



ICS Newsletter

Medical Library Association/International Cooperation Section Newsletter

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Notice:

The ICS Newsletter is published three times a year by the International Cooperation Section of the Medical Library Association. Deadlines for submissions for ICS Newsletter are: March 31, July 31 and November 15.

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MESSAGE FROM THE CHAIR

Small World

In an age of novelty and 24 news stations, this will seem a strange thing to say, but by the time you read this, I trust that the anchoring theme of this column will be old news. I am writing it on the way home from MLA headquarters after one my most satisfying working days for many, many years - the formal presentation of the cheque for Elsevier's \$80,000 sponsorship which will enable the MLA to develop and deliver a programme of training sessions to our professional colleagues working in some of the poorest countries.

Electronic Library Training (ELT) will be delivered under the aegis of the Association's Librarians Without Borders initiative and will be the responsibility of ICS veteran Lenny Rhine, who has been delivering e-resources education in Africa since before most of us knew what an e-resource looked like. There will be eight on-site courses in Africa, Asia and Latin America, plus an email-based course, and a subsidiary aim of ELT is to produce teaching materials which can be used and re-used over time. ELT is a huge boost to MLA's international efforts and takes forward some of ICS's most important aims. It also emphasises Elsevier's commitment to the development of quality library services in the developing world, also shown in HINARI.

The reason I hope that none of this will be new to you, is that between now and publication day the combined might of the MLA and Elsevier press offices will be working day and night (holiday excepted) to make sure that this is all over the professional press, complete with the smiling faces and implausibly tortuous quotes that are inseparable from these occasions.

In poorly-ordered associations there can sometimes be a bit of an issue about who does the presenting and who does the receiving. There's nothing poorly-ordered about the MLA of course, but even so questions did arise as soon as it was known that our President was unable to attend. There was a very good case to say, that as Chair of ICS and a member of the Librarians without Borders committee I should be saying the thank-yous on behalf of the membership, but on the other hand I was also there to do the giving. Personally, I was all in favour of presenting the cheque to myself, and perhaps making a video of the event and posting it on utube. Perhaps fortunately, wiser heads prevailed and our Director managed to elbow me aside and restore order.

However, I am pleased and proud to report that once this had been resolved none of the traditional aspects of the Presentation Ceremony were overlooked. All concerned paraded for photographs in our finery and wearing our most durable smiles. There was a big presentation cheque produced by MLA HQ (although the truth is the \$80,000 had been safely squirreled away in the MLA vault for some weeks beforehand). Large numbers of bus queue photos were taken (so called because they always look like a line of slightly unruly people at a bus stop). And after the ordeal the formal smiles suddenly become real ones and we all trooped out companionably for a sandwich and a cup of tea.

It has been a pleasure to be involved in setting up and making possible the ELT programme. By the 2007 MLA meeting the first courses will have taken place and I hope Lenny Rhine will be able to give us all a typically lively and informal account of his progress. The HINARI experience so far is that nothing pushes up usage like effective local training, and ICS can be proud to have played such a significant part in this evidence-led initiative.

Tony McSean
ICS Chair

Where There is No Online: the Blue Trunk Library Project



An editorial in the March 2006 issue of PLoS Medicine "Drowning or Thirsting: the Extremes of Availability of Medical Information" lamented that while health professions in developed countries are overwhelmed by published information (especially those affiliated with well-resourced libraries), their counterparts in developing countries often lack essential information for research and clinical practice. The World Health Organization (WHO), through its Knowledge Management Team, is working to bridge this divide, which they term the "know-do gap" -- the gap between what is known and what is done in practice -- in global health by improving access to the world's health information.



A well known WHO-led effort is HINARI (Health InterNetwork Access to Research Initiative) enabling developing countries access to one of the world's largest collections of biomedical and health literature, containing more than 3,500 journals. So far health institutions in 113 countries have taken advantage of this program benefiting many thousands of health workers and researchers, and in turn, contributing to improved world health. Yet, HINARI's reach is limited to where affordable, reliable Internet access is available.

Enter the Blue Trunk Library (BTL), http://www.who.int/ghl/mobile_libraries/en/, a relatively simple, yet powerful, tool to place essential, ready-to-use documentation in the hands of health workers at the point of care in areas where the Internet does not reach. Each library contains approximately 150 books and manuals arranged using a basic classification code and fitted in folders into a blue metal trunk to ensure easy transportation and protection. Materials are selected according

Continued on page 6

Report on The Association for Health Information and Libraries in Africa Congress

The Association for Health Information and Libraries in Africa Congress was held in Mombasa, Kenya, October 23-27, 2006. This is a biennial conference, bringing together most of the principal medical librarians in sub-Saharan Africa. Although it is somewhat easier for World Health Organization (WHO) affiliates to attend, obtaining sponsorship is difficult and many countries are only able to send one or two participants. There were very few representatives from South Africa, for example. A significant number of Kenyans attended the Congress, possibly their only opportunity to participate.

Altogether, in excess of 120 participants overcame the difficulties to attend. Consequently, there was practically 100% attendance of all the sessions, and broad, enthusiastic participation whether or not the speakers/chairs invited it. Break times were taken up with keen and serious discussion of professional issues. There is a broad and striking perception of "Africa" as a real entity (e.g. a very intent session discussion of introducing problem-based learning into African medicine) and this strong identity crosses linguistic and cultural divides in ways not true of Europe or Asia.

The themes of the Congress were ICTs and Health Information in the 21st Century, Documentation and Repackaging, Harnessing Health Information for Poverty Alleviation and Information Literacy for Health in Africa. Numerous papers discussed projects that emphasized the application of ICT to bridge the information divide - stating the action, intended audiences and actual outcomes. Several presenters noted how their activities were linked to the 2000 Millennium Development Goals. Topics of presentations ranged from African Index Medicus and HINARI, to Library Statistics and Information Management Skills.

Underlying concerns of the conference were lack of money and resources. A good deal of the exchange of information concerned what can be obtained for little or no money, and how to share resources to make the inadequate sums available go as far as possible. This pertained particularly to the issue of bandwidth, which is limited by cost. Bandwidth still is impossibly expensive in Africa, largely for political reasons. The University of Zimbabwe pays \$2000/megabit/month, which is roughly 1,500 times what Internet users pay for cable access in the United States. An individual from the Makerere University in Uganda noted that it takes about 4 minutes to open a text e-mail, and that everyone does other types of work during the delays of reading their e-mails.

Another concern noted was the need for outreach activities from the cities into rural areas. Within sub-Saharan Africa, there is a second information divide, the divide between urban and rural areas. Electronic material needs to be re-packaged and distributed in different formats and languages. Some of the institutions are producing print health information digests and e-mail listservs, while others are forming partnerships with public libraries to deliver patient information and public health information.

Digitization was a very hot issue in and around the conference. Although not an apparently, immediate concern, attention was paid both to individual libraries' efforts and to the Google and MicroSoft mega-projects.

There are new health threats in Africa, such as obesity and cardiovascular disease, resulting from a combination of pseudo-western lifestyles and African-grade poverty.

All participants enthusiastically supported the re-launch of the African Index Medicus. This is an attempt to draw together A and I for all medical literature (scholarly in the very broadest sense) published in Africa. It is being coordinated by WHO/Afro, but the work is done by and through volunteer national coordination centres, that submit the data to Brazzaville in a standard format for consolidation. This process is working well, and is an amazing achievement given the practical difficulties.

*Submitted by,
Lenny Rhine, MLA Representative to AHILA
Tony Mcsean, Chair, MLA/International Cooperation Section*



Association for Health Information and Libraries in Africa - Association pour l'Information et les Bibliothèques de Santé en Afrique

10TH AHILA/AIBSA CONGRESS RESOLUTIONS

The 10th AHILA Congress was held at Sun 'n Sand Mombasa, Kenya October 23-27, 2006 on the theme: Millennium Development Goals and Health Information Provision in Africa.

Delegates of the 10th AHILA Congress, after deliberations and reflecting on the theme and presentations made the following resolutions:

MILLENNIUM DEVELOPMENT GOALS

1. Recognizing the significance that access to health information plays in the realization of the MDGs, delegates resolved that AHILA members through their country chapters work closely with Public Libraries and other stakeholders to ensure that health information is disseminated to rural populations.
2. Endorsing the significant role that the campaign for Health Information For All by 2015 (HIFA2015- by 2015, every person worldwide will have access to an informed healthcare provider") -plays in the realization of the MGDS, delegates resolved to join in the campaign and share their expertise in resource sharing and dissemination of resources, especially through the creation and maintenance of web-based on health information resources.

TRAINING

3. Noting the significant role that training plays in information sourcing, organization, use and dissemination, and the fact that AHILA members need continuous professional education, delegates resolved

To work closely with WHO/AFRO and other stakeholder to facilitate training in the following areas:

African Index Medicus (AIM);
Re-packaging of health information;
Management and evaluation of health-related electronic resources;
Health information communication skills;
Integration of e-learning and library resources.

4. Noting also the significance of training at the country level, delegates resolved that AHILA Country Chapters should facilitate training, in partnership with interested organizations, in the following areas:
Research skills, including writing proposals;
Documentation skills;
Management skills, including keeping statistics;
Health information marketing;
Digitization of libraries & designing databases;
Website design & moderating e-discussions;
Evidence-based medicine;
ICT troubleshooting for librarians.

AFRICA INDEX MEDICUS (AIM)

5. Realizing that the revival of AIM will play a significant role in the organization and dissemination of health information, delegates resolved-
 - a) To fully support WHO/AFRO in its effort for the revival of AIM through active participation in the project;
 - b) AHILA Country chapters and AIM focal points should make every effort to strengthen the local health information databases.

FUNDING

6. Realizing that the revival and sustainability of AHILA programs require adequate funding, delegates resolved that country chapters initiate income-generating activities.
7. Realizing the need to streamline AHILA Congresses, delegates resolved that:
 - a) AHILA congress proceedings should be produced within three months of the end of the Congress;
 - b) Papers presented at an AHILA congress should be placed on the AHILA website within one month of the end of the congress;
 - c) Evaluation of the congress should be passed to the next Local Organizing Committee so that it may implement what went well and improve on deficiencies;
 - d) At the next AHILA Congress (AHILA-11), member countries should present progress reports on their activities related to the implementation of the resolutions passed in the previous congress (AHILA 10).

*Submitted by,
Marie-Paule Kabore
OMS/AFRO*



In photo, ICS Chair, Tony Mc Sean, Avril Reid (right) and Maryvonne Grisetti from WHO Press.

Blue Trunk Library Continued:

to the needs and language requirements of the area receiving the trunk. Each trunk costs approximately \$2,000 and includes user training and updates, but does not cover shipping costs that can range from \$500 to \$800 depending on the final destination.

Pascal Mouhouelo from the WHO African Regional Office Library has extensive experience providing training. He supports the BTL program, and co-authored a paper describing the program. During the fall of 2006, Pascal was on a fellowship at the Cushing/Whitney Medical Library, where among the many things he has shared is the pressing need for more trunks, especially in Africa. In response, Yale librarians have begun raising money for the BTL program.

If you wish to contribute financially, checks can be made out to the Blue Trunk Library in Trust and mailed to:

Robin Mooring
Blue Trunk Library in Trust
Cushing/Whitney Medical Library
333 Cedar Street, PO Box 208014
New Haven, CT 06520-8014

Additional questions regarding the program or ideas about potential funding sources, contact either Pascal Mouhouelo, mouhouelop@afro.who.int or Daniel Dollar, daniel.dollar@yale.edu.

Citations

1. The PLoS Medicine Editors (2006) Drowning or Thirsting: The Extremes of Availability of Medical Information. PLoS Med 3(3): e165 DOI: <http://dx.doi.org/10.1371/journal.pmed.0030165>
2. Mouhouelo P, Okessi A, Kabore MP (2006) Where There Is No Internet: Delivering Health Information via the Blue Trunk Libraries. PLoS Med 3(3): e77 DOI: <http://dx.doi.org/10.1371/journal.pmed.0030077>

Submitted by,
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Let your ideas take flight.....



Mednet 2006 - 11th World Congress on Internet

Mednet 2006 was held in Toronto, Ontario, October 13-20, 2006. The main theme of the meeting was "Improving Public Health". Topics presented ranged from patient portals and e-health, to electronic medical records and online medical education. 468 abstracts were accepted from almost as many registrants, representing forty-three countries.

The Ontario Department of Public Health presented on changes made after the 2003 SARS experience. With a \$650M investment, they have created a virtual team workspace, a two hour alert/warning system, and an immunization registry, among others. The Center for Disease Control (CDC) had a large presence at the meeting as did the National Cancer Institute (NCI). CDC presented on how to use the Internet effectively to improve public health, focusing on how the changes of the Internet are increasingly engaging the users to participate in the information content. NCI presented on e-health interventions and how to most effectively provide relevant information to cancer patients and their families.

e-health interventions were reported on from around the world on issues such as smoking cessation, weight management, substance abuse, patient information support, and patient monitoring. Increasingly, technology is used to support patient management, providing patient assessment and action plans. Group Health in Seattle is using technology for patient check-in, and making appointments. Smart-phones are used to communicate with patients and monitor their health status, which can be linked to the patients' electronic health record. As a medical librarian, this was a fascinating meeting to attend. By the third day, the message was clear, consumers want information that is tailored to their particular situation, which goes far beyond factual information regarding their diagnosis. How others are coping with similar circumstances, and what to tell their family and friends topped their agenda for information. Medical librarians have a tremendous opportunity to participate in e-health interventions.

Several sessions discussed open access journals. The Chair of the meeting, Gunther Eysenbach, is the editor of an independent open access journal, Journal of Medical Internet Research (JMIR). BiomedCentral presented on their experience with open access, and provided statistics on citation patterns of open access articles. Participants from around the world debated energetically on this new, and growing, publishing model.

Scandinavian physicians reported on how they use technology and Internet for diagnosis in obstetrics and gynecology and e-mailing their patients. An Italian librarian reported on how the library is providing information support to cancer patients. CDC presented on their research-based web design guidelines to a lively audience. A Scottish physician reported on his study of couples who experienced premature termination of pregnancy. An interesting study was presented on how information on the Internet does not address difficult issues which patients/consumers at some point must deal with. Another study reported on how health issues relating to men encouraged the consumers to take charge of their health at a much earlier stage than health issues relating to women. One study from California reported on developing a database of health information in different Asian languages. Another study from California discussed a randomized controlled trial conducted over the Internet on smoking cessation. Some of the speakers addressed the digital divide in their presentations, but no session focused specifically on this pressing issue.

Mednet 2006 addressed a wide variety of health issues and how the Internet can be used to address them. Many of the applications presented can be successfully used in medical libraries.

For more information on Mednet 2006, visit www.mednetcongress.org

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Euromedlib - an experiment

At the 10th EAHIL conference at Cluj, Romania, I had the great opportunity to deliver an empowerment session on blogs and RSS. I started an demo conference blog just before the conference named EAHIL2006. Without ever thinking, due to the interaction with other bloggers at the conference, this blog suddenly emerged into a lively conference blog with reports on sessions, clips from social events, and interviews with participants. Pictures from the conference were published via the Web 2.0 service Flickr and could be seen almost immediately by the networked participants - thanks to the excellent wireless LAN at the conference venue. Motivated by the success- and joyful cooperation at Cluj, five bloggers from Sweden, Netherlands, France, and Germany decided to take this idea one step further and build a cross-border blog with a real European scope, called EUROMEDLIB - Items of interest for everyone working in a European Medical Library. As it is stated in the mission of Euromedlib, "There is a strong desire for networking among European medical librarians. This blog serves as a starting point for what is at the heart of EAHIL". You can find Euromedlib at <http://euromedlib.blogspot.com/>. Every European Medical Librarian is invited to participate, either by writing or commenting posts.

Schoenen Tag noch und beste Gruesse,

*Submitted by,
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BOOKS NEEDED

The following books are needed urgently by the School of Health Science of the Royal College of Science & Technology, Victoria Island, Lagos:

Pharmaceutical and Speciality compendium;
US Pharmacopeia;
Nursing dictionaries;
Physician Desk Reference Books;
Laboratory technology Dictionary.
Thanks for your understanding and support to our College.

Sincerely,
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