Outline

• Know-do-gap
• Trends leading to Knowledge Translation
• WHO Meeting on Knowledge Translation (10 – 12 October 2005, Geneva)
• Knowledge Translation in KMS
feasible child survival interventions that address causes of child death in 42 low-income countries (90% of under-5 deaths) can prevent 63% of child deaths
Know-Do Gap

The gap between what is known and what is done in practice at the individual, institutional and societal levels

– the gap from research to policy and practice
– the gap from knowledge/awareness to action/behavior change

Bridging it is relevant to universal challenges, but particularly to achievement of MDGs in developing countries

WHO Knowledge Management Strategy

"Bridging the know-do gap in global health"
Diffusion of Innovation

Innovators

Early Adopters

Early Majority

Late Majority

Tradition-alists

2%  13%  35%  35%  15%

WHO Knowledge Management Strategy
"Bridging the know-do gap in global health"

Roger 1962
### Bridging the know-gap in public health

<table>
<thead>
<tr>
<th>Period</th>
<th>Era</th>
<th>Strategy</th>
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<tbody>
<tr>
<td>Until 1960s</td>
<td>Passive</td>
<td>'Diffusion' via journals</td>
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<tr>
<td>1970s +</td>
<td>Push</td>
<td>'Dissemination', e.g. practice guidelines</td>
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<tr>
<td>1990s +</td>
<td>Push harder</td>
<td>Implementation, e.g. behavior change,</td>
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<tr>
<td>2000 +</td>
<td>Partner &amp; Pull</td>
<td>Linkage &amp; exchange</td>
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Source: Jonathan Lomas, CHSRF/Mexico Summit 2004
Why Knowledge Translation

• Knowledge Translation was proposed to overcome under-utilization of research results by addressing
  – Shortcomings of pull and push (supply-driven) models by proposing exchange mechanisms
  – Increased volume of information by proposing synthesis mechanisms
“The synthesis, exchange and application of knowledge by relevant stakeholders to accelerate the benefits of global and local innovation in strengthening health systems and improving people's health”.

Adapted from the Canadian Institutes for Health Research, 2001
KT "Field" Challenges

- The literature on KT is still scarce and not systematic – we could learn from other sectors
- There is no agreed conceptual framework and even consensus on KT terminology
- Experiences abound but we lack a learning platform to develop and spread good practices
- KT cadres are still young, and most funding/promotion systems not very supportive
- Evaluation and accountability systems not always aligned
WHO Meeting on Knowledge Translation

Organized by the World Health Organization
KMS in collaboration with RPC

With support from:
- The Canadian Coalition for Global Health Research
- Canadian International Development Agency
- German Agency for Technical Cooperation (GTZ)
- WHO Special Programme on Research & Training in Tropical Diseases

Agenda, Presentations and List of participants available at:
http://www.who.int/kms/events/kt_in_global_health/en/index.html
Key Messages (1)

• Bridging the know – do gap is one of the most important challenges for public health. It also poses the greatest opportunity for strengthening health systems and ultimately achieving equity in global health.

• Knowledge translation strategies can harness the power of scientific evidence and leadership to better inform and transform policy and practice.
Key Messages (2)

- Countries (policy makers, health professionals, researchers and the community) can work together and share experiences and lessons in bridging the gap.

- Although there are ongoing innovations and learning by doing, there is no comprehensive framework and a common platform for better understanding the know – do gap and systems to address it.
WHO has a major role to play in bridging the know–do gap and supporting countries through better knowledge management.

Countries and the global community alike should also be fully engaged in efforts to address the know–do gap through capacity development for KT, joint learning platforms for KT, and research on KT.
“Countries (policy makers, researchers and the community) can work together and share experiences and lessons in bridging the gap.” (1)

<table>
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<tr>
<th>Country/Region</th>
<th>KT Objectives</th>
<th>KT Lessons</th>
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<tr>
<td>WHO/RPC-sponsored initiatives:</td>
<td>(1) To determine the factors influencing whether and how health research is used for decision making; (2) To support health policy formulation through improved access to evidence, policy-researcher linkages and training</td>
<td>Indigenous research evidence is more likely to influence practice. Increased access to evidence and increased investment in capacity development for KT are needed.</td>
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<td>WHO/ RPC-sponsored initiatives:</td>
<td></td>
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<tr>
<td>1) 10-country study on research – policy linkages; (2) EVIPNet (Asia)</td>
<td>COUNTRY/</td>
<td></td>
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<tr>
<td>REACH Policy Initiative, East Africa</td>
<td>To access, synthesise, package &amp; communicate evidence for policy &amp; practice and for policy-relevant research agenda</td>
<td>A proposed institutional mechanism for KT through knowledge brokerage was developed through wide country and regional consultations and workshops.</td>
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<td>BRAC, Bangladesh</td>
<td>To translate the development knowledge from the Bangladesh experience to programs and action in Afghanistan</td>
<td>Development knowledge can be successfully shared, adapted and scaled up, using village organization as the nucleus of the intervention.</td>
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"Countries (policy makers, researchers and the community) can work together and share experiences and lessons in bridging the gap." (2)

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<tr>
<th>Health Evidence Network, Europe</th>
<th>To answer questions from policy makers and to provide easy access to evidence</th>
<th>Demand-driven evidence seems to work. It takes time, money and a wide collaboration of partners to get timely answers to policy maker questions.</th>
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<tbody>
<tr>
<td>Rural Internship on Collective Health, Estado de Minas Gerais, Brazil</td>
<td>To integrate scientific evidence, local tacit knowledge and the capacity to implement policies through social participation in local health systems.</td>
<td>Dissemination and sharing of user-friendly information and knowledge promotes social participation in local health systems planning and management.</td>
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<td>Efforts to link research to action in Canada</td>
<td>To link research to action, with a focus on healthcare management and policy making</td>
<td>A framework to assess country efforts on KT emerged (see boxed item) and will continue to evolve with further dialogue. Several push, pull and exchange strategies are in use in Canada, but large-scale KT platforms are lacking.</td>
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“Countries (policy makers, researchers and the community) can work together and share experiences and lessons in bridging the gap.” (3)

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<tr>
<th>Use of knowledge in support of health sector reform, Mali</th>
<th>To use knowledge for refining approaches and solving problems related to health sector reform</th>
<th>Political commitment and managers’ experiential knowledge were key factors in the formulation and implementation of the health sector reform policy in Mali. Research evidence has contributed to the refinement, further planning and systematic documentation and exchange of experiences and also served to “contain donor impatience”.</th>
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<tr>
<td>Knowledge management in China</td>
<td>To establish an efficient system for the capture and use of pro-poor evidence for health policy making in China</td>
<td>Still at the planning stage. Capacity building of all stakeholders on knowledge management and sharing is recognized as a major challenge.</td>
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What we will do?

- KMS, in line with WHO's normative role aims to improve understanding and increase application of KT and identify/develop, and promote principles, tools and practices that enable people to translate knowledge.
What we will do?

- Develop a KT working framework
- Convene advisory group on knowledge translation
- Identify and disseminate good practices
- Publish a special theme issue in the Bulletin of WHO
- Establish platform for shared learning in KT
- Plan and implement a KT survey in 30 countries
- Foster funding for KT and KT-sensitive review systems
- Promote KT among stakeholders and partners (e.g., WHO programmes and Schools of public health/National Institute of Public Health)
What we will do?

• Contribute to increase understanding of the following issues around KT and exploit their use for KT improvement

  – Evidence
  – Knowledge mapping
  – Knowledge value chains
  – Diffusion of innovations in clinical practice
  – Health service management and organizational learning
  – Strategic advocacy
  – Social entrepreneurship/community mobilization
  – Knowledge brokering
  – Quality improvement