

**IDS Health & Development Information** one of a family of knowledge services from the Institute of Development Studies, Sussex, UK

[Health Resource Guide](#)  
[Health Systems Resource Guide](#)  
[HIV and AIDS Resource Guide](#)  
[id21 Health](#)

**HEALTH SYSTEMS REPORTER: focus on meeting the information needs of healthcare providers**

**28 August 2007**

produced by the [IDS Health and Development Information](#) team in collaboration with [Eldis](#) and the [DFID Health Resource Centre](#)

---

This is our monthly email bulletin, bringing together research to inform policy debates on health in developing countries.

The Health Systems Reporter aims to provide readers with a more in-depth look at a particular area of health policy. This month's theme is on [meeting the information needs of healthcare providers](#). The bulletin also features summaries of new documents and other additions to the [Health Systems Resource Guide](#).

[Health Systems Reporter archive](#) - an archive is now available on the Health Systems Resource Guide. See previous issues of the Health Systems Reporter at [www.eldis.org/go/topics/resource-guides/health-systems/health-systems-reporter](http://www.eldis.org/go/topics/resource-guides/health-systems/health-systems-reporter)

All documents listed below are available free on the web. If you are unable to access any of these materials online and would like to receive a copy of a document as an email attachment, please contact [r.wolfe@ids.ac.uk](mailto:r.wolfe@ids.ac.uk).

**Contents:**

- [Feature: Meeting the information needs of healthcare providers](#)
- [Recommended readings on meeting the information needs of healthcare providers](#)
  1. [Can we achieve health information for all by 2015?](#)
  2. [Effect of a participatory intervention with women's groups on birth outcomes in Nepal: cluster-randomised controlled trial](#)
  3. [How can we achieve and maintain high-quality performance of health workers in low-resource settings?](#)
  4. [Getting evidence into practice: what works in developing countries?](#)
  5. [World Health Report 2006: Working Together for Health](#)
  6. [World Report on Knowledge for Better Health](#)
- [Other documents from the health systems resource guide](#)
  1. [People first: African solutions to the health worker crisis](#)
  2. [Human resources for health: a gender analysis](#)
  3. [Challenging inequity through health systems: final report of the Knowledge Network on Health Systems](#)
  4. [Fostering disability-inclusive HIV/AIDS programs in northeast India: a participatory](#)

5. [study](#)  
[Understanding and improving access to prompt and effective malaria treatment and care in rural Tanzania: the ACCESS Programme](#)

- [Announcements](#)
- 

## Feature: Meeting the information needs of healthcare providers

Every day, many people living in developing countries die unnecessarily from diseases and illnesses that could be easily prevented and inexpensively treated. One reason for this is that healthcare providers do not have the appropriate information and knowledge to respond safely and effectively to the situation. In many cases the mother, health worker or other carer simply does not know what to do or when and where to seek help.

A healthcare provider refers to anyone responsible for the healthcare of another person at any given moment. This includes family members, caregivers, traditional healers, community health workers, primary and district-level health professionals. Healthcare providers need information that is relevant (e.g. appropriate to the situation and level of available resources, and in a language and format that they can easily understand) and reliable (e.g. based on cumulative scientific evidence/systematic review, without error or bias, and up to date).

There are several barriers to the production and availability of locally relevant and reliable healthcare information. Barriers range from the 10/90 gap in biomedical research, whereby less than 10 per cent of global health research funding is allocated to more than 90 per cent of the global disease burden; weaknesses in the publication, synthesis and communication of original research relevant to developing countries; lack of human and financial resources to combine evidence with local knowledge; and difficulties in making the final product available to the end-user, for example because of costs of postage or lack of internet connectivity.

A key problem is that information delivery is largely research-led and technology-driven. It needs to be more responsive to the actual needs of healthcare providers, but such needs are poorly understood, and nearly all the literature relates to health professionals in developed countries. Health information initiatives that focus specifically on access to scholarly journals have benefited researchers, academics and high-level health professionals; however, more efforts need to be directed towards the needs of healthcare providers, particularly those working in primary and district level health care.

Many thanks to Neil Pakenham-Walsh from the Healthcare Information For All by 2015 campaign, for writing this feature and selecting recommended readings.

Healthcare Information For All by 2015 (HIFA2015) is a new initiative that has engaged professionals from 95 countries worldwide, committed to meeting the information needs of healthcare providers in low-resource settings. HIFA2015 promotes sharing of experience and understanding about information needs and ways of meeting those needs through email discussion groups, HIFA2015 and CHILD2015 (focus on child health).

### For more information see:

- Healthcare Information For All by 2015  
[www.ghi-net.org/campaign/index.asp](http://www.ghi-net.org/campaign/index.asp)

- HIFA2015 foundation document, July 2007  
[www.dgroups.org/groups/hifa2015](http://www.dgroups.org/groups/hifa2015) (click on resources)
- Global Healthcare Information Network  
[www.ghi-net.org](http://www.ghi-net.org)

[Back to list](#)

---

## Recommended readings on meeting the information needs of healthcare providers

### Can we achieve health information for all by 2015?

Authors: F. Godlee; N. Pakenham-Walsh; D. Ncayiyanana; B. Cohen  
Publisher: The Lancet, 2004

This article highlights the lack of progress over the last 10 years in increasing levels of access by health professionals in developing countries to essential health care information. It goes on to outline what action should now be taken to improve this situation, and argues that universal access to health information is necessary if the Millennium Development Goals are to be achieved by 2015.

In 1994, a meeting to review global access to health information concluded that most health professionals in developing countries had inadequate access to information and that the information available to them was often unreliable or irrelevant. At that time there was optimism that the major developments about to take place in information technology would mean that by 2004 this situation would be transformed. However, despite some important progress made, there is little evidence that the majority of health professionals, especially those working in primary health care, are any better informed today than they were 10 years ago.

The article's findings include the following:

- Less than 10 per cent of health research funding is targeted at the health problems that account for 90 per cent of illness globally (known as the "10/90 gap"). This situation is reflected in the type of information that is available, and is the major reason why health professionals in developing countries do not have relevant health information.
- There is a continuing tendency to push information out to health professionals in developing countries rather than responding to their information needs and engaging in an exchange of knowledge with them.
- Most health professionals rely on handbooks and drug formularies rather than journals. Most still prefer print, and the majority either cannot or will not pay for information themselves.
- There are local cycles of information, involving researchers, information providers and practitioners. The most sustainable way to increase access to health information is to fund and support local initiatives which strengthen these cycles.
- Many funding agencies are reluctant to fund projects in the area of health information provision, preferring to fund more "practical" projects.

The authors call on the World Health Organization (WHO) to champion the goal of "access to essential health information for all by 2015". They also call on the WHO to take a lead in setting up an international group, using the model of the Global Fund for AIDS, TB and Malaria, which would establish an overall strategy for achieving this goal and provide funding to local projects in line with this strategy. The article outlines four broad areas where action needs to be taken:

- Ensuring that the majority of health professionals who work in primary and district care have free

access to essential information through strengthening local and regional libraries, publishers and information services

- Improving levels of connection to the internet
- Identifying the reasons why access to information does not necessarily lead to changes in practice, and providing solutions for this
- Improving the reliability, relevance and usefulness of healthcare information.

Available online at: [www.eldis.org/go/topics/resource-guides/health-systems&id=18432&type=Document](http://www.eldis.org/go/topics/resource-guides/health-systems&id=18432&type=Document)

[Back to list](#)

---

### **Effect of a participatory intervention with women's groups on birth outcomes in Nepal: cluster-randomised controlled trial**

Authors: D. S. Manandhar; D. Osrin; H. Standing; A. M. de L. Costello

Publisher: The Lancet, 2004

This article, published in The Lancet, reports on the effects of a community-based participatory intervention to reduce neonatal (newborn) mortality in rural Makwanpur district, Nepal. The intervention was conducted among random clusters or groups of local women. In each cluster, a local female facilitator convened nine group meetings each month. Findings showed that from 2001 to 2003, the neonatal mortality rate was 26.2 per 1000 live births in the intervention groups compared with 36.9 per 1000 in the control clusters. The maternal mortality ratio was 69 per 100,000 live births in the intervention clusters compared with 341 per 100,000 in the controls. Women in the intervention groups were also more likely than those in the control groups to have antenatal care, institutional delivery, trained birth attendance and hygienic care.

The authors conclude that a community-based approach based on local participation can substantially reduce neonatal and maternal mortality in poor and remote communities by enabling changes in home-care practices and care-seeking. They argue that such an intervention has the benefit of being acceptable, sustainable and cost-effective and, with sufficient investment and political commitment, could also be rapidly scaled up. They recommend further research into how to replicate the approach in different settings.

\*This document is reproduced with permission of Elsevier Ltd.

Please note: To read this article, you will first need to register with The Lancet. This process and access to the article is free of charge.

Available online at: [www.eldis.org/go/topics/resource-guides/health-systems&id=18484&type=Document](http://www.eldis.org/go/topics/resource-guides/health-systems&id=18484&type=Document)

[Back to list](#)

---

### **How can we achieve and maintain high-quality performance of health workers in low-resource settings?**

Author: A. K. Rowe; D. de Savigny; C. F. Lanata

Publisher: The Lancet, 2005

This paper, published in the Lancet presents an overview of the issues and evidence about the determinants of health worker performance and strategies for improving it. The paper examines the factors and environments that might influence health worker practices and highlights strategies for improving health-worker performance. It considers which interventions are most effective (or cost effective) and the situations in which a particular intervention should be used.

The paper finds that the dissemination of written guidelines is often ineffective; supervision and audit with feedback is generally effective; and multifaceted interventions might be more effective than single

interventions. It also finds that non-traditional training methods such as computer-based training might be less expensive than, and as effective as, traditional methods. The paper recommends that an international collaborative research agenda should be developed and financed to generate information about the cost and effectiveness of different strategies to improve performance. Also, ministries of health and international organisations should actively help translate research results into action to improve health-worker performance, and thereby improve health.

Please note: To read this article, you will first need to register with The Lancet. This process and access to the article is free of charge.

Available online at: [www.eldis.org/go/topics/resource-guides/health-systems&id=33091&type=Document](http://www.eldis.org/go/topics/resource-guides/health-systems&id=33091&type=Document)

[Back to list](#)

---

### **Getting evidence into practice: what works in developing countries?**

Authors: K. Siddiqi; J. Newell; M. Robinson

Publisher: International Journal for Quality in Health Care, 2005

This paper, published in the International Journal for Quality in Health Care, presents a literature review on the effectiveness of interventions designed to change health-professionals behaviour in order to bring evidence into practice in developing countries. The paper assesses the effectiveness of different types of interventions. It finds that audit and feedback is effective, at least in the short term and when combined with other approaches. Similarly, educational interventions were more effective when designed to address local educational needs and organizational barriers.

The paper concludes that strong evidence exists for the effectiveness of audit and feedback, educational strategies, opinion leaders, educational outreach, and local consensus development in combination with other interventions. However, most of this is based on studies conducted in developed countries. Since such interventions are dependent on local factors, it is desirable to have strong evidence of their effectiveness in developing countries. It recommends that evaluation of tools influencing professional practice, such as audit and feedback, should be a high research priority in developing countries. International institutions with greater experience of health systems where quality assurance is routine should provide technical support to developing countries in conducting such research.

Available online at: [www.eldis.org/go/topics/resource-guides/health-systems&id=33093&type=Document](http://www.eldis.org/go/topics/resource-guides/health-systems&id=33093&type=Document)

[Back to list](#)

---

### **Working together for health: World Health Report 2006**

Publisher: World Health Organization , 2006

The 2006 World Health Report focuses on human resources for health, emphasising how health workers are the heart of health systems. Chapter one provides a global profile of the existing health workforce. Chapter two identifies critical health challenges, how the current workforce is meeting them and ways of improving this. Chapter three examines critical issues in the entry of health workers into the workforce and health training institutions, and chapter four explores how to improve the performance of the workforce. Chapter five considers the various ways in which health workers leave active service, including managing exits in times of shortages, factors that influence exits and strategies for managing them.

The authors outline how the ultimate goal of health workforce strategies is a delivery system that can guarantee universal access to health care and social protection to all. The report argues that there is no global blueprint to

achieving this, but that each country must devise its own, specific plan. Effective workforce strategies must be matched to country-specific situations and based on a social consensus. The document outlines a ten year global plan of action to address the identified challenges: national leadership must focus on planning, education and management, while global solidarity needs to facilitate knowledge and learning, enable policies, as well as critical responses. [adapted from author]

Available online at: [www.eldis.org/go/topics/resource-guides/health-systems&id=22405&type=Document](http://www.eldis.org/go/topics/resource-guides/health-systems&id=22405&type=Document)

[Back to list](#)

---

### **World report on knowledge for better health**

Publisher: World Health Organization , 2004

This World Health Organization report highlights the gap between what is known about health and what is actually being done. It reviews the state of global health research and finds it wanting. Poorly functioning health systems are identified as a key obstacle to health improvement which research has failed to address. The report also draws attention to the continuing 10/90 gap, which sees only 10 per cent of the world's health research budget given to combating problems that affect 90 per cent of the population. Lack of access to basic health information is also cited as a major problem.

The report emphasises the need for better application of scientific research in diverse populations and political and social contexts. It also calls for stronger health systems to meet the challenges of maternal and child health, as well as the growing threat of HIV/AIDS, malaria, tuberculosis and other diseases, both communicable and non-communicable. To achieve this, it advocates more funding and support for health systems research to address the continuing disparities and inequities in access to health care. It also argues that access to reliable, up-to-date health information should be declared a universal right, and calls for renewed commitment to reducing the 10/90 gap.

Available online at: [www.eldis.org/go/topics/resource-guides/health-systems&id=17306&type=Document](http://www.eldis.org/go/topics/resource-guides/health-systems&id=17306&type=Document)

---

## **Other documents from the health systems resource guide**

### **People first: African solutions to the health worker crisis**

Author: S. Hall

Publisher: African Medical and Research Foundation , 2007

This AMREF briefing paper explores different ways of addressing the health worker crisis in Africa. It addresses problems of poor training, motivation and retention of health workers, the lack of skilled health workers in remote and hard to reach areas, and poor community engagement with health systems. The authors argue that to tackle the immediate health worker crisis it is important to find models which can quickly deploy and retain workers and ensure they get appropriate training and support. Responses need to expand the cadres of workers with basic clinical and community health competencies, such as enrolled nurses, clinical officers and community health workers.

The paper recommends that UK and donor governments should increase bilateral and multilateral support to the health sector to allow the rapid scale up of health workers and community health workers. They should also grant African countries greater flexibility to increase investment in scaling up training and support for lower

and middle level cadres of health workers and community health workers. It recommends that African governments should commit 25 per cent of their national budgets to health and conduct comprehensive training needs assessments to determine actual in-country human resources for health needs.

Available online at: [www.eldis.org/go/topics/resource-guides/health-systems&id=32809&type=Document](http://www.eldis.org/go/topics/resource-guides/health-systems&id=32809&type=Document)

[Back to list](#)

---

### **Human resources for health: a gender analysis**

Authors: A. George

Publisher: Women and Gender Equity Knowledge Network, 2007

This paper discusses gender issues manifested within health occupations and across them. It examines gender dynamics in medicine, nursing, community health workers and home carers and explores from a gender perspective issues concerning delegation, migration and violence, which cut across these categories of health workers. Gender plays a critical role in determining the structural location of women and men in the health labour force and their subjective experience of that location. The paper shows that women are overrepresented in caring, informal, part-time, unskilled and unpaid work and within occupations there are significant gender differences in terms of employment security, promotion, remuneration.

The paper concludes that health systems can replicate and exacerbate many of the social inequalities that they are meant to address and be immune from. Health systems rely on a foundation of workers that are often informal, poorly paid or not paid at all, poorly supported and disproportionately female. To reduce gender biases, affirmative action and training measures must be coupled with efforts that qualitatively transform how health work is conceived of and organised, so that the multiple forms of gender bias that act to obscure, devalue and constrain women's contributions to health care are addressed.

Available online at: [www.eldis.org/go/topics/resource-guides/health-systems&id=32946&type=Document](http://www.eldis.org/go/topics/resource-guides/health-systems&id=32946&type=Document)

[Back to list](#)

---

### **Challenging inequity through health systems: final report of the Knowledge Network on Health Systems**

Authors: L. Gilson; J. Doherty; R. Loewenson

Publisher: Commission on Social Determinants of Health, WHO, 2007

The final report of the World Health Organisation's (WHO) Health Systems Knowledge Network looks at how inequity can be addressed through health systems. Key recommendations, primarily aimed at Ministers of Health, government officials and civil society organizations, include the importance of: mobilising intersectoral relationships; facilitating social empowerment; building up universal health coverage, and; strengthening processes of developing and implementing policies. The report also stresses that international actors must support national led health system transformation and action.

The WHO Commission on the Social Determinants of Health concludes that both technical analysis and political commitment are needed to strengthen health systems and address health inequity. Technical analysis can help identify which features of health systems to nurture and protect. Political action and commitment is needed to confront the powerful actors, institutional constraints and socio-cultural norms that act as brakes on health system development for health equity [adapted from author].

Available online at: [www.eldis.org/go/topics/resource-guides/health-systems&id=32922&type=Document](http://www.eldis.org/go/topics/resource-guides/health-systems&id=32922&type=Document)

[Back to list](#)

---

### **Fostering disability-inclusive HIV/AIDS programs in northeast India: a participatory study**

Authors: M. Morrow; M. C. Arunkumar; E. PearceHeather

Publisher: BMC Public Health, 2007

This study, published in BMC Journal, explores HIV risk and risk perception in relation to people with disability (PWD) in northeast India. It aimed to identify HIV-related education and service needs and preferences of PWD; in order to draft practical guidelines for inclusion of disability into HIV programming. The findings revealed that participants believe PWD in these states are potentially vulnerable to HIV transmission due to social exclusion and poverty, lack of knowledge, gender norms and obstacles to accessing HIV programmes. Neither HIV nor disability organisations currently address the risks, needs and preferences of PWD.

The guidelines produced by the study and disseminated to stakeholders emphasise opportunities for taking action with minimal cost and resources. This could include: using the networks and expertise of both HIV and disability sectors; producing HIV material in a variety of formats; and promoting accessibility to mainstream HIV education and services. The human rights obligations and public health benefits of modifying national and state policies and programmes to assist often disadvantaged PWD are also highlighted [adapted from author].

Available online at: [www.eldis.org/go/topics/resource-guides/health-systems&id=32921&type=Document](http://www.eldis.org/go/topics/resource-guides/health-systems&id=32921&type=Document)

[Back to list](#)

---

### **Understanding and improving access to prompt and effective malaria treatment and care in rural Tanzania: the ACCESS Programme**

Authors: M. W. Hetzel; N. Iteba; A. Makemba

Publisher: Malaria Journal, BioMed Central, 2007

This impact evaluation published in Malaria Journal looks at the ACCESS Programme in Tanzania. The programme's strategy is based on a set of integrated malaria interventions, including social marketing for strengthening care seeking at community level, and improving the quality of care at health facilities. It aims to contribute to the development of a more comprehensive access framework and to inform and support public health professionals and policy-makers in the delivery of improved health services.

Baseline data demonstrated heterogeneity in the availability of malaria treatment, unavailability of medicines and treatment providers in certain areas as well as quality problems with regard to drugs and services. This supports the author's original assumption that there are several inter-linked factors influencing access to effective malaria treatment. The evaluation concludes that the comparative advantage of the ACCESS Programme is its combination of multiple interventions on different levels of the health system, including a strong evaluation and research component. With this approach, it is envisaged that the programme can contribute to the wider debate on access to appropriate health care in developing countries [adapted from author].

Available online at: [www.eldis.org/go/topics/resource-guides/health-systems&id=32911&type=Document](http://www.eldis.org/go/topics/resource-guides/health-systems&id=32911&type=Document)

[Back to list](#)

---

## Announcements

### New look Eldis Health, Health Systems and HIV and AIDS Resource Guides

The new look health, health systems and HIV and AIDS resource guides on Eldis, produced by the IDS health & development information team, have recently relaunched. The guides bring together and synthesise high-quality, accessible information on health and development drawn from a diversity of sources.

New features include:

- Improved navigation and more links to related resources in Eldis and elsewhere
- Better channels for users to contribute to the guides
- A more comprehensive list of health and development websites
- Regularly updated health and HIV specific events and announcements including jobs
- New look human resources for health dossier and key issues guides
- Expanded section on the Millennium Development Goals and how they relate to health.

Over the next few months, look out for in-depth coverage of maternal health, health, poverty and vulnerability, sexual and reproductive health, and aid architecture in health.

We are always pleased to hear user feedback about our side, including the recent changes and suggestions for new content for the guide. If you have any comments or would like further information, please contact [r.wolfe@ids.ac.uk](mailto:r.wolfe@ids.ac.uk)

### Conference: 14th Canadian Conference on International Health, Global Change and Health: Who are the Vulnerable?, 4-7 November 2007, Ottawa, Canada

The Canadian Society for International Health and the Canadian Coalition for Global Health Research (CCGHR) announce the 14th Canadian Conference on International Health, to be held November 4-7, 2007 in Ottawa. The theme is "Global Change and Health: Who are the Vulnerable?" The conference will focus on threats to health from changes caused by human activities, factors increasing vulnerability, ways of responding to challenges, and their results.

For more information go to: <http://www.eldis.org/go/topics/resource-guides/health/health-events-and-announcements&id=32327&type=Item>

---

See the complete list of new additions, announcements, job adverts at: <http://www.med.monash.edu.au/spppm/conference/index.html>

The Health Systems Reporter is produced by the IDS Health and Development Information team in collaboration with the DFID Health Resource Centre (HRC) and Eldis.

The IDS Health and Development Information team promotes health and equity in developing countries through the provision of high quality, accessible information to policymakers and practitioners. IDS Health and Development Information currently has three flagship products:

- Health Resource Guide - [www.eldis.org/health](http://www.eldis.org/health)
- Health Systems Resource Guide - [www.eldis.org/healthsystems](http://www.eldis.org/healthsystems)

- HIV and AIDS Resource Guide - [www.eldis.org/hiv aids](http://www.eldis.org/hiv aids)

The HRC provides access to technical assistance and information for the Department for International Development (DFID UK), and its partners, in support of pro-poor health policies as well as health systems, service delivery and public health topics and programmes.

Eldis currently includes descriptions and links to over 4,500 organisations and over 16,000 full-text online documents covering development and environmental issues. It can be searched or browsed free over the Internet.

You are welcome to re-use material from this bulletin on your own website, provided that it is accompanied by an acknowledgement to Eldis and a link to the Eldis website (either to our home page or to the home page of one of our Resource Guides). An alternative way to add Eldis content to your website is by adding one of our [newsfeeds](#).

If you are unable to access any of these materials online and would like to receive a copy of a document as an email attachment, please contact our editor at the email address given below.

Eldis is funded by DFID, Sida, SDC and NORAD, and hosted by the Institute of Development Studies, Sussex, UK.

If you like the Health Systems Reporter, you may also be interested in subscribing to the other Reporters produced by the IDS Health and Development Information Team:

- To subscribe to HIV and AIDS Reporter send an email to [lyris@lyris.ids.ac.uk](mailto:lyris@lyris.ids.ac.uk) with "subscribe eldis-hiv aids FirstName LastName" in the body
- To subscribe to Health Reporter send an email to [lyris@lyris.ids.ac.uk](mailto:lyris@lyris.ids.ac.uk) with "subscribe eldis-health FirstName LastName" in the body

To unsubscribe please send a message to [lyris@lyris.ids.ac.uk](mailto:lyris@lyris.ids.ac.uk) with the subject: unsubscribe eldis-healthsystems

Please forward this email bulletin to colleagues and networks who may be interested.

Contact details:

Rebecca Wolfe  
IDS Health and Development Information Team  
Institute of Development Studies, Sussex  
Brighton BN1 9RE, UK

Email: [r.wolfe@ids.ac.uk](mailto:r.wolfe@ids.ac.uk)  
Tel: 44 1273 877 540  
Fax: 44 1273 621202