HELLIS Network–Not Just a Consortium of e-Resources

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ABSTRACT

HELLIS network is a global network functioning through its 'network of networks' at various levels, viz., intra-national, international, intra-regional, and inter-regional. Philosophically and functionally, the HELLIS network is flexible and integrated to academic, research and publication process including healthcare delivery system in respective member countries of the network. The HELLIS network is both a social and technological network, linked horizontally and vertically at various levels, viz., national, regional and global, where sharing process is made practical, viable, and affordable. The HELLIS network is more of a culture than just a consortium of purchasing commercial resources thereby it has created an environment to share resource, responsibilities, expertise, and service including the consolidation of information assets in their respective country. In recent practices, consortia are perceived just as a purchase club and a technology based resources networking not a library network.

Keywords: Library consortia, HELLIS, ICT, health literature, healthcare, library services, SEARO, WHO

1.   INTRODUCTION

Health Literature, Library and Information Services (HELLIS) is a well-planned network. Over the years it has evolved more as social network of libraries, not just a network of e-resources or a technology-based network. (HELLIS network is referred as "the network" and the Region referred to "WHO regional countries" in this article). The primary responsibility of the network is to fulfill the maximum needs of the users in the region by sharing resources and services among health science libraries at national, regional and global level. The practice of sharing resources among libraries is not new, it has been developed as a part of librarianship culture. Majority of the libraries, in India, are practicing resource sharing as an informal activity among libraries, more as a library relationship, than a policy/professional binding. After the active application of information technology and maturity of the Internet, technology-based consortia are increasing where technology is used as supplementing strength to share resources. Majority of these technology-based consortia are having short-term agreement for better bargain, improved buying power, usually acquire specific range of resources addressing specific users. Most of these consortia, in India, are triggered and driven by publishers, aggregators, technology solution providers and value-added commercial service providers, and are confined to share e-journals and/or bibliographic databases.

The development of technology-based consortia, over the years, witnessed various types and classified (as per many studies) as open consortia, closed group consortia, centrally funded model, shared-budget model, publisher initiatives, national consortium and international consortium. The benefits derived from these consortia are like sharing knowledge, resource, expertise, skills, and best practices among member libraries. These networks or consortia perceive that it has created an opportunity to foster cooperation and collaboration to build lobbying power, negotiation capability, purchasing power and potentiality to leverage investment. Majority of the consortia members think that technology skill is most important for consortia management or resources sharing management like system configuration, operations training, collection and publication of library statistics for

benchmarking library assessment, measurement and data analysis without considering as team spirit or a culture in developing resource sharing environment.

2. HELLIS NETWORK—AN OVERVIEW

HELLIS network was initiated prior to information technology (IT) application and Internet era, when libraries were predominantly traditional, handling printed media and manual information processing. The structure of the HELLIS network is a like 'network of networks', where each country has developed their network within the country to participate with the HELLIS.

Each participating countries recognises a well-developed library or a designated National Medical Library as the National Focal Point (NFP), which is networked horizontally and vertically through referral centres and resource centres within the country. Large libraries, having good information resources and qualified staff, are recognised as the resources centres. Of course to cover the service to all the health care team and public, irrespective of the users/public attached to institutions or not, it requires to extend the service through recognised "service extension centers" as a part of the network, as near as possible to grass root level. In some of the regions, coordination of the network was rotated among the libraries/information centers, considering national contact/focal point as the channel of communication for regional network. There are national network committee comprises NFP as fixed and the secretary is rotated among the participating libraries/information centers. The network has over 350 member libraries in 11 member-countries namely Bangladesh, Bhutan, DPR Korea, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand, and Timor-Leste [1-3].

In HELLIS network, each nation is expected to develop their framework and functional approach for participation. The common goals of all regional and national networks are to identify, collect, organise, process, share, and disseminate national/international knowledge assets. The network aimed to ensure the easy access to maximum information at different level of network of libraries—libraries within the country, with other countries of the region and with other region. All participating members of the networks are treated as equal partners and all countries in the regional network are also treated as equal partners.

The HELLIS started as traditional model (network of libraries) for resources sharing and cooperative acquisitions, developed progressively in consonance with technological development and conformity with international standards. The network is supported by its well-developed and periodically reviewed guiding principles. The participation of the member libraries is not just to utilise the resources and services; they have to contribute in consolidating the national assets of the member countries. National level network are to take responsibility in promoting cooperation among libraries and/or various specialty subject areas by involving national institutes as referral libraries in extending optimal use of existing resource and services. The national level coordination has to be developed by working suitable framework through their respective national authorities depending on political, economic, cultural and other local consideration with consensus of all the participant libraries. The information service from the network is not just confined to academicians; researchers and practitioners affiliated to institutions but also to health planners, administrators, and private practitioner and general public. All participating libraries are to be assisted by WHO in developing minimum capability for effective participation.

3. ACTIVITIES OF HELLIS

HELLIS network has holistic approach in building a sharing culture and environment in its activities covering both social and technological network of libraries. The primary goals envisaged, by the HELLIS networks, are to:

(a) Provide easy access to maximum information in the field of health and biomedical sciences.

(b) Discover and consolidate information resources in their respective member countries and create a database (example IMSEAR–Index Medicus for South-East Asian Region).

(c) Manage and share information resources.

(d) Strengthen libraries by enhancing technical capabilities and capacities.

(e) Exchange of duplicate issues of journals among all the member countries.

The activities proposed in the network are - periodical training to library personnel, cooperation in acquisition of information resources and equipments, preparation and consolidation of union catalogue of journals and serials, providing access to bibliographic database (MEDLARS), developing bibliographic database of the region (IMSEAR), photocopy services among libraries of the network and non-members, conducting periodical workshop/meetings of librarians, preparation and distribution of newsletters to all participant libraries and non-participating health libraries, organising users education, compilation of directories of experts, expertise and special equipments available at various level of institution, developing computer unit for training and research, cooperation in developing standards and sharing best practices [4, 5].

4. INSTITUTIONALISATION OF HELLIS NETWORK

WHO's constitution Article 2, paragraphs (q) and (r) specifically entrust the organisation with the task of providing information and to assist in developing an informed public opinion among all people on matters of health. The mandate includes the supply of medical textbooks and literature, revolving fund for the purchase of books and journals, and the establishment of depository libraries [6]. Librarians, heads of research institutions and administrators from the member countries of the region, in their first meeting, held at New Delhi during August 1979, supported ideas like training courses, production of information management tools such as national union lists of serials, Index Medicus for the South-East Asia Region (IMSEAR), collaboration with the Health Systems Research (HSR) network and links with the ESCAP-POPIN [Economic and Social Commission for Asia and the Pacific (ESCAP)–Population Information Network]. The budget for these activities was originally from inter-country funds, later from their country budgets for their HELLIS activities. Some of the member countries have dropped national HELLIS activities from their country budgets.

HELLIS network followed cooperative and distributed approach instead of centralised approach for sharing resources among medical and health libraries in the region thereby strengthening each other. The coverage of information resources includes various subjects such as Ayurveda and indigenous medicine, primary healthcare, community health, nutrition, population information, nursing, environment, drug information and health education, etc. [7], whereas WHO American Region, established a Regional Library of Medicine and Health Sciences (BIREME), at the Paulista Medicine School in Sao Paulo, Brazil, extended service through regional libraries as a centralised approach to serve countries in Latin America [2].

5. HELLIS—A SERVICE MODEL

Majority of the technology-based consortia (buy and share model) are to buy collectively and share among the paid member libraries, which are conditioned by commercial terms of publishers. Whereas the HELLIS network as national plan and in its service, looks at effective sharing of resource irrespective of buying power of each individual library or individual professional in the region. HELLIS considered sharing of resources as a culture irrespective of size of library/users, budget, affordability, technology infrastructure and expertise.

HELLIS network, as a service model, has developed strategic plans for community participation, such as involving users in decision making and management,

identifying experts in various aspects of service at local, national and international level. Many experts are involved to scrutinise new research initiatives for avoiding duplication; to disseminate information relating to newer methodologies; to disseminate latest case studies and best practice to support better output of research. The network has compiled many inter-country case studies on teamwork, which were used for stimulating a chain of comparable studies in their own countries for improving the delivery of health care services at the community level. HELLIS as a service model aimed ultimately to support the mission 'health of all people' to:

❖ Integrate information system in health education.

❖ Establish a partnership between health services on the one hand and the individual, the family and the community on the other.

❖ Support educational approach in addition to informing and motivating the people.

❖ Enable community to take appropriate actions as well as generate self-help and self-reliance.

❖ Support preparation and dissemination of appropriate learning aids.

❖ Integrate information component as an essential components of the overall educational activities.

❖ Identify, collect, organise, and evaluate education and research materials.

The HELLIS network, being inter-country 'network of networks' is aimed at promoting exchange of views/experiences among member libraries thereby examining situations in their own countries in the light of the experiences of the entire group and to identify measures to solve the problems. The network has built-in-culture to review and realign many services, to deploy technology effectively; build and preserve collection; enhance the strength and expansion of consortia; foster and initiate strategic and collaborative partnerships; promote and support initiatives for more affordable scholarly publishing. HELLIS as a culture, created flexible organisational structures to realise service goals and ensure the most effective use of resources including enhancement of library facilities as outreach and attractive venues for study, research and interaction.

6. HELLIS INTEGRATED TO HFA, IEH, HSR

The HELLIS network is integrated to programs such as Health For All (HFA) and Health Service Research (HSR) and Information Education for Health (IEH), wherein HELLIS has gained importance due to information support to HFA, IEH and HSR programs. HELLIS has created an

opportunity for health librarians to participate in the activities like policy formulation, programming, budgeting, implementation and evaluation of programs like HFA. Information has been recognised as a strong component in IEH program to translate social skills into educational objectives; to promote individual and community involvement; self-reliance; strengthening mutli-sectoral approaches; monitoring and evaluation [6]. HFA planned to have more information channels to reach wide sections of the people, in fact to cover all the community members irrespective of socio-economic or psychosocial aspects. IEH is to inform and educate people in developing skills to recognise, control, and solve their health problems. Health education functionally, very largely, includes production and dissemination of health education materials, where staff includes librarians, media officers, publicity officers, artists, photographers, visualiser's and so on. HFA has established linkages between the health education bureaus and ministries of public information, education, agriculture, women's affairs etc., to foster the relation between health care providers and community in meeting the demand for a constant two-way flow of information, where professionals from various sectors are involved, such as health professionals, behavioral scientists, educationists, information specialists and mass media.

Information Education for Health (IEH) was later called as Information Education Communication (IEC). In context of promotion of IEC, HELLIS supported consumer education materials and created a database for materials either produced in their own countries or acquired from external sources. The database covers document like pamphlets, brochures, leaflets, visual materials, posters, photographs, flash cards, AV materials, overhead transperences, teaching and learning aids, game puppets, role-play, exercises, etc. It also have proposed the exchange of consumer education materials among members of HELLIS to avoid duplication of efforts in producing, organising and publishing IEC materials. In the context public education, the network planned to identify, collect, catalogue and develop directory of materials available in member countries. Each record in directory describes the purpose of these materials and annotates the record about the success and failure.

The network of libraries collects, publishes and distributes directory to both governmental and non-governmental organisations; update the information contained in directory from time to time; promote/coordinate modification of the existing materials to suite the local language and cultural requirement within the country, duplicate suitable materials locally for dissemination and use; and to identify the thrust areas or gap in consumer education materials for further development. HELLIS planned to develop regional clearinghouse for collection and cataloguing of all relevant

information of IEC, such as reports of seminar, workshop, meetings, group educational activity, directly and indirectly related to IEC. Clearinghouse to undertake documentation of IEC projects, success stories, materials produced in other countries giving description of use including list of each IEC research and their findings.

During 1980-1985 guidelines were developed for standardisation of Health Service Research (HSR) in assisting and coordinating research in multi-disciplinary and multi-sectoral activities in developing countries. All the guidelines and services were pre-tested in some countries before implementation. The activities considered are collection, processing, dissemination and storage of HSR information on a continued basis in the area. The very objective of HSR was to develop appropriate technology for different aspects such as primary health care; appropriate staffing pattern; training modules for village health volunteers; modules for health information system; operation research system and develop manual for training management etc., HELLIS network to capture the results of HSR and its utilisation at the care level, which includes information for risk approach, diagnosis and management, prenatal mortality and low birth weight, community participation in the utilisation of MCH and family planning services, breast feeding patterns etc.

7. HELLIS—GOOD IN PLAN AND POOR IN IMPLEMENTATION

HELLIS in its plan have many good decisions, evolved through seminars and workshops, in its early period development itself. They were aiming to:

❖ Develop network of libraries (not just network of resources) linking horisontally and vertically (to create sharing as a culture and environment) so to make the network to reach as near as possible and easy access to users all over the country irrespective of the location.

❖ Fulfill the maximum needs by providing access to international, national and local resources by consolidating the native country information.

❖ Develop HELLIS as an environment and a sharing culture among libraries not just resources, also responsibilities, expertise, experts and service/work load.

❖ Identify, accumulate, and consolidate national information assets in their respective country including union catalogue of holdings of all participating and non-participating libraries/centres.

❖ Make the resources sharing process a practical, viable, and affordable.

❖ Integrate information service to the process of academic, research and practice including health care system.

❖ Strengthen and enhance the technical capability and capacity of the libraries irrespective of the purchasing power, size and location, affordability or technology infrastructure and expertise.

❖ Develop strategic plan for community participation by involving users in decision making and management by identifying experts in various aspects at local, national and regional level including non-members experts.

❖ Extend the service through recognised "service extension centers" as a part of the network, as near as possible to grass root level.

The activities of the HELLIS network is neither visible nor updated, looks it has remained as ritual of network for the sake of utilising the money allotted since a decade, particularly in India. HELLIS has failed to involve referral centers (national institutes of different specialty in India) and good libraries located in PG centers to strengthen the network. The power of digital technology and web 2.0/web 3.0 capability is not utilised for building good social network and interactive training programs for librarians. There is very less effort from HELLIS network to share resources, skill and transfer of technology or furthering the activities. It has therefore given a way for creating many small networks among libraries within the country or alternative network/facility without involving HELLIS. In fact the culture of HELLIS and power of technology have been an ideal combination to strengthen the network in the region, consolidation of native information, and enabling libraries to attain equal strength irrespective of the location and spending power of the libraries. HELLIS is supposed to lead and enable librarians, health administrators, decision-makers and researchers to come together using virtual discussion and to formulate strategies to strengthen the network for all the activities. It also would have to strengthen services to clinicians, academicians, research workers, administrators, decision-makers, health-related personnel and consumer's of health.

HELLIS was to build various activities to consolidate it by building historical data, enabling strategic decision-making, benchmarking, and data submissions for peer comparison including consolidation of expertise, expenditures and library services. Of late, technology-based consortia and their collaborative members are capturing data online from among the member libraries including querying and extracting reports. The tools and expertise available from among participating libraries are to be selected and reviewed, rankings member

institutions by selected criteria, create graphs and to generate summary statistics for all member libraries.

The cooperation among the technology-based consortia have already initiated consolidation through a web-based cataloguing and bibliographic records for local information resources such as websites, e-books, e-journals and digitised materials. In preparing catalogue, it is expected to use standards such as MARC21 structure including the details of electronic location, access details and MARC 856 fields. Librarians are to be familiar with different types of tools and structure such as MARC21, AACR2, GMDs and common bibliographic tags that are suitable for cataloguing different types of resources including physical media such as CD-ROMs and DVD-ROMs, online resources, e-books and e-journals, websites and digitised materials.

In brief, HELLIS network formed in the year 1980, have undergone several functional changes and progressive planning on par with changing society and share data through its portal *www.hellis.org* which was launched in September 2003 [8]. The digital network has changed the attitude of sharing of resources, leading to automation by harvesting of metadata. It also has helped repackaging and providing real time access to resources including identification, clustering, and dissemination of local information assets. National Medical Library (NML), New Delhi is the National Focal Point, in India, was set up in 1982, identified six Regional Medical Libraries (RML) and eight Resource Libraries (RL) have been provided little of grant-in-aid and equipments [9]. HELLIS is supposed to assume the responsibility to satisfy information needs of the users (policy makers, administrators, health care workers, scientists and the general public), ultimately to promote global health, is not just to buy and share.

8. CONCLUSION

The question arises in context of technology-based consortia that Do we take it as granted that technology helps to strengthen ties of libraries and enhance resources/services, without social network, to meet the maximum information needs all the health professionals in the country. Otherwise is the technology helping publishers to have control over their resources for their perpetual revenue? It also looks that sharing of resources, as a culture, does not suit to present terms and conditions of publishers, as they have control over the resources, copyright restriction and pricing based on FTE (Full Time Enrollment). Open Access initiative, which includes Institutional Repository, is a good move to support and strengthen the library's cooperation not just resource access. In the present day's advanced technology and web 2.0/3.0 environments, it is very helpful to develop network of hybrid library model, where both print and electronic resources can be used to meet

the needs of all kind of users at various level. HELLIS is an all time relevant consortia for inter-country partnerships, to share experiences on development processes, collaboration in research activities and sharing their findings. It is also a cost saving approach for health development in the region and accelerate the information revolution. It is becoming important to invest on technology and tools to cover all kind of resources such as resources with fee, free, open access, and subscribed access. Ultimately, in context of public health, it is becoming urgent to achieve free flow of information integrated to activities at grass root level. HELLIS has not implemented majority of its decision though it has very well planned and matured network over the years.

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