

# THE AFRICAN INDEX MEDICUS

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## ABSTRACT

*The Association for Health Information and Libraries in Africa (AHILA) through collaboration with the World Health Organisation - Afro Regional Office based in Congo - Brazzaville, have initiated the publication of the African Index Medicus (AIM). The need for a database and publications of published and unpublished health literature in African countries has long been felt by researchers, development agencies, health administrators and planners from around the world. The current international indexes cover very little of African health literature and AIM will definitely fill the information gap.*

*Member countries have a duty through National Focal Points to collect and input the data on computer using micro CDS/ISIS software. AHILA aims to publish bibliographic records, including abstracts, of all unpublished and published health and related literature from African countries. 25 countries have been covered so far and more are still compiling their lists.*

*Local health literature is now a major source of information for researchers. In order to limit duplication of research, it is important for researchers to identify what has been covered in the field by other scholars. In Zimbabwe, some tertiary institutions and departments of the Ministry of Health, are now developing subject oriented databases for health sciences.*

## INTRODUCTION

This paper focuses on the African Index Medicus (AIM) with special reference to Zimbabwe's National Health Information Network and the use of micro - CDS/ISIS software.

AIM is a brainchild of the Association for Health Information and Libraries in Africa (AHILA). AHILA was formed in 1984 and since then, identified the need for an African Index for Health Literature. The Index Medicus we are all

familiar with, compiled and published by the National Library of Medicine in the USA, has limitations when it comes to African literature. It is evident that many African scholars prefer their work to be published in international journals in order to capture a wider audience and publicity plus academic achievement. Indexing of international journals is extensive due to the availability of advanced technology e.g. CD-ROM.

In Africa, the few journals published suffer the lack of quality articles due to the reasons outlined above. Scholars prefer their work to be published in international journals abroad as they do not derive any prestige by publishing in local journals, as the circulation of such journals is limited. The local journals therefore suffer from inadequate articles hence delays in publication. Most journals are also not indexed by the Index Medicus and other Indexes hence lack of publicity.

In developing Africa, a lot of research is being undertaken mostly through donor funding. It is not surprising to find that the donors from the developed world, know much more about research projects which have been completed in Africa as the donors have networked themselves.

## WHY AN AFRICAN INDEX MEDICUS?

As mentioned above, "the need for improved access to what has been published on health issues in African countries has long been felt by researchers, development agencies, health administrators and planners both inside and outside the continent". This need has not been

fully satisfied in Africa. The major international databases do not include a great proportion of untapped wealth of local health literature found in books, reports and studies by international development agencies and local organisations and other researchers.

Local health literature is now a major source of information for researchers. In order to avoid costly duplication of research, it is imperative for each country to develop a national database giving visibility to local health literature including on-going and completed research. A project to overcome this problem and offer visibility to sources of African health and related information has been dormant for a long time. The idea was revived in 1991 at the 3rd Congress of AHILA which was held in Harare, Zimbabwe. AHILA recommended and lobbied for support from WHO Afro Regional Office for the compilation of national databases of health literature by participating countries using a common communication format and CDS/ISIS. The approach was to ensure the compatibility of the national databases and enable their merging to form a regional database.

A consultative meeting of AHILA committee members, pilot-site librarians and technical staff from WHO was held in Accra Ghana, January 1993, where decisions were taken on the contents, data-input standards, procedures and other administrative and technical aspects.

With the prevailing problems of funding, equipment and trained manpower shortages, only a few countries have managed to take the challenge i.e. Nigeria, Kenya, Ghana, Malawi, Mozambique, Zambia and Zimbabwe. These countries secured funding from the Ford Foundation, International Development Research Centre (IDRC), USAID and have since been chosen as the pilot sites for AIM. Records from other countries are based on information from other databases which are selected and then included in the AIM. Other countries such as Tanzania, Uganda, Burkina Faso, etc are

actively pursuing the project and are expected to contribute their records to AIM very soon.

As only Anglophone countries are participating at the moment, the AIM bibliography will continue to be published in English only until the Francophone countries join.

AIM is thus a regional database of bibliographical records of health and related materials. Materials published from 1990 are preferred and the inclusion of abstracts is of paramount importance since the circulation of some materials might be limited or impossible. AIM is composed of data contributed by national databases of participating sites and is complemented by records downloaded from other established sources such as the U.S. National Library of Medicine (MEDLARS), WHOLIS (the WHO Headquarters library database) and POPLINE.

The printed version of the African Index Medicus is published quarterly containing only the records sent by the national sites to the co-ordinating centre (WHO Regional Office for Africa). The complete database includes data from sources other than the national, and is available at the WHO Regional Office for Africa where an *ad hoc* search and print service is offered to countries requesting the service.

The bibliographic information includes a number of fields and the following are mandatory:

Record number  
Author(s)  
Title  
Source (for analytical entries)  
Imprint (publication data)  
Collation  
Series  
Abstract  
Subject headings (taken from the U.S. Medical Subject Headings [Mesh])  
Code for source of entry i.e. country  
e.g. ZW-1 for Zimbabwe

## THE DEVELOPMENT OF THE AIM DATABASE IN ZIMBABWE

In Zimbabwe, like other developing countries in Africa, a comprehensive national health and biomedical information program or policies to support such programs is being established. The recognition of the pivotal role of information in the everyday life of modern people is minimal as funds are not channelled for that purpose because of very little attention by Government. The legacy of oral tradition could be attributed as the cause and this has resulted in poorly developed library systems.

There are a number of problems encountered due to the lack of indexes to the literature. In Zimbabwe, health professionals prefer their research findings and study results to be published in international journals, because of the prestige their academic excellence has bestowed to them. As a result, it is common practice for the Medical Library to request literature written by our own citizens from the British Lending Library and the National Library of Medicine in America. Few countries have abstracting and indexing services that cover health and drug related information. The provision of a database for storage and organization of the information, requires a constant supply of power (electricity), computer(s), software(s), spare parts and technicians to service and maintain the facility.

### WHY NATIONAL LITERATURE DOCUMENTATION?

It is increasingly recognized that locally generated health literature such as studies, surveys, reports on local workshops and meetings, theses for Masters degrees, partially or never published projects, is too valuable to neglect or to lock in offices and leave to gather dust. Indigenous grey literature complements the international sources, but is often neglected.

The literature is produced by Government Departments, NGOs, Aid Agencies,

Foundations and Research Institutes including individual researchers and students.

### NATIONAL HEALTH INFORMATION PROJECT - (UZML)

The UZML is a branch of the University Library and is situated at Parirenyatwa Hospital in the Medical School. In 1983, UZML was designated as the country's national health sciences library to serve as a *national focal point*. Its scope was widened to serve all health professionals registered with the Health Professions Council in addition to university medical students, lecturers and staff.

When AHILA/WHO engaged a technical consultant to co-ordinate the development of AIM in January 1993 after obtaining funding from the Health Foundation of America, Zimbabwe's Medical library had already taken the initiative by starting a two year project in January 1992

through the sponsorship from an international aid agency, IDRC.

The UZML's database is called "UTANO/IMPILO - ZIMBABWE". The first year of the project was devoted to collecting as much information dating from 1980 onwards. A comprehensive database, which included abstracts/summaries and descriptors was set up. The first issue of the printed bibliography was produced in 1993 and circulated to *health personnel in the Faculty of Medicine, Ministry of Health, NGOs, individuals in the country and all members of AHILA*. The outcome or response emanating from the circulation of the bibliography was evaluated and a full report has been forwarded to the sponsors. Literature searches and document retrieval is already in operation for researchers who come to the library. Users requesting information on health issues in Zimbabwe at the CD-ROM office are referred to the Utano/Impilo database where searches are done and documents retrieved, these average 40 a month. Users with access to computers

can also download specific literature search results on diskettes.

## TRAINING

The database staff comprising one Documentalist and a Data Entry Operator, received initial training in January 1992 from a local librarian who had experience in CDS/ISIS databases.

In September 1993, a consultant from WHO Brazzaville conducted a five day training session for the Documentalist, Data Entry operator and Volunteer Assistant Librarian. The training was organized following the formalization of the African Index Medicus Project by AHILA and WHO with an objective to merge databases of various participating countries. As uniform standards are necessary, training and familiarization of project requirements by the Coordinator (based in WHO-Sub regional Office, Brazzaville) to database managers in the pilot sites was carried out.

Training covered specific areas of the African Index Medicus (AIM) database design, standards and guidelines for data entry; advanced CDS/ISIS features and utility programs.

The ISIS menu and parameters were modified to suit the requirements of our users, namely: the design of a user print worksheet with help messages; allocation of passwords for the users and database manager, the password for users executing a menu with limited options while the password for the manager executing the complete menu.

## DOCUMENT COLLECTION

It was found that materials for inclusion in the database were not easy to acquire through solicited letters. As the library has no authority to insist on deposits for documents, a more informal approach was undertaken and this covered the following methods:

- 1 Letters to institutions involved in research for donations and/or photocopying arrangements;
- 2 Personal contact with lecturers and other health researchers in meetings and conferences requesting copies of their publications and reports;
- 3 In the first year (1992) efforts were made to collect as many documents as possible from centres in Harare through visits and letters and news-sheets and talks in conferences and workshops.

Travel to centres around the country was undertaken on an average of two days per trip in six provinces. Provincial Medical Directors' (PMD) offices were initial contact points, and they generally reacted positively to the visits by arranging trips to various districts and other sections of the health sector including Non Governmental Organizations.

## DATABASE UTILIZATION

The database became fully operational in 1993 (January) when more than 300 records had been entered in the database. A literature request form and an evaluation sheet were designed for use by all users of the database.

Below is a table indicating the recorded usage of the database. Requests satisfied by the availability of citations and the documents are also indicated.

	J	F	M	A	M	J	J	A	S	O	N	D
1993	A	E	A	P	A	U	U	U	E	C	O	E
	N	B	R	R	Y	N	L	G	P	T	V	C
r	3	4	4	3	4	3	4	4	4	4	4	2
r	5	9	1	1	3	1	9	7	5	1	9	9
r	2	3	3	2	3	2	4	4	3	3	4	2
s	9	3	5	6	4	5	0	1	6	6	1	4

rr = requests received  
rs = requests satisfied

Total requests 480  
Average per month 40  
Total requests satisfied were 400 with 83% satisfaction

Evaluation on the usefulness of searches showed that more than 80% of the users were satisfied with the service. 20% of the users felt more information was needed on subjects of their choice which were not covered eg. Nursing education, Adult education, Cancer of the female reproductive system etc.

#### PRINTED BIBLIOGRAPHY

The first printed bibliography: "Utano-Zimbabwe: an annotated health information bibliography" was produced in March 1993, but only published in September 1993 due to delays with the University Printing Department who had a huge work load at the time.

500 copies of UTANO bibliography were printed. 350 were posted to all health institutions in the country including some major international organizations and members of AHILA.

In response to the UTANO bibliography a further 82 copies were requested by organizations for distribution to their associates and networks.

#### CONCLUDING REMARKS

The creation of the regional database is a collaborative and participatory process. The establishment of national information services (databases) of local health literature in African countries will ensure self-sufficiency and sustainability at country level and the tailoring of services in line with local needs. Ultimately, a comprehensive regional database (AIM) encompassing all African countries, will become a dream come true offering literature services in the form of CD-ROM, printed bibliographies and ultimately on-line searching through the Internet.

The co-operation of research institutions, relevant departments in the Ministry of Health, individual authors and students, through their willingness to deposit their research projects and findings, is a paramount factor which will lead to the suc-

cess of comprehensive national databases of health literature. It is notable that the responsibility to deposit documents lies with individual authors and institutions as libraries are unable to purchase copies. Photocopying arrangements can also be a solution where there are facilities as it was noted that some institutions and individuals could not happily part with their valuable collections.

The use of micro CDS/ISIS has generated mixed reactions. A few senior librarians have found the software one of the most difficult they have ever come across while the majority have managed to use ISIS with ease. The database structure which was designed by WHO and endorsed by AHILA as the official format, has too many fields and sub-fields, coupled with the use of sub-delimiters in ISIS, making data entry not easy. However with the availability of help messages, the package is user friendly.

It is urged that institutions involved in this project, need to beef up their resources and sustain the work when donor agencies pull out. Care and preservation of materials is another obstacle as some documents at times disappear from the files, and such material is not easy to replace.

Despite all the efforts WHO and AHILA have put into this project, there are still some problems being faced. Zimbabwe has contributed more than 300 articles to the database but only a handful have been included in the AIM bibliography. With contributions flowing rapidly from different countries, AIM technical staff need to work harder in order to satisfy the contributing countries and subscribers. We remain hopeful that the technical hinderances will be solved to allow for the efficient operation of the regional database.

WHO need to be commended for the facilitative role they are rendering to AHILA as they provide essential services including compiling, typesetting, printing, and circulating the AIM bibliography and

maintaining the database. Countries outside Africa have joined in considerable numbers and are receiving the bibliography on a regular basis. Lastly but not least, Ford Foundation is commended for providing financial support which made it possible to hire a coordinator.

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