



**GHI-net**

Global Healthcare Information Network

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Coordinator HIFA2015

Geneva Health Forum, 21 April 2010

# HIFA2015

A global campaign with a shared vision:

**a world where people  
are no longer dying  
for lack of knowledge**

# Q1: How did we set up and maintain HIFA2015?

2004 → 2005 → **LAUNCH** → 2007 → 2008 → 2009 → 2010 →



THE LANCET

Public Health

Can we achieve health information for all by 2015?

Fiona Godlee, Neil Pakenham-Walsh, Dan Ncayiyana, Barbara Cohen, Abel Packer

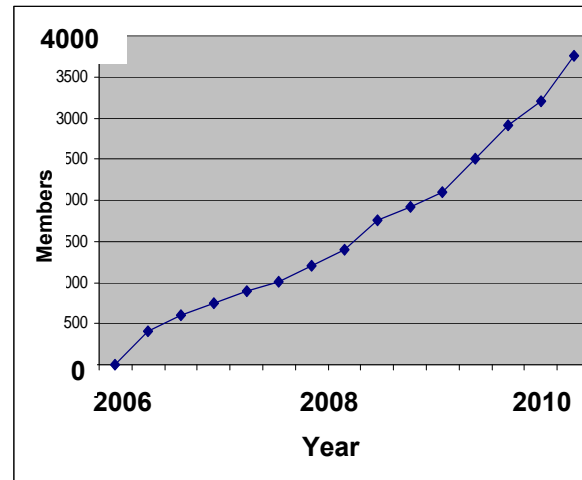


Lancet 2004; 364: 295-300  
Published online July 9, 2004.  
<http://image.thelancet.com/>

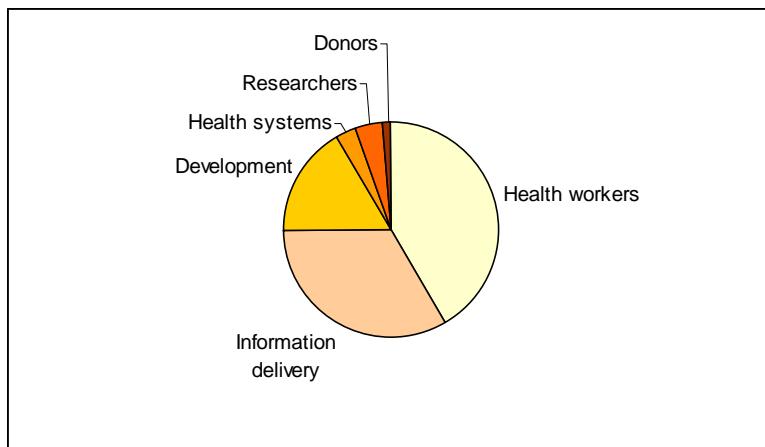
Universal access to information for health professionals is a prerequisite for meeting the Millennium Development

# HIFA2015 members

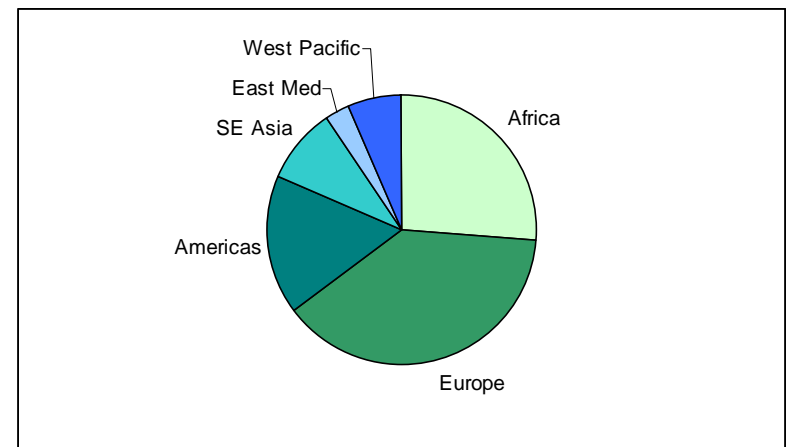
**3750 members**  
from  
**1800 organisations**  
in  
**150 countries**



**Membership growth**



**Professional status**



**Geography**

Q2: What is the added value of  
HIFA2015?

# **Reader-Focused Moderation**

<http://journal.km4dev.org/index.php/km4dj/article/view/96>

# Q3: How do we monitor and evaluate HIFA2015?

**2006 →**

Basic quantitative indicators

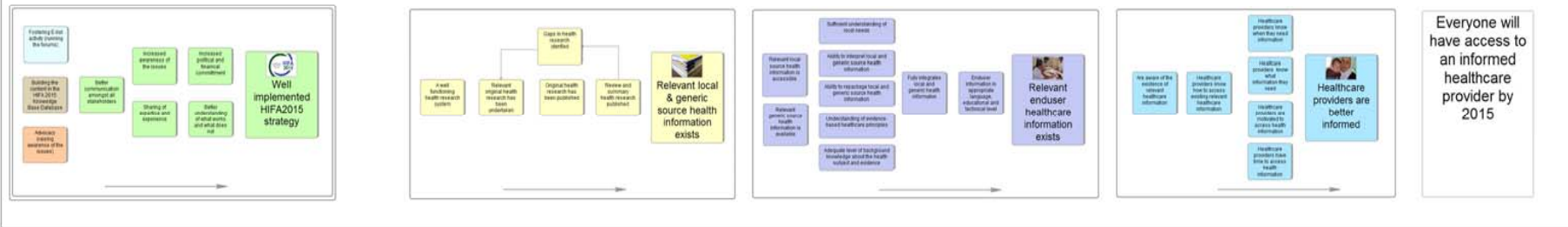
Feedback from members

**2009 →**

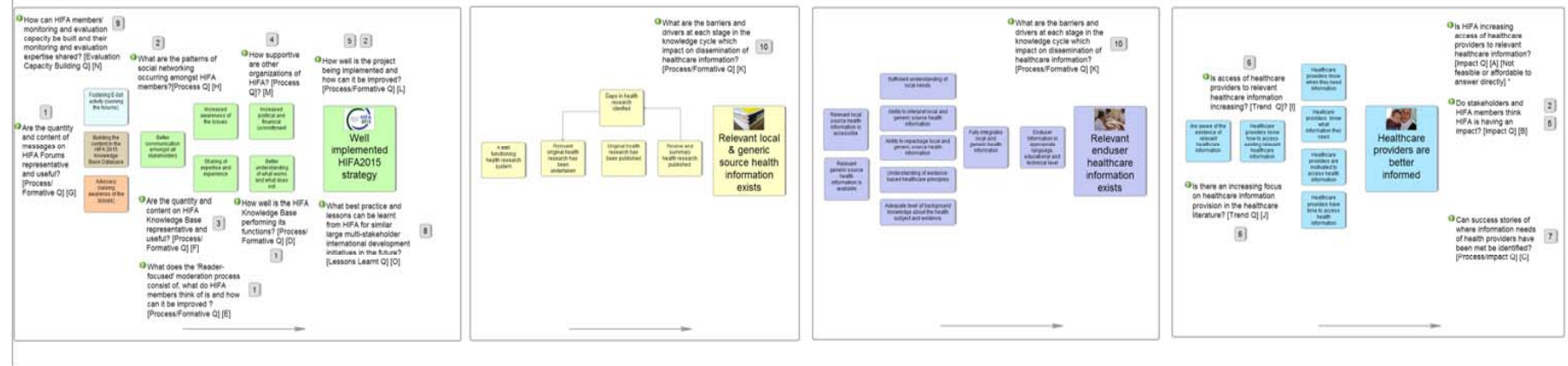
HIFA2015 M&E Working Group

Evaluation Plan

The HIFA 2015 Visual Outcomes Model Showing the Steps Necessary to Get to the Program's High-Level Outcome



Evaluation Questions Mapped onto the HIFA visual outcomes model (The numbers refer to the Evaluation Projects listed below which will attempt to answer each of the Evaluation Questions)



### Summary of the Monitoring & Evaluation Plan

The healthcare information for All 2015 DoView Monitoring and Evaluation Plan has been built using a new 'visual' approach to building monitoring and evaluation plans. In contrast to the traditional approach of writing a long narrative monitoring and evaluation plan, this plan is set out in a visual format built around an outcomes model (a type of logic model) of the program being evaluated. This has many advantages: it immediately shows the 'theory of change' (the way it is believed the program will work) in a visual format; it clearly shows how indicators and evaluation questions are focused on measuring different steps and outcomes within the program's outcomes model; and it shows which monitoring and evaluation projects will be focused on measuring each of these steps and outcomes which questions they will answer.

The evaluation planning for HIFA Planning Group (see names below) has been using the desktop sharing system Glaxo for discussion of the evaluation plan and desktop sharing systems (e.g. Google Docs).

The evaluation plan so far has focused on the impact evaluation question (Is HIFA healthcare information?) an assessment of a set of seven past 2010) a preliminary analysis suggests that it is not feasible or suggests that the lower-order goal impact? is feasible and affordable high-level impact evaluation question.

The evaluation will be undertaken by an Evaluation Advisory Group with the following members:

- ### Evaluation Projects
1. Evaluation Project 1: Monitoring information from HIFA forums and Knowledge Base
  2. Evaluation Project 2: Surveys of HIFA2015 members
  3. Evaluation Project 3: Independent assessment of the HIFA2015 Knowledge Base

- ### Evaluation questions summary
- Questions about the success of the project
- 1. Is HIFA increasing access of healthcare providers to relevant healthcare information? [Impact Q] [A] (Not feasible or affordable to answer directly) \*
  - 2. Do stakeholders and HIFA members think HIFA is having an impact? [Impact Q] [B]
  - 3. Can success stories of where information needs of health providers have been met be identified? [Process/Impact Q] [C]

- ### Evaluation questions summary [Continued]
- Questions about details of the project itself
- 4. How well is the project being implemented and how can it be improved? [Process/Formative Q] [D]
  - 5. How supportive are other organizations of HIFA? [Process Q] [E]

# Evaluation Plan

## <http://tinyurl/hifa2015>

# Q4: How do we facilitate the use of knowledge generated by discussion?

**2006 →**

- Discussion Summaries
- Publications, eg White Paper on Health Information and Human Rights



**2010 →**

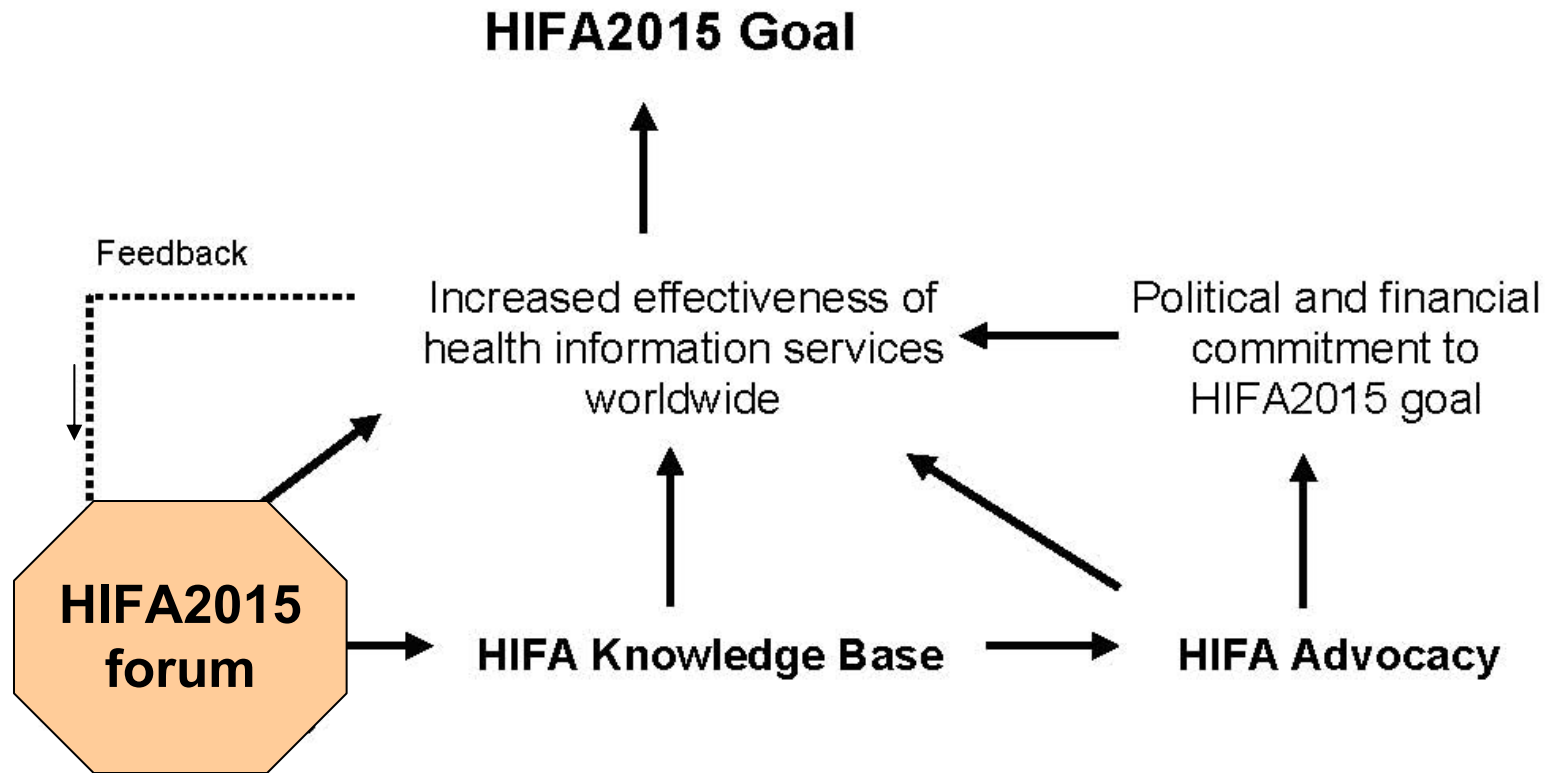
- HIFA2015 Knowledge Base: **HIFA-lumps**

“As a paediatrician in Papua New Guinea I have seen scores of children die from pneumonia, often because they were brought to hospital too late, or health workers did not recognize that they needed oxygen and antibiotics.”

*Example of a HIFA-lump*

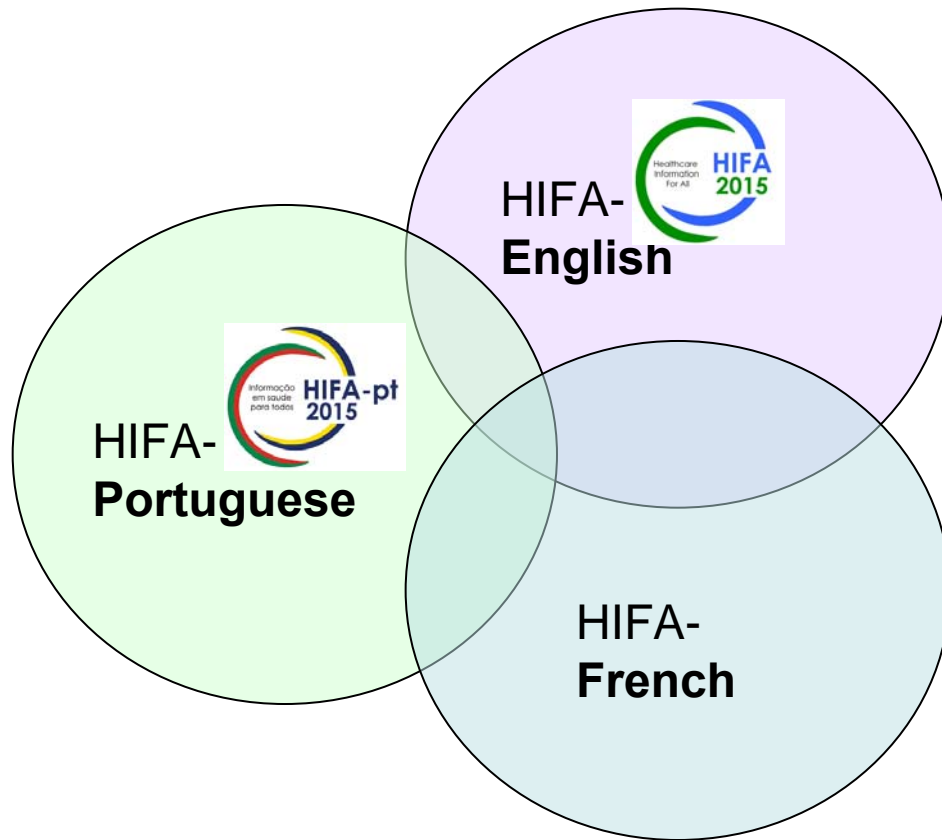
# Q5: How do we see the future of HIFA2015? (1/3)

## 1. Roll out the strategy to achieve our goal



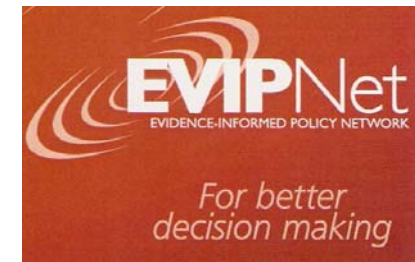
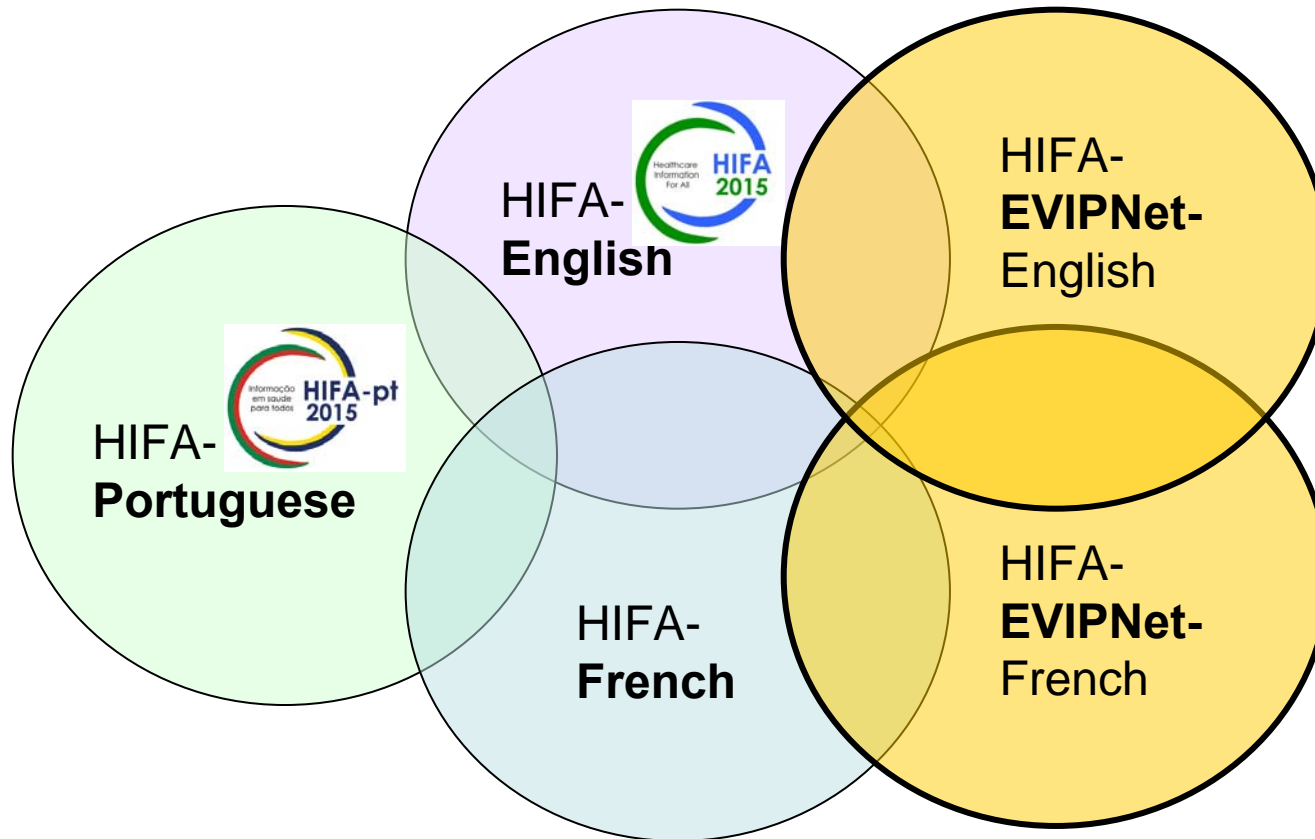
# Q5: How do you see the future of HIFA2015? (2/3)

## 2. Apply the strategy to other languages

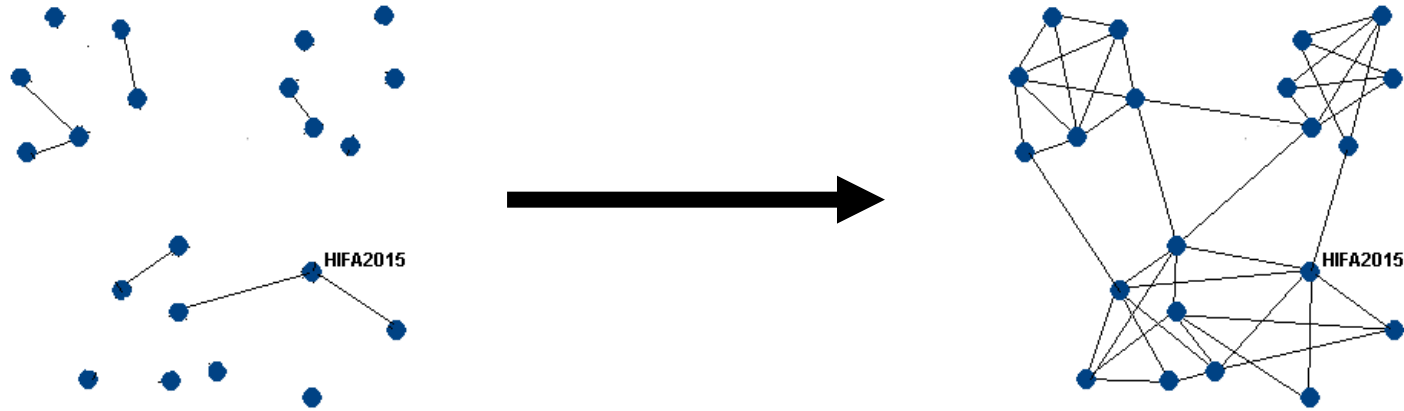


# Q5: How do you see the future of HIFA2015? (2/3)

## 3. Apply the strategy to other health-systems challenges



Q6: With the emergence of 1000s of online groups, how can we reduce fragmentation and duplication?



## Collaborate!

- Join other groups and liaise with other moderators
- Forward messages from one group to another
- Encourage your members to join other groups
- Share lessons learned with other moderators

# In summary

## HIFA2015....

- is a new approach to address a **complex health-systems challenge**
- uses a unique methodology to add value to messages: **Reader-Focused Moderation**
- works in **multiple languages**
- captures tacit knowledge: **HIFA-lumps**

The approach can be adapted and replicated to help address **any** complex health-systems challenge

[www.HIFA2015.org](http://www.HIFA2015.org)

