

Health Libraries: a rapid Belgium situation’s overview



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During the recent Council Meeting in Cardiff, Wales, Federica Napolitani, Editor in chief of this publication, proposed to open the EAHIL Journal pages to Council members to allow them to give an overview of the context of health libraries in their own countries and to share their experiences and perceptions of their professional situations.

At the time, my first thought was, “What a great idea. This is an opportunity to discover and better understand the daily life of my colleagues across Europe”. My second thought was to ask myself if I could do it for a country like Belgium from the point of view of Information Manager working for a federal agency. After some hesitation, I decided to let my “Latin” side speak and to take up this challenge modestly.

To be able to do that, I first have to set the scene.

The Belgian context is itself a little particular, we have a population of 11,358,000 inhabitants who are divided into Dutch speakers (about 57%), French speakers (about 47%) and German speakers (about 0.6%). It is a federal state made up of three Communities (Flemish, French and German-speaking) from three Regions (Flanders, Wallonia and Brussels-Capital). Each entity has specific competences, and overall the federal state retains what concerns the general interest of all Belgians.

Currently, we are experiencing the sixth reform of the state (2014) which aims to transfer specific skills to Communities and Regions such as the organization of front-line health care.

I have been working for the Federal Health Care Expertise Centre (KCE)¹ for 10 years. It is a “research centre that provides scientific advice on topics related to health care”². It is funded by the federal authorities (National Health and Disability Insurance Institute, Federal Public Service Health, Food Chain Safety and Environment and Federal Public Service Social Security). The KCE conducts studies in health services research, health technology assessment and clinical practice. We are similar to organizations such as the National Institute for Health and Care Excellence³ or the Zorginstituut Nederland⁴. KCE works on reports, systematic reviews and rapid reviews. For this we use clearly described and regularly updated methods⁵.

The information, documentation and research support are provided by three people, a knowledge manager who supervises the internal processes of the KCE, an information specialist who provides support for the definitions of the research equations and myself, an information manager, whose primary missions are the management of the library and access to documentary resources in electronic or paper format.

¹ <https://kce.fgov.be>

² <https://kce.fgov.be/en/missions-and-values>

³ <https://www.nice.org.uk>

⁴ <https://www.zorginstituutnederland.nl>

⁵ <http://processbook.kce.fgov.be/>

Federal context

Within this dynamic, it is possible to identify two major trends at the federal level.

The first is a reduction in operating costs of about 20%. This reduction applies to all federal services and all positions in the same way. This has an impact on, for example, staff replacement, collection renewal, access to databases, and online resources. In the context of my institution, my management, composed of former researchers, has fought to protect the funding of documentary resources and limit the loss of resources.

The second significant trend is the regrouping and merging of thematically related institutions to achieve economies of scale, eliminate redundant missions of the institutions and improve the efficiency of services to the population.

This is illustrated for us by the merge of four institutions in a new structure called Sciensano. The process currently underway is planned in two phases, the merger of the Veterinary and Agrochemical Research Center and the Scientific Institute of Public Health in 2018 and a second phase (during 2019), with the merger of the KCE and the Superior Health Council.

Academic context

After several discussions with different colleagues from the academic world, university medical library and reading different documents, I can sketch a quick overview of their situation.

First and foremost, the Belgian Health sciences libraries continue to provide the services traditionally expected by their public. However, these libraries face budgetary constraints that threaten both the services offered and their very existence.

The evolution of documentary resources impacts users' expectations with a consultation of available resources regardless of the place or time. This also concerns the physical space of the library, which becomes a place for work and study.

At the staff level, this digitisation leads to new challenges that require more technical profiles and specialists-run teamwork.

Several services are developing with training in information literacy, support for research data management (RDA) or the exponential growth of systematic reviews and the need for support for the creation and translation of research strategies or the need for methodological support. Medical humanities appear as a new field to explore as well.

Conclusion

This quick overview allows us to say that regardless of the context, we must all manage budgetary challenges, organizational challenges, the increasingly rapid evolution of technologies and expectations of our various users.

Above all, it is a question of meeting these new challenges which make our professions more and more exciting and necessary.

¹ De Meulemeester A, Schietse B, Vermeeren B et al. Current and future directions in Belgian medical and health sciences librarianship: a user-tailored approach. *Health Information and Libraries Journal*. 2018; 35:336-40. DOI: 10.1111/hir.12237