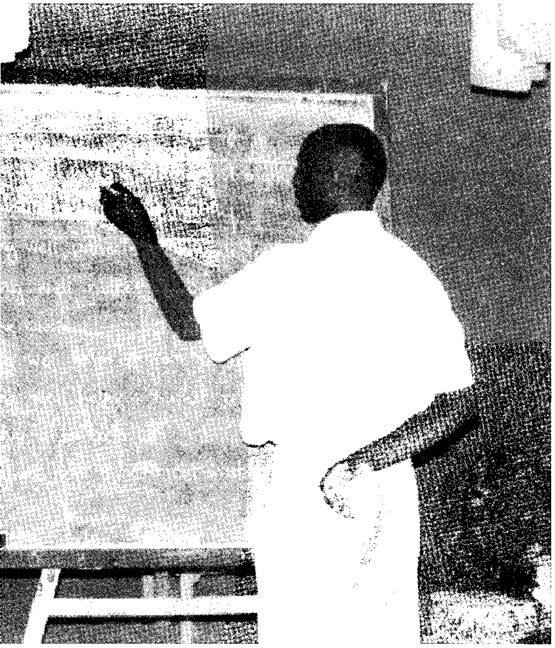
Health information at the grassroots

by Sarah Shannon and Todd Jailer

The slogan '*Health Information for All*' gains real meaning only when it focuses on the *All* and their needs. We have to find out what people think are their most pressing health information needs, and then get that information to them in the best ways.



If we listen, we find that people need not only information about (for example) preventing and treating HIV, but also about how a community might organise collective care for HIV-positive people and orphans and how to stop the World Trade Organization and pharmaceutical companies from preventing their access to affordable generic medicines. When the greatest threats to health come from the broadening gap between the rich and poor, then health information must deal with the social determinants of health and functional community responses as much as it does with microbes and medicines.

International trade, banking and development policies are causing the abandonment of comprehensive primary healthcare and forcing the privatisation of health and other services. This leads to the disappearance of village and urban health promoters, the health workers who most often and effectively bring health information to their communities. Unfortunately, these grassroots health promoters have also been mostly absent from the *Health Information for All* discussions.

Where we work at the Hesperian Foundation, these are the people for whom and with whom we produce our internationally renowned health guides *Where There Is No Doctor*, *Where Women Have No Doctor*, etc. We design processes that involve health workers in determining, developing, reviewing and implementing the content of these books to make sure they meet their needs.

While the books are used by those with no health training as well as by nurses and doctors, they are written for the community health information delivery system: the grassroots health worker. When we think about her current and future conditions and needs, we see that printed books are still her most needed information source.

Though the distribution of web-based or CD-ROM information may have an impact on a relatively small number of people, for those people the impact can be very great. However, it will not significantly redress the denial of health information for all in the near future. ICTs are not yet available, usable, or sustainable for the majority of people needing health information. Many health workers have difficulty using an index in a textbook; we ourselves have had trouble navigating many of the free CDs that contain health materials; thus "architectural accessibility" is also important. Above all, the content of health information - regardless of the form it is delivered in, must be useful to the grassroots health worker in order to ensure that health information is reaching those who need it most.

Health Information for All can be achieved when the right to health is understood and accepted as a human right of all people (UN Declaration of Human Rights, Article 25), not just of those who can afford it. Like most rights, it will move from paper to reality only when people demand it. If conceived of as accessible in content as well as in technology and design, *Health Information for All* will help us organise to win that right.

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