Operationalizing Knowledge Management in Global Health Programs

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Background

- Many global health programs involve multiple partners and stakeholders located worldwide, making it challenging to create, capture, and share information and knowledge among implementers.
- Increasing uptake of high-impact global health practices entails similar challenges with engaging worldwide partners and stakeholders.
- Knowledge management approaches support effective program implementation and engagement with global audiences through processes for collaboration and dialogue, dissemination, and learning.
- Social networking analysis and macrocognitive concepts help explain effectiveness of knowledge management approaches.

Global Health Professionals in Developing Countries Are Interested in Accessing Knowledge On-line: Survey Countries Choosing On-line Resources as in Their Top Three Information Sources (n=172)

<table>
<thead>
<tr>
<th>Country</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>United States</td>
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<td>Nigeria</td>
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<td>Kenya</td>
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<td>Tanzania</td>
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<td>Afghanistan</td>
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<td>Malawi</td>
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<td>Zambia</td>
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<td>Ethiopia</td>
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<td>Pakistan</td>
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<td>Rwanda</td>
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<td>All other responses</td>
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Can on-line knowledge management interventions reach a global audience? Consider this visualization of Facebook friends showing linkages worldwide.

Collaboration and Knowledge Exchange: African Regional Meeting on Postpartum Hemorrhage, Pre-Eclampsia and Eclampsia*

About the Meeting
- Meeting entitled, "Interventions for Impact in Essential Obstetric and Newborn Care"
- Held February 21-25, 2011, in Addis Ababa, Ethiopia
- 300 participants representing 36 countries
- Policy leaders, clinicians, program managers
- Format provides a team collaboration environment with knowledge exchange and consensus building

Meeting Format as Team Collaboration
- Countries sent teams of representatives
- Each participant received technical updates
- Each team was asked to review their national situation in relation to PPH and PE/E before the meeting and summarize it on a conceptual map—a pathway to scaling up implementation of critical interventions
- Teams reviewed each other’s pathways via a poster session and gave feedback
- Teams developed action plans
- Follow-up planned to help implementation of action plans and provide ongoing program support

Pathway to Implementation of Postpartum Hemorrhage Prevention and Management Scale

Meeting Format Compared to Macrocognition/Team Collaboration Theory
- Research suggests that teams go through four stages of collaboration (Letsky et al. 2008)
- Addis meeting format supported team development

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Supporting Programs for Postpartum Family Planning (PPFP)

What Is the Programmatic Need?
- Evidence shows that averting unplanned/unwanted pregnancies and using healthy birth spacing saves lives of mothers and children (Campbell and Graham 2006; Cleland et al. 2006).
- Review of literature revealed a lack of consistency in PPFP programmatic approaches (ACCESS-PPFP 2006).

Knowledge Management Intervention: Group Analysis
- Hold a face-to-face, technical consultation with 40 experts and leaders in reproductive health and maternal, neonatal and child health from more than 23 global organizations (2006).

Knowledge Management Intervention: Community of Practice
- Form a PPFP Community of Practice (CoP) for continuing support and dialogue. Communicate through annual, face-to-face meetings, and on-line (2006).

The PPFP Community of Practice on-line membership grew from 200 members in 35 countries (2007) to 976 members in 79 countries (2011) during the course of seven forums.

Why the Growth in Membership? Some ideas...
- According to an evaluation of IBP forums in 2008, 42% of participants forward postings to other people (word-of-mouth effect)
- WHO and USAID (highly central “brokers” of knowledge) lead the IBP initiative, with over 30 member organizations, which provides a dense social network with ties to “get the word out” (Nelson and Hsu 2006)
- Forum participation may be desirable as a way of assessing “information soundness” of published findings through dialogue with colleagues (Williamson et al. 1989)

Knowledge Management Intervention: On-line Collaboration

Knowledge Management Intervention: E-mail Forums
- Hold a series of on-line global forums via e-mail with guest expert “speakers” and archives in the CoP collaboration area (2007–2011).

Global On-line Forums on PPFP
Format of forums:
- 2-week, moderated discussion via e-mail
- Daily digests
- 5–10 global health experts per forum post “mini-lectures” with discussion questions
- Web-based archives
- Attachments for further reading
- Focus on practical experience, lessons learned, evidence-based practices

Knowledge Management Intervention: Synthesize Knowledge for Use
- Create an electronic toolkit to provide a comprehensive collection of best practices and evidence-based tools and documents on postpartum family planning to assist policymakers, program managers, trainers, and service providers.

Postpartum Family Planning e-Toolkit
- From 2010–2011, the PPFP e-Toolkit received over 3,000 visits from 122 countries.
- Information is presented in the following categories (new categories in progress):
  - LAM
  - PPIUCD
  - DHS Reanalyses
  - Monitoring, Evaluation and Research
  - PPFP Technical Meetings
  - PPFP Message Guide
  - Facility Trainings
  - Community Trainings
  - Country Materials
  - Behavior Change Communication Tools
  - Reports
  - Technical Briefs
  - Posters and Presentations
- Includes materials from Afghanistan, Albania, Bangladesh, Haiti, India, Kenya, Nigeria, and Tanzania.
- The e-Toolkit skeleton is a template that has been used to create 36 toolkits from 70 organizations on global health topics.

Conclusion
Applying a combination of knowledge management approaches that support creation, exchange, and use of tacit (“know how”) and explicit (“documented”) knowledge contributes to improved global health programs.

<table>
<thead>
<tr>
<th>Forum Title</th>
<th>Date</th>
<th>Countries Posting Messages</th>
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<tbody>
<tr>
<td>Integrated Service Delivery of Immunization and Family Planning</td>
<td>July 2011</td>
<td>Bangladesh, Democratic Republic of Congo, Kenya, India, Mali, Nigeria, Tanzania, Vietnam</td>
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<tr>
<td>Maternal, Infant, and Young Child Nutrition and Family Planning Integration</td>
<td>February 2011</td>
<td>Afghanistan, India, Malawi</td>
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<td>On-line Forum on the “Guide to Developing Family Planning Messages for Women in the First Year Postpartum”</td>
<td>June 2010</td>
<td>India, Kenya, Nepal, Nigeria</td>
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<td>Lactational Amenorrhea Method (LAM) and the Transition to Other Modern Methods</td>
<td>January–February 2010</td>
<td>Afghanistan, Albania, Bangladesh, Cameroon, Côte d’Ivoire, Ghana, Guinea, Mexico, Nigeria</td>
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<tr>
<td>Postpartum Intrauterine Contraceptive Devices (PPIUCD)</td>
<td>October 2009</td>
<td>Cameroun, Côte d’Ivoire, Ghana, India, Kenya, Pakistan, Uganda, Zambie</td>
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<td>Strategies for Community-Based PPFP</td>
<td>March 2009</td>
<td>Bangladesh, Egypt, Ethiopia, Guinea, India, Kenya, Niger, Nigeria, Rwanda, Uganda, Zambia</td>
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<td>PPFP Contraceptive Technology</td>
<td>September 2008</td>
<td>Cambodia, Democratic Republic of Congo, Georgia, Guatemala, Kenya, Malawi, Pakistan, Uganda</td>
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<tr>
<td>Key Messages for PPFP</td>
<td>April 2008</td>
<td>Bangladesh, Democratic Republic of Congo, Egypt, Guatemala, India, Kenya, Mexico</td>
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References

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