

SHORT REPORT

DIGITAL MALARIA INFORMATION SHARING IN ASIA

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Abstract. In 2001 a project named Mekong Malaria Documentation Center (MMDC) was established in Vietnam to support the information needs of malaria professionals in the Mekong Region. In 2005, MMDC was renamed and reorganized into a new database called ACTMalaria Information Resource Center (AIRC). AIRC's goal is to gather all published and unpublished materials, including electronic files, regarding malaria from ACTMalaria member countries. Today, there are eleven member nations. More than 1,500 files have been uploaded and are available for access. Various areas of AIRC still need to be developed, including editing, approvals of files, coordination with publishers, copyright issues, and the architecture of the database. Funding also needs to be secured for the sustainability of AIRC.

INTRODUCTION

The development of an online malaria database for the Mekong Region was conceived in 2001 by the World Health Organization Representative Office in Hanoi, Vietnam under the leadership of Dr Carlo Urbani. The Mekong Malaria Documentation Center (MMDC) was a collaboration between the EC Malaria Control Project and the WHO which provided easy access to electronic and digital information regarding malaria. The MMDC was initially set up to serve malaria professionals of 6 countries in the Mekong region: Vietnam, Cambodia, Thailand, Lao PDR, Myanmar and China. Information sharing, networking, partnering and communication exchange were its pillars which have continued after the demise of Dr Urbani (Yap, 2008).

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In 2005, the Malaria Consortium consulted HealthLink Worldwide to conduct a SWOC Analysis for the MMDC. Mr David Curtis (2004) was responsible for the consultancy and he laid out the strengths, weaknesses, opportunities and challenges (Table 1).

The MMDC was then transferred to the Asian Collaborative Training Network for Malaria (ACTMalaria). Ms Marijane Bugarin-Mabato was involved in this new entity which was named the ACTMalaria Information Resource Center (AIRC). She has worked on the database with technical advice from the World Health Organization - Western Pacific Regional Office in Manila and ACTMalaria member countries.

SITUATION

AIRC has a partnership with malaria control programs within ACTMalaria's eleven member countries: Bangladesh, Cambodia, China, Indonesia, Lao PDR,

Table 1
MMDC SWOC analysis.

Strengths	Weaknesses
Has an existing structure and experience	Lack of human and financial resources
Committed, trained staff	Lack of documented operational systems and policies
Strong links with NIMPE	Lack of a formal strategy for development
Online database already developed	Lack of promotion
Is a credible, trusted source of information	Lack of exploitation of other electronic sources of information
Opportunities	Challenges
Can become a resource for the region	Spirit of voluntarism in sharing information needs to be examined
Possibility of strengthening links, data sharing and resources among users	Language differences across the region
Reinforce malaria activities with other malaria initiatives	Need to strengthen relationships among regional partners
	Ownership of the network
	Sustainability

Malaysia, Myanmar, Philippines, Thailand, Timor-Leste and Vietnam. It has trained numerous ACTMalaria representatives from each member country. It has expanded to include the health libraries of the malaria control programs. At present, there are seven partner libraries: 1. the National Malaria Center Library, Phnom Penh, Cambodia; 2. the National Institute of Malariology, Parasitology and Entomology Library, Hanoi, Vietnam; 3. the Center for Malariology, Parasitology and Entomology Library, Vientiane, Lao PDR; 4. the Bureau of Vector Borne Diseases Office, Nonthaburi, Thailand; 5. the National Institute of Parasitic Diseases Library, Shanghai, China; 6. the Research Institute for Tropical Medicine Biomedical Research Library, Muntinlupa, Philippines; 7. the National Epidemiology Center Library, Manila, Philippines.

METHODOLOGY

With the establishment of partner librar-

ies, librarians and contributors were trained in how to use the online database. Scanning equipment was provided for their institutions to facilitate the conversion of physical documents into digital files. They were encouraged to share all malaria documents, whether published or unpublished, physical or electronic, English or non-English. They just needed to provide an abstract with each submission and upload. Contributors were given an allowance based on the number of submitted resources.

OUTCOMES

The AIRC Online Bibliographic Database started with fewer than 100 files obtained from the MMDC and from donated publications. Today, there are more than 1,500 online files available. The files can be accessed at <http://resource.actmalaria.net>. All these records are edited. The editors check the metadata and encode them into the ACTMalaria Online Management Sys-

tem. The articles are given keywords and abstracts. Users sign-up and log-in to request materials.

CONCLUSION

AIRC is in its infancy. Database management must be carried out, including the evaluation of the user interface, the database architecture and the infrastructure. Collection management must be organized. Funding is necessary for the sustainability of this project.

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