

Health-care information: access or implementation?

Authors' reply

We thank Haris Riaz and colleagues for their interest in our Comment.¹ The term access in the context of our Comment not only implies open access to newly generated research findings, but also incorporates making pre-existing knowledge available to health-care workers and caregivers. Making essential health-care information available at the end-user level through seminars and tutorials, among other modalities, is indeed an indispensable part of ensuring access in the truest sense of the term. As mentioned by Riaz and colleagues, continued medical education and recertification procedures are necessary, which are basically structured methods to assure information dissemination, reinforcement, and retention. We advocate the very same outcomes, not only for medical professionals, but also for health-care providers and caregivers at all levels.

We wonder however why Riaz and colleagues state that "there is no evidence to show that such an intervention in the home setting improves mortality". Substantial rigorous evidence² shows that use of oral rehydration solution, even in the home or community settings, can reduce mortality from diarrhoea. Evidence for other recommended home fluids is scarce, but in areas with low coverage of oral rehydration solution, home fluids are still recommended for rehydration.³

A decrease in research funding is a matter of urgent concern, but research funding and funding to increase access to health-care information need not be mutually competitive. No suggestions to divert funds from basic or clinical research to ensure access have been made. However, the very

point of research will be nullified if the results do not reach the end-users who put evidence into practice; thus a balance between the generation and the dissemination of health-care information is of utmost importance. Although the importance of generation of health-care information is self-evident, the matter of dissemination has always been put on the sidelines. Information dissemination is a complex, dynamic process, which is controlled by sociocultural, economic, and political agendas. Therefore, the wisdom generated from research does often not distill down to the end-users, the physicians, and other medical professionals who are fighting the battle at the bedside. Painstaking policy making, ensured implementation, quality assurance, monitoring, and reviewing are necessary to ensure that the endpoint is reached.

The effects of research are seen in the change it brings about locally, nationally, and globally, and we will remain chasing that goal until and unless we ensure adequate dissemination and access to the generated wisdom.⁴

SB, PC, and TB are country representatives for India of HIFA2015. The position of country representative of HIFA2015 is a voluntary unpaid position. NP-W is the coordinator of HIFA2015 and CHIL2015 networks and codirector of Global Healthcare Information Network. We declare that we have no other conflicts of interest.

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- 1 Bhaumik S, Walsh NP, Chatterjee P, Biswas T. Governments are legally obliged to ensure adequate access to health information. *Lancet Glob Health* 2013; **1**: e129–30.
- 2 Munos MK, Walker CL, Black RE. The effect of oral rehydration solution and recommended home fluids on diarrhoea mortality. *Int J Epidemiol* 2010; **39**: i75–87.

- 3 UNICEF/WHO. Diarrhoea: why children are still dying and what can be done. Geneva: World Health Organization, 2009. http://whqlibdoc.who.int/publications/2009/9789241598415_eng.pdf (accessed Sept 9, 2013).
- 4 Pang T, Gray M, Evans T. A 15th grand challenge for global public health. *Lancet* 2006; **367**: 284–86.



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