

Sensing the interest of many different organizations, both public and private, to support achieving such a vision, the following organizations below have agreed to be part of such a project.

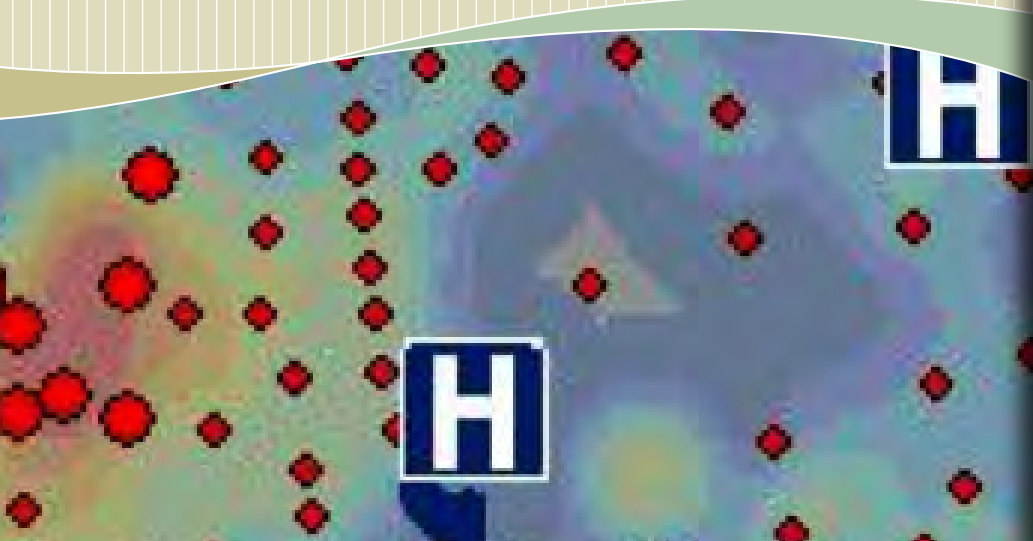
Participating Organizations

Centers for Disease Control and Prevention (CDC)
Direct Relief International (DRI)
Environmental Systems Research Institute (ESRI)
Harvard University
International Committee of the Red Cross (ICRC)
International Federation of Red Cross (IFRC)
Johns Hopkins University
John Snow Inc.(JSI)
Loma Linda University (LLU)
National Defense University(NDU)
Nordic Geospatial
Pacific Disaster Center (PDC)
Pan American Health Organization (PAHO)
Partnership for Quality Medical Donations (PQMD)
ORC Macro
Telemedicine and Advanced Technology Research Center (TATRC)
United States Department of Defense
Universal Postal Union (UPU)
University of California Santa Barbara (UCSB)
University of North Carolina(UNC)
US Department of Homeland Security (DHS)
US Health and Human Services (HHS)
US Navy
US State Department
World Health Organization (WHO)

To join this collaboration, Please email :

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Global Healthcare Facility Database Initiative



A vision inspired by those who choose to respond. The creation of an “open” healthcare facility database to support emergency response, operational planning, service accessibility, & humanitarian assistance.



Introduction

There is an urgent need for a geographically accurate, field verified, database of healthcare facilities including hospitals, medical clinics, and nursing care facilities. The recent earthquake in Haiti, and its resultant human disaster, has generated a call among the major NGO's of the world to have immediate access to accurate locational data on facilities that provide routine healthcare to the public.

Modern geographic information systems (GIS) are designed to create locationally accurate information in a wide variety of formats and in many unique ways. At the heart of this project is the need to create a database that is timely and useful, yet maintained by an on-going process that is capable of acquiring new facilities and verifying existing facilities while collecting accurate geographical references along with a minimum of facility demographic information. This "open" database, by its very nature, must be more inclusive than exclusive of healthcare facilities that serve the public. The vision of this collaboration is about creating a basic set of demographic and geographic information that will be accurate, operationally useful and freely available via the Internet to anyone, anywhere.

The project is envisioned as collaboration on a global scale – somewhat unprecedented in that no single governmental or non-governmental organization is expected to own it outright. Content will evolve as a by-product of the collective efforts of hundreds of organizations that have incomplete information about the scope and the location of these facilities. In lieu of any single organization chartered to build and maintain such a global database, this project envisions leveraging the global data collection infrastructure that is already in place but highly fragmented and inaccessible.

There appears to be a growing consensus and willingness to define a minimum set of healthcare facility demographic and geographic data across the globe and make this database available easily to anyone over the Internet. There also appears to be a compelling need to make such a data collection effort geographically interoperable and in the process, redefine in a more contemporary fashion, the meaning of "borderless data collaboration".

Moving Forward

In making this project successful, there appear to be several critical "covenants" that each collaborator must agree to:

- The information collected and maintained will not be owned or legally controlled by any one organization, private or public – it will be held in "virtual custody" and be available to anyone.
- Any person or organization who agrees to host and deliver the database must do so in a universal format – as defined by the collaboration. It must be geographically interoperable and electronically consumable by other information systems without charge.
- Each data element contained in this database will be considered "publicly available" and without cost to the requester. Any organization that wish to add data beyond the minimum dataset can do so but at its own costs and within its own data dissemination policy – but it will not "own" the basic minimum dataset as defined by the collaboration.
- Each organization that is part of this effort is encouraged to publicly share additional data if it will contribute to a more complete understanding of a health facility's capacity, accessibility, operational status, or relevant business and service functionality.
- Collective project attribution would be the named "source" of the data - meaning that each organization's contribution to the project will be credited as among the many sources - irrespective of what data elements they in fact actually contribute.
- An "open" process would be developed that would allow editing of any of the minimum dataset and a process for peer review of that editing, as needed, to keep the database accurate and timely.