

Not Just Quality Information

***HINARI Drives Desirable Change In
Teaching & Research***

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IATUL

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In Brief

- Will try not to repeat what Emily has just said



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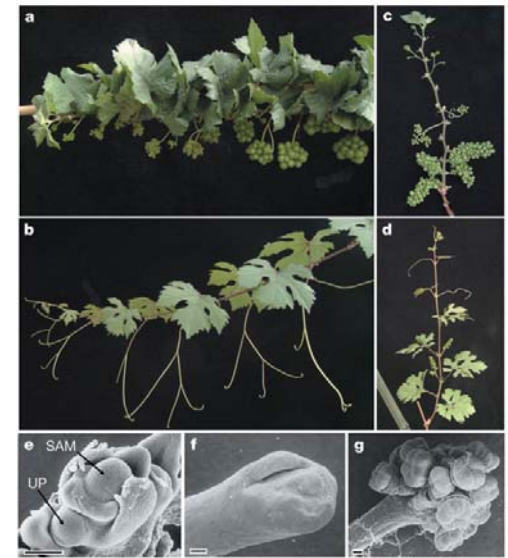
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- Desirable change back at the ranch
- Desirable change out in the field



Some Shorthand

For “HINARI”, please read

HINARI

AGORA

OARE

Why Get Involved In Development Issues?

- Publishers are as hungry for readers as authors, and as sensitive to real need
- We have assets that can make a real difference
- Senior individuals within the company
- The PR benefits are close matches to our markets and priorities

Why Jump Into HINARI in Particular?

- It's a great idea

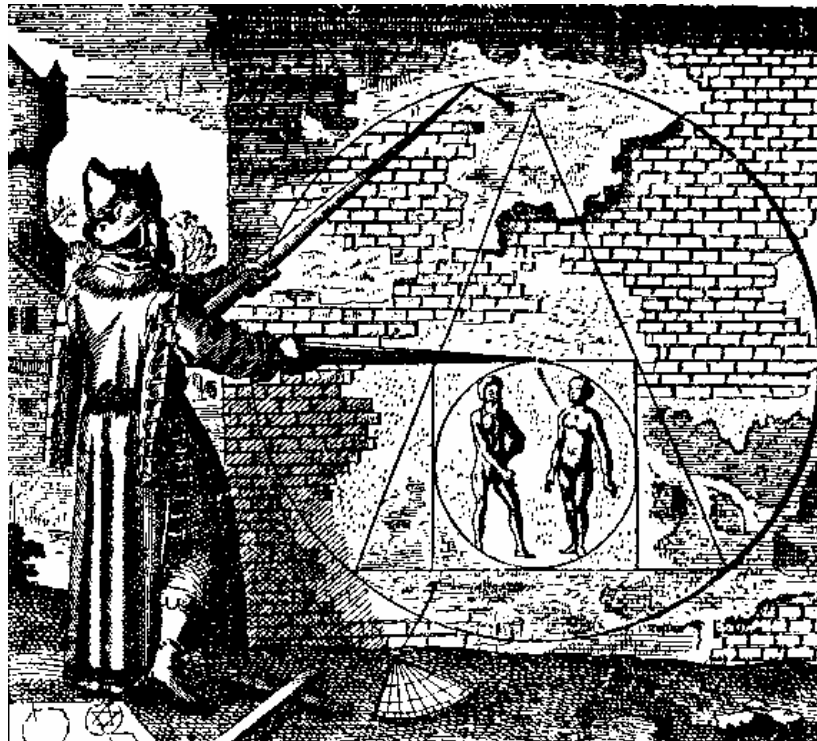


It Conforms To The Helpfulness Principle

- Give developing world libraries what they ask for
- Not what it's easy for you to give

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- Its underlying philosophy fits with our business outlook



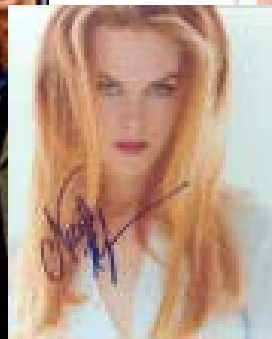
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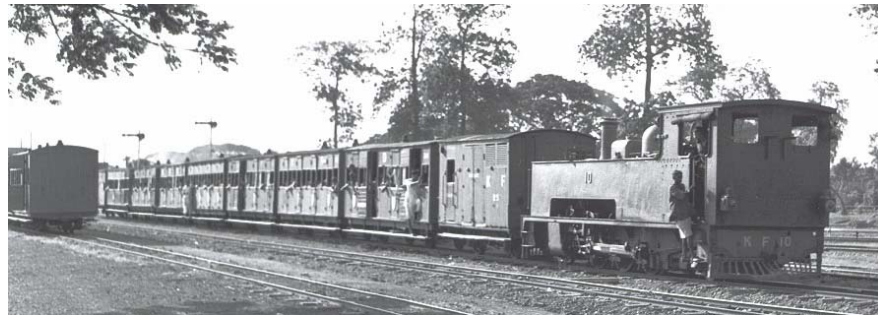
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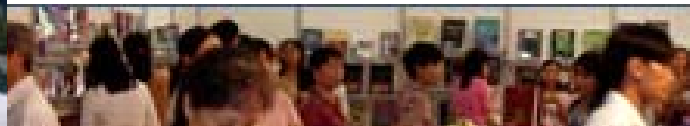
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- It's a great idea
- Its underlying philosophy fits with our business outlook
- The UN involvement gives authority and assurance
- The level of publisher involvement gives reassurance
- From the start it looked like it might actually work
- Very little additional work to implement

Does It Work In Elsevier ?



Does It Work In The Field ?



Some Problems Related to Internet Access

- University infrastructure – students and lecturers
- Research proposals often weak, including inadequate literature reviews
- Difficulty in getting research findings published, reducing the capacity to share important findings
- Acceptance of new and important interventions slow since program managers did not have access to relevant information



Three Quick Case Studies



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Case Study 1: Oral Rehydration Therapy

- Early research published in 1949 followed by a few articles in the 1950's and 1960's
- Major landmark studies appeared in the 1970's
- Important global program initiatives by WHO, UNICEF and others began in the late 1970's and early 1980's
- Slow acceptance by many developing countries with incorporation into national programs during the 1980's and 1990's

Approximate Timeline: 40 years

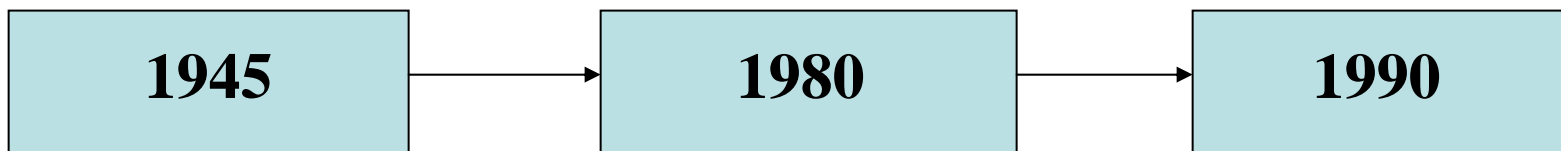




Case Study 2: Pneumonia in Children

- Antibiotics became available for treatment of pneumonia in the 1940's, but appropriate use in rural areas of the developing world was limited
- In the late 1960's and early 1970's studies demonstrated that community health workers could diagnose and treat pneumonia in children
- Acceptance was slow by professionals, in spite of increasing evidence of the effectiveness of these community-based programs by the mid-1980's
- Inclusion of community-based programs to diagnose and treat pneumonia as part of WHO and UNICEF priorities occurred in the late 1980's
- By the 1990's, most developing countries were including these programs as part of their primary health care efforts

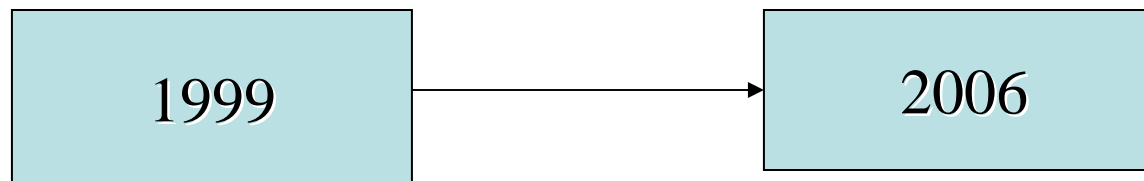
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Case Study 3: Neonatal Care

- Newborn care interventions not a major part of programs recommended by WHO and UNICEF for developing countries up through the 1990's
- 1999: a study in *The Lancet* showed at least a 60% reduction of newborn deaths using village health workers to deliver essential newborn care and in 2000 and a major international initiative called Saving Newborn Lives began
- 2000-2005 Saving Newborn Lives was implemented in a number of developing countries
- 2005: two publications went online, a follow up of the original 1999 study and a major *Lancet* publication focusing on newborn health
- 2005-2006: WHO, UNICEF and other international agencies, along with ministries of health in developing countries are initiating multiple new programs in newborn care

Approximate Timeline: 7 years

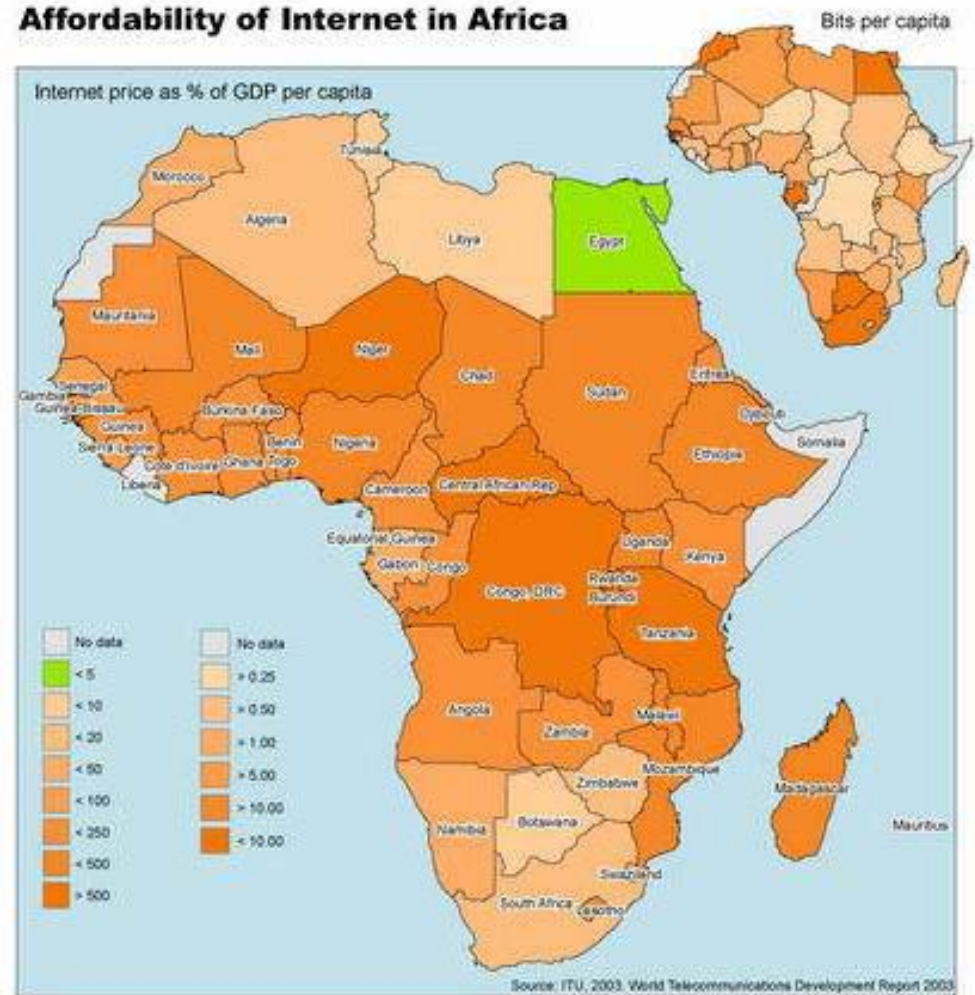


Desirable Change

- Evidence-based interventions and programmes
- Connection to the wider scientific community
- Quality research, access to funding
- Information-led quality teaching
- Recognition of the importance of information services
- Stemming the brain drain
- Better internet access
- Economic growth and stability



Affordability of Internet in Africa



Thank You

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