

The international newsletter on implementing primary health care

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**Challenges
for the new
century**



Confident and flexible staff are vital in any health system.

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Women waiting patiently to be seen by health workers. Will the new century bring improvements in health services?

Cover photo: Sean Sprague/Panos Pictures

New century, new challenges?

The 20th century has seen the greatest medical advances in history, reflected in healthier populations and rising life expectancy. Many of these advances have yet to reach the world's poorest people. The 21st century will bring new health challenges.

This issue of *Health Action* looks at a few of the many challenges, their likely impact on health workers and how they might be met. What may surprise some readers is that many challenges do not involve medical advances. Rather, they are concerned with adapting health systems to cope with new developments (for example, demographic changes, non-communicable diseases) and finding new ways of working effectively.

The overview article by Dr Wolfgang Bichmann looks back over the last three decades and forwards to the future. Dr Bichmann outlines five specific challenges:

- ◆ tackling continuing problems
- ◆ developing systems based on the principles of equity and sustainability
- ◆ investing in people
- ◆ developing quality standards
- ◆ developing a societal approach.

We also look briefly at a new challenge – the health needs of the growing numbers of elderly people worldwide.

Dr Bichmann's overview points out that, despite significant advances, there still remains 'the unresolved agenda' from Alma Ata – providing good primary health care to the poorest and most vulnerable people. This challenge was the inspiration for the establishment of the Appropriate Health Resources and Technologies Action Group (AHRTAG) in 1977. On its 21st anniversary in 1998, AHRTAG changed its name to Healthlink Worldwide to better reflect the scope of its work.

The most important element in any health system is ensuring that there are sufficient numbers of skilled, confident and flexible health workers appropriately employed. Some of the challenges involved in achieving this ideal are covered in Tim Martineau's article on the likely impact of health sector reforms on health staff and the changing role of district managers.

Developing effective partnerships is another challenge. Many developing country organisations are already involved in collaborative partnerships with external organisations – a trend that is likely to increase over the coming decade. Dr Sidney Ndeki considers the challenges of greater collaboration between non-government organisations (NGOs) and governments. Dr Ali Arsalo outlines how a logical framework approach can be used to involve local stakeholders in planning, monitoring and evaluation.

The information gap between the richer North and poorer South has long been a challenge. The development of electronic communications has the capacity to bridge this gap by enabling rapid and low-cost communications between information providers and researchers around the world. The article by Barbara Kirsop of the Electronic Publishing Trust demonstrates some of the ways in which developing country health and scientific researchers can get on-line and the enormous potential for further development.

Soon you will be seeing changes in the design and content of *Health Action*, although the name will remain. Instead, *Health Action* will become part of our new programme, Information for District Health Action (IDHA) – see page 3 for more details. Thanks to all readers for your past support which we hope will continue in the future.

Feedback...

More than reassurance

Like many readers, I am interested in people with mental illnesses. In issue 18, Mwiinga Laureinsee from Zambia says that health workers should use reassurance to help people with mental confusion. This is certainly true. However, workers also need to fully involve family and community members who take care of the mentally ill person. They need to learn how to live harmoniously with the person, and to avoid provoking them, in order to help them cope with their illness. Practical help, such as occupational and behavioural therapies, can help them deal with their fantasies and hallucinations.

Charles P M Chinguille, St Benedict's Hospital, PO Box 1003, Ndanda via Mtwara, Tanzania.

Empowering community health education

I am a trained social worker, nurse-midwife and health educator, working as a field worker training and supervising community-based health activities. We aim to empower communities to:

- ◆ identify and prioritise their health problems
- ◆ look for solutions and begin to put them into practice.

Our project has trained community health volunteers who work directly with villagers. This means living in the village and learning the routines of village life including workloads, health behaviours, food preparation, birth procedures and women's lives. Only when volunteers understand how and why something is done, and what people's needs are, can they provide training to help people improve their lives. This training has included:

- ◆ preparing healthy diets using locally grown food
- ◆ maintaining vegetable gardens
- ◆ keeping poultry and animals
- ◆ conserving water
- ◆ constructing and maintaining latrines
- ◆ using free time in sports, education, etc.

Margaret Mshana, Public Health Project, PO Box 1515, Moshi, Tanzania.

Supporting oral health

Educating children in health issues is vital if the nation's health is eventually to improve. We began our project on oral health in April 1998. The project was started by European dental nurses but is

About IDHA

IDHA stands for Information for District Health Action and is a new programme from Healthlink Worldwide. *Health Action's* reader survey of 1998 provided valuable information about our readers. We discovered that the majority were health managers, with 87 per cent supervising other staff. The survey also showed that there were huge needs for information on all aspects of health management. IDHA aims to help to fill this information gap by providing practical and appropriate material aimed at health managers and other key workers at district level in sub-Saharan Africa.

IDHA will ensure that information is appropriate, timely and effective by:

- ◆ identifying topics and themes that are relevant to district management and where few information resources are available
- ◆ developing, adapting and publishing practical information on these topics and themes, and distributing it to our target audience. Information will be presented through *Health Action* and other publications produced in cooperation with partners
- ◆ building links with partners in developing countries, including governments and NGOs, and relevant organisations in Western countries, especially academic institutes, donors and other NGOs.

Future themes to be tackled by IDHA include *Action against tuberculosis*, *Transport for health* and *Involving communities*. We welcome reader's suggestions on themes and topics, as well as recommended materials that readers' have found useful in their work or in training others.

For further information about IDHA, please contact Healthlink Worldwide.

now run by local people. The objective is to raise oral health awareness for children, adolescents, pregnant women and eventually the whole population. Since children are most vulnerable to dental decay, our first priority was given to schools, particularly primary schools.

In the first few months we visited 23 primary schools, reaching thousands of children. We cover topics as wide-ranging as functions of the teeth, causes and prevention of dental decay, proper methods of brushing and harmful taboos and superstitions. To interest the children we use posters, puppets and models. We even bring tooth brushes into school. We have had enthusiastic responses from children, teachers and principals and look forward to further work.

Ebrima Ceesay, PO Box 430, Serekunda, The Gambia.

Supporting rural health

I have worked in human resources for the Manipur state government for five years. Manipur is a remote, rural state with varied cultures and religions. My job is to review existing health staff allocations and propose a more even spread of staff throughout the state and between different facilities (district and specialist hospitals and health centres).

Most doctors do not wish to work in rural areas, preferring the urban areas, especially the capital which has the best hospital and other facilities. Facilities in rural areas are much poorer and there are security problems in some districts. The

government provides an incentive for doctors to work in rural areas by recommending them for post-graduate studies. However, further action is needed. Here are some suggestions:

- ◆ The Director of Health Services should be given full administrative power to transfer government doctors to rural areas as needed.
- ◆ Better facilities should be provided in rural areas, including better living conditions for staff.
- ◆ Staff posted to rural areas should be provided with extra allowances and incentives.
- ◆ There should be greater sharing of experiences between developing countries on supporting better primary health care in rural areas.

Dr Ngangom Chaoba Singh, Additional Director (Manpower Development), Thangmeiband Yunnan Leikai, PO Imphal, Manipur 795 004, India.

Reader's challenge

What do you think are the major health challenges for the 21st century and how can we aim to meet them?

Send your answers to:

*Health Action
Healthlink Worldwide
(formerly AHRTAG)
Farringdon Point
29-35 Farringdon Road
London EC1M 3JB, UK
E-mail: info@healthlink.org.uk*



Towards the 21st century

Dr Wolfgang Bichmann looks at the needs for health sector development in the new century.

Remember the famous watchwords that came from the Alma Ata conference in 1978: 'Health for All by the Year 2000'. As the 20th century vanishes, we can see that this noble aim is far from being achieved.

Despite this we can look back on many achievements in world health during the last 30 years. Many achievements are reflected in positive indicators, such as falling infant mortality rates, falling fertility rates and rising life expectancy at birth. These changes have occurred across the world. Nevertheless, these signs of progress often hide the huge inequalities in health found in many regions and countries.

Each decade has followed specific themes in health development:

- ◆ **The 1970s** were characterised by the search for more effective health care delivery systems focusing on preventive measures. This led to the World Health Organization's (WHO) concept of primary health care (PHC), which was later adopted worldwide
- ◆ **The 1980s** saw the rapid development of health economics, in part because of growing concern about lack of resources in many countries, together with unsustainable systems. The emphasis on sustainable health care systems led to a pronounced focus on cost-effective and essential service packages, eventually documented in the World Bank's 1993 *World Development Report*
- ◆ **The 1990s** may be described as the decade of health sector reform (HSR), an attempt to re-structure health service delivery systems, financing and quality control systems at national level. HSR focuses on decentralising decision-making, involving stakeholders and keeping costs within agreed limits. HSR was promoted as a common theme in countries with completely different social, economic and political systems, including developing countries, emerging market economies of the former Soviet bloc and developed market economies.

A general lesson that arises from all these experiences is that health systems are part

of the overall society. Planned radical changes need to be prepared through smaller, more gradual changes in the legal, administrative and economic systems governing civil society. This lesson must be given much greater attention when new policies are proposed.



Milestones in health...

Top: Eradicating smallpox.

Right: Researching infectious diseases.

Lower right: Testing for malaria.

Below: Disseminating ORT.

What then could be the agenda for the next decade the first of the new century?

1 Tackling continuing problems The language and slogans have changed, but the underlying issues of the past 30 years 'the unresolved agenda' are still relevant. They will certainly stay on the agenda as issues to be tackled. The PHC approach has:

- ◆ greatly improved access to services
- ◆ facilitated the integration of preventive, promotive and basic curative services
- ◆ focused on reaching the vulnerable poorer groups in society, particularly through appropriate mother and child health services.



Photos by T S Satyan, Chevalier, R Da Silva, Nikonrat/WHO

The concept of District Health System Development highlighted the need for local needs assessment and planning as well as for a workable supervisory and referral system which would provide access to secondary care facilities. But progress has been limited and uneven – much more needs to be achieved in all these areas.

2 Developing health systems How to develop health systems based on the principles of both equity and sustainability remains one of the highest priority issues. Some countries are exploring new financing mechanisms that link budget provision with various community financing approaches, including fee-based revolving funds as well as local risk-sharing schemes. Lessons have been learned on the need for flexible systems that provide solutions adapted to the local socio-economic and cultural context of health service users (health behaviour) as well as of providers (professional standards). To achieve further improvements, it will be essential to:

- ◆ continue the decentralisation of budgets and decision-making
- ◆ develop quality assurance mechanisms which take into account the needs of users, cost-effectiveness and the adaptation of existing standards and norms.

3 Investing in people There will be a continuing need to invest in developing people ('human resources'), both health workers and health service users. Health workers will need improved training in counselling techniques, communication skills and ethics. Health service users (consumers) need increased opportunities for participation through improved information and greater choices of services and providers, in part through the development of appropriate laws and standards.

4 Developing quality standards Worldwide, medical techniques continue to improve. Yet, in most countries, the development of integrated reproductive and sexual health services within existing PHC packages has not reached the minimum standards required. Newly developed vaccines may lead to improved prevention or protection against communicable and childhood diseases (particularly diarrhoeal diseases and acute respiratory infections), but service provision will remain dependent on

adequate financing as well as on health workers' communication skills. Likewise, there needs to be greater stress on:

- ◆ improved quality standards in curative care, including better hygiene standards
- ◆ introduction of new and less invasive technical methods in referral hospitals
- ◆ improved services for people with mental health problems.

5 Developing a societal approach There is a need for renewed support for research on more fundamental issues, such as the impact of alternative development approaches, once at the basis of the development of PHC policy. This is especially so, given the importance of changes in the overall social, economic and cultural systems, including the revolution in access to information through electronic media. Such changes seem to have had at least as much influence on health status (as measured by indicators such as falling infant and maternal

mortality) and on health behaviours as have improvements in health systems.

During the 1990s, health sector reforms have focused on structural and administrative changes, the introduction of new financing systems and the achievement of greater efficiency. Important as these issues are, the new century requires changes that go far beyond improving existing systems. After all, public health professionals, whether specialists or general practitioners, should always remember that any planned changes in health systems need to result in real improvements in health, especially of the poorest and most vulnerable groups.

*Dr Wolfgang Bichmann, Kreditstadt für Wiederaufbau (German Development Bank), Palmengartenstraße 5-9, 60325 Frankfurt am Main, Germany.
Fax: +49 69 74 312944
E-mail: Wolfgang.Bichmann@kfw.de*

The new challenge of reaching old age

In the past, only a small number of people survived to old age. In the 20th century, better living conditions, access to clean water, good food and improved medical care mean more people survive childhood, while birth rates have fallen. Today, for the first time, most people can expect to survive into old age.

In 1998 there were an estimated 580 million people worldwide over 60 years of age, with 355 million (61 per cent) living in developing countries. These numbers are expected to double in the next 30 years. Recent years have seen lower life expectancy in some African countries because of deaths from HIV-related illnesses. However, most deaths have affected young adults so the numbers of older people continues to rise.

As more people live longer, disease patterns change. More people are affected by chronic conditions such as diabetes, heart problems, cancers and mental health problems as well as conditions specifically related to old age – worsening eyesight, hearing, speech and movement.

Most older people are women; many are widows. Although they are likely to live longer than men, inadequate nutrition,

lack of education and low social status mean that women are more likely to experience poverty, poor health and disability in old age.

The growing numbers of older people present new challenges for national planners and district managers. Many indicators focus on children and young women (for example, improving infant and child survival rates, lowering maternal mortality). Few plans or services include the health needs of older people.

Some people might say that health care is wasted upon older people. This undervalues their contribution to society. Most older people continue to work, whether at home, on a family farm or in a business, or for wages. Increasing numbers support grandchildren orphaned by AIDS.

Appropriate support and treatment in the community can help older people to maintain mobility, hearing, eyesight and general good health. How to provide such care presents a 21st century challenge for health managers.

Further information: CBR News 30, 'Active old age' (see page 12).

Supporting staff strengths

Tim Martineau looks at the impact of reforms on human resources for district managers.

The impact of various health reforms that are taking place in many countries is frequently discussed in *Health Action*. Some of the most profound changes will be felt by staff at all levels of the health services. Staff, often referred to as 'human resources', are the single most important input into the health services and certainly the largest single cost item.

Mid-level managers, those at district level or managers of hospitals, manage staff on a day-to-day basis. They must deal with the consequences of the impact of reforms on staff. They may be able to take advantage of reforms to improve their staffing situation. Yet mid-level managers often feel that they have been left out of the decision-making process regarding the reforms. As a result they may fail to positively manage the impact on services.

The key to successful management is to try to understand the likely impact of reforms on staff, then go on to tackle threats and exploit opportunities.

Impact on human resources

Different types of reforms will impact on staff in different ways:

Types and numbers of staff If the type of service provided is being changed, staff members may need a different mixture of skills to deliver the new services. For example, a multi-purpose health professional might be used to providing

the 'essential health packages', promoted by some health reforms. On the other hand, reforms may aim to reduce the total numbers of staff, in order to cut the costs of health care.

Levels of staff management Reforms may shift the level at which decisions about staff are made downwards to districts or to larger hospitals. Managers may become responsible for hiring and firing staff, for monitoring staff performance and decisions about promotion.

Conditions of service Reforms may mean that staff may no longer be employed by one unified structure, with uniform pay and conditions. Instead they may have different employers such as local councils, an independent national health service, or autonomous districts or hospitals, each with its own pay and conditions. This may mean that it is difficult for staff to follow consistent career structures, although it may also offer new career opportunities for some staff.

Change brings both threats and opportunities. These will be perceived differently depending on the viewpoint of the person involved. The following paragraphs adopt the viewpoint of a district manager. In an organisation where both staff and managers are working towards the same goal – in this case provision of effective health care – the basic viewpoints of managers and staff may be similar.

Some important opportunities and threats are described below.

Opportunities

Appropriate staffing Reforms may give more freedom to managers to make decisions about types and numbers of staff. Such decisions may involve using more of certain types of staff skills and less of others or allocating staff to different locations. However, there are usually limits on decision-making; the mix of professional staffing may still be covered by national guidelines. Managers may have the authority to change the salary to non-salary proportions of their budget to ensure that greater funds are made available to provide services.

Performance management At the hiring stage, managers can select staff according to their suitability for the job. With more control over budgets and staffing, managers may be able to reward better performing staff and ensure that staff who are not up to standard get appropriate support to enable them to improve. If a staff member consistently fails to reach acceptable standards, managers may decide not to renew their fixed-term contract or transfer them elsewhere, or, in extreme cases, to fire them.

Threats

Staff resistance to change In general, staff members prefer the known to the unknown. Change brings doubts and uncertainty. Unless staff members can see and understand clear reasons for reforms, and feel that their circumstances will not worsen, they are unlikely to support change. Without staff support, the changes cannot be successful.

Poor leadership Staff members may be prepared to go along with change as long as they have confidence in the ability of their leaders to manage the changes successfully. To provide convincing leadership, managers must appreciate the concerns of their staff and be informed about the reforms process at higher levels. Where the impact of the reforms is likely to seriously damage staff morale, managers should take appropriate action to inform the next level of management.



District managers may become responsible for planning staff allocation.

Political interference When health systems are decentralised, there may be situations in which local politicians interfere in staff recruitment, selection and promotion. This may spoil attempts at performance management. Managers should try to find ways to reduce such outside influence, the first step being to acknowledge the problem.

Difficulty of attracting staff Without a centralised system for allocating staff, remoter districts or institutions may find it difficult to attract or retain staff. This could impact on equity-related reform objectives. Managers from neighbouring districts may need to pool resources in order to attract staff. Managers may need to adopt special measures to retain key staff. If financial incentives are not possible, they may consider improving other aspects of employment – such as improving accommodation, providing occasional transport, or extra training and career opportunities.

Action points

It is not possible to prescribe ways for managers to use reforms to support staff while providing an improved service, as each situation is different. However, the following suggestions may help managers get on the right track and be more confident about getting the best out of change.

- 1 Find out as much as you can about the objectives and content of reforms.
- 2 Keep staff members informed as well as you are able.
- 3 Identify the likely impact of reforms on staff, especially the key opportunities and threats.
- 4 Work with other managers and staff members to make the best of the opportunities and to minimise the impact of the threats.
- 5 Use key indicators to identify impact (positive and negative) of the reforms on staff. 'Hard data' could be obtained on vacancy levels (type, level and

geographical), staff turnover, regular payment of salaries and allowances and any industrial action by staff. 'Soft data' could be obtained on staff morale by listening to staff comments about job satisfaction, conditions of service, and other aspects of work.

At times, mid-level managers may feel very remote from the people who make decisions about reforms. Nevertheless, they may be able to play an important role in managing the impact of reforms on staff if they can identify potential problems and spot the opportunities. This can support better, more efficient health services while also enabling managers to provide an opportunity to deal with long-standing staff problems.

*Tim Martineau, Lecturer in Human Resource Management, Liverpool School of Tropical Medicine, Pembroke Place, Liverpool L3 5OA, UK.
E-mail: T.Martineau@liv.ac.uk*



Crispin Hughes/Panos Pictures

Managers can help to improve conditions for staff by providing them with extra training or career opportunities.

Building better partnerships

Dr Sidney Ndeki looks at the challenges and problems of greater collaboration.

The 21st century will need even greater collaboration in public health among non-governmental organisations (NGOs) and between NGOs and governments.

There are at least five reasons why collaboration is becoming an increasingly important practice. Collaboration:

- ◆ enhances the effectiveness of health programmes
- ◆ increases efficiency of, and decreases duplication in, health programmes
- ◆ facilitates exchanges of learning
- ◆ stimulates a common focus and direction for health programmes
- ◆ increases understanding of those served by public health programmes.

However, there are many obstacles to collaboration. NGOs are very diverse. Although this is often seen as one of their strengths, it means that collaboration can be difficult. Better-resourced NGOs may not be willing to collaborate with others with less resources. Equally, some smaller NGOs tend to focus only on their particular area of expertise, sometimes in isolation. The diversity of NGO activities can also be a barrier to collaboration. Some NGOs focus on curative work; others on prevention. Some provide services; others focus on training.

A major obstacle to collaboration between NGOs and governments is the issue of accountability. NGOs are accountable to the organisations, usually in Western countries, that provide funding for their activities, but they may not be accountable to the national government or to the community in which they work. NGO autonomy may lead to a belief that they do not need to link with local partners. Good systems of accountability can create links that lead to collaboration.

Coupled to accountability is the issue of funding. Governments and other NGOs not receiving funding from external sources can find it difficult to collaborate with funded NGOs. Governments may not know the conditions attached to the external funding. Channelling funds through coordinating bodies might lead to better organisational links. However, smaller NGOs may complain about how the money is handled and distributed. Care needs to be

taken to ensure that coordinating bodies are credible to other NGOs and to the national government.

Governments find it easy to collaborate with NGOs when they offer strong comparative advantage. For example, health staff in the public sector are not motivated towards working in rural areas. District hospitals run by NGOs may work better in these areas. In this way, complementary activities lead to closer collaboration.

Policy development

Another area where collaboration could occur – but often does not – is in policy work. This is a weak area for developing country NGOs. Yet there are increasing opportunities for NGOs to be involved in policy development and to work with government. We need more involvement of NGOs in policy development. Similarly, government should be much more open to NGO ideas and influences. It is one thing to write a policy. It is another thing to implement it. Involving NGOs in policy-making is very important to encourage implementation.

There are four main arguments for NGO involvement – social, economic, political and cultural. The social argument presents NGOs as closer to the people and more concerned with equity issues. The economic argument identifies NGOs as

more efficient. The political argument points out that NGOs are likely to survive even when problems occur with governments. The cultural argument suggests that NGOs are more sensitive to the communities in which they work and more likely to identify appropriate approaches.

NGOs need support and skills training in areas around advocacy and negotiating collaborative agreements with governments.

Overcoming prejudices and reluctance to work together is a big challenge. It needs to be dealt with at all levels, whether the collaboration is between NGOs within a country, between NGOs in developing and industrialised countries or between all types of NGOs and government. Openness to each other is very important in overcoming barriers to collaboration. Encouraging dialogue leads to more awareness that collaboration will achieve better results.

Dr Sidney Ndeki, Principal, Centre for Educational Development in Health, Arusha (CEDHA), PO Box 1162, Arusha, Tanzania. Fax: +255 57 4327 E-mail: cedhatz@habari.co.tz CEDHA is a Ministry of Health training institute that regularly collaborates with NGOs and has worked in partnership with Healthlink Worldwide for ten years.



Staff and advisers from CEDHA and Healthlink Worldwide discuss collaboration. (Dr Ndeki is at the far left.)

Partners in planning

Logical framework approaches can be an excellent partnership planning tool, says Dr Ali Arsallo.

Very often planning efforts to develop basic health services do not lead to sustainable results.

One of the underlying causes is that local people have not participated in project planning and therefore their real needs are not understood, nor do they become part of the project objectives.

The logical framework approach (LFA) can be used for planning, monitoring and evaluation. However, it is much more than just a planning method. If used correctly, the LFA becomes a way of thinking and acting which reconciles the needs of local stakeholders with the specific problems of the environment in which the project will take place. LFAs have been used successfully in NGO projects, as well as larger district or regional level programmes, in countries as different as Namibia, Russia, Senegal and Vietnam.

The LFA is based on identifying and logically analysing the elements, correlation and sequences of the different internal and external factors that exist in any intervention aiming at development. An LFA uses a special 4x4 matrix (the logical framework – LF) to present basic and relevant elements in a concise way (see figure below).

If slightly extended, the basic matrix can be used as a more detailed planning and management tool to define

partnership activities. Once activities have been identified, partners can:

- ◆ estimate inputs needed
- ◆ draw up timetables and priorities
- ◆ allocate responsibilities
- ◆ identify the conditions that must be in place before the project goes ahead.

Using an LF, the project beneficiaries are represented by the **purpose** and **overall objective(s)**, which are based on careful analysis of the problems and needs of the beneficiaries. The **results** and the **activities** represent the project itself, including the resources and interests of the donors. The LF also takes account of important factors (**assumptions and risks**) that are not within the scope or control of the project but which can affect the outcome of the project.

The LF should be understood as a tool containing necessary and relevant information. The LFA is a comprehensive approach, in which the main focus is on sustainability through the participation of all relevant stakeholders. The LFA includes setting of objectives based on identifying and analysing problems. It also means that there cannot be conflicting values between stakeholders. Therefore, the interests of the donor or individuals cannot override those of the partner organisation. The LFA includes procedures and methodologies through

which stakeholders find the information needed to fill in the LF matrix.

The key elements of the LFA are:

- ◆ **stakeholders** (partners, donors, beneficiaries)
- ◆ **a participatory approach**
- ◆ **beneficiaries** (those whom the project aims to help)
- ◆ orientation to **objectives** which are based on
- ◆ **analysis** of the problems of the beneficiaries.

An LFA is based on two principles:

- ◆ Local stakeholders know their own conditions, real needs and other relevant factors better than any outsider.
- ◆ Everyone has a valuable contribution to make to the project planning process. An LFA can help to shift the focus away from activities, which have often been based on the ideas of outsiders, onto the needs of main beneficiaries.

The LFA can be applied to any kind of intervention that has developmental aspects or aims at improving something. It is sometimes difficult and may need extra work or training. However, it can be a very useful tool, especially for developing common aims among different stakeholders or an overall direction and strategy for the project. At the same time, LFA presents a major challenge to donors – to change from traditional donor-driven activities towards real understanding of local needs and empowerment of beneficiaries. The fundamental question for all participants is: Whose needs really count?

The LFA is especially useful for NGOs working for primary health care, basic social services or health education, particularly in remote or neglected areas where the local stakeholders need genuine empowerment. Stakeholder contribution is essential for the relevance and rationale of the planned project, while the LFA can also support their commitment and ownership of the project. These are all vital factors in making the project sustainable.

Dr Ali Arsallo, Programme Coordinator, Health and Social Sector Support Programme in Namibia, Bilateral Development Cooperation between the Governments of Finland and Namibia. Contact Dr Arsallo through HEDEC, PO Box 220, 00531 Helsinki, Finland. Fax: +358 9 39671 E-mail: irjali.arsalo@pp.inet.fi

For Dr Arsallo's complete article, with a fuller account of logical frameworks, please write to Healthlink Worldwide.

The logical framework matrix

Hierarchy of objectives	Indicators	Sources of verification	Assumptions and risks
Overall objective(s)			
Purpose			
Results			
Activities			

World Wide Web or World Wide Wait?

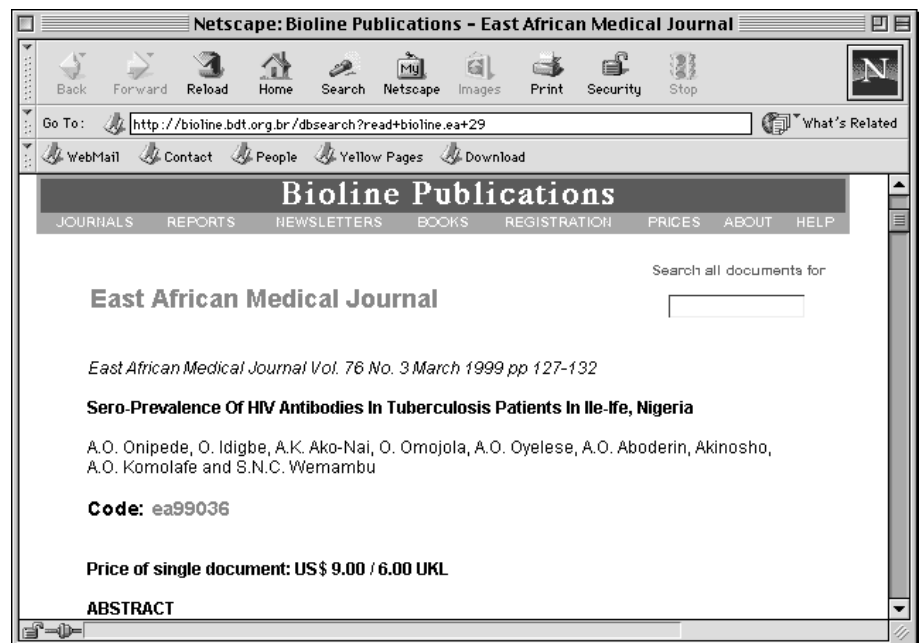
Barbara Kirsop considers how electronic communication could support health workers in developing countries and help to bridge the North-South information gap.

Electronic communications through the Internet and the World Wide Web provide access to a vast global information resource. Access to information could help transform lives and support better health for many people.

However, such access is still limited in many areas. In 1998, it was estimated that only 700,000 Africans used electronic communications technology, with about half based in South Africa. Although the number of users is growing steadily, it is still small compared to the estimated 75 million people from Western countries who are regularly 'on-line'.

Many people argue that the current limited access means there is little point in further transferring electronic communications technology to developing countries. Others take a more positive approach. They aim to increase access to technology as well as changing attitudes. Rather than sentencing developing countries to a 'World Wide Wait', they believe that transferring technology immediately allows for the development of centres of expertise and small expert groups of Web-literate people. These groups will be in place to support more widespread development as soon as circumstances allow.

Major programmes are underway in many countries. It is important that local



An electronic layout on a computer screen.

organisations begin to learn the technology and organise access at a national level.

Electronic technology has the potential to transfer scientific and medical information and knowledge:

- ◆ from richer countries to developing countries ('North-South transfer')
- ◆ from developing countries to richer countries ('South-North transfer')

◆ within and between developing countries ('South-South transfer'). The information and communication needs in developing countries are increasingly recognised by many organisations. Many agencies now give priority to developing the infrastructure needed to support electronic networks (such as electricity and telephone systems). There are already centres in all developing countries with access to the Internet and where staff are Web-literate.

Such centres could act as cyberlabs, cyberoffices or cyberhospitals where other organisations and individuals can use their facilities and where training in electronic technology can be provided. Such developments require national organisation and collaboration, and the establishment of government policies and electronic networks. This is already happening in some countries and using these methods the North-South information gap can be bridged step-by-step.

The South-North knowledge gap also exists. In disciplines where a worldwide picture is essential (such as tropical diseases, epidemiology, emerging infectious diseases etc.), much of the scientific research generated in

Definitions

Cyber The electronic domain (world) for communications via computers. Today, it is often used as a prefix to refer to any electronic communication activity (e.g. a cyber cafe is one where people can use the Internet and socialise).

Internet Worldwide computer network that joins other computer networks together (e.g. networks providing services to government, educational institutes and NGOs). The Internet allows access to a vast range of information worldwide, and provides a cooperative environment for discussion, sharing of ideas and research.

World Wide Web A popular way to present and access information through the Internet, through using a common communications system known as a hypertext transfer protocol (http), through linked websites.

Website A computer (known as a server) that displays 'pages' of information on the Internet. The first page of a website is often called a home page. Many websites are linked to other relevant websites through the http system, allowing users to move around from one site to another.

E-mail The electronic equivalent of conventional paper mail; sending messages electronically from one e-mail address on a computer to electronic mail-boxes on other computers. Material sent by e-mail includes written text, graphics, data files and software programmes. E-mail is a fast and cheap way of communicating over long distances.

developing countries is 'invisible' – unpublished and unacknowledged. Scientists find difficulties in publishing their work in established Western scientific journals, while national or regional journals have limited international circulation. Researchers become isolated and unable to contribute to the global debate.

All academic disciplines depend on a strong research base. In medicine, universities, hospitals and other health institutions are instrumental in passing along information to front-line workers through teaching at the local level and by providing books, leaflets and manuals on specific topics. The publication of locally generated medical research helps to raise the level of medical practice in the country. Publishers do not need access to the Internet themselves if they establish partnerships with on-line distributors.

Electronic publishing

Electronic publishing (text and images formatted for presentation on the World Wide Web and accessible by the Internet or by e-mail) is an important tool to support developing country research. When research papers generated in developing countries are published electronically and distributed on the World Wide Web, their readership increases from a few hundred to tens of thousands of international readers. Because the technology is comparatively low cost and easily acquired, medical research published in local journals becomes part of the global knowledge base.

As more developing country journals are published electronically, expected benefits include:

- ◆ increased journal readership, nationally and internationally
- ◆ more journal contributions and higher standards of research and writing
- ◆ greater visibility, recognition and acknowledgement for local researchers
- ◆ increased opportunities for information exchange, research partnerships and collaborative activities between international and local researchers
- ◆ potential for more subscriptions and income generated through fees, royalties and contracts
- ◆ gateways to international medical and scientific databases from electronic links in papers.

The Electronic Publishing Trust for Development (EPT) has been working with publishers in developing countries to help convert journals from print to the electronic format required by the World Wide Web. With the help of small start-up grants or voluntary support, publishers have been able to learn the technology to put their journals on-line.

Today, the full text and graphics of 15 developing country journals are on the Internet. Recent statistics show that international interest increases steadily as a larger body of material comes on-line.

The following journals of direct medical interest are now on-line:

African Journal of Neurological Science
Central African Journal of Medicine
East African Medical Journal
Memorias do Instituto Oswaldo Cruz.

Useful websites

Electronic Publishing Trust for Development (EPT)
[http://dspace.dial.pipex.com/bioline/Bioline Publications](http://dspace.dial.pipex.com/bioline/Bioline%20Publications)
<http://bioline.bdt.org.br/INASP-Health>
<http://www.oneworld.org/inasp/health/index.html>
Healthlink Worldwide
<http://www.healthlink.org.uk>

All are distributed by Bioline Publications, a non-profit organisation, which is currently accessed by over 60,000 different Internet sites each year. Bioline also distributes other journals of biomedical interest as well as general bioscience journals from Cuba, India, Indonesia, Kenya, South Africa, Uganda and Zimbabwe. The transfer to electronic technology has been achieved with most of the costs absorbed by the publishers.

For some time to come, the printed journal may still be necessary for local distribution. However, as computers are increasingly used, costs may be cut still further by local distribution of information on computer disks rather than in print format. A new proposal is the development of 'relay stations', to pass information from the Internet 'point of presence' to others without direct access. These may prove valuable staging posts in the chain of information distribution as well as acting as training centres.

Electronic technology has proved successful in supporting scientific research and publishing. What is needed now is further infrastructure development, local organisation, training and the establishment of networks and partnerships to extend the activity.

Barbara Kirsop, Electronic Publishing Trust for Development (EPT), Bioline Publications, Stainfield House, Stainfield, Bourne, Lincs PE10 0RS, UK.
E-mail: ept@biostrat.demon.co.uk

For further information: Nature, 7/1/99, p10-11, 'Internet may help bridge the gap', D Butler; Nature, 21/1/99, p195-200, 'The writing is on the Web for science publishing in print', D Butler; Nature, 21/1/99, p201, 'Closing the South to North knowledge gap', letter from EPT. Photocopies of articles are available free of charge to developing country readers from Healthlink Worldwide.



Computers can be used to search electronic databases.

Resources

Topics in International Health

Malaria, Wellcome Trust CD-ROM

This CD-ROM provides a wealth of useful information on the biology, epidemiology, diagnosis, treatment, prevention and control of malaria in an instructive and imaginative way. It would be very useful for training institutes or advanced students with access to computer facilities. Many images can be adapted for overheads for lectures or practical sessions.

Available from: CAB International, Wallingford, Oxon OX10 8DE, UK.
Fax: +44 1491 826090

E-mail: publishing@cabi.org

Price: upon request.

Newsletters/journals

Active old age, CBR News 30

A broad account of the patterns of an ageing world and some of the likely consequences for the health and disability sectors.

Available: Free to developing country readers from Healthlink Worldwide.

Ageing and Development

A new twice-yearly newsletter in English and Spanish with news, views and suggested resources and networks.

Available from: HelpAge International, 67-74 Saffron Hill, London EC1N 8QX, UK.
Fax: +44 171 404 7203

E-mail: hai@helpage.org

Price: Free on request.

Africa Health

An illustrated journal containing news, clinical features and literature review service. It has a broad coverage of medical topics, including emerging health problems.

Africa Health is published six times a year and is aimed at doctors and senior health personnel in sub-Saharan Africa.

Available from: FSG Medimedia Ltd, Vine House, Green Reach, Cambridge CB5 0DJ, UK.

Fax: +44 1638 743998

E-mail: info@fsg.co.uk

Price: Free to qualified readers in 23

African countries (contact FSG for details).

Commonwealth Health Matters

A quarterly newsletter on the activities of the Commonwealth Secretariat Health Programme. The focus for 1999-2001 is health sector reform.

Available from: Health Department, Commonwealth Secretariat, Marlborough House, Pall Mall, London SW1Y 5HX, UK.
Fax: +44 171 747 6543

E-mail: comsectsg@aol.com or

f.harding@commonwealth.int

Price: free.

Contact

The health and community development magazine of the World Council of Churches. It deals with many aspects of health and reports on topical and innovative approaches to health promotion. Published quarterly in English, French and Spanish.

Available from: Christian Medical Association of India, 2A-3 Local Shopping Centre, Janakpuri, New Delhi 110 058, India. Fax: +91 11 559 8150

E-mail: cmai@del6.vsnl.net.in

Price: free to developing country readers.

The Management Link

An e-mail only newsletter aimed at health managers worldwide. Each six-page issue features current topics by practising managers, and resources available on e-mail or the Internet.

Available from: Management Sciences for Health, 165 Allandale Road, Boston, Mass. 02130, USA.

E-mail: listserv@mail.msh.org

Price: free.

Outlook

A quarterly newsletter focusing on reproductive health and drug issues of interest to developing countries. Targeted at doctors, nurses and public health managers, Outlook is available in English, Chinese, French, Indonesian, Portuguese, Russian and Spanish.

Available from: Program for Appropriate Technology in Health (PATH), 4 Nickerson Street, Suite 3000, Seattle, Washington 98109, USA.

Fax: +1 206 285 6619

E-mail: outlook@path.org

Price: Free to developing country readers.

Publications

At ease with e-mail: A handbook on using electronic mail for NGOs in developing countries

Jointly published by United Nations Non-Governmental Liaison Service (UNLS) and Friedrich Elbert Foundation, 1998.

A practical handbook for NGOs exploring electronic communications. It explains terms and systems, and lists country and regional electronic lists, discussion groups and networks.
Further information: UNLS, Palais des Nations, CH-1211 Geneva 10, Switzerland. E-mail: nglis@unctad.org and Friedrich Elbert Foundation, 342 Madison Avenue, Suite 1912, New York, NY 10173, USA.

E-mail: fesny@undp.org

Available: Free to libraries and health organisations in developing countries.

Health Action provides a forum for exchange of experiences in implementing programmes in primary health care and related fields.

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Editor Kaye Stearman

Production Robert Barkshire and Celia Till

Editorial advisers

Dr Wolfgang Bichmann (Germany)

Suzanne Fustukian (UK)

Dr Dan Makuto (Zimbabwe)

Dr Javier Martinez (Spain/UK)

Dr Peter Oakley (UK)

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David Werner (USA)

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Healthlink Worldwide
Farringdon Point, 29-35 Farringdon Road
London EC1M 3JB, UK

Telephone: +44 171 242 0606

Fax: +44 171 242 0041

E-mail: info@healthlink.org.uk

Website: http://www.healthlink.org.uk

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Healthlink Worldwide (formerly AHRTAG) works to improve the health of poor and vulnerable communities by strengthening the provision, use and impact of information.