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REPORT ON THE  
WORKING GROUP MEETING ON THE STUDY OF FUNCTIONS  
AND ACTIVITIES OF NATIONAL FOCAL POINT LIBRARIES

Kuwait, 1 - 4 April 1984

The views expressed in this report do not necessarily reflect  
the official policy of the World Health Organization.

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## I INTRODUCTION

The Working Group Meeting on the Study of Functions and Activities of National Focal Point Libraries was officially inaugurated by H.E. Dr A.R. Al-Awadi, Minister of Public Health and Planning, Kuwait. In his address, Dr Al-Awadi welcomed participants, highlighted the need for regional cooperation in the field of health literature and information services. He reminded participants of the fact that the Arab and Islamic civilizations had prospered through the free and easy transfer of knowledge and that these civilizations had suffered whenever such a flow had been hampered. The Minister went on to comment on the timely holding of this Workshop in Kuwait where remarkable progress in the various fields of medical health literature services has been achieved during the past decade<sup>1</sup>. A message from Dr Hussein A. Gezairy, Regional Director, WHO/EMR, followed. It was read on his behalf by Dr D. Rex Billington, Regional Adviser, Educational Development and Support, WHO/EMR. Dr Gezairy thanked the Government of Kuwait for hosting this Workshop and referred to the urgent need for the systematic transfer of information and WHO's commitment to fostering its development. He further called upon participants to define clearly the role and functions of national focal point libraries, with a view to ensuring their effective role in health development and in the attainment of WHO's overall goal of Health for All by the Year 2000.

The participants then unanimously elected Mr Sulaiman Kalander as the Chairman of the Workshop. Dr D. Rex Billington served as the Secretary. The duties of Rapporteur were divided between Mr M. Carmel, consultant and Mr G.A. Guiguis, Regional Office Librarian. The objectives of the meeting (as appear below) in addition to the provisional agenda were reviewed and adopted. The introduction of participants then ensued in a non-formal atmosphere.

## II OBJECTIVES

The objectives of the Intercountry Group Meeting on the Study of the Functions and Activities of National Focal Point Libraries in the Health Sciences were to define and review the concept of a national focal point library for health science

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<sup>1</sup>For the full text of Dr A.R. Al-Awadi's message, please refer to Annex II

information and its expected roles at national and intercountry levels, including the identification of basic standards and requirements in relation to manpower and training, resources and infrastructure; and the development of guidelines on the establishment and development of NFPs.

### III DEFINITION

The following is a definition of a National Focal Point Library: "National Focal Point Library for the Health Sciences (NFP) is an office or library which has a national mandate for coordinating the provision of health science library and health literature services to various categories of health personnel at the national level. In the meeting of users' needs, the NFP may provide information from its own resources and must serve as a referral centre for onforwarding other requests and as a communications channel to and from other national, regional and international resources. The NFP also has a depository and information role as related to priority health literature issued within the country and should serve as a coordinator of health library manpower development activities."

### IV COUNTRY REPORTS

The Agenda included a review of country reports by participants. This was done on the basis of a structured outline sent to participants in advance. The reports<sup>1</sup> surveyed the present status of health literature services at each country's level, discussed various problems impeding the development of National Focal Points, means of securing a more effective cooperation in the utilization of resources and possible governmental and international assistance.

Apart from the main topics of direct relation of NFPs, which are covered in the subsequent parts of the reports, the discussion of country reports raised the following interesting issues:

- The need for a scheme for the exchange of duplicates between countries in the Region, with WHO serving as a catalyst.
- The possibility of setting a minimum standard for health science library services at the peripheral level, including hospitals.

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<sup>1</sup>Included as Annexes VII (a), (b), (c), (d), (e), (f) and (g).

- Means of overcoming the scarcity of suitable health literature in the national language for auxiliary and paramedical personnel and the role of the Arab Medical Literature Centre and WHO in overcoming this problem.
- Means of overcoming the effects of brain drain in health science library manpower as exist in some countries of the Region.
- The application of the wider concept of NFPs which should be flexible and not merely bound to physical resources.
- The need for users' education at all levels in the various fields of health science library and information services.
- Calling upon governments to assign a priority for the development of health science library and information services as part of their overall plans for health service development.

#### V OVERVIEW OF WORKING PAPERS

In reviewing the concepts and standard of a National Focal Point Library, Mr M. Carmel stressed that the concept has developed in response to common and varying needs of the various categories of health personnel. This concept has further been encouraged by WHO's Health Literature Programme. Certain functions were identified and means of linkage with other national and international systems have been discussed.

The justification, evaluation, means of strengthening and proposed functions and policies of NFPs in the WHO Eastern Mediterranean Region were also reviewed by Mr G.A. Guirguis, Regional Office Librarian. The roles were seen as belonging to two categories, namely: national depository-information function, and network-referral function. Means of strengthening NFPs to discharge these functions were further discussed.

A topic on library manpower development was also introduced by Dr D. Rex Billington, Regional Adviser, Educational Development and Support. The review included planning, training and management aspects including major problems

impeding library manpower development. Strategies for overcoming these problems were suggested. Training of both part-time and full-time library personnel at all levels was seen as necessary; it must include continuing education. Task-based approaches to learning were advocated.

Mrs B. Ruff, Chief, Office of Library and Health Literature Services, WHO/Headquarters, reviewed WHO support to this field of activities. International cooperation with health science libraries and NFPs was described with regard to moral support, financial and technical cooperation as well as manpower development. Strategies, international back-up services and strengthening of health library personnel were emphasized.

## VI GROUP DISCUSSIONS

The Working Group Meeting then divided into two groups: the first related to the organizational aspects of NFPs and the second to their technical aspects. The other major area of discussion was the strengthening of NFPs so as to enable them to attain their extended objectives.

The roles and functions of NFPs, as arrived at through group discussions, are incorporated in sections A and B below. More details, however, on the tasks involved, means of strengthening and linkages are to be worked out as a guideline and sent for clearance by participants in the Working Group.

### A. Role and Functions of NFPs with regard to Organizational Considerations

#### 1. The role of NFPs is:

1.1 To determine the most suitable channels, mechanisms and procedures for obtaining moral and financial support to enable the NFP to function effectively.

1.2 To initiate and promote, through the appropriate channels, the adoption of an official policy for the development of a national health libraries network, setting priorities and including feasible targets.

1.3 To obtain from the parent institution some release from institutional duties, regulations and constraints so that the NFP may assume responsibility for and promote the national network.

- 1.4 To survey all health libraries (and institutions that may or will have libraries) with a view to identifying potential members of the network.
  - 1.5 To establish a National Network Committee and foster resource-sharing attitudes among health library manpower.
  - 1.6 To foster existing and potential direct links with other libraries and library resources on national, regional and international bases, as well as through WHO.
  - 1.7 To study the links of the parent institution with other bodies and agencies, especially bilateral and multilateral aid agencies, with a view to using appropriate ones to foster the health libraries network.
  - 1.8 To provide back-up services to other health libraries within the country to supplement their own services and resources.
  - 1.9 To assume responsibility for the identification of the health library manpower training needs, on an ongoing basis.
2. The functions of an NFP are to:
- plan
  - promote
  - coordinate
  - undertake special studies
  - provide back-up services
  - serve as a communications channel.

B. Role of National Focal Point Libraries (technical considerations)

1. Nomination of Country NFPs

The majority of the Member Governments of EMR have nominated one major health science library within each of their respective countries as a national focal point (NFP) for the establishment of library networks. The role of these NFPs has developed in response to changes in the health services to include:

- a. advice on health library policy;
- b. co-ordination of the health library network;
- c. encouragement of resource-sharing among libraries within the country;
- d. provision of support to those engaged in the supply of health-related documents.

2. Advisory Country Functions

Each NFP should initiate and promote the adoption of one official policy for the development of a national health libraries network, setting priorities and including feasible targets. (It should be possible to initiate this process within one month of receipt of these guidelines).

3. Continuing Responsibility

The NFP has the following continuing responsibility:

- a. to arrange for the provision of technical advice on the establishment or running of health libraries, when this is requested by any institution or body within the country;
- b. to develop appropriate standards for health care libraries in the network; and
- c. to assume responsibility for the identification of health library manpower training needs.

4. Co-ordinating Function

The principal co-ordinating activities of the NFP are:

- a. to establish a Network Coordinating Committee and foster resource sharing attitudes among health libraries (this could be established within six months of receiving these guidelines);

- b. to survey all health libraries (and institutions that may or will have libraries) with a view to identifying potential members of the Network (this could be completed within twelve months of receipt of these guidelines);
- c. to foster existing and potential direct links with other libraries and library resources on national, regional and international bases, as well as through WHO; and
- d. to study the links of the parent institution with other bodies and agencies, with a view to using appropriate ones to foster the health libraries network.

5. Resource Sharing Support Function

The main activities of the NFP in support of resource sharing are:

- a. to define the scope of the network and of other sources of health-related information in the country;
- b. to prepare and continually update a list of health-related journals held in all libraries in the network, and to devise procedures for the exchange of copies. (Work on a first edition of this list could begin within six months of the receipt of these guidelines and be completed within twelve months thereafter).

6. Library Service Support Function

The NFP should develop training programmes for health library manpower based on a systematic assessment of staffing requirements at all levels, and bearing in mind the need for continuing education to meet changing demands.

7. Access to World Literature

The NFP should ensure that the national health personnel have access to relevant world literature by:

- a. acquiring and exploring a core collection of appropriate indexes and abstracts;
- b. providing access to computerized data base searching (this is available through the WHO/EMR network);
- c. identifying a core list of health-related journals appropriate to the needs and priorities of the country, and ensuring that the titles identified are available to health professionals within the country;
- d. using international resources, including the WHO/EMR network, to supply appropriate articles not available in the country;
- e. identifying appropriate literature in appropriate languages.

8. Access of Health Personnel to Relevant National Literature

The NFP should also ensure the availability to health personnel of relevant national literature, including "grey" (inadequately published) literature by:

- a. surveying the quantity and scope of such literature within the country, and its current accessibility;
- b. identifying, collecting and processing the most important documents not currently accessible and making them available by loan or copying services; and
- c. establishment and utilization of indexes to the documents, to meet the information needs of health personnel.

9. Basic Requirements of the NFP

To carry out its duties effectively, the NFP basically requires:

- a. governmental recognition of its role and functions;
- b. access to suitable channels and procedures for obtaining moral and financial support; and

- c. official recognition at the institutional level of the librarian's important additional responsibilities arising from the library's role in the national network of health care information services.

10. Resource Implications

The most important resource of the NFP is manpower support of the highest possible quality. The level of staffing required depends upon (i) the state of development of the service, (ii) the volume of support from elsewhere in the network and (iii) the workload of the supporting services. However, the minimum requirement for a functioning NFP is likely to be two staff members (one a professional librarian) in addition to those required for the institution's own library services.

11. Procedures for Meeting Gaps in Holdings

Having identified any important gaps in the nation's holdings of appropriate health-related literature, whether national or international in character, the NFP will need financial support to supplement its national resources.

12. Equipment

The NFP needs basic equipment mainly in the fields of copying and communications. As the service develops some NFPs may find that an investment in computer facilities would contribute to their efficiency.

13. Budgetary Organization

The NFP should be recognized in the annual budget of the parent institution, with headings under manpower, acquisitions, equipment and service costs.

14. Space

Requirements for additional space in library premises should be examined in the light of the library's functions.

15. Monitoring and Evaluation

Monitoring and evaluation systems should be set up within the country to review problems faced and/or progress achieved.

16. Guidelines

The Working Group also stressed the need for guidelines on the various tasks involved in the NFP and its relations with the Eastern Mediterranean Health Science Information Network (EMLIBNET). It was suggested that these guidelines be prepared and distributed for review and comments by participants, prior to their adoption.

VII RECOMMENDATIONS

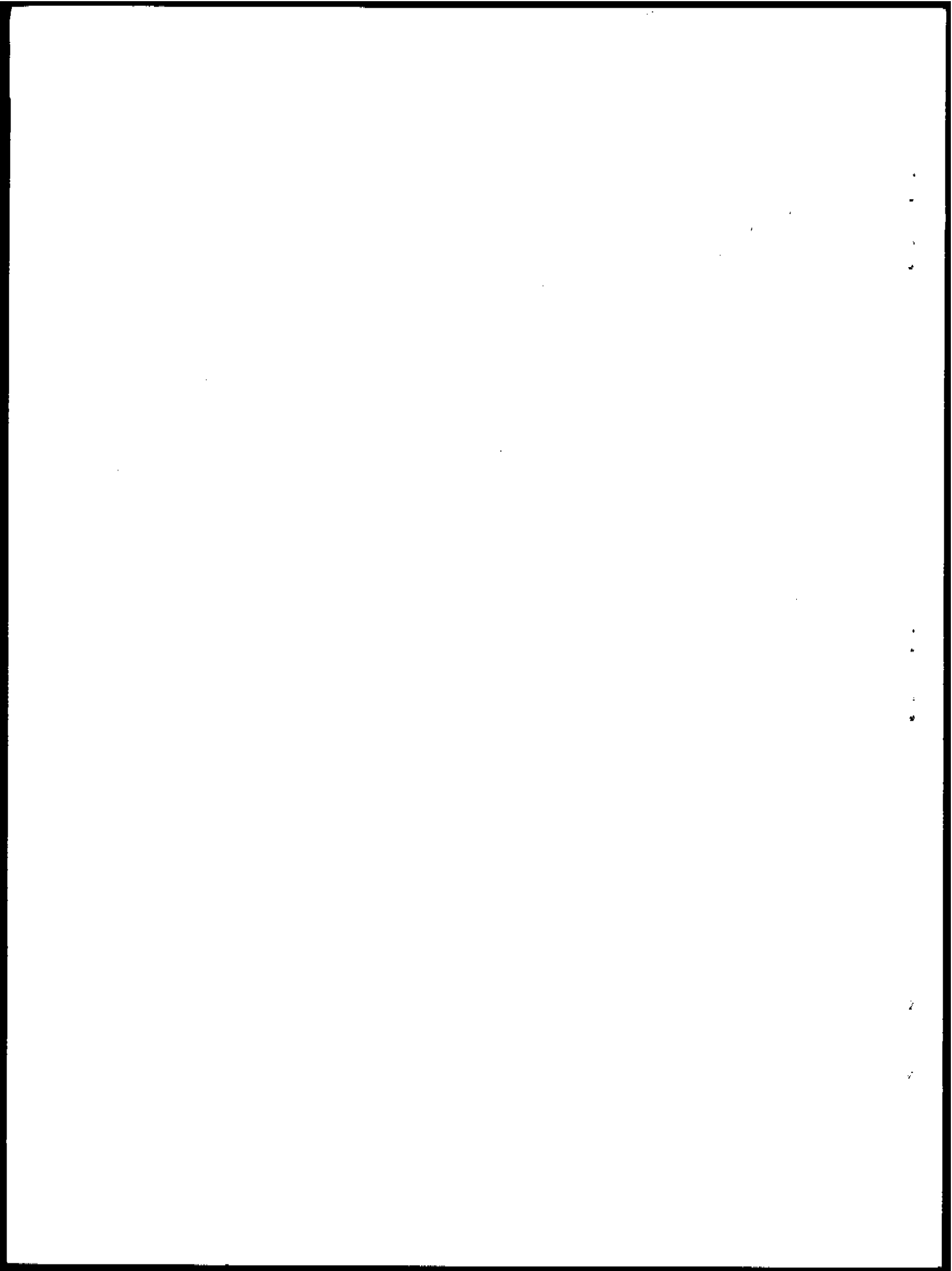
The Working Group recommends that:

1. the guidelines be reproduced and sent to all governments within six months of this Meeting, drawing the Government's attention to their contents in relation to their present arrangements in respect of a focal point library;
2. a formal review and assessment be made by WHO, eighteen months after this Meeting, to assess the impact of the guidelines and of the report's recommendations on focal point library development and on progress achieved;
3. WHO supports national meetings of health librarians and interested parties aimed at furthering resource-sharing action and promoting the activities of the national focal point;
4. WHO considers supporting national health library development by consultation, and by seeding essential focal point activities;
5. as called for on other occasions, the meeting confirms the need to pay particular attention to production, acquisition and distribution of appropriate health literature for auxiliary, paramedical and front-line primary health care personnel;
6. an exchange system be established in the Region whereby surplus but still relevant literature of a library may be offered to a less well-endowed library;

7. WHO encourages a certain self-reliance regarding national photocopy services, whilst continuing to maintain, for an interim period, the regional back-up services for the provision of computerized print-outs and photocopies of journal articles;
8. Special efforts be made at country level to upgrade the training of library personnel, the development of career structures, the provision of basic operating tools and equipment and, in general, the raising of the status of the librarian to a position enabling him/her to play a more effective role in the achievement of HFA/2000;
9. WHO helps locate and strengthen certain librarian personnel training programmes in appropriate locations in countries of the Region, and that Governments support the development of national health science library personnel education programmes, as part of their overall national programmes for health manpower development; and that
10. Governments encourage the education of users, both actual and potential, in order to derive greater benefit from library and literature services.

#### VIII CONCLUSION

In conclusion, the participants expressed their sincere appreciation to the Government of Kuwait, with special mention of the Minister of Health, H.E. Dr A.R. Al-Awadi, for his personal interest in the development of health science librarianship and information services, and for the generous hospitality shown throughout the Working Group Meeting.



ANNEX I

LIST OF PARTICIPANTS

BAHRAIN

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\* Did not attend

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Director  
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Mrs Hana Mouradi\*  
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WHO SECRETARIAT

Dr D. Rex Billington	Regional Adviser, Educational Development and Support	World Health Organization Eastern Mediterranean Region
Mr G.A. Guirguis	Regional Office Librarian	World Health Organization Eastern Mediterranean Region
Mrs B. Ruff	Chief Office of Library and Health Literature Services	World Health Organization Geneva
Mr M.J. Carmel	Consultant facilitator in librarianship and networking procedures	
Mrs M.A. Abdel-Latif	Secretary	World Health Organization Eastern Mediterranean Region

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\* Did not attend

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بسم الله الرحمن الرحيم

كلمة

سعادة الدكتور عبد الرحمن عبد الله العوضي

وزير الصحة العامة ووزير التخطيط

في حفل افتتاح ندوة المكتبات والمطبوعات المحيصة

الكويت - فندق هوليداي إن

١٩٨٤/٤/١

بسم الله الرحمن الرحيم، والحمد لله رب العالمين والصلاة والسلام على سيدنا  
محمد خاتم الأنبياء وأشرف المرسلين.

حضرات الاخوة والأخوات ،

يسرني أن أشارككم اليوم حفل افتتاح ندوة المكتبات والمطبوعات الصحية، التي  
تقام بالتعاون مع منظمة الصحة العالمية، ويظيب لي أن أرحب بالاخوة الضيوف  
المشاركين في هذه الندوة، متمنيا لهم طيب الإقامة في بلدهم الثاني الكويت، وراجيا  
للندوة كل نجاح وتوفيق.

حضرات الاخوة والأخوات ،

تعقد هذه الندوة انطلاقا من الأهمية البالغة لتوفير نظم جيدة ومتطورة  
للمعلومات في بلدان منطقتنا، وإيماننا منا بأن توفير أحدث المعلومات الضرورية  
في مختلف المجالات والقطاعات هو الأساس العلمي السليم للتخطيط في الحاضر والمستقبل،  
وهو الأمل الذي يتوق اليه العلماء والباحثون لمعاونتهم في إجراء ما يقومون به  
من دراسات وأبحاث علمية تستهدف خير ورفاه البشرية.

وإذا كان توفير نظم جيدة للمعلومات له أهمية كبيرة في مختلف مجالات التنمية  
الاجتماعية بصورة عامة، فإن له أهمية خاصة في مجال الخدمات الصحية، حيث يعتمد  
الأطباء ومعاونوهم من العاملين في الحقل الصحي، في مزاوتهم للمهنة الطبية، على  
الوقوف على أحدث المعلومات المتوفرة في هذا المجال، فغلا من أهمية تبادل  
المعلومات والاحصاءات المتعلقة بالوضع الصحي في مختلف بلدان العالم.

ولقد أولت الكويت اهتماما خاصا بدور المكتبات وتوفير المعلومات للباحثين،  
إيماننا منها بأنه الطريق إلى تحقيق التقدم العلمي المنشود، واحياء تراثنا  
وحضارتنا العربية والاسلامية الخالدة. وفي هذه المناسبة أود أن أشير إلى استضافة  
الكويت للمركز العربي للوثائق والمطبوعات الصحية الذي أنشأه مجلس وزراء الصحة  
العرب، والذي يهدف إلى تبادل الشفافة والعلوم والمعلومات والبحوث في المجالات  
الصحية والطبية، والعمل على تدريب العاملين في مجال التوثيق والمعلومات الصحية  
في العالم العربي.

هذا وتنظيما للحمول على المعلومات الحديثة في كافة المجالات المتعلقة  
بالخدمات الصحية، ووضعا في متناول الأطباء ومختلف فئات العاملين في الحقل الصحي،  
فقد أقامت وزارة الصحة العامة مكتبة طبية مركزية، يتبعها عدد من المكتبات الفرعية  
في المستشفيات وغيرها من المراكز الصحية.

كما قامت الوزارة مؤخرا بتأمين الاتصال المباشر بعدد من مرادد المعلومات  
المتوفرة في المجالات الطبية، ومنها مرصد ميدلارز بكافة روافده، الذي يعمل الكويت

مباشرة بالمكتبة الطبية الوطنية بالولايات المتحدة الأمريكية، مما يمكن الباحث العربي من الحصول على ما يحتاج اليه من أحدث الأبحاث والمعلومات الطبية في سياق مع الزمن والتطور.

كما وفرت الوزارة بالتعاون مع منظمة الصحة العالمية سبل التدريب المناسبة لرفع مستوى الخدمة المكتبية، مع شمولها عددا أكبر من العاملين الصحيين.

ولما كان التعاون والتنسيق في هذا المجال الهام بين دول منطقتنا بصورة خاصة، له أهمية بالغة في تحقيق ما نصبو اليه جميعا من نجاح وتقدم في مجال الاستخدام الأمثل للمعلومات المتاحة، فإن الكويت تحرص على تحقيق هذا التعاون الوثيق. ونأمل أن تكون هذه الندوة التي يشارك فيها أخوة من دول الإقليم بداية طيبة لهذا التعاون المثمر.

وأود في هذه المناسبة أن أشكر منظمة الصحة العالمية لتعاونها مع الوزارة في إقامة هذه الندوة، وأخص بالشكر السيد المدير العام للمنظمة، والسيد المدير الإقليمي لمنطقة شرق البحر المتوسط، كما أشكر كل من أسهم في الإعداد والتحضير والمشاركة في هذه الندوة.

ولا يهوتني أن أشيد برعاية حضرة صاحب السمو أمير البلاد، وسمو ولي العهد رئيس مجلس الوزراء، للبحث العلمي بصورة عامة وفي مجال الخدمات الصحية بصورة خاصة.

وفي ختام كلمتي أرحب بكم مرة أخرى وأسأل الله لندوتكم النجاح والتوفيق.

والسلام عليكم ورحمة الله وبركاته،،

ANNEX II

SPEECH OF

H.E. DR ABDUL RAHMAN ABDALLAH AL AWADI  
MINISTER OF PUBLIC HEALTH AND PLANNING

AT THE OPENING SESSION

OF THE

WORKING GROUP MEETING ON THE STUDY OF THE FUNCTIONS AND ACTIVITIES  
OF NATIONAL FOCAL POINT LIBRARIES

KUWAIT, 1 - 4 April 1984

Ladies and Gentlemen,

It is my pleasure to participate with you in the opening session of the Working Group Meeting on the Study of the Functions and Activities of National Focal Point Libraries, held in collaboration with the World Health Organization. It is also a great pleasure to welcome the distinguished guests participating in this Meeting, wishing them a pleasant stay in their second country, Kuwait, and all success for their Meeting.

Distinguished Ladies and Gentlemen,

This Meeting is held in recognition of the fact that providing the countries of our Region with good and developed information systems is very important, and the belief that the provision of the latest information necessary for the different fields and sectors is the proper scientific basis for present and future planning. This is what scientists and researchers aspire to, so that the implementation of the scientific studies and research they undertake for the good and welfare of humanity might be facilitated.

The provision of good information systems is very important in the various fields of social development in general, and is particularly important in the field of health services, as doctors and their health assistants depend, in the performance of their work, on knowledge of the latest information available in this area. In addition, the exchange of information and statistics concerning the health situation in the different countries of the world is important.

Kuwait has paid particular attention to the role of librarians and the provision of information to scientists in the belief that this is the way to achieve the sought scientific progress and to revive our everlasting Islamic and Arabic heritage and civilization. On this occasion, I would like to refer to the hosting by Kuwait of the Arab Centre for Health Literature and Publications established by the secretariat General of Health for the Arab Countries of the Gulf Area, which aims at exchanging culture, science, information and research in the health and medical fields, and training workers in the field of health documentation and information in the Arab World.

For the purpose of organizing the procurement of up-to-date information in all the areas related to health services and making it available to doctors and the different categories of health workers, the Ministry of Health established a central medical library to which is affiliated a number of libraries in hospitals and other health centres.

The Ministry also has lately maintained direct contact with a number of district information observatories in the medical fields, including The Medlars Observatory with all its branches which connects Kuwait directly with the National Medical Library of the USA. This enables the Arab researcher to get his needs in the latest research and medical information, in his race with time and development.

The Ministry, in collaboration with WHO, also provided suitable means of training to a large number of health workers, to raise the standard of library services.

As cooperation and coordination in that important field, particularly among the countries of our Region, are very important to achieve the success and progress we all aspire to in the optimum utilization of available information, Kuwait is keen to realize close cooperation. We hope that this Meeting, where brothers from countries of the Region participate, would be a good start for this fruitful cooperation.

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I would like, on this occasion, to thank WHO for its cooperation with the Ministry in holding this Meeting, and I particularly thank the Director-General of WHO, the Regional Director of WHO Eastern Mediterranean Region, and all those who took part in preparing for the Meeting and participated in it.

I would not fail to commend His Excellency, the Emir of this Country and the Crown Prince and Prime Minister for sponsoring scientific research, in general, and in the field of health services, in particular.

Finally, I welcome you again and pray to God to make your Meeting successful.

بسم الله الرحمن الرحيم

رسالة الدكتور حسين عبد الرزاق الجزائري  
مدير منظمة الصحة العالمية لاقليم شرق البحر المتوسط

في

الجلسة الافتتاحية لاجتماع مجموعة العمل الخاصة بدراسة  
مهام وأنشطة المكتبات العاملة كنقاط اتصال قومية

الكويت ، ١ - ٤ نيسان/أبريل ١٩٨٤

يسعدني أمظم سعادة أن أرحب بكم في هذا الاجتماع الذي تعقده مجموعة العمل  
الخاصة بدراسة مهام وأنشطة المكتبات العاملة كنقاط اتصال قومية. وأعتزم هذه  
المناسبة لأزجي الشكر لحكومة الكويت الموقرة على استضافتها هذا الاجتماع. ومما  
له مغزاه وأهميته أن يعقد هذا الاجتماع في الكويت في الوقت الذي تتخذ فيه وزارة  
الصحة خطوات هامة لتطوير خدمات المطبوعات والمعلومات المحية على جميع المستويات  
في البلاد.

لقد كان للكتاب في ثقافتنا قيمة خاصة على الدوام، كما أسخ الله سبحانه وتعالى  
عليه أهمية خاصة إذ يقول في كتابه العزيز "نون، والقلم وما يسطرون". واسمحوا لي  
أن أقتطف هنا بعض كلمات العلامة الاسلامي البارز "الجاحظ" الذي عاش في القرن  
التاسع الميلادي وجاء في موسوعته "الحيوان" مايلي عن الكتاب: "ونعم الذخُرُ  
والعُدَّة هو، ونعم الجليس والعُدَّة، ونعم النشرة والنزهة، ونعم المُشْتَقَل والحرفَّة،  
ونعم الأنيس لساعة الوحدة، ونعم المعرفة ببلاد الغربية، ونعم القرين والدخييل،  
ونعم الوزير والنزير".

وفي بلدان اقليمنا، كما في غيرها من بلدان العالم النامي، هناك حاجة ماسة  
بوجه عام لنقل المعلومات المناسبة واستخدامها على نحو منهجي ومنظم. والحال كذلك  
على وجه الخصوص في مجال العلوم الصحية بما له من تأثير مباشر على نوعية الرعاية  
الصحية ورفاهة السكان. وبوصفكم أمناء للمكتبات ومديريها فانكم تظلمون بدور بالغ  
الشأن في تسيير نظم نقل المعلومات وادارتها، ابتداءً من مصدرها وحتى  
مستخدميها، وهم العاملون الصحيون والعلميون الصحيون في الاقليم.

وقد تعاونت المنظمة منذ عام ١٩٧٨ من أجل انشاء شبكة مكتبات في الاقليم يقصد  
منها توفير المعلومات الأساسية للعلوم المحية، بغية تلبية احتياجات العاملين  
الصحيين والباحثين. واستجابت الدول الأعضاء بشكل ايجابي لهذا الجهد، فقام العديد  
منها منذ ذلك التاريخ بتعيين مكتبات للعمل كنقاط اتصال قومية بوصفها جزءاً من  
هذه الشبكة.

كما نشطت المنظمة في مجال تشجيع تقاسم الموارد في الاقليم . فقد وُضِعَ نظام إقليمي لتوفير وتبادل المقالات التي تنشر عن العلوم الصحية في المجلات . واننا نتطلع الى تنفيذه بالتعاون مع المكتبات المعيّنة في أقرب وقت ممكن . كذلك فاننا نعمل بصورة نشطة على إعداد وإصدار الكشاف الطبي لشرق البحر المتوسط، مما ييسر الحصول على مجلات العلوم الصحية في الاقليم بصورة منتظمة .

إن مهمتكم في هذا الاجتماع مهمة مزدوجة : فأولاً ستقومون بوضع تحديد واضح لدور ومهام المكتبات التي تعمل كنقاط اتصال لومية ، وذلك لضمان قيامها بدورها الفعال في التنمية الصحية ، وبلوغ هدفنا الشامل ، ألا وهو تحقيق الصحة للجميع بحلول عام ٢٠٠٠ . والمهمة الثانية هي إعداد إرشادات مبسطة وواضحة وعملية فيما يتعلق بهيكل المكتبات العاملة كنقاط اتصال ، وأسلوب عملها . وسوف تستخدم هذه الارشادات في التوسع في شبكة المعلومات الصحية وتعزيزها في الاقليم .

وبعد فإن بلوغ هدفنا المشترك الخاص بالنهوض بخدمات المكتبات ، وإنشاء شبكة معلومات في الاقليم ، يتطلب منا جميعاً بذل جهد مؤزر ، كما أنه يستحق اهتمامنا كاملاً . وانني لعلني ثقة من أنه بمساعدتكم وتعاونكم بوصفكم اداريين صحيين وأمناء مكتبات ، سوف يمكن التغلب على الصعوبات ، وإيجاد الطرق والسبل اللازمة لتحقيق الاستخدام الأمثل للموارد المتاحة في الاقليم .

وأتمنى لكم اجتماعاً مُثمراً ، وإقامة مُمتعةً في الكويت . وآمل أن أتلقّى تقريركم عن قريب .

والله يَعْلَمُ أعمالكم .

ANNEX III

MESSAGE OF DR HUSSEIN A. GEZAIRY  
DIRECTOR

WHO EASTERN MEDITERRANEAN REGION

TO THE

WORKING GROUP MEETING ON THE STUDY OF FUNCTIONS AND ACTIVITIES  
OF NATIONAL FOCAL POINT LIBRARIES

KUWAIT, 1 - 4 April 1984

It gives me great pleasure to welcome you to this Working Group Meeting on the Study of Functions and Activities of National Focal Point Libraries. I take this opportunity first of all to thank the Government of Kuwait for hosting this meeting. It is significant that it takes place in Kuwait at a time when the Ministry of Health is taking major steps for the development of health literature and information services at all levels in the country.

"The book" has always been regarded as a valuable treasure. A special prestige is bestowed on it both in the Holy Koran and in Arabic culture, thus God Almighty swears by it in the holy oath: "Nun; By the pen and (the books) which they write"; and Al Jahez, the distinguished Islamic Scholar of the 9th century writes wonderful lines in its praise, in his Encyclopedia "Al-Hayawan" of which the following is a translation:

"What a blessed treasure and a perfect pleasure, a fine comrade and ally, a superb recreation and a worthy occupation.

In moments of loneliness, it is totally unmatched as a companion; and for news about strange lands, it is an ever-resourceful narrator and a highly-informed educator.

It may reach to be one's second self, the sincerest of consultants, the closest of mates and the most intimate of associates."

In countries of our Region, as in other parts of the developing world, there is generally an urgent need for the systematic transfer and use of relevant information. This is particularly so in the health sciences field which directly influences the quality of health care and the welfare of populations. As librarians and library managers you therefore have a most important role in operating and managing systems of information transfer covering all stages from its generation to its utilization by health workers and health scientists in the Region.

Since 1978, WHO has collaborated in promoting the development of a network of libraries in the Region for the provision of basic health science information to fulfil the needs of health workers and researchers. Member States have positively responded to this effort and many have since designated National Focal Point Libraries as part of this network.

WHO has also been active in promoting resource-sharing in the Region. A regional scheme for the provision and exchange of journal articles in the health sciences has been developed and we look forward to its implementation in collaboration with the designated libraries as soon as possible. We are also actively engaged in preparing and issuing the Eastern Mediterranean Index Medicus which will help in the systematic access to health science journals in the Region.

Your task in this meeting is twofold: the first is to define clearly the role and functions of designated national focal point libraries with a view to ensuring that they play their effective role in health development and in the attainment of WHO's overall goal of Health for All by the Year 2000. The second task is to prepare simple, clear and practical guidelines on the structuring and functioning of focal point libraries. These guidelines will be used in expansion and consolidation of the health information network in the Region.

The achievement of our common aim of promoting library services and the development of an information network in the Region requires on the part of all of us a concerted effort and is worthy of our full attention. I am confident that with your help and collaboration as health administrators and librarians it will be possible to overcome difficulties and find ways and means for the optimal use of resources available in our Region.

I wish you a fruitful meeting and a pleasant stay in Kuwait and look forward to receiving your report.

ANNEX IV(a)

AGENDA

1. Opening of the Meeting.
2. Election of Officers.
3. Adoption of the Agenda.
4. International concepts and standards of national focal point libraries (NFPs) and resource-sharing activities.
5. NFPs in the Eastern Mediterranean Region: evolution, means of strengthening, policies and expected functions.
6. The role of NFPs in training of health science library manpower at national level.
7. General discussions on the role and functions of NFPs.
8. General discussion on the strengthening of NFPs.
9. Meeting of groups for the discussions and drafting of the guidelines.
10. WHO and other international support for health science libraries and NFPs.
11. Preparation and presentation of groups reports.
12. Conclusions.
13. Recommendations.
14. Closing session.

ANNEX IV(b)

PROGRAMME

Sunday, 1 April 1984

- |                    |  |
|--------------------|--|
| 8.30 - 9.30 a.m.   | - Registration   |
| 9.30 - 10.00 a.m.  | - Opening session  |
| 10.00 - 10.30 a.m. | - Recess   |
| 10.30 - 11.30 a.m. | - Introduction of participants<br>Objectives of the Meeting<br>Review and adoption of Agenda<br>Selection of Chairman and Rapporteur |
| 11.30 - 12.30 p.m. | - Country reports  |
| 12.30 - 13.30 p.m. | - Recess   |
| 13.30 - 14.30 p.m. | - Country reports  |
| 14.30 - 15.00 p.m. | - Recess   |
| 15.00 - 16.00 p.m. | - Country reports  |

Monday, 2 April 1984

- |                    |  |
|--------------------|--|
| 8.30 - 9.00 a.m.   | - "International concepts and standards of national focal point libraries and resource-sharing activities" Mr M.J. Carmel      |
| 9.00 - 9.30 a.m.   | - "National focal point libraries in EMR: evolution, means of strengthening, policies and expected functions" Mr G.A. Guirguis |
| 9.30 - 10.00 a.m.  | - Recess   |
| 10.00 - 10.30 a.m. | - "The role of NFPs in training of health science library manpower at national levels" Dr D.R. Billington                      |

Monday, 2 April 1984 (cont'd)

- 10.30 - 12.30 p.m. - General discussions on the role and functions of NFPs:  
(a) Role and functions at the institutional and national levels;  
(b) Role and functions at the regional and international levels;
- 12.30 - 13.30 p.m. - Recess
- 13.30 - 15.00 p.m. - General discussions on the strengthening of NFPs:  
- Logistic support  
- Additional staffing  
- Literature  
- Supplies and equipment  
- Physical resources  
- Budget and financial support
- 15.00 - 15.30 p.m. - Recess
- 15.30 - 16.30 p.m. - Meeting of Groups A & B for the discussion and drafting of guidelines:  
Group A: Roles and functions  
Group B: Strengthening of NFPs

Tuesday, 3 April 1984

- 8.30 - 9.00 a.m. - "WHO and other international support to health science libraries and national focal points" Mrs B. Ruff
- 9.00 - 10.00 a.m. - Meeting of Groups A & B (cont'd)
- 10.00 - 10.30 a.m. - Recess
- 10.30 - 12.30 p.m. - Meeting of Groups A & B (cont'd)
- 12.30 - 13.30 p.m. - Recess
- 13.30 - 16.00 p.m. - Visits to Kuwaiti National Centre, Ministry of Health Medical Library, University of Kuwait.

Wednesday, 4 April 1984

- |                    |   |
|--------------------|---|
| 8.30 - 9.30 a.m.   | - Preparation of draft group reports  |
| 9.30 - 10.00 a.m.  | - Recess  |
| 10.00 - 11.00 a.m. | - Plenary: presentation of group reports  |
| 11.00 - 12.30 p.m. | - Meeting of the drafting committee for the preparation of a summary report and recommendations |
| 12.30 - 13.30 p.m. | - Recess  |
| 13.30 - 14.30 p.m. | - Plenary: presentation and discussion of report, recommendations and guidelines<br>Conclusion. |

ANNEX V

LIST OF BASIC DOCUMENTS

1. NATIONAL FOCAL POINT LIBRARIES IN THE EASTERN MEDITERRANEAN REGION: JUSTIFICATION, EVOLUTION, MEANS OF STRENGTHENING AND PROPOSED FUNCTIONS AND POLICIES by G.A. Guirguis EM/WGM.SFA.NFPL/4
2. INTERNATIONAL CONCEPTS AND STANDARDS OF NATIONAL FOCAL POINT LIBRARIES AND RESOURCE SHARING ACTIVITIES by Mr M.J. Carmel EM/WGM.SFA.NFPL/5
3. THE ROLE OF NFPS IN TRAINING OF HEALTH SCIENCE LIBRARY MANPOWER AT THE NATIONAL LEVELS by Dr D.R. Billington EM/WGM/SFA.NFPL/6
4. WHO AND OTHER INTERNATIONAL SUPPORT TO HEALTH SCIENCE LIBRARIES AND NATIONAL FOCAL POINTS by Mrs B. Ruff EM/WGM.SFA.NFPL/7

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ANNEX VI(a)

NATIONAL FOCAL POINT LIBRARIES IN THE EASTERN MEDITERRANEAN REGION:  
JUSTIFICATION, EVOLUTION, MEANS OF STRENGTHENING AND PROPOSED  
FUNCTIONS AND POLICIES

by

G.A. Guirguis  
Librarian  
WHO EMR

### Introduction and justification

In the Eastern Mediterranean Region, there are two principal categories of medical libraries as the main providers of health literature and information services. The first category prevails in the more affluent countries in the Region. This category is characterized by collections of more than 20 000 volumes of books and current journal subscriptions ranging between 500 and 1 200. Expenditure per potential user is reasonable and can compare favourably with health science libraries in the industrialized countries.

The second category consists of approximately twenty health science libraries some of which may have a substantial amount of material in book form and a large collection of periodicals, accumulated over approximately thirty years.

There are other categories of health science libraries which are lacking in the basic infrastructure even for a rudimentary library service. Unfortunately these latter categories constitute the majority of health science libraries in the Region.

Libraries in the first category are developing fast and are generally able to overcome many problems related to resources and manpower. However, apart from these, all other libraries in the Region appear to be suffering from an acute shortage of trained staff, of literature and of physical resources.

In this Region, as well as in other developing parts of the world, the horizontal development of health science libraries does not constitute the solution to the present literature and information gap. The alternative strategy of choice would be, therefore, to attain a reasonable standard of health literature and information services through a series of cooperative and resource-sharing activities.

The principal health science libraries at both national and regional levels have, therefore, a pioneering role in assuming this responsibility at this transitional stage, for the benefit of all potential users in the Region.

Hence, there is need to consolidate the resources of the existing National Focal Point Libraries which have already been designated by their governments. Still further is there need to identify and designate other NFPs so as to achieve coverage of all the various parts of the Region, it is to be hoped within the near future.

NFPs as coordinators are further encouraged to cooperate with each other to the fullest extent possible. In the meantime, there should exist a network focus in order to provide necessary support to NFPs and, in the meantime, coordinate their access to external sources. It is within this framework that the evolving WHO Regional Network for Health Science Information for the Eastern Mediterranean (WHO/EMRNET) was established in early 1978.

It is foreseen, however, that WHO's coordinating role will be essentially of a transitional and temporary nature. The long-term objective is to encourage self-reliance in the Region. This is all the more the case since information services rendered through the industrialized countries tend to increase in cost to the extent that these may not be within the reach of many potential users in the Region. The problem of copyright in the industrialized countries may also constitute another deterrent factor.

It is inevitable therefore that, along with support for NFPs, we should also discuss the logical support related to the Regional Network, as well as present and future resources necessary for its proper functioning.

#### Evolution and activities of EMR network and NFPs

National Focal Point Libraries evolved in 1978 as part of the WHO Regional Network for Health Science Information. At that time, 14 NFPs were designated by their respective governments as the national channels in the Regional Network. The services of the WHO Regional Network have so far been confined to the processing of computerized bibliographies, as well as the provision of photocopies of journal articles which sources are not available in local libraries.

1.1. The general plan is that requests are addressed by institutions or individuals to NFPs. There, such requests are screened in relation to suitability to the available data base, or to possibilities of filling at local level. Justified requests are to be sent for processing through WHO offices, either by air mail or diplomatic pouches. Processed requests are also dispatched to NFPs by means of the same procedure, for ultimate distribution to users.

1.2. The WHO Regional Network for Health Science Information (EMRNET) draws upon the resources of various international and national systems, including WHO Headquarters Library, Geneva, WHO/PAHO Regional Office in Washington, the U.S. National

Library of Medicine, Bethesda, Maryland, and DOKDI, a data base in Switzerland. It is, however, foreseen that the main services of the Regional Network will in the near future be rendered within the Region, through application of the principles of "Technical Cooperation among Developing Countries".

1.3. The following table shows the volume of activities of the WHO Regional Network, in 1982-83, related to computerized MEDLINE searches and photocopies of journal articles:

Year	No. of MEDLINE printouts	No. processed of photocopies of journal articles
1982	863	5300
1983	997	5885

1.4. The share of the various National Focal Points in the traffic of EMRNET has varied considerably. Moreover, only three have been fairly regular in the use of services offered through the WHO Network. Many requests have further been received direct from various institutions.

1.5. In general, it may be considered that EMRNET has undergone a transitional stage during which users in many parts of the Region have been made aware of the existence of information services other than those traditionally offered by their local libraries. In the meantime, the foundation for intercountry cooperation has been established through the designation of NFPs. The task ahead is, therefore, challenging to all concerned with the proper functioning of NFPs. There is need to define their functions and roles clearly. Still greater is the need to strengthen their resources in order to attain the set objectives. Concurrent with the above two lines of action, there is also a need to increase the awareness of potential institutions and users of the functions and services of National Focal Libraries in the Health Sciences.

## 2. Possible roles and Responsibilities of NFPs

Ultimately, the National Focal Point would constitute the frontline point in health science information at the country level. In this capacity, it would have two distinct roles:

2.1. Serving as a national depository of health-related materials touching on priorities in the National Health Plan and providing for the needs of all categories of health science personnel.

2.2. Serving as a referral centre, coordinating between national and other accessible network resources, with the ultimate aim of meeting information requests which cannot be answered at the NFP level. The initial stage of their development, NFPs would be mainly concerned with two services, namely: the processing of computerized bibliographies and the provision of photocopies of journal articles as available.

The first role implies that the NFP might develop as the principal health science library, with a mandate for meeting the current and expected needs of the various categories of health users at national level.

2.3. Apart from its institutional role, the NFP might further have the following additional specific functions:

2.3.1. Collection of materials and publications of special interest at the national level.

2.3.2. The processing of these materials to facilitate their use not only at the parent institution, but also by users throughout the country.

2.3.3. Dissemination of information on materials held, or on other topics or holdings of potential interest to certain categories of health science personnel.

2.4. In relation to the networking functions, the following duties are envisaged for the National Focal Point:

2.4.1. The NFP would maintain a link with other resource health science information centres, both inside and outside the country;

2.4.2. Wherever possible, the NFP might develop a union list of serials of the principal health science holdings at the national level. This is apart from the basic list of serials held by other regional or international resources made accessible to NFP users through established networking procedures.

2.4.3. The NFP would be the place from which standard forms for computerized bibliographies or photocopies are to be obtained. In the absence of an agreed upon standard form for photocopies, the NFP would possess sufficient copies of the standard international Inter-Library Lending Forms, made available from various library suppliers.

2.4.4. The NFP would receive completed request forms for information not available at the local level within the respective country.

2.4.5. The NFP would screen all request forms for accuracy, legibility, completeness and suitability (to accessible data bases). The NFP may withhold request forms not meeting the above criteria, directing users to available indices or to other local sources.

2.4.6. The NFP would dispatch suitable and properly completed requests to the network focus or to other processing centres by the fastest means of communication available, including dispatch by special pouches, air mail, etc.

2.4.7. It would receive back processed requests in the form of computerized printouts or photocopies.

2.4.8. It would distribute the above processed requests to the users, using local postal or other delivery services, and inform users regarding pick-up, as appropriate.

2.4.9. It would maintain appropriate records and statistics of services rendered.

2.4.10. In due course, it would promote the use of health science information services, as appropriate to selected or various categories of users.

### 3. Means of strengthening the manpower and physical resources of NFPs

#### 3.1. Managerial aspects

For the purpose of long-term planning, the National Focal Point Library might gradually develop as an autonomous body concerned with the collection, organization and dissemination of information within the health sciences at national level. These functions are additional to those related to the parent institution, which in the case of existing NFPs are either the faculties of medicine or the Ministry of Health.

In general, it is desirable to maintain a certain degree of coordination in policy with the Central Library within the same campus. The NFP, however, should possess complete autonomy on matters related to budget, acquisition and services. The NFP has a distinct group of users and it should be enabled to cater for their interests in a free and judicious manner. Based on experience, it is suggested to develop NFPs as a semi-centralized system, directly responsible to the faculty Dean or to a similar level in other institutions.

The gradual development of NFPs will be facilitated by the establishment of a work plan, prepared for each budgetary year. The aim is not to develop a detailed document, but rather a form of checklist of activities and deadlines for their implementation. The work plan would permit periodic evaluation of services rendered at the level both of the parent institution, and of other health science institutions and workers throughout the country. There is also need to build up a national policy related to the functions and responsibilities of the National Focal Library for the health sciences. This policy should be determined in conformity with the framework of the National Health Plan. As a first step, a committee representing the various health sectors could be formed to secure coordination in the utilization of the services of NFPs.

### 3.2. Staffing

In order to attain the set objectives, NFPs should be provided with adequately trained staff. The right balance between technical and administrative staff should be maintained.

The Chief Librarian of the National Focal Point would ideally be the leading health science librarian at country level. He should be suitably qualified, with managerial and communication abilities. He should be sufficiently acquainted with the philosophy underlying the functions of the National Focal Point, in contrast to other library and information services, and be able to secure the required coordination and support at institutional, national and other levels. In his capacity as manager, he should be able to plan the development of facilities and resources of the NFP, with focus on the expected targets. He should also be able to plan and assist in the implementation of health science library training activities at national level.

Assuming that the NFP library has other trained librarians for technical services, serials etc., the "referral unit" component in the NFP should be staffed with the following minimum pattern:

- An interlending librarian whose main duties would be: (i) to deal with information requests not met at the institutional level; (ii) to verify and onforward these for processing in accordance with set networking procedures; and (iii) the compilation of bibliography, book lists, union catalogue, etc.

- A minimum of a clerk-typist, with adequate and suitable language skills, to assist in the receipt, registration and despatch of information requests, following up the the processing of such requests and the delivery of processed ones to users.

### 3.3. Literature resources

It is assumed that the designated National Focal Point Library would be the leading health science library at national level. It might further acquire a more rapid pace of development as a potential national institution with recognized leadership in health literature and information services. The NFP would in addition maintain working relations with other principal health science libraries in the country concerned, with a view to fostering resource-sharing activities at national level. With regard to periodical holdings, it is expected that the NFP would possess a minimum of 400 current journals in the health sciences, selected not only on the basis of the parent institution's priorities, but also providing for other national priorities not catered for elsewhere. Logically, too, the NFP would possess as complete as possible a collection of health science periodicals issued within the respective country. This is apart from other periodicals issued in the Region with a particular relevance to national health conditions.

The NFP would further possess a core of up-to-date reference sources and books to facilitate both reference and referral activities of NFPs. In this respect, the NFP would be the logical site for the maintenance of publications of international and regional agencies in the health field, with particular reference to WHO.

Gradually, it would also be useful if NFPs were to develop the following:

- (a) a collection of M.A. and Ph.D. theses recorded at various postgraduate health science institutions in the country;
- (b) as complete as possible a collection of official publications issued by various sectors engaged in health development and research activities;
- (c) audiovisuals and other learning materials suitable for use by certain categories of health personnel (to be determined in accordance with national priorities and in the light of the expected role of NFPs in meeting these priorities).

#### 3.4. Premises and equipment

The NFP would at the minimum have a separate room of approximately 30 sq.m. for inter-lending and photocopying activities. Additional space would also be needed for the extension of its periodicals as well as other special collections of a national character. At least one photocopier of a reasonable make and speed should be available for day-to-day inter-lending activities. The NFP should further be equipped with adequate means of communication, including facilities for the receipt, onforwarding and delivery of information requests. If not already existing, the following would need to be acquired.

- A reasonably sophisticated photocopier (a one-time purchase: \$ 6 000.- disbursed over 4 years).
- An annual provision for maintenance, \$ 2 000.- stationery and sundry expenses (including mail), \$ 1 000; contractual services for the issuance of abstracts, bibliographies, etc.

#### 3.5. Budget

Assuming that the National Focal Point is already drawing upon a supportive budget from the parent institution, it is foreseen that an additional budget would be required to cater for referral and documentation activities of a national character.

In its capacity as the principal national body responsible for health literature and information services, the NFP should qualify for additional allocations from central governmental research development sources. The NFP should be eligible for assistance from international and regional governmental organizations, with special mention of WHO, UNESCO, UNISIST, ALECSO, etc.

In certain cases, the NFP would also benefit from bilateral sources of assistance as made available to specific countries.

Depending on the present status of NFP holdings it is estimated that the initial establishing budget for strengthening the national role of an NFP library would be \$ 15 000 as a minimum (1984 price levels). This is apart from staffing and other overhead expenses. An annual additional budget of approximately \$ 10 000 would also be required to foster the national documentation and referral activities of an NFP.

### 3.6. Technology applications

It is foreseen that ultimately NFPs will be confronted with new challenges in the field of information storage, retrieval and dissemination. The case of a Union Catalogue of serials in the principal health science libraries at country level is but one example. The storage and updating of subsets of MEDLARS data base is another.

The use of the new generation of microcomputers, the cost of which is within the reach of many individual libraries, should not be excluded for this purpose. Use of such equipment should, however, be subject to all possible scrutinies leading to the selection of the appropriate technology suited to objectives of the NFP concerned. In this respect, competent international and regional bodies have a vital part to play as objective and disinterested surveyors of information on appropriate technologies of relevance to conditions in developing countries. Attention should also be given to the use of international standards and guidelines for technology application at the earliest stage possible of NFP activities.

### 3.7. Cooperation and resource-sharing attitudes

Success in cooperative resource-sharing would imply a change in many attitudes which tend to hinder such cooperation. Those responsible for libraries at the decision-making level should regard their libraries as qualitative dynamic centres and not merely as quantitative and status-symbol depositories. They would further create the atmosphere for resource-sharing and secure coordination in the acquisition and storage of certain categories of health literature with kindred institutions at the country level. Likewise, librarians should resist development in isolation and in a competitive way with other, related, health science libraries, with the ultimate aim of attaining optimal use of scarce resources.

## 4. Certain proposals for discussion in relation to the policy and procedures of NFPs

### 4.1. Balance in the use of information services

In general, the National Focal Point is the location at which it would be desirable to maintain a balance between the number of requests received from various locations in the country and the facilities available for the processing of such requests. To the extent of their ability, NFPs are called upon to seek measures to overcome abuse on the part of certain institutions and individuals.

In future, however, when by far the greatest percentage of requests will be processed in the Region, such a safeguard may not be necessary.

One of the means for the rationalization of the service would be to levy a nominal charge on the use of an NFP's services. This charge, to be based on national standards, would help in servicing the more serious users. It would further allow some proceeds for the NFP that could be used in the improvement of its photocopying and clearinghouse activities.

#### 4.2. Verification of requests

Requests forwarded for processing would, as far as possible, be verified at local level. The attainment of this objective can perhaps be achieved through a circular letter from the NFP to potential user institutions and libraries throughout the country. Certain requirements should be outlined in this circular letter, including the following:

##### 4.2.1. Photocopies

It should be stated that journal articles only are available, as opposed to material in book form (which is not serviced at the present stage) and that the request should include all necessary information on the article desired to be photocopied, including at least the first author; title; source; year, volume, issue number, and pages (from-to). Requests containing doubtful information should as much as possible be verified at the user level through use of the Index Medicus or any other indexing tool as appropriate.

##### 4.2.2. Requests for computerized bibliographies

Inasmuch as possible, such requests should be verified at the most local level. In some cases, it would be found that certain requests could be met through use of the various cumulations of Index Medicus. Both MEDLINE and Index Medicus are the product of the same data base at the U.S. National Library of Medicine. Hence, the librarian concerned would be in a position to direct library users in retrieving on-the-spot information on the broader aspects of their research directly from Index Medicus, rather than having to wait for a considerable time until a request is sent for processing and received at the forwarding library. Encouraging the use of Index Medicus in all cases would, moreover, lead to a better clarification of the request, as well as a better familiarity with the terms used in indexing the user's topics of interest.

In general, requests phrased as: "all references related to nutrition disorders" or "kwashiorkor" or "schistosomiasis" would not produce the desirable specificity unless coordinated with other facts, such as relation with other diseases, organs, age, geographical context, etc.

#### 4.3. Legibility of information requests

In some cases, under delays as well inaccuracies in processing have occurred because of the illegibility of handwriting in filling in the requests for photocopies or for computerized bibliographies.

The responsible person in the NFP should, therefore, exert every effort to ensure that requests passed for processing should be either typewritten or hand printed (in block lettering).

#### 4.4. Channelling of requests through NFP

So far, the policy has been to submit all requests for photocopies and printouts within a given country through National Focal Points. This mode of channelling has the following benefits:

- (a) It secures better coordination in the utilization of local resources, prior to the onforwarding of information requests through the Network focus for necessary processing;
- (b) in the meantime, sending all requests from various users to the NFP develops a speedy mode of communication between the NFP and Network focus;
- (c) it allows better monitoring of the service thus to facilitating its future planning and expansion; and
- (d) it consolidates recognition of the possible role of NFPs and enhances action directed towards their ultimate development as centres of national mandate.

#### 4.5. Compilation of a "Union List of Serials"

One of the primary functions of the NFP is to foster health science inter-library cooperation at national level, as an economical means of meeting the needs of users. As a first step, such cooperation may take place between the principal health science libraries known to possess worthwhile collections in various or selected fields of interest. In this field of library cooperation, certain considerations have to be borne in mind:

(a) It may be impractical at this stage for developing countries to engage in an inter-lending system based on materials in book form. Such a practice has been found difficult and not feasible economically even in developed countries. Hence, library cooperation would concentrate basically on serial holdings.

(b) Experience has shown that due to difficulties in the despatch of journals from the producing countries to various libraries in the Region, there is often a considerable number of missing issues in these libraries. Until ordered from a back-issue dealer, these missing issues would have, therefore, to be reflected in the "National Union Catalogue of Serial Holdings."

The proposed guidelines should, therefore, contain directions and methods of recording data on titles held at various locations. EMRO's list of holdings of the Principal Health Science Libraries in the Eastern Mediterranean would serve as an example for the compilation of the National Union Catalogue of Serial Holdings.

#### 4.6. Propagation of the service

Ideally, the information services available through the NFP, with special emphasis on the provision of photocopies and MEDLINE printouts, should be propagated to all potential institutions and users at national level. The present limitations in service may, however, preclude such a prospect at this stage.

It would, therefore, be advisable to consider the present stage as an experimental one, laying the foundations for NFPs and supporting networks, as well as building up coordination at the various cooperation levels both inside and outside the country.

Those responsible for NFPs might, however, be alerted to future prospects for the expansion of these services and be prepared to increase the sensitivity of these services in all sectors and categories of health care, research and education.

ANNEX VI(b)

INTERNATIONAL CONCEPTS AND STANDARDS OF  
A NATIONAL FOCAL POINT LIBRARY

by Michael Carmel

The concept of a National Focal Point (NFP) library within the health care context is still very much evolving. It has developed in response to common needs in many countries in several WHO Regions<sup>(1-3)</sup>, and has been encouraged by WHO's own Health Literature Programme.

There are wide variations in both ideas and practice. This paper is designed not to criticise or eliminate the variations but to summarize common ground and to analyse factors which make certain differences inevitable. In the process it may be possible to begin to define standards, both as to what NFPs should be doing and as to resources required. It will encourage clarity if we proceed as logically as the subject will allow from the basic purpose of the NFP to its functions and activities, and on to the structure and resources.

The functions and standards of an NFP can be effectively defined only in terms of the needs of health care in each country, not on the basis of the needs of libraries, nor even of physicians and other users. The achievement of the goal of "Health for All by the Year 2000" is sufficiently considered as a justifying point. Training efforts, are extensively needed, with emphasis on the fairly basic level. It calls for a reorientation of priorities in many countries. It requires that health services be planned on the basis of assessed needs. It demands great efforts in the rapid communication of information, a great deal of it interpreted, patient-oriented, and in the common language of the country. It necessitates huge endeavour in relevant fields of research. From library services it insists upon dynamic response and considerable re-arrangement of priorities.

The aim of the library network of which the NFP is a crucial part is to supply information rapidly, wherever and whenever it is needed, for the care of patients and also for the planning of health services. Since this goes well beyond the aims of most existing libraries - and of their parent institutions - it contains the seeds of potential problems and conflicting priorities which need careful study.

### Functions

An NFP needs to function at five different levels, each of which gives rise to several kinds of activity. These may be listed as follows: (1) It must be involved in planning, promoting and coordinating the network of health care libraries in the nation as a whole; (2) It must provide supporting services to the libraries in the network; (3) It needs to develop links with other sources of information and documents in the country, such as university and research libraries, documentation centres, etc; (4) It must operate as the network's international link-point, working both with other NFPs and with international agencies such as WHO, UNICEF, and FAO, and centres such as the BLLD<sup>1</sup> and NLM<sup>2</sup> and international online hosts and (5) It should be concerned very much with qualitative change, experimentation and research to ensure that new techniques in information work are understood and appropriately applied.

### Networks

The nature and purpose of library networks have been discussed elsewhere<sup>(4)</sup>. Successful networks do not grow spontaneously; they require planning, promotion and coordination and it is a large part of the function of the NFP to provide these. The purpose of planning is to match needs, activities and resources. The first stage of planning is to analyse and map those aspects of health care which require information support, quantified where possible. This should be a continuous process and can develop as a series of approximations. "Mapping" involves an assessment of the subject, type, level and medium of information required by different professions and practitioners as well as reflecting geographical factors.

The activities required to meet the needs thus identified should be imaginatively considered. Librarians often present pre-packaged solutions instead of being problem-oriented. The NFP in particular should not be hampered in its approach by a limited concept of the librarian's mission.

A clear statement of the activities proposed and the resources needed is a useful planning exercise, but it is not the end-product and indeed it requires cautious handling. It is a statement of intention at one point in time, and situations, perceptions, and priorities are all subject to change. It may alarm those who are inclined to see it primarily as a bid for resources. At worst it

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<sup>1</sup> BLLD = British Library Lending Division, Boston Spa, Yorkshire, UK.

<sup>2</sup> NLM = National Library of Medicine, Bethesda, Md., USA.

may enshrine some poor judgements and make subsequent adjustments difficult. A clear set of planning guidelines, outlining principles, key factors and priorities for discussion with the authorities, may be a more constructive approach than a detailed blueprint.

Any plan must take account of existing resources and examine whether they are being used to their utmost. For this, a survey of library resources is essential. This should be qualitative and analytical as well as geographical and quantitative. It should look at what services each institution provides, and to whom, and it should look at the less tangible assets such as the skills and attitudes of staff, access to other skills (e.g. research workers), systems, equipment and organization, as well as purely bibliographical and financial resources. The survey should include all relevant information systems and sources. This too is a continuous process.

Determining priorities is a crucial part of planning and management<sup>(5)</sup>. The NFP is usually the only unit looking at library priorities in terms of the national health care effort, and it may have to face conflicting priorities both within and outside the network. The action of the NFP on these occasions should be to negotiate priorities with the institutions concerned.

An important task for the NFP is that of promoting the network concept as a whole, i.e. the necessity for developing effective systems for the rapid communication of health-related information to those who have to apply it. This involves convincing a great variety of administrators, academics, clinicians, politicians, and indeed librarians of the value of the system. It also involves changing attitudes at all levels, and encouraging cooperation and resource-sharing. Not only the general concept but specific projects need active advice and persuasion in their support.

Coordination of services among the disparate elements of the network requires careful management if they are to work happily and successfully together<sup>(6)</sup>. There is also a purely technical side to coordination. At the very least, a directory has to be compiled, and meetings organized. Joint activities in the form of in-service training, subject specialization schemes, the pooling of difficult-to-obtain resources such as specialist skills and knowledge, or cooperative cataloguing, require a substantial organizational effort.

### Central support

The type and extent of central support to be provided by the NFP will depend on the state of development of the network and on the library infrastructure of the country. Two key areas are: (i) providing access to information retrieval facilities and (ii) document delivery. A useful principle is that the NFP should not duplicate a service or stock already available from elsewhere. Sometimes an external service is perceived as inadequate, for example a National Documentation Centre's coverage of health sciences literature may be poor. In such cases the first line of investigation concerns whether the use of political pressure or financial resources to improve the service may be more efficient than the development of overlapping functions.

Information retrieval facilities can be seen in an hierarchical context with the simpler tools being widely held, and more specialized or expensive indexes being used at a few key centres. Coordination of holdings, and of access to them, is the concern of the NFP. It may be appropriate for the NFP to hold items itself, or it may delegate this function to other centres within the network. The key factors are (i) closeness to the end users and (ii) economy. Similar principles apply to facilities for online literature searching services, and indeed to in-house computer services where these are appropriate.

In the area of document delivery the NFP has clear responsibilities:

- (a) to identify the range of literature to which access is essential;
- (b) to find the most economical and effective forms of access;
- (c) to take account of resource limitations.

Looking first at the major international health science serials, it is clear that demand in most countries is heavily concentrated on relatively few titles, especially in the health sciences<sup>(7,8)</sup>. Allowing for special requirements in each country, a relatively small number of titles, perhaps as low as 10% of the total output, can meet 80-90% of demand, the remainder being spread over many thousands which can be more conveniently accessed via BLLD, NLM or other "multinationals". This kind of "core +" collection may be made accessible to the whole network in one of several ways:

- (a) through a National Library or Documentation Centre;

- (b) through a medical school library;
- (c) through a resource-sharing scheme based on a union list;
- (d) through a special central collection;
- (e) through a combination of the above.

Whichever method is chosen it must be made as simple, as fast, and as efficient as is humanly possible.

Locally produced serials, reports and books present a greater challenge and responsibility to the NFP. Clearly they have particular value as being relevant to the concerns of the country. They are more likely to be in the national language. They may not be indexed in the foreign data bases on which both users and librarians have come to depend. The NFP again needs first to identify this literature, using every opportunity to collect and analyse it. Its availability should be assured. Indexing systems, with convenient forms of access, have to be established. This information also needs to be shared between countries through schemes such as the WHO Headquarters-based Health Related Information System (HERIS). However it is again worth stressing that the NFP's basic responsibility is to ensure that the work is done - if other libraries or information units are capable of doing it, they should be encouraged to do so. Serials titles may even be brought to the attention of the Tropical Diseases Bureau or NLM for indexing.

#### National links

Specific links with other organizations in each country have already been mentioned. The NFP has the more general function of establishing a link between the health library network and various national institutions which may not wish to negotiate separately with each library. Some of these are within the health service, and may include various levels of health administration and regulatory bodies involved in planning or training. They could also include other elements in the total health care information network, such as statisticians, drug information pharmacists, planning information officers and so on.

Outside the health service, links will be mainly with other sectors of the national information system, including the national library or documentation centre, university and public libraries, special information centres, publishers

and data initiators and hosts. The health library network should play its full part and can even take a leading role in National Technical Information Systems (NATIS) and related schemes such as UAP.<sup>(9)</sup> This is best mediated through the NFP.

#### International links

Similar considerations apply to the network's links with other countries. These include bilateral links with supranational services or with NFPs of neighbouring countries, and with international organizations such as WHO, UNICEF, and IPPF, as well as membership of cooperative schemes. The NFP can cultivate communications and good relations with all these bodies. It can negotiate the exchange of information and materials, both contributing to and drawing from cooperative international systems. It can act as a collecting and filtering centre for documentation going from the country to international systems, and as a distribution point for material coming from international bodies. Alternatively, it can arrange for other centres to do some of the work while monitoring their performance.

An important specific area of international cooperation is in training,<sup>(10)</sup> which may involve both national and international input. The NFP is the ideal coordinator, being in touch with both training needs on a national basis and priorities for development, as well as being aware of opportunities and resources.

More generally, the existence of a functioning NFP in each country should assist WHO and others in their task of providing information support to health care, worldwide.

#### Innovation

The information-handling technology available to libraries is changing more rapidly than ever before, and continually presents fresh challenges and new opportunities to improve services. Moll<sup>(11)</sup> has reviewed many of the issues involved, and concludes with Omasi from Nigeria that "the safe and conservative course of non-involvement" could leave Third World librarians unable to press for appropriate standards and applications.

The main areas of library activity in which recent technological developments are likely to have an impact are:

- (a) online access to international data bases;

- (b) development of computerized local and national data bases;
- (c) down-loading and reformatting centrally held information to meet local needs;
- (d) telecommunication links allowing rapid document request and supply services;
- (e) reprographics facilities, including cheaper and more reliable photocopying and microfilming;
- (f) audiovisual and computer-aided learning resources.

If applications are to be successful, it is vital that the opportunities be clearly understood. To quote the director of Colombia's National Information System: "I am clear on only one point: ignorance is not to be forgiven." At the same time those considering the technical opportunities should be aware of the problems and limitations of their environment as well as the requirements of the users.

The NFP is the unit within any country best placed to develop and maintain expertise and skills in this rapidly changing area, avoiding both overenthusiasm excessive caution. Certain principles are clear in the planning of any new system. These are presented below:

- (a) developments should be in response to the needs of users, not pushed by technology;
- (b) the skills needed to use the system must be available;
- (c) system design should come before, not after, purchase of equipment, bearing in mind that library applications are highly specialized; and
- (d) compatibility between libraries is important, but full standardization may well be premature.

A good review of the criteria to look for before acquiring a system has been analysed by Look<sup>(12)</sup>. A high priority for NFPs and for WHO should be the development of computer literacy among health care librarians.

### Structure of the NFP

The position of the NFP within the national network is a vital issue. In some cases a hierarchical, top-down relationship based on the Ministry of Health is appropriate. More often it is suitable for some libraries but not for others. A degree of leadership in cooperative activities is necessary, and there may be a need for some voluntary surrender of autonomy by individual libraries. In any event the NFP's planning activities, if they are meaningful, will lead to some reallocation of resources and changes in the balance of development. Quite probably they will generate overall growth but some areas will grow much faster than others, as resources are concentrated, dispersed or moved to meet service needs. Existing services and priorities may be challenged. So may the prestige of some institutions. An active NFP will make many people uncomfortable and disturb equilibrium.

Promotion of the network by the NFP will also lead to pressure from users and authorities on libraries. Inevitably, as the perception grows of what libraries can do, workloads increase and some uncomfortable comparisons may be made. This is not an issue which the NFP can avoid, but it must be in a position to help and support any library which runs into serious problems as a result.

Locating the NFP should follow certain principles. A degree of independence from any one library is essential. Any hint of a "hierarchy of libraries" is likely to trigger an adverse reaction. At the same time, the risks of a conflict of interest or of priorities should be minimized. Both of these factors seem to tell against the selection of a large and powerful library, such as a university medical library, as the NFP. So too does the need for the NFP to adopt a comprehensive view of clinical health care and planning needs, and to be close to the decision-making machinery of the Ministry of Health.

On the other hand, the efficiency of many of the NFPs' activities will be much greater if they are based on a strong library and have immediate access to a range of services and resources which are often available only in academic libraries.

An effective compromise may be to institute the NFP as an independent unit based in and working very closely with an academic library, but not organizationally fused with it. Various permutations, have been tried in Regional Library Systems in UK and USA, and the trend seems to be usually towards some form of compromise.

Irrespective of the specific structure chosen, the NFP requires a certain status if it is to function effectively. Essentially this means that it must win recognition both within the network and outside it as being able to speak for the system as a whole. Its advice must be listened to. It must have access to higher authorities, both nationally and locally, and have reasonable negotiating powers.

#### Resources

Depending on the general level of development of the network, and the degree to which functions can be outposted to other libraries, an NFP may require very different levels of "own resources". However, it will always require some facilities in each of the following categories:

- (a) manpower;
- (b) access to bibliographical material;
- (c) technology;
- (d) finance.

The minimum manpower requirements of an NFP are very simple but very demanding: a librarian of the highest possible professional standing, with a good secretary. If all the supporting and bibliographical functions identified can be outposted to efficient units elsewhere, the NFP could conceivably function on a purely consultancy basis with just two people. A more realistic structure, however, would probably involve at least one other professional librarian to carry out delegated support work of various kinds, with the possibility of more being required later as the workload develops. Even allowing for delegation to other units, some growth is inevitable in areas such as in-service training, indexing of local health literature, coordination of audiovisual services, or information technology, all of which need to remain within the NFP. The NFP itself will be well advised to remain a small and flexible unit rather than developing a substantial bureaucracy.

A valuable approach is the use of seconded staff from within the network to carry out specific projects.

The bibliographical requirements of the NFP are the most variable of all, and of course reflect back on to staff requirements. If forced to provide a central back-up document delivery service to the whole network, we could be thinking of as many as 500 international journals and up to 100 national titles. If a National Documentation Service is to take on this task, only a fraction of that number is required. Similarly, the NFP requires direct access to a wide range of literature-searching facilities, but these may well be bought and housed by a library with which the NFP is linked as a base. Local materials of all kinds (including report literature) are of central importance and the collection of this should be as comprehensive as possible.

It must not be forgotten that the NFP also needs its own management and training collection.

Along with the bibliographical material must go the reprographic equipment required for a reliable and rapid photocopying service. The documentation centre, whether part of the NFP or not, should have equipment for making microfilms also. Computer facilities may seem remote at present but the need for the NFP to take the lead in technological developments has already been stressed and has certain resource implications.

The NFP requires financial support first of all to fund its own resources. If it wishes to contract out some of its activities these may also require funding. While major planned developments clearly require separate project funding and must compete with other health care priorities, a small deployable budget may also be very useful to encourage small projects with good returns.

#### Minimum requirement

What happens if resources are simply not available? The crucial, irreducible characteristic of an NFP is not in fact a resource but an attitude. In this paper an attempt has been made to analyse some of the activities which are essential if networks are to develop which can provide effective information support for attainment of "Health for All by the Year 2000". They will be best carried out by well organized, well staffed, and well equipped National Focal Points, but they can be accomplished to a surprising degree by means of improvisations, approximations, and goodwill. A National Focal Point is above all an attitude of mind.

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ANNEX VI(c)

THE ROLE OF NFPS IN TRAINING OF HEALTH SCIENCE LIBRARY MANPOWER  
AT THE NATIONAL LEVELS

by

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Educational Development and Support

Training must be placed into the context of health manpower development of total library and health literature services.

The analysis to follow will be consistent with approaches taken generally in health manpower development, i.e.: planning, training and management.

I PLANNING

1. Policy (for librarian manpower development) e.g. within available national resources to recruit, train and manage nationals in the knowledge and skills of librarian and health literature information services so as to strengthen these services in support of HFA/2000.

2. Problems (some):

- Few countries have national plans for developing libraries and health literature services.
- Few countries have assessed needs for manpower.
- Health librarianships are often narrowly conceived.
- Job descriptions have not been done.
- Training is spasmodic and in some countries non-existent.
- Status and salaries are low.
- There is lack of national coordination of manpower.



- Training objectives (Student-oriented)
- Curriculum
- Who trains?
- Materials for training (what is available?)  
(what is needed?)
- Evaluation/monitoring
- Resources needed (financial)  
(manpower)  
(institutional)  
(material)
- Implement

### III MANAGEMENT OF LIBRARY MANPOWER

ANNEX VI(d)

WHO AND OTHER INTERNATIONAL COOPERATION WITH  
HEALTH LIBRARIES AND NATIONAL FOCAL POINTS

by

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In accordance with recommendations made to WHO by its Governing Bodies, the WHO Health Literature Services Programme has been developed. Its objectives are to promote the strengthening of health libraries, documentation centres and literature services at country level, and to facilitate access to valid and relevant information relating to health, whether originating within WHO or outside it. The aim is to provide support to activities designed to achieve Health for All by the Year 2000. At country level, the programme is based on the concept of national networks and National Focal Points (NFPs). Plans have evolved gradually; strategies have changed over the years.

1. MORAL SUPPORT

1.1. General promotion

As early as the 1960s, WHO EMR organized some training courses for medical librarians. In 1968 WHO/AMRO, together with the Government of Brazil and assisted by the US National Library of Medicine, established a regional medical library in Sao Paulo to serve Latin America.

It then became clear that a first requirement was a better understanding of the existing situation and of the information needs of health personnel.

An organizational study of medical literature services available to Member States was completed and presented to the WHO Executive Board in 1972.

Shortly afterwards, WHO/EMR and WHO/SEAR undertook two surveys each of medical libraries. It was concluded that medical library services were inadequate to meet needs and that this was due to a shortage of library resources, i.e. trained manpower, books, periodicals, equipment, buildings.

In 1977, WHO/EMR organized a regional workshop to train teachers of assistant librarians. In 1978 the Library of Medicine in Teheran was designated the WHO Regional Medical Library for the Eastern Mediterranean, but subsequently ceased operation.

In the same year, further to discussions in the Western Pacific Regional Advisory Committee on Medical Research (ACMR) a meeting of medical librarians was held in Manila to determine the priority health literature service requirements of that region, and the Regional Committee for Africa invited its Member States "to strengthen the international exchange of health information".

In 1980, the African Regional ACMR made a recommendation regarding the development of a biomedical information network; the first meeting of African medical librarians was held in Belgrade. One of the main findings of these meetings was that resources were underutilized and unnecessary duplication existed. The conclusion was that improved management, greater support from senior administrators, the introduction of modern technology and cooperation would produce excellent results.

Therefore, during the decade 1971 to 1980, a clearer view of the situation had been gained; the governing and advisory bodies had recommended that WHO take a leadership role in promoting regional and national plans; Latin America had developed its regional medical library; and regional meetings had been organized by AFR, EMR, SEAR and WPR. The flow of support to strengthen health libraries and improve information transfer was trickling from administrators to librarians. The process of planning strategies had begun. At that time the main beneficiaries were perceived to be researchers and teaching institutions.

## 1.2. Specific activities at national level

Within the scope of its HELLIS Network, WHO/SEAR sponsored and provided some funding and expertise for national meetings for the planning and implementation of national networks. A notable success for SEAR has been its cooperation with the Government of Nepal for the inclusion of a live item of support for health literature services in the health plans under the national WHO budget.

In a slight different project, WHO/WPR cooperated very closely and successfully with the People's Republic of China for the development of a National Biomedical Information Network with a very active NFP. Detailed plans were made by WHO staff members serving as temporary advisers, together with national staff members; outside consultants were engaged to conduct training courses in Chinese and funding for the project was obtained by WHO from UNDP.

However, attempts to cooperate in a similar way with another Member State for the development of the Health Literature Services component of a National Health Information System were not successful.

## 2. FINANCIAL AND TECHNICAL COOPERATION

### 2.1. Bibliographic and photocopy services

In the 1970s the WHO Office of Library and Health Literature Services concluded an agreement with the US National Library of Medicine for the establishment of a WHO MEDLINE Centre in Geneva to provide free bibliographies and photocopies to all developing countries. This activity was developed in the spirit of a leadership and promotional role and the intention was always to encourage the establishment of decentralized operations as soon as possible. Member States had made it abundantly clear that their goal was the gradual development of a certain self-reliance. At first, to promote an awareness of the activity, services were offered either direct to users or through libraries. Soon, however, it was realized that serving users direct was leading them to bypass their own libraries, with disastrous results. In effect, local collections of periodicals were not being used and local librarians were not being

kept informed about the new services, so that their status was undermined and their growth hampered. By the end of the decade, the manpower in Geneva became too limited to deal with the increasing demands and other solutions were actively sought.

After quite lengthy negotiations, an agreement was made in 1982 between the Government of Australia and WHO for the free supply of MEDLARS searches and photocopies to all developing countries of the Western Pacific Region. For this purpose Member States were asked to designate NFPs. These services were seen as a first stage of NFPs, cooperation to be extended after the first two years to other joint activities such as training and the processing and dissemination of fugitive health literature.

In 1983, an agreement was concluded between the Karolinska Institute, Stockholm and WHO for the free supply of MEDLAR searches to all Member States of the WHO/South-East Region. The NFPs channel requests and publicise services. Just prior to this agreement, a hierarchical system for supplying photocopies to members of the SEAR HELLIS Network was introduced. All requests for photocopies are submitted through libraries and met first from the country if possible. At the next level the requests are channelled through the NFPs, either to one of the two regional resource libraries in New Delhi and Bangkok or to the US National Library of Medicine (NLM) or (to a limited degree) to the WHO Office of Library and Health Literature Services (WHO/HQ/HLT) in Geneva. WHO pays the US National Library of Medicine for their services and, in the beginning also provided some reimbursement of costs to the two resource libraries. Originally, it was found that the cost of making photocopies was approximately \$ 2.5 in Bangkok and in Geneva as compared with \$5.- in the NLM.

More recently, an agreement for bibliographies and photocopies has been made between WHO and the Government of Italy and two others are being sought with the Governments of France and of Switzerland.

## 2.2. Collection, processing and dissemination of local health literature

For a variety of reasons, work undertaken by health specialists from developing countries is more often reported in journals published in Europe and the USA than in those published in the authors' own countries. Yet the former journals are frequently too expensive for the modest budgets of developing country libraries. This writer's personal view is that this is a form of brain drain. More should be done to facilitate editing, publishing and printing in developing countries. As a modest contribution toward facilitating access to developing country journals, few of which are indexed for the international data bases such as MEDLARS, WHO conceived the Regional Index Medicus project.

The Regional Medical Library in Sao Paulo has launched the Index Medicus Latino-Americano. WHO/SEAR has published Volume I of the Index Medicus for the WHO South-East Asia Region, the data for which were prepared by the NFPs; the Karolinska Institute is studying the feasibility of making the data available on its computer system.

In 1983 WHO/SEAR launched a pilot project for the bibliographic control of fugitive literature on health systems research produced in that region. WHO support has been provided to the NFPs for planning the scheme and training the indexers.

## 3. MANPOWER DEVELOPMENT

Moral support from WHO's governing bodies, advisory committees, temporary advisers and regional programmes for the strengthening of health science libraries, as well as the financial and technical cooperation from WHO, the NLM, various multilateral aid agencies and UNDP in the form of bibliographic projects and photocopy services, have all had considerable impact on manpower. Every meeting is a form of continuing education. Every service developed has required national planning, adaptation and growth. To channel MEDLARS requests, librarians must learn what MEDLARS is and improve their abilities to educate and liaise with users. Indexing fugitive literature is an exacting task. Moral support and financial cooperation usually generate staff development and improved management.

To accelerate the process, however, some ad hoc training activities for health librarians have been undertaken in cooperation with WHO and other international agencies. In 1982, WHO/AFRO, together with WHO/Headquarters/HLT, the German Federation for International Development, the East and Southern African Management Institute and UNESCO, organized a Workshop on Cooperation for Health Science Librarians in Arusha, Tanzania. In January 1984, WHO/AFR together with WHO/Headquarters/HLT and the Government of France, organized a training course for documentalists from ministries of health in French-speaking African countries. In August 1984, the Karolinska Institute, together with WHO/SEAR and WHO/Headquarters/HLT, plans to organize two workshops in India and Thailand on what health librarians and users should know about MEDLARS and formulating MEDLARS requests.

A very considerable training programme operates from the Regional Medical Library in Sao Paulo, but the writer does not know the full details.

This account of cooperation is not exhaustive, but the object has been to give participants in this meeting an overview within a fairly comprehensive context. It is hoped that it gives the spirit of the historic development and of the most recent trends with regard to WHO and other international cooperation with health libraries and NFPs.

ANNEX VII

COUNTRY REPORTS

ANNEX VII(a)

THE NATIONAL FOCAL POINT LIBRARY  
COLLEGE OF MEDICINE  
UNIVERSITY OF BAGHDAD  
BAGHDAD, IRAQ

by

Mrs Waheed Al-Rawi,  
Medical Librarian

I would like to thank you for giving me the opportunity to attend this important meeting and I am looking forward to increasing our role in medical library services.

Our library was established in 1927, and worked to increase its contents of books, journals and audiovisual materials as much as its old building allowed, trying to cover all fields of medicine and basic sciences.

Library holdings

1. 24 000 books
2. 23 300 of bound journals
3. 870 titles of specialized journals.  
(our books and journals are mainly in English)
4. Two of the librarians are non-professionals. Some of our staff have other degrees as well as the library science, e.g. B.A. (English Literature), B.A. (Business Administration).

Library departments

1. Acquisition Department
2. Cataloguing, Classification and Typing Department
3. Periodicals Department
4. Reference Department
5. Circulation Department
6. Audiovisual Department

In our classification we use the NLM system. We have a public catalogue for our books, according to subject, author and title. We usually prepare bibliographies for our new books and send them to all the medical libraries in Iraq. We print additional cards for our new books to be sent to our National Scientific Documentation Centre, to have them entered in their catalogue.

Our library provides photocopying services for journal articles for professors, post-graduate students, students and for any other medical library in Iraq, insofar as we are able.

As you know, our library is located at the centre of medical library service in Iraq. But in giving this important service for our professors, post-graduate students and researchers we sometimes face some problems, e.g. mail delay and many cases of inaccurate bibliographies have occurred.

1. Our big problem is space. Such space as we have is becoming very crowded; every space in the library is filled with books and journals. We are seriously wondering where can we possibly put the new journals for the coming years?
2. Another problem is shortage of reliable professional staff.
3. We have already solved the problem of duplicate journals by giving them to the newly established medical libraries in Iraq.
4. Establishment of a new Central Medical Library building is very necessary. It should have all the up-to-date equipment.

Finally, I would like to thank you for your kind attention, and assure you that our library is ready to give any help to any reader or library interested in the medical field in brotherly or friendly countries.

ANNEX VII(b)

THE MEDICAL LIBRARY OF JORDAN UNIVERSITY

by

Miss Ikram Rida Tawfiq Darwish  
Medical Librarian  
Medical Library of Jordan University  
Amman, Jordan

There are three medical libraries in Jordan; the Medical School Hospital Library at the University of Jordan is the largest. The University of Jordan established its Library in 1962, but the Medical School Hospital has had its Library since 1978 as a section of the Main Library on the campus. This Medical Library's day-by-day activities are carried out by one librarian and one non-professional assistant. The total budget of the University Library is 275 000 J.D. (US\$ 794 000). The Medical Library is allocated only 60 000 J.D. (US\$ 163 000) for books and periodicals.

At present the library holds 10 000 books, 600 medical journals and 9000 bound volumes.

This Medical Library serves the following different sections:

1. Hospital staff.
2. Medical, nursing and pharmacy students.
3. Teaching staff at Medical School.
4. Staff of King Hussein Medical Centre.
5. Doctors in Government Hospitals.
6. General practitioners throughout the country.

The services in the Medical Library consist of:

1. Preparing literature for medical staff.
2. Lending books and journals.
3. Providing photocopies of articles free-of-charge.

The main problems facing the Library are:

1. Lack of professional staff.
2. Lack of space. There is not enough shelving space for the material added to the Library, and not enough seating for readers.
3. Lack of union catalogue of medical literature available in other medical libraries in Jordan.
4. Lack of modern facilities, such as a computer.
5. The system of classification used is Dewey Decimal C which is not suitable for a medical library.
6. The arrival of medical books and journals is delayed due to postal inadequacies.
7. It is difficult to get back issues of the journals.

Future plans include:

1. Establishing a Central Medical Library on the University campus.
2. Computerizing the bibliography of health sciences.
3. Having a terminal for the Medline system.
4. Purchasing modern equipment and furniture.
5. Requesting back issues on microfilm.
6. Establishing research centre.
7. Acquiring good audiovisual teaching aids.

From this writer's point of view, a suitable building should be designated as Central Medical Library in Jordan, so as to meet the objectives and requirements of any doctor or any other professional dealing with medical sciences.

In 1978 WHO designated the Medical Library at Jordan University as a National Focal Point Library. We still look forward to your assistance in fulfilling this Centre's potential.

ANNEX VII(c)

KUWAIT NATIONAL FOCAL POINT LIBRARY

by

Dr Hussein Yusry Elewa  
Medical Librarian  
Ministry of Health

Introduction

The Medical Library of Kuwait University is now called "The Health Sciences Centre Library". This Medical Library was designated in 1978 as the National Focal Point Library in the WHO Regional Network for Health Science Information.

The users of the library are all medical and allied health staff working in Kuwait; it also serves both Kuwait University staff and doctors from the Ministry of Public Health.

Physical and Human Resources

The Health Sciences Centre Library is situated on the first floor of the Faculty of Medicine building in Jabria District where Mubarak Al-Kabeer Hospital, which is a teaching hospital, is also located.

The space available for the library is sufficient to accommodate literature for 10 more years and its location is very strategic because it is close to the lecture theatres and seminar rooms.

It consists of one large reading room (250 m<sup>2</sup>) which can be utilized for further future expansion. This room accommodates 200 seats; facing it is another room for the technical processing of library materials; also adjacent is the storage area of 100 m<sup>2</sup>. In addition to these three rooms there are four other large rooms; one as an A/V area for reviewing A/V material with 20 T.V. monitors and 20 slide projectors with 20 cassette recorders. (A total of 40 booths). Adjacent to this is the storage area for A/V materials where there are shelves and cabinets for A/V aids in addition to the control

board for transmitting video cassette programmes. All other necessary projectors such as film loop projectors or those for movies or transparencies are available in each classroom or seminar room. These are permanent fixtures. There are also areas for books and references as well as for the administrative staff. The present collection comprises 24 000 books. The last area is the reference and serial area where there are 1113 titles of current journals, classified as follows:

1969 and prior	19%	(most of them from first volume)
1970 - 1975	10%	
1976 - 1979	25%	
1980 - 1984	<u>46%</u>	
Total	100%	====

The total number of library staff is 23 personnel. Nine of them are professional librarians. Six members of the staff are holders of Master's degrees in Library and Information Science. The rest of the staff are either clerks or technicians.

The library benefits from direct access to a "Dialogue data bank" in the reference area. We cooperate with NLM and BLLD for ILL in addition to other regional libraries, e.g. KISR or that of Riyadh University. In 1983 we performed 310 requests of ILL from USA and United Kingdom and 287 requests from regional libraries.

The library boasts a good collection of A/V aids. Some of these are complete full sets in specific subjects such as soft-ware produced by the Radiological Society of North America, most BBC Enterprise Programmes and Graves Medical Audiovisual Library.

Our collection of A/V materials now exceeds 3000 titles. The materials may be borrowed by faculty members for classroom use for a period of 72 hours only.

The types of the formats are as follows:

Video-cassette	13%
Slides and tapes	59%
16 mm films	10%
Film loops and film strips	11%
Transparencies	<u>7%</u>
Total	100%

#### Role and function

Because the Health Sciences Centre Library is adequately contributing to the teaching process by acquiring appropriate material and supplying the needed information at the right time, its success is closely related to the success of the health services in Kuwait.

Health services in Kuwait are characterised by lack of local manpower, particularly in health and technical posts in all areas of specialization.

The percentage of national physicians and dentists is about 12.7%; that of the nursing personnel is about 6%.

For this reason the Faculty of Medicine and the Ministry of Public Health formed a Joint Board for Postgraduate Medical Education.

This Joint Board is the policy-making body for Postgraduate Medical Education in the country on behalf of the Ministry of Public Health and the Faculty of Medicine.

The Board is responsible for:

1. Medical professional training.
2. Medical speciality training; and
3. Continuing medical education.

The Committee for Continuing Medical Education agreed in 1981 to establish a central library for the Ministry of Public Health and to establish, supply and control hospital libraries. This Central Library is now called "The Postgraduate Medical Library". It is attached to the training department of the Ministry of Public Health.

The collection of this library is focused on medical education and training; efforts are made to avoid duplication of all types of collection.

The Health Sciences Library and the Postgraduate Medical Library complement each other and offer their services to all doctors, nursing staff, paramedicals, social workers, etc.

Library Services include reading, borrowing, photocopying medical articles and preparing specialized bibliographies in scientific subjects which concern the community or improve performance in medical services.

#### Problems

The formation of the Joint Board of Postgraduate Medical Education led to smooth cooperation between the Faculty of Medicine and Ministry of Public Health, especially in the provision of photocopies of journal articles and computerized bibliographies in the health sciences.

The main and urgent problem is running the Medline terminal. An agreement has been signed between the Ministry of Public Health and the National Library of Medicine, Washington, D.C., to use the latter's data banks comprehensively in all fields.

Unfortunately, due to lack of proper trained staff to operate the Medline, we have not been successful, so far, in making full use of the Medline Services, in spite of the fact that we did send some librarians to Washington to be trained there by the National Library of Medicine.

Consequently we sought the help of specialists in WHO to make our Medline terminal operational.

Future plans

No library in the world can be self-sufficient and provide information in all fields of specialization. Hence it has to cooperate with other libraries on both national and international levels.

In Kuwait there are now fifteen hospitals; six of them are serviced by hospital libraries. The future plan is to make a local or national network covering the whole State of Kuwait.

We need the support of WHO to operate our Medline Terminal in order to be able to give useful and dynamic service to users.

Kuwait is one of the Arab countries of the Gulf under the umbrella of the GCC. Therefore, this local or national network could serve all GCC countries.

It is well known that Kuwait is considered one of the leading countries in promoting and protecting the health of its people. In the light of this, to offer our network to EMR countries will be the main target as its next stage.

We suggest that the Health Sciences Centre Library, in cooperation with the Postgraduate Medical Library, be considered in the near future as one of the regional Focal Points for the Eastern Mediterranean Region of WHO.

ANNEX VII(d)

THE WHO NATIONAL FOCAL POINT LIBRARY  
AT  
NATIONAL INSTITUTE OF HEALTH,  
ISLAMABAD, PAKISTAN

by

Colonel Mohammad Akram Khan  
Officer-in-Charge  
Library  
National Institute of Health

and

Mr Abdul Hameed Abdul Majid  
Librarian  
National Institute of Health

A Central Medical Library was established in 1967 at the National Health Laboratory, now designated as National Institute of Health, Islamabad, Pakistan. This Library is adequately equipped with air conditioning facilities which provide reasonable comfort to its users. It comprises the following sections:

- Administration and Technical Work
- Books
- Periodicals
- References.

Anglo-American Cataloguing Rules and the Dewey Decimal Classification Scheme are being followed in respect of the books, while the periodical collection is arranged in alphabetical order according to title and date.

This Library is basically a specialized Medical Reference Library meant for the promotion of health literature and information services to scientists and medical research workers at country level. It is in a developing stage and is gradually and steadily attaining improvements and progress in the overall standard and quality of service.

The Central Library at the National Institute of Health, Islamabad was designated in 1978 as the National Focal Point Library in the WHO Regional Network for Health Science Information. As is known, the Focal Point is to

play the leading role in health science information services at country level. This entails coordination between users on the one side, and the WHO information system on the other. In this way this library receives requests and forwards them through WHO the Representative and Programme Coordinator, Islamabad. Upon receipt of the processed requests, the library distributes them to the requesting institutions/individuals, using local postal services or other means as deemed appropriate for prompt and safe delivery; thereby this Focal Point in Pakistan occupies a frontline position in the network, linking users, with the WHO Regional Office and EMRO Library.

Thus, the Focal Point is expected to be a leading medical library or a national information or research centre capable of future growth. Ever since its designation as a WHO Focal Point it has played a leading part in Health Science Information Services at country level.

So far it has been able to provide photocopy services involving 3116 periodical articles at the request of scientists/medical research workers of the country, with the kind collaboration of the WHO Regional Office.

A year-wide record of photocopy services for periodical articles at country level is given here:

Year	1978	1979	1980	1981	1982	1983	1984 (up to Feb.)	Total
	31	38	318	882	815	924	108	3116

Photocopy demands for periodical articles available in this library (about 20% of the demand) are met under local arrangements, whereas other literature requirements of the country are forwarded to WHO EMRO Library.

#### Library resources

##### Library collections

Medical books .....	5 600
Reference books .....	300
Periodicals .....	10 500
Loose-leaf literature .....	200

Ninety-one professional medical science periodicals are on the regular mailing list of the library.

Before redesignation as National Focal Point the collection was almost entirely restricted to clinical pathology subjects but now books pertaining to all disciplines of medicine are available. The users are encouraged to recommend the desired books/journals for procurement which is processed on a priority basis.

#### Financial situation

The funds allocated by the Government are generally inadequate to meet the ever-increasing requirements of the users. Accordingly the authorities have been requested to increase the library budget allocation from Rs. 50 000 to Rs. 200 000, annually.

The funds allocated to the library are utilized exclusively for the procurement of books. Expenditure on other items such as binding, maintenance of furniture/equipment are met under other accounts headings of the National Institute of Health.

WHO has supported this library since 1978. It has supplied a good number of reputed international medical science periodicals besides WHO publications from time to time on a complimentary basis.

WHO also allocated US\$ 7985 for 76 periodicals for this library during the period 1983/84.

#### Audio-visual aid facilities

To keep abreast with modern techniques of librarianship, an audiovisual aid system has been introduced in the library, although it is in the preliminary stage, it will be further developed through the kind assistance of WHO.

#### Library staff

The library consists of the following staff:

Librarian .....	One
Assistant librarian .....	One
Upper Division clerk .....	One
Peon .....	One

The posts of Librarian and Assistant Librarian are technical while the rest are non-technical. The above staff, besides attending to the normal work of the library, also renders photocopy services of periodicals, etc.

#### NFP Library problems

The financial resources of the library are limited. Medical publications are becoming more expensive day-by-day; therefore increase in allocation of funds is absolutely essential.

Moreover, the staff available in the library is inadequate to cope with the ever-increasing workload. A request for additional staff for the NFP is spelt out in future plans for development.

Computerized services do not exist in any medical library in Pakistan. However, the requisite services are being acquired through the kind courtesy of US Library of Medicine.

A Union List of Medical Periodicals and Directory of Medical Libraries of Pakistan are yet to be prepared.

#### Future plans to develop NFP's photocopy services for periodical articles

The fundamental function of NFP is to expand the country health literature information service in a systematic manner. Previous records reveal that the Pakistan NFP has gradually developed photocopy services for periodical articles despite limited sources and lack of staff.

As mentioned earlier, provision of photocopies of periodical articles is increasing rapidly over the years due to the development of Research activities of scientists in various medical fields. The provision of the following staff/equipment is therefore essential for further development of health literature services in the country:

#### Staff:

- A separate photocopy service cell should be established in NFP.  
Funds for employment of the following additional staff to be provided by WHO:

Assistant librarian .....	One
Library clerk .....	One
Library attendant .....	One

The above staff shall work under the guidance of the Librarian and the supervision of the Officer-in-Charge of the Library.

- To reorganize the existing NFP services it would be beneficial if WHO were to provide opportunity to the Officer-in-Charge and the Librarian for orientation tours to well-organized libraries in developed countries, i.e. US Library of Medicine, WHO Library at Geneva as well as WHO EMRO Library, etc.

#### Supplies

- All medical libraries of Pakistan must be supplied with Index Medicus regularly and directly by WHO so that scientists can easily select current titles and then approach the NFP for their requirements.
- Supply of latest model plain paper copiers (2) with enlargement/reduction facilities by WHO to this library merits favourable consideration for gainful implementation of NFP activities.

#### Inter-Library Cooperation

With a view to increasing inter-library cooperation at national level it is imperative to conduct a survey of all medical libraries of the country, so as to study their organizational set-ups and analyse the medical literature holdings, resources, services rendered, constraints, etc. The findings of the survey would help in the preparation of an up-to-date Union List of Medical Periodicals and Directory of Medical Libraries of Pakistan. It cannot be over-emphasized that availability of this Union List would be of immense value in brightening the prospects for inter-library cooperation.

Possible Government and Bilateral Assistance to the NFP

Perusal of the country report would reveal that the Pakistan NFP, though in a developing stage with limited funds, is yet fulfilling the obligation of an NFP with the kind assistance of WHO. The demands on the NFP are bound to increase with time. We are therefore compelled to request WHO to increase the annual budget of NFP at least by 50%. Similarly the Government has also been requested to increase the annual grant to this Library.

ANNEX VII(e)

MEDICAL LIBRARY  
DEANSHIP OF LIBRARIES AFFAIRS  
KING SAUD UNIVERSITY  
RIYAD, SAUDI ARABIA

by

Abdel Majeed Al Ghammas  
Director of Medical Library

Status of Medical Library

Medical College Library and various other Colleges' libraries are under the supervision of the Dean of Libraries Affairs, King Saud University.

Books, periodicals, audiovisual materials and other library tools are procured and processed centrally at the main Centre and sent to individual libraries.

The following are professional colleges and hospitals which this library serves:

College of Medicine, Riyadh; College of Medicine, Jeddah; King Faisal University, Dammam; College of Pharmacy, Riyadh; College of Dentistry, Riyadh; College of Allied Medical Sciences; King Khaled Eye Hospital; King Abdul Aziz Hospital; King Faisal Specialist Hospital and Research Centre, King Fahd Public Security Hospital, Armed Forces Hospital, etc., Riyadh.

Human resources

The total number of staff is five:

1. Two with Master's degree.
2. One with Bachelor's degree.
3. Two with higher secondary school graduation and Diploma in Library Science.

N.B.: All staff have Diplomas in Library Science.

### Physical resources of the Library

Physical resources of the Library are as follows:

1. Books = approx. 60 000 volumes.
2. Periodicals = 850 current titles with back sets from 1964.  
Some of the basic journals go back to 1982.
3. WHO Collection, 335 volumes.
4. Audio-Visual teaching aids (6000).

### Budget

Combined budget of all libraries of the King Saud University comprises 30 million Saudi Rials (= approx. 8.5 million US\$).  
No specific amount is allocated for any particular library. Money is spent according to the needs of individual libraries.

### Research and Reference Services

The following services are provided for research and reference:

1. References for patient care.
2. Search for references is carried out on a given topic.
3. Bibliographies are made on request.
4. References are provided for the following:
  - (i) undergraduate and postgraduate lectures;
  - (ii) symposiums and seminars;
  - (iii) students' research assignments;
  - (iv) general club discussions.
5. Citation services.
6. To help evaluators, references mentioned in articles to be published are provided.

#### Photocopying services

Photocopies of journal articles for research, teaching, symposia, seminars, etc. are provided free-of-charge, in the form of self-service. About one thousand pages are photocopied per day.

#### Inter-Library Loan

Inter-library loan is practised at national level. References which are not available locally are received from the National Lending Library, of Britain and from WHO.

#### Possible help and bilateral assistance

Government help and assistance to the National Focal Point Library can only be possible if the following steps are taken:

1. WHO Local Representatives must make frequent visits to the responsible authorities and discuss their role in the health sciences.
2. WHO experts should visit the Health Institutes and advise on possible improvements of the Libraries.
3. WHO Offices in the Region must have good libraries stocked with all WHO material; they should also house Government Publications concerning the Region.

WHO's publications from all Regions must be housed in these libraries. This will be of use in research and will help avoid duplication of work already done in a particular field.

4. Fugitive material should be indexed in these libraries in the same way as Index Medicus. This will help in dissemination of information to scientists, keeping them abreast of what is being done in any particular field.

If such an index is made, it will encourage researchers to publish their work in local journals.

To make a National Focal Point Library a Success the following steps are a must:

1. Programme for such libraries to be chalked out by WHO experts;
  2. recognition of the library as the National Focal Point;
  3. provision of a list of equipment and possible of staff to be in charge in charge of the operation;
  4. training of staff (at least two persons) by WHO in key-word training to form subject headings for computerized bibliographies and references for delivery of health sciences literature and information services at guideline national level;
  5. assistance provided by WHO in registering the National Focal Point Library, as a member of the National Library of Medicine, USA.
- Not coming under the PL 480 Scheme of the US, Saudi Arabia does not receive any help in Health Sciences Literature.

ANNEX VII(f)

THE MEDICAL LIBRARY, UNIVERSITY OF KHARTOUM,  
SUDAN

FOCAL POINT LIBRARY FOR HEALTH SCIENCES

by

Dr Ahmed El Safi  
Director  
Khartoum Teaching Hospital Library

Mr Abu Bakr Mohamed Ali Bakar  
Librarian  
Faculty of Medicine  
University of Khartoum

The Medical Library, University of Khartoum, was founded in 1924. It is the largest health sciences library in the Sudan. The community which it serves consists of the teaching staff, part-time lecturers, graduate and undergraduate students of the Faculties of Medicine and Pharmacy, and the School of Dentistry. All these institutions are located within one campus.

Human resources

1. Librarian: B.Sc. Economics (Khartoum, 1965)  
Postgraduate Dip. Librarianship (London, 1968)  
Librarian since 1972.
2. Deputy Librarian: G.C.E.: joined two local courses on library science, and received practical training for 9 months in Republic of Ireland.
3. One library assistant: Secondary education and local training
4. One typist: secondary education + certificate of typing.
5. Four library attendants: Junior secondary education.

Other resources and information

1. Number of books: 24 700 (a programme of weeding was started at the end of 1983 and is still under way).
2. Number of periodicals: 653
3. Number of bound volumes of periodicals: 11 200
4. Audiovisuals: the library does not possess audiovisuals. These are kept in a separate adjacent building, comprising part of the Education

Development Centre for Health Professionals, Faculty of Medicine. Some teaching departments have their own collections.

5. One photocopying machine.
6. Library literature budget for 1984: 50 000 Pounds Sterling.
7. The library reports to the University Librarian.

#### Problems and future plans for serving as the NFP

Up to now there have been no serious problems relating to the provision of photocopies of journal articles and computerized bibliographies. However, if the NFP is to perform all the functions envisaged by WHO, a national plan has to be worked out.

It is expected that, besides financial support, a future plan will deal with such important issues as:

1. Training of health science librarians and second-level personnel. This will include short intensive courses, workshops and seminars.
2. Compilation of a union list of periodicals subscribed to by Sudanese health science libraries.
3. Indexing and/or abstracting of relevant literature issued in the Sudan.
4. Formation of a Sudanese association for health science librarians.
5. Issue of a newsletter which would serve as a forum for health science librarians and for dissemination of pertinent information.
6. Establishment of standards for health science libraries.

#### Prospects of Inter-Library Cooperation at National Level

There is tremendous enthusiasm among health science librarians, and beneficiaries from services offered, with regard to inter-library cooperation at the national level. Positive elements include the following facts:

1. Most health science libraries, teaching institutions, actual and potential health literature users are concentrated in the Khartoum area. This is an important factor in a huge country like the Sudan, which has constraints in transport and communication facilities.

2. The NFP has easy overseas communications.
3. Comparatively, the NFP, in addition to the above, is the best health science library in the country in terms of staff, collections and equipment.

However, some factors have negative aspects. These include:

- (a) Scarcity of professionally qualified health science librarians in the country.
- (b) The relative youth of the majority of health science libraries in Sudan. This implies that the NFP is, and will continue to be for a long time, the only possible source for meeting most of the needs of research workers. Obviously, strengthening of health science libraries in the country is a vital issue.
- (c) Delay in delivery of services, particularly to physicians in rural areas where a very large percentage of the population lives.

#### Governmental and Bilateral Assistance

Although it is commonly known that WHO designated this library as the NFP in 1978, no additional support has come from the Ministry of Health or any other institution benefiting from the services offered by the NFP. Such support is crucial in view of the rate of expansion of medical education and national health programmes.

It is important that senior representatives of the Ministry of Health, medical schools, teaching hospitals, the Medical Research Council, the Sudan Medical Association, health science libraries and other interested national bodies come together to lay solid foundations for the future of the Sudan's NFP. Required support would basically be in two directions: staffing and finance.

ANNEX VII(g)

FOCAL POINT LIBRARY  
THE MEDICAL FACULTY LIBRARY OF DAMASCUS UNIVERSITY  
SYRIAN ARAB REPUBLIC

by

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Before starting embarking upon this subject, it would be helpful to bear in mind that, in Syrian Arab Republic, apart from some curricula which are taught in English or French, the bulk of pre-clinical and clinical medicine is taught in Arabic. This means that students can regularly and easily receive at the beginning of each academic year the literature in Arabic through the teaching staff concerned.

At present the Medical Faculty Library, though small both in size and in the amount of holdings of books and periodicals, seems to cover almost all the needs of undergraduate and post-graduate students as well as those of teaching staff.

At present, this library which was founded in 1964, is being run by one librarian and one non-professional assistant.

According to current regulations, the budget of all libraries of the Faculties of Damascus University is not separate from that of the main Library.

The libraries attached to the Departments of Paediatrics, Dermatology, Gynaecology and, recently, Anaesthesiology, are affiliated to the Medical Faculty Library, whose Librarian trains their staff.

These affiliated libraries hold about 6000 books and 60 journals besides WHO/EMRO assistant PROJECT.

Services provided by the Medical Library of the Faculty comprise:

1. Lending books and journals.
2. Providing requested photocopies of journal articles.
3. Preparing and sending request forms to WHO MEDLINE in Geneva, when needed.

The main problem facing the library is: lack of space, especially for outdated materials. Official permission is needed to get rid of them; if this could be done, added material could be easily accommodated.

Other problems are:

- Lack of seating for readers.
- Delay in arrival of medical books and journals due to financial problems and/or postal difficulties.
- Lack of facilities, such as duplicating machines and catalogue cards. There would also be use for a computer.
- Lack of Union Catalogue of available medical literature.
- Lack of audiovisual aids.

We think that it is now opportune to initiate discussions to designate the Medical Faculty Library, University of Damascus, as an NFP Library.