

Feature Article

Pivotal in a pandemic: an interview with Ian Roberts, head of the WHO libraries

Ray Phillips

Freelance libraries and information professional, formerly Head of Information Services at the King's Fund

Abstract

This interview with the head of the World Health Organization's Library Service took place in May 2020, at the height of the COVID-19 pandemic. The interview provides a snapshot of how COVID-19 has affected the library service in an organization which is at the centre of disseminating information and providing leadership during the pandemic. In the interview, various aspects of managing a library service during a pandemic are discussed, including: how the library copes with high demand; how they maintain a high-quality search and retrieval service; how they make use of partnerships; what are the emerging "lessons learned" for their service; and how they try to take care of their well-being.

Key words: libraries; library management; pandemics; COVID-19; World Health Organization.

Introduction

When the history of the 2020 COVID-19 epidemic is written, there should be at least a few paragraphs extolling the role health libraries played. Early during the UK lockdown, I observed a hive of activity on the email lists as librarians asked for, and offered help. I even witnessed former health librarians provide their services, free of charge, to help overwhelmed former colleagues.

As I watched from the sidelines, I contemplated what it would be like to be running a health library now, during such an unprecedented pandemic. How would we cope with being extraordinarily busy or, conversely, finding we were not needed much at all? What kind of questions would our users ask? How would we ensure high-quality with such a continually evolving topic? Would our partnerships and professional networks prove robust? How would I, as a manager, help ensure the safety and well-being of my team? What would be the future of any physical space I managed?

It was while contemplating the predicament of health libraries during COVID-19 that an opportunity arose for me to interview Ian Roberts. Ian leads the library services at the World Health Organization (WHO). How fortuitous: if there was a library service at the epicentre of this crisis, it was probably the service at the WHO.

Interview

Ian and I met via Skype in late May 2020 and had the following conversation.

Ray Phillips (RP): Thanks, Ian, for agreeing to do this interview. I've heard of you, of course, but we've never met. Tell me a bit about yourself.

Ian Roberts (IR): I'm half Italian, half Irish. I've lived here in Geneva since I was seven years of age. I did studies in Geneva, and then I did the information management programme that was offered there and got my Master's in Information Management. More recently, I did an MBA, because I thought it would help me in my career. My work background is that I started in 1993 at the International Federation of Red Cross and Red Crescent Societies, which is the Red Cross branch that provides humanitarian assistance in cases of natural disasters, man-made disasters etc. I was at the Federation's Information Resource Center for seven years. I then moved to the WHO library in 2000 because there was a job opening there as a digital information management specialist. So I just slowly moved upwards and became coordinator in 2012.

RP: Great. Tell me a little about your role, your library service and your team.

Address for correspondence: Ray Phillips, London, United Kingdom. E-mail: raygood7@gmail.com

Pivotal in a pandemic: an interview with Ian Roberts

IR: I am based in the library offices situated in the WHO's headquarters in Geneva. We also have six major WHO Regional Offices for the organization. These six Regional Offices also have libraries that are mostly a bit smaller.

Some of my duties include: making sure that we get funding, making sure our projects are on track, providing strategic leadership and vision within the realm of information management to help advance the organization's mission, ensuring our projects are carried out and have an impact, prepare reports, establish operational and marketing plans, manage staff and performance appraisals, etc. I also travel to establish partnerships with other institutions or entities that can help us in our vision and goals, as well as us maybe helping others that need our assistance.

When I'm talking about the WHO library, I try to talk about the group of libraries together. That's the headquarters library plus the six regional ones, and information specialists in-country offices. We call ourselves the WHO Global Library Group.

So, at the library in Geneva, we are 14, including myself. We represent, I think, 12 different nationalities. Our team is an international group of people working together; we're a good team; we trust each other, and we've been working together for quite a while. The team is a bit of a mix, age-wise. We operate in six languages, minimum, so that's English, French, Spanish, Chinese, Russian and Arabic. In our team, we cover those languages quite well. But the two that we cover the best are English and French.

About the role of the library, there are two major focuses. Firstly, we have two mandates, an internal one and an external one. Our internal mandate is to make sure that the organization has access to all existing scientific evidence it needs for its credibility to be sustained and for the staff worldwide to be able to carry out their work with all the information they need. The external mandate is to make sure that we are assisting the member states that govern us to access the evidence and information they need. It could be at government level for their policymakers to carry out the right decisions with the correct information at hand, or it can be for institutions like hospitals or universities, research institutes, to get access to information to help them with what they're doing.

RP: That's quite a broad mandate. What's the second major focus for your library?

IR: Yes, but we've found ways to refine it. And we have a strategy on which we focus so that we don't get carried away in too many directions. Besides, the two mandates are not mutually exclusive; some things we do for the internal audience also serve our external audience and vice versa.

Our second major focus is on low and middle-income countries. Because that's where we see that, even in this digital age, there's a significant discrepancy: they're not on the same playing field as richer countries that have access to millions of dollars' worth of subscriptions and content for example.

RP: Are you moving towards open access?

IR: The WHO is now a fully open access organization. However, we do realize that there's a different behind-the-scenes cost associated with the open access concept, with authorship costs for example that might prove far too high for authors located in institutions in low- and middle-income countries that wish to publish within the international fora. Something else I wanted to say is that there are still paywalls out there; there is still a big mass of scientific evidence and journals that users have to be subscribed to, and that's one area where we're helping our member states. That was a quick, overall statement of who we are and what we are trying to do. Perhaps it would be helpful to give some context by outlining our strategy?

RP: Ok. That sounds like a good idea.

IR: We have four strategic priorities; the first one is "WHO's intellectual output." This priority emerged from the question: "What would be the one single important thing we should be working on if we had zero resources or dollars a year?" Well, we believe it's the WHO institutional repository. The repository is a global digital library for all the organization's knowledge to be disseminated to the world. And that's the primary role of the library: to capture the knowledge of the organization it works for and disseminate it to the public at large.

The second priority is around "removing barriers" and delivering evidence equitably, what we call Research4life. It originated from a realization, many years ago, that most of the 190 countries we work in were unable to afford subscriptions to key scientific

journals and databases. So, research institutions, hospitals, universities, professional schools and also the government were left without the latest evidence and research on the best health approaches. In 2001, we had a big meeting with five major scientific publishers, who, ultimately, signed a deal with the WHO that same year, stating that they would give all their collections for free online to more than 115 low- and middle-income countries. Thus, the Hinari Access to Research for Health Programme was born.

RP: So how is Hinari doing now?

IR: So, Hinari is now part of Research4life. Hinari was so successful that other United Nations organizations became interested in it. We now have four sister programmes that include the Food and Agriculture Organization; the World Intellectual Property Organization; the United Nations Environment Programme; and the International Labour Organization. There are now more than 250 publishers participating in this public-private partnership and more than 10,000 institutions in 115 countries that have access to it. So we see access and downloads of magnitudes of multiple millions per month.

RP: What would an individual whose institution subscribes to Research4life have access to?

IR: An individual whose institution registers gets free access to 25,000 journals, 100,000 ebooks and more than 50 major databases.

So back to the strategy. The third priority is “providing a voice for LMICs” through the Global Index Medicus. We realized 25 years ago that there's a whole mass of literature in regions such as Africa, with very contextualized science and health information that, at the time, was never captured in PubMed and other big indexing databases. This is because it was thought that these publications did not reach the level of the usual criteria for quality. So the African regional office library created the African Index Medicus, with the help of those who produce the Index Medicus for the Americas. There are now five of these indices, the one for the Americas, one for Africa, one for the Eastern Mediterranean, one for the Western Pacific, and one for Southeast Asia. They all contain literature that cannot usually be found elsewhere. Now we've brought

them together through the Global Index Medicus, so you can search across regions in one go, if you wish, or limit your search to regions or countries. Of course, literature is available on the databases in many other languages besides English, so it's quite complex in terms of indexing and search interfaces. However, our biggest source of pride is that PubMed and other major databases have started indexing some journals that were first indexed in the Global Index Medicus.

The fourth strategic priority is “better evidence for better outcomes” with our evidence retrieval support services. A lot of what we're doing around COVID-19 comes under this arm of the strategy. As I mentioned, the aim of this priority is about providing better evidence for better outcomes. Only with good evidence, can you create good outputs and good outcomes. So, as part of this strategy, members of the Global Library Group provide online training courses to staff and country users located all over the globe. We teach on average 3000 people a year through these multilingual courses, with topics including information and evidence retrieval, scientific authorship, systematic reviews and many others. One of our teams also carries out systematic reviews and, introduced as part of our 2020-2025 strategy, emergency evidence retrieval that the COVID-19 pandemic response team of the organization has used and tested to the max since the beginning of the year! Finally, we also have a team of partners in collaborating centers worldwide that help us pro bono when there are too many simultaneous in-depth queries for us to respond to.

RP: We may come back to some of this later but, for now, I want to know if COVID-19 has made your library busier?

IR: Yes, we are much busier, not in every part of the library's work, but for sure, we are much busier. You would be amazed at how many different things must be thought about when dealing with COVID-19. There is the virus itself and the science behind the virus; then there's vaccination and medicine to try and help cure it; but then behind that, the organization is asked to work on all the socio-economic issues. So, for example: Are planes allowed to fly again, and if so, how can flying be made safer? And should we put passengers in every seat or not? What type of schools can or can't open and can the ones opening be made safer? So we're

working on a broad range of different aspects of COVID-19, covering life sciences and health and social sciences.

A lot of the different technical departments and specialized units across the WHO have been pulled into the response to COVID-19. The library is at the very front-end of the work on COVID-19 for the organization, with continuous search and retrieval of the latest evidence and research discoveries.

Another quantitative example of how busy we've become is the number of downloads from the institutional repository. WHO creates daily rapid reviews – for example, giving the latest evidence and guidance on the wearing of masks, etc. The reviews are then put through a rapid publishing review to ensure quality. When a rapid review is approved, we post it on the WHO's institutional repository managed by the library. Well, usually we have an average of three million downloads per month; in March and April, it was more than 9 million each month. So it more than tripled and this has strained the system so much that we've had to buy and urgently install new servers.

RP: So what are your processes for keeping on top of all this research?

IR: So, our retrieval arm of the library team does this every morning. They get up very early and scan the whole mass of literature through major databases but also directly on the sites of other major scientific and health journals sites. We search these sites on a daily basis because we found that big indexing tools can have a slight delay before the indexing, the keywords, the appropriate metadata is available. And, for us, it is essential that the WHO staff members are the first to know information relevant to the COVID-19 topics they're working on, so that their work is based on the best scientific evidence available real-time.

RP: COVID-19 is such an ever-growing, fast-moving field. How do you ensure that your end-users are getting good-quality information?

IR: What we do is we carry out rigorous searches on only rigorous databases that compare these things. We go to very well vetted journals, for example. We also go to preprint databases and cautiously sieve through

these types of materials. So, we try to have the most meticulous quality when retrieving information, and we have help from our evidence review team. They look at what is being reviewed by other partners, and they help us assure the quality of what we're retrieving.

But the most difficult is not ensuring the high quality of the information we're retrieving; it's sifting through the information to make sure that we're not inundating users with thousands of articles or citations a day. They do not have the time to go through large quantities. So, we try to bring it down to the new, crucial and manageable quantities.

However, we do not discard most of what we find: we have built a COVID-19 database in partnership with BIREME/PAHO, our technology partner in the Regional Office for the Americas, that's known across the world now. We have 25,000 citations and growing, and we started building and feeding this database two months and a half ago – it has now close to 3,000 active users per day!

RP: Refining sounds like quite a bit of work in itself, how do you do it?

IR: We also have a network of partner libraries and librarians who help us with refining some of what we find.

RP: You mentioned partnerships in your answer about refining. Please tell me a bit more about your partnerships.

IR: The library has always cherished partnerships; just due to our international approach to things and because the WHO is important in the realm of health. So an example of a partnership that was rapidly created by the Science Division and the Department of Quality Assurance, Norms and Standards within which the library is located, to deal with COVID-19, is the Evidence Collaborative COVID-19. We have 100 different people in a monthly teleconference, to collaborate on various aspects of finding, reviewing and organizing the latest scientific evidence. So we have now a number of partners working on the COVID-19 database with us, some with whom we work very closely including Cochrane, the National Library of Medicine and the Centers for Disease Control and Prevention in the US.

RP: Say a little more about how you cope with a sudden surge in the volume of searches.

IR: During the Ebola outbreak a few years ago, we suddenly got a surge in requests for systematic reviews on Ebola and for the general science around it. As a one or two-person search team, we could not cope with that. So that's when we started creating these small partnerships with collaborating centres, to help us carry out searches. We also give rapid courses in power-searching to a few people in the emergency team or beyond, so they can become self-sufficient and carry out some of the searches themselves.

We do also rely on consultancy work, when we quickly need people to help us more deeply with certain pieces of work.

RP: It's very early days but are there any emerging "lessons learned" you'd like to share from how this crisis has affected your service? Any "top tips" on how health libraries might best cope – even thrive – in a crisis like this?

IR: We haven't had time to do a review yet. In French, we've got an expression: avoir le nez dans le guidon, to have your nose to the handlebar. We've just been doing what has to be done in the most rapid and meticulous way possible without analysing in detail the process. However, I would say that, like many institutions worldwide, we've realized we don't need to be at work every day. We are just as productive working from home. Some difficulties apply and it certainly will not become an everyday reality for everybody. But I think it just shows one lesson learned is sometimes you have to grab the opportunity when it comes. Thank goodness we did define our priority areas last year when we wrote our 2020-2025 strategy because that just panned out to be exactly what we needed: a fully digital approach to things.

The main thing I would say is, marketing-wise, always be ready, because you just never know when, unfortunately, a catastrophe or something big will help people realize that the library is not a cost but an investment. And, if you invest correctly in it, the library will provide far more help for much fewer bucks than anybody else in an organization. COVID-19 has put us at the forefront of the organization's response, for example with evidence retrieval and dissemination day

in, day out, seven days a week. People are just realizing now that all the different tools and digital content we've put up are phenomenal. Recently, we had the emergency team telling us that the Global Index Medicus is incredible; they say, "We get such contextual literature that we can use, which helps us refine our guidance."

Today, speed in a certain type of library is of the essence. People want things to be seamless, and they want immediacy; proving we could do that when the organization asked for it is the biggest thing that I could have hoped for. But it only happens when you're well prepared.

RP: How are you looking after your own – and your team's – well-being in this stressful time?

IR: Luckily, we're a great team and very respectful of each other, so that's a great help. And everybody's pulling their weight. I worry that those members of the team most in demand have had to work without a break for almost three months now, and there's no sign demand is decreasing. Also, some of the more routine work is now increasing again. After all, there's still diabetes, HIV/AIDS and other diseases that need information. Some of the things we're doing to alleviate pressure on the busiest staff include calling in temporary consultancy contracts to cover bits of work. I also ensure that one of our particularly busy team members takes a break and goes home at a certain time in the day and returns to work later in the evening. So we're trying to find mechanisms to deal with this, but it is a work in progress.

RP: I want to digress a little bit. Your focus seems, understandably, predominantly digital. Yet you have a physical library and hardcopy collections. How are these faring and what's their role?

IR: It's a very deep question because collections are at the core of what a library is in people's perceptions.

Let me try and put it simply: our collections aren't used that much at all anymore. Why? Because we're serving 8,000 staff around the world, so our collections in our headquarters library have been used less and less as they are being replaced by much larger, more accessible and more searchable collections. So, we are now slowly giving away parts of our print collections.

We have a different strategy for hardcopy WHO publications and items: we're going to keep one printed copy of everything WHO has ever published and we're going to safeguard and showcase that in the same way the "King's Library" (1) is showcased in the British Library.

So, our space is going to change. A new building is being built at headquarters in Geneva, Switzerland, and a lot of WHO staff are going to be going into the new building while the older building, which is a landmark treasure of 60s Geneva architecture, is going to be refurbished. The library will go back to the renovated building, so we were very lucky, and happy, to be able to give input with the architects' plans. This new library was due to be ready in 2025-26, but everything has been delayed.

The new library space is going to be mostly digital, with a lot of little knowledge spaces for people to meet, discuss and work. There'll be lots of mini-meeting rooms and larger meeting rooms, but everything will be transparent and fluid with the architecturally playful addition of glass instead of brick walls.

With all that said, we've also been working hard on how to disseminate information differently, and how people can use their mobile devices to receive information and sift through things. Our new strategy for the next five years is completely digital and mostly concerned with how to open up and make access to knowledge and information as easy as possible.

RP: What can you tell me about your budgets?

IR: Well, I can't delve into detail, but I can say that we don't purchase books anymore, and we do get very discounted prices on our online subscriptions. Our activity budget basically covers anything that relates to working with partnerships, building our technology systems, or moving them to the cloud. It's also for a little bit of travel when we need to attend and give presentations at big international conferences and try to liaise with people and create new partnerships. And sometimes at the end of the year, we end up with a small surplus, which we use for document delivery. Salaries are not part of our small activity budget of course and represent the highest cost of the library service.

RP: Thanks very much for doing this interview, Ian.

IR: My pleasure.

*Paper submitted on invitation.
Accepted on 9 September 2020.*

REFERENCES

1. What is the Kings Library [Internet]. The British Library. 2020 [cited 9 September 2020]. Available from: <https://www.bl.uk/about-us/our-story/explore-the-building/what-is-the-kings-library#>

FURTHER RESOURCES AND READING

1. WHO Home [Internet]. Who.int. 2020 [cited 14 August 2020]. Available from: <https://www.who.int/>
2. WHO Library and Digital Information Networks [Internet]. World Health Organization. 2020 [cited 14 August 2020]. Available from: <https://www.who.int/library/en/>
3. Global Index Medicus – World Health Organization [Internet]. Globalindexmedicus.net. 2020 [cited 13 August 2020]. Available from: <https://www.globalindexmedicus.net/>
4. IRIS Home [Internet]. Apps.who.int. 2020 [cited 13 August 2020]. Available from: <https://apps.who.int/iris/>
5. Hinari Access to Research for Health programme [Internet]. World Health Organization. 2020 [cited 13 August 2020]. Available from: <https://www.who.int/hinari/en/>
6. Global research on coronavirus disease (COVID-19) [Internet]. Who.int. 2020 [cited 14 August 2020]. Available from: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/global-research-on-novel-coronavirus-2019-ncov/>
7. OPAS/OMS BIREME - Home [Internet]. Paho.org. 2020 [cited 14 August 2020]. Available from: <https://www.paho.org/bireme/index.php?lang=en>