFAdotORG neil@hifa.org

From: "Reem Abbas, New Zealand" <raa247@hotmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] LIS (10) Cross-agency collaboration and information exchange in disasters

Dear HIFA Colleagues

I am a PhD student at Auckland University of Technology (AUT) in New Zealand. I am interested in eHealth and I'm looking into finding new ways of improving healthcare delivery during natural and man-made disasters. My research is about cross-agency collaboration and information exchange in disasters. It addresses the communication challenges between clinical and emergency management personnel during disasters, and how these two groups can make effective use of the available e-health tools that are currently revolutionizing mainstream healthcare. My research also aims at developing a curriculum that could be standardized for enhancing communication during disasters.

I graduated from the University of Khartoum, Sudan in 2003, and shortly afterwards moved to Cape Town, South Africa where I did a postgraduate diploma in mathematical sciences from the University of Western Cape. I have a Master's degree in Computer Science from the University of Khartoum and I have experience in international humanitarian organizations including the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) and the International Committee of the Red Cross (ICRC). I have worked in several regions affected by armed conflicts and I am very much interested into using my technical background in impacting healthcare during disastrous situations.

I look forward to joining your discussions.

Thanks,
Reem Abbas

HIFA profile: Reem Abbas is a PhD student at AUT University in New Zealand. Interest: Essential information for emergency medicine and emergency management personnel during disasters. raa247 AT hotmail.com

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] LIS (11) Evidence Briefing (4) 1. Access to information

What is the evidence around knowledge and library service provision and knowledge management to support global health, and disaster and emergency preparedness?

Caroline De Brun of Public Health England has compiled an Evidence Briefing to help inform our discussion.

http://www.hifa.org/sites/default/files/publications_pdf/Evidence_briefing_global_health_library_services_EAHIL_June_2017_FINAL_VERSION.pdf

This is presented in five parts. The first part is Access to Information:

1. ACCESS TO INFORMATION

'Open access to health information is growing, and health literacy skills can impact on health and development (1). 24/7 access to information is increasingly available to health professionals and the general public via digital technologies, such as the Internet, smart phones, and social media (2). However, in times of crisis, power can fail and loss of access to this vital information provides significant challenges to emergency services who need uninterrupted access to inform decision-making (3). Access to timely, accurate, and quality health information for disaster teams is essential, (3, 4), but there is a digital divide with regards to access to this content (2). Free or low-cost Internet-based initiatives can improve access to the medical literature in low income countries, and open access journals are essential to supplying biomedical research at the point of need (5), but information skills training is also required (6). Two academic health sciences libraries describe their experiences of providing emergency electronic journal access to teams during a natural or man-made disaster (7).'

REFERENCES

1. United Nations Economic and Social Council. Health literacy and the Millennium Development Goals: United Nations Economic and Social Council (ECOSOC) regional meeting background paper (abstracted). *Journal of Health Communication*. 2010;15 Suppl 2:211-23.
2. Leidig M, Teeuw RM. Quantifying and mapping global data poverty. *PLoS ONE*. 2015;10(11) (no pagination)(e0142076).
3. Lindberg DA, Humphreys BL. Rising expectations: access to biomedical information. *Yearbook of Medical Informatics*. 2008:165-72.
4. Seppanen H, Virrantaus K. Shared situational awareness and information quality in disaster management. *Safety Science*. 2015;77:112-22.
5. Doughty K, Rothman L, Johnston L, Le K, Wu J, Howard A. Low-income countries' orthopaedic information needs: challenges and opportunities. *Clinical Orthopaedics & Related Research*. 2010;468(10):2598-603.
6. Devereaux AV, Tosh PK, Hick JL, Hanfling D, Geiling J, Reed MJ, et al. Engagement and education: Care of the critically ill and injured during pandemics and disasters: CHEST consensus statement. *Chest*. 2014;146:e118S-e33S.
7. Cheeseborough J, Godbolt S, Grant MJ. Getting involved in international development activities: UK initiatives and hidden benefits. *Health Information & Libraries Journal*. 2015;32(1):1-4.

Are you aware of any other publications or initiatives that relate to the above? Please email any comments or suggestions to: hifa@dgroups.org

With thanks, Neil

Coordinator, HIFA Project on Library and Information Services (with special focus on Population Health, Disasters, and Disease Outbreaks)

<http://www.hifa.org/projects/library-and-information-services>

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From: "Chris Zielinski, UK" <chris@chriszielinski.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] LIS (12) Evidence Briefing (5) 1. Access to information (2)

In case people want to access the full text of the articles referred to below, I have added links to the full text below. All of them are available for free - except for the Elsevier paper. [Many thanks Chris, very helpful. Neil PW, moderator]

REFERENCES

1. United Nations Economic and Social Council. Health literacy and the Millennium Development Goals: United Nations Economic and Social Council (ECOSOC) regional meeting background paper (abstracted). *Journal of Health Communication*. 2010;15 Suppl 2:211-23.
<http://www.tandfonline.com/doi/full/10.1080/10810730.2010.499996?scroll=top&needAccess=true>
2. Leidig M, Teeuw RM. Quantifying and mapping global data poverty. *PLoS ONE*. 2015;10(11) (no pagination)(e0142076).
<http://www.plosone.org/article/fetchObject.action?uri=info%3A%2F10.1371%2Fjournal.pone.0142076&representation=PDF>
3. Lindberg DA, Humphreys BL. Rising expectations: access to biomedical information. *Yearbook of Medical Informatics*. 2008:165-72.
https://www.researchgate.net/publication/5267428_Rising_Expectations_Access_to_Biomedical_Information
4. Seppanen H, Virrantaus K. Shared situational awareness and information quality in disaster management. *Safety Science*. 2015;77:112-22.
<http://www.sciencedirect.com/science/article/pii/S0925753515000764> - this one require purchasing the pdf

5. Doughty K, Rothman L, Johnston L, Le K, Wu J, Howard A. Low-income countries' orthopaedic information needs: challenges and opportunities. *Clinical Orthopaedics & Related Research*. 2010;468(10):2598-603.
https://www.researchgate.net/profile/Andrew_Howard13/publication/43355879_Low-income_Countries'_Orthopaedic_Information_Needs_Challenges_and_Opportunities/links/5592eae808ae1e9cb4298320.pdf?inViewer=true&disableCoverPage=true&origin=publication_detail

6. Devereaux AV, Tosh PK, Hick JL, Hanfling D, Geiling J, Reed MJ, et al. Engagement and education: Care of the critically ill and injured during pandemics and disasters: CHEST consensus statement. *Chest*. 2014;146:e118S-e33S.
https://www.researchgate.net/publication/264989426_Engagement_and_Education_Care_of_the_Critically_Ill_and_Injured_During_Pandemics_and_Disasters_CHEST_Consensus_Statement

7. Cheeseborough J, Godbolt S, Grant MJ. Getting involved in international development activities: UK initiatives and hidden benefits. *Health Information & Libraries Journal*. 2015;32(1):1-4. <http://onlinelibrary.wiley.com/doi/10.1111/hir.12096/full>

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HIFA profile: Chris Zielinski: As a Visiting Fellow in the Centre for Global Health, Chris leads the Partnerships in Health Information (Phi) programme at the University of Winchester. Formerly an NGO, Phi supports knowledge development and brokers healthcare information exchanges of all kinds. Chris has held senior positions in publishing and knowledge management with WHO in Brazzaville, Geneva, Cairo and New Delhi, with FAO in Rome, ILO in Geneva, and UNIDO in Vienna. Chris also spent three years in London as Chief Executive of the Authors Licensing and Collecting Society. He was the founder of the ExtraMED project (Third World biomedical journals on CD-ROM), and managed the Gates Foundation-supported Health Information Resource Centres project. He served on WHO's Ethical Review Committee, and was an originator of the African Health Observatory. Chris has been a director of the World Association of Medical Editors, UK Copyright Licensing Agency, Educational Recording Agency, and International Association of Audiovisual Writers and Directors. He has served on the boards of several NGOs and ethics groupings (information and computer ethics and bioethics). UK-based, he is also building houses in Zambia. chris AT chriszielinski.com

From: "Joseph Ana, Nigeria via Dgroups" <HIFA@dgroups.org>

To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>

Subject: [hifa] LIS (13) Evidenc Briefing (6) 1. Access to information (3)

Caroline,

Thank you for this excellent intro to this discussion. We read your posting and chuckled after on reading, '--- However, in times of crisis, power can fail and loss of access to this vital information provides significant challenges to emergency services who need uninterrupted access to inform decision-making (3). Access to timely, accurate, and quality health information for disaster teams is essential, (3, 4), but there is a digital divide with regards to access to this content', because for most of the LMICs this is not limited to 'times of crisis'. It is the normal!.

So, apart from the almost total lack of investment in library services the chronic under development of basic but essential utilities like power supply exacerbates the challenge of information production, dissemination and use. It is the accumulation of these challenges that slows down the establishment of local open access free journals in LMICs. Publishing in LMICs is loss making venture for most. Increasingly human capacity in information sector is being built be it information and communication specialists and others, but the infrastructure and utilities remain generations behind.

If information exchange and access is not going to be one-way traffic from the Global North only, these challenges in the Global South need urgent attention and solution.

Joseph Ana.

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HIFA profile: Joseph Ana is the Lead Consultant and Trainer at the Africa Centre for Clinical Governance Research and Patient Safety in Calabar, Nigeria. In 2015 he won the NMA Award of Excellence for establishing 12-Pillar Clinical Governance, Quality and Safety initiative in Nigeria. He has been the pioneer Chairman of the Nigerian Medical Association (NMA) National Committee on Clinical Governance and Research since 2012. He is also Chairman of the Quality & Performance subcommittee of the Technical Working Group for the implementation of the Nigeria Health Act. He is a pioneer Trustee-Director of the NMF (Nigerian Medical Forum) which took the BMJ to West Africa in 1995. He is particularly interested in strengthening health systems for quality and safety in LMICs. He has written Five books on the 12-Pillar Clinical Governance for LMICs, including a TOOLS for Implementation. He established the Department of Clinical Governance, Servicom & e-health in the Cross River State Ministry of Health, Nigeria in 2007. Website:

www.hriwestafrica.com Joseph is a member of the HIFA Steering Group:

<http://www.hifa.org/people/steering-group>

<http://www.hifa.org/support/members/joseph-0>

jneana AT yahoo.co.uk

From: "Chris Zielinski, UK" <chris@chriszielinski.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] LIS (14) How well prepared are we for the next global pandemic? (2) Building Bridges, Uganda

The way WHO looks at emergencies - even the terminology - is worth considering in approaching health communications in all countries. WHO talks about emergency awareness, preparedness and response. "Awareness" implies cataloguing the risks, "preparedness" requires training, developing guidelines and manuals and establishing information strategies to counter specific risks, while "response" implies implementing what has been catalogued and prepared for.

To take an example, are we ready for an outbreak of Zika in Africa? According to The Lancet recently, there may already be an epidemic underway, disguised as Chikungunya and other conditions. "Zika" was named after a place in Uganda - is Uganda ready? Not yet - but we hope it soon will be. In April 2017, a Building Bridges forum was held in Kampala. One of its outputs was declaration on health communications (this will be shared on this and other lists shortly), which distinguished routine health information from emergency health information.

Another output of the Building Bridges forum was a proposed network to facilitate sharing knowledge for health between researchers, policymakers and knowledge intermediaries like journalists, broadcasters, librarians and journal editors. The forum was developed by a local team working with the US National Library of Medicine, in partnership with African Health Sciences, and assisted by the Association of Health Care Journalists, Partnerships in Health Information (Phi) and the Alfred Friendly Press Partners, in the context of the African Journal Partnership Program (AJPP). While continuing to work to develop the Uganda network, and if funding becomes available, we intend to repeat this process in other countries and develop further health communications networks.

Key is a focus on both emergency health information and routine health information - both are needed to support public health in all countries.

Chris

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Blogs: <http://ziggytheblue.wordpress.com> and <http://ziggytheblue.tumblr.com>

Research publications: <http://www.researchgate.net>

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Observatory. Chris has been a director of the World Association of Medical Editors, UK Copyright Licensing Agency, Educational Recording Agency, and International Association of Audiovisual Writers and Directors. He has served on the boards of several NGOs and ethics groupings (information and computer ethics and bioethics). UK-based, he is also building houses in Zambia. chris AT chriszielinski.com

His publications are at www.ResearchGate.net and

<https://winchester.academia.edu/ChrisZielinski/> and his blogs are

<http://ziggytheblue.wordpress.com> and <https://www.tumblr.com/blog/ziggytheblue>

From: "Caroline De Brun, UK" <caroline.debrun@phe.gov.uk>

To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>

Subject: [hifa] LIS (15) Evidence Briefing (7) 1. Access to information (4)

Dear Joseph Ana,

I am so glad you have highlighted the greater issues that are faced by information professionals in LMICs. I think this will help us build on our discussions, and hopefully identify practical ways that we can support each other and improve information access for all. While we may not be able to directly resolve the lack of adequate power supply, we can use this forum to raise awareness of the problems faced, and work together, so that we can try and close the digital divide. I realise that I am naive in this area, as I have been lucky enough not to experience the challenges that you face, but I do believe that working together makes us stronger and more visible, and I am really hoping that that can make a difference.

With best wishes, and thanks, from, Caroline

Mrs Caroline De Brun, DipLIS, PhD

Knowledge & Evidence Specialist Â South West and Thames Valley Knowledge & Library Services

Public Health England

Email: caroline.debrun@phe.gov.uk

HIFA profile: Caroline De BrÃ°n is a Knowledge and Evidence Specialist for Public Health England. Professional interests: health information literacy, information skills, knowledge management, outreach librarianship, patient information. She is a member of the HIFA working group on Library and Information Services.

<http://www.hifa.org/projects/library-and-information-services>

<http://www.hifa.org/support/members/caroline>

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From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>

To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>

Subject: [hifa] LIS (16) Disaster Health Evidence sources

[Note from HIFA moderator (Neil PW): The message below is forwarded on behalf of Siobhan Champ-Blackwell at the National Library of Medicine, USA.]

We at the National Library of Medicine Disaster Information Management Research Center are very excited by the thematic discussion on the HIFA listserv right now. There are several

tools and resources I would like to share with you that support evidence in disasters and disease outbreaks.

Start by taking a look at our Guide to Disaster Medicine and Public Health Literature <https://disasterinfo.nlm.nih.gov/dimrc/medscilit.html>

Most of you are familiar with PubMed. Did you realize that there are many journals and MESH terms related to disaster medicine in PubMed? Our list of [MeSH Terms Used in Indexing Disaster-Related Journal Articles](https://disasterinfo.nlm.nih.gov/dimrc/mesh_disaster.html) is updated each year when NLM sends out its annual updates to MeSH: https://disasterinfo.nlm.nih.gov/dimrc/mesh_disaster.html

In disaster medicine, it's important not to overlook the grey literature. Disaster information changes rapidly, and grey literature is vital to planning and response efforts. Disaster Lit@: The Resource Guide for Disaster Medicine and Public Health is a database of free online resources on disaster medicine and public health including expert guidelines, factsheets, websites, technical reports, webinars, and other tools. <https://disasterlit.nlm.nih.gov/> Disaster Lit is updated daily; librarians at NLM select from over 100 vetted sources to ensure that the reports, guidance documents, and other information that is not found in PubMed is collected and placed in a searchable database.

Please take time to review the other tools and resources in our Guide to Disaster Medicine and Public Health Literature.

Thanks to HIFA for this opportunity to share some of our resources. We are looking forward to hearing about the resources others have in this area.

Siobhan

Siobhan Champ-Blackwell
NLM/SIS/DIMRC
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<http://disasterinfo.nlm.nih.gov>
Specialization in Disaster Information, Level II, Medical Library Association, completed 2012

Join the DISASTR-OUTREACH-LIB Discussion Listserv
<https://disasterinfo.nlm.nih.gov/dimrc/dimrclistserv.html>

HIFA profile: Siobhan Champ-Blackwell is a Health Sciences Librarian at the National Library of Medicine, Washington DC, USA. siobhan.champ-blackwell AT nih.gov

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] LIS (17) Evidence Briefing (7) 2. Knowledge Management

What is the evidence around knowledge and library service provision and knowledge management to support global health, and disaster and emergency preparedness?

As previously noted, HIFA member Caroline De Brun has compiled an Evidence Briefing to help inform our discussion.

http://www.hifa.org/sites/default/files/publications_pdf/Evidence_briefing_global_health_library_services_EAHIL_June_2017_FINAL_VERSION.pdf

The briefing is presented in five parts. The first part (introduced last week) is on the theme of Access to Information. The second part is on Knowledge Management and is reproduced here for further discussion/exploration, together with the relevant references (and how to access them).

2. KNOWLEDGE MANAGEMENT

Knowledge management (KM) has proven to be effective in business, but models tend to be process driven, with less focus on outcomes, and therefore are less applicable to global health scenarios (8). However, the potential for KM to support global health is there (9). For example, the Knowledge Management for Global Health (KM4GH) Logic Model is a tool that helps global "health professionals plan KM activities with the end goal in mind" (8). Effective data sharing is vital in environments facing crisis, such as disease outbreaks (10). However, in disadvantaged populations, there is often "limited awareness, uptake, and use of knowledge to inform" health improvement actions (11). Knowledge brokering (KB) describes the role of an intermediary who connects people who have information/knowledge/skills with someone who does not, so that expertise can be shared, and gaps in knowledge filled. It can play a key role in supporting data sharing, and common elements of KB approaches focus on "acquiring, adapting, and disseminating knowledge and networking" (12). It can be difficult bringing scientific evidence to health workers and decision-makers, but empirical research has demonstrated that KB is an effective method of facilitating access to information (13).

Librarians are knowledge brokers who can help negotiate the transfer of knowledge and information to disaster teams so that they can make effective decisions and work together with the evidence and produce a more relevant document to inform others (14). In Burkina Faso, West Africa, Canadian and African researchers successfully applied a KB strategy and held two one-day workshops to explore the issues of low research use and develop a strategy to support the Burkinabe context (15). There are "existing knowledge to action models/frameworks that can help guide knowledge translation to support action" in less advantaged areas (11). Knowledge management systems (KMS) have proven to be effective in disaster planning and response, but their success is dependent on acceptance by users of the system, and the availability of resources to maintain the system (16). Members of an emergency response management community of practice used a system of social tagging and social recommender system to facilitate the management and sharing of information resources (17, 18).

8. Young C, Lawrence JC, Robinson-Bontrager K. Providing Access to Electronic Journals in the Face of a Natural Disaster: The Experience of Two Libraries. *Journal of Electronic Resources in Medical Libraries*. 2009;6(1):49-54.

<http://www.tandfonline.com/doi/full/10.1080/15424060802705277?needAccess=true> [restricted access and apparently not available in an OA repository]

9. Turoff M, Hiltz SR. Assessing the health information needs of the emergency preparedness and management community. *Information Services & Use*. 2008;28(3/4):269-80. [restricted

access but you can save 27 USD because the authors have self-archived the post-print of the paper in an OA repository:

https://www.researchgate.net/publication/262314821_Assessing_the_health_information_needs_of_the_emergency_preparedness_and_management_community]

10. Allen C. A resource for those preparing for and responding to natural disasters, humanitarian crises, and major healthcare emergencies. *Journal of Evidence-Based Medicine*. 2014;7(4):234-7. [freely available <http://onlinelibrary.wiley.com/doi/10.1111/jebm.12127/full>]

11. Ohkubo S, Harlan SV, Ahmed N, Salem RM. Conceptualising a New Knowledge Management Logic Model for Global Health: A Case-Study Approach. *Journal of Information & Knowledge Management*. 2015;14(2):-1. [restricted access and apparently not available in an OA repository either]

12. Sullivan TM, Limaye RJ, Mitchell V, D'Adamo M, Baquet Z. Leveraging the power of knowledge management to transform global health and development. *Global Health: Science and Practice*. 2015;3(2):150-62. [freely available here: www.ghspjournal.org/content/3/2/150.full]

13. Chretien JP, Rivers CM, Johansson MA. Make Data Sharing Routine to Prepare for Public Health Emergencies. *PLoS Med*. 2016;13(8):e1002109.

14. Davison C, Ndumbe-Eyoh S, Clement C. Critical examination of knowledge to action models and implications for promoting health equity. *International Journal for Equity in Health*. 2015;14(49):(29 May 2015)-(29 May). [freely available here: <http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002109>]

15. Van Eerd D, Newman K, DeForge R, Urquhart R, Cornelissen E, Dainty KN. Knowledge brokering for healthy aging: a scoping review of potential approaches. *Implementation Science*. 2016;11(1):140. [Freely available here: <https://implementationscience.biomedcentral.com/articles/10.1186/s13012-016-0504-5>]

16. Hamel N, Schrecker T. Unpacking capacity to utilize research: A tale of the Burkina Faso public health association. *Social Science & Medicine*. 2011;72(1):31-8.

17. Dagenais C, Some TD, Boileau-Falardeau M, McSween-Cadieux E, Ridde V. Collaborative development and implementation of a knowledge brokering program to promote research use in Burkina Faso, West Africa. *Global health action*. 2015;8:26004. <https://www.ncbi.nlm.nih.gov/pubmed/21074923> [restricted access and apparently not available in an OA repository]

18. Raman M, Kuppusamy MV, Dorasamy M, Nair S. Knowledge Management Systems and Disaster Management in Malaysia: An Action Research Approach. *Journal of Information & Knowledge Management*. 2014;13(1):1450003-1--15. [restricted access but you can save 35 USD because the authors have self-archived the post-print of the paper in an OA repository: https://www.researchgate.net/publication/263871480_Knowledge_Management_Systems_and_Disaster_Management_in_Malaysia_An_Action_Research_Approach]

Best wishes, Neil

Coordinator, HIFA Project on Library and Information Services (with special focus on Population Health, Disasters, and Disease Outbreaks)

<http://www.hifa.org/projects/library-and-information-services>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: www.hifa.org

HIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign (Healthcare Information For All - www.hifa.org) and current chair of the Dgroups Foundation (www.dgroups.info), which supports 700 communities of practice for international development, social justice and global health. Twitter: @hifa_org FB: facebook.com/HIFAdotORG neil@hifa.org

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] LIS (18) What do we know about the availability and use of information for emergencies, disasters and disease outbreaks?

Dear HIFA colleagues,

Thank you for your contributions to our major thematic discussion on Library and Information Services in emergencies, disasters and disease outbreaks.

This week we'll continue this theme by asking:

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?

You may like to refer to the Evidence Briefing we prepared to inform our discussion: http://www.hifa.org/sites/default/files/publications_pdf/Evidence_briefing_global_health_library_services_EAHIL_June_2017_FINAL_VERSION.pdf

We look forward to learn from your experience.

Many thanks, Neil

Coordinator, HIFA Project on Library and Information Services (with special focus on Population Health, Disasters, and Disease Outbreaks)
<http://www.hifa.org/projects/library-and-information-services>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: www.hifa.org

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From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] LIS (19) Availability and use of information for emergencies, disasters and disease outbreaks (2) Ebola

Dear HIFA colleagues,

We are having a parallel discussion on this topic on our child health forum, CHIFA:
<http://www.hifa.org/join/join-chifa-child-health-and-rights>

Below is a personal experience from a doctor in Sierra Leone.

Dear colleagues,

Working during the Ebola outbreak in Sierra Leone was an eye opener. When the outbreak started and for a few months after there was little information on what Ebola was, how to combat it and how to prevent it. As a young doctor who was dedicated to working, I got asked questions over and over again. I learnt about Ebola as a one page note during medical school. No special information was provided to doctors so I took to google like everyone else. I continued working right through the outbreak and we faced challenges that we just muddled through. Even after the outbreak when we started seeing survivors with complications, no information was sent to us clinicians on how to manage them. As I said before, we muddled through. Information on the outbreak was slow in coming so if there could be a library for teams to access in times of disasters or outbreaks that will be amazing. Electronic transfer on what to do via email to staff even if it's on a weekly basis will be lifesaving.

CHIFA profile: Bintu Mansaray is a Medical Doctor at the Sierra Leone Medical and Dental Association. Professional interests: I am currently a junior doctor doing her rotations in Pediatrics, planning on doing a MSc in Tropical Paediatrics and another in Global Health. I would want to start a safe house for abuse and neglected children, having been through a war and also worked through an epidemic of global proportions, it has been clearly shown that children would always be the most vulnerable and the casualties of any disaster. alexesojay AT yahoo.com

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Best wishes, Neil

From: "Sieglinde Mauder, Germany" <sieglinde.mauder@medmissio.de>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] LIS (20) What do we know about the availability and use of information for emergencies, disasters and disease outbreaks?

Dear colleagues,

Especially in emergency situations, natural hazards or disease outbreaks, it is always a huge problem to find the relevant guidelines and information material. For example, during the earthquake and the cholera outbreak in Haiti it quickly became clear that the real-time availability and access to important and relevant practical information is an essential feature to safeguard fast and adequate treatment. This information also has to be available in the respective local languages.

In order to close this gap of lack of resources, MEDBOX - The Aid Library www.medbox.org went online in October 2013. The MEDBOX collates professional medical and humanitarian guidelines, textbook, practical documents on humanitarian and

health action available online and brings these into the hands of aid workers: when the need it, where they need it!

MEDBOX provides fast and free access to relevant guidelines, posters, assessments, country-specific information and much more. Specialized toolboxes have been established to be able to respond to on-going disasters, emergencies and disease outbreaks. So far, 10 Toolboxes have been made available: i.e. Ebola, Cholera, Natural Hazard, Syria, South Sudan, Rapid Response.

In particular, during the Ebola outbreak, the EBOLA TOOLBOX www.ebolabox.org was established quickly after the Ebola outbreak providing online the most important treatment and infection control guidelines in French. Furthermore, country-specific statistics, posters and education materials were also made available. The CHOLERA Toolbox www.cholerabox.org has responded to the cholera outbreak in Haiti offering IEC material in Creole and to the current one in Yemen providing guidelines in Arabic.

The MEDBOX www.medbox.org is an innovative online library aiming at closing the gaps in the provision of relevant information. MEDBOX is a "one click", constantly updated and quality assured online library with up-to-date practical medical resources.

We would surely appreciate feedback by the HIFA participants regarding the benefit and the quality of the MEDBOX .

Best regards
Sieglinde Mauder

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HIFA profile: Sieglinde Mauder is Librarian at the Medical Mission Institute, Würzburg, Germany. She collects and distributes resources on HIV/AIDS, tropical diseases, humanitarian aid, health service management, e-learning for partners in developing countries. sieglinde.mauder@medmissio.de

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] LIS (21) Disaster Lit (2) Antimicrobial resistance

(with thanks to Disaster Lit: - the Resource Guide for Disaster Medicine and Public Health database: <https://disasterlit.nlm.nih.gov/>)

Antimicrobial Resistance and Causes of Non-Prudent Use of Antibiotics in Human Medicine in the EU (European Union)

European Union, European Commission. 07/19/2017

'This 216-page report describes the results of the ARNA (Antimicrobial Resistance and the Causes of Non-Prudent Use of Antibiotics) project. It highlights that in Europe, 7 percent of all antibiotics used in 2016 were taken without prescription; the two main sources were over-the-counter (OTC) sales and use of leftover antibiotics. Lack of knowledge among patients and pressure on healthcare professionals to provide antibiotics without prescription were highlighted as two key factors contributing to this issue.'

PDF: https://ec.europa.eu/health/amr/sites/amr/files/amr_arna_report_20170717_en.pdf

Best wishes, Neil

From: "Claire Allen, UK" <callen@evidenceaid.org>

To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>

Subject: [hifa] LIS (22) Availability and use of information for emergencies, disasters and disease outbreaks (3) Evidence Aid

Evidence Aid was established following the tsunami in the Indian Ocean in December 2004. It uses knowledge from systematic reviews to provide reliable, up-to-date evidence on interventions that might be considered in the context of natural disasters and other major healthcare emergencies. Evidence Aid seeks to highlight which interventions work, which don't work, which need more research, and which, no matter how well meaning, might be harmful; and to provide this information to agencies and people planning for, or responding to, disasters. Read more about our origins and research priorities and see our progress on our website (www.evidenceaid.org). Our mission is 'To inspire and enable those guiding the humanitarian sector to apply an evidence-based approach in their activities and decisions' and our vision is that 'Those in need receive humanitarian aid in the most timely, effective and appropriate way possible.'

Our objectives are:

Establish Evidence Aid as the influential 'go-to' organisation for the evidence based approach towards humanitarian action.

Uphold and promote the value of evidence in health outcomes across sectors.

Identify the gaps in evidence for humanitarian aid and build the resources and network to address them.

Raise the capacity and commitment of those who guide the humanitarian sector to implement an evidence based approach.

Like MEDBOX, we exist to close the gap of both lack of and access to evidence. Our evidence primarily comes from systematic reviews, but we also include guidelines in our Special Collections of evidence which are topic-related. We have just created a new taxonomy and updated the search facility on our website, in addition to having a section called 'Evidence Matters' where, aside from some text, we have a new video which explains why evidence is important in the humanitarian sector. I urge you to take 3 minutes of your day to listen to the video. You can find the text and the video here:

<http://www.evidenceaid.org/evidence-matters/>

Evidence Aid materials and resources are freely available to everyone however we rely on the support of volunteers to support our work. If you think there is something you can do to help us to succeed, please don't hesitate to get in touch.

Claire Allen
Operations Manager
Evidence Aid: Winner of the Unorthodox Prize 2013 (\$10,000)

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Skype: [claireallencochrane](#)
Website: www.evidenceaid.org
Twitter: [@evidenceaid](#)
Facebook: Evidence Aid

HIFA profile: Claire Allen is Operations Manager at Evidence Aid, UK. Professional interests: Evidence Aid (www.evidenceaid.org) provides evidence for people in disaster preparedness and response to make better decisions. Areas of interest = humanitarian crises, natural disasters and major healthcare emergencies (disaster = when a country is unable to cope with the disaster/crisis or emergency). She is a member of the HIFA Working Group on Access to Health Research and the HIFA Working Group on Library and Information Services.

<http://www.hifa.org/projects/library-and-information-services>

<http://www.hifa.org/support/members/claire>

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dggroups.org>
Subject: [hifa] LIS (23) Evidence Briefing (8) 3. Existing programmes/resources

What is the evidence around knowledge and library service provision and knowledge management to support global health, and disaster and emergency preparedness?

The PHE/HIFA Evidence Briefing is available here to help inform our discussion.

http://www.hifa.org/sites/default/files/publications_pdf/Evidence_briefing_global_health_library_services_EAHIL_June_2017_FINAL_VERSION.pdf

The briefing is presented in five parts. The first and second parts (introduced over the last 10 days) are on the themes of Access to Information and Knowledge Management, respectively. The third part is on 'Existing programmes/resources' and I reproduce it below - together with the relevant references (and how to access them) - for your comments and further discussion. Would you like to comment on any of the initiatives below? Are there other programmes and resources you would like to highlight?

3. EXISTING PROGRAMMES/RESOURCES

This part of the briefing highlights programmes and resources that are already available to people who are operating in crisis situations, such as natural disasters, man-made disasters, and disease outbreaks.

In the UK, health librarians are volunteering to become involved in international development activities in low income countries, sharing their information skills with librarians (19).

Projects to improve access to information operating in Saharan Africa include Book Aid International (www.bookaid.org/), Health Information for All (www.hifa.org/), INASP (www.inasp.info/en/), Information Training and Outreach Centre for Africa (www.itoca.org/), Phi (Partnerships in Health Information), Health Books International (www.talcuk.org/ - formerly Teaching-aids At Low Cost), Tropical Health and Education Trust (www.thet.org/), and Research4Life (www.research4life.org/) (19).

Evidence Aid (www.EvidenceAid.org) was established after the Indian Ocean tsunami of December 2004. The aim of this resource is to provide a single source of evidence to help inform decision-makers preparing for and responding to disasters (18, 20).

The National Library of Medicine (NLM) "has a long history of providing health information, training and tools in response to disasters", but in 2008, they launched their Disaster Information Management Research Center (disaster.nlm.nih.gov/), to help libraries and librarians are trained and prepared to respond to information needs following disasters. This resource includes Disaster Lit^Â: the Resource Guide for Disaster Medicine and Public Health; a database of open access links to disaster medicine and public health documents available on the Internet at no cost (21-27). In addition to this resource, NLM has also "joined forces with the Pan American Health Organization/World Health Organization, the United Nations International Strategy for Disaster Reduction, and the Regional Center of Disaster Information for Latin America and the Caribbean (CRID)". Together, they aim to support libraries and information centres in Central America, and improve access to health and disaster information, by developing the Central American Network for Disaster and Health Information (www.cridlac.org/ing/proyecto_ing.html) (28).

Another initiative from NLM and health sciences publishers is the Emergency Access Initiative (EAI) (eai.nlm.nih.gov/docs/captcha/test.pl?url=), which was set up following the experiences of libraries struggling "to provide relief workers with health information resources and services". This service is provided to healthcare professionals and libraries following a disaster affecting a region of the United States or throughout the world. It is only active when a disaster event is named and the access period specified (29).

The International Federation of Library Associations and Institutions (www.ifla.org) drafted the "Principles of Engagement (to be used by IFLA and its members in library-related activities of disaster risk reduction and in times of conflict, crisis or natural disaster" www.ifla.org/publications/ifla-principles-of-engagement-in-library-related-activities-in-times-of-conflict-crisis) (30).

In 2004, the collaboratively written web-based encyclopaedia, Wikipedia formed a group called WikiProject Medicine, which aims to improve Wikipedia's health-related entries. Health professionals are encouraged to edit the medical content on Wikipedia, "with the goal of providing people with free access to reliable, understandable, and up-to-date health information" (31).

In other areas, wiki spaces have been used to create portals linking to housing disaster news, and information resources (32).

REFERENCES

19. Reyers B, Nel JL, O'Farrell PJ, Sitas N, Nel DC. Navigating complexity through knowledge coproduction: Mainstreaming ecosystem services into disaster risk reduction. *Proceedings of the National Academy of Sciences of the United States of America*. 2015;112(24):7362-8. [Full text freely available here: <http://www.pnas.org/content/112/24/7362.full.pdf>]
20. Clarke M. Evidence Aid - from the Asian tsunami to the Wenchuan earthquake. *Journal of Evidence-based Medicine*. 2008;1(1):9-11. [Full text freely available here: <http://onlinelibrary.wiley.com/doi/10.1111/j.1756-5391.2008.00007.x/full>]
21. Love CB, Arnesen SJ, Phillips SJ, Windom RE. National Library of Medicine Disaster Information Management Research Center: Achieving the vision, 2010-2013. *Information Services & Use*. 2014;34(1/2):149-70. [Full text freely available here: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4996476/>]
22. Love CB, Arnesen SJ, Phillips SJ. National Library of Medicine Disaster Information Management Research Center: Establishment and growth, 2008-2010. *Information Services & Use*. 2013;33(4):273-98. [Full text freely available here: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4196694/>]
23. Lalla NJ. NLM Disaster Information Management Research Center. *Choice: Current Reviews for Academic Libraries*. 2014;51(12):2219-20. [unable to find]
24. Mallery M. Tech Services on the Web: Disaster Information Resources for Libraries <http://nmlm.gov/mar/emergency.html>. *Technical Services Quarterly*. 2014;31(1):82-3.
25. NLM resources support information needs of Haiti earthquake medical response. *NLM Technical Bulletin*. 2010(372):39-40. [Full text freely available here: https://www.nlm.nih.gov/pubs/techbull/jf10/jf10_reprint_nlm_widget.html]
26. Koustova H. Disaster Information Management Research Center (DIMRC): A Gateway to Disaster Information Resources. *Journal of Electronic Resources in Medical Libraries*. 2010;7(4):326-35. [restricted access: <http://www.tandfonline.com/doi/abs/10.1080/15424065.2010.527251>]
27. Hochstein C, Arnesen S, Goshorn J, Szczer M. Selected resources for emergency and disaster preparedness and response from the United States National Library of Medicine. *Medical Reference Services Quarterly*. 2008;27(1):1-20. [unable to find]
28. Arnesen SJ, Cid VH, Scott JC, Perez R, Zervaas D. The Central American Network for Disaster and Health Information. *Journal of the Medical Library Association*. 2007;95(3):316-22. [Full text freely available here: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1924936/>]
29. Moore M, Burrows S, Collins M, Roderer N. Libraries and Publishers Respond to Disaster with Groundbreaking Collaboration. *Journal of Electronic Resources in Medical Libraries*. 2011;8(1):54-62. [restricted access: <http://www.tandfonline.com/doi/abs/10.1080/15424065.2011.551495>]
30. International Federation of Library Associations and Institutions. IFLA principles of engagement in library-related activities of disaster risk reduction and in times of conflict, crisis or natural disaster. Den Haag: The Netherlands: 2012. [Full text freely available here: <https://www.ifla.org/publications/ifla-principles-of-engagement-in-library-related-activities-in-times-of-conflict-crisis>]
31. Heilman JM, Kemmann E, Bonert M, Chatterjee A, Ragar B, Beards GM, et al. Wikipedia: a key tool for global public health promotion. *Journal of Medical Internet Research*. 2011;13(1):e14. [Full text freely available here: <http://www.jmir.org/2011/1/e14/>]

32. Schell MB. Disseminating Disaster Health Information: Three Trial Projects. Journal of Hospital Librarianship. 2013;13(3):291-7. [restricted access:
<http://www.tandfonline.com/doi/abs/10.1080/15323269.2013.799393?src=recsys&journalCode=whos20>]

Best wishes, Neil

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] LIS (24) Highlights (1) "We are not well prepared"

Dear HIFA colleagues,

Thank you for your contributions to the discussion so far. I would like to pick out a few quotes from HIFA members, external quotes, and resources we have highlighted during the discussion.

For me, the words of the new WHO DG Dr Tedros are chilling. In relation to our readiness to tackle a catastrophic new global pandemic: "We are not well prepared".

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. Please keep sharing your thoughts by sending an email to hifa@dgroups.org

QUOTES FROM HIFA MEMBERS

Joseph Ana (Nigeria): "Access to timely, accurate, and quality health information for disaster teams is essential, (3, 4), but there is a digital divide with regards to access to this content', because for most of the LMICs this is not limited to 'times of crisis'. It is the normal!"

Bintu Mansaray (Sierra Leone): Working during the Ebola outbreak in Sierra Leone was an eye opener. When the outbreak started and for a few months after there was little information on what Ebola was, how to combat it and how to prevent it. As a young doctor who was dedicated to working, I got asked questions over and over again. I learnt about Ebola as a one page note during medical school. No special information was provided to doctors so I took to google like everyone else. I continued working right through the outbreak and we faced challenges that we just muddled through. Even after the outbreak when we started seeing survivors with complications, no information was sent to us clinicians on how to manage them. As I said before, we muddled through. Information on the outbreak was slow in coming so if there could be a library for teams to access in times of disasters or outbreaks that will be amazing. Electronic transfer on what to do via email to staff even if it's on a weekly basis will be lifesaving.

Chris Zielinski (UK): 'In April 2017, a Building Bridges forum was held in Kampala. One of its outputs was declaration on health communications (this will be shared on this and other

lists shortly), which distinguished routine health information from emergency health information.'

EXTERNAL QUOTES

Richard Horton (Lancet): 'Imagine Anycountry. A low-income nation-state with a weak health system. People have begun to report a mysterious respiratory infection that is rapidly fatal. The cause is an unknown virus. A localised outbreak quickly spreads from village to village. The virus is not only extremely pathogenic but also highly transmissible. The epidemic soon crosses the country's border to neighbouring states. A global health emergency beckons... Last weekend, the new Director-General of WHO, Dr Tedros, addressed G20 Heads of State assembled in Hamburg. It was the first time WHO had been invited to a Summit that is usually focused on finance and economics. His conclusion was fearful: "we are not well prepared"'

Gavin Yamey (The Lancet Global Health): 'Crucial components of the global and regional system for outbreak control include surge capacity (eg, the ability to urgently deploy human resources); providing technical guidance to countries in the event of an outbreak; and establishing a coordinated, interlinked global, regional, and national surveillance system. These activities are the remit of several essential WHO financing envelopes that all face major funding shortfalls.'

PROGRAMMES AND RESOURCES

Guide to Disaster Medicine and Public Health Literature

<https://disasterinfo.nlm.nih.gov/dimrc/medscilit.html>

Resource Guide for Disaster Medicine and Public Health - a database of free online resources on disaster medicine and public health including expert guidelines, factsheets, websites, technical reports, webinars, and other tools. <https://disasterlit.nlm.nih.gov/>

DISASTR-OUTREACH-LIB Discussion Listserv:

<https://disasterinfo.nlm.nih.gov/dimrc/dimrclistserv.html>

MEDBOX - The Aid Library www.medbox.org

Evidence Aid www.evidenceaid.org

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Best wishes, Neil

To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>

From: Neil Pakenham-Walsh <neil@hifa.org>

Subject: [hifa] LIS (25) Library and Information Services for Global and Disaster Health

Cc:

Thanks to everyone who has posted so far about this topic - we really do want to find out as much as possible about what is already going on in the area, and where the gaps are. The question we flagged up for the second week of the discussion was:

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?

We do know that mobilising knowledge - getting it to the right people at the right time - is difficult enough in non-emergency settings. For examples, The Alliance for Useful Evidence has looked at what works in providing evidence to policy makers

(<http://www.alliance4usefulevidence.org/publication/using-evidence-what-works-april-2016/>).

Is it possible to take existing work like this out of context, and apply it to other settings? What type of factors or problems need to be overcome in disaster or emergency settings? Are there examples of practice (those that work or don't work) that could be written up and shared?

Please keep posting - all your comments and ideas will be collated, summarised and fed back to the group!

Best wishes

Anne

HIFA profile: Anne Brice is the Head of Knowledge Management for Public Health England, the expert national public health agency with a mission to protect and improve the nation's health and to reduce inequalities. After qualifying in 1983, Anne has had a variety of positions in academic and health libraries, including the University of London, Borders Health Board, and the University of Oxford. She has held a range of national roles, including those with the former National Library for Health, NHS National Knowledge Service, and the Department of Health. Prior to joining Public Health England she was Head of Knowledge Management at Better Value Health Care, and seconded to the NHS Choices commissioning team at the Department of Health. She helped set up CASP International and has worked internationally with a range of partners and colleagues. Anne's professional interests include evidence based practice, professional development, and the information professionals role in facilitating knowledge translation. She is currently undertaking a DPhil in Evidence Based Health Care at the University of Oxford in the area of participant experience in internet-based clinical trials. She is a member of the HIFA Project on Library and Information Services.

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<http://www.hifa.org/support/members/anne-0>

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From: "Jackton Kaijage, Tanzania" <jajolika15@gmail.com>

To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>

Subject: [hifa] LIS (26) Who has experience of providing health information services during emergencies or disease outbreaks?

Hi HIFA Colleagues!

My main worry is that 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. Instead, medical and public health staffs are given the first and top priority. In consequence, those professionals involved tend to play dual roles including practicing as IEC experts as well even if sometimes they are not well versed in delivery of library and health information services.

In my opinion, may those who had an opportunity to offer any medical and health information services during emergency and outbreak of diseases like Ebola etc. come to the forefront and share their good and bad experiences they experienced on the ground, and the most feasible and cost-effective measures which should be taken to address limitations which limited their contribution in course of playing the role as IEC experts.

Jackton

HIFA profile: Jackton L Kaijage, M.Lib. (Information Systems and Services for Health Care), PG Dip. in Librarianship (University of Wales, Aberystwyth, UK), B.Ed. (Teachers' Education) (Hons.) (University of Dar es Salaam, Tanzania), Grade IIIA Teaching Certificate (Morogoro Teachers' Training College, Morogoro, Tanzania). Jackton Kaijage is the CEO and Sole Proprietor for the Jackliv Events Management Services in Dar es Salaam, Tanzania. We are licensed to offer: multimedia printing, publishing and recording services; business consultancy services; and conference and catering services and supplies. He was the Chief Librarian, on contract basis between March, 2014 and February, 2016, at Kibaha Public Library, Directorate of Education Services, Kibaha Education Centre (KEC). He still offers English-Kiswahili-English Translation services. He has began writing Kiswahili eBooks on diverse basic life skills including, basics of entrepreneurship targeting specifically struggling Kiswahili speaking SMEs; basics of success from the Biblical view point etc. Besides that, he is very active on the Facebook and LinkedIn. He is a HIFA Country Representative for Tanzania. <http://www.hifa.org/people/country-representatives/map>
<http://www.hifa.org/support/members/jackton>
jajolika15 AT gmail.com

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] LIS (27) Are we prepared for a global pandemic? Urgent need to address: weak health systems, vaccine scepticism, misinformation, weak health governance

(with thanks to Disaster Lit)

Dear HIFA colleagues,

<https://disasterlit.nlm.nih.gov/record/15566>

This 47-minute webinar describes the health security futures and trends in the decade leading to the Sustainable Development Goals (SDGs). It discusses the gaps and differences between

the Global Health Security Agenda (GHSa) and the SDGs, critical inter-dependencies between the GHSa and the SDGs, pandemic futures, and the need for global health programs to address the complex nature of pandemics.'

The presenter Dr. Sulzhan Bali (@sulzhan) emphasises four core problems:

1. weak health systems
2. vaccine scepticism
3. misinformation
4. weak health governance.

Best wishes, Neil

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] LIS (28) Beating the Media Crush During a Crisis
(with thanks to Disaster Lit)

<https://disasterlit.nlm.nih.gov/record/15565>

Centers for Disease Control and Prevention. 07/21/2017

This one-hour, 32-minute webinar is co-sponsored by the Society for Healthcare Epidemiology of America. It is the third in the Effective Communication Webinar Series, and is designed to train hospital epidemiologists in the interpersonal skills important in an outbreak situation. It discusses how communication is key to an organized response to prevent, protect, and control the spread of disease during an infectious disease crisis. It discusses best practices for fostering rapid and collaborative internal and external communication.

Best wishes, Neil

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] LIS (29) From Reaction to Prevention: A Call to Action
(with thanks to Disaster Lit)

National Center for Disaster Medicine and Public Health [Uniformed Services University of the Health Sciences]. 07/25/2017

<https://disasterlit.nlm.nih.gov/record/15556>

'This one-hour, 12-minute presentation provides an overview of disaster response and preparedness approaches, and an analysis of how disaster risk reduction strategies can be used to build resilience and produce better outcomes. It defines resilience, risk, and hazards, and discusses examples of disaster risk reduction.' (Video or Multimedia)

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] LIS (30) Do you have any real-life experience in dealing with

an emergency/disaster/outbreak?

Dear all,

Thank you for your contributions to the discussion so far.

We now enter week 3 and we ask: "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?"

This is potentially the most valuable part of the discussion. If you have any experience of dealing with an emergency, disaster, or disease outbreak, please do share it here on HIFA. To contribute, please send an email to hifa@dgroups.org

With thanks and best wishes, Neil

From: "Mulenga Lwansa, Zambia via Dgroups" <HIFA@dgroups.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] LIS (31) Do you have any real-life experience in dealing with an emergency/disaster/outbreak? (2)

Hello,

This is quite interesting.

In how many words would you prefer the story told? [*see note below]

Regards
Mulenga Lwansa

HIFA profile: Mulenga Lwansa is a Pharmacist based in Zambia. Being a Pharmacist of many years, Mulenga has observed over the years how attention has shifted from this area to other much more immediate and deadly diseases like HIV/AIDS. lwansa AT yahoo.com

[*Note from HIFA moderator (Neil PW): Dear Mulenga, there is no minimum or maximum number of words. Your contribution can be anything from a single sentence to several paragraphs. We look forward to learn from your experience. Please send to: hifa@dgroups.org

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] LIS (31) Central Africa establishes the Africa Centres for Disease Control and Prevention Regional Collaborating Centre

Below is a press release from the new Africa Centres for Disease Control. Read online here:

<https://au.int/en/pressreleases/20170803/central-africa-establishes-africa-centres-disease-control-and-prevention>

Central Africa establishes the Africa Centres for Disease Control and Prevention Regional Collaborating Centre to improve surveillance, preparedness and response to infectious and non-communicable diseases

Sub-region an epicentre of recurrent outbreaks and high burden of infectious diseases

Libreville, 02 August 2017- Central African countries meeting last week on Thursday and Friday operationalised the Africa Centres for Disease Control and Prevention (Africa CDC) Regional Collaborating Centre (RCC). The centre will coordinate the efforts of Burundi, Cameroon, Congo, Gabon, Equatorial Guinea, Central African Republic, Democratic Republic of Congo, Sao Tomé and Príncipe and Chad to jointly strengthen surveillance, emergency response and prevention of infectious and non-communicable diseases. The Central Africa sub-region has witnessed several disease outbreaks including Ebola, Cholera and Hepatitis in addition to a high burden of malaria, HIV, tuberculosis, vaccine-preventable diseases and neglected tropical diseases.

The recent African Heads of State and Government declaration, committing to accelerate the implementation of International Health Regulations, demonstrate the resolve of African countries to strengthen public health systems and core capacities critical to address the health security of the continent. Health security is a solid foundation for the socio-economic and structural transformation of the continent said Dr. John Nkengasong, the Director of the Africa Centres of Disease Control and Prevention, Regional Collaborating Centres will translate these bold commitments to concrete action by using all public assets that exist in the sub-region to effectively network and sustain collaboration for disease control. A disease threat anywhere in Africa is a threat everywhere on the continent added Nkengasong.

Disease outbreaks are increasing globally due to environmental degradation, climate change, population growth and increased cross-border movements. The Declaration to accelerate the implementation of International Health Regulations together with the Africa Health Strategy (2016-2030) and the Africa Agenda 2063 - the Africa we want, provide a unique opportunity for a new public health order in Africa to safeguard the health security of the continent.

Emerging and recurrent diseases threaten the collective efforts to transform our region. The Regional Collaborating Centre provides an opportunity for effective collaboration, integration and coordination of epidemiological surveillance, strengthening existing networks of quality laboratories for early detection and response. We cannot deliver effectively if we do not implement a one health approach bringing human, animal and environmental health together to better manage risks said Hon. Blaise Louembe, Minister of Equal Opportunities for Gabon.

The Central Africa RCC will work to harness the public health assets that already exist in the sub-region including the World Health Organisation, universities, national public health institutes, private laboratories, centres of excellence, non-governmental organisations and veterinary networks. The Africa CDC Regional Collaborating Centres will work closely with the Africa CDC secretariat in Addis Ababa, the Africa CDC Antimicrobial Resistance Surveillance Network and the Regional Integrated Surveillance and Laboratory Networks. Together these structures will develop the adequate capacity needed to support surveillance, laboratory systems and networks, emergency preparedness and response, capacity development and public health research in Member States and prevent and fight effectively

against communicable diseases, non-communicable diseases and major public health outbreaks.

Gabon have taken key steps to fully operationalise the Centre including providing a four storey building for office space and emergency operation centre, infrastructure, and human resources. Gabon also harbours a biosafety four and several biosafety three laboratories that will provide strong support to the regional centre to effectively respond to outbreaks.

For media inquiries:

Tawanda Chisango | Advocacy and Partnerships Expert | Department of Social Affairs | African Union Commission | E-mail: chisangot@african-union.org | Tel: +251934167052

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About the Africa CDC

The Africa CDC supports all African Countries to improve surveillance, emergency response, and prevention of infectious diseases. This includes addressing outbreaks, man-made and natural disasters, and public health events of regional and international concern. It further seeks to build the capacity to reduce disease burden on the continent.

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From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] LIS (32) Learning from Ebola and other disease outbreaks

Dear HIFA colleagues,

As we explore issues around the role of library and information services in disease outbreaks, I would like to re-thank HIFA Country Representative Beatrice Muraguri who shared her experiences with HIFA during and after the Ebola outbreak in Sierra Leone. Here are two extracts from her communications (Beatrice, if you are reading this, please do share any further observations/reflections. If other HIFA members have been involved in Ebola or other

disease outbreaks we would be grateful to learn from you also. Please send an email to: hifa@dgroups.org)

"Have been an Information Management Consultant with WHO in Sierra Leone for 2 years during the Ebola Outbreak and response... There were clear deficiencies in health information which not only caused fear and frustration but also affected the response in many ways. I had to burn the midnight oil trying to put together any information coming in to feed the information hungry and thirsty global audience. Little appreciation of health information systems added challenges as people continued to believe in more superstitions and myths concerning the disease as every response from the truth about Ebola, information on vaccines, the cause etc remained a mystery as there was little or no documented information on the disease hence the wide transmission. If only information on the disease from previous outbreaks in Sudan, DRC and Uganda was well documented and the health information systems improved to ensure that proper dissemination was in place, a lot of deaths, cases and effects of one of the biggest outbreaks in the public health history could have been avoided. For us who were trying to get the much needed information to feed the world, it was really frustrating." Beatrice Muraguri, Sierra Leone, 28 January 2017

"We are facing one of the toughest challenges of our times in an outbreak response i.e. information and knowledge management during the Ebola outbreak. A lot have been said about this disease which only a few knew about until recently when it threatened the world from the poor to the mighty economies. It's an eye opener to those of us who are advocating for information access and dissemination to all. There has never been such an information vacuum hence the wide spread of the menace." Beatrice Muraguri, Sierra Leone, 30 October 2014

HIFA profile: Beatrice Muraguri is a Health Information/Public Health Specialist with the Ministry of Health, Kenya. She previously worked as an Information Management Consultant with WHO on the Ebola Outbreak Response, Freetown, Sierra Leone. She is a HIFA Country Representative for Kenya. Email: bemura68 AT yahoo.com

<http://www.hifa.org/support/members/beatrice>

From: "Ngozi Eunice Osadebe, Nigeria" <ngozi.osadebe@unn.edu.ng>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] LIS (33) Do you have experience in dealing with an emergency/disaster/outbreak? (3)

During my early career years at the British Council Library Enugu Nigeria, we were thought [taught] how to deal with emergencies in the library especially fire outbreaks. During those years, library staff and users were trained on what to do in-case of fire out break. The training involves sounding the alarm bells and encouraging staff and users to walk out calming to safety.

Unfortunately in my present place of work, there was no such drills to prepare staff and users for emergencies. Unfortunately around 2006 in the library, a staff on duty collapsed in-between the shelves. Everybody around including fellow staff and users ran away screaming. Others seeing them joined in the running and screaming without knowing what was

happening. It was when almost every body have ran out off the library that people were able to ask questions about what happened. On getting the information on what happened, nobody was eager to volunteer his/her car to drive the collapsed person to the hospital. It was only my humble self, then about seven months pregnant that volunteered. A elderly man, standing some distance away watching the collapsed man being lifted into my car volunteered to drive the collapsed man to the hospital in the company of some library staff.

HIFA profile: Ngozi Eunice Osadebe is a librarian at the University of Nigeria, Nsukka.
Professional interests: Enhancing access to higher education for people with disability,
Technology Assisted Learning. ngozi.osadebe AT unn.edu.ng

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] LIS (34) Africa Centres for Disease Control and WHO AFRO

As we continue with our discussion on library and information services for disease outbreaks, can anyone explain the relative roles - from a LIS perspective - of the new Africa Centres for Disease Control and Prevention as compared with the WHO Regional Office for Africa?

While new political and financial support is welcome, it's hard to see that it is cost-effective to set up an entirely new institution rather than strengthen an existing (and chronically underfunded) one (WHO AFRO). Given that ACDC now exists, what can be done to promote cooperation and coordination between it and WHO AFRO, and minimise the risk of duplication of effort?

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] LIS (35) Are we prepared for a global pandemic? (2)

We saw a few days ago the webinar from Disaster Lit, which identified 4 core problems in lack of preparedness for a global pandemic:

1. weak health systems
2. vaccine scepticism
3. misinformation
4. weak health governance.

... is anyone else struck by the fact that the international community is doing so little to address these issues?

In particular, vaccine scepticism and misinformation are specific issues that can and should be addressed more vigorously by international health agencies and governments. Indeed, s HIFA and the New York Law School have demonstrated, governments have an obligation under international human rights law to ensure that the all people have access to the information they need to protect their own health and the health of others. In all areas of healthcare information, governments are falling far short of their responsibilities. In many countries they have lost the trust of the people, as we saw in the Ebola crisis.

The problems of vaccine scepticism and misinformation are currently being ignored and deserve *far* higher priority. A minimal investment now - along with increased investment

in health systems and governance more generally - is urgently needed to strengthen preparedness for a global pandemic.

Best wishes, Neil

From: "Salome Tor, Nigeria via Dgroups" <HIFA@dgroups.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] LIS (36) Are we prepared for a global pandemic? (3)

Dear all, it is really worrisome to talk about global pandemic and the level of preparedness of the developing countries like Nigeria. The Government as a matter of urgency must strengthen the health systems for better health governance. The existing structures must be used to address misconceptions and myths surrounding preventive measures to epidemics and pandemics through the use of vaccines thereby bringing to an end the level of vaccine skepticism.

God Bless

HIFA profile: Salome Tor is Principal Public Health Nursing Officer at the Dept of Public Health, Ministry for Federal Capital Territory Administration, Abuja, Nigeria. Salome would like to get current updates on reforms in nursing education/ profession in Africa towards the achievement of health for all. salometor AT yahoo.com

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] LIS (37) Africa Centres for Disease Control and WHO AFRO (2)
Are we prepared for a global pandemic? (4)

Dear John Nkengasong,

Many thanks for your introduction message. It's an honour to have you engage on HIFA as first director of the African Centres for Disease Control.

You have joined at an opportune moment as we are currently discussing the role of library and information services in preparing and responding to disasters, emergencies and disease outbreaks. By way of introduction, here are some broad issues and questions we are looking at:

1. The scope and remit of the HIFA LIS Project and how you can be involved, together with the findings of the PHE/HIFA Evidence Briefing and suggestions for additional papers and publications we may have missed. You can download the briefing here:
http://www.hifa.org/sites/default/files/publications_pdf/Evidence_briefing_global_health_library_services_EAHIL_June_2017_FINAL_VERSION.pdf
2. 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?

3. 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?

You can read more about the HIFA Project on Library and Information Services (with special focus on Population Health, Disasters, and Disease Outbreaks) here:

<http://www.hifa.org/projects/library-and-information-services>

In relation to the world's readiness to tackle a catastrophic new global pandemic, new WHO Director-General Dr Tedros said a few weeks ago at the G20 Heads of State meeting in Hamburg: "We are not well prepared". I would be very grateful to hear your views and to learn more about the role of the Africa CDC and how it coordinates with WHO African Regional Office and other regional and global institutions.

Thank you for joining HIFA and we look forward to learning from you.

Best wishes, Neil

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] LIS (38) Humanitarian assistance and malaria in north-eastern Nigeria - Role of WHO in humanitarian assistance

I was interested to read this new article on the WHO website. The article talks of WHO being 'on the front lines' of humanitarian assistance and training of CHWs. I am increasingly seeing WHO's role being promoted in this way. Given WHO's lack of financial resources, is there a tension here between WHO's unique core functions (providing leadership on matters critical to health and engaging in partnerships where joint action is needed; shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge; setting norms and standards and promoting and monitoring their implementation; articulating ethical and evidence-based policy options; providing technical support, catalysing change, and building sustainable institutional capacity; and monitoring the health situation and assessing health trends) and the role of actual delivery of frontline health care and training of CHWs, which is highly resource-intensive and can arguably be provided more cost-effectively by other organisations such as MSF? I am assuming WHO's key role would be to convene stakeholders (such as NGOs and governments) and provide technical assistance.

Extracts below. Full text here:

http://www.who.int/features/2017/malaria-control-nigeria/en/?utm_content=buffer581e8&utm_medium=social&utm_source=twitter.com&utm_campaign=buffer

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Following more than 8 years of conflict in Borno state in north-eastern Nigeria, some 3.7 million people are in need of humanitarian assistance and all are at risk for malaria. WHO estimates that every week, around 8500 people are infected with the disease in Borno state... With more than 60% of health facilities only partially functioning, many people have not had access to regular health services, including routine vaccinations and basic medicines, for years. In addition to security concerns, acute malnutrition caused by food insecurity is rising in parts of the state. Between malnutrition and death is virtually always disease, and malaria often turns cases of malnourishment deadly. "Malaria, malnutrition, fragile states and civil strife often feed each other," says Dr Pedro Alonso, Director of WHO's Global Malaria Programme. "Wherever we have a humanitarian crisis in a malaria endemic country, we can almost always be sure that malaria is the number one killer."

"The most effective way to reduce deaths in emergencies in fragile states, especially those facing malnutrition, is by boosting malaria prevention and control, however, this is often not viewed as the top priority during an emergency response," says Dr Alonso. "We are working with our WHO colleagues and many partners to change this..."

Turning scientific evidence into life-saving action

WHO and health sector partners are taking steps in 4 areas recommended in the report:

- strengthening surveillance systems to monitor cases and outbreaks of malaria;
- increasing people's access to care in clinics and to health facilities;
- spraying insecticides and distributing bed nets as part of vector control; and
- administering malaria drugs to children under 5 every month (July to October).

"Like never before, WHO is on the frontlines in camps of displaced people delivering real health programmes helping people in a complex emergency," says Dr Alonso. "Seeing the translation of our work into action is phenomenally rewarding..."

WHO has trained community health workers to provide a basic package of health services to communities where many people have not had consistent health access for several years...

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From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] LIS (39) WHO establishes an Emergency Hub in Nairobi

I'm finding it very interesting to learn more about the various organisations that deal with emergencies, disasters, humanitarian response and disease outbreaks. We learn from the website of the WHO Africa Regional Office about a new Emergency Hub in Nairobi. Extracts below. Full announcement here:

<http://www.afro.who.int/news/who-establishes-emergency-hub-nairobi>

WHO establishes an Emergency Hub in Nairobi

July 7, 2017 - "The initiative was recently introduced in Nairobi by Dr Ibrahima-Soce Fall, the WHO AFRO director for Emergencies when he met the Kenyan Cabinet Secretary for health Dr Cleopa Mailu,

MOH officials and various partners. These included CDC, Office for coordination of Humanitarian affairs (OCHA), World Bank, UNICEF, USAID, and UNHCR, International Federation for the Red Cross and Red Crescent and GIZ. Dr Fall explained the vision and mission of the hub and how it would support countries to respond to outbreaks and emergencies from a closer range and in real time...

The WHO emergency hubs will be situated in Nairobi and Dakar Senegal, with Nairobi serving eastern and southern Africa. The hub in Dakar will serve western and central Africa. Two liaison offices have been proposed for Addis Ababa and Johannesburg.

He said the initiative will build and support capacities, use a standardized single approach to leverage with partners and facilitate UN, and disaster management systems, as well as enhance political and technical expertise. It will also prioritize high profile disease-specific strategies, measure national preparedness plans, use timely risk assessment and work with a business model that will be effective and efficient...

“The idea is to protect and save lives so helping countries and coordinating international action to prevent, prepare, detect and provide rapid response and recover from outbreaks and emergencies is critical,” he added. More than 100 emergencies and outbreaks happen each year in the region, he added...

WHO Kenya Country Representative Dr Rudi Eggers said the emergency hub will be hosted by the country office. It would however work independently under the new emergency response structure.

He said WHO had made an operational shift to respond to health emergencies and the initiative would benefit from the partnership of existing regional agencies in Nairobi...

On how the African Centre for Disease Control which is also addressing emergencies would relate with the hub initiative, Dr Fall said there was already some collaboration through the Joint external evaluation (under International Health Regulations) and other platforms. He said there was a lot to be done and room to collaborate and synergize in order to address existing health emergencies. So far, the African CDC had limited capacities and was seeking collaborative support...

For Additional Information or to Request Interviews, Please contact:

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From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>

To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>

Subject: [hifa] LIS (40) Evidence briefing 4. Roles of libraries, librarians, and knowledge brokers

The HIFA-Public Health England Evidence Briefing is divided into 5 sections. We have looked at the first three sections. The fourth is on "Roles of libraries, librarians, and knowledge brokers" and is reproduced below. We welcome your comments and further inputs. We are especially keen to hear from library and information professionals who have been involved in an emergency, disaster, or disease outbreaks. We are also keen to hear from health professionals and policymakers who have been involved in an emergency response. What were the challenges and how did you deal with them?

Global health crises give rise to new information needs, and librarians have the necessary skills to support those needs (33, 34). Public libraries, in particular, are in a position to be able to provide access to essential health information and technology, and therefore they should be encouraged to prepare robust disaster plans so that they can support the public in times of crisis (35).

Some academic health sciences actively build collaborative partnerships with other libraries to support their institutions' global health activities (36). The role of a Global Health Informationist includes provision of relevant information skills training and supporting material to students prior to their departure to overseas global health projects. "Predeparture training gives the informationist and the library the opportunity to provide awareness of a broader field of global health information resources" (37, 38).

However, providing information services in emergency settings requires awareness of local context, such as cultural sensitivities, fears, insecurities, and inequity in literacy levels within the affected community (39). Following a catastrophic natural disaster, one medical school library developed a disaster and emergency planning outreach workshop, focussing on selected databases of the National Library of Medicine, such as (Haz-Map[®], Household Products[®], Toxtown[®], Toxmap[®], and MedlinePlus[®]), and development of personal disaster plans (40).

Librarians and information professionals can participate and provide support to local citizens and disaster teams in various ways, including, but not limited to, information provision.

"Disasters can and do happen anywhere, and library clients' information needs change suddenly during community-wide disasters" (41). Public libraries are community institutions which can contribute to community resilience (42). They are well situated to partner with emergency management and other agencies to meet community needs pre and post disasters (43). During times of disaster, in addition to information provision, they can also provide practical services, such as being a charging station, warming centre, and meeting point (44, 45).

In times of disaster, access to the necessary information can be restricted, and lead to failure in rescue attempts (46). Usual practices can often not be applied due to numbers of people requiring assistance, and barriers to resources (6, 47). Librarians can also be on hand to

provide practical support, particularly within hospitals, where additional physical support and/or pastoral care can relieve some of the pressures faced by disaster teams (48, 49).

Within health libraries, the Disaster Information Specialist is a new role that is emerging. It is not just about preserving and protecting collections, and ensuring continuity of service following disasters. It is about "providing information services to emergency managers and other disaster workers", and being involved in disaster planning activities (50, 51).

Another area where librarians can support disaster management is communication. Responsible communication is vital during periods of disruption, and libraries have the resources and networks to communicate effectively to the masses (45, 52-54). With adequate training in disaster planning, information professionals can become valuable members of a disaster management team (55-57). Librarians can teach information literacy skills (58), ensuring that public health professionals are equipped to make evidence-based decisions in emergency situations.

The list of references is available on the Evidence Briefing, which can be freely downloaded here:

http://www.hifa.org/sites/default/files/publications_pdf/Evidence_briefing_global_health_library_services_EAHIL_June_2017_FINAL_VERSION.pdf

Best wishes, Neil

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dggroups.org>
Subject: [hifa] LIS (41) Public trust and irresponsible health reporting

We have previously discussed on HIFA the importance of (a) public trust in government/authorities in relation to public health messaging and (b) the role of the mass media in providing health information (and misinformation).

Both of these factors appear to have contributed to the situation described below.

In addition to the trust issues, I would argue that the mass media - newspapers, television, radio - have a moral obligation to ensure that they do not harm the public health by unquestionably spreading misinformation. Unfortunately, the media are driven by money, which in turn is driven by sensationalism. The mass media in high-income countries is also guilty of this, leading to confusion and widespread loss of trust in science. What can be done to improve health reporting?

CITATION: Controversial Ebola vaccine trials in Ghana: a thematic analysis of critiques and rebuttals in digital news

Per Egil Kummervold, William S. Schulz, Elizabeth Smout, Luis Fernandez-Luque and Heidi J. Larson

BMC Public Health 201717:642

<https://doi.org/10.1186/s12889-017-4618-8>

<https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-017-4618-8>

ABSTRACT

Background: Communication is of paramount importance in responding to health crises. We studied the media messages put forth by different stakeholders in two Ebola vaccine trials that became controversial in Ghana. These interactions between health authorities, political actors, and public citizens can offer key lessons for future research. Through an analysis of online media, we analyse stakeholder concerns and incentives, and the phases of the dispute, to understand how the dispute evolved to the point of the trials being suspended, and analyse what steps might have been taken to avert this outcome.

Methods: A web-based system was developed to download and analyse news reports relevant to Ebola vaccine trials. This included monitoring major online newspapers in each country with planned clinical trials, including Ghana. All news articles were downloaded, selecting out those containing variants of the words “Ebola” and “vaccine” which were analysed thematically by a team of three coders. Two types of themes were defined: critiques of the trials and rebuttals in favour of the trials. After reconciling differences between coders’ results, the data were visualised and reviewed to describe and interpret the debate.

Results: A total of 27,460 articles, published between 1 May and 30 July 2015, were collected from nine different newspapers in Ghana, of which 139 articles contained the keywords and met the inclusion criteria. The final codebook included 27 themes, comprising 16 critiques and 11 rebuttals. After coding and reconciliation, the main critiques (and their associated rebuttals) were selected for in-depth analysis, including statements about the trials being secret (mentioned in 21% of articles), claims that the vaccine trials would cause an Ebola outbreak in Ghana (33%), and the alleged impropriety of the incentives offered to participants (35%).

Discussion: Perceptions that the trials were “secret” arose from a combination of premature news reporting and the fact that the trials were prohibited from conducting any publicity before being approved at the time that the story came out, which created an impression of secrecy. Fears about Ebola being spread in Ghana appeared in two forms, the first alleging that scientists would intentionally infect Ghanaians with Ebola in order to test the vaccine, and the second suggesting that the vaccine might give trial participants Ebola as a side-effect “ over the course of the debate, the latter became the more prominent of the two variants. The incentives were sometimes criticised for being coercively large, but were much more often criticised for being too small, which may have been related to a misperception that the incentives were meant as compensation for the trials’ risks, which were themselves exaggerated.

Conclusion: The rumours captured through this research indicate the variety of strong emotions drawn out by the trials, highlighting the importance of understanding the emotional and social context of such research. The uncertainty, fear, and distrust associated with the trials draw from the contemporary context of the Ebola outbreak, as well as longstanding historical issues in Ghana. By analysing the debate from its inception, we can see how the controversy unfolded, and identify points of concern that can inform health communication, suggesting that this tool may be valuable in future epidemics and crises.

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] LIS (42) Development of a set of community-informed Ebola messages for Sierra Leone

This is a must-read for anyone working in public health communications. It is a reminder of the complexity of the challenge and how easy it is to get it wrong.

CITATION: Development of a set of community-informed Ebola messages for Sierra Leone
John Kinsman , Kars de Bruijne, Alpha M. Jalloh, Muriel Harris, Hussainatu Abdullah, Titus Boye-Thompson, Osman Sankoh, Abdul K. Jalloh, Heidi Jalloh-Vos

Published: August 7, 2017 <https://doi.org/10.1371/journal.pntd.0005742>
<http://journals.plos.org/plosntds/article?id=10.1371/journal.pntd.0005742>

AUTHOR SUMMARY

'The work on which the paper is based was conducted in two Ebola "hotspots" in Sierra Leone (urban Freetown and rural Bombali district) between January and April 2015.

Numerous misperceptions about Ebola had developed in the community over the course of 2014, and it was becoming increasingly clear that the largely top-down messaging strategy in use was not as effective as it could have been. Our project aimed to actively include the community in the development of a set of actionable Ebola messages that responded directly to their needs and concerns. While developing our messages on such topics as ambulances, burial teams, and the use of chlorine, we derived a set of recommendations that could also be applicable to control efforts relating to other infectious disease outbreaks. These include the importance of listening to community concerns during an outbreak, communicating on a two-way basis using trusted messengers, and engaging with relevant officials throughout the project in order to maximise the likelihood of the findings being utilised. While our work is based empirically on one disease in one setting, the messaging principles that emerged out of it are to a large degree generic.'

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From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] LIS (43) Pro-vaccine messages can boost belief in MMR myths

(with thanks to Global Health Now)

CITATION: Pluviano S, Watt C, Della Sala S (2017) Misinformation lingers in memory: Failure of three pro-vaccination strategies. PLoS ONE 12(7): e0181640.

<https://doi.org/10.1371/journal.pone.0181640>

ABSTRACT

'People's inability to update their memories in light of corrective information may have important public health consequences, as in the case of vaccination choice. In the present study, we compare three potentially effective strategies in vaccine promotion: one contrasting

myths vs. facts, one employing fact and icon boxes, and one showing images of non-vaccinated sick children. Beliefs in the autism/vaccines link and in vaccines side effects, along with intention to vaccinate a future child, were evaluated both immediately after the correction intervention and after a 7-day delay to reveal possible backfire effects. Results show that existing strategies to correct vaccine misinformation are ineffective and often backfire, resulting in the unintended opposite effect, reinforcing ill-founded beliefs about vaccination and reducing intentions to vaccinate. The implications for research on vaccines misinformation and recommendations for progress are discussed.'

The authors conclude: 'Presumably, a golden strategy capable of overcoming all the intricacies of setting people straight, regardless of their basic beliefs and/or temporal shifts, does not exist. Public information campaigns may instead benefit from tailoring different, simultaneous, and frequent interventions to increase the likelihood of corrective messagesâ€™ dissemination and acceptance.'

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From: "Chris Zielinski, UK" <chris@chriszielinski.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] LIS (44) Building Communication Capacity to Counter Infectious Disease Threats

Further to our current discussion on communication in health emergencies, there is an interesting publication recently available for free download here <https://www.ncbi.nlm.nih.gov/books/NBK436241/>

Here is a summary of its contents:

'Building communication capacity is a critical piece of preparing for, detecting, and responding to infectious disease threats. The International Health Regulations (IHR) establish risk communication - the real-time exchange of information, advice, and opinions between experts or officials and people who face a threat to their survival, health, and economic or social well-being — as a core capacity that World Health Organization member states must fulfill to strengthen the fight against these threats. Despite global recognition of the importance of complying with IHR, 67 percent of signatory countries report themselves as not compliant. By investing in communication capacity, public health and government officials and civil society organizations facing health crises would be prepared to provide advice, information, and reassurance to the public as well as to rapidly develop messages and community engagement activities that are coordinated and take into account social and behavioral dynamics among all sectors.

'To learn about current national and international efforts to develop the capacity to communicate effectively during times of infectious disease outbreaks, and to explore gaps in the research agenda that may help address communication needs to advance the field, the Forum on Microbial Threats of the National Academies of Sciences, Engineering, and Medicine convened a 1.5 day workshop on December 13 and 14, 2016, in Washington, DC. Participants reviewed progress and needs in strengthening communication capacity for

dealing with infectious disease threats for both outbreaks and routine challenges in the United States and abroad. This publication summarizes the presentations and discussions from the workshop.'

HIFA profile: Chris Zielinski: As a Visiting Fellow in the Centre for Global Health, Chris leads the Partnerships in Health Information (Phi) programme at the University of Winchester. Formerly an NGO, Phi supports knowledge development and brokers healthcare information exchanges of all kinds. Chris has held senior positions in publishing and knowledge management with WHO in Brazzaville, Geneva, Cairo and New Delhi, with FAO in Rome, ILO in Geneva, and UNIDO in Vienna. Chris also spent three years in London as Chief Executive of the Authors Licensing and Collecting Society. He was the founder of the ExtraMED project (Third World biomedical journals on CD-ROM), and managed the Gates Foundation-supported Health Information Resource Centres project. He served on WHO's Ethical Review Committee, and was an originator of the African Health Observatory. Chris has been a director of the World Association of Medical Editors, UK Copyright Licensing Agency, Educational Recording Agency, and International Association of Audiovisual Writers and Directors. He has served on the boards of several NGOs and ethics groupings (information and computer ethics and bioethics). UK-based, he is also building houses in Zambia. chris AT chriszielinski.com

From: "Siobhan Champ-Blackwell,USA" <siobhan.champ-blackwell@nih.gov>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] LIS (45) Evidence briefing 4. Roles of libraries, librarians,
and knowledge brokers (2) NLM Disaster Information Management Research Center

The National Library of Medicine Disaster Information Management Research Center is very interested in the roles librarians play in disaster preparedness and response. We have developed a training program that includes a course on Information Roles in Disaster Management (See training program here: <https://disasterinfo.nlm.nih.gov/dimrc/trainingresources.html>)

We also maintain a webpage/bibliography of articles written by or about librarians and their role in their community's emergency and disaster events
<https://disasterinfo.nlm.nih.gov/dimrc/bibliographydisaster.html>

The Knowledge and Library Services (KLS) Evidence Briefing is in the Disaster Lit database <https://disasterlit.nlm.nih.gov/record/15625>. We will be reviewing the references in this document to ensure that the in scope articles are included in our bibliography!

It is amazing to see how librarians become involved in disasters and emergencies. Facebook has a public group that some might already be on: Libraries Step Up (in times of crisis)
<https://www.facebook.com/groups/libcrisis/>

Thanks to everyone on this listserv for the information you share,

Siobhan
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Specialization in Disaster Information, Level II, Medical Library Association, completed 2012

twitter

Join the DISASTR-OUTREACH-LIB Discussion Listserv

HIFA profile: Siobhan Champ-Blackwell is a Health Sciences Librarian at the National Library of Medicine, Washington DC, USA. siobhan.champ-blackwell AT nih.gov

From: "Claire Allen, UK" <callen@evidenceaid.org>

To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>

Subject: [hifa] LIS (46) Building Communication Capacity to Counter Infectious Disease Threats (2)

In response to Chris's interesting e-mail about risk communication in emergencies, I'd like to bring your attention to a systematic review that Evidence Aid (Mike Clarke, Evidence Aid Trustee and Research Director, and Declan Bradley, Evidence Aid volunteer) was involved in. The review was of communication interventions relevant to disasters, including infection outbreaks. Interventions associated with increased knowledge of preventive measures include individual and group face-to-face information sessions, telephone calls, delivery of written information, mass media campaigns, mass SMS text messages, and games for children. You can read the full review here:

<http://www.evidenceaid.org/disaster-risk-communication/>

With best wishes,

Claire

Claire Allen

Operations Manager

Evidence Aid: Winner of the Unorthodox Prize 2013 (\$10,000)

Email: callen@evidenceaid.org

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HIFA profile: Claire Allen is Operations Manager at Evidence Aid, UK. Professional interests: Evidence Aid (www.evidenceaid.org) provides evidence for people in disaster preparedness and response to make better decisions. Areas of interest = humanitarian crises, natural disasters and major healthcare emergencies (disaster = when a country is unable to cope with the disaster/crisis or emergency). She is a member of the HIFA Working Group on Access to Health Research and the HIFA Working Group on Library and Information Services.

<http://www.hifa.org/projects/library-and-information-services>

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] LIS (46) International Physicians for the Prevention of Nuclear War

Below is a statement from International Physicians for the Prevention of Nuclear War.

In the context of our current discussion, what is the role of library and information services to prevent, prepare for, and respond to the catastrophic health impacts that would arise from the use of nuclear weapons?

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North Korea crisis: Reckless threats from both sides must stop

AUGUST 9, 2017

tags: International Physicians for the Prevention of Nuclear War, IPPNW, North Korea, nuclear ban treaty, nuclear weapons

by IPPNW

<https://peaceandhealthblog.com/2017/08/09/reckless-threats/>

The already dangerous crisis in Korea has escalated further with the reckless rhetoric emanating from both the United States and the Democratic Republic of Korea. The wild threats issued by both sides only inflame an already explosive situation. If acted on they could lead directly to the death of tens of millions of people in both countries and beyond their borders. They must stop.

At a time of similar confrontation in 1994 the United States and the DPRK chose to enter into negotiations and they were able to work out an arrangement that met both nations' security needs until the United States suspended the talks in 2002. There is an urgent need to resume direct negotiations without preconditions to defuse this dangerous crisis.

At the United Nations last month 122 nations pointed out the path forward by voting to adopt the Treaty on the Prohibition of Nuclear Weapons. The Treaty recognized the catastrophic humanitarian consequences that will result from nuclear war and prohibited the possession of these weapons. The United States, the Democratic Republic of Korea, and all of the nuclear-armed states need to acknowledge the unacceptable danger posed by these weapons, and clearly illustrated by the current crisis. They need to understand that nuclear weapons do not enhance their security, but pose the greatest risk to their own security and the security of all peoples. And they need to negotiate the time bound, verifiable, and enforceable elimination of their arsenals.

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Best wishes, Neil

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] LIS (47) WHO courses for outbreaks and emergencies

With thanks to the World Health Organization: <https://openwho.org/>

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WHO launches a new e-learning platform, OpenWHO, with video courses on epidemics, pandemics and health emergencies. The courses are free and accessible to anyone wishing to register.

OpenWHO transforms complex scientific knowledge into easy-to-understand introductory video lessons, using a smaller bandwidth so that people in any country can access them. Offline versions are available for IOS and Android devices.

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'OpenWHO is WHO's new, interactive, web-based platform that offers online courses to people preparing to work in epidemics, pandemics and health emergencies or already doing so. The OpenWHO platform delivers WHO's and partners' expertise closer to where it is needed and provides information in user-friendly formats for frontline responders and decision-makers. The platform is managed by WHO's Department for Infectious Hazards Management, in Geneva, Switzerland. Users take part in a worldwide, social learning network that is based on interactive, online courses and materials covering a variety of subjects. OpenWHO also serves as a forum for the fast sharing of public health expertise and in-depth discussion and feedback on key issues.'

Contact us: outbreak.training@who.int

I have invited the WHO's Department for Infectious Hazards Management to join us. We would be very interested to hear from any HIFA members who have been involved in developing these course, or have experience of using them.

Best wishes, Neil

From: "John Nkengasong, Ethiopia" <jnkengasong@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] LIS (48) Africa Centres for Disease Control and WHO AFRO (3)
Are we prepared for a global pandemic? (5)

The Ebola Virus Disease clearly demonstrated the fragile health systems in the affected countries: Liberia, Sierra Leone, and Guinea. However, fragile health systems are not limited only to these countries in Africa. Health systems in most African countries are weak. However, a significant public health accomplishment that happened during the Ebola Virus Diseases outbreak, but that is not often highlighted enough is the manner in which Nigeria and Senegal controlled the Ebola situation in their respective countries. Why were these two countries very successful in tackling the threat?

A case can be made that besides the existence of some public health capabilities in these countries, they were alert and sensitized. So, is the continent better prepared for a pandemic? The answer is clear - considerable progress has been made since the Ebola Virus Disease disaster but more work needs to be done. Some of the progress includes:

- 1) the continent is more alert to disease threats;

- 2) the response rate to potential pandemic threats has been significantly improved. For example, during the recent Ebola Virus Disease outbreak in the Democratic Republic of Congo, through a strong leadership of the government and with support from various partners including Medecins Sans Frontieres, WHO, Africa CDC, US CDC and others, there was a swift response and the outbreak was rapidly contained;
- 3) several countries have now established rapid response teams. In fact the Africa CDC has an 800-person rapid volunteer response team that can be deployed fairly quickly to address disease threats across the continent;
- 4) Africa CDC, WHO Africa, WHO EMRO, and the Global Outbreak Alert and Response Network are working closely to establish and expand a rapid response team;
- 5) WHO Africa has established emergency response centers in Dakar, Senegal, and Nairobi, Kenya; and
- 6) the Africa CDC has established four of its five regional collaborating centers (Nigeria, Kenya, Zambia, and Gabon) with regional integrated surveillance and laboratory networks for rapid disease detection and response. The fifth Africa CDC regional center will be established in Cairo, Egypt in September.

Therefore, much has been done to prepare the continent for a pandemic. However, much still needs to be done to get countries to reach the adequate preparedness level to respond to any severe pandemic. 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, strengthening and or establishing National Public Health Institutions in all member states with the ability to conduct disease surveillance; coordinate laboratory networks; manage emergency operation centers, and establish innovative information systems. In July this year at the African Union summit, heads of state and governments issued a declaration committing to accelerating the implementation of International Health Regulations. Africa CDC sees this declaration as a new public health order for Africa, and should help catalyze our collective ability to strengthen health systems and better prepare for any pandemic.

John Nkengasong
Director, Africa CDC
Addis Ababa

HIFA profile: John Nkengasong is the first director of the Africa Centres for Disease Control and Prevention (Africa CDC). [Jnkengasong AT gmail.com](mailto:Jnkengasong@ATgmail.com)

From: "Chris Zielinski, UK" <chris@chriszielinski.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] LIS (49) Are we prepared for a global pandemic? (6) Ebola

Thanks to Dr Nkengasong for outlining approaches taken by Nigeria, Senegal and DRC in controlling the Ebola threat. As he stresses, a strong health system is the key - it was the weak health systems in the three other West African countries where Ebola raged which was blamed for the tardy and ineffective initial response, and much of the subsequent remedial work has rightly focused on strengthening their health systems.

But what part of a health system can defeat an emerging threat like Ebola? When the latest Ebola crisis flared in Guinea, Liberia and Sierra Leone in 2014, 1) there was no vaccine to administer, 2) there was no palliative or treatment medication to offer. So what can the health system do in such a case, however strong or weak it may be?

As in all of the major new epidemic outbreaks - from HIV/AIDS to Avian Flu, Ebola and Zika - at the onset, the health system typically has only one weapon to hand: knowledge. In the case of Ebola, it was the knowledge that certain cultural practices, and specific hospital and mortuary behaviours, put people at risk of contamination. 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.

As Dr Nkengasong stresses, health systems need strengthening, that's for sure. And universal health coverage starts with knowledge. The component of the health system that needs addressing as a priority is its ability to disseminate and apply information through all media and knowledge face to face.

Chris Zielinski

chris@chriszielinski.com

Blogs: <http://ziggytheblue.wordpress.com> and <http://ziggytheblue.tumblr.com>

Research publications: <http://www.researchgate.net>

HIFA profile: Chris Zielinski: As a Visiting Fellow in the Centre for Global Health, Chris leads the Partnerships in Health Information (Phi) programme at the University of Winchester. Formerly an NGO, Phi supports knowledge development and brokers healthcare information exchanges of all kinds. Chris has held senior positions in publishing and knowledge management with WHO in Brazzaville, Geneva, Cairo and New Delhi, with FAO in Rome, ILO in Geneva, and UNIDO in Vienna. Chris also spent three years in London as Chief Executive of the Authors Licensing and Collecting Society. He was the founder of the ExtraMED project (Third World biomedical journals on CD-ROM), and managed the Gates Foundation-supported Health Information Resource Centres project. He served on WHO's Ethical Review Committee, and was an originator of the African Health Observatory. Chris has been a director of the World Association of Medical Editors, UK Copyright Licensing Agency, Educational Recording Agency, and International Association of Audiovisual Writers and Directors. He has served on the boards of several NGOs and ethics groupings (information and computer ethics and bioethics). UK-based, he is also building houses in Zambia. chris AT chriszielinski.com His publications are at www.ResearchGate.net and <https://winchester.academia.edu/ChrisZielinski/> and his blogs are <http://ziggytheblue.wordpress.com> and <https://www.tumblr.com/blog/ziggytheblue>

From: "Joseph Ana, Nigeria via Dgroups" <HIFA@dgroups.org>

To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>

Subject: [hifa] LIS (50) Africa Centres for Disease Control and WHO AFRO (4)

Are we prepared for a global pandemic? (7)

We agree with Dr Nkegasong that system readiness by way of its strengthening is essential for dealing with epidemics. We add that ownership by practitioners and community is also vital for mass mobilisation of the population to fight epidemics beginning with awareness creation. The stakeholders at the top level are aware of the plans and initiatives for response in epidemics but ordinary folks in the population may not be aware. 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.

Joseph Ana.

Africa Center for Clin Gov Research & Patient Safety

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>

To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>

Subject: [hifa] LIS (50) Emergency preparedness training

The message below is forwarded from the [DISASTR-OUTREACH-LIB] discussion forum, with thanks.

'NWCPHP (Northwest Center for Public Health Practice) is pleased to announce the release of a new online catalog with more than 400 emergency preparedness trainings and other learning materials. Public health professionals and their partners can use these resources to enhance the preparedness and response skills of individuals and teams.'

The materials are intended mainly 'for local, state, and tribal public health agencies [in the US]'. Can HIFA members point us to similar materials for other countries?

--

From: "Rubin, Jeffrey N." <Jeff.Rubin@TVFR.COM>

Subject: [DISASTR-OUTREACH-LIB] New Emergency Preparedness Training Catalog Now Available

To: <DISASTR-OUTREACH-LIB@LIST.NIH.GOV>

Courtesy NWCPHP newsletter.

<http://www.nwcphp.org/communications/news/new-emergency-preparedness-training-catalog-now-available>

Direct link to PERLC catalog: <http://perlc.nwcphp.org/>

JNR

Jeff Rubin, PhD, CEM

Emergency Manager | Tualatin Valley Fire & Rescue

Direct: 503-259-1199

jeff.rubin@tvfr.com

www.tvfr.com

"Success breeds a disregard of the possibility of failure."

(Hyman Minsky)

--

Best wishes, Neil

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] LIS (55) International Physicians for the Prevention of Nuclear War (3)

What is the role of library and information services to prevent, prepare for, and respond to the catastrophic health impacts that would arise from the use of nuclear weapons? Thank you Ngozi Eunice Osadebe, Nigeria, for your valuable contribution. I look forward to hear from others.

Meanwhile, this new blog from International Physicians for the Prevention of Nuclear War is salutary. As we have discussed at length on HIFA over the past 2 years, policy is regrettably not informed by objective evidence but by political expediency and by individual emotional reactivity. This blog likens the confrontation to a child-like but deadly game of "Chicken".

Extracts below. Full text here: <https://peaceandhealthblog.com/2017/08/10/nuclear-chicken/>

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Playing nuclear "chicken" with our lives

AUGUST 10, 2017

by Lawrence Wittner

What kind of civilization have we developed when two mentally unstable national leaders, in an escalating confrontation with each other, threaten one another - and the world - with nuclear war?...

Although, in recent decades, we have grown accustomed to this government rhetoric about the necessity to possess nuclear weapons as a deterrent, what is particularly chilling about the current confrontation is that Kim and Trump do not appear deterred at all. Quite the contrary, they brazenly threaten nuclear war in an extremely provocative fashion...

In the current situation, there's plenty of room for compromise between the US and North Korean governments. The Pyongyang regime has offered to negotiate and has shown particular interest in a peace treaty ending the Korean War of the 1950s and US military exercises near its borders. Above all, it seems anxious to avoid regime change by the United States. The U.S. government, in turn, has long been anxious to halt the North Korean nuclear program and to defend South Korea against attack from the north. Reasonable governments should be able to settle this dispute short of nuclear war.

But are the two governments headed by reasonable men? Both Kim and Trump appear psychologically disturbed, erratic, and startlingly immature...

--

Best wishes, Neil

From: "Anne Brice, UK" <Anne.Brice@phe.gov.uk>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] LIS (56) NLM Disaster Information Management Research Center
(2) Training for library and information professionals

Hi Siobhan

Thanks for your very interesting and relevant post - these are really great resources, and testament to all the work that NIH/NLM has done in supporting health librarians around the world for so long.

In Oxford in the 1990s we ran a programme called the 'Librarian of the 21st Century' - it was sponsored by Muir Gray, who had initiated a lot of the evidence-based health care projects in England, a lot of which were in collaboration with McMaster University in Canada, and which also set up the Centre for Evidence Based Medicine, and Critical Appraisal Skills Programme. The 21stC programme set out to give librarians and information specialists post-qualification training in change management, teaching and learning, critical appraisal, research methods, negotiation and selling skills amongst other topics.

We have worked with AHILA [Association for Health Information and Libraries in Africa] and African librarians to spread this approach over the years, and it has been very successful - but systems and organisations change, and I think we need a new model to make sure that this support, learning, mentoring and leadership is cascaded. The support of Public Health leaders such as Muir, Iain Chalmers and others gave us an opportunity to expand our role, and your current learning programmes will provide another opportunity to do that.

I just wondered whether you had considered including the area of learning about systematic review methods in your programme? We are working in PHE to share learning with Cochrane, the EPPI-Centre and others on how to be part of teams producing rapid reviews, and this is something that the UK Rapid Response initiative is also looking at.

Thanks again for your post, and we look forward to hearing more about how we can work together with you.

Best wishes

Anne

HIFA profile: Anne Brice is the Head of Knowledge Management for Public Health England, the expert national public health agency with a mission to protect and improve the nation's health and to reduce inequalities. After qualifying in 1983, Anne has had a variety of positions in academic and health libraries, including the University of London, Borders Health Board, and the University of Oxford. She has held a range of national roles, including those with the former National Library for Health, NHS National Knowledge Service, and the Department of Health. Prior to joining Public Health England she was Head

of Knowledge Management at Better Value Health Care, and seconded to the NHS Choices commissioning team at the Department of Health. She helped set up CASP International and has worked internationally with a range of partners and colleagues. Anne's professional interests include evidence based practice, professional development, and the information professionals role in facilitating knowledge translation. She is currently undertaking a DPhil in Evidence Based Health Care at the University of Oxford in the area of participant experience in internet-based clinical trials. She is a member of the HIFA Project on Library and Information Services.

<http://www.hifa.org/projects/library-and-information-services>

<http://www.hifa.org/support/members/anne-0>

Email: Anne.Brice AT phe.gov.uk

From: "Johanne Sundby, Norway" <johanne.sundby@medisin.uio.no>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] LIS (57) International Physicians for the Prevention of Nuclear War (3) People-to people mutual exchange and understanding

I happen to have visited North Korea in July 2017. We visited the medical Faculty and two hospitals in Pyongyang. We also traveled inside the city. There are quite a few visitors, also tourists, and sports and culture seem important. There is a curiosity for being more connected to the rest of the world, also expressed openly by colleagues; they want access to e-learning and medical science. The life in the city is nothing like "pre-war", rather the opposite; there is a lot of new construction, building and activity. Life is ordinary, people work, commute, marry, have children and eat and sleep like in any other society. The medical education seems okay, there is tele-medicine, English language classes everywhere, and competent doctors and ok hospitals in the capital. So instead of warfare, and panic, we should increase our people-to people mutual exchange and understanding, even if we have completely different political systems.

Johanne Sundby, University of Oslo

HIFA profile: Johanne Sundby works at the Institute of Health and Society, Department of Community Medicine, University of Oslo, Lilongwe, Norway. johanne.sundby AT medisin.uio.no

From: "Obi Egbuniwe, USA via Dgroups" <HIFA@dgroups.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] LIS (58) Resistance to antibiotics (2)

Dear Massimo,

Although I share your sentiments, it is NEVER too late. Yes, it is a tall order especially in an environment (Africa) where geese run wild ie; patients ability to self diagnose and prescribe antibiotics, I am confident that speaking out in forums like HIFA can create some awareness powerful enough to drive change.

Do not give up. I remain optimistic.

Obi
Houston, Texas

HIFA profile: Obi Egbuniwe is Director of Clinical Informatics at the United Surgical Partners International in the USA. Professional interests: Adviser/Consultant in digital/population health in underprivileged regions globally especially the Sub-Saharan. obiora1 AT yahoo.com

From: "Chris Zielinski, UK" <chris@chriszielinski.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] LIS (59) International Physicians for the Prevention of Nuclear War (4) SatelLife and Partnerships in Health Information

This is just to remind that International Physicians for the Prevention of Nuclear War (IPPNW) won the Nobel Prize in 1985 and used some of its money to support a satellite launched by the University of Surrey. The purpose of this satellite was to demonstrate that outer space and the "space race" were not all about preparing for nuclear war, but that peaceful uses could be made of outer space.

What was the peaceful use? Well, in those pre-internet days, it was to transmit health information around the world. They created a US NGO called SatelLife and, with the assistance of the US National Library of Medicine, they began to send health information to the satellite, which would then transmit it back down to earth to places where it was needed/requested. In 1992, SatelLife UK was established to liaise with the University of Surrey regarding health information content.

The internet soon made the satellite and SatelLife obsolete, and SatelLife UK later became Partnerships in Health Information (Phi), which is now a part of the University of Winchester.

So this timely intervention by IPPNW into the noise surrounding the sabre-rattling in North Korea and the US has some background in health information.

Best,
Chris

Chris Zielinski
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Research publications: <http://www.researchgate.net>

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] LIS (60) IPPNW (5) â€Donâ€™t look at the flash or fireballâ€™ - Guam Homeland Security releases fact sheet in lighth of North Korea threats

Below are extracts from the Pacific Daily News. Full article here:

<http://www.guampdn.com/story/news/2017/08/11/guam-homeland-security-releases-fact-sheet-imminent-north-korea-missile-threat/558444001/>

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'Don't look at the flash or fireball' — Guam Homeland Security releases fact sheet in light of North Korea threats

... The advice includes tips such as: "Do not look at the flash or fireball. It can blind you" and "Take cover behind anything that might offer protection."

• Lie flat on the ground and cover your head. If the explosion is some distance away, it could take 30 seconds or more for the blast wave to hit, the sheet states...

Homeland Security says residents should prepare an emergency supply kit and a family emergency plan. During an imminent missile threat, authorities recommend taking cover as quickly as possible under a concrete structure or below ground after an attack warning is issued.

People should also avoid going outside for at least 24 hours to avoid any possible radioactive material, unless otherwise told by authorities.

If possible, take a shower with lots of soap and water, shampoo but avoid using conditioner that will bind to any radioactive material in your hair, the fact sheet states.

After the explosion, people are encouraged to keep an eye and an ear out for official information so they know where to go, what to do and places to avoid...

Schools are safe buildings [?] and teachers and staff should have detailed plans for emergencies. If children are in school, parents are advised to listen to the news, avoid calling the school and wait for instructions to pick up your child, the fact sheet states...

In the event of an imminent missile threat, Guam Homeland Security will use all forms of mass communication to alert the public, Gaminde said. This includes sounding all 15 All Hazards Alert Warning System sirens located in low-lying areas through the island. Emergency information will also be published on television and broadcast in emergency radio announcements...

This fact sheet and others will also be available at local mayor's offices, according to Guam Homeland Security.

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Best wishes, Neil

From: "Ngozi Eunice Osadebe, Nigeria" <ngozi.osadebe@unn.edu.ng>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] LIS (61) IPPNW (6) People-to people mutual exchange and understanding (2)

Dear Johanne

I agree with you completely. People to people mutual exchange of ideas can work miracles in fostering peaceful co-existence. That is where public libraries come in, in fostering peace among communities. 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 others culture and live in peacefully.

HIFA profile: Ngozi Eunice Osadebe is a librarian at the University of Nigeria, Nsukka.
Professional interests: Enhancing access to higher education for people with disability,
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From: "Ngozi Eunice Osadebe, Nigeria" <ngozi.osadebe@unn.edu.ng>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] LIS (62) Are we prepared for a global pandemic? (9)
Resistance to antibiotics (3)

Dear Massimo

We are in great danger. Please help us if you have the capacity. Many things have gone wrong with our health system. If one complains of a single ailment, the person is likely to go home with a bagful of antibiotics. We really need help.

HIFA profile: Ngozi Eunice Osadebe is a librarian at the University of Nigeria, Nsukka.
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From: "Massimo Serventi, Tanzania" <massimoser20@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] LIS (63) Resistance to antibiotics (4) How to reduce
overprescription of antibiotics

Dear Ngozi and friends,

The all issue of overprescription is political. Therefore the only possible answer to it is Political. Unfortunately HIFA insists with the mantra: 'educate patients (and doctors I hope) to request/prescribe less drugs/antibiotics'.

Doctors have been fully educated, Ngozi, when they were in university and through special training-package like IMCI.

Here we are. My suggestions, my 'help', as you like.

1) A country (any, rich-poor-advanced whatever) should have a Clinical Guidelines book, written with contributions of major, public experts-specialists in different fields. I saw one in Uganda recently: excellent. UCG, Uganda Clinical Guidelines. Annexed to it there was the list of essential drugs.

A disease, any disease is shortly described for adults and children. For any disease there is a treatment or an alternative to it. Rarely up to 2 alternatives.

I examine a child, I make a diagnose reported in the guidelines (not 'my' diagnose) and then the treatment is easy to read and apply.

I assure you that in pediatrics we have no more than 12-13 pathological conditions, no more. Obviously for serious/difficult cases there is admission or referral.

Now, a child treated in Kampala or in Gulu or in a remote village should/must be treated **WITH THE SAME KIND OF DRUGS.**

Essential drugs that are approved and revised yearly.

Extravagant diagnosis... with extravagant treatments will be banned, not accepted by the pharmacy or for refund from health insurance.

I expect reactions of my colleagues: this is socialist/communist kind of medicine, where the 'art' of being doctor is suppressed.

I differ. Medicine is a 'science' that needs constant, accurate adherence to evidence. 200 drugs are enough to cure all possible diseases over the world. Why then we have pharmacies with thousand of them? For commercial, profit reasons... no science here but mere market.

2) Health booklet. Each one, child or adult, should have **IN HIS/HER HANDS** a health booklet where all medical contacts must be reported. Private-public-ordinary-specialistic contact: write well doc, history of, complaining of, signs & symptoms, diagnosis, treatment, signature and tel number of the doctor.

A must Ngozi, a right for the patient. Doctors won't accept it, too 'heavy' in a busy clinic: they would say.

Then...there is much more to say.

About pharmacies for example.

Why are so many? Why do they sell whatever drug without medical prescription? Why are they allow to sell drugs that Are Not in the essential list? Pure market here: only strong, convinced political position could change things.

And again: Medical Store Department. The all issue of drugs passes through it. Have it corrupted, poorly managed, unefficient and the all castle collapses.

I wrote that it is too late to change things: I am still convinced of it.

The world, our 'technologic-advanced' world is not oriented to medical cure as a right of each person, instead the orientation is Profit, money, career, prestige. Unfortunately the poor are the sicker, they cannot pay, they die in silence and ignorance of their rights. Moreover they pay for drugs that most of times they **DO NOT NEED.**

Yes,cure is a right, universal. Health is a duty of each of us.

David Werner 'saw' this trend of medicine-for-profit many years ago.

He is not a doctor, he wrote the best book of medicine for people, poor and sick, i.e majority of humans. It is not ironic that this book is titled: Where there is no doctor. No doctor means that no profit is involved. Only medicine is involved, with essential drugs and precious recommendations to stay healthy. The 'art' of medicine is this: cure the patient with the drugs available and allowed in your country. Then inform him well about his disease and educate him. Be adequately paid, but not by the patient directly.

Easy to write... difficult to practice.

Massimo

HIFA profile: Massimo Serventi is a paediatrician at AISPO (Associazione Italiana per la Solidarieta fra I Popoli), Italy. Professional interests include child malnutrition, pediatric hospitals, drugs for children, sustainability of services for children. ser20 AT hotmail.it

From: "messages@public.govdelivery.com" <messages@public.govdelivery.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] LIS (64) Opioid Epidemic as a National Emergency

[Note from HIFA moderator (Neil PW): This message from the US Disaster Information Management Research Center illustrates how LIS mobilises at national and local levels to respond to the declaration of a national emergency. 'Due to drug overdoses, there are approximately 142 Americans dying every day, [and] America is enduring a death toll equal to September 11th every three weeks.' (<https://www.vox.com/policy-and-politics/2017/8/9/16118526/opioid-epidemic-national-emergency>)]

In a report issued July 31, 2017, the President's Commission on Combatting Drug Addiction and the Opioid Crisis (<https://www.whitehouse.gov/ondcp/presidents-commission>) recommended that a national emergency be declared under the Public Health Service Act or the Stafford Act. On August 10, 2017, President Trump instructed his administration to use appropriate authority to respond to the opioid emergency. US Health and Human Services Secretary Dr. Tom Price's statement can be found at <https://www.hhs.gov/about/news/2017/08/10/hhs-secretary-statement-on-president-trumps-opioid-announcement-today.html>

The National Library of Medicine (NLM) has been gathering material on this public health crisis. The information is relevant for anyone who is addressing addiction, from healthcare providers to patients and their family members.

NLM Opiate Addiction and Treatment Information Guide
<https://sis.nlm.nih.gov/enviro/addiction.html> includes:

Search of Disaster Lit[®] database <https://go.usa.gov/xRVHr>

PubMed searches <https://sis.nlm.nih.gov/enviro/addiction.html#a7>

Opioid Abuse and Addiction from MedlinePlus
<https://medlineplus.gov/opioidabuseandaddiction.html>

Understanding The Opioid Overdose Epidemic in NIH MedlinePlus, Fall 2016 edition <https://medlineplus.gov/magazine/issues/fall16/articles/fall16pg12-14.html>

Bulletin (5/10/2017): Resources on Opioid Abuse from NLM for Diverse Populations
<https://content.govdelivery.com/accounts/USNLMOS/bulletins/194bcf7>

The news has been filled with stories of local public libraries responding to the epidemic, and their partnerships with public health and law enforcement agencies. For example, see Saving lives in the stacks: how libraries are handling the opioid crisis. (Ford, A. American Libraries.

[Internet]. 21 June 2017. Available from:

<https://americanlibrariesmagazine.org/2017/06/21/saving-lives-in-the-stacks/>

Find more information on local response efforts by contacting your Regional Medical Library (<https://nml.gov/>).

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] LIS (65) HIFA working group on Library and Information Services (with focus on emergencies, disasters, disease outbreaks)

Dear all,

The HIFA Project on Library and Information Services (with focus on public health, emergencies, disasters, disease outbreaks) would like to invite expressions of interest from HIFA members who have experience and expertise in this area.

The work of our group is described here, where you can also see the profiles of our 12 current members:

<http://www.hifa.org/projects/library-and-information-services>

We would welcome people with experience and expertise not only in the provision of information and library services, but also in those who use such information (eg humanitarian response teams, programme managers, public health professionals, policymakers) so that we can better understand information needs and gaps, and how better to address them.

We have room for two or three more volunteers. Please send expressions of interest to neil@hifa.org with a brief description of your interest in this area.

(The HIFA Project on LIS is one of 11 active HIFA projects: <http://www.hifa.org/projects>)

Best wishes, Neil

From: "Joseph Ana, Nigeria via Dgroups" <HIFA@dgroups.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] LIS (66) Resistance to antibiotics (5) How to reduce overprescription of antibiotics (2)

Massimo,

Politics and Political Will are essential to successfully implement decisions on policy and strategy in health, but we do not take the view that overprescription is solely political.

The interim report coming out of the on-going Pilot of PACK (Practical Approach to Care Kit) Nigeria guideline for PHC workers informs our view that overprescribing has multifactorial causes, not least the lack of use of guidelines by health workers especially in an

era of Task Shifting and Mixing. The pilot reveals that use of the guide in patient consultation has reduced polypharmacy including antibiotics. It also reduces overtesting and excessive use of injections.

The Pilot ends at the end of August 2017 but already it is generating huge excitement amongst PHC workers and PHC managers and Chief Executives in the three states where it is being piloted.

Joseph Ana.

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] LIS (67) WHO Regional Office for Africa: Partners agree to harmonise actions to improve the effectiveness of humanitarian efforts

Dear HIFA colleagues,

Below is an announcement from the WHO Africa Regional Office website. For me, what is striking about this is the implication that some fundamental work to promote coordination has not been done previously, namely 'mapping of partner institutions capacities in African region' and development of a 'repository of tools and documents for response to public health emergencies'. Which agency (if any) has been responsible for these functions in recent years, and why has such work not already been done?

<http://www.afro.who.int/news/partners-agree-harmonise-actions-improve-effectiveness-humanitarian-efforts>

Partners agree to harmonise actions to improve the effectiveness of humanitarian efforts

Dakar, 18 July 2017 - Organisations involved in managing health emergencies and disease outbreaks in the African Region have agreed on better ways of coordinating their activities in the event of a crisis so as to save more lives and resources.

With more than 100 public health emergencies occurring each year in the African Region, the need to maximize the efficiency and effectiveness of the preparedness and response to health emergencies to meet the needs of affected communities has become paramount.

At the end of a three-day meeting in Dakar, Senegal, the Organisations agreed to undertake a number of specific joint actions in the next two years aimed at improving the quality and impact of their interventions. Some of the activities include:

- Mapping of partner institutions capacities in African region,
- Mapping of laboratory capacity in the region including diagnostics and vet labs for One Health
- Engaging key partners in the Pandemic Supply Chain Network Lead organizations: WFP
- Harmonize emergency training programs in the African region

- Develop repository of tools and documents for response to public health emergencies.

Lead organizations: WHO AFRO, GOARN and Africa CDC

The event attracted over 70 representatives and experts from national, regional and international organizations. Among these were UNICEF, FAO, OCHA, WFP, UNHCR, IOM, MSF International, US CDC, AFENET, ALIMA, Nigeria CDC, IFRC, ARC, NICD South Africa, Institut Pasteur de Dakar, Public Health England, UVRI, KEMRI, Africa CDC, GOARN and WHO.

It is envisaged that with the collective harmonisation and implementation of these actions, the world will see a much improved coordination of health emergencies in the region.

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Best wishes, Neil

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] LIS (68) What information resources have been most useful to you?

Dear HIFA colleagues,

Thank you for your contributions to the discussion so far on Library and Information Services with special focus on Population Health, Disasters, and Disease Outbreaks.

We now enter our final week and we ask:

4. In your experience, what information and knowledge management resources have been most useful to you?

5. What skills do you think are needed to facilitate evidence-based practice in global health emergencies, disasters, and disease outbreaks?

We look forward to your continuing inputs on the above. Meanwhile, based on the discussion we are preparing highlights to help inform a special session at the IFLA Congress in Poland next week (International Federation of Library Associations).

With thanks, Neil

From: "Claire Allen, UK" <callen@evidenceaid.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] LIS (69) Why information is important - Evidence Aid

Hello everyone As we have been discussing library and information services, I thought it would be useful to share the case study of why Evidence Aid was established. This shows why evidence is important in global health epidemics, disease outbreaks, disasters and emergencies such as this.

Preventing Post-Traumatic Stress Disorder after the Indian Ocean Tsunami

In the aftermath of the Indian Ocean Tsunami in 2004, a large number of organisations and healthcare practitioners went to countries affected by the tsunami in order to provide help and address the needs of those affected by this vast humanitarian crisis.

- 280,000 people were killed.
- More than 1 million people were displaced.
- Over 5 million were affected by the crisis.

The scale of the disaster was unprecedented in living memory. In India, a psychological support team were deeply concerned about the possible harm that could be done by well-meaning humanitarians. They set out to research and identify what works and what does not work in psychological interventions in crisis situations. They wished to ensure that their interventions were evidence based and had the best possible outcomes for people. Due to scale of the disaster and the numbers of people affected, they knew they had to get their response right first time. The only way they could do this was by using robust evidence.

Using evidence:

In their research, they turned to the Cochrane (www.thecochranelibrary.com) and the systematic reviews that they produce. They found a systematic review that focused on psychological interventions, specifically focusing on the evidence for a technique referred to as "debriefing" following a traumatic event. Debriefing was commonly used technique in the wake of traumatic events and is designed to reduce the immediate psychological distress and prevent the development of more serious psychological disorders, notably Post Traumatic Stress Disorder (PTSD). Debriefing involves asking the individual about their traumatic experience and exploring their feelings and thoughts during the event and after the event. Debriefings can be provided to individuals or groups and can be offered as a single session or as multiple sessions.

The systematic review did not find any evidence that brief single debrief sessions reduced psychological disorders. More importantly, there was evidence that demonstrated that one year after a traumatic event, those who had received brief debriefing were three times more likely to develop PTSD than those who had not received debriefing.

The challenge:

In Tamil Nadu, one of the areas in India that was worst hit by the tsunami, several response teams were offering debriefing sessions, mainly single sessions. These teams felt under pressure to reach people and so would visit a village or town, provide sessions and then move on to the next town or village. The need was huge and they wished to do their best to support people. However, these teams were unaware of the evidence available from the Cochrane systematic review.

What they did:

The psychological support team that had identified the Cochrane review were alarmed by the possibility that those responding to the tsunami may have been doing damage rather than helping people. As a result, they engaged with officials and non-governmental organisations and presented the evidence in order to get them to stop offering brief and single debriefing sessions. This message about the negative impact of debriefing sessions was then included in training of counsellors along with evidence from the reviews as to what actually worked.

The impact:

The psychological support team were successful in getting the brief and single debriefing sessions stopped and introduced techniques that the evidence had found to work. However, they wanted to know if what they had done had worked. They used well established assessments and scales to measure PTSD and grief symptoms in 643 survivors in the areas where they worked. They found that 85% of those questioned did not have any persistent psychological symptoms, 15% had some post traumatic stress symptoms, but none had all the symptoms and behaviours for PTSD. The team concluded that in avoiding debriefing sessions and offering more established and personalised support they protected individual and community psychological health and have gone on to make recommendations for psychological responses in future disasters.

Evidence Aid was established in 2004 as a direct response to this disaster and the resulting quest for knowledge to ensure that in the future evidence would be easily accessible to all agencies in emergency and crisis situations. Evidence Aid wishes to see a shift in the practice of humanitarian agencies away from seeking to do good to focusing on using available evidence to inform their decision making and practices.

Claire Allen
Operations Manager
Evidence Aid: Winner of the Unorthodox Prize 2013 (\$10,000)

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HIFA profile: Claire Allen is Operations Manager at Evidence Aid, UK. Professional interests: Evidence Aid (www.evidenceaid.org) provides evidence for people in disaster preparedness and response to make better decisions. Areas of interest = humanitarian crises, natural disasters and major healthcare emergencies (disaster = when a country is unable to cope with the disaster/crisis or emergency). She is a member of the HIFA Working Group on Access to Health Research and the HIFA Working Group on Library and Information Services.
<http://www.hifa.org/projects/library-and-information-services>
<http://www.hifa.org/support/members/claire>
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From: "Siobhan Champ-Blackwell, USA" <siobhan.champ-blackwell@nih.gov>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] LIS (70) NLM Disaster Information Management Research Center
(2) Training for library and information professionals (2)

Hello Ann,

Thanks for this question. We work closely with Evidence AID, and our web pages link to preformulated PubMed searches. For now we haven't done any presentations or online trainings on the use of systematic reviews. We are always interested in adding new courses to our online suite, so this is a good reminder of a potential topic to cover.

Let's stay in touch!
Siobhan

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[*Note from HIFA moderator (Neil PW): Anne Brice, UK, 11 August: LIS (56) NLM Disaster Information Management Research Center (2) Training for library and information professionals. "... I just wondered whether you had considered including the area of learning about systematic review methods in your programme? We are working in PHE to share learning with Cochrane, the EPPI-Centre and others on how to be part of teams producing rapid reviews, and this is something that the UK Rapid Response initiative is also looking at..."]

From: "Anne Brice, UK" <Anne.Brice@phe.gov.uk>
To: "HIFA - Healthcare Information For All" <HIFA@dggroups.org>
Subject: [hifa] LIS (71) NLM Disaster Information Management Research Center
(3) Training for library and information professionals (3)

Hi Siobhan

Will definitely follow this up with you, so thanks for the enthusiastic reply! As well as finding and using systematic reviews, here in PHE we are particularly interested in making sure that our knowledge and library team understand how to do SRs, and are seen as an integral part of the review team. This means constantly keeping up to date with developments in methods, as well as understanding the issues relating to how they can be translated into practice.

We act as knowledge brokers for many different types of users and audiences, and can help make sure that people find the best evidence for their questions and context - see Claire Allen's post on the issues in making sure SRs are appropriate for humanitarian relief settings - but this does mean understanding the whole knowledge and evidence cycle.

One way to do this that we've used is to get librarians to find and synthesise their own evidence base - this is an area they are more comfortable with, but can then build skills and confidence for using in other areas.

Having champions to advocate for these expanded roles, such as those from Cochrane, Evidence Aid, Muir Gray, Virginia Murray, etc and yourselves is vital, so we look forward to seeing how we can spread the word further!

Best wishes
Anne

HIFA profile: Anne Brice is the Head of Knowledge Management for Public Health England, the expert national public health agency with a mission to protect and improve the nation's health and to reduce inequalities. After qualifying in 1983, Anne has had a variety of positions in academic and health libraries, including the University of London, Borders Health Board, and the University of Oxford. She has held a range of national roles, including those with the former National Library for Health, NHS National Knowledge Service, and the Department of Health. Prior to joining Public Health England she was Head of Knowledge Management at Better Value Health Care, and seconded to the NHS Choices commissioning team at the Department of Health. She helped set up CASP International and has worked internationally with a range of partners and colleagues. Anne's professional interests include evidence based practice, professional development, and the information professionals role in facilitating knowledge translation. She is currently undertaking a DPhil in Evidence Based Health Care at the University of Oxford in the area of participant experience in internet-based clinical trials. She is a member of the HIFA Project on Library and Information Services.

<http://www.hifa.org/projects/library-and-information-services>

<http://www.hifa.org/support/members/anne-0>

Anne.Brice AT phe.gov.uk

From: "Claire Allen, UK" <callen@evidenceaid.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] LIS (72) Training for library and information professionals
(4) Training course: An introduction to systematic reviews in the humanitarian sector

Hi Anne and Siobhan,

It was interesting, reading your two posts, the day after Evidence Aid announced its November 2017 training which will take place in London, UK. More information can be found here:

<http://www.evidenceaid.org/training-an-introduction-to-systematic-reviews-in-the-humanitarian-sector-london-uk/> (text copied below). Please note that places are *extremely* limited and we expect that the course will be full very quickly.

Title: An introduction to systematic reviews in the humanitarian sector

Date: 7 November 2017

Location: Central London, UK

Cost: £225/person to include all course materials, lunch and refreshments

Course Outline: Building on his successful and popular courses on systematic reviews in a wide variety of settings, Professor Mike Clarke will run this 1-day Evidence Aid course to place systematic reviews in the context of disasters and the provision of humanitarian aid. The course will provide learning and practical experience in a small group setting for many aspects of systematic reviewing. These include question formulation and eligibility criteria, searching for eligible material, data extraction, analysis, and reporting. Examples relevant to the humanitarian sector will be used to illustrate key points and participants should leave the course feeling more comfortable about embarking on their own systematic review and when using reviews for decision making.

Background: Professor Clarke has more than 25 years' experience of the conduct and oversight of rigorous evaluations of the effects of a wide variety of interventions, actions and strategies. He is the Director of the Northern Ireland Hub for Trials Methodology Research and one of the founders of Evidence Aid. Mike has extensive experience of teaching about systematic reviews, and established and continues to teach the Reviews module on the University of Oxford's international MSc in

Evidence Based Health Care. He is a leading proponent of the use of systematic reviews in decision making, and has a strong interest in increasing the capacity for doing and using reviews.

Please note that our space for participants is extremely limited for this course, and places will be allocated on a first come first serve basis.

To apply: Please contact Claire Allen (callen@evidenceaid.org)

Claire Allen
Operations Manager
Evidence Aid: Winner of the Unorthodox Prize 2013 (\$10,000)

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From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] LIS (73) The role of social media in disasters, emergencies and disease outbreaks

The Evidence Briefing prepared by Caroline De Brun for our current discussion includes a section on Social Media. I reproduce it below for your comments. In what ways have you found social media to help with 'sharing and communicating vital information about natural disasters and other public crises'?

I am reminded from our HIFA discussions in 2015 that social media can also have a negative impact - it was responsible for the wide propagation of myths and rumours at the time of the Ebola crisis in West Africa. Increasing connectivity opens the doors to both reliable information and misinformation.

SOCIAL MEDIA

Social media, such as blogs, social networks, Twitter, Facebook, collaborative workspaces, and other online communities, play a key role in sharing and communicating vital information about natural disasters and other public crises (59-61). There are three particular ways by which social media can be used effectively in global health protection: information dissemination, disease surveillance, by monitoring real-time data (62, 63), and communicating with the general public (64).

Evidence shows that Twitter is an effective resource for disseminating information about global health crises, such as climate change, natural disasters, and oil drilling (65). Health professionals use Twitter to fight the battle against antimicrobial resistance in Africa. They "network and connect with worldwide experts, obtain real-time news from medical conferences, participate in live Twitter chats conducted by experts or medical organisations, or participate in international journal clubs" (66).

REFERENCES

59. Thomas TL, Schrock C, Friedman DB. Providing Health Consumers with Emergency Information: A Systematic Review of Research Examining Social Media Use During Public Crises. *Journal of Consumer Health on the Internet*. 2016;20(1/2):19-40. [

- <http://www.tandfonline.com/doi/abs/10.1080/15398285.2016.1142927?journalCode=wchi20> - restricted access - full text available on request to authors on ResearchGate]
60. Yates C, Partridge H. Citizens and social media in times of natural disaster: exploring information experience. *Information Research*. 2015;20(1):298-314. [<http://www.informationr.net/ir/20-1/paper659.html#.WZQOLIWGPDC> - open access]
61. Yates D, Paquette S. Emergency knowledge management and social media technologies: A case study of the 2010 Haitian earthquake. *International Journal of Information Management*. 2011;31(1):6-13. [<http://www.sciencedirect.com/science/article/pii/S0268401210001453> - restricted access]
62. St Louis C, Zorlu G. Can Twitter predict disease outbreaks? *BMJ (Online)*. 2012;344 (7861) (no pagination)(e2353). [restricted access]
63. Chew C, Eysenbach G. Pandemics in the age of Twitter: Content analysis of tweets during the 2009 H1N1 outbreak. *PLoS ONE*. 2010;5 (11) (no pagination)(e14118). [<http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0014118> - open access]
64. Wukich C. Social media use in emergency management. *Journal of Emergency Management*. 2015;13(4):281-94. [<https://www.ncbi.nlm.nih.gov/pubmed/26312654> - restricted access - full text available on request via ResearchGate]
65. Cody EM, Reagan AJ, Mitchell L, Dodds PS, Danforth CM. Climate change sentiment on Twitter: An unsolicited public opinion poll. *PLoS ONE*. 2015;10 (8) (no pagination)(e0136092). [<http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0136092> - open access]
66. Goff DA, Van Den Bergh D. Twitter: A tool to improve healthcare professionals' awareness of antimicrobial resistance and antimicrobial stewardship. *South African Medical Journal*. 2015;105(5):427-30. [<http://www.samj.org.za/index.php/samj/article/view/10004/6735> - open access]

The full Evidence Briefing is freely available on the HIFA website:

http://www.hifa.org/sites/default/files/publications_pdf/Evidence_briefing_global_health_library_services_EAHIL_June_2017_FINAL_VERSION.pdf

Best wishes, Neil

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>

To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>

Subject: [hifa] LIS (74) Africa Centres for Disease Control and WHO AFRO (4)

Below are extracts from an article in *Scientific American*, by Carl Manlan an Ivorian economist, chief operating officer at the Ecobank Foundation and a 2016 New Voices Fellow at the Aspen Institute.

The full text is freely available here: <https://www.scientificamerican.com/article/a-cdc-for-africa/>

The author focuses on the new Africa CDC's role in eliminating malaria and points out the new organisation needs funding. It would be interesting to understand more about the short-term priority issues for the Africa CDC - while funding is restricted, are its priorities broad - including malaria - or are they focused on emerging disease threats such as Ebola and Lassa fever? Is there a risk that Africa has a new underfunded organisation overlapping with an existing underfunded organisation (ie WHO AFRO?).

--

A CDC for Africa

But the body modeled after the U.S. agency needs funding

More than 65 years ago Americans found a way to ensure that no one would have to die from malaria ever again. The disease was eliminated in the U.S. in 1951, thanks to strategies created through the

Office of Malaria Control in War Areas, formed in 1942, and the Communicable Disease Center (now the U.S. Centers for Disease Control and Prevention), founded in 1946. The idea for Africa's own Centers for Disease Control and Prevention (Africa CDC) was devised in 2013 and formalized after the worst Ebola outbreak in history the following year. The Africa CDC, which was officially launched in January of this year, is a growing partnership that aims to build countries' capacity to help create a world that is safe and secure from infectious disease threats.

Based on my years of working for organizations such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, the United Nations Development Program, the U.N. Economic Commission for Africa and the Africa Against Ebola Solidarity Trust, I see three priorities that are needed to make a major impact on ending malaria:

First, we must strengthen and build mechanisms to gather real-time data from communities across Africa for informed decision making. The expansion of mobile phones is an important method for achieving this because they can connect people and their health data for targeted interventions to prevent and arrest outbreaks. The Africa CDC and its five Regional Collaborating Centers must lead the transition that would ensure consistent data collection, dissemination and interpretation.

Second, we must make new resources available to support the Africa CDC...

Third, we must invest in other ways to end malaria. The private sector and the middle class it creates are the key to ending the disease for good. We will not achieve that without universal health coverage through a fully funded and operational Africa CDC...

--

Best wishes, Neil

From: "Caroline De Brun, UK" <caroline.debrun@phe.gov.uk>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] LIS (75) Example of libraries in times of emergency - forwarding a message from Charlottesville

Dear All,

I received the message below earlier this week, and I wanted to share it with the discussion, because it emphasises the important role of libraries in terms of crisis, and the selflessness and bravery of librarians. I have seen lots of news about the sad events in Charlottesville, but this message really brought it home to me. I just feel so privileged to be part of a profession, which immediately adapts its role to support the community in need.

My thoughts are with all my colleagues who are working in dangerous and difficult environments, and I hope that somehow, via this forum, we can work together to strengthen our position, and support and protect each other.

Caroline

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From: "Claire Allen, UK" <callen@evidenceaid.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] LIS (76) The role of social media in disasters, emergencies
and disease outbreaks (2)

Dear Neil,

Evidence Aid has an active social media program to push out information via Facebook (both a page and a group), LinkedIn and Twitter. It is co-ordinated by one of our long-standing volunteers, Kristin Ringstad. Whilst Kristin does an amazing job, I would like to point out that pushing evidence out via social media is a time-consuming job, and one that really needs dedicated paid staff. Evidence Aid does not have funds to support such a role currently, but would happily hear from others who might like to volunteer to work with Kristin.

I agree that there are both advantages and disadvantages to using social media, and I think that the main advantage is that one may reach different audiences via social media, that when using the static website as an information channel. For us, itâ€™s about generating interest in evidence-based information, and then bringing people to our site, in order that they can find out more about the area which they were interested in.

With best wishes,
Claire

From: "Bob Gann, UK" <bob.gann@nhs.net>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] LIS (77) Libraries & acts of political extremism

Hi Jennifer,

I wonder whether HIFA's definition of disasters and emergencies includes acts of political extremism and violence - and how libraries can help?

This article in Library Journal describes how last week the library in Charlottesville, USA led the way as a place of dignity, remembrance and reconciliation

<http://lj.libraryjournal.com/2017/08/public-services/charlottesville-libraries-weather-violent-protests-offer-unity/>

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HIFA profile: Bob Gann is a digital health consultant, specialising in digital health strategy, partnerships & stakeholder engagement, and digital inclusion. Bob is currently working as Digital Inclusion Lead on NHS Digitalâ€™s Widening Digital Participation initiative, reducing inequalities in access to digital health. He is also a Specialist Advisor in Digital Health to the Care Quality Commission in England. Internationally Bob is consultant to the National Opinion Research Centre at

the University of Chicago in the USA and is a member of the World Health Organization e-Health Advisory Group. Previously in his career Bob qualified and worked as a healthcare librarian, and was Director of Strategy & Partnerships at NHS Choices and Director of New Media at NHS Direct. He is Visiting Professor in Health Informatics at Plymouth University. He is a member of the HIFA working group on Library and Information Services.

<http://www.hifa.org/projects/library-and-information-services>

<http://www.hifa.org/support/members/bob>

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From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>

To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>

Subject: [hifa] LIS (78) Who has experience of providing health information services during emergencies or disease outbreaks? (2)

Dear HIFA Colleagues

Jackton Kaijage (Tanzania) asked: Who has experience of providing health information services during emergencies or disease outbreaks?

"May those who had an opportunity to offer any medical and health information services during emergency and outbreak of diseases like Ebola etc. come to the forefront and share their good and bad experiences they experienced on the ground, and the most feasible and cost-effective measures which should be taken to address limitations which limited their contribution in course of playing the role as IEC experts."

We have re-shared a couple of valuable messages from Beatrice Muraguri about her work as an LIS professional during the Ebola crisis in Sierra Leone. And one from Bintu Mansaray, paediatrician, about difficulty of getting reliable information about Ebola, also at time of Ebola crisis in Sierra Leone.

It would be very helpful to learn from others who have practical experience of providing or using healthcare information in an emergency, disaster or disease outbreak. Please send your contributions to hifa@dgroups.org

Best wishes, Neil

Coordinator, HIFA Project on Library and Information Services (with special focus on Population Health, Disasters, and Disease Outbreaks)

<http://www.hifa.org/projects/library-and-information-services>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: www.hifa.org

HIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign (Healthcare Information For All - www.hifa.org) and current chair of the Dgroups Foundation (www.dgroups.info), which supports 700 communities of practice for international development, social justice and global health. Twitter: @hifa_org FB: facebook.com/HIFAdotORG neil@hifa.org