

European Association for Health Information and Libraries

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International
Collaboration
Theme Issue



Magdalena Palace

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Newsletter

to European Health Librarians



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Newsletter to European Health Librarians

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Editorial

The time is drawing near for the 9th European Conference of Medical and Health Libraries in Santander, Spain. These conferences, over and above the professional programme, offer the opportunity of meeting fellow librarians working at very varied levels and the chance of an international exchange of culture. From the many photos I have received for the Newsletter, the location this year appears superb and I am sure we shall all have a memorable week there.

The last time I was in Spain was when I was about 13 years old. My mother's idea of a holiday was to see as much as possible in the least time, by the cheapest route and in the least expensive accommodation. So a very reluctant daughter was dragged from Madrid to Cadiz, from Alicante to a tour of Morocco where my mother was offered two camels for me (!), and then again by boat in a violent storm to Majorca followed by Ibiza and finally the Costa Brava. This was all in under three weeks including the long journey **by train** from Edinburgh to Spain and back, where my childhood asthma was at its premium. I think you will understand why I have never gone back, but hopefully that nightmare will be wiped out this year by pleasant memories.

The conference also will stage the Association's General Assembly on Friday 24th September at 17.00 in Santander. Our President has explained in the following pages why this meeting is so important, so we do hope most of you will attend. Your input will be invaluable in shaping the future of the EAHIL Association.

The theme of this issue is *International Collaboration* and it is very appropriate just before the 9th EAHIL conference begins. As you will see from the articles, the authors have offered not only excellent advice in initiating partnerships and maintaining them, but also explained the pitfalls that one must be aware of before taking this step.

Eve Hollis and I will renew our partnership once again at Santander for the *EAHIL Echo, the Conference Newsletter* and look forward to receiving news items when we are there. We intend to do a review of the Continuing Education Courses, the social and professional programmes and there will be space for announcements from the Santander organizers etc. Please help us to make the daily *EAHIL Echo* as interesting as possible. The final newsletter for this year, no. 69, will be dedicated to the Santander Conference.

It is now time for the *Call for Papers* for the Palermo Conference in June 2005 so please take time to read about the themes in these pages and consider submitting a paper. It is also time for Ioana Robu and I to start advertising for the 10th EAHIL conference, which will take place in Cluj-Napoca, Romania from the 11-16 September 2006. We shall be giving a short presentation and will be offering some information about Cluj and Romania in Santander. Come and visit us at the EAHIL stand. Looking forward to meeting you again in Spain!

Sally Wood-Lamont
Editor-in-Chief
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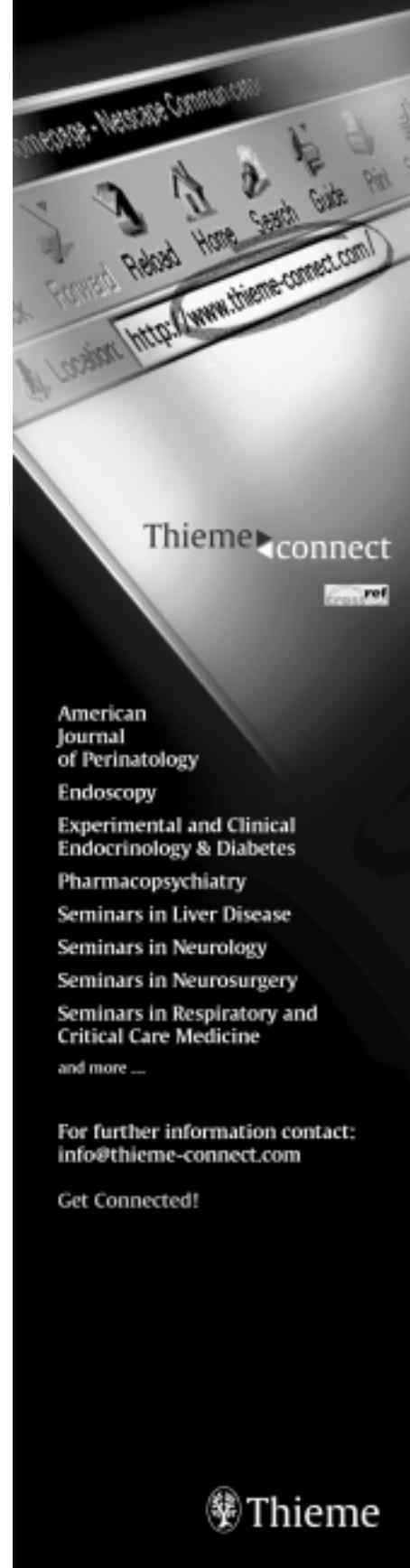
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Now Online



News from our Association

Letter from the President



EAHIL - the future

EAHIL members are concerned and interested in the future of our association. Proposals to abolish the annual membership fee and to publish the Newsletter e-online, has been met by comments varying from “This is an excellent idea” to “It’s a horrific idea...”.

EAHIL must somehow generate an income to support EAHIL activities. Two main alternatives have emerged, after much discussion in the EAHIL board, the EAHIL council, through the EAHIL Survey, the discussion lists and other contacts. One alternative is that we keep the annual membership fee as it is. The other alternative is that we abolish the annual membership fee and for conference/workshop delegates introduce a fixed fee that is transferred to EAHIL.

In many ways EAHIL will basically be the same, regardless of our decision at the General Assembly in Santander. We will still have members, a council, a board, conferences and workshops, continuing education courses, a newsletter, discussion lists, a website, a membership database, a secretariat, a supervisor, special interest groups, projects and other activities. EAHIL will still be an association under the laws of the Netherlands, having its corporate seat in Amsterdam. Moving to another country would be an administrative nightmare.

Both alternatives have advantages and disadvantages. I will try to describe the different alternatives below. It is the responsibility of the General Assembly in Santander to make the final decision.

Alternative 1: The annual membership fee is kept as it is

This model has been working since the Association was constituted on August 18, 1987 in Brighton. The EAHIL board has already made some decisions that have reduced the administrative costs of running the association and more improvements can be made within the present model. To avoid the international bank charges for each individual membership payment, the membership fee could, wherever possible, be collected by the national associations and then transferred, on behalf of all the members within one country, to EAHIL. The EAHIL board could contact the national association or other bodies to make these arrangements. The new membership database will also reduce administrative costs. Much more information could be sent via e-mail instead of ordinary mail by using this database.

We would still have some administrative costs that are unavoidable and the membership fee could deter some health information professionals from becoming members. Is this model sustainable in the long run or are we only postponing a necessary change?

News from our Association

Letter from the President

Alternative 2: The annual membership fee is abolished and EAHIL introduces for conference/workshop delegates a fixed fee that is transferred to EAHIL.

Instead of the annual membership fee we introduce a fixed fee for the conference/workshop delegates. The fixed fee is transferred to EAHIL. The conference/workshop organizers must work this fixed fee into their budget, which will raise the conference fee, especially for EAHIL members. The raised fee for EAHIL members would be compensated by way of EAHIL-members not having to pay the 50/120 annual membership fee. Today non-members already pay an additional 50 registration fee for conferences/workshops.

We can expect 400 conference delegates every second year, in years with an even date, and 100 workshop delegates in the years between, i.e. the years with an uneven date. This means altogether 500 delegates over a two year period. The fixed fee will generate an income to EAHIL.

By abolishing the annual membership fee we reduce the administrative costs to a minimum. We avoid bank charges as only one payment is made to EAHIL. We do not have to update the membership database with information that a member has paid, and we do not have to send out invoices and reminders. We might significantly increase the number of members as there will be no obstacles for European health information professionals to become an EAHIL member.

The membership fee for members outside Europe and the affiliated membership fee will be kept unchanged. It is important that we can handle an increase of the number of EAHIL members, especially if we decide to keep the printed EAHIL newsletter. Will the number of members explode or is this an unfounded concern?

To ensure that the growth in membership comes in a more controlled form, we could introduce procedures to make sure we can handle the increase. We could apply the following rules:

- all old EAHIL members will be granted membership free of charge
- all participants in EAHIL workshops/conferences will be granted membership free of charge
- all other applicants will be granted membership on paying a fee of 50 Euro for the first year of membership and thereafter no such fee. This fee can be cancelled by the board on application

EAHIL newsletter

A good printed newsletter is very prestigious for EAHIL as an association and a very good incentive to becoming an EAHIL-member. A printed newsletter is a way of fostering communication between members, providing a professional image and communication to the wider world as well. The EAHIL newsletter should be able to attract enough advertisers and enough support for mailing to be able to stand on its own. By printing the newsletter in Romania, we have reduced the printing costs by half compared with printing it in the Netherlands. EAHIL should also develop an attractive e-journal as a way of communicating with members and the wider world.

It is time to change!

EAHIL is a vigorous association but there has been a steady and seemingly irreversible decline in membership, which means that in the long term EAHIL is not sustainable in its present form.

News from our Association

Letter from the President

EAHIL is spending too much of its subscription income on administering subscriptions leaving very little for professional activities such as supporting projects, the conference/workshop organizers and EAHIL members through scholarships and so on.

EAHIL's strength, influence and ability to attract commercial sponsorship derive from the number of members we attract. Abolishing the subscription is a daring and innovative way of making EAHIL grow to the size our founders anticipated back in the 1980s.

EAHIL should have the courage to try a new model for a professional association. EAHIL is perfectly placed to provide this new model with no subscription, which other professional associations will/can be following in years to come.

There is no choice really: EAHIL must change one way or the other.

Final proposal

A final proposal will be presented to the General Assembly in Santander. This might vary from the above, depending on the discussion within the Board and at the Council meeting preceding the General Assembly, and moreover after input from members. The treasurer Tony McSean will present budgets linked to each proposal.

The Council meeting will be on Wednesday 22nd September 14.00-16.00 and the General Assembly will be on Friday 24th September 17.00-18.30.

Please be sure to come and take part in shaping the future of EAHIL!

I wish you all a pleasant summer and I hope to see you at the 9th European Conference of Medical and Health Libraries in Santander.

Arne Jakobsson
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News from our Association

EAHIL Professional Accreditation

Professional Accreditation from EAHIL?



In 2002 the Board discussed the possibility that EAHIL might begin to provide professional accreditation for health library and information workers throughout the range of countries from which we draw our membership. This is a perfectly normal and natural service for a professional association to provide for its members and for many national and international associations it is at the heart of their activity, and in some ways it is surprising that we have not considered a EAHIL professional qualification before now.

One of the reasons, I am sure, is the astonishing diversity of countries, cultures and professional environments represented within EAHIL. There can be few groups of countries more diverse than those represented in the WHO EURO region, whose boundaries EAHIL shares. EURO incorporates some of the world's richest societies, together with the central Asian states that emerged from the break-up of the Soviet Union. The professional structures and environment for library and information workers is equally diverse - ranging from little or nothing, up to the situation in the UK and similar countries where there is no tiny facet of our world which lacks a special interest group and where the national framework for professional qualifications is established and widely accepted.

In these circumstances, the Board felt that a properly thought-out professional certification from EAHIL had something worthwhile to offer. It would represent an independent, Europe-wide confirmation of the member's professional experience and worth; it would contribute to the spirit of erasing the barriers between countries and finally give all health library and information professionals a concrete reason for joining and supporting EAHIL.

We also felt that it would be extremely difficult to work out a scheme, which was (a) fair in its application right across the range of cultures and backgrounds, and (b) used sound, objective procedures. In my many years' involvement with EAHIL, Liisa Salmi's name has never been far from the top of the list when there was a difficult and sensitive task to do, so the Board was absolutely

delighted when she said she was willing to bring together a group to turn a wish-list of worthy ideas into a properly worked out set of proposals.

As always, Liisa has done exactly what she undertook to do. A very strong group of members from all over Europe has worked hard for the past two years and the results of their deliberations are set out below. The Board has been consulted and involved at different stages of the process and so what we see here is a consensus view of both working party and Board.

What we would like the members to do:

1. Read the proposals carefully.
2. Think about them both in the general professional context but more importantly think about how the detail will apply to you and your compatriots in your own national setting.
3. Please make your views known to Liisa or myself so that we can circulate them and use them to improve the final set of proposals.

There will be an opportunity to discuss a revised version of these proposals at the Santander General Assembly. If they are approved, then the Board and Liisa's group will take them away and seek to put the scheme into effect as soon as possible, so that members can enjoy the benefits of a European professional qualification as soon as possible.

Tony McSeán
Treasurer and Past President
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News from our Association

EAHIL Professional Accreditation



EAHIL Professional Accreditation for Librarians and Information Workers in the Medical, Health and Pharmaceutical Sectors

The EAHIL Accreditation requirements are based on the philosophy that health sciences libraries in Europe are maintained and developed by professional librarians or information specialists with qualified skills and knowledge.

The definition of the requirements has been carried out bearing in mind the great variety and diversity of health sciences libraries in Europe.

There are small one-person libraries to big libraries comprising several departments, with very different host organizations.

The EAHIL Accreditation is available to those with:

- an appropriate academic qualification,
- a given number of years' experience in a professional environment and continuing education courses or
- an agreed-upon combination of the two.

A. Requirements

1. Academic qualifications

Harmonisation of academic degrees is going on in the EU, and this may also affect the EAHIL accreditation.

1.1 Master's Degree OR

1.2 Polytechnics degree or lower academic degree or Bachelor's degree. The name of this degree varies very much in different countries, but in general, it is equivalent of 2 to 4 years of studies at a university or a polytechnic or a corresponding institute or school.

2. A Given Number of Years' Experience in a Professional Environment

Experience in working life is also a good basis for the accreditation, combined with continuing

education courses, in case there has not been an opportunity to take a degree.

2.1. At least five years' experience, FTE and at least three continuing education courses (CEC) during the last five years

3. An Agreed-upon Combination of 1 and 2

3.1 Since there are a great number of different health sciences libraries in Europe, for historical and other reasons, it is justified that libraries which do not fulfil the requirements 1 and 2, have the possibility to gain accreditation by corresponding merits, approved of by the EAHIL Accreditation Body.

A Professional Environment can be a(n):

- academic library
- medical school or university library
- nursing polytechnic or school library
- pharmaceutical house library
- hospital library
- pharmacy library
- health sciences research institute library
- medical sciences research institute library
- nursing sciences research institute library
- health organisation library
- consumer health organisation library
- patient organisation library

Activities in a professional organisation are not considered a professional environment in this connection since it does not usually involve a library.

News from our Association

EAHIL Professional Accreditation

B. Acquired Knowledge and Skills Required

- staffing
- optimal staff structure

1. Knowledge of and Skills to Act in a Professional Environment

Library knowledge to be shown by

1.1 Library Knowledge

- administration
 - legislation affecting library and its services, incl. copyright
 - status in host organisation
 - management and leadership in relation to library
 - budgeting in relation to library
 - understanding host organisation's information needs
 - understanding citizens' information needs
- collection development
 - acquisition of print and electronic resources
 - acquisition methods
 - publishers and vendors
 - consortia licensing
 - organisation of print and electronic resources
 - content analysis and indexing
 - shelving, presentation and information of acquisitions
 - networked resources
 - library facilities and premises
 - branch and departmental libraries
 - organisation of services
 - circulation, ILL
 - reference services
 - help desk activities
 - photocopying and printouts
 - information services
 - use of databases
 - building of databases in multidisciplinary team
 - searching skills
 - teaching skills in LIS and information literacy

- **own library budget**
- annually reviewed **mission statement and objective setting** reflecting parent organisation's aims
- **manuals of policies and procedures**
- annual **plan and report of action**
- **written organisation structure** of library
- **quality assurance programme** with performance indicators
- written policy for **external and affiliated users**
- **user group involvement** and regular consultation as part of development processes
- maintenance of **activity statistics**
- written procedure of **internal information dissemination** (within library)
- written procedure of **external information dissemination** (within parent organization and to society in general)

1.2 IT Knowledge and Skills

- understanding IT in relation to libraries
 - Internet, networking
 - library systems
 - portals, web pages
 - e-publishing

IT Knowledge and Skills to be shown by

- courses/credits included in academic qualifications or
- continuing education courses during the 2000s

News from our Association

EAHIL Professional Accreditation

1.3 General Knowledge and Skills

- general societal knowledge, incl. libraries' status
- national health care system and its changes
- understanding health care systems on an international basis
- production and documentation of information and knowledge
- management, communication, marketing, publicising
- knowledge of host organisation's professional paradigms and their changes

General Knowledge and Skills to be shown by

- basic degree
- working experience

1.4 Ethics and Conduct

Codes of Ethics and Conduct to be followed:

- EAHIL Code of Ethics
- Code of Conduct - EAHIL does not have yet

C. Accreditation Procedure

1.1 Assessing Body

To be defined later on.

1.2 Procedure

To be defined later on.

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News from our Colleagues

News from MLA



News from MLA

MLA '04, held in Washington, DC was a wonderful meeting by all measures. At this meeting, Joanne Guard Marshall, AHIP, FMLA, Distinguished Alumni Professor, School of Information and Library Science, The University of North Carolina-Chapel Hill, assumed the Presidency of MLA. Prior to coming to the U.S. to become Dean at UNC in 1999, she was Professor, Faculty of Information Studies, at the University of Toronto.

Many of you may have met her at the EAHIL Workshop in Helsinki. You can read more about Joanne in a personal biography in the July issue of JMLA free in PubMedCentral.

The International Cooperation Section (ICS) had its usual lovely reception. At the reception, one of the oldest Cunningham Fellows, A.M. Pathan from India, a 1973 Cunningham/am Fellow, attended, and was recognized and had his picture taken with the newest Cunningham Fellow, Grace Ajuwon from Nigeria. The ICS has a complete listing of all Cunningham Fellows and the countries that they come from, and an application and fact sheet at <http://ics.mlanet.org/fellowship.htm>. (Applications are being accepted now). It was also gratifying for MLA members to meet both Velta Poznaka, Director of the Medical Research Library of Latvia, and Glendine Smith, Director of the Holberton Hospital Medical Library in Antigua, West Indies. Both Directors of the MLA Sister Libraries were funded to attend this meeting, and shared the stories of their libraries' participation in the original Sister Library program.

MLA's new CE program - Independent Reading.

MLA's Continuing Education Committee has recently launched the beta test of the new Independent Reading Program, a "virtual" education opportunity. The program allows participants to read selected articles from the Journal of the Medical Library Association (JMLA), complete an article analysis application, and receive MLA CE contact hours. The first article in the program appears in the July 2004 issue of JMLA. This new program is available to MLA members, other library professionals, and anyone who wants to read librarian literature and get CE credits.

For details, visit
<http://www.mlanet.org/education/irp/>.

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News from our Colleagues

News from MLA



MLA's Task Force on Global Initiatives

MLA's President for 2003/04, Pat Thibodeau, set as one of her priorities the need to embrace global networks and to strengthen MLA's value at the global level through diverse partnerships and international initiatives.

These were listed as:

- a. Explore and define global partnerships and initiatives that strengthen access to health information and the quality of care across the world.
- b. Identify and recognize those members and units of MLA who have built international partnerships, programs and opportunities.
- c. Build bridges with publishers, associations, societies and others involved in developing and distributing biomedical information.
- d. Advocate MLA's and MLA members' potential as collaborators and partners, in light of globalization and its impacts on health care understanding and delivery.
- e. Monitor and respond to federal and national legislation that impacts access to health care information for the professional, consumer and society.

To accomplish this priority, MLA set up a Task Force on Global Initiatives, which met virtually prior to the MLA Annual Meeting in May 2004 and then had it's first physical meeting in Washington and the annual conference. Members of the Task Force are:

Chair

J. Michael Homan, AHIP, FMLA

Board Liaison

Patricia L. Thibodeau, AHIP
Norma F. Funkhouser, AHIP

Staff Liaison

Carla J. Funk, CAE

Members

Marcus Banks
Ysabel Bertolucci, AHIP
Saroj Bhatia
Rebecca A. Davis, AHIP
Alexandra Dimitroff, Ph.D., AHIP
Eve-Marie LaCroix
Jei Li, AHIP
Bruce Madge

The Task Force has looked at a number of areas including the MLA International Co-operation Section's own Sister Libraries Initiative and has drawn up a series of "tips" for libraries considering twinning arrangements with other libraries. The Task Force would be pleased to receive any input into this discussion from EAHIL members who have programmes already in place.

We also considered MLA's role in the Global Review on Access to Health information to be launched on July 12th 2004 at the British Medical Association (see <http://www.inasp.info/health/globalreview/index.html>). This is a year long review and it is hoped that there will be presentations at MLA's Annual Meeting in San Antonio in May 2005, amongst other international events, to support the review and report on progress.

News from our Colleagues

News from MLA

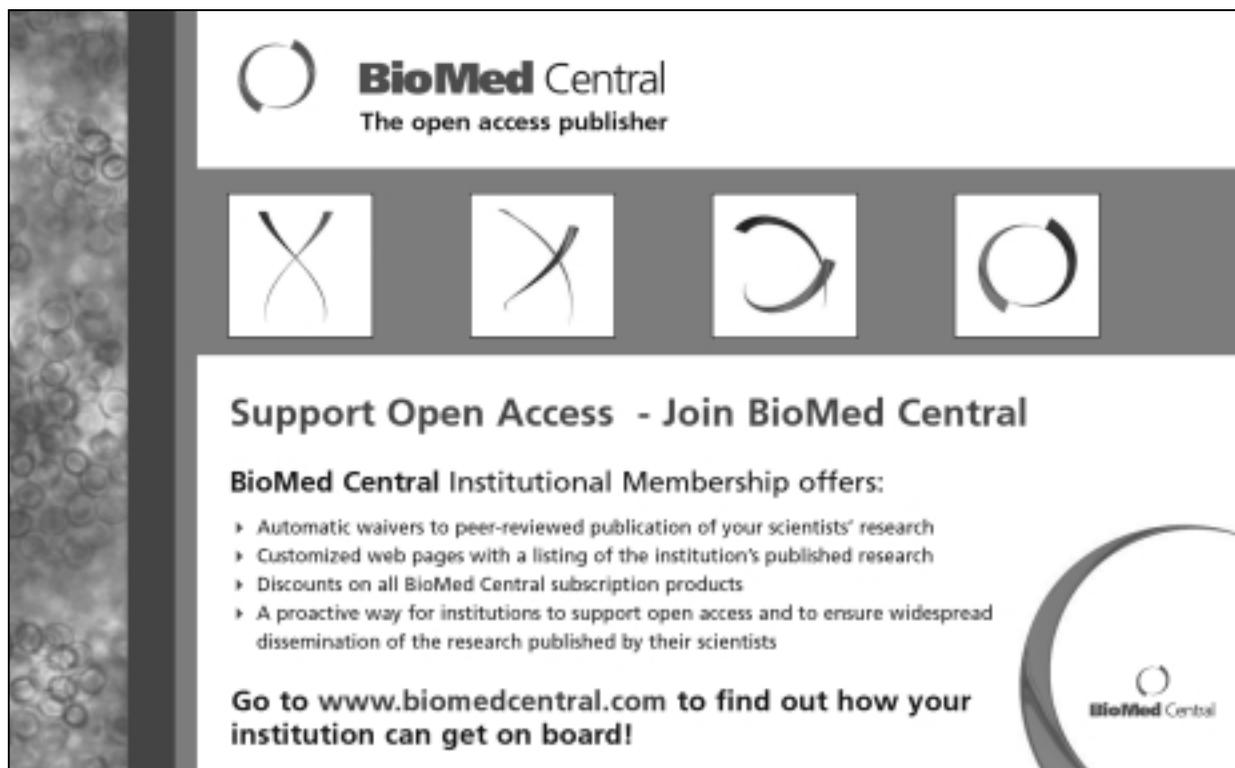
Other areas considered were reciprocal arrangements for attendance at MLA's Annual Meeting, collaboration on articles for both the *Journal of the Medical Library Association* and the *Health Information and Libraries Journal* and preferential rates for subscriptions to other medical library journals.

MLA is seriously considering it's global position over the next few years and would welcome input from EAHIL members on this topic. A fuller report can be found on MLANET at:

http://www.mlanet.org/about/annual_report/03_04/task/all.html

Bruce Madge

Member, Task Force on Global Initiatives
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The advertisement features a vertical strip on the left with a microscopic image of cells. The main content area has a white background with a dark grey header and footer. The header contains the BioMed Central logo and tagline. Below this is a row of four square icons: a DNA double helix, a stylized 'X', a circular arrow, and a BioMed Central logo. The main text area has a dark grey background with white text. It includes the headline 'Support Open Access - Join BioMed Central', a sub-headline 'BioMed Central Institutional Membership offers:', and a bulleted list of four benefits. At the bottom, there is a call to action and a smaller BioMed Central logo.

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News from our Colleagues

Strategic Planning of Library Services



Strategic Planning of Library Services - the National Document Supply Service (NDSS): the Hungarian Experience

The statute on public libraries issued in 1997 is considered to be a strategic development plan for libraries by the community of Hungarian librarians. The law defines the mission of Hungarian libraries and outlines the main trends of development. The mission of the libraries is to make documents and information accessible to everybody through their system.

The broadest practice of library usage is to be ensured by the public library system that is operated by the state and local authorities.

For the realization of this mission the following **trends of development** were set:

- the creation and maintenance of the National Document Supply System (NDSS)
- the creation, maintenance, contents development and continual improvement of library networks
- the creation of a national filing system of digitalised documents (image and sound) that is part of the Hungarian cultural heritage.

It is apparent that for the realization of this mission, the creation and effective management of a national document supply system is of utmost importance. In relation to this national system, the law sets forth **four cardinal factors**.

- distribution of deposit copies
- holdings information on library documents
- interlibrary loans (including copy supply)
- reuse of documents withdrawn from library collections in the library system

Distribution of deposit copies

According to the statute, publishers are required to deposit 6 copies, out of which 2 copies remain in the National Széchenyi Library, 1 in the National

and University Library of the University of Debrecen, the remaining 3 copies are distributed among scientific and special libraries (11) and state university libraries (13) after the needs of the Library of the Parliament and the Library of the Central Statistics Office have been fulfilled.

The mission of NDSS is to minimize the gap in information accessibility, to provide the chance of access to information and documents for each citizen living in any part of the country. The development and improvement of the system, the provision of the necessary documents and technical equipment are strategic questions. Interlibrary document lending is a new, quality improved library service, the main aim of which is to provide fast access to documents and information through the use of modern technical tools including electronic document supply.

NDSS is operated by the Library section of the Ministry of Cultural Heritage and is supported by a permanent committee, whose members have been delegated by Hungarian libraries. The main task of the committee is to determine the trends of development, to manage priorities of support supplied by the ministry and to make proposals for the distribution of resources.

According to the statute issued in 2000, the Ministry of Cultural Heritage supports the supplying libraries from its budget allotted to the maintenance and development of NDSS. The support is used for the purchase of documents and

News from our Colleagues

Márta Virágos

technical equipment, for covering the costs related to NDSS services and the national holdings registry. It means that a supplying library may, for example, purchase multiple copies, xerox machines, software for the management of electronic documents from the allotment. An essential element of this support is that the ministry covers postage expenses of original document delivery.

The structure of NDSS.

Since no model for a document supply system was found in the practice of libraries abroad that could be easily applied in Hungary, a new system - considering, of course, European experiences - had to be developed and tailored to the Hungarian environment and needs. The operation of the document supply system is ensured by 56 libraries. These libraries are **document sending or supplying libraries**. They comprise the National Széchenyi Library, the National and University Library of Debrecen, 11 special libraries, county libraries and state university libraries. The concept is based on the assumption that the holdings of these libraries more or less cover the current document basis found in the country.

Difficulties to overcome in 1998

While in the United States OCLC was celebrating its 36th anniversary and European national libraries, in the framework of ONE2 (OPAC Network in Europe) were behind the second phase of building a shared catalogue by extending the frontiers and creating a European documentation system, Hungarian libraries were still not able to realize their program for a shared catalogue. By 2003, the Hungarian National Shared Catalogue (MOKKA) could only demonstrate a central catalogue and outline the principles of the system. Making use of this delay, two other important programs created their own, shared cataloguing systems. One is the **VOCAL** system developed by the libraries using the **American Carlyle Voyager** integrated system, which has been functioning

since 1996 with the participation of 21 libraries. Out of the 21 libraries, 8 are actually uploading the system; they are all important university or public libraries. The University of Debrecen played a major role in the development of the system. The other system was created with the cooperation of the libraries using the Aleph systems that incorporated the catalogues of 5 big university and 2 county libraries.

When planning NDSS, we wanted to develop a simple system so that middle and small size libraries could also join. We had to find a large database that would contain the greatest number of records possible, in which the participating libraries would only have to add the holdings messages to the bibliographic records. The biggest bibliographic database that could be freely used is Voyager/Corvina, which contains the records of all university libraries and those of the biggest public library in the country. The basic structure of the system is as follows: Vocal is primarily a database for shared cataloguing: The holdings registry is built on this database including of course, added bibliographic and holdings data. It is supplemented by the option of electronic interlibrary lending with direct addressing to the supplying library. Since Voyager/Corvina is based on US MARC, it is possible to include bibliographic data from other catalogues. It is a great help for especially small libraries, whose holdings' data are sent to the system by the Library Supply Distribution Company (KELLO).

The flow of records in NDSS

After executing a book order, the Company makes a holdings' message about each item delivered to the address or purchased in one of its bookshops through NDSS. At present this record contains the ISBN of the given book and the code of the ordering library. These records are automatically uploaded to the NDSS server every night. In the VOCAL database, the ISBN is matched against the bibliographic description and the holdings code is

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added. The database does not contain any holdings' information on the location within the given library (e.g., member libraries of a central library). The system is open, each library may send its own holdings' information on items purchased from other sources and regular automatic updating is also possible.

Searching

There are several ways of searching the database. We can select between Fast search using keywords with one criterion and Search for doing complex searches. Advanced search makes CCL searches possible. Browsing operates with an authority control in the case of name and subject terms and with an index in the case of UDC and titles. When doing searches we find it important to be given the option to restrict our searches by library code, since through this, we can limit an expectedly high

number of hits to documents available in a given institution.

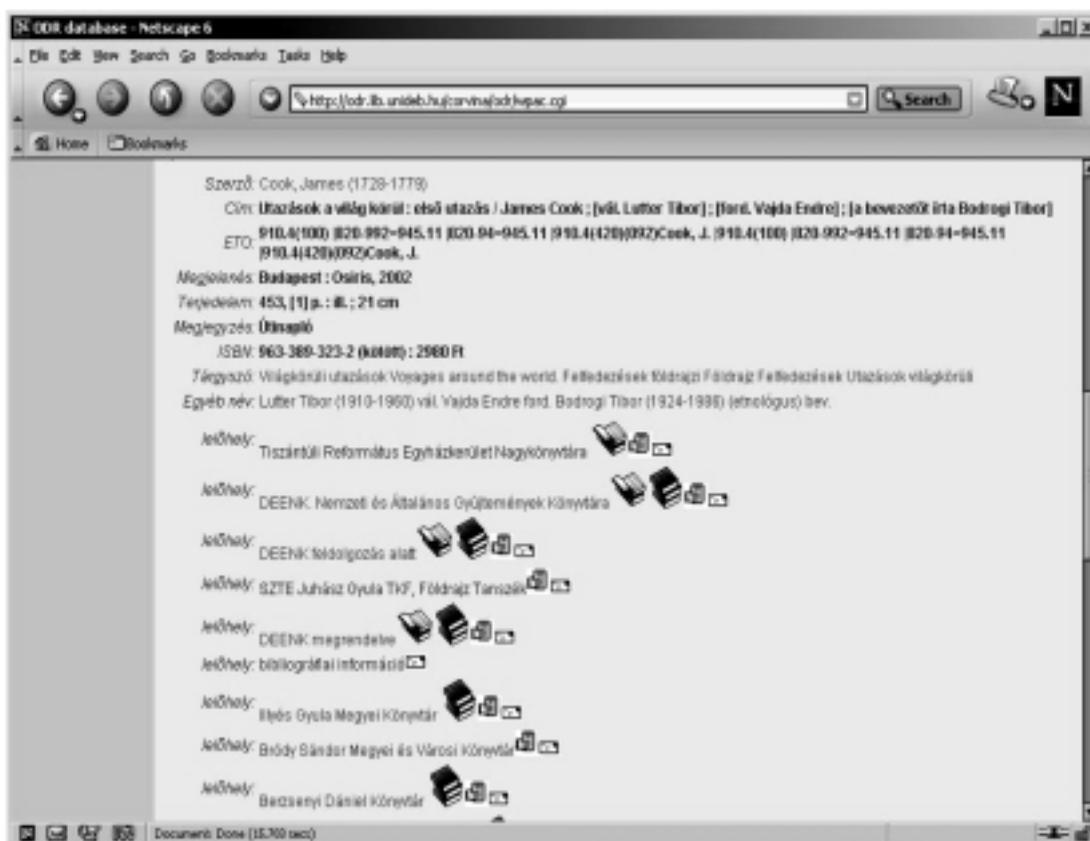
Display of local holdings

Local holdings can be displayed by clicking on



Long  format and we obtain the following information:

- Name/Code of the library
- Link to the home page of the library
- Link to the bibliographic data of the given item in the catalogue of the given library
- Link to the catalogue of the given library
- Link to the form for interlibrary loans
- Information on the given library, loan policy.



News from our Colleagues

Márta Virágos

By providing these options, the NDSS holdings' registry - besides making its own data accessible - helps libraries to use their own catalogues. This is ensured by 3 links:

(1) The name of the holding library is displayed as a link and by clicking on it we get to the library's home page

(2) The icon  next to the holdings' code shows a link on the record level in the catalogue of the given library; by clicking on it we get detailed information on the item and on its status

(3). In the case of libraries without links to the records, the icon  takes us to the starting page

of the local catalogue. Interlibrary loan for hits can also be started here through NDSS.

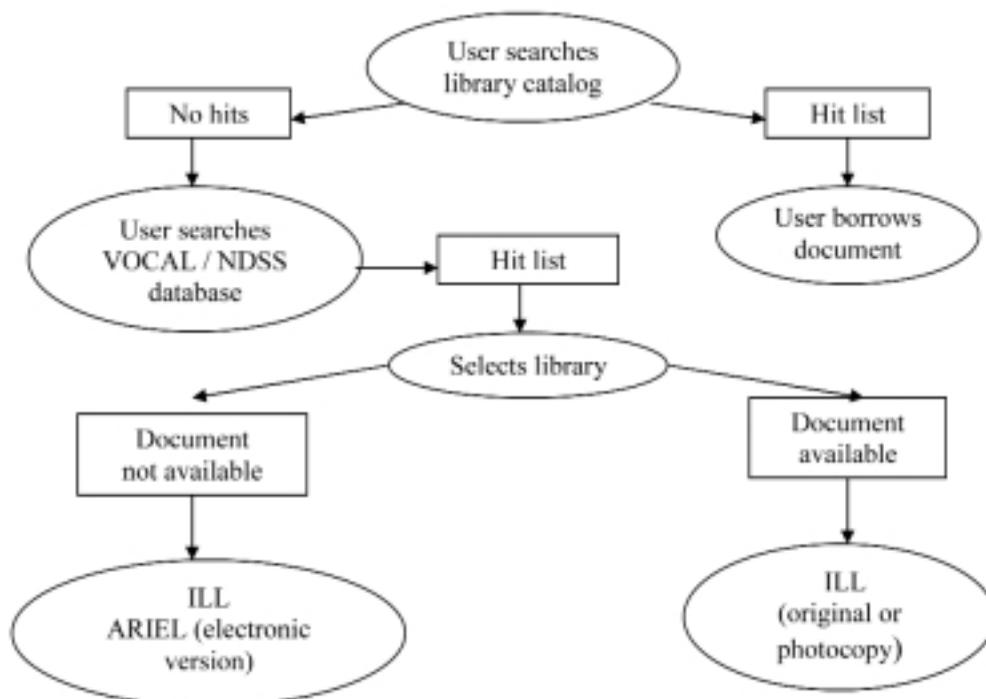
Electronic interlibrary lending

Interlibrary loans through the system can only be initiated by a registered library. Registration is

done through the form  offered on the screen. There are two ways of lending:

1. When the document is found in the database, by clicking on the icon of the library, a form will appear containing the most important data on the item as well as on the demanding and supplying library. It is also possible to add messages.

The user and NDSS



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2. An empty form is used when the user does not find a document in the database. The advantage is that the request is handled electronically, the NDSS holdings registry is available and the request is registered as an NDSS request.

In NDSS, the whole collection of the supplying libraries is available for the readers in some format. In NDSS, we speak of interlibrary document supply, which is not the same as the old interlibrary loan; in fact it is a new, quality service. The traditional interlibrary loan is, of course, part of it but electronic document supply has now been

added to it. NDSS is the realization of the principle of information supply made available to all citizens. NDSS is the heart of document supply. It is the center of an inner, radiating circle where every user of any library, whether public or not, may benefit from the service and get the information they need.

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Pharmaceutical Information Group (PHING)



A Glass of Wine, a couple of Canapes

Combing business with pleasure and the chance to network over a glass (or two!) of fine Spanish wine the PHING business meeting at the Santander Conference will end with a social get-together. **Pre-lunch canapes and drinks** at the event will be **free** as **Swets Information Services** are very kindly sponsoring the event which will take place on Friday 24th September 2004. You can find further information on the meeting in the agenda below, which will be chance to look back on the work of the last two years and to plan ahead



Certainly, given the already excellent portals for drug information PHING has no desire to re-invent the wheel however, we are often asked to suggest quality sites. So, as part of a revamping of the PHING web pages a list of first-class pharmacy sites are being added. As part of the relaunch of the pages there will be a competition open to all members of PHING and a chance to give us your opinions and suggestions for the site. As soon as the pages go online a message will be sent out via email.



To join PHING all you need to do is join the PHING email discussion list, EAHIL-P. To join just send an email to Listserv@listserv.kib.ki.se with the subject line blank, and then type in the message **Subscribe EAHIL-P** and then **your first name and surname**.

Looking forward to seeing everyone at Santander!

Michelle Wake
Linda Lisgarten
Giovanna Miranda

DRAFT AGENDA

- 1.Web Site
- 2.Pharmacy Themed Issue of EAHIL Newsletter
- 3.PHING Stream at the 10th EAHIL Conference, Cluj-Napoca, 11 - 16th September 2006
- 4.Evaluation of Pharmacy Databases
- 5.PHING Bylaws
- 6.Any Other Business

SWETS

Followed by **free pre-lunch canapés and drinks** sponsored by **Swets Information Services** (www.swets.com).

Theme Issue - International Collaboration

Winning Ways with Partnership Working



Winning Ways with Partnership Working

Partnership! Who would not agree that this is the way we should all be thinking and working? That wise bard Shakespeare said that 'no man is an island' but in today's global society no organisation, however small, is either. There is a need for new skills and knowledge to recognise and understand interdependencies and use new ways of working to manage the complexities and challenges of the modern world. But how easy is this and is there any evidence base for what works and what doesn't?

Included in a recent special issue of Health Information and Libraries Journal (Vol.21, supplement 1 June 2004. Guest editors S. Childs & S. Dobbins) on the theme of partnership working there is an excellent literature review providing an overview of the whole topic.¹ Did you know that

- *Partnerships are not a soft option but hard work*
- *Partnerships take time to develop*
- *Partnerships must be realistic and aim for what can be achieved, not be set up to fail by being too ambitious*
- *Partnerships can, if successful, achieve more than individual agencies working alone*

and that the benefits of partnership potentially include

- *Improved quality of solutions and increased capability of and capacity for response*
- *Aligning services more closely with user's needs*
- *Making better use of resources*
- *Stimulating more creative approaches to problems*
- *Wielding more influence on others?*

Is this all no more than plain common sense? We only have to look around us to know that just

because something is plain common sense does not mean it is easy to achieve. Partnerships are about people working together, having a positive regard for each other, understanding differences and valuing each other's contributions. How do we build and nurture a partnership mindset? We need to be sensitive and skilled in relationship building; we need to be flexible, adaptable and willing to explore new and different options and be prepared to learn from others; we also need to be willing to take responsibility and accept the risk of making mistakes; finally we need to keep the big picture in mind and be willing to work across boundaries, professional, organisational, sectoral, cultural and geographical.

The review quotes a source, which provides a concise summary of six principles for partnership working

- *recognize and accept the need for partnership*
- *develop clarity and realism of purpose*
- *ensure commitment and ownership*
- *develop and maintain trust*
- *create robust and clear partnership working arrangements*
- *monitor, measure and learn*

Wildridge and her partners have given us wide-ranging and comprehensive paper which has

¹ Wildridge, V. et al (2004) How to create successful partnerships - a review of the literature. Health Information and Libraries Journal, 21 (Suppl.1), 3-19

Theme Issue - International Collaboration

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consulted numerous sources, and concludes with a list of eight top reads. Amongst these I would single out a very practical and down earth account by Mattessich et al (2001) ². This short book uses an analysis of extensive research on partnerships to identify 20 critical success factors grouped into six categories covering environmental, membership, process and structure, communication, purpose and resource factors. The book also includes a detailed assessment questionnaire designed for use by people who are planning or participating in partnership projects. This can be purchased separately and is also available online at www.wilder.org/pubs/inventory/collaboration.htm The papers in this issue of the Newsletter are

rooted in the experience of individuals, who have found the commitment, time and energy to work for successful partnerships in a practical way. They are pioneers and, though their contexts and purposes are specific, their stories and experience confirm the lessons and principles drawn from the literature review. May they inspire us all.

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² Mattessich, P.W. et al (2001) Collaboration: What makes it work. 2nd edn. Saint Paul, Minnesota: Amherst H. Wilder Foundation.

Partnerships in the Baltics

Two Sister Library Partnerships of the International Section of MLA



Two Sister Library Partnerships of the International Section of MLA

These two partnerships are unusual in that they gathered broad based support from many members of the Medical Library Association, as well as vendor support, and support from associations that had a vested interest in these two countries. Vicki Croft was chair of the pilot project 1999-2001, and Donna Flake was chair 2001-2003.

Overview

In 1999 members of the International Cooperation Section of the Medical Library Association organized a committee named the Sister Library Initiative. The purpose of the Sister Library Initiative was to select two needy libraries in the world, do needs assessments of the libraries, and to solicit broad based support to meet the libraries' needs. The MLA Board provided structure, approved the solicitation of money and products, and defined the program as a pilot project. Websites describing the program include:

- **MLA-ICS Section description**
<http://southmed.usouthal.edu/library/testing/ics/sister.htm>,
- **The Latvian Library's description** -
<http://www.mzb.gov.lv/sister-l-p.htm>, and
- **Paper presented at MLA on this program:**
<http://qcom.etsu.edu/medlib/sislib/frame.htm>

This pilot project's duration was 1999-April 2003

The two libraries were:

- **The Medical Research Library at Latvia.** This library, located in Latvia's capital city-Riga, serves as the national medical library for Latvia. Founded in 1945, the library has 8 branches located throughout the country. About 8,000 physicians, health sciences professionals, and students use the library annually. The library's staff numbers 54.

- **The Holberton Hospital Medical Library is on the island of Antigua.** This library, established in 1970, is one of the few in the English speaking Caribbean. The hospital has 167 beds, 500 employees, and 20 doctors with admitting privileges. The library's staff is 2.

Major accomplishments of the program include:

- Providing DOCLINE setup, installation of Ariel software, and establishing a vast network of US and Canadian Libraries to give free Interlibrary Loans. A total of 1,920 Inter Library Loans (ILL) have been donated so far.
- Establishing a mechanism for free shipping from three key US cities, to both libraries
- Organizing US and Canadian libraries to donate books and journals to both libraries (over 5,800 items to Latvia, and over 1,400 items to Antigua)
- Soliciting support from library vendors to provide products money, and databases, obtaining these databases for Latvia - MD Consult, STAT! Ref, UpToDate, and obtaining these databases for Antigua - UpToDate, STAT! Ref, and 3 Ebsco Databases
- Soliciting MLA institutional membership for 2 years. MLA approved this.
- Providing the Antigua library with its first computer, and NLM providing Antigua its 2nd computer.
- Improving access to health information in

Partnerships in the Baltics

Donna Flake

Vicki Croft

both countries through the resources above, and increasing physicians' awareness and use of library services.

- As a separate motion, which was approved by the MLA Board, permission was granted to raise funds for Glendine Smith (Library Director of the Antigua Library) and Velta Poznaka (Library Director of the Latvian Library) to attend the MLA conference in May 2004.

The program was a pilot project, which ended in April 2003.

A world of thanks to Ms. Avril Reid for selecting us as one of the two needy libraries in the world, and for taking time out of her busy schedule to travel to Antigua to set up the new computer and to train me in DOCLINE, database and email. The other joy I feel is that of self-sufficiency. It gives me a sense of satisfaction when I can go straight to the system and retrieve relevant and accurate information in a timely manner; and to hear the Users say "This is just what I wanted."

Glendine Smith
Library Director
Holberton Hospital Medical Library
Antigua

Special appreciation was extended to the Nordic Association for Medical and Health Information (NAMHI). This group has provided advice and support to help the Latvian aspects of our program. Officers of NAMHI have been on the Sister Library Initiative's active listserv. Officers of NAMHI met with some of the Sister Library Initiative Members at MLA in 2000, at the 8th International Congress of Medical Librarianship in London in 2000, and at the EAHIL meeting in Italy in 2001. The NAMHI has provided important and highly valued insight and information. Special

thanks go to Eva Alopaeus (Chief Librarian; Kliniska Centralbiblioteket; Goteborg, Sweden), Elizabeth Husem (Head Librarian; The University of Oslo Library - Library of Medicine and Health Sciences; Oslo, Norway), and Liisa Salmi (Head Librarian; Kuopio University Hospital Library; Kuopio, Finland).

Of historical interest, each of the Nordic Countries was paired with a Baltic Country for assistance and advice: Sweden was paired with Latvia for a few years, and Eva Alopaeus of Sweden was the leader.

Evaluation and Lessons Learned

1. A program like this takes a tremendous amount of work and dedication. Our committee began with eight hardworking members. Due to health reasons and increasing work demands, some of the members could not maintain the same intensity of work on the Sister Library Initiative, as in the beginning. We added new members in April 2002.
2. The progress of the project was slower due to the lack of a computer and Internet access in Antigua. We were finally able to provide email access in December 2001 when the library was given its first computer with Internet Access. Prior to this, we communicated by fax, phone, and snail mail. If future sister libraries are selected and if the library lacks email access, then one of the first tasks of the committee should be to provide email access.
3. The administrators who oversee the library need to be supportive of the project and provide a letter of support at the beginning of the project.
4. MLA Focus and librarian listservs need to be used to letting MLA members know what is needed and how they can help. Do this first before expending a great deal of energy into contacting individual librarians for help. Later, individuals may need to be contacted.

Partnerships in the Baltics

Two Sister Library Partnerships of the International Section of MLA

5. Only select one sister library at a time. We selected two for our project and this divided what could be done for each library.

6. Training of the library staff is essential. One of our committee members from Trinidad traveled to Antigua to provide training for the project. She attempted to provide training in setting up the new computer, email, and database access in just one day. One of our committee members also traveled to Latvia to provide help and work with the needs assessment.

7. It is essential to get the support of a group that has a vested interest in the country or the geographic area of the Sister Library. We were very successful with this.

8. The library vendors were a tremendous source of support for this project. We thanked them in many ways:

- Thanked them in person at MLA meetings
- Thanked them at regional MLA Chapter meetings
- Invited them to the International Visitors Reception at MLA where we publicly

thanked them individually and also had a large sign thanking them

- Prepared a sign for each vendor with a colorful picture of the Latvian or Antiguan libraries using the vendor's products and stating what the vendor donated. These signs were hand delivered to the booths at the MLA meeting.

Transition Strategy

This was a pilot program that ended in April 2003. However, the accomplishments of the program continue because two committee members of the Sister Library Initiative volunteered their libraries to partner with the Antiguan and Latvian libraries.

The Charles M. Baugh Biomedical Library of the University of South Alabama in Mobile became the Sister Library for the Antiguan library. Ellen Sayed of the university is the primary contact. Ellen communicates with the Antiguan library and has developed a website for the Antiguan library and is providing distance education. The Antigua Library Director visited her sister library in Mobile, Alabama in May 2004.



*From left to right: Glendine Smith, Donna Flake,
Vicki Croft, Velta Poznaka*

Partnerships in the Baltics

Donna Flake

Vicki Croft

The Coastal AHEC Library in Wilmington, North Carolina has become the Sister Library of the Latvian library. Donna Flake is the primary contact. The Latvian Library Director visited her sister library in Wilmington, North Carolina in May 2004. Donna Flake visited the Latvian Library in 1999, and in 2003.

The major endeavors of these two new Sister Library programs are:

1. Help to promote and facilitate the continuing provision of document delivery to Latvia and Antigua.
2. Maintain a primary collegial relationship with Antigua and Latvia.
3. Try to obtain grant support

4. In the case of the Latvian Library, maintain and strengthen support for the Latvian Library from US-Latvian Associations.

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Thanks to the Project we have made friends and have benefitted from all the material support. Nothing in the history of our library has improved our library so dramatically. You have helped us to change our library's life.

Velta Poznaka

Library Director
Medical Research Library of Latvia
Latvia

Partnerships in the Baltics

Transfer of Knowledge: a Nordic-Baltic-Russian partnership



Transfer of Knowledge: a Nordic-Baltic-Russian Partnership Programme for Medical Libraries.

Abstract

A Nordic/Baltic health libraries programme was initiated in 1994, and in 2001 medical libraries in St. Petersburg were included. Several initiatives have developed: continuing education programme; study tours; participation at international conferences, etc. The whole principle of cooperation depends on our mutual willingness to share professional ideas and information.

Human contact and communication are all important in partnerships - to share information, develop professional skills and awareness, and promote the interchange of ideas. To be successful and sustainable there must be a two way process!

Jean Shaw, UK.

Medical and health sciences librarianship has always been international by nature. Co-operation and networking on an international level have been necessary to find and acquire relevant medical knowledge and information. Medical librarians from all over the world must co-operate in order to support and promote an international free flow of medical information.

Nordic-Baltic cooperation

A Nordic/Baltic health libraries programme was initiated in 1994 when Nordic medical librarians met with Baltic colleagues in connection with the 4th EAHIL Conference in Oslo. This was in accordance with EAHIL's aim to establish bilateral agreements between European libraries, library associations etc

Following this meeting several initiatives have developed. The objectives have been to include health library professionals in the Baltic countries in international networks to share knowledge and motivation and to learn new library working methods.

Norway-Lithuania

Within the framework of the Nordic-Baltic partnership programme, Norway and Lithuania have established a special bilateral programme, with Norwegian Library Association, Section for Medicine and Health (SMH) and Kaunas Medical University Library as the main partners.

The first project was to provide medical textbooks according to priority lists from the medical libraries in Kaunas and Vilnius. Norwegian libraries and publishers contributed.

The second project was to provide free photocopies. Norwegian Library Association, Section for Medicine and Health (SMH) encouraged Norwegian medical libraries to provide free photocopies to Kaunas and Vilnius. At the beginning, in 1997, about 20 Norwegian libraries participated. Today 40 libraries participate, mostly Norwegian, but also from other Nordic countries.

Continuing education programme – *Transfer of Knowledge*

In 1999 SMH started working on a continuing education programme for Baltic librarians, in cooperation with our Danish sister association and Kaunas Medical University Library. The courses

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Elisabeth Husem

Eva Alopaeus

were free and open to librarians from all three Baltic countries. The language of instruction and documentation was English. The documentation was translated into the three Baltic languages. The purpose of translating was both to facilitate the learning for the course participants and to make the material accessible for others. The material was distributed on the Baltic medical libraries' homepages.

Transfer of Knowledge I

Five days of Continuing Education courses were held in Kaunas, Lithuania, in March 2000.

29 librarians from Lithuania, Latvia and Estonia attended the courses. Evaluation by the participants showed that the courses were useful and appreciated and expressed needs and requests for new ones.

Transfer of Knowledge II

In April 2002 the second Continuing Education programme for Baltic medical librarians was arranged in Kaunas, with 34 participants, including 3 librarians from St. Petersburg. The eight course holders came from Denmark, Sweden and Norway. Evidence Based Health Care was one of the main topics. Again, the language of instruction and documentation was English, and the documentation was translated into the Baltic and Russian languages. Many of the participants came to the courses for the second time, and without doubt, had made progress both professionally and in their knowledge of English. A couple of the librarians from the first course had experienced higher professional status after having been introduced to evidence based medicine and were able to transfer their new knowledge to their own users.

The courses in 2000 and in 2002 were financed by the Nordic Council of Ministers, SMH and the institutions of the Norwegian, Danish and Swedish librarians who participated as course holders and administrators. Kaunas Medical University Library

acted as local organizer.

Participation at international conferences

The partnership programme has included Baltic and Russian (St. Petersburg) participation at international conferences for medical and health libraries, as an important means to transfer international professional knowledge. Three librarians from St. Petersburg participated for the first time, in addition to many participants from the Baltic countries at the Nordic-Baltic-EAHIL workshop in Oslo in June 2003. Two librarians from St. Petersburg will attend the EAHIL conference in Santander in September this year. One of them will also present a paper.

Study-tours

As part of the *Transfer of Knowledge* programme, six Lithuanian health librarians came to Oslo in 2001 on a study tour. The programme included visits to several medical libraries and health institutions. The Lithuanian librarians met with many Norwegian colleagues, and gave presentations of their libraries. We got valuable and informative insights into Lithuanian medical libraries and institutions. This successful meeting contributed in fulfilling our aim of a mutual transfer of knowledge.

In connection with the workshop in Oslo 2003, the librarians from the Medical Academy of Postgraduate Studies (MAPS) visited the University Library for Medicine and Health (UMH) for two days.

UMH plays a major role in the programme, being the largest medical library in Norway and as an international MEDLARS centre committed to international cooperation.

In October 2003 a group from NAMHI and UMH visited medical libraries in St. Petersburg.

Partnerships in the Baltics

Transfer of Knowledge: a Nordic-Baltic-Russian partnership

Task Force and St. Petersburg

The Task Force on Communicable Disease Control in the Baltic Sea Region was established by Heads of Government and the President of the European Commission at the Baltic Sea States Summit in Kolding, Denmark, in April 2000. (<http://www.baltichealth.org>). In 2001 SMH was invited to join the Task Force project because of our experiences in cooperation and the network already established in Lithuania and the other Baltic countries. In September the same year, two members from SMH together with Meile Kretaviciene, Kaunas went to St. Petersburg to visit MAPS which is one of the main partners in the Task Force programme. A plan of action and cooperation was made and thus the MAPS library was included into the Nordic-Baltic partnership programme.

Transfer of Knowledge III

In April 2004 ten years of cooperation with the Baltic countries were celebrated in Kaunas. The medical librarians in the Baltic countries are now so skilled and their professional level so high, that there is no need for further courses. However a "Transfer of Knowledge III Workshop" was organized with activity from all participants. Each Baltic library shared with us experiences from their own library, telling us whether the courses have had any effect on their way of working, on their attitudes towards their users etc. We were very much impressed by their professional presentations and their confidence and excellent English. In addition to these presentations, there were papers given about EBHC and on the Open Library: open the collections and reorganize the physical library. http://www.norskbibliotekforening.no/smh/smh_balt/activities/transfer3.html

Evaluation

The experiences from the activities performed so far show that this kind of sharing of knowledge through personal and professional contact over time is very effective. Some of the most important

results are professional cooperation and a continuous exchange of experiences, new knowledge and ideas. The participants report the activities to be both useful and appreciated, and that they experience higher professional status and the ability to transfer knowledge to their own users. The Baltic countries have also established a professional association as a result of the programme - The Baltic Association for Medical Libraries.

Transfer of Knowledge IV – from Kaunas to St. Petersburg

The Transfer of Knowledge courses and meeting will continue, not in Kaunas, but in St. Petersburg. We want to build on the experiences and the network developed so far with the Baltic countries, and we will need the support and cooperation of our Baltic colleagues, and their knowledge of Russian culture and language. In June this year, courses were organized for the first time in St. Petersburg, with the focus on Evidence Based Health Care. The course holders came from Finland, Sweden and Norway, and 19 participants attended, three of them from Estonia. The language of instruction was English, with some written documentation in Russian. However, the participants received active oral support and help in Russian from two colleagues from Kaunas. Their knowledge of the Russian language and their former experience with the *Transfer of Knowledge* courses made them perfect facilitators. The evaluation given by the participants after five days of courses was very positive and they welcomed us back in the near future - with more Evidence Based Health Care - and a handful expressed a need to know more about how to build portals and web sites. Many of them expressed the desire to make study tours to the Nordic countries. We hope we are able to raise the funds necessary to make this possible.

Our ambition is to run the partnership programme over a few years in order to establish a continuity

Partnerships in the Baltics

Elisabeth Husem

Eva Alopaeus

that allows the programme to escalate according to needs of the participants and the funding available.

Lessons learned

This article starts with a quotation from Jean Shaw. Jean says that cooperation is a mutual thing. The *Transfer of Knowledge* project has been a very mutual thing. The project has had a strong and willing partner in Meile Kretaviciene and her library in Kaunas. Meile's active and positive

attitude towards cooperation has been 'a critical success factor' and so has the attitude of the SMH members who see the value of international cooperation and are willing to see part of their membership fees go to this type of work. Also the contributions from our Nordic lecturers have been essential. The whole principle of cooperation depends on our mutual willingness to share professional ideas and information.

Project partners:

The Norwegian Library Association, Section for Medicine and Health (SMH)
Kaunas Medical University Library

The University of Oslo Library: Library of Medicine and Health Sciences (UMH)

The Nordic Association for Medical and Health Information (NAMHI)

The Baltic Association for Medical Libraries (BAML)

Medical Academy of Postgraduate Studies Library, St Petersburg (MAPS).

Task Force on Communicable Disease Control in the Baltic Sea Region.

SMH acts as project coordinator and administrator

http://www.norskbibliotekforening.no/smh/smh_balt/index.html



Nordic and St Petersburg colleagues. Picture taken at MAPS library in St Petersburg

Elisabeth Husem

University of Oslo

Library of Medicine and Health

Eva Alopaeus

Kliniska centralbiblioteket

Sahlgrenska universitetssjukhuset

Göteborg, Sweden

with support from

SMH's Baltic-Russian

committee's members

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News from Santander



9th EUROPEAN CONFERENCE OF MEDICAL AND HEALTH LIBRARIES

*From Altamira Until Now:
Information Transference Ways*
Santander, September 20-25, 2004

PROGRAMME OVERVIEW

Monday – Wednesday September 20-22

Continuing Education Courses

Wednesday, September 22

9.00-17.00	Registration
9.00-14.00	Board Meeting
14.00-16.00	Council-Meeting
17.00-18.00	Opening Ceremony
18.00-19.00	Opening Exhibition
20.00	Welcome Reception

Thursday, 23 September

8.30-15.00	Exhibition
9.00-10.00	Plenary Sessions
10.00-10.30	Coffee
10.30-11.30	Parallel Sessions
11.30-12.30	Product Presentation
12.30-14.00	Lunch
14.00-15.00	Parallel Sessions
15.00	Visit to Altamira Caves and Santillana del Mar.
20.00	Cocktail

News from Santander

Friday 24 September

8.30-18.30	Exhibition
9.00-10.00	Plenary Sessions
10.00-10.30	Coffee
10.30-12.30	Parallel Sessions
12.30-14.00	Lunch
14.00-15.30	Posters Sessions
15.30-16.30	Parallel Sessions
16.30-17.00	Coffee
17.00-18.30	General Assembly
20.30	Dinner Party

Saturday 25

8.30-13.00	Exhibition
9.00-10.30	Parallel Sessions
10.30-11.00	Coffee
11.00-12.00	Plenary Session
12.00-12.30	Closing Ceremony
12.30	Farewell Lunch



Magdalena Palace

Social Activities



Wednesday

20.00	Welcome Reception in Palacio de la Magdalena
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Thursday

15.00	<i>Educational Tours</i> Neocueva and Santillana del Mar.
20.00	Cocktail

Friday

20.30	Dinner Party
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Saturday

12.30	Farewell Lunch
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*Maria Francisca Ribes Cot
LOC, Santander, bibrcm@humv.es*

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News from Santander

Meet the Teachers of the CE Courses in Spain



Fernando Martin-Sanchez and Ana Yarte

From the Institute of Health "Carlos III", Madrid, Spain

Title of Course: *Human Genome Information for Librarians*

Dr. Martin-Sanchez earned his bachelor's degree in Biochemistry and Molecular Biology in 1986 from the Autonomous University of Madrid and received a MSc in Knowledge Engineering in 1987 and a PhD in Computer Science in 1990 from the Polytechnic University of Madrid.

He was a postdoctoral fellow at the Emory University Hospital-Georgia Institute of Technology Joint Research Program in Biomedical Informatics. He has had extensive training in information and communication technologies, human genetics and public health.

Dr. Martin-Sanchez served 5 years (1993-1998) as Chief of Information Systems of the Institute of Health "Carlos III" before his promotion to Head of the Medical Bioinformatics Department, where currently leads a multidisciplinary research team (biology, medicine, pharmacy, informatics, chemistry, statistics) of fourteen members. His unit coordinates the Spanish Biomedical Informatics Research Network that groups 100 researchers from 13 academic and healthcare centres and participates very actively in the recently funded (2004-2006) INFOBIOMED Network of Excellence, funded by the European Commission, under its Sixth Framework Programme.

Since 2000 he has been Assistant Professor of Bioinformatics at the School of Biomedical Sciences of the Francisco de Vitoria University and is also teaching biomedical informatics in postgraduate courses in other Spanish and Portuguese universities and in the National School of Public Health of Spain.

His two areas of research focus include biomedical informatics and applications of microarrays in health. His research has been supported by grants from funders including the European Commission,

Spanish Ministries of Health, Defense, and Science and Technology. He has been evaluator on projects for the Spanish Biomedical Research Fund (FIS), the National Assessment and Prospective Agency (ANEP) and the European Commission.

Dr. Martin-Sanchez is active in the American Medical Informatics Association, International Society for Computational Biology and is a member of the Board of the Spanish Health Informatics Society and its representative at the International Medical Informatics Association (IMIA). He is a member of the Scientific Program Committee of MEDINFO 2004 (World Congress on Medical Informatics). He has extensive experience in the organization of scientific activities, serves on numerous advisory committees on matters relating to health informatics and has presented widely and published extensively in health issues related to genomics, microarrays and informatics in both biomedical and technical conferences and journals. He is on the editorial board of several publications, including *Methods of Information in Medicine*, *Yearbook of Medical Informatics*, among others, and sits on numerous biomedical informatics review panels.

Suzanne Bakker
CEC Coordinator
s.bakker@nki.nl

News from Santander

Meet the Teachers of the CE Courses in Spain



Ana Yarte is a technical information specialist at the National Library of Health Science (BNCS) and she is serving as the coordinator between scientific information and the research of the Health Institute Carlos III (ISCIII) of Spain.

Currently she is developing educational programs on molecular biology databases, collaborating with the Bioinformatics and Public Health department and participating in the research project entitled "Analysis of the skills, knowledge and motivation needed for the development of a new function among medical librarians that will consist of the accession and management of Human Genome data and their clinical applications"

She recently has developed a Spanish course for medical professionals on "Information about Human Genome Project" and was a lecturer at the Master degree of Public Health in Spain and also in

the continuing program in CRICS (Mexico) May, 2003.

In March 2003 she attended the course called "Introduction to Molecular Biology Information Resources" given by Renata Geer of the National Center for Biotechnology information" NLM/NIH. Bethesda, Maryland.

Her duties included management of electronic journals, periodicals and specialized databases. She has been providing technical support for nine years to users of ISCIII databases and promoting electronic scientific information access.

Don't Forget !

EAHIL MEETINGS IN SANTANDER

The EAHIL Council meeting

on

Wednesday 22nd September at 14⁰⁰ – 16⁰⁰

The EAHIL General Assembly

on

Friday 24th September at 17⁰⁰ – 18³⁰.

News from Palermo

Call for Papers

EAHIL WORKSHOP **Palermo, Sicily** **June 23 - 25, 2005**



Implementation of quality systems and certification of biomedical libraries

Preliminary Announcement and Call for Papers

“Sicily is shaped in the famous *Trinacria* 3 points. It gives the idea of being stretched out towards far away countries which has contributed in various ways to the history of the Island and left a piece of their culture behind”

This workshop is dedicated to Luigina Lazzari, our friend and colleague
Website: <http://www.pa.izs.it/eahil>

SCIENTIFIC COMMITTEE

Manuela Colombi, Patrizia Gradito, Co-Chairs

B. Madge (UK), J. Carlsson (Sweden), L Cavazza (Italy), V. Comba (Italy), M. Curti (Italy), P. Flor (Norway), E. Husem (Norway), V. Pistotti (Italy), G. Poppi (Italy), P. Rajakiili (Finland), F. Rump (Germany), N. Trzan-Herman (Slovenia), E. Veronesi (Italy)

Local Organizing Committee

S. Caracappa, S. Naselli, S. Dara, P. Tronca

E. Aliberti, A. D'Orazi, L. Fruttini, S. Guarise, L. Lombardi, L. Pitaro, E. Piras

The Organizing Committees wish to thank the Istituti Zooprofilattici (Italy) for their invaluable cooperation.

News from Palermo

EAHIL WORKSHOP – Palermo, Sicily – June 23 - 25, 2005

Quality in the Library or a Quality Library?

For years, the definition of the library quality parameters, as well as the standardization of the library service, has been discussed by the librarians from all over the world, from the USA, to Europe and Australia.

Quality assessment is vital to appreciate the performance level of the library, so as to raise the service standards, to optimize the available human and financial resources and to improve the response to users' demands.

We are now defining the criteria of accreditation systems of libraries and their printed and electronic publications, based upon the satisfaction of established requirements.

The members of the organizing committee hope that the occasion of this event will pave the way to an overall and homogeneous development of the library as an institution and especially, of the librarians, furthering the processes of re-training and growth.

Themes of the workshop

1. User's needs

How to develop library products for users: portals, e-learning, e-publishing

How to evaluate users' satisfaction

How to evaluate information resources

Multidisciplinary teams: librarian, health professional, researchers

Performance management

2. Quality of provided services

How to evaluate the quality of products/ services

New strategies for managing quality services

Analysis of key factors for the management of change

Benchmarking

External assessment

Evidence-based librarianship

3. International standards and guidelines

Quality criteria for portals

Guidelines as standards to measure quality

Standards for interactive and web based teaching programs

Standards for consumer health information

Models and standards for knowledge management

How to submit an abstract

Abstracts must be submitted to the Scientific Programme Committee in English and must arrive before November 15, 2004.

The only method to submit an abstract is via the webform. There is a template available on the workshop website <http://www.pa.izs.it/eahil> which will ensure you include all necessary details.

Please specify if the presentation would be oral or poster. If accepted, the final paper should be sent not later than February 28, 2005. Any paper not received by this date may be removed from the programme on decision of the Scientific Committee. You will need to register for the workshop and to pay the registration fee in full. Acceptance of your paper does not, sadly, bring any promise of financial support.

For registration rates look at the website.

DATES TO REMEMBER

November 15, 2004

Last date for abstract submission

December 20, 2004

Contributors advice of selection

January 31, 2005

Acceptance by the authors

February 28, 2005

Deadline for receipt of accepted papers

For further information:

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- Newly Reorganized!** **Journal of Consumer Health on the Internet™** (Formerly *Healthcare on the Internet!*) (Skc: 1381)
- New!** **Journal of Electronic Resources in Medical Libraries™** (Skc: 1382)
- Established!** **Journal of Hospital Librarianship™** (Skc: 1180)
- Established!** **Medical Reference Services Quarterly™** (Skc: 1115) Covered by MEDLINE/PUBMED.

JOURNALS COVERED BY INDEX MEDICUS AND MEDLINE/PUBMED:

- Gerontology & Geriatrics Education™** (Skc: 1021)
- Journal of Addictive Diseases™** (Skc: 1069)
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JOURNALS COVERED BY MEDLINE/PUBMED:

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- Journal of Health Care Chaplaincy™** (Skc: 1080)
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- Journal of HIV/AIDS & Social Services™** (Skc: 1187)
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- Journal of Musculoskeletal Pain™** (Skc: 1094)
- Journal of Neuropathic Pain & Symptom Palliation™** (Skc: 1026) **FORTHCOMING!**
- Journal of Neurotherapy™** (Skc: 1184)
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- Journal of Psychosocial Oncology™** (Skc: 1077)
- Journal of Social Work in Long-Term Care™** (Skc: 1181) **NEW!**
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Theme Issue - International Collaboration

Alessandra Ceccarini

Maurella Della Seta



The Italian Translation of NLM MeSH : a Collaboration between NLM and ISS

Introduction

The Italian translation of MeSH (Medical Subject Headings) of the National Library of Medicine (NLM) of Bethesda (USA) developed from a collaboration between the NLM and the Documentation Sector of the Istituto Superiore di Sanità (ISS).

The ISS acts as the National Reference Center for MEDLARS (Medical Literature Analysis and Retrieval System), according to the agreement signed in 1978 between the Italian Government and the NLM. As the Italian MEDLARS Center, the Documentation Sector gives help and advice to operators in the National Health Service interested in searching and navigating free Web NLM databases, as well as organising training and updating courses on searching features of the NLM systems.

Background

The Italian MeSH translation was conceived in order to join NLM's Unified Medical Language System® (UMLS®), a project for the development of computer systems able to understand the meaning of the biomedical and health-related language (1-3). The Metathesaurus, a repository of inter-related biomedical concepts, is the core component of the UMLS. It is a very large, multi-lingual vocabulary, which collects over 2 million terms for almost 900,000 concepts and 12 million relations among them. MeSH translations available from International MEDLARS Centers, including the Italian one, were integrated for the first time in the 2000 Metathesaurus, and updated in the following editions.

The first idea of translating MeSH arose in 1997, when data were downloaded from NLM for a pilot trial. Since no *ad-hoc* financial support for this project was granted, translators were recruited among ISS staff on the basis of personal curricula

(knowledge of English, linguistic studies, translation experience, scientific background).

In collaboration with our data processing unit, a database was created in Microsoft ACCESS and distributed on the Local Area Network (LAN) for translation. Each record comprised the following fields: English MeSH, Italian translation, original scope note, annotation for translators, synonyms, and translator names. Later on, a search form was created for retrieving translated terms on the Intranet for internal staff use.

The Translation: Facing the Problems

The translation which began in 1998, was carried out by five people alternating in the project on a part-time basis for almost four years (4). The first difficulty was the almost total lack of updated biomedical linguistic tools in Italian-English, which created the need for critical evaluation and collation of the few existing dictionaries. A major problem was also the specificity of language and the fact that some scientific English terms are becoming part of Italian language and often cannot be translated, for instance "fingerprinting" when referring to DNA. The translation progressed according to NLM categories from A to Z with a few exceptions, due to logical reasons. Category A (Anatomy) and category C (Diseases) were translated together during the first year, because of relevant links between anatomical parts and relative diseases. Category D (Chemicals and Drugs) was left to the end, due to its intrinsic difficulties and size. For each category,

Theme Issue - International Collaboration

Italian Translation of NLM MeSH

subcategories were assigned to translators without following a semantic path; thus for instance the anatomy of the respiratory tract and respiratory diseases were translated by different persons. In fact, having different translators working on the same fields resulted in many advantages, because different sources and different minds produced a natural correction of the final product, through mutual exchange of points of view. Of course, most fields of relevant importance were also revised by experts.

A separate mention should be made for category A (Anatomy) (5), where terms are so specific that bilingual tools available do not always give hints for translation. Furthermore, due to historical and usage-derived nature of the subject, many anatomical terms have ancient origins, deriving either from Greek or Latin. The problem was solved by searching for terms in anatomy atlas tables, and comparing part names in Italian and English. It probably is the most difficult section, because there is only one right way of naming parts of the body, while in other categories synonyms

**Istituta Superiore di Sanità
SED - SEDO**

Consultazione Termini Mesh e Relativa Traduzione

Introduzione al MeSH

Traduzione a cura di: Alessandra Ceccarini, Maurella Della Setta, Adriana Dracos, Daniela Mautoli
Sviluppo sistema informatico a cura di: Eugenio Carrani, Daniela Mautoli, Paola Rozzi

Termine

MESH inglese **MESH italiano**

Istruzioni per la ricerca:

- è possibile cercare anche parte del termine utilizzando il simbolo asterisco (*) per troncatura a destra e/o a sinistra;
- premendo i pulsanti 'MESH italiano/inglese', comparirà la lista dei termini in italiano/inglese contenente il termine cercato (fondo colorato) con a fianco la traduzione;

SIUP

*Figure 1 - The Italian MeSH translation search form.
Truncation of terms is possible both on the right and on the left*

Theme Issue - International Collaboration

Alessandra Ceccarini

Maurella Della Seta

MESH inglese	MESH italiano
DNA Probes, HPV	Sonde di DNA per HPV
DNA Repair	Riparazione del DNA
DNA Repair Enzymes	Enzimi della riparazione del DNA
DNA Repeat Expansion	Espansione di DNA repeat
DNA Replication	Replicazione del DNA
DNA Replication Timing	Tempo di replicazione del DNA
DNA Restriction Enzymes	Enzimi di restrizione del DNA
DNA Restriction-Modification Enzymes	Enzimi di restrizione-modificazione del DNA
DNA Sequence, Unstable	Sequenza di DNA instabile
DNA Shuffling	DNA Shuffling
DNA Topoisomerase IV	DNA topoisomerasi IV

Informazioni Codice NCI	
Traduttore	<input type="text"/>
Aggiornato il	<input type="text"/>
Visto da	<input type="text"/>
Nota d'ambito	The temporal order in which the DNA of the GENOME is replicated.

Figure 2 - The Italian MeSH translation.

Results of the search for terms beginning with DNA (truncated).

and even almost synonyms can be accepted. Category B (Organisms) created a few difficulties for translation of a very specific genera, but, since all terms were in Latin, the original form was kept. Category E (Analytical, Diagnostic and Therapeutic Techniques and Equipment) was quite interesting and difficult, due to the specificity of the matter, where usually acronyms are used. Subcategory E6 (Dentistry) was entirely revised by a specialist, due to an absolute lack of translation sources in Italian. For Category N (Health Care), many terms were left in English, followed by the specification (USA), because of differences between American and Italian realities as regards social and health services and resources.

Particular attention was devoted to fields relating to areas of interest in which our Institute plays a role at a national level, such as food, environment, toxicity, pharmacology, prevention and epidemiology of diseases. The final step was the translation of subheadings and publication type records.

Data transfer to NLM

Each year, new data were transferred to NLM and both our data processing unit and NLM MeSH staff faced additional problems of transmission, basically due to differences between Italian and US standards. Furthermore, each year new terms and deleted/revised terms were translated, which

Theme Issue - International Collaboration

Italian Translation of NLM MeSH

accordingly implied a revision of previous translation in the concerned areas. New terms are usually very difficult because they witness newborn scientific areas, where there is not always a corresponding translation available in Italian. The NLM has recently developed, thanks to a two-year project, the MeSH Translation Maintenance System, which has made possible a direct access to the database, after migration of all vocabulary data from the old Model 204 maintenance environment to an Oracle-based client-server system (6-7). MeSH structure has been refined with the introduction of concepts, representing classes of synonymous terms within a descriptor class. Translators can now work on-line and compare translations in other languages. From 2004, data transfer will be no longer needed.

In everything, Dr. Stuart Nelson, Head of the NLM MeSH Section, and his staff contributed notably to our work, and we gratefully thank them for their helpful advice and consideration (8).

Applications of Italian MeSH Translation

Our translation has been adopted by the ISS Library for indexing and cataloguing printed matter, as well as for keyword assessing of internal publications. Many Italian libraries also asked for the translation, wishing to standardize their efforts in the field of biomedicine cataloguing. Therefore, the Italian translation of MeSH will be put on our web site in a very short time, and will be available

at no charge for the scientific community. According to NLM future developments, it might be possible to search PubMed and Medline-based files directly in Italian.

The Team

The Italian translation of MeSH was carried out under the responsibility of Adriana Dracos and coordinated by Maurella Della Seta.

Translation: Alessandra Ceccarini, Maurella Della Seta, Italo Gentilini, Daniela Minutoli, Letizia Sampaolo

Information systems: Eugenio Carrani, Daniela Minutoli, Paolo Roazzi

Web application: Maurizio Ferri

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Theme Issue - International Collaboration

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http://www.nlm.nih.gov/mesh/presentations/oslo_2003_june/index.htm
- (8) A complete list of MeSH staff presentations and publications can be found at:
<http://www.nlm.nih.gov/mesh/staffpubs.html>

Theme Issue - International Collaboration

HINARI: Access to a Healthier Future



HINARI: Access to a Healthier Future

In March 2001, the World Health Organization began a health information collaboration, which now spans over 100 countries. WHO, in partnership with the BMJ Publishing Group, approached the six largest medical journal publishers to request free or low-cost access to their online journals on behalf of the world's poorest countries.

The idea stemmed from a meeting convened by WHO, in April 2000, where researchers from developing countries determined that the best solution to diminishing the health information gap was to improve access to published literature. The idea was enthusiastically accepted and in January 2002, the Health InterNetwork Access to Research Initiative (HINARI) was launched.

Initially, free access to HINARI was offered to health and medical institutions in 69 of the world's lowest-income countries. The initiative later expanded to include 44 additional countries who could receive access at a nominal price. Eligibility is based on the countries' per-capita annual gross national product (GNP). Institutions in countries with a GNP of less than \$1,000 receive access to the journals free-of-charge, and those in countries with a per-capita GNP of \$1,000 to \$3,000 pay \$1,000 per year. The current package of online journals offered by HINARI has an estimated value of \$750,000 to \$1 million. All fees collected from participating institutions go directly to improving and supporting HINARI user services.

The preliminary statistics for the program have been extremely encouraging. Since its inception, HINARI staff have registered over 1000 institutions from the 113 eligible countries. The categories of institutions eligible to access the system are: national universities, research institutes, professional schools (medicine, nursing, pharmacy, public health, dentistry, etc.), teaching hospitals, government offices and national medical

libraries. All staff members, students and walk-in users are entitled to access to the journals. In 2003 alone, it is estimated that individuals from participating institutions downloaded more than one million articles. In general, the response HINARI has received has been overwhelmingly positive. Though there is no quantitative data demonstrating direct health benefits from accessing HINARI, WHO staff get regular correspondence from participating institutions, praising the system and recounting the value it provides local users

Unfortunately, not every eligible institution is able to benefit from HINARI. Even in countries where HINARI is free-of-charge, there are often residual costs that can impede use. Major issues or costs that can hinder access include the high price of internet connectivity (which can translate to poor or no online access), little or no computer equipment, and the additional costs of paper, toner and even electricity, which can create barriers to using the system. Other secondary issues affecting access include user training and information overload. For many, this sudden abundance of information can be overwhelming. New users, who are unaccustomed to such unrestricted access, may find it difficult to differentiate between sources, often not locating what they really need.

This is why it is so important that we work to strengthen links with medical and health libraries. Based on the data generated from the HINARI system and the anecdotal information provided by

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its users, it is clear that this project is a necessary one. It is also clear that more needs to be done to support this important service. We must work together to increase the ability of eligible libraries to use the system, in order to improve access to health care and medical research in developing countries.

Currently, there are over a dozen countries in Eastern Europe* who have access to HINARI, many of whom are unable to fully access the system. Since it is one of EAHIL's primary aims and objectives, "to strengthen links with medical and health libraries in Eastern and Central Europe", the question needs to be asked, what can EAHIL and its members do to support and improve access for institutions in these countries? As we know, information is an incredibly powerful tool. It has the ability to change lives. With the support of groups like EAHIL, we believe that better health care in poor countries is possible.

Here are just a few ways you can get involved:

- Promote HINARI to your colleagues in eligible countries.
- Create promotional materials that might be too costly for local libraries to produce - so they can "spread the word" to their members.

- Assist local librarians in organizing and implementing training (HINARI can provide you with training materials).
- Provide funding for an eligible institution's \$1,000 annual subscription fee.
- Assist libraries in the grant requesting process to generate the funds necessary to utilize fully the system.

We hope that these suggestions will encourage European librarians to develop collaborations with the medical and health libraries in Eastern Europe who are eligible for HINARI. It is only through the work and support of people like you, that health care in poor countries can and will improve. If you would like additional information about HINARI or about how you can get involved, please go to our website at: www.healthinternetnetwork.org or contact us directly at hinari@who.int.

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* Countries in Europe Eligible for HINARI Access

Countries in Europe whose institutions are eligible for free access	Countries, areas and territories in Europe paying \$1000/year/institution
(GNP per capita < \$1000): Albania, Republic of Moldova Armenia, Tadjikistan Azerbaijan, Turkmenistan Georgia, Ukraine Kyrgyzstan, Uzbekistan	(GNP per capita \$1000-\$3000): Belarus, Latvia Bosnia-Herzegovina, Lithuania Bulgaria, Romania Kazakhstan, Serbia and Montenegro Kosovo, The Former Yugoslav Republic of Macedonia

Partnerships in Africa

Partnerships With Low-Resource Countries



Partnerships With Low-Resource Countries

Abstract: Partnerships in Health Information was set up to initiate and support library partnerships between libraries in developed and low-resource countries. This article describes the activities, achievements and problems facing them. Though some factors influencing success are unique to such international partnerships, many are universal in contributing to the success or demise of any type of collaborative initiative.

Keywords: Partnerships, Africa, Low-Resource countries

I cannot imagine that there are many active members of EAHIL who do not understand the potential impact of evidence-based practice on the health of the community they serve. Yet there are great swathes of population outside developed countries where this concept is little known by the health professions or librarians. Partnerships in Health Information (Phi) believes passionately that knowledge should be shared and that working with health science librarians in low-resource and developing countries will be beneficial to global health.

A shared commitment by the partners to a specific programme or objective is, in our view, the single most important factor in a successful partnership. I suspect that this is true whether you wish to work with an international partner in a developing country or in one of the richer parts of the world and is borne out by a recent survey of the literature on partnerships between information services .¹

Phi identified the need for continuing professional development for librarians as a priority after attending one of the Congresses of the Association for Health Information and Libraries in Africa. It was apparent that this biennial event was one of the very rare opportunities for African health science

librarians to exchange ideas and pursue their own professional development. The same view is shared by the librarians in the partnerships Phi has created between U.K. health science libraries and those in Sierra Leone, Uganda, Kenya and Chechnya (the last two have been agreed but not funded).

Making professional development a priority, allows a great deal of flexibility in meeting the needs and desires of the librarians from the countries concerned, while balancing them with U.K. concerns - the promotion of evidence-based health care to practitioners and students. In Uganda, for instance, this has resulted in an outreach programme for districts outside the capital where few information resources, if any, exist. In Sierra Leone they are aiming to produce health bulletins similar to those pioneered by the University of Wales College of Medicine². Both aim to collect locally produced and relevant information, which they hope to mount on a website.

Commitment at all levels and on all sides of a partnership requires a good deal of preliminary work. It is essential that partners understand what can and cannot be offered by each party. The objective must be one that is viewed as important and achievable: specific enough to be measurable and realistic given the environment in which it is to

1. V. Wildridge, S.Childs, L.Cawthra and B. Madge How to create successful partnerships - a review of the literature. *Health Information and Libraries Journal* 2004; 21 (Suppl. 1): 3-19.

2. www.hebw.uwcm.ac.uk (This may change shortly when the College of Medicine becomes part of the University of Cardiff).

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take place. That it needs the blessing and, preferably, enthusiasm of senior management is obvious, but it is equally important that it offers something (if only news of progress) to library staff at all levels.

Collaborative partnerships may be viewed as imaginative and newsworthy, or cost-saving and mutually enhancing. Partnerships with developing countries are very unlikely to be a cost saving, but may well be mutually enhancing, imaginative and newsworthy. An international partnership can enhance a library's prestige within the institution simply by the activities it generates. Libraries in low-resource countries most of which have had no purchasing power for years slip into a downward spiral; they offer little or nothing to those who use them and are liable to be sidelined by those in positions of influence within their institution. In developed countries, institutions are concerned with good public relations. I, personally, feel that we have not done enough in this direction, but fortunately we can also point to another important benefit to the partner in the developed country.

International partnerships provide opportunities for interested staff to develop expertise in areas that they might not otherwise have considered. Partnership with a low-resource country provides a framework for broadening experience, viewing information from a global perspective, and decision making with people from a different culture and environment. Such experience is valuable in enhancing leadership and innovation in our profession. The same is true for our colleagues in low-resource countries, though they may also learn skills and techniques, which we take for granted as an essential component of continuing education in the U.K.

There are drawbacks and frustrations. Some are within our power to correct others are more difficult e.g. intermittent electricity supply and lack of equipment. Commitment to the programme can

be made more certain by careful preliminary planning. Ideally this would include face-to-face meetings before a partnership is finalized, when the different motivation and agendas of the stakeholders can be explored as well as priorities and projects. There is no question that a partnership will generally require a substantial investment of staff time and project finance if it is to succeed. So all stakeholders need to view the overall programme as worthwhile and realistic.

Inevitably, when it is not possible to walk down the corridor to talk things over, things will go wrong or circumstances may force a change in direction. Regular communication is essential. E-mail, is vital, but it has its drawbacks. This is where we believe that third party support can help. It is important to realize that whilst the motive behind partnerships is to help our colleagues in low-resource countries, they too are very busy with the difficulties of running an efficient service to their readers and the disruption to their lives of poor infrastructure and low salaries. Nor can we minimize the workload of their partner librarians in the U.K. It is a part of Phi's remit to keep in touch with partners; find out what difficulties they are facing; publicize their achievements and generally provide continuity if for one reason or another the U.K. partner has to change. This has fortunately happened only once and at the very beginning of a partnership, so that it was not too difficult to manage.

The major problem is finding funding, which has largely fallen on the Phi support service. This has its difficulties. The role that information plays in promoting good health and the role of librarians in identifying the evidence for evidence-based health are both not well understood by the general run of donors; it also has to compete with other equally pressing and perhaps more obvious problems in low-resource countries. But whilst the sums we require are modest by the standard of most major donors, funders of library projects are rare. So the

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question is, can it done “on the cheap”? Experience would suggest that it cannot. As an example, we might take our early experience of sending photocopies by post. The postal delays were so long that the need for the material had gone by the time they got there. Thus the expenditure was altogether wasted; the purchase of a fax machine was relatively expensive, but from then on the material was received in time and hence could make the intended impact on health care.

Phi has been careful about initiating partnerships. There is a balancing act in finding libraries that are enthusiastic on both sides of a partnership within a reasonable time period. Over the past ten years we have heard of partnerships initiated by medical personnel within hospitals, universities and health authorities some of which include libraries^{3 4}, but there are no great numbers of them even if we take those in America into account.⁵ In Phi's case they have, until now, come about by personal approaches to or by the Trustees at meetings in both Africa, the U.K. and EAHIL conferences, especially the IFLA conference held in London, when Lenny Rhine initiated a parallel session on library partnerships. The Medical Library

Association, at their conference in 2004, gave partnerships a high profile, resulting in the appointment of a task force to review activities in this area and consider future developments.

International partnerships with a low-resource country present a certain type of problem. Poor information resources are generally the result of widespread economic and health problems combined with poor infrastructure. But isolation from mainstream medicine, as practiced in developed countries, may also be due to political and language barriers. Nevertheless it would seem that the principles of enthusiasm, good planning of the project with all the stakeholders, commitment and communication are universally important, no matter what the cooperative project through partnership.

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Nance M'jamtu-Sie, Alison Weightman and recipients of the educational scholarships at the Library of the College of Medicine and Allied Health Sciences (COMAHS) in Freetown.

³ J.G. Shaw Health library partnership programmes between resource-poor countries and Western Europe. *Health Information and Libraries Journal* 2001; 18(4):220-228.

⁴ D.L. Melrose Lothian and Zambia join forces to tackle HIV/AIDS. *BMJ* 2004;328:1280.

⁵ www.inasp.info/health/librarypartners

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Nance M'jamtu Sie



Partnership in Library Development: the Sierra Leone Experience

Introduction

Sierra Leone is a compact country in West Africa that shares the same boundary lines with her immediate neighbours, Guinea and Liberia. It has a population of five million in an area of 28,000 sq. miles.

The ten year rebel war from 1991 - 2000 devastated the economic base and made the country bankrupt as most of the income generating facilities, especially the mines, were in rebel country. At the end of the war, the economy began picking up and life is gradually returning to normal.

The economic situation and the aftermath of war has had a seriously adverse effect on the lives of the people especially women and children. Life expectancy in 2001 was only thirty-seven (37) years. The government has not been able to provide an adequate budget for social services in general. The proper treatment of diseases has been severely hampered by inadequate supply, management and distribution of essential drugs, and high staff attrition, compounded by the war. Now UNICEF, WHO, and other International Non-Governmental Organizations are doing their best to arrest the situation.

The COMAHS/UWCML Partnership

The College of Medicine and Allied Health Sciences (COMAHS) was established in April 1988 in fulfilment of Sierra Leone's very pressing need to train health personnel to meet the country's health power needs. But a 'standalone' Library is unsustainable and much more so for the library at COMAHS that relies heavily on donations; the formation of a partnership was timely.

During the 6th Biennial congress of the Association for Health Information and Libraries in Africa held

in Lusaka, Zambia, I met with Jean Shaw, Research Officer *Partnerships in Health Information* (Phi) when she gave a talk about the work of the organization. At our request Phi matched COMAHS library with the University of Wales College of Medicine Library (UWCML)⁶. In December 1998, it was agreed that the partnership be formalized and Phi arranged for me to travel to Wales to work on the agreement. Unfortunately, the Revolutionary United Front rebels invaded Freetown on the 6th January 1999 and our plans were put on hold. When normality returned Phi arranged for my three week visit in the autumn of 1999 to work on the agreement for a partnership between COMAHS and UWCML.

This preliminary partnership with little funding available lasted for three years and during this period, we received used (but in good condition) photocopier, computers and accessories as well as books and journals. This first donation from UWCML was presented to COMAHS by the British Council Director to Sierra Leone and since then the British Council has displayed a keen interest on the development of the partnership.

In early 2000, the Chairman of the COMAHS Library Committee and the Medical Librarian were invited by the British Council to visit UWCML - resulting in a proposal for the *Higher Education Link Programme*. In April 2002, the Link was approved for a three year period. Its purpose was to improve standards of health care in rural and urban Sierra Leone by raising the level of information

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access, information handling and information management skills of health care practitioners and students, and increasing levels of clinical effectiveness by encouraging an evidence based approach. Such an approach is particularly important when resources are few and the effectiveness of interventions is of paramount importance.

The emphasis, therefore, within the library partnership is on training by means of short visits to and from the UK. Teaching techniques are included so that information skills may be taught effectively to health science students and staff at COMAHS as well as health personnel in the country as a whole.

Open access initiatives such as HINARI (The Health Internet-work Access to Research Initiative) for developing countries complement this training, enabling librarians in Sierra Leone to play their part in the improvement of health care through the promotion of evidence based practice and the dissemination of reliable and relevant information.

Currently Sierra Leone is ranked as one of the least developed and poorest countries in the world. COMAHS library is the only functional library in the country and has been under-funded since its inception. Doctors and other health professionals have lacked the means to access current information because funds were unavailable to acquire either printed or electronic material. Medical and other allied health professionals have had an inadequate learning environment for many years and the outlook for health care, teaching and research was bleak. Open access initiatives favouring low income countries have now made a wide range of important electronic, health science journals and databases available to non-commercial institutions and personnel, but without the partnership we would have not been able to grasp the opportunities offered by such initiatives.

Technology has thus revolutionised the transfer of health information and knowledge, but as a result, librarians need the new or enhanced expertise offered through partnership.



Nance M'jamtu-Sie and Alison Weightman at a seminar to library students at Fourah Bay College, University of Sierra Leone.

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Training Programmes and Visits to Wales

Three senior staff members of COMAHS Library visited UWCML for periods lasting two to three weeks and training which included:

- 1) Even More Effective Teaching Course (UWCML Department of Post-graduate Studies)
- 2) Discussion with UWCML staff (in acquisitions and learning and teaching)
- 3) Database searching (OVID and Web of Knowledge)
- 4) Advanced Information handling. Searching, appraisal and summary to produce a pilot "Health Bulletin" on *Meningitis: Prevention and Treatment* - information particularly relevant to West Africa. One staff member, using OVID, produced a pilot leaflet modelled on the *Health Evidence Bulletins* produced by UWCML - www.hebw.uwcm.ac.uk

Staff were able to visit other libraries in Cardiff and rural areas of South Wales. They also went to the *Book Aid International* headquarters in London, which is our largest donor of books.

We were lucky in getting permission to access OVID for a three month trial period till March 2004. Staff are being trained to use this database by those who have received training at UWCML. It is hoped that by the end of the trial period they will have become proficient searchers for evidence and that the British Council will be willing to pay the licence fee.

UWCML Staff Visits to Sierra Leone

The Director of UWCML, Mr. Steve Pritchard, visited COMAHS in July 2002. During his visit he conducted seminars not only for COMAHS library staff but also the senior library staff members of the constituent colleges of the University, as well as COMAHS Academic and administrative staff and students. He also visited the libraries of the

National School of Nursing, the Fourah Bay College and N'jala University College and had discussions with staff and students. His seminar and discussion topics included:

- Reviewing and revising the programme of activities to be supported by the Link.
- Health care and higher education in Sierra Leone and the United Kingdom.
- The development and practice of evidence-based medicine and its potential in an African context.
- Similarities and differences in library provision and priorities between Sierra Leone and the United Kingdom.

At the end of his visit, he highlighted the significant factors that had to be taken into account in revising the programme of activities to be delivered by the Link:

- The skeletal IT infrastructure throughout the country where Internet access relies on a single server and the inevitable frustrations of uncertain connectivity, compounded by an unreliable electricity supply.
- The telephone costs involved as a further deterrent to increased effective online use by individuals and by institutions
- The environmental conditions of high temperatures and high humidity militating against the reliability of IT hardware.
- The serious lack of professional maintenance and assistance available.
- Since the COMAHS Library had no budget for books and relied almost exclusively on donations, a list of health care subjects in which textbook material is relatively stable and does not become out of date too quickly would be valuable. It would be appropriate to continue to donate recently superseded editions of textbooks in these subject areas, but it is a waste of the donor's and recipient's time and money to send older material in fast moving areas of biomedicine and health

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care. It was also noted that the book collections, while in the main well kept and in reasonable physical condition, did not adequately reflect course requirements or the needs of the students.

- There is no journals budget.
- Improved access to on-line journals, through HINARI etc., could be achieved if connectivity were more reliable.
- In the short term, at least, CD-ROM technology may offer greater benefits than had been appreciated previously. This would circumvent inadequate Internet access and the associated costs, but will still be affected by the climate-induced unreliability of hardware and the expense of maintenance and repair.
- It was noted that the COMAHS Library at Connaught Hospital is the only multi-professional health care staff and student library in Sierra Leone.
- The new campus at Kossoh Town is clearly an attractive prospect and should offer tremendously improved accommodation. However, the problems to be overcome in running the College and, specifically, the library services, on a split site some 10 - 12 miles apart, much of which is frequently impassable as a result of traffic congestion, should not be underestimated.

The Deputy Director of UWCML Dr. Alison Weightman also paid a visit to COMAHS and conducted seminars for the COMAHS Library staff and others in January 2004.

- Overview of the Partnership and the UWCML experience for COMAHS Library staff
- Effective use of OVID databases and other training programmes for COMAHS Library staff

- Health sciences librarianship: exciting new developments for students of the Institute and Communication Studies, Fourah Bay College.
- Searching the medical databases: evidence based practice and the Cochrane Collaboration for the Sierra Leone Medical and Dental Association.

Other Outcomes from the Partnership

- i. There is potential for the Faculty of Pharmaceutical Studies in Sierra Leone to link up with experts in Wales to contribute to the work of integrating traditional healing and herbal therapy with Western medicine.
- ii. It has been proposed that the COMAHS Students Union link with UWCM Students Union.
- iii. Educational scholarships for forty deserving school children are provided by UWCM staff. This was not an "intended" result, but nevertheless, it is true that without the partnership such a move would not have taken place.
- iv. Presentations at conferences such as Association of Health Information and Libraries in Africa, the Standing Conference on African University Libraries, Western Area, and the Sierra Leone Association of Archivists Librarians and Information Scientists have raised the profile of our library and library partnerships.
- v. At a meeting of Health Information Forum in 2004 Phi made a presentation using the (pilot) meningitis leaflet, which was very favourably received and the possibilities of making such material more widely available in Africa was discussed.

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Nance M'jamtu Sie

The Way Forward

There is absolute need for reliable and effective IT equipment if we are to progress. A new generator would enhance the use of computers, access to the Internet and late opening of the library. With assured power supply the installation air conditioning would prolong the life of IT equipment and enable us to:

- Create a database of locally produced material and quality material relevant to West Africa
- Pursue an outreach programme to include Sierra Leone Health Bulletins for health professionals in cooperation with the Ministry of Health and Sanitation and NGO's
- Gather data on other organizations in Sierra Leone with the object of cooperation and exchange of expertise
- Increase the number of Library staff with expertise in identifying evidence based material relevant to Sierra Leone and West Africa in general.
- Increase the pool of Librarians with teaching skills in order to teach health science students and health personnel the basics of evidence based practice, and how to search for and identify reliable knowledge.

The third year of the Link funding will involve two members of COMAHS staff receiving training in:

1. A suitable database for the development of a searchable library catalogue and other databases for staff and library users, including books and other types of

information available in the COMAHS library as well other materials produced in Sierra Leone and West Africa.

2. Training methods for the use of web-based resources. These will be the methods used to prepare web pages for the UWCM web site with a view to developing joint COMAHS/ UWCM web pages.
3. Developing learning and teaching materials via the preparation of a user guide and/or workbook for the use of HINARI and the OVID database, if it is available.
4. Advanced information searching and appraisal skills, with the production of health bulletins on topics of relevance to health care in Sierra Leone.

Conclusion

The British Council/DFID sponsored partnership ends in 2005. We have realized the value of our partnership, but without funding for equipment, continuation of training visits, and support from the U.K., the momentum may be lost. Though small by international donor's standards, neither Phi nor UWCM would find it possible to carry the extra budget. But all parties, COMAHS, UWCM and Phi are determined to seek funding so that the partnership may survive. Though we at COMAHS feel that there has been an imbalance between giving and receiving, all parties recognize the importance of such initiatives to global health and the long-term benefits of such international collaboration.

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About “Open Access” in Health and Medicine

It is not the aim of this presentation to give a complete overview of the subject, it is not within the scope of this page, and anyway the space would not be enough. It is just a quick review of the major sites that allow the benefit of all the richness of this initiative in the medical field, as well as an indication of the references that are important for the subject.

The concept of “Open access” is to simply ;-) allow the free exchange of ideas through scientific publishing. For a bird's eye view of the initiative the site **Open Archives Initiative** (<http://www.openarchives.org/>) is a good start, as it contains the essential documents concerning this matter. In the medical field the initiative has been put into practice by various projects, more or less extensive.

1. **Bioline International** (<http://www.bioline.org.br/>) “Bioline International is a not-for-profit electronic publishing service committed to providing open access to quality research journals published in developing countries.” At present the project provides access to peer reviewed journals of Brazil, Cuba, India, Indonesia, Kenya, South Africa, Uganda, Zimbabwe. The Bioline-I discussion list is a good way to keep informed regarding the new developments.

2. **BioMed Central** (<http://www.biomedcentral.com/>) “BioMed Central is an independent publishing house committed to providing immediate free access to peer-reviewed biomedical research. All the original research articles in journals published by BioMed Central are immediately and permanently available online without charge or any other barriers to access. This commitment is based on the view that open access to research is central to rapid and efficient progress in science and that subscription-based access to research is hindering rather than helping scientific communication”. The project provides free access to the full text of more than a hundred journals indexed in MEDLINE/PubMed. It includes especially a series of journals starting with BMC, like for instance: **BMC-Biomedical Digital Libraries** (<http://www.bio-diglib.com/>), which will be published starting with this year. Of particular interest is the information regarding the indexing and impact factor of these journals, at: <http://www.biomedcentral.com/info/authors/indexing>. News and updates from BioMed Central may be obtained by email.

3. **DOAJ Directory of Open Access Journals** (<http://www.doaj.org>) “The aim of the Directory of Open Access Journals is to increase the visibility and ease of use of open access scientific and scholarly journals thereby promoting their increased usage and impact”. 823 journals are currently accessible full text. Medicine is well represented, including major journals in the field like Mayo Clinic Proceedings. Numerous Japanese journals published in English have thus acquired a new visibility. Spanish and Portuguese journals also made an entrance in May this year. Tracing the news and updates is not very easy or clear, and seeing the chronological order of new titles introduced into DOAJ is only possible from the page **New titles added the last 30 days** (<http://www.doaj.org/new/>). This page is not dated and does not have archives, making it difficult to follow up the new titles introduced to DOAJ, which is rather a pity.

Internet Page

4. **Free Medical Journals** (<http://www.freemedicaljournals.com/>) lists a number of medical journals partially or totally full access It is possible to receive news and updates by email.

5. **Highwire** (<http://highwire.stanford.edu/>) “HighWire Press is a division of the Stanford University Libraries, which produces the online versions of high-impact, peer-reviewed journals and other scholarly content. Recipient of the 2003 ALPSP Award for “Service to Not-for-Profit Publishing”, HighWire partners with influential scholarly societies, university presses and publishers to create a collection of the finest, fully searchable research and clinical literature online. Together, these partners produce nearly half of the 200 most-frequently-cited journals publishing in science”.

Highwire is well known especially for having published online the free back issues of prestigious journals, several of them belonging to the medical field. To this date (13 April 2004) there are about 707,270 free full text articles from 358 HighWire-hosted journals.

See especially the list of journals entirely or partially (archives) free (<http://highwire.stanford.edu/lists/freeart.dtl>). News and updates may be received by email. There is also an electronic alerts service that sends out the TOC of journals immediately after publication.

6. **PLoS Medicine** (<http://www.plosmedicine.org/>) “the second open-access journal published by the Public Library of Science (PLOS), a non-profit organization of scientists and physicians committed to making the scientific and medical literature a public resource”. Designed according to the now known model of PLoS Biology, the particular feature of this project is that authors have to pay the sum of \$1,500 if their article is accepted for publication. The first issue of PLoS Medicine is scheduled for autumn 2004.

7. **PMC PubMed Central** (<http://www.pubmedcentral.gov/>) “PubMed Central is a digital archive of life sciences journal literature, developed and managed by the National Center for Biotechnology Information (NCBI) at the U.S. National Library of Medicine (NLM). PMC provides access to almost a hundred journals. The project, which seemed very promising at the start, seems to have slowed down and having some difficulty to develop.

Sites and further references regarding the Open Access initiative, current projects and debate :

- **Washington D.C. Principles for Free Access to Science** (<http://www.dcprinciples.org/>)
- **BioMed Central (Mis)Leading Open Access Myths** (<http://www.biomedcentral.com/openaccess/inquiry/myths.pdf>)
- **The Impact of Open Access Journals: A citation study from Thomson ISI** (<http://www.isinet.com/media/presentrep/acropdf/impact-oa-journals.pdf>)
- **Nature web focus: Access to the literature: the debate continues** (<http://www.nature.com/nature/focus/accessdebate/>)
- **Costs and Business Models in Scientific Research Publishing** (http://www.wellcome.ac.uk/en/images/costs_business_7955.pdf) Wellcome Trust
- **The Cost per Article Reading of Open Access Articles** (<http://www.dlib.org/dlib/january04/holmstrom/01holmstrom.html>) Jonas Holmström. D-Lib Magazine; January 2004; 10(1)

- **Should Commercial Publishers Be Included in The Model for Open Access through Author Payment?** (<http://www.dlib.org/dlib/june04/king/06king.html>) Donald W. King. D-Lib Magazine; June 2004; 10(6)
- **Comparing the Impact of Open Access (OA) vs. Non-OA Articles in the Same Journals** (<http://www.dlib.org/dlib/june04/harnad/06harnad.html>) Stevan Harnad & Tim Brody. D-Lib Magazine; June 2004; 10(6)
- **“Open Access” in PubMed** (http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=PureSearch&db=pubmed&details_term=%22open%20access%22%5BTitle%5D)

There is also an HTML version of this article at URL:
<http://www.chu-rouen.fr/documed/eahil68.html>

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OBITUARY

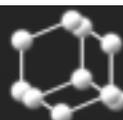
To all EAHIL members, the Italian librarians report the sad news that our beloved colleague and friend **Luigina Lazzari**, the Manager of the Library in Istituto Zooprofilattico Sperimentale della Lombardia e dell'Emilia in Brescia, after a short but severe illness, departed from this world on 7 June 2004.

Her untimely death deprives us of her patience, of her bright face, of her radiant look, of her expertise acknowledged by the leading international and national experts in the field of librarianship.

Many of us have learnt a lot, thanks to her and it is an irreparable loss. The ones who have had the chance to work with her, will remember for ever, her smile, her aptitude for listening, her professionalism, her enthusiasm, devotion and zeal that she was able to irradiate upon everything

she was planning and implementing, taking up whole-heartedly the person's involvement and vocational growth. Moreover especially, we shall never forget her constant and careful attention that she devoted to everyone who was collaborating with her.

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Publications and New Products



Dear Colleagues,

The Guest Editorial of the Health Information Libraries Journal points out the role of the librarians in the 21st century healthcare and foresees radical changes (A. Brice & J. Grey, 2004, 21, 81). The controversy on open access and copyright continues.

D. Tebbutt in his article says the number of open source publishers grows daily and “the days of subscription publishing are numbered” (IWR, 2004, Issue 203, 13). According to J.C. Fernandez-Molina “the joint use of technological measures and licences, together with the laws that protect both, are seriously endangering the effectiveness of the limitation to copyright set forth by law to benefit libraries, their users and citizens in general” (Online Information Review, 2004, 28, 148). In the mean time PloS announces its new journal PloS Medicine. We will see!

JOURNAL ISSUES

Since the Newsletter of May 2004, the following journals issues of Health Information and Libraries Journal have been received: Vol. 21, 2004, n. 2 and Vol.21, Supplement 1.

Vol. 21, n. 2.

A. Brice and J.A.M. Gray. What is the role of the librarian in 21st century healthcare? p. 81 - 83.

Librarians can realize their potential as knowledge mobilisers ensuring that knowledge is available both for management decisions and clinical decisions, but to do so requires radical changes.

S.L. Bryant. The information needs and information seeking behaviour of family doctors. p. 84-93.

A case study of general practitioners in Aylesbury

Vale. The study illustrates the contribution that librarians may make at practice level, indicating the importance of outreach work.

R.M. Sladek, C. Pinnock, P.A. Phillips. The informationist in Australia: a feasibility study. p. 94 - 101.

This study sought to assess the feasibility of an informationist service and to propose a model for its delivery in an Australian teaching hospital.

A. Hall and G. Walton. Information overload within the health care system: a literature review. p. 102 - 108.

This review explores the diverse overarching theories of information overload, effects of the phenomenon that are perceived to occur and proposed solutions to this problem.

D. P. Lorence and A. Spink. Semantics and medical web: a review of barriers and breakthroughs in effective healthcare query. p. 109 - 116.

The paper provides an overview of the research into current medical vocabularies and their impact on searching the Web for health information.

Brief communications p. 116

Vol. 21, suppl. 1

S. Childs and S. Dobbins. Partnerships in practice: partnership working in health library information services. p. 1 - 2.

Publications and New Products

V. Wildridge, S. Childs, L. Cawthra, B. Madge. How to create successful partnerships - a review of the literature. p. 3 - 19.

The review covers a wide range of publications (articles, books, reports and government publications) that provide an overview of the wider topic of partnership working.

P.L. Stephenson, B.F. Green, R.L. Wallace, M.F. Earl, J.T. Orick, M.V. Taylor. Community partnerships for health information training: medical librarians working with health-care professionals and consumers in Tennessee. p. 20 - 26.

This paper examines collaborative opportunities for training provided by funded library outreach projects from Tennessee communities.

E. Henry and L. Marley. Helping the public "Discover health" in their local library. Providing health information in public libraries: a partnership approach in Scotland. p. 27 - 32.

A partnership between the Specialist Health Promotion Services of NHS Tayside and Dundee City Council developed a project, "Discovery Health" to bring health information to the public. This paper discusses the various aspects of the functioning of the partnership.

J. John and H.M. Wright. Creation and development of an All-Wales Health Library Catalogue. p. 33 - 38.

This article focuses on the collaboration between the University of Wales College of Medicine libraries and the Welsh National Health Service libraries to create a joint library catalogue.

C. Black and R. Bury. All for one, one for all: collaboration between NHS and Higher Education in establishing provision of a multi-disciplinary, hospital-based library and information services. p. 39 - 45.

The paper outlines the key stages in the development of change, collaboration and the development of a unique partnership between Higher Education and NHS trust.

L. Keating, H. Carter, M. Darwent, S. Bateman, D.M. Makay, R. Pullinger. Partnership working in the production of clinical guidelines. p. 46 - 51.

This article describes a working partnership between the Cairns Clinical Librarian Service, Health Care Libraries, University of Oxford and the Emergency Department at the Radcliffe Hospital, Oxford.

Brief communications p. 52

BOOKS REVIEW

Knowledge Organization and Classification in International Information Retrieval. Eds. N.J. Williamson and C. Beghtol. The Haworth Information Press, Binghamton. N.Y. Usa 2004. \$29.95 soft, ISBN 0-7890-2355-5; \$49.95 hard, ISBN 0-7890-2354-7, pp. 244. The book examines current efforts to deal with the increasing globalization of information knowledge. The book is divided into four sections: General bibliographic systems; information organization in knowledge resources; linguistics, terminology, and natural language processing; knowledge in the world and world of knowledge. The book provides tools, techniques and cases studies.

NEW JOURNALS

PLoS Medicine. The Public Library of Science, the non-profit organization whose mission is to make reliable scientific and medical literature a public resource, formally announced today that it will publish PLoS Medicine, an open-access, international, general medical journal, beginning this fall. A "call for papers" has been issued, indicating that the journal is now accepting

Publications and New Products

submissions.

http://www.plos.org/news/announce_pmedlaunch.html

PAPERS REVIEW

The long slow death of subscription publishing.

D. Tebbutt. *Information World Review*, June 2004 Issue 203, 13

Contractual and technological approaches for protecting digital works: their relationship with copyright limitations.

J. C. Fernandez-Molina. *Online Information Review*, 2004, 28, 148.

Optimal search strategies for retrieving scientifically strong studies of diagnosis from Medline: analytical survey.

R. B. Haynes, N.L. Wilczynski. *BMJ*, 2004, 328, 1040.

Query refinement by word proximity and position.

P. Jacso. *Online Information Review*, 2004, 28, 158.

INFORMATION SOURCESWEB BASED

eTBLAST from the University of Texas Southwestern Medical Centre in Dallas is a program that is used to compare a query set of sentences (English or another language) with the Medline database (or other text) to identify the text in the database that is most similar to the query. The Natural Language Processing algorithm is intended to do a much better job of identifying relevant information than a single or multiple keyword search into a database.

<http://invention.swmed.edu/etblast/index.shtml>

Reactome is a database of biological processes in humans. It covers biological pathways ranging from the basic processes of metabolism to high-

level processes such as hormonal signalling. It also includes many individual biochemical reactions from non-human systems such as rat, mouse, fugu fish and zebra fish. All the information in Reactome is backed up by its provenance: either a literature citation or an electronic inference based on sequence similarity. The information is then managed and edited by the Reactome staff at CSHL and the EBI, and entered into a relational database. <http://www.reactome.org/about.html>

The Human Serum Proteome. The National Cancer Institute in Frederick, Maryland have constructed a publicly available human serum proteomic database to provide a reference resource to facilitate and direct future investigations of the vast archive of pathophysiological content in serum. This database catalogs more than 1400 blood proteins isolated during a recent exhaustive analysis

<http://bpp.nci.nih.gov/>

Copyright. This site of Unesco endeavours to provide access to national copyright and related rights legislation of Unesco Members States. The collection currently comprises about 100 laws and is constantly being updated and completed.

<http://portal.unesco.org/culture>

Whonamedit.com is a biographical dictionary of medical eponyms. It is our ambition to present a complete survey of all medical phenomena named after a person, with a biography of that person. Eventually, this will include more than 15.000 eponyms and more than 6.000 persons.

<http://www.whonamedit.com>

Malaria. This web site is presented by the Division of Laboratory Medicine at Royal Perth Hospital. It is provided for the information of Medical Practitioners and Laboratory Scientists. It is regularly updated and provides the generally accepted best current practice.

<http://www.rph.wa.gov.au/labs/malaria/index.html>

Publications and New Products

NEWS FROM PUBLISHERS

BioMed Central. All universities, polytechnics and research institutes in Finland have become BioMed Central members. The agreement covers the cost of publication for all 25000 publicly funded researchers and teachers in Finland. Last week, Springer announced that they would offer all authors an “Open Choice” option. Under this option authors can pay \$3000 and their article will be freely available online. Unlike full Open Access however, Springer retain copyright of the article and will not allow unlimited reuse and distribution.

www.biomedcentral.com

Portal Advantage Service. OVID announces a new service for societies and publishing partners, independent journal publishers, foundations, and corporations to help build customizable portals. The service offers full design, hosting and content selection from Ovid's repository of bibliographic databases, journals and book content as well as third-party data resources.

www.ovid.com

Thomson ISI announces that journals published in the new Open Access model are beginning to register impact in the world of scholarly research. The Thomson ISI editorial staff reviews nearly 2000 journals annually, but only 10-12% of the evaluated journals are accepted. A significant number of Open Access journals meet the Thomson ISI selection criteria, of the 8,700 selected journals currently covered in Web of Science, 191 are Open Access journals.

www.thomsonscientific.com

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Forthcoming Events

13 - 16 July, London UK

**Knowledge Organization and the Global Information Society
The 8th International ISKO Conference**

For further information: <http://www.ucl.ac.uk/isko2004/>

23 - 29 August 2004, Vienna, Austria

International Congress on Archives

For further information: <http://www.ica.org/>

12 -17 September 2004, Bath, UK

European Conference On Digital Libraries (Ecdl) 2004.

For further information: <http://www.ecdl2004.org>

20 - 25 September 2004, Santander, Spain

9th European Conference of Medical and Information Libraries.

For further information: <https://ibio.humv.es/biblioteca/eahil>

6 - 9 October 2004, Madrid, Spain

WWW/Internet 2004

For further information: <http://www.iadis.org/icwi2004/>

27 - 29 October 2004, Rome, Italy

Bibliocom 2004

For further information: <http://www.bibliocom.it/bibliocom.htm3>

4 -6 November 2004, Torino, Italy

International Conference on Formal Ontology in Information Systems

For further information: <http://www.fois.org/>

6 - 7 December 2004, New York, N.Y., USA

GL6: Work on Grey in Progress

Sixth International Conference on Grey Literature

For further information: <http://www.textrelease.com/pages/2/index.htm>

15- 17 December 2004, Lisbon, Portugal

Cognition and Exploratory Learning in Digital Age

For further information: <http://www.iadis.org/celda2004/>

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Manuscripts in English should be about 3-4 standard (1.5 spaced) typewritten pages and can be sent by e-mail. Informative title, short summary and keywords should be provided. References should be expressed in Vancouver style. Authors of submitted papers must accept editing and re-use of published material by EAHIL including electronic publishing of the Newsletter on the EAHIL website. **Illustrations** may be sent electronically, preferably either TIFF (tagged image file format) or EPS (encapsulated postscript) formats. If taken by a digital camera they must be 300 dpi resolution. For best results, illustrations should be much larger than the desired final size.

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