# Strengthening the local creation, adaptation, and exchange of health information in Tanzania: 2. National perspectives

COSTECH, Dar es Salaam, Tanzania Monday 14 April 2003, 9am-5pm

#### Summary

This workshop brought together a range of participants from government ministries, national NGOs, media organisations and individuals with experience and expertise of issues around the development of local content in health. The workshop discussed issues around the opportunities and barriers to strengthen the local creation, adaptation and exchange of health information in Tanzania. Among the key factors that could positively influence local content were networking, collaboration and dialogue among stakeholders, human resources, and communication among stakeholders, lack of community involvement, lack of financial resources, lack of access to technology, lack of infrastructure, lack of information strategies, mass media, cultural barriers and beliefs, bureaucracy, political environment, and ethical issues. Participants noted the importance of information communication technology (ICT) in overcoming some of these barriers.

### Welcome - Mr Philemon Kilassa, COSTECH

Mr Philemon Kilassa, COSTECH presented the opening welcome on behalf of the Director General of COSTECH, Prof Brig. General Yadon Kohi. He noted that the workshop had come at an opportune time in the era of information economy. For it is through local creation, adaptation and exchange of health information that health service providers in the developing countries and the world at large could tap and harness the great potential of knowledge that is available locally within the health sector. This will also provide opportunities for local people to interact and communicate with each other, expressing their own ideas, knowledge and culture in their own languages.'

'Information experts have a saying that goes "information is not power unless and until it is shared". I would therefore like to share with you a consensus reached by an international workshop on the creation of local content held at COSTECH last year. In that workshop participants defined "local content" as "the expression of the locally owned and adapted knowledge of a community" - where the community is defined by its location, culture, language, or area of interest. We at the Commission believe that when such local content is created, packaged and exchanged through the application of the emerging Information and Communication Technologies (ICTs) offers enhancement to reduction of the digital divide between the industrialized and developing countries in this information age.'

#### **Objectives of workshop**

To discuss local creation, adaptation, and exchange of health information in Tanzania, and to generate ideas for capacity-building initiatives, which will be passed on to a regional meeting in Nairobi in July 2003.

## Introductions and expectations

Participants were asked to introduce themselves, and outline their particular interest around local content, and their expectations of the meeting.

Interests of participants included: collection and dissemination of health information, use of data to improve health; collecting information from community and district; using information for advocacy; printing educational materials for the nation. One participant said that accessing information is expensive and we are increasingly needing to look at local sources.

Expectations included: learning about ways to strengthen local content; making new contacts and networking; getting ideas to transfer knowledge 'from us to community users'; getting ideas on how to create locally generated information; 'sharing information and experience among the many of us here'.

## Presentation and discussion - What do we mean by 'local creation,

#### adaptation and exchange'? Is it important to Tanzania? Why?

Neil Pakenham-Walsh from INASP-Health gave a PowerPoint presentation outlining some of the key issues around local creation, adaptation, and exchange of health information.

He also used a flipchart to describe local-global expression and local-global consumption. He illustrated this with two examples: the flow of information that results from a mass murder in the USA; and the example of WHO guidelines for Integrated Management of Childhood Illness, which are produced globally (on information that is based on the synthesis of multiple local inputs), and adapted nationally and even at district level.

# **Group work 1: Current situation in Tanzania**

- 1. What is your organization doing in creating, using and exchanging local health content?
- 2. What factors help in this work? Identify the three most important.
- 3. What factors hinder this work? Identify the three most important.
- 4. When you think about local content, what thoughts/ideas come to mind?

# 1. What is your organization doing in creating, using and exchanging local health content?

ORGANIZATIONS: Abantu Visions AMANI Medical Research Centre AMREF Tanzania MoH Health Education Unit Muhimbili University College of Health Sciences Tanzania Food and Nutrition Centre

ACTIVITIES

- Publishing: journals, newsletters, dissertations, scientific reports, IEC materials, booklets, brochures, training materials; Developing health messages, guidelines, policy
- Running seminars, conferences, workshops; Training of writers of health materials
- Developing drama, radio programmes, AV materials, and TV health programmes, in KiSwahili, adapted from AMREF/MoH materials; Developing programmes on environment in Tanzania in Kiswahili in local languages, using materials from AMREF/MoH and use in drama.
- Providing information on training opportunities, human resources and training institutions
- Creating and maintaining libraries at district level
- Creating linkages among organizations and individuals, creating a network between partners
- Disseminating health information to communities, using video run by small generators.

#### 2. What factors help in this work? Identify the three most important.

Group 1 FUNDS TRAINING EQUIPMENT Also: Effective communication, library and documentation centres, internet communication, sectoral collaboration, government support, availability of data.

Group 2 RESOURCES (HUMAN AND FINANCIAL) POLITICAL ENVIRONMENT COMMUNITY PARTICIPATION Also: Facilities, eg printing machines, computers and photocopy

Group 3

Helping factors (not prioritised): Networks, Cooperation and collaboration between agencies, Funds/fundraising, Existing expertise, Communication infrastructure, Community organization, Mass media, 'Community should be central'

# 3. What factors hinder this work? 4. When you think about local content, what thoughts/ideas come to mind? Information should originate from local sources Language Culturally acceptable Cost effective, affordable Accessible People with disabilities - what consideration do we give? People not knowing their rights as patients Indigenous knowledge is ignored - is there a conflict? We don't know what each other is doing Lack of electricity Lack of access to multimedia "Those who have local content vs end users - they don't communicate on same level". "We experts are not trained as communicators, and we ignore that to our own peril."

#### **Plenary discussion**

Plenary discussion focused on the need to involve particular groups in strengthening the creation, use and adaptation of local content. Two key groups were identified as the communities, and local leaders and national policy makers. [Sarah - are local leaders meant as part of community group?]

"If you involve communities from the start, there will be no conflict of interests."

"The community in Tanzania, if you collaborate with them, that's fine, let them know what's going on, don't hide anything, operate openly and they will be willing to cooperate and will share things they would not have done otherwise."

In group discussion, four areas were identified as being particularly important:

- Networking and collaboration
- Human resources
- Community participation

• Dialogue between stakeholders.

# Group work 2: How to strengthen local capacities

During lunch, the facilitators grouped 'enabling factors' and 'hindering factors' into a single list of 12 themes. This list was briefly discussed in plenary and revised as below.

- 1. Networking, collaboration, cooperation and communication
- 2. Financial resources, fundraising
- 3. Human resources, training, communication skills
- 4. Technology (access, delivery), library resources, IT equipment, internet, printing equipment
- 5. Community participation, involvement of end users
- 6. Mass media
- 7. Cultural barriers, beliefs
- 8. Bureaucracy and conflict within organisations
- 9. Lack of electricity, infrastructure, large distances
- 10. Government support, political environment
- 11. Information strategy, policies
- 12. Ethical issues, copyright, patents

#### Questions for group work

1. As a group, choose 3 areas from the list that you would like to discuss

Group 1

- *Financial resources:* solicit funds from local government, local funders, and through collaboration with outside partners; market our end product skills *Role of ICTs:* Conduct commercial short courses in computer studies in order to generate funds; build databases and website pages on commercial basis; photocopying charges
  - Human resources: train personnel; organise seminars, workshops, short courses, conferences; develop staff exchange/attachment programmes; solicit international skilled volunteers from collaborating institutions/organizations Role of ICTs: Facilitate human resource training
  - Technology: internet connectivity; ensure enough computers and networking facilities: train ICT technicians

2/3. Generate ideas for Capacity building projects/ How can ICTs be used to build capacities?

#### Group 2

- Human resources: inventory of available human resources; appropriate training programmes eg IT, communications, mass media Role of ICTs: Source of information for learning; sharing of information; database online learning
  Community participation: Organize the community for action; explore and set priorities in health issues; plan together with the community; implement together and evaluate together Role of ICTs: As a channel for advocacy; assist repackaging of information
  Networking and collaboration: Initiate a dialogue with partners/stakeholders; share resources through exchange of information and publication; create a coordinating centre Role of ICTs: Facilitate networking and resource sharing; make flow of information easier; teleconferencing
- Information strategy and policies: Conduct a situational analysis; identify activities, strategic objectives, plan; advocate the strategies to stakeholders *Role of ICTs*: computer modelling for planning and budgeting; situational analysis for strategic planning

# Group 3

•	<i>Networking and collaboration:</i> Make use of existing formal and informal networks; Religious institutions; Local people's groups, associations; Official information services providers eg libraries, political parties, traditional healers etc.; Capacities development; Training of trainers; Linking/coordinating existing groups for exchange of information.
•	<i>Community participation:</i> Involvement of end-users; Communicators should change their attitudes and improve their skills in order to ensure local knowledge is tapped; Motivating local communities; Create ownership barriers
•	<i>Cultural:</i> Learning cultural barriers and beliefs of end users before creating any health content Instead of only using high tech communication technologies, make use of existing cultural forms of communication and information sharing techniques, eg drama, theatre, music; Communicators should change attitudes and improve skills to ensure that local knowledge is tapped; Maximise the use of radio as the number 1 source of information to the widest coverage in Tanzania. "Today the reality is that, if we want to spread local content, we have to use the existing technologies, such as radio."

#### Discussion

Participants suggested that the Government should increase its recognition and support for local resources, local institutions, and local expertise. The current emphasis on external expertise and information should shift to local expertise and information.

It was also noted that donors give inadequate support to human resources as compared with funding for physical items such as buildings and computers. More emphasis is needed on training, including ICT skills. Participants also discussed the related dilemma of the brain drain: trained people often move to other countries, or to richer institutions within their own country.

Workshop participants agreed on the need to embrace ICTs to move forward. 'It is the easiest way. That we are poor is not an excuse.'

#### Next steps and keeping in touch

Participants agreed to join the C3Net email list, through which they would receive a copy of the report, be informed of developments, and have opportunities for further discussion.

For further information, please contact: Neil Pakenham-Walsh <health@inasp.info> Sarah Hammond <hammond.s@healthlink.org.uk>