Issues paper

Day 4: Thursday, 6 November 2003

Theme: Building the knowledge base for health

During the discussion of this theme, participants are invited to address the following topic:

**Knowledge management and information technology**

**Background information**

In the field of knowledge management, there is a sharp divide between information and action. The regions with the most critical health problems suffer from an additional information handicap: not only is basic health information in short supply, but there are also fewer systems in place to exploit the information available and solve health problems effectively. As a result, information fails to be transformed into effective health products, whether they be new medicines, treatment guidelines or government policies.

The discipline of knowledge management (KM) aims to bridge this gap. Starting with the premise that local problems have local solutions, effective KM in health can provide the knowledge necessary for local innovation on an equitable basis, and then create new local knowledge that is fed back into a dynamic self-regenerative process. Although KM is often thought of as simply providing solutions that are limited to information technology (IT), in practice KM goes beyond the facilitating power of any single IT tool: it harnesses experience through collaboration in order to solve problems in a very direct and human way.

Although WHO has a long and established history of gathering, synthesizing and disseminating information, it is relatively new for the Organization (as well as for the public health sector) to look at the process as a whole and integrate it into a knowledge management frame. Presentations and discussions at this session will explore some of the opportunities, constraints and current projects that will lead the way to a WHO KM strategy.

Among the aims of WHO-sponsored programmes involving aspects of KM are:

- to ensure access to vital information in resource-poor settings, supporting the creation and application of local knowledge;
- to aggregate and synthesize existing knowledge in a way that is effective for health needs in resource-poor settings;
- to foster and support communities and networks in public health in order to maximize existing knowledge in its direct application to specific health problems.

Strengthening knowledge systems by sharing information and experience could produce a dynamic, innovative effect in the areas where health issues are most critical. In an era when a health problem in remote rural areas can explode into a health crisis in major urban centres across the globe in a matter of days, and vice versa, local problem-solving and effective, timely knowledge-sharing are becoming all the more indispensable.
There are a number of challenges currently facing WHO in its work to develop an integrated KM programme for health:

- Knowledge efforts must be directed in ways that are relevant to resource-poor settings.
- Data must be aggregated and standardized for better macro analysis.
- Data need to be broken down to obtain greater resolution for local resource allotment.
- Health research and knowledge-sharing in collaboration with countries should be promoted.
- Inequities in infrastructure and resource availability in countries need to be tackled.
- Logistical challenges must be overcome.
- Data collection needs to be improved.
- Advocacy must be undertaken in order to ensure impact.
- Cultural barriers to knowledge-sharing must be broken down.

In response to these challenges discrete initiatives have been, or are being, developed by WHO, both internally and with partners. These projects will work in concert to further catalyse development of knowledge management practices in the wider public health sector.

Previous attempts at knowledge management initiatives have often failed because they failed to take into account both local needs or existing local knowledge. Often “IT solutions” have been presented as an end rather than as a means, resulting in low usage. For successful KM implementation, knowledge needs to be understood as something to be shared simultaneously rather than something that is simply given or taken.

It is intended that current initiatives will produce:

- Stronger communities of practice in resource-poor health settings.
- Health solutions that are more relevant to local problems and that are found more quickly as a result of greater local learning.
- More targeted resource allotment and better informed policy decision-making.

Points for discussion

- Strategic and technical implementation of the initiatives.
- Building advocacy, partnerships and the right constituency for a global effort.
- Ways of mitigating infrastructure, training and cultural constraints.