Dissemination of Health Information through ERMED Electronic Journal Consortium: Initiative Taken by the National Medical Library, India.

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Abstract: Libraries all over the world practice resource sharing by maintaining their links with resourceful libraries to borrow information materials. Many medical college libraries in developing countries are very difficult to purchase basic reading material for their students due to ever increasing price of books and journals.

The National Medical Library, India (NML) procures over 1600 (print) medical journal, and it disseminates over 8000 photocopy of articles to different medical colleges across the country. The World Health Organization, SEARO also makes use of NML resources for document delivery to South East Asian countries.

Advancement of electronic publishing provided unique opportunity to group of libraries having common subject interest to conduct cooperative purchase of electronic journals in most cost-effective manner. This resulted into development of a new trend to develop consortium of electronic journals in many developing countries.

This article discussed in detail the initiative taken by the National Medical Library (India) by starting ERMED (Electronic Resources in MEDicine) electronic journal consortium to meet the information needs of health professionals in India. The paper also covered the other important services provided by NML to develop a strong base of Health Information Network in the country.

1. Introduction:
Survey conducted by World Health Organization (WHO) on health spending around the world in 2001 shows that the health spending is highly unequal between developed and developing nations. New health care innovation and knowledge is largely created and utilized in rich countries where health spending on research and development are highest.

The OECD countries spend most of the health expenditure per person. These countries contain 19% of world’s population, but they account for over 90% of world’s expenditure on health. In contrast to this, the poor countries having 85% of world’s population account for only 10% of world’s expenditure on health.

Health research may be taken up as the most effective tool to improve public health of a country. Secure health of citizen of a country may be directly correlated to its development.

Due to unequal distribution of health resources, the doctors of developing countries face multifaceted challenges such as:
**Unequal global health budget:** 90% of Global Health Budget is spent by OECD countries, where only 10% of global killer disease exists. Where as the remaining 10% budget is utilized by developing countries, which are struggling with the 90% of global killer diseases including pneumonia, HIV/AIDS, Diarrhea, tuberculosis, Malaria and Measles.

**Ignorance and education gap among citizen:** Literacy level of the citizen of developing countries is very low as compared to the citizen of developed countries. Besides the traditional superstition also play negative role in case of poor countries. They also suffer from deep divide of financial and social standard between urban and rural population.

**Heavy clinical duties of doctors** and lack of sensitization of young mind stands as hindrance to the progress of medical research. In India doctor patient ratio is 1:2480 against 1:40 in the USA. Indian medical minds hardly get any time to conduct high quality research. Young doctors remain preoccupied with their heavy hospital duties and they hardly get time to concentrate on quality research in their specialized field. They remain totally ignorant about new methods, in health research and they resort to traditional and outdated old therapeutic procedure.

**1.2 Inadequate Health Research infrastructure facilities:** Fund forms the pivot factor, around which revolves all other facilities. Well structured facilities are available to Western world, whereas health research condition and infrastructure facilities of poor countries are very frustrating and unattainable. Access to high quality education and opportunity to get exposure to experts and leaders in various research fields of specialization to gain experience are very rare.
2. Scarcity of global health literature to health professionals:

Financial constraint of academic institutions coupled with ever increasing price of scholarly journals in the international market cause literature crisis in many medical college libraries in India. Many medical colleges find it very difficult to procure even basic medical journal required for their scholars. Students remain deprived of quality information they require for their research.

Under these circumstances students depend upon traditional way of resource sharing through inter-library loan and document delivery system through the distribution of photocopy of articles from medical journals. The National Medical Library, New Delhi, purchase about 1600 medical journals and these are the only national resources of medical journals in the country. NML shares the responsibility of dissemination of photocopy of articles through visiting doctors or through postal delivery. NML distributes photocopy of over 8000 articles per month to different state medical colleges.
2.1 Initiative taken by WHO to bridge the information gap:

In order to bridge the information gap between developed and developing countries WHO started HINARI (Health Inter Net work Access to Research Initiative) which was launched in January, 2002 the programme provides free or highly discounted subscription access to major medical journals to developing nations. Over 130 developing countries are availing the benefits of HINARI. The advantage of HINARI has been restricted to countries having GNP (Gross National Product) less than US$1000 per capita per year (as calculated in the World Bank report in 2001). Unfortunately India is not covered under the low income criteria stipulated by HINAL. Therefore, India cannot avail the benefit of HINARI, whereas India is carrying out valuable research on global health care. The medical professionals of India remained isolated and desperately in need of medical literature at an affordable cost.

2.2 Initiative taken by The National Medical Library (NML):

NML is one stop resource sharing centre for medical literature across the country. It has been purchasing sizable amount print journals and distributing photocopy of articles per month across the country, which involves great delay due to postal services and human handling.

The recent advancement of electronic publishing provided a unique opportunity to big libraries to purchase electronic mode of resources and share them beyond the boundary wall of the library. A new trend has developed, in which cooperative purchase is conducted at a very deep discount rate for group of libraries having similar subject interest by forming a consortium.

2.2.1 ERMED-India electronic journal consortium:

NML started an innovative project ERMED (Electronic Resources in MEDicine) electronic journals consortium since January, 2008 for 39 medical colleges/institutions. ERMED provides electronic journal resources from over 1500 medical journals. It enabled group of libraries to purchase much needed latest global literature package in a very competitive price. The new cost effective system will make valuable impact on the medical colleges which remained deprived of their own journal subscription due to paucity of fund. NML also conducted the service of Informatics (India) Pvt. Ltd. for designing and managing the official web postal of ERMED www.nmlermed.in. Portal provides customized search through list of journals, list of publishers, specialized subject and database search through key words. The portal is updated on day to day basis.
2.2.2 **Aim and objectives of e-journal Consortium:**

- Round-the-clock instant online access to multiple users through IP address and customer ID.
- Access to users beyond the physical space and time of the library. Users can access library’s e-journal resources from their Departments.
- Consortia models offered by publishers may help in:
  - Benefit of cross sharing
  - Resource increases by depth (back volume) and breadth (non-subscribed title) to consortium members.
  - Negotiable price for subscribed titles.

- Ultimate aim of any e-journal consortium is to make online journal literature available to unreachable medical scholars working in the country through electronic media.
- Facilitates better management of information resources in electronic environment.
• Hassles of archiving print resources and their management if reduced.
• Dissemination of e-journal literature is more fast, more economical and efficient.

2.2.2 **The consortium provides many advantages such as:-**

a. The foremost advantage is that, those institutes which remained deprived of scholarly literature for years are having their own e-journal subscription.

b. Information seekers don’t have to travel long distance from Madras to Delhi in search of essential medical literature they require for their research.

c. They get quick and easy access of information material on their desktop just a mouse click away. They can search and collect articles of their choice by downloading them without facing the hassle of physical search and photocopy.

d. Many users can use the same title of the journal at a time by using different terminals.

e. It provides broader + deeper coverage resources i.e. additional title & their back volumes.

f. It benefits libraries of all sizes.

g. Finally, it is expected that it will promote quality research output and improve health care system in the country.

In 2008 the ERMED started with 39 medical colleges/institutes. It purchased journal packages from five publishers such as Lippincott, Williams Willkins, John Wiley, ProQuest Medical Library, Cambridge University Press and Royal Society of Medicine.

2.2.3 **J-Gate Custom content for consortia (JCCC):**

The J-Gate custom content for consortia is a virtual library of journal literature created to provide one point access gate way to access electronic journals subscribed by ERMED. The JCCC platform is interactive and versatile enough to make multi dimensional search for optimum utilization of e-resources of ERMED. JCCC provides following facilities:
• Consortium purchase online e-journal from different publishers. Users of e-journals have to visit website of different publishers to make use of full text. It may be time consuming and frustrating.
• JCCC provides publisher in dependent single platform gateway to make customize search.
• It provides table of content (TOC) of non-subscribed titles.
• It also provides Inter-Library Loan facility on online request.

2.2.4 Utilization of ERMED resources:

ERMED made kick start from the very first month of its inception i.e. January, 2008. NML conducted close monitoring of electronic resources very carefully. It also conducted National Regional and institutional training and orientation programme of ERMED Member institution. The ERMED purchased electronic journal resources from 5 leading medical publishers in 2008. The consortium provided statistics of more than 64,000 download of full text of journals in the year 2008.

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The membership of ERMED increased from 39 in 2008 to 76 in 2009. NML included 4 private medical hospitals and colleges in 2009.

NML desires to extend the facility of ERMED electronic journal consortium to all state Government Medical Colleges in the country. It is the most cost effective option to make global medical literature reachable to all and to ensure complete freedom of access to information & knowledge.

It may be concluded that initiative for effective collaboration, communication and cooperation have been established by three national libraries under the study. Further they can play more important role in the future development of libraries by adopting more innovative ideas suitable to electronic environment.

3. **Other important services provided by NML**

It is the largest and most user friendly medical library of India. It occupies important position in country’s health care information delivery system and offers services which are truly of national scope.

NML contains over 1.3 lakhs books and over 5 lakhs bound journals. The library procures about 1600 print medical journal per year by spending over Rs. 9 Crore per annum. Library operations starting from book acquisition to reference services have already been computerized. Computerized catalogue can be accessed through OPAC. The library contains a significant collection of old rare books and journals of 20th century. A huge collection of medical literature of British period has been inherited by NML from DGIMS library.
3.1 Document Delivery Services:

NML provides timely and reliable document delivery services (photocopy of articles) to state medical colleges through post, FAX, e-mail, electronic mode etc. A large number of requests for articles are received from state medical colleges situated outside Delhi. Every day NML receives huge bulk of postal mail or emails for document delivery services. SEARO office of WHO makes use of NML resources for document delivery to South East Asian countries. NML provides over 8,000 articles (8,000 x 5 pages) per month to medical scholars in India and abroad. NML also provides Inter Library Loan and answer huge bulk of queries related to health through telephone.

In order to cope up with the burden of document delivery and their delay through postal services and human handling, NML took initiative to start electronic medical journal consortium ERMED to provide more efficient dissemination of global literature.
3.2 **HELLIS (Health Literature, Library and Information Services)**

Network Service of WHO:

In 1979 WHO started “Health Literature, Library and Information Services (HELLIS)” Network in the South East Asian Region. NML is the National Focal Point for HELLIS Network services in India. It plays a leading role by providing consultancy, training and document delivery to other medical college libraries in India and South East Asian countries. NML is also the centre for National repository of WHO documents in the country. It conducts workshops and training courses under HELLIS Network Services in New Delhi.

3.3 **Training and human resource development:**

NML provides training to library and information science students, graduating from different Indian Universities and library Associations. NML also imparts professional training to qualified librarians under the Apprenticeship Training Act of Government of India. Library automation training for medical college librarians is also frequently conducted. Advancement of ICT and the use of World Wide Web have made important implication for education. Both students and teachers need library orientation training to enhance internet searching skills to make best use of digital resources available in the net. The library provides orientation programme to library users. NML organize national level and regional level training programme for librarians. NML organized four national level training programme for medical college librarians in the country since 2004 under the WHO project.

3.4 **Indian Press Index on Health:**

NML brings out a weekly list of press clippings from 12 major daily newspapers published in English and Hindi. Collection of press reports on health is widely used by research scholars and medical professionals.

3.5 **Union Catalogue of thesis and dissertations:**

NML compiled Union catalogue of over 6000 theses and dissertations submitted in different medical colleges in India under the WHO project in 2008. The same has been hosted in the website of NML www.nml.nic.in.

Further NML realized the fact that providing electronic resources in isolation may not bring success to free flow of information, therefore it started in advance the Scheme of “Inter-linking of Government Medical College Libraries with NML” to develop minimum Information and Communication Technology (ICT) facility for Government Medical Colleges in States since 2000.
3.6 Inter Linking of Government Medical Colleges with NML:

Non-availability of proper Information and Communication Technology coupled with the lack of computer literacy among library staff cause hindrance to effective dissemination of information. The Scheme provides financial assistance to Government Medical College libraries in India to develop Information Technology infrastructure in their college library. It also provides initial manpower assistance to feed library data. It provides Rs 5 lakhs to each Medical College in 2 phases. So far, NML has paid Rs. 5 laksh to 78 Government Medical College libraries in India.

4. Conclusion:

The trend of Consortium purchase of electronic journals for medical fraternity has become and inevitable phenomenon. This has become the only way to outreach wider medical community beyond the boundary wall of the library. ERMED made global literature just a “mouse click”, away from them. Membership of ERMED increased from 39 in 2008 to 76 in 2009. It has also included 4 private medical Colleges/Hospitals. The private practitioners and medical professionals from small hospitals, who from a huge percentage of health care providers in India will also be included into the ERMED membership in near future. They will get opportunity to contribute in the medical research and development of the country. There is strong correlation between better health care and availability of latest health literature.

Developing can not be expected to resole their health problem with out having access to proper health research facilities including Global Health Research Literature.
References:


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