

African Index Medicus: Improving access to African health information

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Abstract

Information flow is the key to improving health development, especially in developing countries. African medical publications are poorly represented in the major medical electronic databases. African Index Medicus (AIM) is a joint initiative between the World Health Organisation (WHO) and the Association for Health Information and Libraries in Africa (AHILA) to store regionally-generated biomedical information. Proposed in 1980 and initiated in 1993, AIM was reactivated in 2005 and now emphasises full text accessibility and web publishing. To promote the use of AIM and the sharing of health knowledge, the WHO has provided national focal points with training, computers and scanners. Publishing still faces the challenge of strengthening networks of national focal points and African medical editors, as well as transferring technology and experience to African countries. There also remain the more basic constraints of costs, training, marketing and the low status of both research and publishing. The Special Programme for Research and Training in Tropical Diseases further found problems of underfunding, irregular publication schedules, low quality articles and a lack of international visibility. A TDR (Research and Training in Tropical Diseases) survey in early 2006 revealed that although there is increased health research and journal activities in African countries, the challenges of quality, content and accessibility remain. Since its inception in 2002, the Forum of African Medical Editors has held three training workshops for editors to correct some of these problems. AIM will soon be part of the WHO Global Health Library; both provide access to health information that will contribute to meeting the millennium development goals for health. These initiatives promise more health information for resource-poor settings, especially in Africa.

SA Fam Pract 2007;49(2): 4-7

Introduction

Scientists have been concerned for some time about the question of global information flow. In September 2000, the editors of *The Lancet* and the *British Medical Journal* and the editorial director of BioMed Central jointly asked the following question: "Might information flow be one of the most important factors for improving health and development in resource-poor settings?".¹

At the same time, Singer said that "Global inequities of health information are part of the problem of global inequities in health, arguably the most important ethical problem in the world".² It is probably impossible to build a common vision for global health information if there is no equity of access to health information and tools to communicate what is already available in the North and the South.

The problem is not only that developing countries have limited access to

relevant health information published in the North, but also that the developed countries have little access to the health information published in developing countries. The need for improved access to publications on health issues in African countries has long been felt and expressed by scientists, health workers, planners, international agencies, nongovernmental organisations and health information professionals, both in and outside Africa.³ No one can today deny that lack of access to health information for health workers in resource-poor settings is a major obstacle to achieving the 2015 millennium goals for global health.⁴

In this era of rapid air transport and the rise and proliferation of new emerging and re-emerging diseases, health information and experience from southern countries are of increasing importance to the global research community. In addition, local and regional

scientists, health workers, policy makers and people in developing countries need, today more than at any previous time, to access health information relevant to their countries.

Although the leading databases offer a wealth of health information from developing countries, African medical publications are poorly represented in the large electronic databases such as Medline and EMBASE. Many initiatives, such as African Journals on-line (AJOL), have been launched to improve and facilitate access to African health information; however, a large number of African publications are still not accessible. A wealth of health information in books, reports and studies from international development agencies, nongovernmental organisations and local institutions is not accessible only because tracing, writing, publishing and archiving are hopelessly difficult and time-consuming.

African Index Medicus

To reduce the lack of access to health information produced in Africa or by African researchers, the World Health Organisation (WHO) Regional Office for Africa has, jointly with the Association for Health Information and Libraries in Africa (AHILA), developed a database of regionally-generated biomedical and health literature called African Index Medicus (AIM). The main objectives of this project are to improve access to information resources relating to health in African countries and to give greater visibility to health and biomedical research carried out in the region.⁵

Although the African Index Medicus was initiated in 1993, this initiative goes back 25 years. In 1980, the WHO Regional Committee for Africa recommended that the Regional Director compile an African Index Medicus using resources from the region, extra budgetary sources and special programmes. The WHO Regional Office for Africa organised two training sessions for national focal points – in Accra, Ghana in 1996 and in Yaounde, Cameroon in 1997 – to strengthen their technical capacities in order to participate in the African Index Medicus database. The project was suspended in 2000, but reactivated in June 2005 because of its utility for the accessibility to African health information.⁶

Three similar initiatives were launched elsewhere. They are LILACS (Latin American and Caribbean Literature on Health Sciences), undertaken by BIREME (Latin American and Caribbean Center on Health Sciences Information); Index Medicus for the Eastern Mediterranean Region; and Index Medicus for the South-East Asia Region (the latter two undertaken by WHO). All these initiatives have the same main objective: to promote and make accessible health information produced locally and regionally.⁵

The African Index Medicus has significantly evolved since its reactivation. At the beginning, it was developed as an index to African health literature. Its mission was to indicate bibliographic information on what was being

strategies, journal articles, theses, and unpublished documents. However, one of the obstacles encountered was to make these documents available for users, both locally and worldwide. The absence of an electronic libraries network in Africa and the cost of transport rendered the supply of documents almost impossible.

To overcome these limitations, the African Index Medicus has given priority to full text and accessibility through the web since its reactivation in 2005. Thus, the African Index Medicus database is currently available on the web at the following URL: <http://indexmedicus.afro.who.int/>, and most newly added documents are in full text.

Moreover, the WHO Regional Office for Africa has equipped many focal points with a computer and a scanner to facilitate the collection of documents at country level. Additionally, an Intranet was developed and made available for partners, especially national focal points and African medical editors, to facilitate communication and document exchange.

The African Index Medicus adopts a decentralised strategy to support countries in organising and publishing their own health-related information sources on the Internet in order to make them available for local and international use. The objective is to optimise the use of available African health information, and especially to support South-South efforts in solving health problems in the region. Thus, many national databases are created in ministries of health, medical schools, public health schools, health research institutes, and academic and specialised health institutions. Publications are collected, processed, stored in national databases and then sent to the African Index Medicus for publication on the web. This allows the results of local research to be distributed broadly, even globally, and facilitates knowledge sharing on health.

Today, the African Index Medicus faces many challenges. The first is to strengthen the national focal points network. Once strengthened, this net-

work will improve the availability of health information in Africa. The second challenge is to strengthen collaboration with African medical editors, as there is a strong need to enhance the information-production and knowledge-sharing capabilities of medical journals in the African region. The third challenge is to transfer new technologies and experiences, such as WWWISIS and SCIELO (<http://www.scielo.br/>), which have succeeded in other regions, to African countries.

African health publishing: quality content and accessibility

The access to adequate and up-to-date health information is essential to support decision-making processes in the planning, formulation and implementation of health policies and to support health workers' development and practice. The results of health research are mainly disseminated and validated through medical journals. This applies to both developed and developing countries. However, journals from developing countries, especially in Africa, face several barriers that limit the access and use of locally-generated scientific information.⁷

Although African medical journals have shown considerable development in the past decade and have increased their visibility, they still face several difficulties. Indeed, the various economic and technical barriers affect the publishing system at all levels. The costs of printing and distributing, the lack of training for writers, and the weak status accorded to health research and researchers in national policies are the major obstacles to health publishing in the African region.

In addition, most African medical journals are still developing their publishing management structures. The limited technological resources, the lack of research writing skills, and the fear of criticism still surface among African medical researchers. Given their poor salaries, doctors prefer to turn to private activities rather than to research. Thus, research work is a luxury and remains absent from African research institutions. This situation has a damag-

The WHO is aware of the development of health research publishing in the African region, and thus created the African Index Medicus to support this aim. The most crucial goal of this initiative is to increase the visibility and accessibility of African health publishing for both regional and international use. However, the limitation of access to information is only one of the obstacles affecting health publishing in African countries. Publication is only the last step of a complicated process that begins with the awareness of research as an essential investment for the development, expansion and improvement of each country. Therefore, African countries should integrate health research into their agenda and include it in their national health policies.⁸

Policy makers, health researchers, journal editors and information specialists could work together to improve health publishing and ensure its visibility and accessibility across the African continent and worldwide. African medical journals must receive particular attention, because they play a key role in health information development and dissemination in and beyond the continent.

What can be done?

To gain credibility among African researchers and to encourage them to publish locally rather than internationally, medical journals in Africa need considerable improvement. Once local journals become regionally and internationally visible and their articles receive the same attention as those published in international journals, attitudes will start changing.

In 2002, the Research and Capacity Strengthening Unit (RCS) of the WHO Special Programme for Research and Training in Tropical Diseases (TDR) launched an initiative to strengthen the local publication of health research carried out in Africa.⁹ It found that underfunding, irregular publishing, a lack of high quality articles and a lack of visibility in the international medical community are the major barriers facing African medical journals.

In 2006, a survey conducted by the TDR revealed that there were 158 biomedical journals active in 33 countries in Africa. It confirmed growth in African

healthcare research and journal activities.¹⁰ Despite the various difficulties, African medical editors have always shown willingness to develop their journals and bring them to the same level as those in northern countries. The medical editors set up the Forum of African Medical Editors (FAME) in 2002 as a common initiative to resolve problems facing medical publishing in Africa. FAME has organised more than three training courses for editors since it was officially launched in Addis Ababa, Ethiopia in September 2003.⁹

The health publishing difficulties in Africa – essentially quality content and accessibility – can be overcome through the efforts of many actors in the region: WHO, ministries of health, health research institutions, NGOs, academic institutions, and others.

While the quality of content should be prioritised by organising training for medical writers to improve their skills, the WHO Regional Office for Africa can, through the African Index Medicus, play a key role in facilitating access to African health publishing. It thus would provide an efficient way to ensure the regional and universal visibility of and accessibility to African health information and contribute to overcome the phenomenon known as "lost science". Consequently, the WHO Regional Director for Africa has contacted all African medical journals to invite them to participate in the African Index Medicus. The 158 medical journals identified by TDR will be added to the African Index Medicus, and editors will be contacted to participate actively in this initiative by regularly submitting their publications.

As for regular publishing, it depends mainly on each journal's management policy. African medical journals should develop their own commercial and marketing strategies. The economic difficulties faced by medical journals are the principal cause of their irregularity in publishing. Alternative mechanisms for good communication and marketing should also be developed.

Conclusion

It is clear today that access to health information is essential to achieve the 2015 millennium goals for global health.⁴ With the significant improvement in infor-

mation and communications technology and in the Internet connection in Africa, the African Index Medicus can develop many electronic services to facilitate access to African health information and to make it available for regional and international use.

The African Index Medicus will be integrated in the Global Health Library. This initiative is being developed by the World Health Organisation and will provide one-stop access to reliable health information. With the Global Health Library, African health publishing will be given greater visibility worldwide.

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