Micro-CDS/ISIS

Training Manual
(designed for self-instruction)

&

African Index Medicus

Data Entry / Procedures Manual

World Health Organization
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Micro CDS/ISIS Training Manual

INTRODUCTION

Why this Manual

There are a number of manuals and workbooks around about how to use CDS/ISIS or specific databases created on CDS/ISIS. The most important of which is the *Mini-micro CDS/ISIS Reference Manual (Version 2.3)* which is distributed with the software by UNESCO. So why this manual? Though the reference manual explains in detail what the features of CDS/ISIS are, it does not really teach one how to use the program. Training sessions do become available from time to time (the German Foundation for Technical Development [GTZ] has held many such training courses for participants from developing countries) and if one is lucky maybe he/she can get a place on one. For those not able to get into a training program it becomes necessary to train oneself. Some of the other manuals are designed to help facilitators who do training. This manual is for the individual.

The CDS/ISIS program comes with a sample database called CDS. This is the database from which examples in the reference manual are illustrated. Unfortunately, this database does not use a standard format, nor is it related to any other database currently in use. This manual comes with a database format, the *African Index Medicus* [AIM] database and sample records. This database is based on a modified version of the Common Communication Format [CCF], currently being used by a number of international organizations.

Bibliographic Databases

The subject of bibliographic databases can be complex. Originally, bibliographic databases tried to be computerized versions of existing manual cataloguing systems. The appropriate use of the computer's capabilities was often overlooked. Traditional forms and rules for manual catalogue systems were not always appropriate when it came to computerization. For example; the AACR2 rules on main and added entries are designed to determine what headings could be accessed through manually searching a card catalogue. With repeatable field capability of a database like CDS/ISIS you need not limit yourself to choosing only one of more than three authors for a main entry, you can have a dozen or more authors listed, all of them searchable and with greater ease that with the card catalogue.

As was said, early computerized databases tended to replicate the manual system so in a database that uses the MARC format you can have dozens of note fields that aren't really useful as individual fields and make data entry much more complex than need be. The Common Communication Format [CCF] is a bibliographic databases format that more fully incorporates computer capabilities to make for a simpler but effective replacement for the card catalogue. Of course other database formats exist (ILO, PADIS, IDRC etc.) but it appears that CCF, though not perfect for everyone's needs, is fast becoming what it's name implies.

The African Index Medicus [AIM] Database

The contents of sub-Saharan African health and biomedical journals, excluding those published in South Africa, are hardly known in Africa, let alone outside the continent, since so few of them are indexed in the world's leading bibliographic information sources, such as the Index Medicus. As a result, access to information on health and medical research in the region is inadequate and unless researchers publish in non-African journals, their work remains overlooked and often duplicated. Besides, a good deal of information directly relevant to health issues and interventions in the region is probably not being transferred to those working in the health sector.

As long ago as 1980, on the recommendation of the African Advisory Committee on Medical Research (now the African Advisory Committee on Health Development), the WHO Regional Committee for Africa invited the Regional Director to "compile an African Index Medicus using resources in the Region and extrabudgetary sources, including those of Special Programmes." (Resolution: AFR/RC30/R5 refers). Work began on the project in 1984 but was subsequently interrupted.

In the light of recent developments in technologies for processing, disseminating and communicating information, a multi-purpose resource is now envisaged, with the bibliography of health literature being only one component of the index, albeit the initial one. The availability of low-cost but powerful personal computers allows for the creation of databases at national level that can be compiled at one central or exchanged with other institutions as needed. This decentralization of the project means that institutions can have greater bibliographic control of their national health information materials and still collaborate on a regional basis.

A consultative meeting took place in Accra, Ghana from 20-22 January 1993 in order for African health information professionals to define the procedures necessary for the *African Index Medicus* to be reactivated. This included design of a common bibliographic format for data entry, types of materials to be included in the database, methods of exchange of database records, expected outputs, responsibilities and financial considerations.

The result of the consultative meeting is the AIM database - to be produced using CDS/ISIS software (provided by courtesy of UNESCO.) CDS/ISIS was selected as the software of choice because of its growing use in developing countries, especially in Africa, and by use of international organizations such as UNESCO, the World Health Organization [WHO], International Labor Organization, PADIS and others, and will be used as the medium of exchange for records of the Malawi National Documentation Centre. Having a database that is compatible with other organizations will enable the records to be transferred easily in electronic form to interested parties.

The format for the record structure is a modified version of the Common Communication Format [CCF]. The modifications were added to make the database more applicable to local needs but still compatible with external sources. Field Select Tables were also created to reformat certain fields to make them compatible with the format being used by WHO called WHOBIS.

Because of the special characteristics of computerized databases as opposed to the catalogue cards of the past, the cataloguing rules known as Anglo-American Cataloguing Rules 2nd Edition [AACR-2] have not been thoroughly implemented. The main entry system has not been used. An example is that under AACR-2 rules there can be only one name (personal or corporate) as a main entry, other names are considered added entries. Since the computer can search one field for several entries the necessity two have added entry fields is eliminated. In order to create the greatest number of access points there are even cases where personal and corporate entries are listed in a single record. This gives greater flexibility in user search strategies and increases the chances of finding the information desired. Also, to eliminate redundancy titles may be shortened if the information exists in the entry fields. Example: for a report of a meeting, the meeting information (name, place, date, number) is recorded in the appropriate entry field with only the word 'Report' in the title field. Since both fields are indexed and a search will find the key words and retrieve the record regardless of which field the information is in. This format should make it easier for cataloguers and at the same offer greater greater power and more flexibility for the users.

Conclusion

The creation of the database and the production of a bibliography will be examples of what can be done locally to fill the gap of health or other types of information in developing countries. Locally produced databases are also an example of how the criticism that information flows only from North to South can be neutralized: as producers and disseminators of local scientific and technical information developing countries put themselves on a more equal footing with the North. We hope that all countries in Africa will participate in the AIM project.

A database is a never ending creature; new records are added all the time and changes are made to the structure as different ways of accessing or displaying the information become necessary. The importance of the locally produced database can not be underestimated and the hard work that goes into it is rewarded by the satisfaction of the health community who use it.

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