

The Implementing Best Practices (IBP) Initiative Celebrating 5 years of global networking in reproductive health

2004 - 2008

The IBP Partnership achieves increased global collaboration and exchange in the field of Reproductive Health through virtual knowledge networking.

Abstract

Objectives What are the essential features and critical processes that have led to the success of the approach?

Design Illuminative evaluation

Setting Knowledge Gateway

Participants Core group of 4500 people on the Knowledge Gateway

Main outcome measures Study of current exchange on the Knowledge Gateway, interviews, survey results

Results The Knowledge Gateway helps to bridge the evidence to practice gap by providing an opportunity for members to share and exchange their knowledge and experience on specific technical issues.

Conclusion

Introduction

Twenty five organizations active in the field of reproductive health joined forces in 2000 in an attempt to increase the uptake of evidence-based, effective practices in the field of reproductive health and established the Implementing Best Practices (IBP) Initiative. The secretariat of the Initiative is based at the World Health Organisation.

The Initiative endeavors to close the gap between existing evidence to improve reproductive health and actual practice. Strategies and approaches are applied that help to introduce, adapt, and scale-up proven effective practices to impact positively on reproductive health.

Six key challenges in the field of RH information were identified; the lack of access to targeted and reliable information on what works and what does not, limited access to evidence-based tools, materials and

strategies, duplication of effort, costly implementation of ineffective programs, limited opportunities to share new knowledge with local and international colleagues, and few occasions to scale-up successful approaches and programs

One of the corner stones of the approach to tackle the identified challenges is the support and development of existing as well as new collaborative networks to encourage the transfer and exchange of evidence-based practices, proven effective practices, experiences and lessons learned. To support the online component of many of these collaborative networks a collaborative tool was developed in 2003 called the Knowledge Gateway.

This paper aims to describe the main features that characterize the Knowledge Gateway, and shed light on the type of collaborative networks it supports. Through an illuminative evaluation process it also endeavors to highlight the factors that contributed to its success as well as the challenges ahead as it continues to expand.

Evaluating the Knowledge Gateway

It is often argued that for an initiative to gain legitimacy during its life cycle, its added value needs to be measurable at each stage. The impact and added value of the Knowledge Gateway on overcoming knowledge challenges, although clear, are not extractable using traditional evaluation methods.

Evaluating online collaborative networks and how they contribute to closing the evidence to practice gap is extremely complex. Given that most networks are not time-bound projects, but rather a process that occurs over time, it is hard, but not impossible, to measure their value.¹ Therefore it was agreed that the contribution of the Knowledge Gateway should be assessed on the process, rather than on outcomes and outputs.

In order to assess what contributed to the success of the approach as well as identify some barriers we have consulted previous surveys, consulted with users of the system as well as key stakeholders, and drawn on our own experiences as long time users of the system. This kind of evaluation could fall under “illuminative” or “utilization focused” evaluation.

'Illuminative evaluation' is an observational approach to evaluation that is inspired by ethnographic research and methods.² Its aim is to discover the factors and issues that are important to the participants in a particular situation rather than how well an

innovation performs against standard measures of evaluation.

Collaborative Networks

Collaborative networks are seen as a group of people who collaborate, interact and share work-related experience, expertise, know-how, contextual information and resources in order to get a job done.³ Their main (long-term) purpose is to develop capability, through exchange, acquisition, and creation of knowledge.⁴

The often informal social processes that take place within collaborative networks and their context give knowledge meaning. They are ideal structures to support and encourage the interaction of tacit as well as explicit knowledge to reduce the gap that still exists between knowledge and practice.

Closing the Evidence to Practice Gap

Evidence based health care is the gold standard in reproductive health. Nevertheless large gaps remain between evidence and practice. One of the reasons behind this gap is the disconnection between explicit and tacit knowledge. Collaborative networks and especially the social processes that take place within them can help to reduce the disconnection.

Knowledge utilization theory suggests that getting evidence into practice requires among other factors the interaction of explicit as well as tacit knowledge.⁵ Shared know-how or tacit knowledge, centered on common practice, makes it possible to share know-that or explicit knowledge more effectively.⁶

According to Nonaka and Takeuchi, knowledge conversion is the interaction between tacit and explicit knowledge. It should be noted that this conversion is a “social” process between individuals and not confined within an individual. There are four different modes of knowledge conversion: (1) from tacit knowledge to tacit knowledge, which we call socialization; (2) from tacit knowledge to explicit knowledge, or externalization; (3) from explicit knowledge to explicit knowledge, or combination and (4) from explicit knowledge to tacit knowledge, or internalization.⁷

The Knowledge Gateway provides people with an online environment for collaboration to achieve common aims, share their ideas, experiences, local publications, lessons learned, success stories and relevant information.

Knowledge Gateway

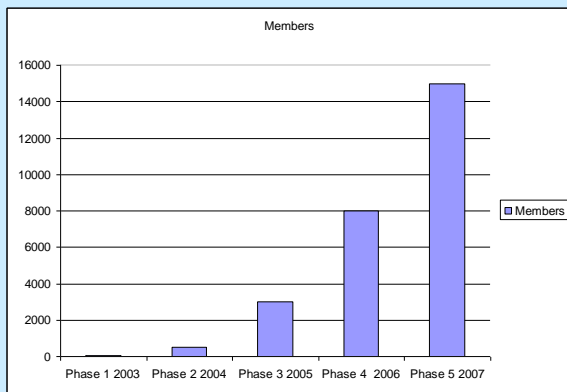
With the theory in mind as well as practical experience with collaborative networks the Initiative launched a search for a suitable tool. The solution needed to match two main criteria; accessibility and ease of use, to allow uptake by an as diverse a user base as possible.

A thorough comparison and analyses of tools on offer revealed that none existed complying with the two main criteria. One collaborative tool however, at that time in use by UNAIDS, was felt to be adaptable to suit the needs of the Initiative. From this existing tool the Knowledge Gateway (then called Electronic Communication System) was developed.

The main focus throughout its development has been its accessibility and simplicity; accessibility to those users with low bandwidth challenges, and simplicity to allow those people with little to no experience with online applications to participate as well. The strong belief in “less is more” encouraged the developers to maintain a light and simple to navigate interface and to focus on emails as the prime mode of communication. Web-based features of network spaces are limited to a library, discussion archive, contact list and an announcement feature.

The approach always focused more on the potential of the tool as a means to release human capacity more than on the technology and features *per se*. Ownership, identity and facilitation are crucial factors in releasing capacity. In order to stimulate the feeling of ownership and group identity the Knowledge Gateway encourages networks to brand their own spaces. It also supports network leaders to facilitate effectively through a collaborative network of network leaders and simple online tools and guidelines⁸.

Figure 1 Evolution IBP Global membership



The general feeling is that this “peoples focus” has contributed to a large extent to the success of the approach (see Figure 1). Both the membership and the number of communities have grown exponentially over the past 5 years. Starting with 300 members from 27 different countries and 12 networks in 2003 to X members from 146 countries and over X networks.

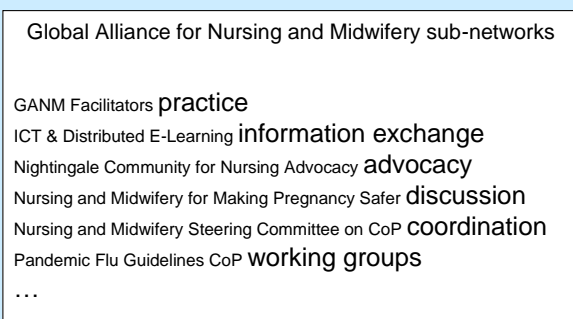
Types of Networks

There is a wide variety of networks active on the Knowledge Gateway. The smallest ones contain as little as 6 members, while the largest network contains over 4000 members. The total number of active networks amounts to around 450

The term active means that the network is online. Activity (measured in messages sent) tends to vary a lot depending on where in its lifecycle the network finds itself. CoPs have a distinct life cycle, which usually includes the following five stages: committing, starting up, operating, winding down and shutting down.⁹ We have found that a cycle may reboot when during the wind down there is new commitment from the group. Once a network has shut down officially it is taken ‘off-line’. Everything however remains on the system and searchable for later reference.

The characteristics of the collaborative networks vary widely and can be roughly divided into eight categories; advocacy, civil society, practice, discussion, information exchange, information push, preparation and follow-up, and working groups.

Figure 2 Global network with sub-networks



The types of networks mentioned above may operate in isolation. Often however one ‘global’ network contains several sub-networks that carry out different network functions. An example is the Global Alliance for Nursing and Midwifery whose global network acts as an advocacy and information exchange network, while its sub-networks consist of working groups, discussion forums, coordination teams and communities of practice (see Figure 1) .

1. Advocacy

There are a variety of advocacy strategies that take place on the Knowledge Gateway, such as discussing problems directly with policy makers, delivering messages through the media, or strengthening the ability of organizations to advocate. Examples include the Nightingale Community for Nursing Advocacy and the EMNOSTIC (Eastern Mediterranean Network of STI Control) forum to advocate for strengthening national STI responses in the region.

2. Civil society

Civil society is increasingly being rallied to be more involved in policy processes and programme development. The Knowledge Gateway provides an ideal platform to assemble, inform and rally concerned parties and reach out to civil society. Examples of collaborative networks specifically targeting civil society include Reproductive Aid a platform focused on increasing funding for sexual and reproductive health (SRH) in the new aid environment As well as Patients for Patient safety which emphasizes the central role patients and consumers can play in efforts to improve the quality and safety of healthcare.

3. Practice

Practice networks are focused on sharing experiences and lessons learned to advance a practice. Examples include the International Association of Public Health Logisticians (IAPHL) dedicated to facilitating the exchange of professional experiences and innovations in the areas of public health logistics management and commodity security. Another example is the IFC (WIFC) to Improve Maternal and Neonatal Health. This network consists of individuals, families and communities working to improve maternal and neonatal health around the world.

4. Discussion

The Knowledge Gateway provides an ideal platform for holding focused time-bound discussions. Increasingly collaborative networks start off their activity with a discussion round in order to energize

the group, establish common ground and build up a joint discourse on a specific topic. Examples include the “Youth Forum on Pregnancy Prevention in a Time of AIDS”, “Elements of Successful Family Planning Programs”, and the discussion “Female Condom: Accelerating Access and Use”.

5. Information exchange

Straightforward information exchange between members of a network is an important focus of many networks. The Malaria Update network is designed as a forum to provide updated information and serves as a discussion place for malaria-related topics. The Health Partnerships and Corporate Social Responsibility network provides a forum for sharing information on private sector partnerships and corporate social responsibility related to health.

6. Information push

Most networks concentrate on information exchange between members as described above. Some networks however have as their focus the uni-directional pushing out of information. An example is the IBP Global network which gathers pertinent, up to date information on RH and sends out bi-weekly digests to members.

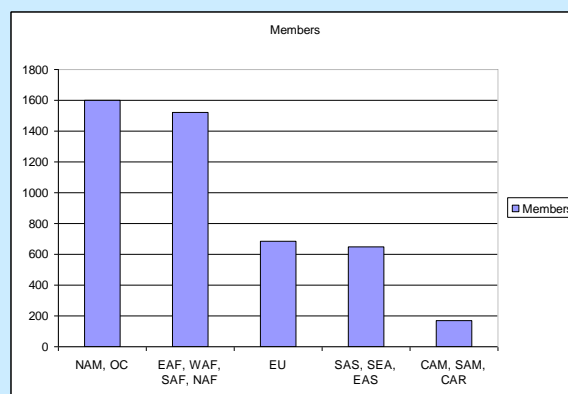
7. Coordination

Meetings virtual as well as face to face are an important aspect of most people’s day to day work. The Knowledge Gateway provides a means for people to connect virtually before, during and after a meeting and has proven very useful to streamline preparations as well as encourage sustained follow-up. The Adolescent RH Working Group is a good example. In this network members are encouraged to communicate and collaborate to achieve the goals of the action plan developed at their Annual Meeting in Nairobi in 2007.

8. Working groups

Working groups make up an important part of the collaborative networks on the Knowledge Gateway. They are usually smaller networks focused on getting a specific job done such as writing guidelines, articles, and reports. Examples include the IUD and Condom Prequalification network. The purpose of this group is to discuss the development of the prequalification guidelines for condoms and IUDs.

Figure 3 Member Location



Analysis of user profile and participation level

Many of the collaborative networks have a very diverse and widely distributed audience. They consist of globally dispersed health workers, policy makers, academia, advocates, donors, civil society, and others predominantly active in the field of reproductive and public health and development.

Some networks have a uniform landscape grouping for example researchers on a specific topic and example is the network “Research on patient safety” which is made up of researchers. Others are intentionally pluriform in character and those networks assembling around a specific topic provide a good example. The network on Human Papilloma Virus Vaccines is an example in case where researchers, policy makers as well as medical professionals are united to increase the understanding, support and uptake of a specific intervention.

As much as the member profile varies, so does the participation level. Members making up to core of a network tend to be very active, others participate once in a while, while the third group often identified as lurkers are more passive. Learning takes place in all three groups and all are essential in the network make-up.

The reasons behind these different levels of participation vary and are influenced by professional as well as personal factors. Often also levels of participation may shift over time as the network becomes more or less relevant to people’s work.

In order to get a clearer picture on the main reasons for these people with very diverse backgrounds to

participate, actively or passively, 30 interviews were conducted and several past surveys were studied. From this, five main assets were identified.

Access to information

Access to information was cited by most of the people surveyed as the biggest draw of the Knowledge Gateway. This information tends to include new research, guidelines, interesting initiatives, research calls, upcoming events, funding opportunities and other relevant information.

“Dear Members of the Implementing Best Practices (IBP) Knowledge Gateway: Below you will find links to, and summaries of, selected publications and news items from the last week...”

Furthermore people are encouraged to post the information they would like to see disseminated to the network facilitator who then includes it in the digest. Within the networks codified information is requested and shared as a matter of course.

“Thank you for sharing with us your experience about getting medications for resource-poor clients. I am very interested to read the study you cited about the effectiveness of drugs even after expiration date. Is it possible for you to give how to access the paper?”

Access to people and know-how

Access to people working on similar issues and the ability to tap into their knowledge and experiences was also highly listed by members. Those participants that listed this high were often part of networks where exchange was actively facilitated. Networks with a high level of trust are those that receive most straightforward requests for help and suggestions and experiences in response.

The diversity of the members (professionally as well as their location) was also stated as being an important contributor to the richness of many debates. It was felt re-assuring that others face or faced similar problems and could assist with finding solutions.

Direct questions and answers tapping into users experience *“I would like to get some information on the following case I had yesterday in the clinical area. A 30 year old mother gravida 6 para 6 now as she delivered yesterday 23/09/08... I would appreciate any information so that I can share with my students and other clinicians because I thought the cause was malaria from her history of endemic area (hemolytic) and iron deficiency because of poor spacing...”*

Networking and Crossing silos

Opportunities to network with diverse groups of people offering a wider range of perspectives, input and influence were indicated as a great plus. Feeling connected to those people who might have more weight and influence made people feel supported and listened to.

“I write to encourage you to be our voice at the ongoing Doha event, I feel and hope that you will be our mouth piece at the event in asking donor community to support RH initiative in all the deprived communities in Africa and also support initiatives targeting Men as stakeholders in RH.”

Additionally the Knowledge Gateway shows its members a list of the networks they belong to as well as a list of existing networks of which (if these are open) they can request to become a member. Cross cutting membership and membership brings members into easy reach of constituencies they would not normally be in touch with. Opportunities for finding out what exists beyond what they originally signed up for and crossing silo's was also indicated as adding value to members.

“Access to medicines is not my area of expertise (my area of interest is 'access to healthcare information in low-income settings' - see my profile below), but I just wanted to share a thought that occurred to me on reading Barbara's message below...”

Learning opportunities

Discussion forums were most often mentioned as the most straightforward learning opportunity. Over time the Knowledge Gateway has developed a standardized approach to conducting online discussions which has proven very successful.¹⁰

“Online Discussion Forum on Youth and Media Strategic Communication for Behaviour Change Globally: The objective of this online discussion forum is to share effective strategies in the area of popular culture and youth-led media for sexual and reproductive health promotion, drawing on Y-PEER's expanded, innovative partnerships.”

Learning also takes place “spontaneously” in un-moderated exchanges. Here the learning is often felt to more experience related. It touches more on tacit knowledge such as problems encountered, warnings of challenges, statements, opinions, experiences etc...

“I have newly joined this discussion and the lessons are great. I am graduate nurse midwife, from Nairobi, Kenya and a member of the WRA for safe motherhood. This is a very sad story, but very similar to experiences in almost all war or post

conflict zones especially in Africa. This has reminded me of my experience while working on a safe motherhood programme in post conflict South Sudan in 2005.”

Accomplishments and challenges

Accomplishments and reasons behind growing membership

In line with knowledge utilization theory the Knowledge Gateway tool and approach support social processes that encourage the interaction between tacit and explicit knowledge. The informal space takes the pressure of and allows people to communicate on a more personal level, while choosing their level of involvement.

The key factors of success were identified as being ownership, ease of access and use, email based, and free all of which are explained in more depth below. Lastly outside factors including people’s increased familiarity with social networking over the years is also thought to have contributed to more people setting up and participating in networks.

One of the reasons behind the success of a multitude of networks is the focus on ownership and leadership. Ownership has always been encouraged with minimal meddling from the core. People are encouraged to set-up, brand, and lead their own networks as they see fit as long as it is in line with the core vision of the Knowledge Gateway. The relative ease with which new networks can be created with a minimum of red tape involved stimulates the spontaneous as well as carefully thought through setting up of networks when and where needed. Both approaches have their respective benefits and are thus supported.

The features and the development of the Knowledge Gateway as a tool also contribute to the uptake and successful use. The focus on access, simplicity and ease of use has played an important role in making the system acceptable to a wide and very varied user base. The system was created with the lowest common denominator in mind as the yardstick for access and use.

Access to people with low bandwidth challenges was primordial to ensure knowledge and information would actually reach the people the Initiative was trying to support. Apart from the platform design being very light to facilitate access, it was also decided that all platform activities should be email based. As email was at the time the tool was designed and remains the main as well as the lightest means of communication.

Simplicity and ease of use were also important to encourage those groups, less experienced with IT applications, to participate a maximum. The goal was that with little to no outside help people should be able to set-up and use their community spaces effectively.

Tools and support are nevertheless provided for those who request them. These tools include the IT infrastructure but also a repeated highlighting of the importance of facilitation. Opportunities for network leaders to improve their facilitation skills are offered through an ongoing network of facilitators as well as training sessions and an online facilitator guideline.¹¹ As the Knowledge Gateway grows, more will very likely need to be invested in the coaching and facilitating aspect for those who seek to learn more on effective online collaboration.

Furthermore there are no costs involved when somebody wishes to set-up a network other than their own time. The shared development and funding model of the Knowledge Gateway makes this possible.

Lastly language barriers are in the process of being addressed with a Spanish as well as a French version of the Knowledge Gateway being available.

Barriers and challenges to participation

Despite the success of the approach, several challenges remain. In the current digital era many professionals feel overwhelmed by information.¹² It is a challenge for many to manage the unrelenting streams of emails, the multitude of networks, groups and communities they belong to and to, and lastly to shift through and digest the relentless onslaught of new information. All this puts pressure on the limited time available and can contribute to social network fatigue. An increasing number of one-shot networks seems to be the result. The network leaders ‘think’ an online collaborative network would be useful (for them).

They get a group to sign on, but the signing on is more lip service than the expression of a wish to participate actively. As a result the discussions are often idle and exchange a minimum. Increased knowledge of what a collaborative network entails (preparation, keeping it going and closing it down) combined with more facilitation skills could prevent some of these ‘one shot networks’.

For the Knowledge Gateway itself the biggest challenge is its indicator of success and that is its exponential growth. So far the high degree of

informality of the steering group, the personal and intellectual discourse with the developer to define future developments, and the close contact with site leaders to incorporate their suggestions have all contributed to the fine tuning of the system and its growth. The high degree of organizational informality however, also means that the funding stream is unsteady and investments over time hard to anticipate.

The diversity now that the Knowledge Gateway is also used in public health and development in general.

Conclusion & Recommendations

Past strategies focused on the unidirectional push of codified evidence in the form of guidelines, briefs or research syntheses have failed to result in uptake.^{13 14} Lee and Garvin argue that information exchange can be a powerful tool for ensuring that health information is not simply received but also acted upon.¹⁵ Increasingly efforts are being made to translate evidence into practice through participatory, collaborative mechanisms.

The Knowledge Gateway offers a mechanism to share, adapt and ultimately utilize the knowledge of members. It helps to overcome the hurdles of time and distance as well as bridge the divide between experts and novices as well as link the different professionals concerned that all have a role to play in the transfer of evidence into practice.

After 5 years of steady growth the Knowledge Gateway is at a tipping point. Already it has become a corporate tool of the World Health Organization and is branded and used by other organizations and agencies. But a fundamental key to the success of using the Knowledge Gateway is the ability to incorporate its use into a structured knowledge management strategy. More and more organizations are recognizing the critical role knowledge management makes to capitalizing on their own institutional knowledge and advancing the use of that knowledge within their projects and programmes. In developing the Knowledge Gateway it has been essential to also develop the methodologies and processes that support effective knowledge networking. Used in conjunction with the Knowledge Gateway a simple but effective method for knowledge networking to improve access to information and share and exchange experience becomes a manageable component of any KM strategy.

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Maggie Usher-Patel Scientist/IBP Secretariat,
WHO/RHR, 2008

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