Global health policy Communities of Practice A tool for knowledge management

1. Strategy - Harmonising Health in Africa (HHA) initiative
2. Assessing performance- a conceptual framework for CoP
3. Application of the framework - CoP facilitator standpoint
4. Application of the framework- researcher standpoint

the Community of Practice model
FEMHealth, University of Aberdeen UK

1. Communities of Practice in Global Health

Experience and lessons

from the HHA initiative

It is very important to be a little more open minded …about what constitutes knowledge…

We had… case studies, very few randomized controlled trials… experience from the field…

If we want mutual learning, if we want to translate findings into action, if we want to have a comparable system of monitoring and evaluation across countries… and indeed, if we want to have a social movement to advance the cause…

then creating and fostering networks is of absolutely vital importance.

- Sir Michael Marmot, Chair, Commission on Social Determinants on Health, WHO

- "CoPs exist to find answers to questions that are situated in practice. Members have a high degree of "need to know" and have found that by asking questions within the community, the responses are situated in experience and directly related to the realities of work."

Deb Wallace - Consultant, Knowledge and Learning

What communities of practice address

'**Silo mentality mindset**' that creates **disconnections** between the main actors of the health sector:

- **Researchers**
- **Policy-makers**
- **Aid agencies**
- **Practitioners**
(Meessen et al, 2011)

And those outside the health sector but important (!) like:

- **Parliamentarians**
- **Civil society**

The disconnections between actors

Researcher/Scientists:

- select research questions relevant to their own niche
- tend to overlook implementation questions
- often under-invest in terms of knowledge transfer

Policy makers:

- often reluctant to involve key stakeholders in their planning cycle
- long-established routines lead to rigidities in the decision-making process
- do not comply with their own planning preparation and M&E of

Int. organiz. and aid agencies :

- recognize knowledge as a public good
- but often focus on explicit and codified knowledge, rather than on situated implementation

Practitioners / frontline actors:

- usually do not take part in knowledge sharing (although they represent a potentially important source of information)

We need a **strategy** to bring these actors together, providing a **structure/platform** for interaction

Growing number of CoP in global health

transactional

outsiders

lurkers

peripheral

occasional

experts

alumni

active

beginners

leaders

core group

coordinator

sponsors

Key elements of HHA CoPs

- Informal networks
- Rapid growth; strong base in Africa
- Range of knowledge management and knowledge sharing activities both "live" and on-line
- Strong sense of community among members
- Google group

HHA CoPs active today

CoP	Date began	# members
CoP financial access	April 2011	367
Performance Based Financing	February 2010	699
Evidence Based Planning and Budgeting		302
Service delivery	June 2011	220
Human resources for Health	December 2010	200

Financial Acces to Health Services CoP

- One of X Financing CoPs
- Organized around 3 clusters:
  - Health insurance
  - Means-testing based mechanisms (individual targeting)
  - Categorical targeting mechanisms
- Facilitation team
  - (3 part-time)

FA CoP Objectives

Site visit, Marrakech workshop on equity in UHC, Sept 2012

- Create a structured environment to share information and experiences on best practices
- Provide platforms where experts, practitioners, and stakeholders can share documents, tools, knowledge and information
- Promote more collaboration in requests for and provision of technical assistance on topics of interest to FAHS CoP

FA CoP Member profiles

Legend:
- Researcher
- Practitioner
- Policy Maker
- Implementing agency
- International organization

15%
2%
18%
44%
21%

N=236
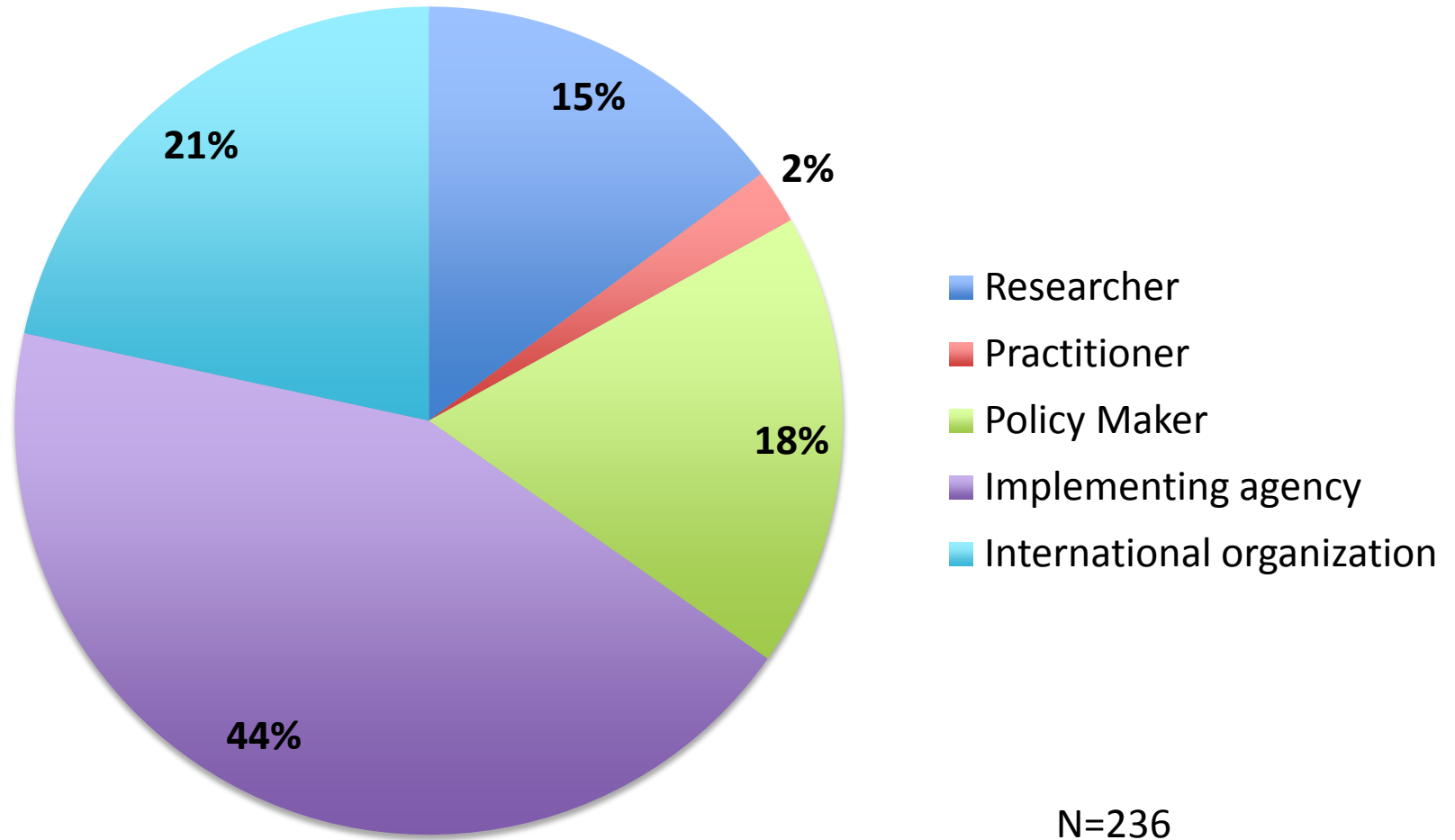
Distribution of FA CoP members
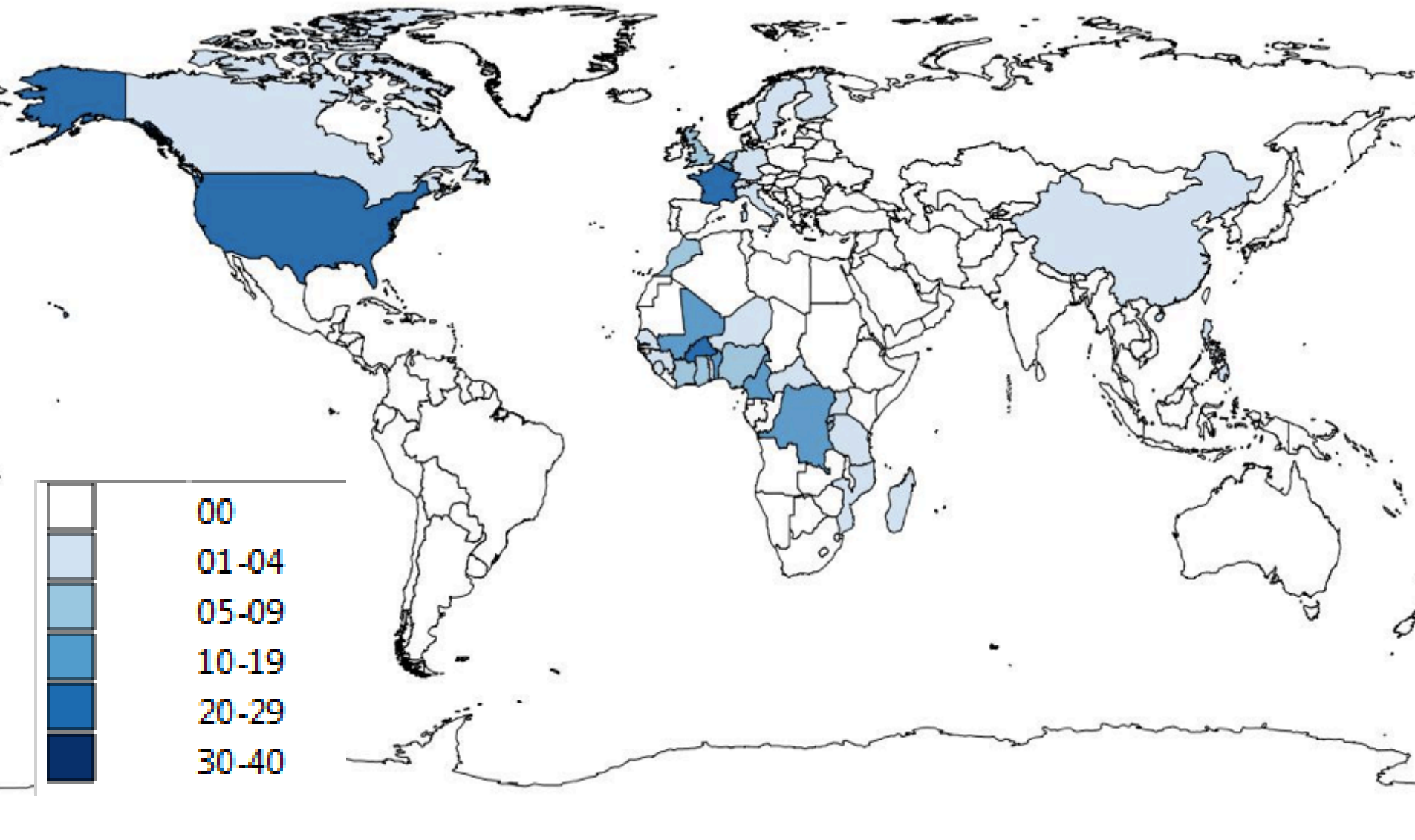
Lessons learned (<2 years!)

- Target individuals and build relationships:
  - Combine face-to-face and virtual activities
  - Invest in the "us," social and informal connections
  - Build connections through joint knowledge-building projects
  - Recognize and value different aspects of motivation
  - Include all stakeholders

Morocco site visit to see the RAMED in action

Parliamentary round table

Lessons learned

- … but involve institutions (Ministries, technical and financial partners, CSOs)!
  - Mobilize resources for facilitation and activities
  - Encourage their own staff to participate
  - Recognize the value of knowledge produced/shared in CoP
  - Appreciate the expertise and knowledge housed by CoP members

- Focus on **evidence-based** implementation, avoid ideological

Cote d'Ivoire working with Mali delegation, Marrakech workshop on equity in UHC, 9/12

The big challenges

- Be heard above the static
  - Succeed in defining and distinguishing CoP niche and value added

- Behavior change!
  - Convince both donors and experts that CoP model of value (mobilize resources+participation)

- Turn passive participation into active participation

CoP dynamic going forward

- Flexibility and responsiveness
- Expand as platform for leveraging, coordination among donors
- Seek coordination and linkages among CoPs (eg Financing blog)
- Document development, monitor and evaluate performance

*With thanks to **FEMHealth** (FP7, European Commission) and **UNICEF (WCARO)** for their financial support and especially their **vision** and **leadership** on CoPs!*

Site visit with CoP members, Marrakech, Sept 2012

2. Assessing Communities of Practice in Health Policy: a conceptual framework.

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Second Global Symposium on Health Systems Research
Beijing, China – November 2, 2012

Maria Paola Bertone

Transnational CoPs in Health Policy

- could be a **useful KM tool** → improve knowledge creation and sharing processes
- focus of increased operational **experience** and **attention** from researchers and practitioners

- Recognizing the potential of CoPs as a KM tool, implies the need to
    1. document development,
    2. measure effectiveness,
    3. ensure sustainability

→ an **agenda of rigorous scientific evaluation** is needed

→ **methods and tools** to conduct such evaluations must be developed

Why evaluating CoPs?

- Agreeing on 'success measures' is **part of the CoP development process**, evolving over time.
- → This makes evaluation of CoPs a complex, iterative process.

- However, evaluations are **necessary** to:
  - document and monitor **processes** and **experiences**
  - assess **impact** and identify **lessons**

  - → This helps mobilize **financial support**, catalyze **attention** and **public recognition**

Who evaluates CoPs?

- Evaluations of CoPs can be performed
    - on behalf of different **actors**,
    - for different **needs**
    - and with different **objectives**:

→ The framework and the tools can be applied for any purpose, but must be **tailored to each specific need**.

→ Applied examples in the two following presentations

How to evaluate CoPs?

- Evaluating CoPs is **not** limited to the evaluation of CoPs' impact on **outcomes**

- Instead, it requires a holistic approach to capture **dynamics**, **processes**, **outputs** and (if possible) **outcomes**.

- Important **sources of information** are:
  - **qualitative** and **quantitative** measures,
  - **objective** and **subjective** measures,
  - "systematic **anecdotal** evidence"

A framework for the evaluation of transnational CoPs in health policy

Available resources

- knowledge and expertise
- time
- funds
- political support and recognition
- technology

Strategies to mobilize resources

- promote and make the CoP visible
- cultivate the community dimension
- align activities to benefits' expectations
- effective use of ICT

Knowledge management processes

- activities
- interactions

Expansion of knowledge

- type of knowledge
- potential / applied
- individual / collective

Knowledge-based policy decisions and practices

- influence on policy and practice
- acceptance of change
- legitimacy of knowledge

Better health and welfare outcomes

- impact measures

Other contextual factors

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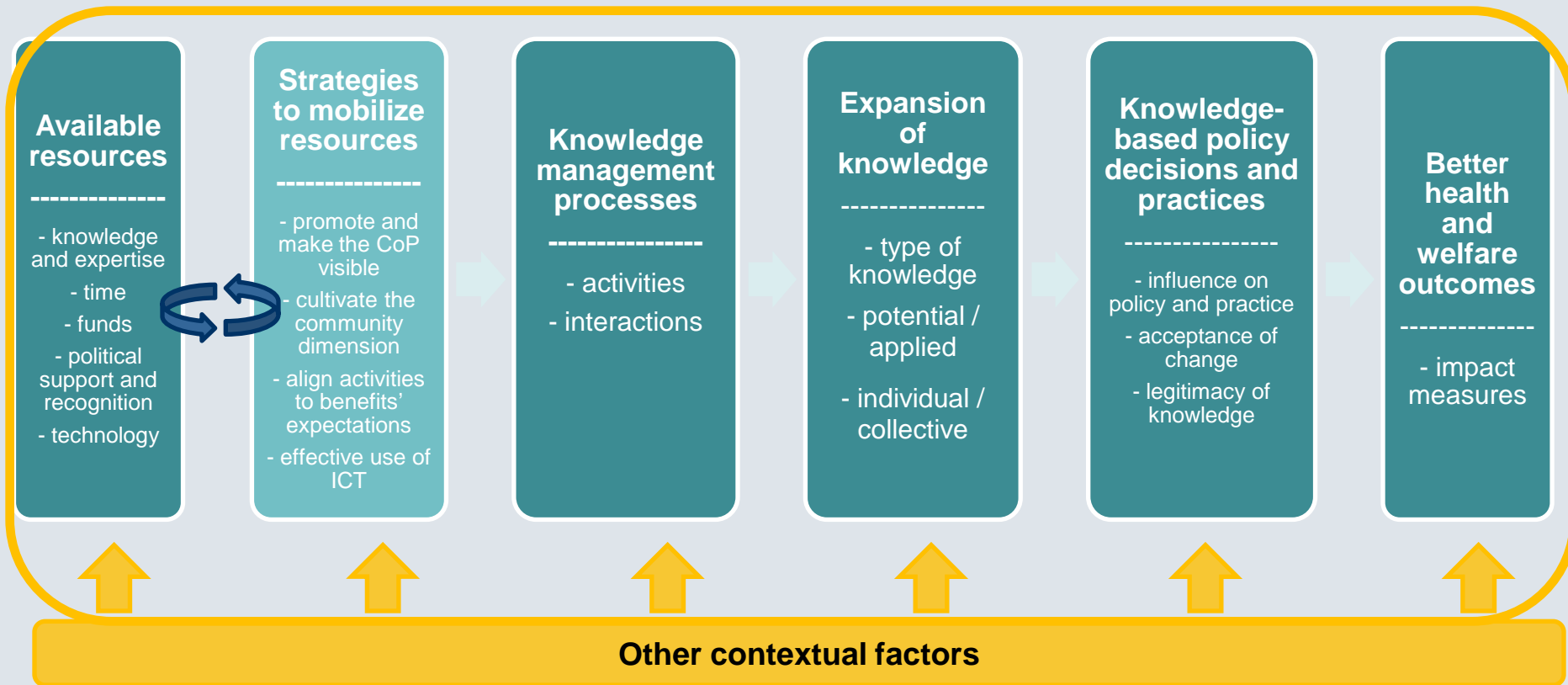- impact measures

Other contextual factors

Available resources

○ Looks at and measures the amount of support provided by CoP **members**.

○ Categories for available resources includes:
  - Knowledge resources
  - Time resources
  - Financial resources
  - Political resources
  - Technological resources

Element	Sub-element	Indicator
AVAILABLE RESOURCES (ideally measured at different stages of the CoP development)		
Knowledge resources	Expertise of the members	• **Demographics of members: number and detailed profile of members (skills, 'niche', 'know-how', years of experience in the domain, etc.)** • **Number, % and characteristics of active members** • Coverage achieved by the CoP (proportion of the experts in the domain that are members)
	Access to information	• Type of information do the CoP members have access to (subscription to scholarly journals, internet access, libraries, etc.) and ease for access
Time resources	Time spent on CoP activities	• Time spent on CoP activities by CoP members (% of total working time)
	CoP employees	• Number of people employed for the CoP (full or part-time)
Financial resources	Budget	• Funding: amount, predictability, fungibility. • In-kind allowances to the CoP (meeting space, web space, materials and functioning, etc.): value, predictability.
	Role of sponsors	• **Number and identity of sponsors** • **Other roles in the health policy process**
Political resources	Buy-in of key organizations	• Support and participation by organizations influential in the specific domain of knowledge
	Formal recognition	• **Number of quotes of CoP outputs/activities in journals and official documents**
	Informal recognition/ reputation	• Feedback from stakeholders (inside and outside of the community) • Number of mentions of the CoPs in websites, blogs, conferences, other discussions • Links to the CoP on other websites
Technological resources	ICT tools	• Type of ICT tools used by the CoP and reasons for their selection (mapping can be done along categories: asynchronous/synchronous; individual participation/community cultivation – Wenger et al 2005) • Synergetic approach to ICT channels. • Level of internet connectivity of members in different areas and proportion of members actively using ICT tools • ICT skills of participants • Availability of ICT coaching to members (a person/team or specific support activities).

Strategies to mobilize resources

| Available resources -------------- - knowledge and expertise - time - funds - political support and recognition - technology | Strategies to mobilize resources --------------- - promote and make the CoP visible - cultivate the community dimension - align activities to benefits' expectations - effective use of ICT | Knowledge management processes ---------------- - activities - interactions | Expansion of knowledge -------------- - type of knowledge - potential / applied - individual / collective | Knowledge-based policy decisions and practices ---------------- - influence on policy and practice - acceptance of change - legitimacy of knowledge | Better health and welfare outcomes -------------- - impact measures |

Other contextual factors
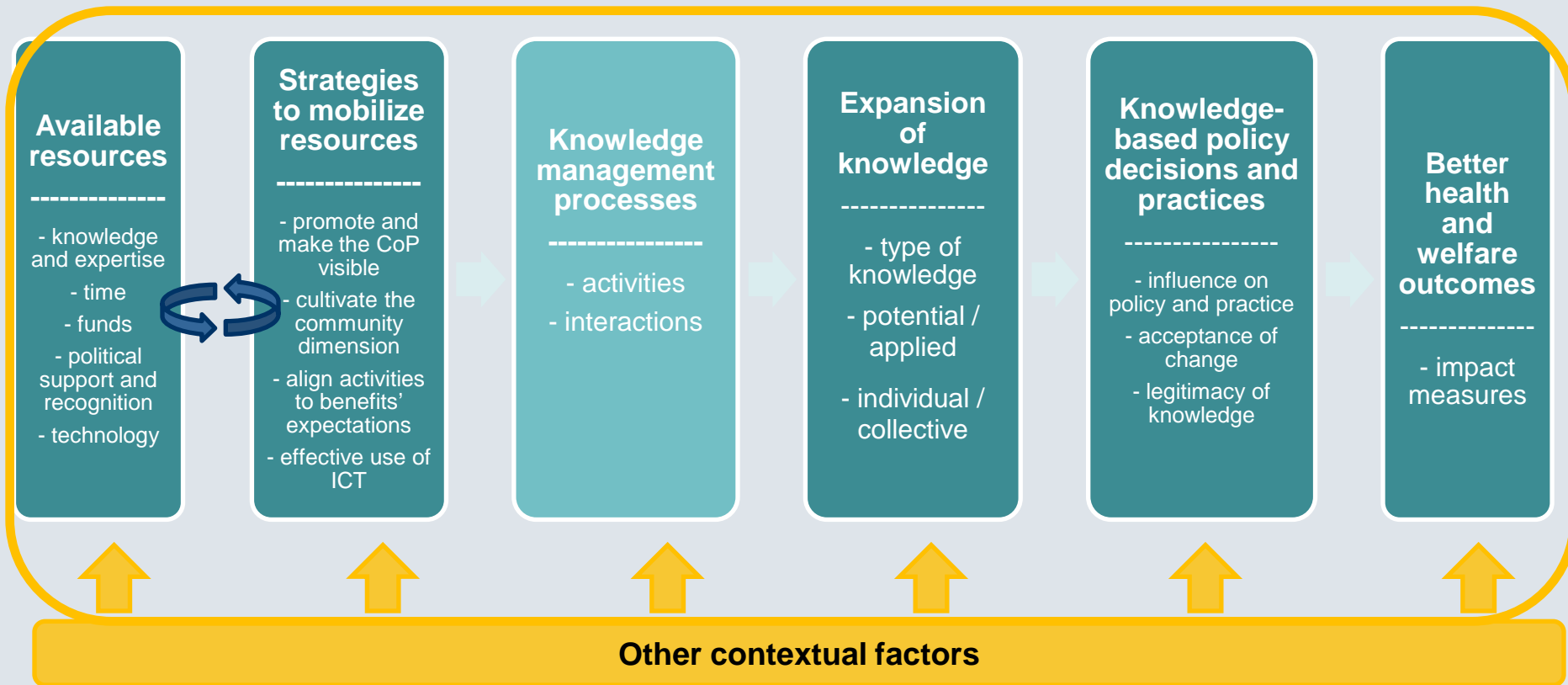
Strategies to mobilize resources

- Captures the role of the **facilitation team**.

- The core group is responsible for four main tasks:

  - mobilizing **financial and political resources** by defining strategic objectives, making CoP visible, carrying out (self)assessments

  - mobilizing **knowledge and time resources** by cultivating the community dimension, creating a positive environment, increasing active participation of members.

  - mobilizing **knowledge and time resources** by aligning CoPs' activities to individual and organizational expectations of benefit.

  - choosing and adopting the relevant **information and communication technologies**

Element	Sub-element	Indicator
STRATEGIES TO MOBILIZE RESOURCES (ideally measured at different periods of the CoP development)		
mobilize financial and political resources	Objectives	• **Clear definition of the CoP objectives.** • **Alignment between CoP activities and its objectives.**
	(Self)evaluation	• Regular CoP evaluations and type of evaluations (internal vs. external)
	Reflection	• **Frequency and quality of meta-conversations about the CoP**.
Cultivate the community dimension → mobilize knowledge and time resources	**Power issues**	
	Hierarchy and participation	
	Trust	• Number of job ads shared, Number of posts that are "personal", Number of referrals or recommendations • Self-reported collaborative spirit, Self-reported levels of trust
	Fluidity of the community	• Language • Virtual contacts vs. contacts in person/real life
	Ownership/ identity	Sense of belonging
	Confidence	• Perception of members about being empowered by their belonging to the CoP.
mobilize knowledge and time resources	Value of participation	• **People unsubscribing (number and profile)** • **Organizations withdrawing their support or their employers' time**
	Benefits of participation	• Reasons for participation for individuals and for organizations
Use of ICT in an effective and cost-effective manner → mobilize technological resources	**Types of ICTs used**	
	User friendliness	
	Cost effectiveness	

Knowledge management processes

Available resources

- knowledge and expertise
- time
- funds
- political support and recognition
- technology

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Better health and welfare outcomes

- impact measures

Other contextual factors

Knowledge management processes

- Once available and new resources are mobilized, they are then **used** to foster knowledge management processes.

- This dimension captures the reality and nature of the knowledge activities carried out by the **active CoP members**.

- KM processes materialize in
  - the **activities** that the CoP organizes and performs
  - the **interactions** among its members

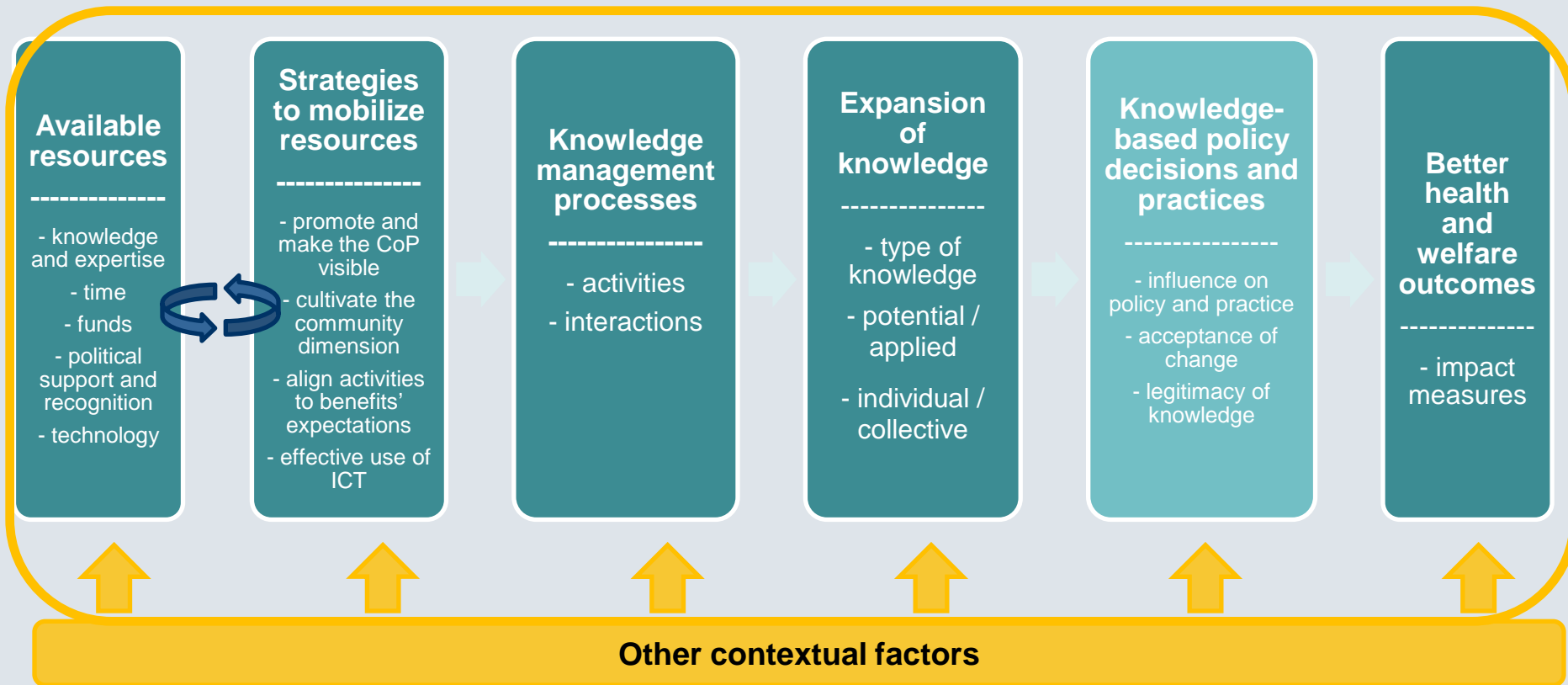| Element	Sub-element	Indicator
KNOWLEDGE MANAGEMENT PROCESSES (ideally, measured across members belonging to the different knowledge 'niches')		
KM processes (activities and interactions)	Level of activity	• **Number of meetings, workshops, other activities** (both in person and online, formal and informal, between a small group or involving the entire community). For example: • **Web page visits** • Number of posts/queries • Number of new discussions • Number and timeliness of responses • Possibilities of personal interactions and networking
	Quality of interactions	• **Quality and usefulness of responses/debates/activities/interactions (subjective and objective evaluation:** anecdotes on useful tips, thank you notes/kudos files, user rankings, expert evaluation, citations by others) • Responsiveness of interactions (i.e., rapidity of CoP reaction to new information, brought by by media, or particular event/crisis, etc.)
	Level of engagement / Relevance of activities	• % of members using various resources • **% of members using various communication tools** • **Average number of members involved in a discussion** • Length of threads • Relevance of activities for the organizations that participate or allow their employees to participate. • Relevance of activities to the CoP's objectives and aims.

Expansion of knowledge
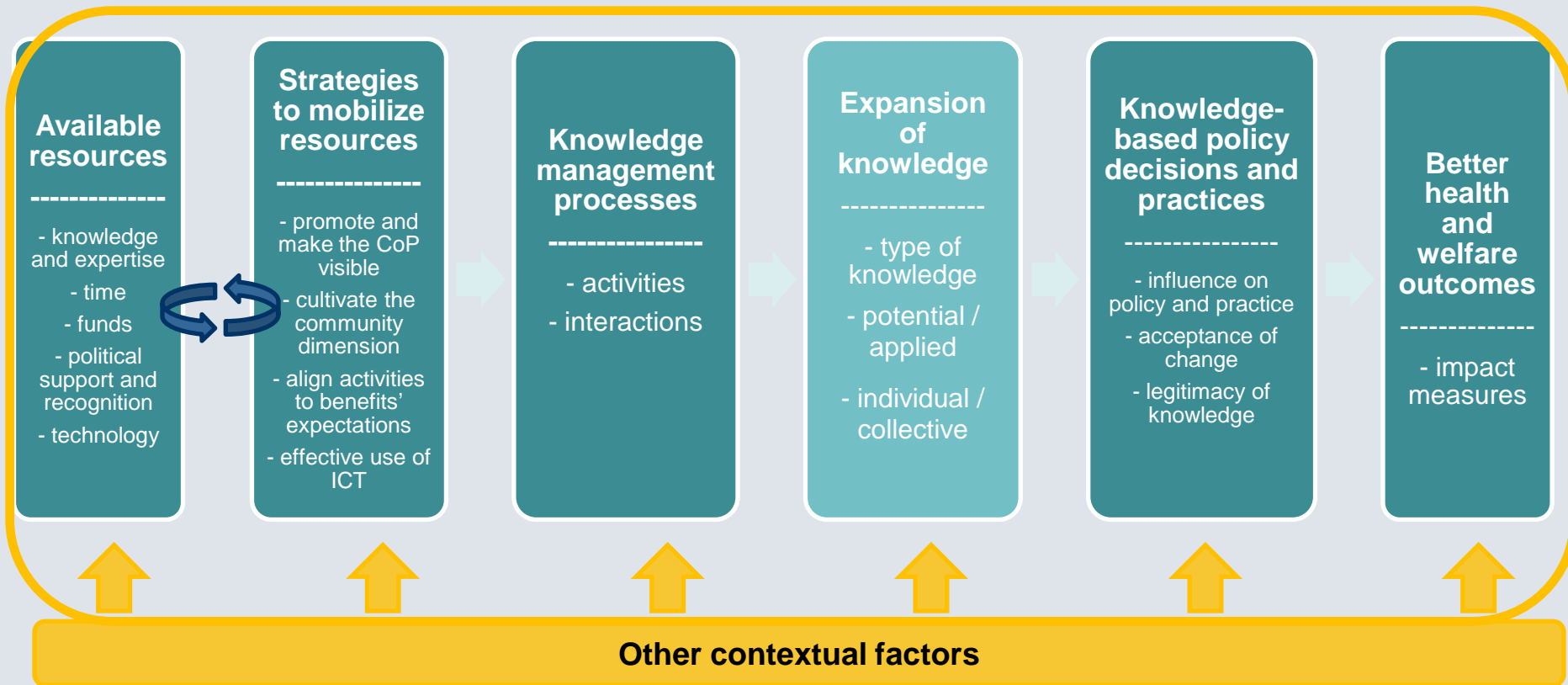
Expansion of knowledge

○ Knowledge management processes aim to bring about an expansion of knowledge.

○ The **knowledge produced** has different characteristics:
  ▪ it can be of **different types** (explicit/implicit; scientific evidence/ field experience/experts' opinions; matter of debate/consensual, …)

  ▪ can be **potential or applied**

  ▪ the expansion of knowledge can be realized at **collective or individual level**

Element	Sub-element	Indicator
EXPANSION OF KNOWLEDGE (expansion measurement required comparisons at different points of time and across individuals)		
Type of knowledge	More or less synthesized	• Regular production of **summaries of events and discussions** (number of synthesis posts) • Archives • **Systematic and easy-to-search databases** • Types of documents: report, studies, guidelines, …
	Scientific evidence, field experience, experts' opinions	• **Ways of producing and sharing scientific knowledge.** • **Role of scientific evidence vs. expertise and field experience.** • Prevalence of one type of knowledge than the other. Reasons and consequences.
	Knowledge is harmonized and accepted between different 'niches'	• Number of joint projects • **Number of co-authored documents** • Collaborative spirit • **% of participants from different 'niches'** • % of active participants from different 'niches' and their role • Contribution of CoP in making knowledge holders closer. Examples. • Structural patterns in the social interactions (e.g., using SNA) • Interactions between 'niches' (examples).
Potential value	Individual level	• **Skills/competences acquired (personal benefit)** • Increased speed and accuracy of work (self-reported and externally evaluated, for ex. by managers) • Changes in perspective • New contacts made
	Organizational level	• Number of outputs (documents, databases, summaries, etc.) produced • Quality of outputs (perceived and objective) • **Higher level of technical capacity**
Applied value	Use of CoP tools and documents	• Number of contacts in database, archive, etc. • Frequency of downloads • Number of citations of CoP outputs in papers, articles and documents
	Actual **implementation of CoP advice/best practices**	• Reported number of problems solved • **Reported number of lessons adopted** • **Anecdotes/stories on how and why CoP was useful**

Knowledge-based policies and practices

Available resources

- knowledge and expertise
- time
- funds
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Better health and welfare outcomes

- impact measures

Other contextual factors

Knowledge-based policies and practices

○ A consequence of **policy-makers** and **implementers** being CoP members or considering CoP (members and products) as reliable.

○ This dimension measures:
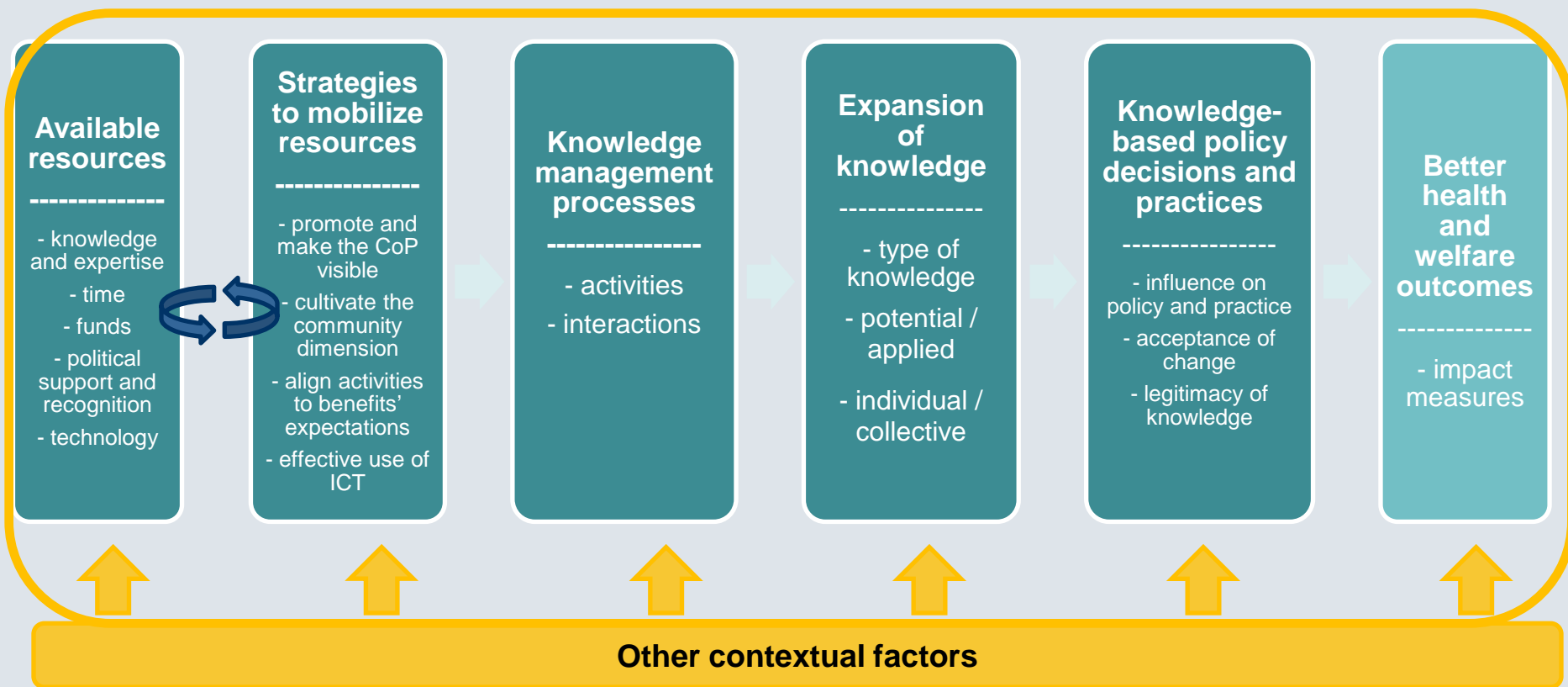- the impact of the CoP in **shaping policy and practice**

It is also important to look at potential risks:
- the risk that 'opinions' are taken as validated evidence (legitimacy of knowledge)
- the risk of 'becoming a sect', resisting to change (acceptance of innovation)

Element	Sub-element	Indicator
KNOWLEDGE-BASED POLICY DECISIONS AND PRACTICES		
Legitimacy of knowledge		• Type of evidence mostly used as an argument in discussions. • Reporting and validation of experiences/field practices of members. • Ways of using "scientific" evidence. • **Opinions: presented as such, discussed, validated?** • Perception of actors (from different 'niches') about relevance and legitimacy of knowledge produced and shared.
Acceptance of innovation	Challenges and new ideas	• Number of posts/activities from non-members • **Number of posts presenting a critique/challenge to the group** • Posts challenging assumptions and reactions
	Community openness	• Changes in perspective (and their documentation). • Community membership turn-over. Number of new members per month. • **Time taken by a new member to become an active participant.** • Participants perception about openness of the community to debate, new ideas and new members • "Are we the truth-holders?"
Influence policy and practice		• Development of new criteria/outcome measures in the field of interest. • Contribution of the CoP work in changing the way of understanding the field of interest. • Contribution of CoP in reaching a consensus (examples). • **Capacity to influence policy** (difficult to assess, see for ex: "policy impact database") • **Capacity to influence implementation**

Better health and welfare outcomes

Available resources

- knowledge and expertise

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Other contextual factors

Better health and welfare outcomes

○ Policy decisions and practices may lead to **improved outcomes** and reduced health inequalities.

→ This is the **ultimate goal** of many CoPs in health policy.

○ But, it is **difficult** to capture the impact of the CoP on health outcomes and to isolate it from other factors and interventions.

Element	Sub-element	Indicator
BETTER HEALTH AND WELFARE OUTCOMES		
Health outcomes		• Changes in health outcomes among the population. • Role of the CoP for these changes. • Ways by which the CoP influenced this outcome.

○ Resources are not assumed given.

→ the challenge of the CoP's members is to constantly and dynamically mobilize new resources for its development and success.

○ Not a chronologically, linear process:

→ the elements contribute to reinforce each other in a dynamic and iterative way.

An agenda for CoP evaluation

- ○ The framework aims to help *framing* and *carrying out* **rigorous evaluations** of transnational CoPs in health policy, by different actors and for different purposes

- ○ Offers an overview of:
  - ○ the central elements for the success of CoPs,
  - ○ the relations and dynamics between them,
  - ○ and the indicators and methods to explore them.

- ○ Researchers must then tailor this framework to focus on specific elements of interest.
  - ○ **adapting** the framework to respond to *research and operational questions*

THANK YOU

Communities of Practice: a comparison of two online discussion groups

Beijing – 2/11/2012

Bruno Meessen, Catherine Korachais
& Jean-Louis Koulidiati
ITM Antwerp, Belgium

Motivation

- **Context**

  - Online discussion group = a key tool for permanent interaction for a CoP.

- **Research questions**

  - What is the contribution of online discussion groups in knowledge management in Global Health?

  - Do they contribute to connect different knowledge holders, across niches (scientists, practitioners, field staff, donors...) and across countries?

Main objectives

- Documenting the experience of the online discussion groups of two CoPs:

  Performance Based Financing (PBF) and **Financial Access**, through:

  - A description of the <u>profile of members</u>

  - A description of the <u>nature and dynamics of exchanges</u> between members

Methodology

- Online discussion groups studied
  - CoP[PBF]: created in February 2010
  - CoP[FA]: created in March 2011
- Retrospective study
  - Period studied: creation date →08/31/2012
- Data sources
  - Google groups
    - All messages posted
    - Database members
  - Own information as a facilitator (CoP PBF) and contributor (CoP FA).

Methodology

- Collection of quantitative and qualitative indicators as suggested by Bertone et al.'s framework.

- Descriptive comparative analysis.

Methodology

Some definitions using a database sample

Numéro	Thread	Date	Mise en ligne par	Nationalité de celui qui met en ligne	Aff cel lig
26	A competition for emerging talents / Une compétition pour les talents émergents	27/04/2010		Belgique	ITM
27	PBF expert / New job opening: MSH / based in USA	27/04/2010		Belgique	ITM
28	Un article intéressant sur les méthodes qualitatives en santé publique	27/04/2010		Belgique	ITM
29	Compte-rendu de la téléconférence du core group 19/03/2010	27/04/2010		Belgique	ITM
29	Compte-rendu de la téléconférence du core group 19/03/2011	27/04/2010		RDC	
29	Compte-rendu de la téléconférence du core group 19/03/2012	27/04/2010		RDC	Pro
30	PBF - Community of practice: 73	27/04/2010		RDC	
31	South-East learning: Apprentissage Sud-Est	27/04/2010		Pays Bas	Wo
32	English PBF Training in Zambia	29/04/2010		Pays Bas	Co
33	Poste au Burundi	30/04/2010		Belgique	AEI
34	Avis de recrutement Cordaid Kinshasa	03/05/2010		Pays-Bas	Co
34	Avis de recrutement Cordaid Kinshasa	03/05/2010		Belgique	AEI
35	Invitation for expression of interest Cameroon / Invitation à l'expression d'intérêt	07/05/2010		Belgique	ITM
36	Définition opérationelle du financement basé sur la performance	07/05/2010		Burkina Faso	Mi
36	Définition opérationelle du financement basé sur la performance	08/05/2010		Pays Bas	Wo
37	Délais de remboursement / Burkina Faso	10/05/2010		Belgique	ITM
38	A question: how many countries in Africa are doing PBF?	10/05/2010		Belgique	ITM
38	A question: how many countries in Africa are doing PBF?	10/05/2010		Pays Bas	Wo
38	A question: how many countries in Africa are doing PBF?	10/05/2010		France	WB
38	A question: how many countries in Africa are doing PBF?	12/05/2010		RDC	Co
38	A question: how many countries in Africa are doing PBF?	12/05/2010		Belgique	ITM
38	A question: how many countries in Africa are doing PBF?	13/05/2010		RDC	Mi
38	A question: how many countries in Africa are doing PBF?	13/05/2010		RDC	
38	A question: how many countries in Africa are doing PBF?	13/05/2010		RDC	EU
38	A question: how many countries in Africa are doing PBF?	10/06/2010		Belgique	ITM
38	A question: how many countries in Africa are doing PBF?	10/06/2010		USA	Bro

Message

Thread

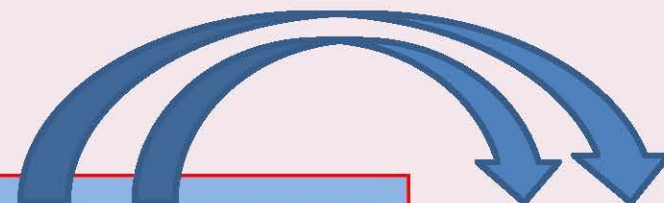# Methodology

Some definitions using a database sample

Date posting

Informations about the author

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29	Compte-rendu de la téléconférence du core group 19/03/2011	27/04/2010		RDC		0 Médecin de SP
29	Compte-rendu de la téléconférence du core group 19/03/2012	27/04/2010		RDC	Programme santé	0
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37	Délais de remboursement / Burkina Faso	10/05/2010		Belgique	ITM	Chercheur
38	A question: how many countries in Africa are doing PBF?	10/05/2010		Belgique	ITM	Chercheur
38	A question: how many countries in Africa are doing PBF?	10/05/2010		Pays Bas	World Bank	0
38	A question: how many countries in Africa are doing PBF?	10/05/2010		France	WB	0
38	A question: how many countries in Africa are doing PBF?	12/05/2010		RDC	Cordaid	0
38	A question: how many countries in Africa are doing PBF?	12/05/2010		Belgique	ITM	Chercheur
38	A question: how many countries in Africa are doing PBF?	13/05/2010		RDC	Ministère de la sa	0
38	A question: how many countries in Africa are doing PBF?	13/05/2010		RDC		0 Médecin de SP
38	A question: how many countries in Africa are doing PBF?	13/05/2010		RDC	EUP FASS PO	0
38	A question: how many countries in Africa are doing PBF?	10/06/2010		Belgique	ITM	Chercheur
38	A question: how many countries in Africa are doing PBF?	10/06/2010		USA	Broadbranch	

7

Methodology

Some definitions using a database sample

	Date	Mise en ligne par		Nationalité de celui qui met en ligne	Affiliation de celui qui met en ligne	Fonction de celui qui met en ligne	Goupe affilié
etition for emerging talents / Une compétition pour les tal	27/04/2010			Belgique	ITM	Chercheur	Chercheur
ert / New job opening: MSH / based in USA	27/04/2010			Belgique	ITM	Chercheur	Chercheur
cle intéressant sur les méthodes qualitatives en santé pub	27/04/2010			Belgique	ITM	Chercheur	Chercheur
-rendu de la téléconférence du core group 19/03/2010	27/04/2010			Belgique	ITM	Chercheur	Chercheur
-rendu de la téléconférence du core group 19/03/2011	27/04/2010			RDC		0	Médecin de SP	
-rendu de la téléconférence du core group 19/03/2012	27/04/2010			RDC	Programme santé	0	Ministère de la santé
ommunity of practice: 73	27/04/2010			RDC		0	Médecin de SP	
East learning: Apprentissage Sud-Est	27/04/2010			Pays Bas	World Bank	0	Instution internationale
PBF Training in Zambia	29/04/2010			Pays Bas	Cordaid	0	Agence de mise en œuvre
u Burundi	30/04/2010			Belgique	AEDES	Consultant	Agence de mise en œuvre
recrutement Cordaid Kinshasa	03/05/2010			Pays-Bas	Cordaid	0	Agence de mise en œuvre
recrutement Cordaid Kinshasa	03/05/2010			Belgique	AEDES	Consultant	Agence de mise en œuvre
on for expression of interest Cameroon / Invitation à l'exp	07/05/2010			Belgique	ITM	Chercheur	Chercheur
ion opérationelle du financement basé sur la performance	07/05/2010			Burkina Faso	Ministère de la sa	0	Ministère de la santé
ion opérationelle du financement basé sur la performance	08/05/2010			Pays Bas	World Bank	0	Instution internationale
de remboursement / Burkina Faso	10/05/2010			Belgique	ITM	Chercheur	Chercheur
ion: how many countries in Africa are doing PBF?	10/05/2010			Belgique	ITM	Chercheur	Chercheur
ion: how many countries in Africa are doing PBF?	10/05/2010			Pays Bas	World Bank	0	Instution internationale
ion: how many countries in Africa are doing PBF?	10/05/2010			France	WB	0	Instution internationale
ion: how many countries in Africa are doing PBF?	12/05/2010			RDC	Cordaid	0	Agence de mise en œuvre
ion: how many countries in Africa are doing PBF?	12/05/2010			Belgique	ITM	Chercheur	Chercheur
ion: how many countries in Africa are doing PBF?	13/05/2010			RDC	Ministère de la sa	0	Ministère de la santé
ion: how many countries in Africa are doing PBF?	13/05/2010			RDC		0	Médecin de SP	
ion: how many countries in Africa are doing PBF?	13/05/2010			RDC	EUP FASS PO	0	Ministère de la santé
ion: how many countries in Africa are doing PBF?	10/06/2010			Belgique	ITM	Chercheur	Chercheur
ion: how many countries in Africa are doing PBF?	10/06/2010			USA	Broadbranch	0	Agence de mise en œuvre
ion: how many countries in Africa are doing PBF?	10/06/2010			Belgique	ITM	Chercheur	Chercheur
ion: how many countries in Africa are doing PBF?	10/06/2010			USA	Broadbranch	0	Agence de mise en œuvre
ion: how many countries in Africa are doing PBF?	12/06/2010			Pays Bas	World Bank	0	Instution internationale

Author Affiliation:
1: Researcher
2: Ministry of Health
3: Agencies implementation
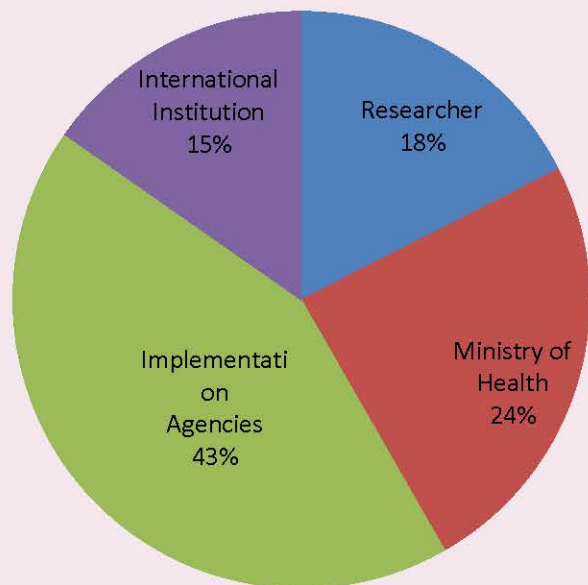4: International Institution

8

Results

WHO ARE THE MEMBERS?
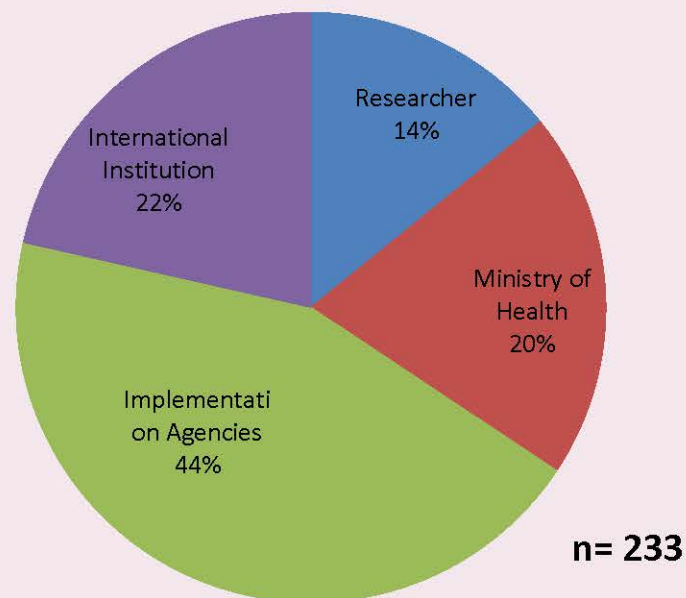
Who are the members?

CoP[PBF]

- 617 members
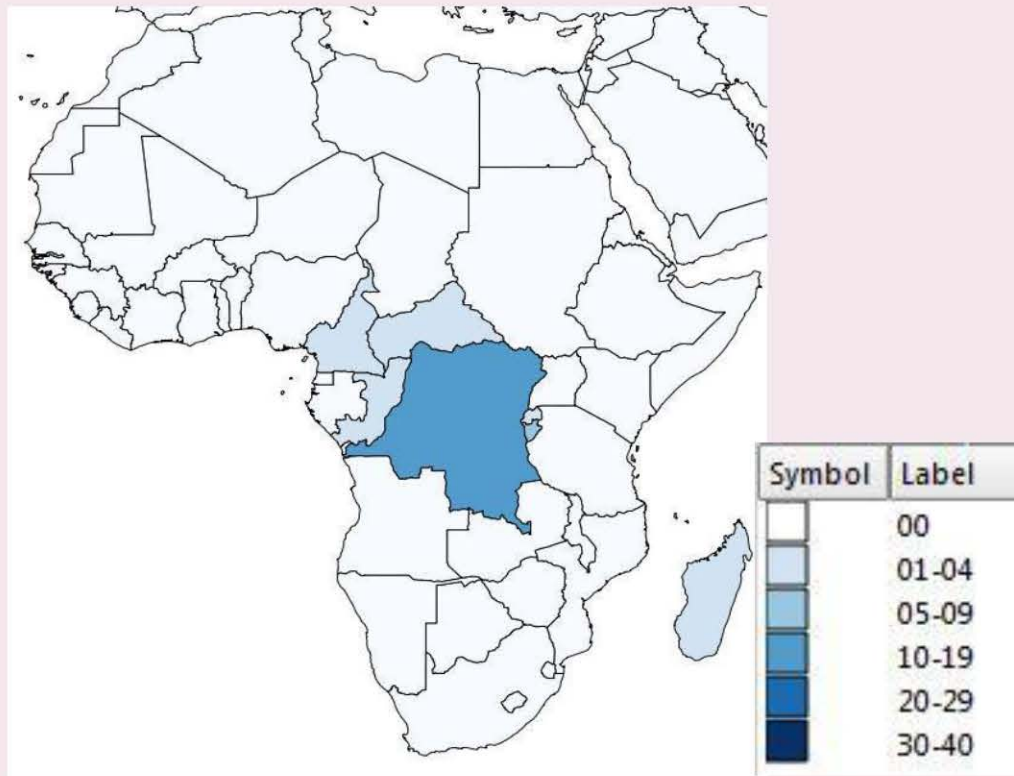- 46 countries (n=298)
- 62% experts from South (n=298)

CoP[FA]

- 419 members
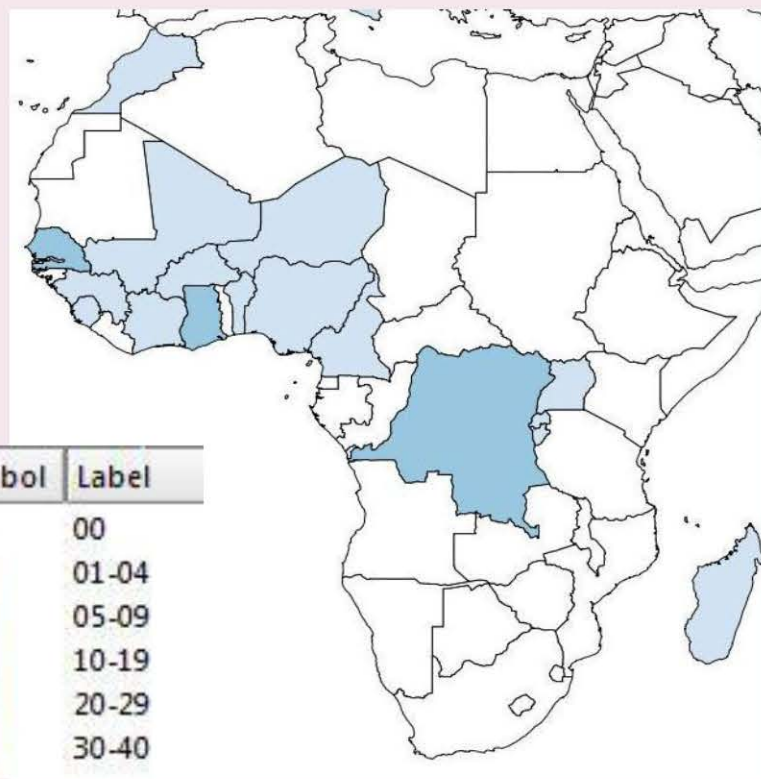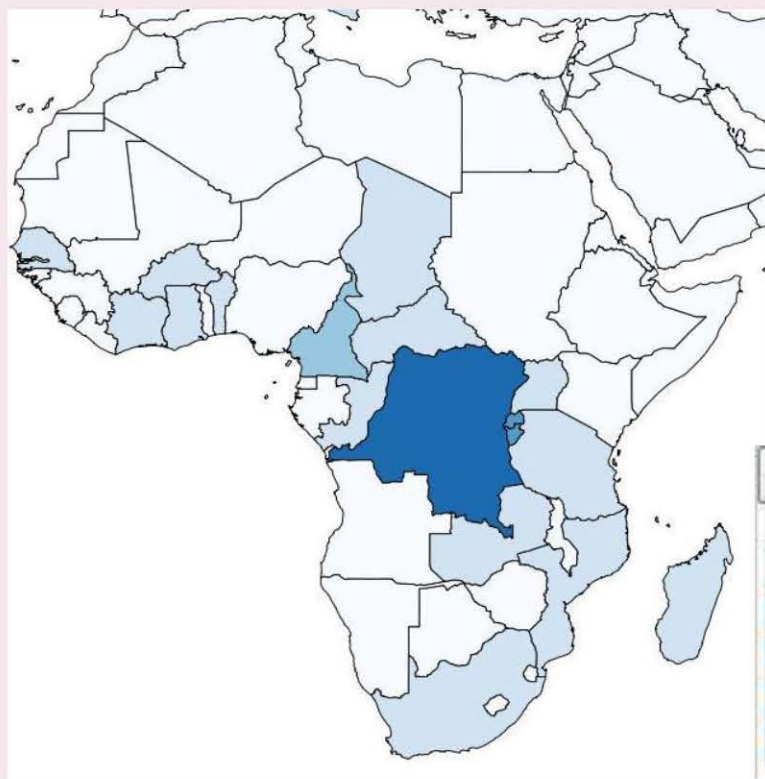- 35 countries (n=223)
- 60% experts from South (n=223)

CoP[PBF] pie chart: Researcher 18%, Ministry of Health 24%, Implementation Agencies 43%, International Institution 15%. n=314

CoP[FA] pie chart: Researcher 14%, Ministry of Health 20%, Implementation Agencies 44%, International Institution 22%. n= 233

Mapping – February 2010

CoP[PBF]

n=298

Mapping – February/March 2011

CoP[PBF]

CoP[FA]

Symbol	Label
	00
	01-04
	05-09
	10-19
	20-29
	30-40

n=298

n=223

Mapping – August 2012

CoP[PBF]

CoP[FA]
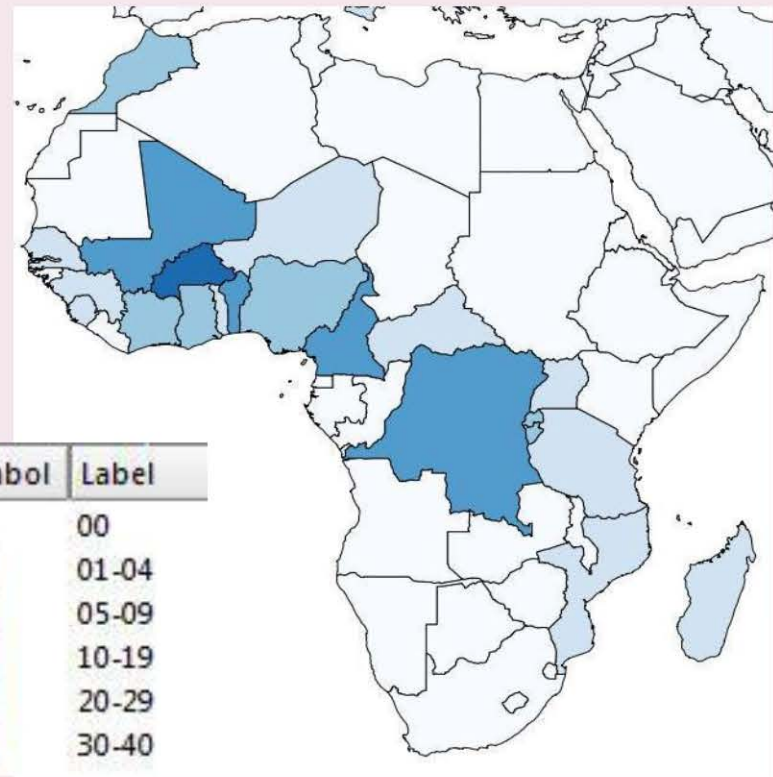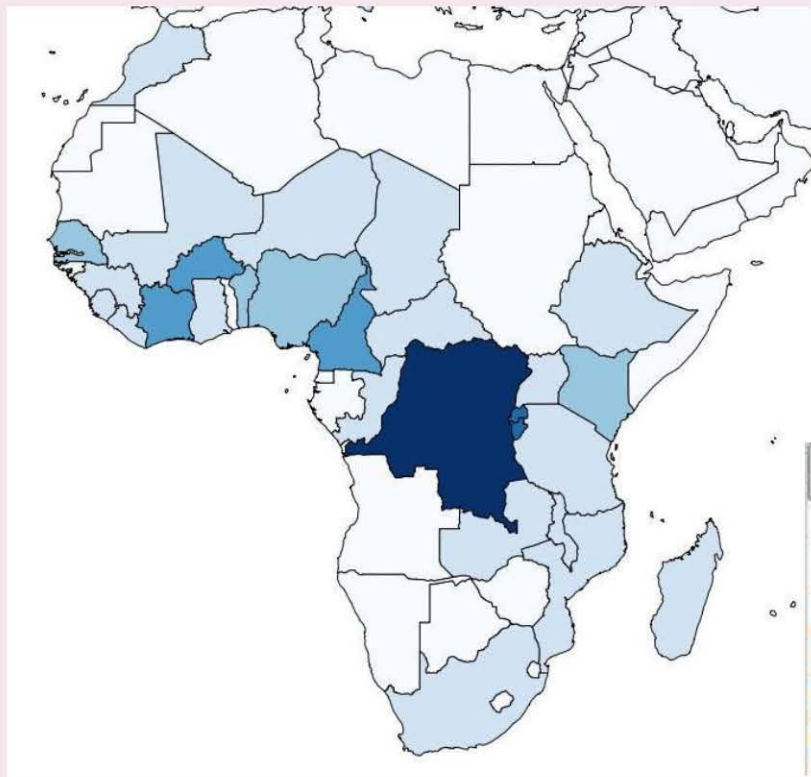
Symbol	Label
	00
	01-04
	05-09
	10-19
	20-29
	30-40

n=298

n=223

Results

LEVEL OF PARTICIPATION

Level of participation

CoP[PBF]

- 1728 messages posted since February 2010 (Mean: 56/month)

- 37% of members have posted at least one message

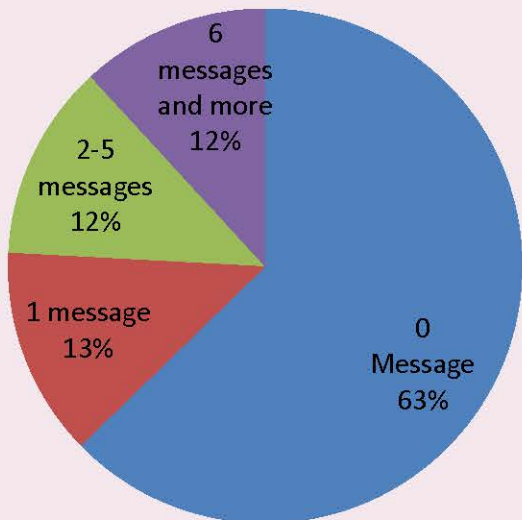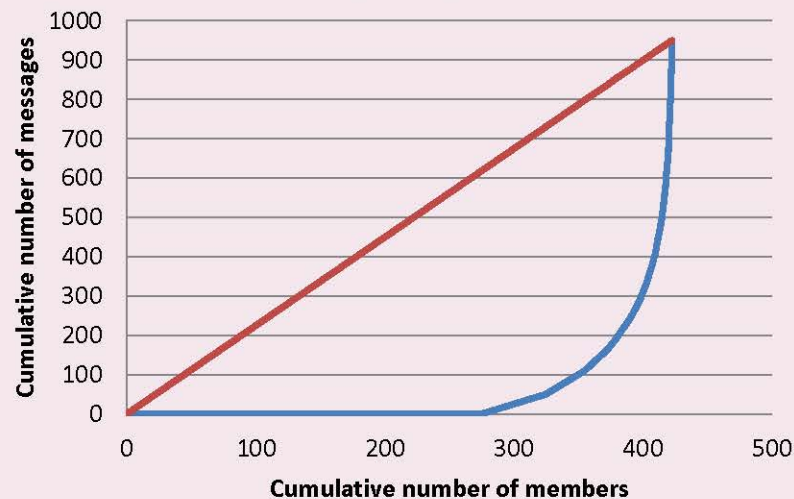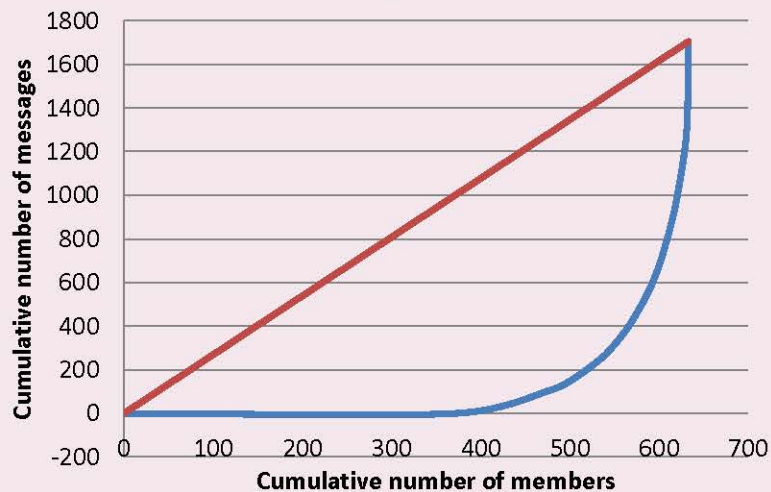- 50% of messages are posted by only **3%** of the members

CoP[FA]

- 987 messages posted since March2011 (Mean: 55/month)

- 35% of members have posted at least one message

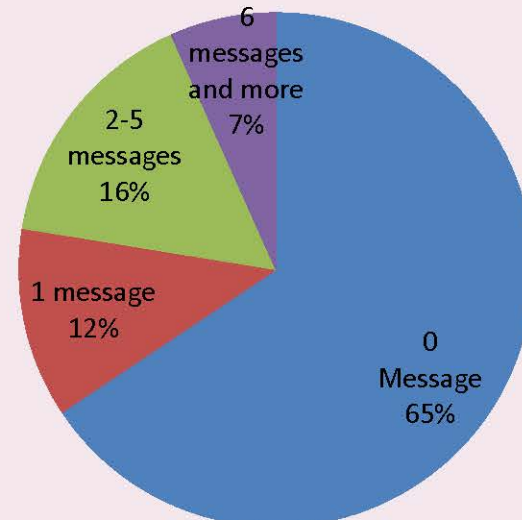- 50% of messages are posted by only **2%** of the members

Level of participation

CoP[PBF]

n=1728 messages

CoP[FA]

n=987 messages

16

20 largest contributors of the CoP [PBF]

Rank	Author's country	Author's function in the CoP	Author's affiliation	Number of messages	Percentage of messages
1	Belgium	Facilitator	Researcher	337	19,51
2	Nederlands	Member	International institution	73	4,23
3	Belgium	Member	Implementation Agency	49	2,84
4	DRC	Member	Implementation Agency	37	2,15
5	Burundi	Member	Ministry of Health	34	1,97
6	Rwanda	Member	Ministry of Health	34	1,97
7	Rwanda	Member	Ministry of Health	33	1,90
8	DRC	Member	Researcher	30	1,73
9	Nederlands	Member	Implementation Agency	29	1,68
10	Rwanda	Member	Implementation Agency	26	1,51
11	Rwanda	Member	International institution	25	1,45
12	Burundi	Member	Researcher	25	1,45
13	DRC	Member	Implementation Agency	23	1,33
14	Rwanda	Facilitator	Researcher	23	1,33
15	DRC	Member	Ministry of Health	22	1,27
16	Nederlands	Member	Implementation Agency	22	1,27
17	Burundi	Member	Ministry of Health	21	1,22
18	USA	Member	Implementation Agency	20	1,15
19	Cambodia	Member	Researcher	20	1,15
20	Madagascar	Member	Ministry of Health	19	1,10
Total				**902**	**52,2**

20 largest contributors of the CoP [FA]

| Rank	Author's country	Author's function in the CoP	Author's affiliation	Number of messages	Percentage of messages
1	Belgium	Member	Researcher	122	12,4
2	Morocco	Member	Ministry of Health	90	9,1
3	Ghana	Member	Ministry of Health	78	7,9
4	Cameroon	Facilitator	Implementation Agency	64	6,5
5	USA	Facilitator	Implementation Agency	41	4,2
6	Benin	Member	Researcher	36	3,6
7	Sierra Leone	Member	Ministry of Health	36	3,6
8	Niger	Member	Researcher	21	2,1
9	Belgium	Member	Implementation Agency	19	1,9
10	Canada	Member	Researcher	19	1,9
11	Mali	Member		18	1,8
12	DRC	Member	Ministry of Health	17	1,7
13	Ivory Coast	Member	Implementation Agency	15	1,5
14	Benin	Member		14	1,4
15	Belgium	Member	Researcher	13	1,3
16	Burkina Faso	Facilitator	Researcher	11	1,1
17	Benin	Member		10	1,01
18	Cameroon	Member	Ministry of Health	10	1,01
19	France	Member	Implementation Agency	10	1,01
20	Mali	Member	Ministry of Health	10	1,01
Total				654	66,04

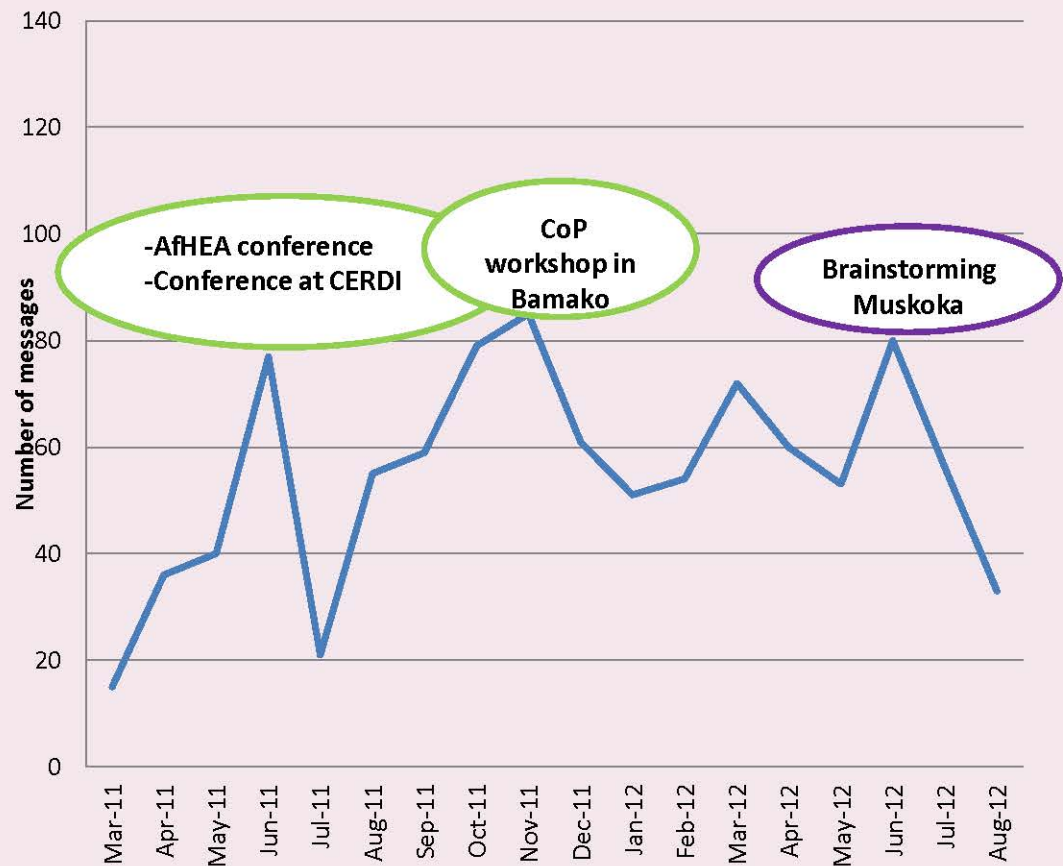Results

DESCRIPTION OF INTERACTIONS

Time trend: messages per month from Feb. 2010 to Aug. 2012 – CoP[PBF]

Mean per month: 55,7 (Min: 19 - Max: 123)
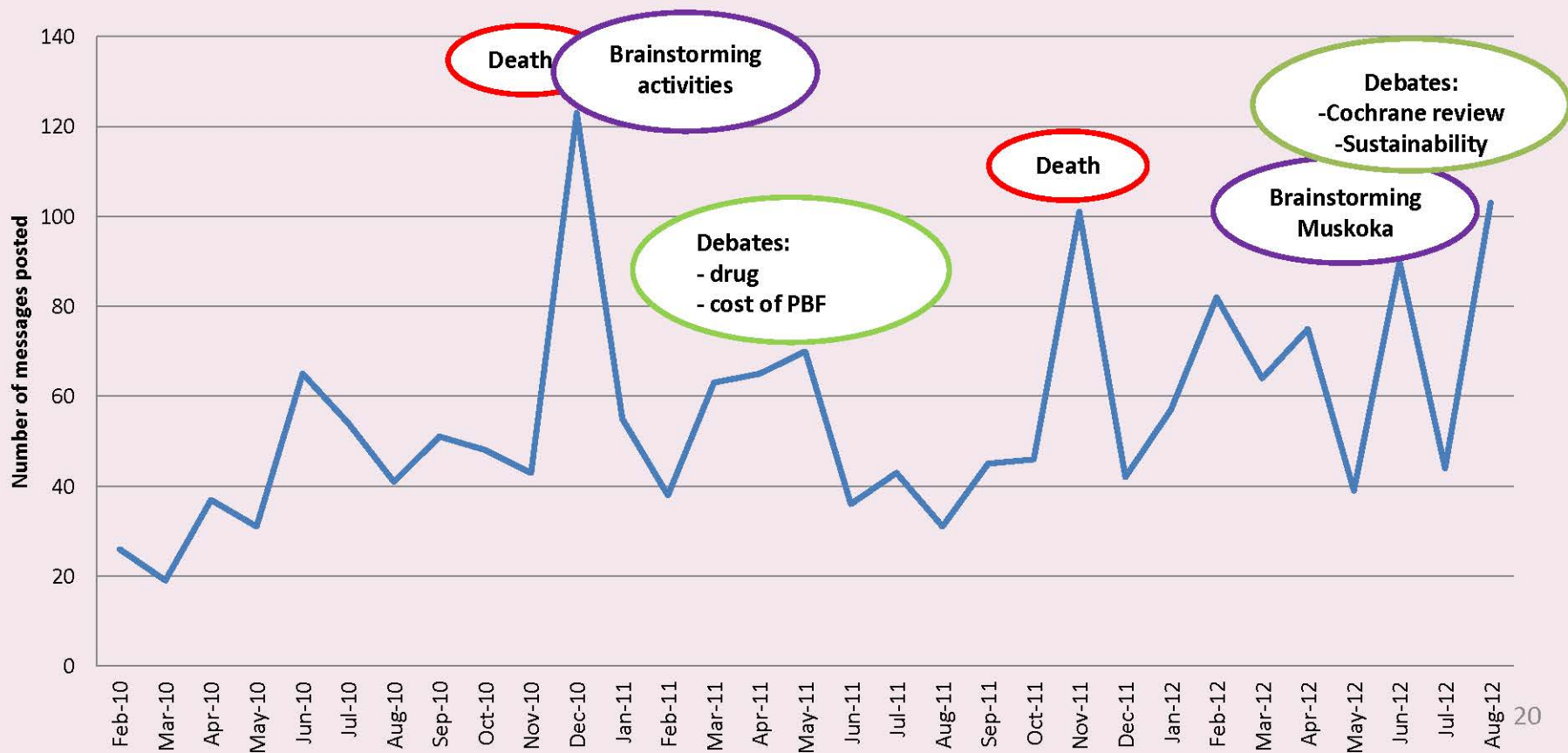
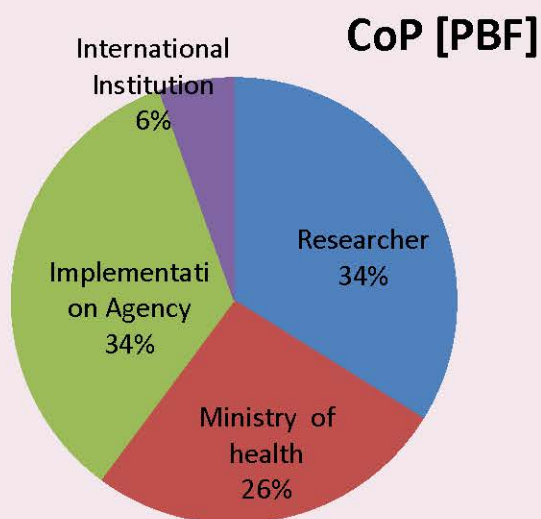# Time trend: messages per month from March 2011 to Aug. 2012 - CoP [FA]

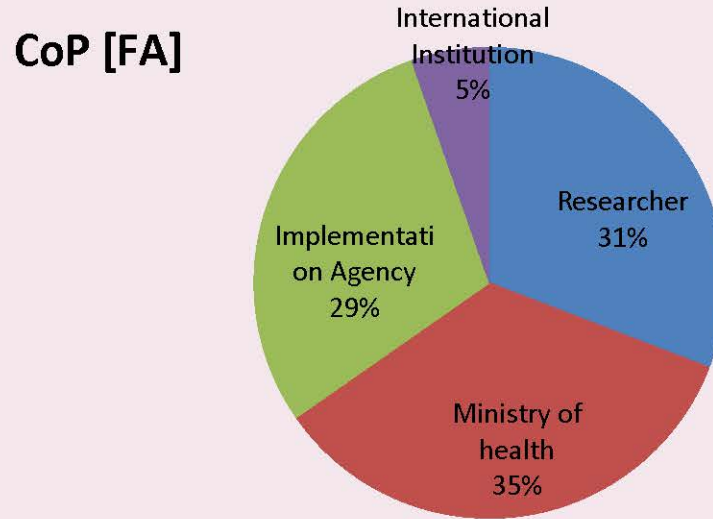- Mean per month: 54,8 (Min: 15 - Max: 85)

Interactions
and commitment of members

	CoP[PBF]		CoP[FA]	
	Effective	%	Effective	%
Thread with no reaction	319	55.2	162	46,5
Thread with one reaction	87	15.1	71	20,3
Thread with at least two reactions	171	29.7	116	33,2
Total of threads	577	100	349	100

Distribution of messages by affiliation

CoP [PBF]

International Institution 6%
Implementation Agency 34%
Researcher 34%
Ministry of health 26%

n=1632 messages

CoP [FA]

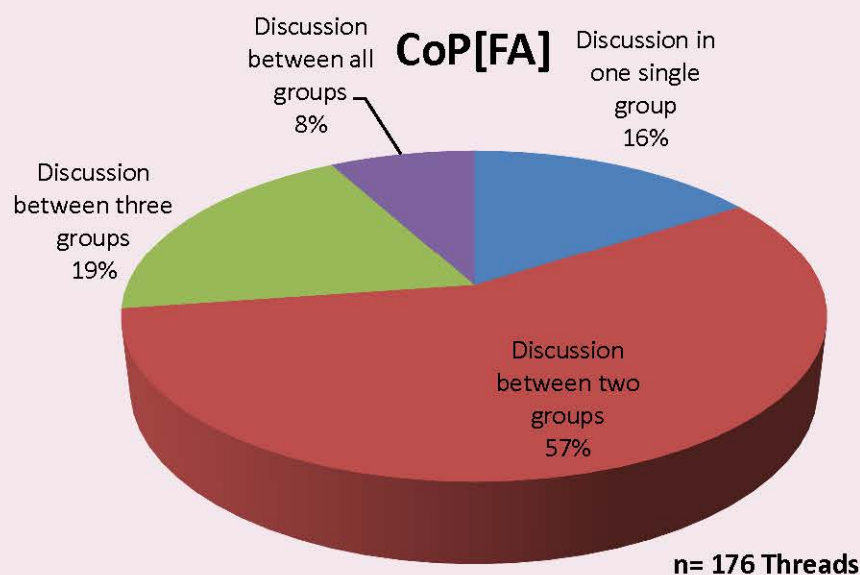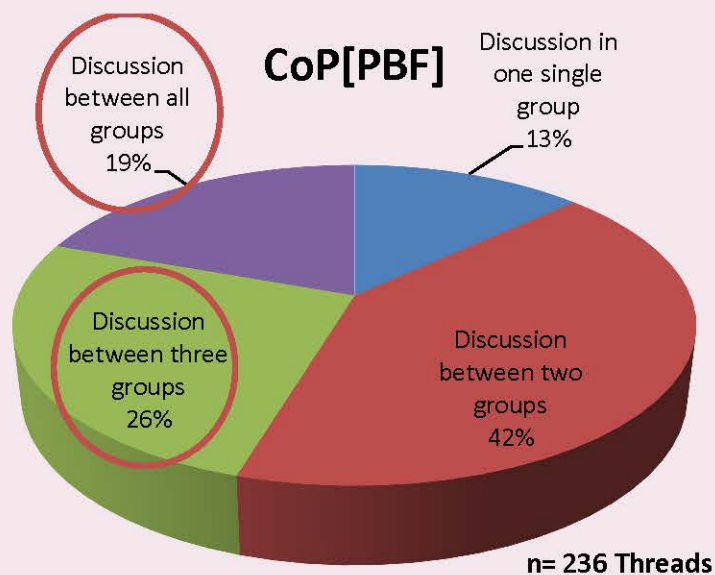International Institution 5%
Implementation Agency 29%
Researcher 31%
Ministry of health 35%

n=859 messages

Interactions and commitment of members

**Interactions between affiliation groups :
distribution of threads***

CoP[PBF]

Discussion between all groups 19%

Discussion in one single group 13%

Discussion between three groups 26%

Discussion between two groups 42%

n= 236 Threads

CoP[FA]

Discussion between all groups 8%

Discussion in one single group 16%

Discussion between three groups 19%
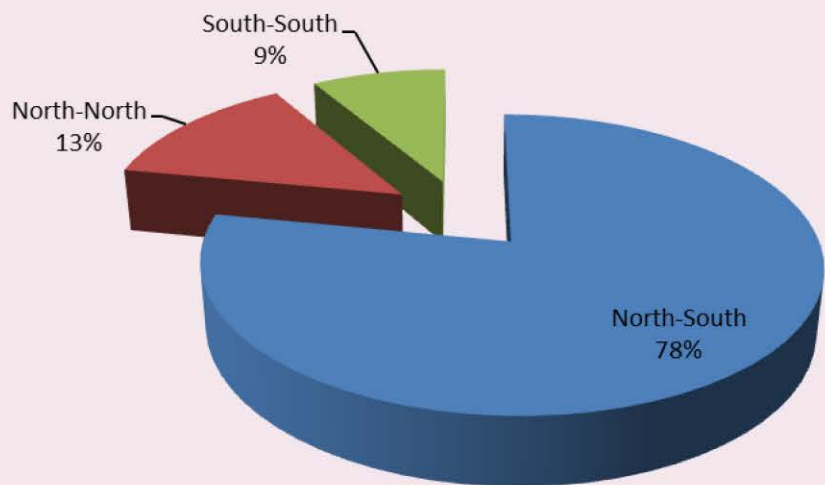
Discussion between two groups 57%

n= 176 Threads

Only threads with at least one reaction were included in the analysis

Interactions and commitment of members

Interactions between North and South members: distribution of threads*

CoP[PBF]   **CoP[FA]**

South-South
9%

North-North
13%

North-South
78%

North-North
7%

South-South
23%

North-South
70%

n= 246 threads
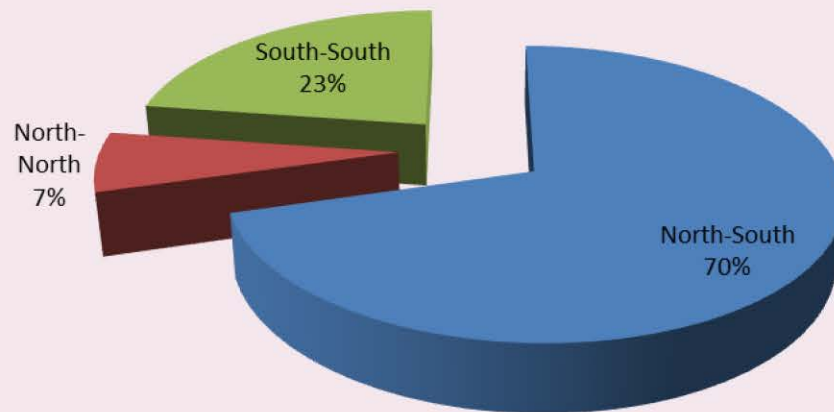
n= 163 threads

NB: Only threads with at least one reaction were included in the analysis

Results

MESSAGE CONTENT

Themes (unit: Thread)

	CoP[PBF]		CoP[FA]	
	Effective	**Percentage**	**Effective**	**Percentage**
Themes				
PBF	285	62	46	15
Free health care	16	3	71	23
Insurance	8	2	21	7
UHC	14	3	43	14
Specific populations and specific diseases (HIV/AIDS, Malaria)	13	3	27	9
Equity	21	4	27	9
CCT et others types of financing	27	6	5	1
Quality of care	12	3	2	1
Others	66	14	64	21
Total of Threads*	**462**	**100**	**306**	**100**

Employment opportunities, conference and training were excluded from this analysis

Sharing knowledge

CoP[PBF]	CoP[FA]
118 shared documents: • 55 scientific articles and working papers, incl.16 produced by CoP members • 35 newspaper articles • 10 reports • 9 ppt presentations • 9 other (notes, books ....)	85 shared documents: • 44 scientific articles and working papers, incl. 16 produced by CoP members • 9 newspaper articles • 17 reports • 15 ppt presentations
• 37 blogs incl. 20 produced by CoP members	• 28 blogs incl. 19 produced by CoP members
• 5 videos	• 5 videos
Sharing experience = 8% of all messages	Sharing experience = 8% of all messages

Sharing opportunities

CoP[PBF]	CoP[FA]
66 Training opportunities (11% des threads)	34 Training opportunities (10%)
60 conference opportunities (10%)	30 conference opportunities (8%)
61 employment opportunities (10%)	29 employment opportunities (8%)
27 debates (5%)	13 debates (4%)

Note: one opportunity = one thread

Language
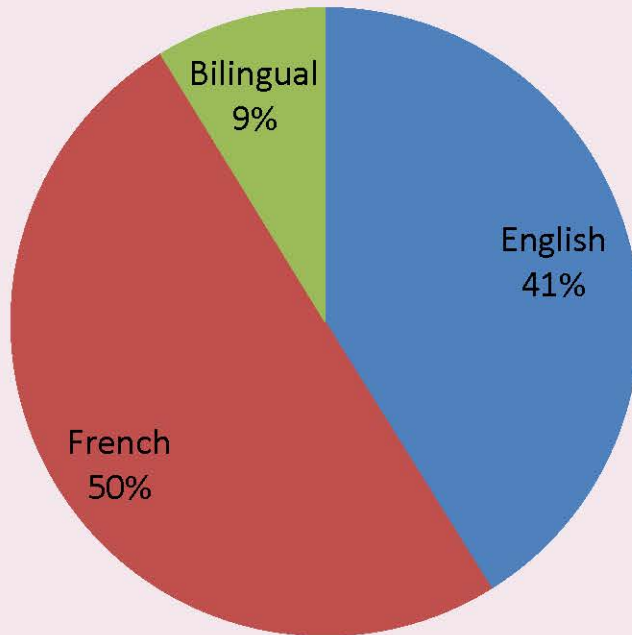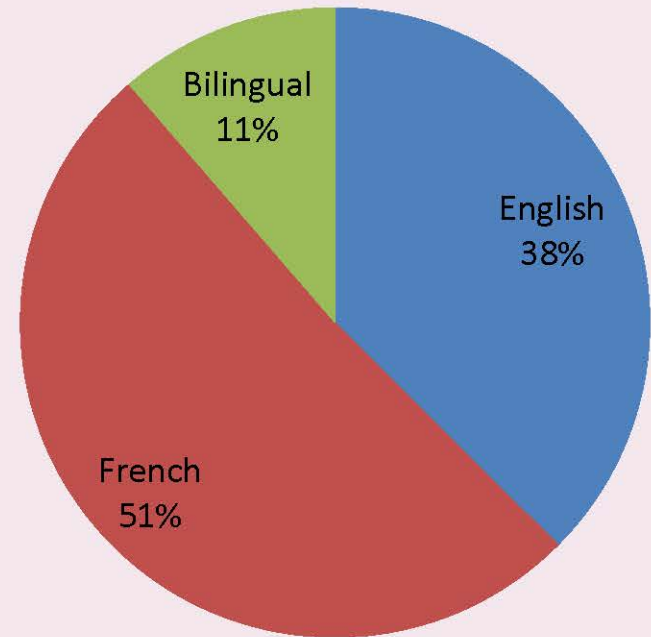
EXPANSION OF SOCIAL CAPITAL

Network analysis

- Cf. Blanchet & James (2012).

- On the 20 greatest contributors of the PBF CoP. 18 completed the online survey.

- Software: UCINET 6.

Network visualization: before joining the CoP

Nodes T, U, Q have a central position in the network
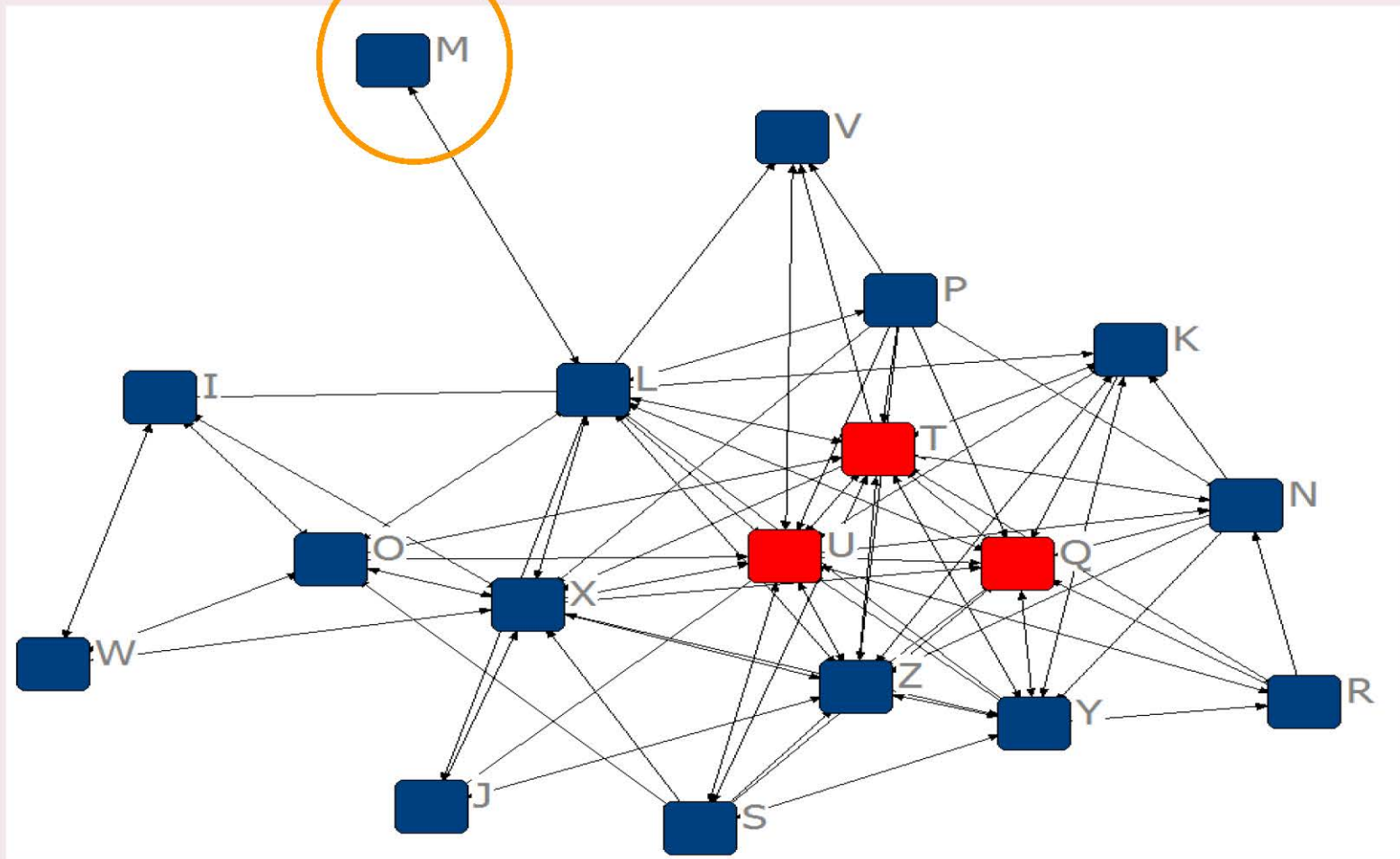
- Node ——————→ Member
- Arrow ——————→ Tie between members. For example when an arrow goes from A to B, it means A sends a link to B and B receives a link from A

Nodes Z, O, U have a central position in the network
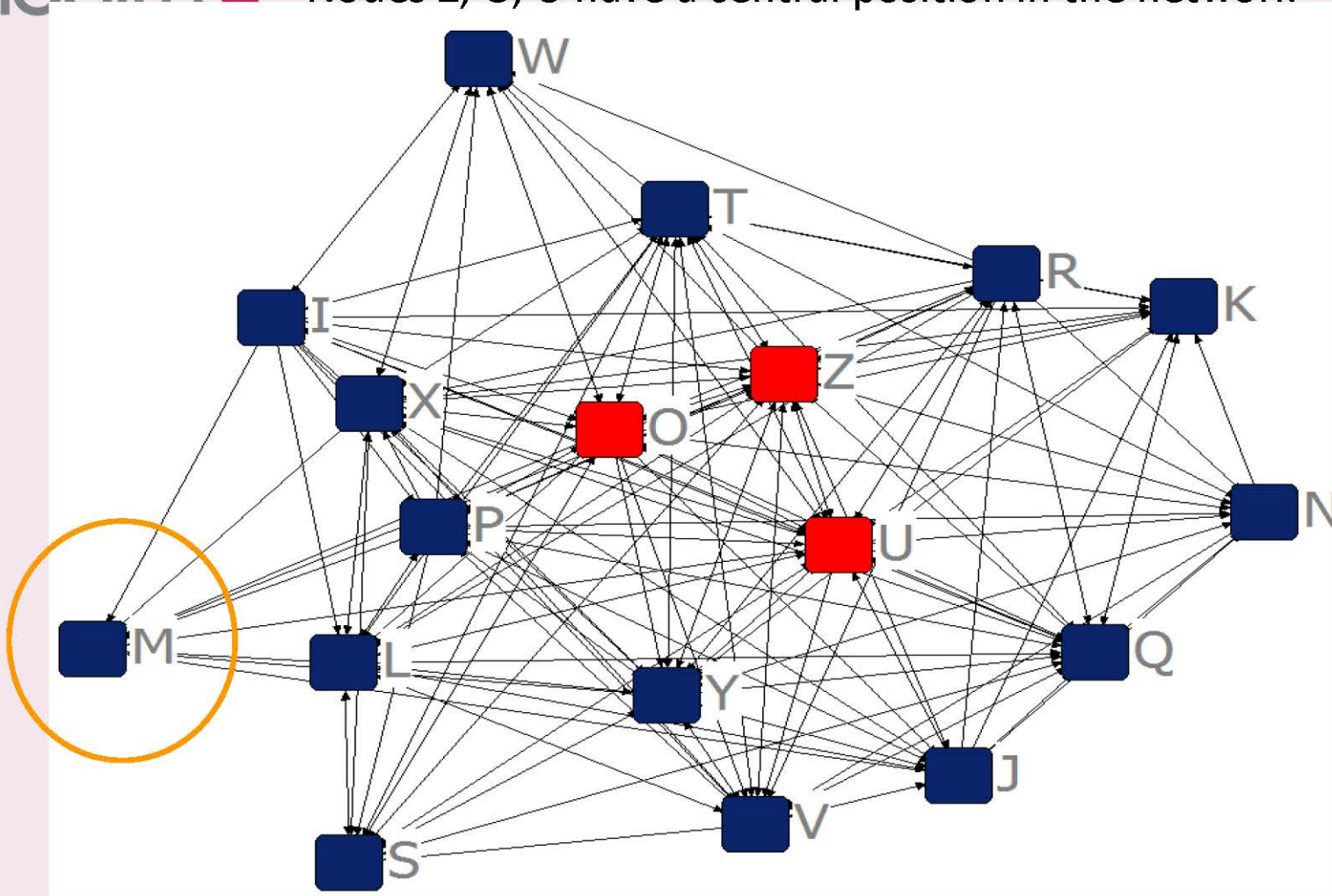
- Node ——→ Member
- Arrow ——→ Tie between members. For example when an arrow goes from A to B, it means A sends a link to B and B receives a link from A

Key indicators of network analysis

	Dimension 1: I know this person	Dimension 2:I had already been connected with this person before being a member of CoP	Dimension 3: I' ve met this person at least once since i'm member of the CoP	Dimension 4: Beyond the google group,i've already have connections with this person since i'm a CoP member
Density	62,5%.	36,9%	45,1%	42,20%
Geodésic Distance mean	1,4 ties (± 0,6)	1,8 ties (± 0,7)	1,9 ties (± 1,1)	1,8 ties (± 1)
Network centralisazation (Centrality Degree)	38%	44%	42%	65%

LESSONS AND LIMITS

Lessons learned and limits of the analysis

- **On the CoPs' online discussion groups**
  - Transnational character of the CoPs
  - Lots of exchanges, large volume of information shared (in terms of documents, conference opportunities, blogs, etc.)
  - Area of interest well defined but not closed to other themes
  - Large participation (> 35% of members have already posted a message) but unequal among members

- **Limits of this study**
  - lack of information on members
    → need to improve the collection of information at the stage of subscription
  - Study limited to quantitative analysis
    → need for a qualitative analysis of the discussions

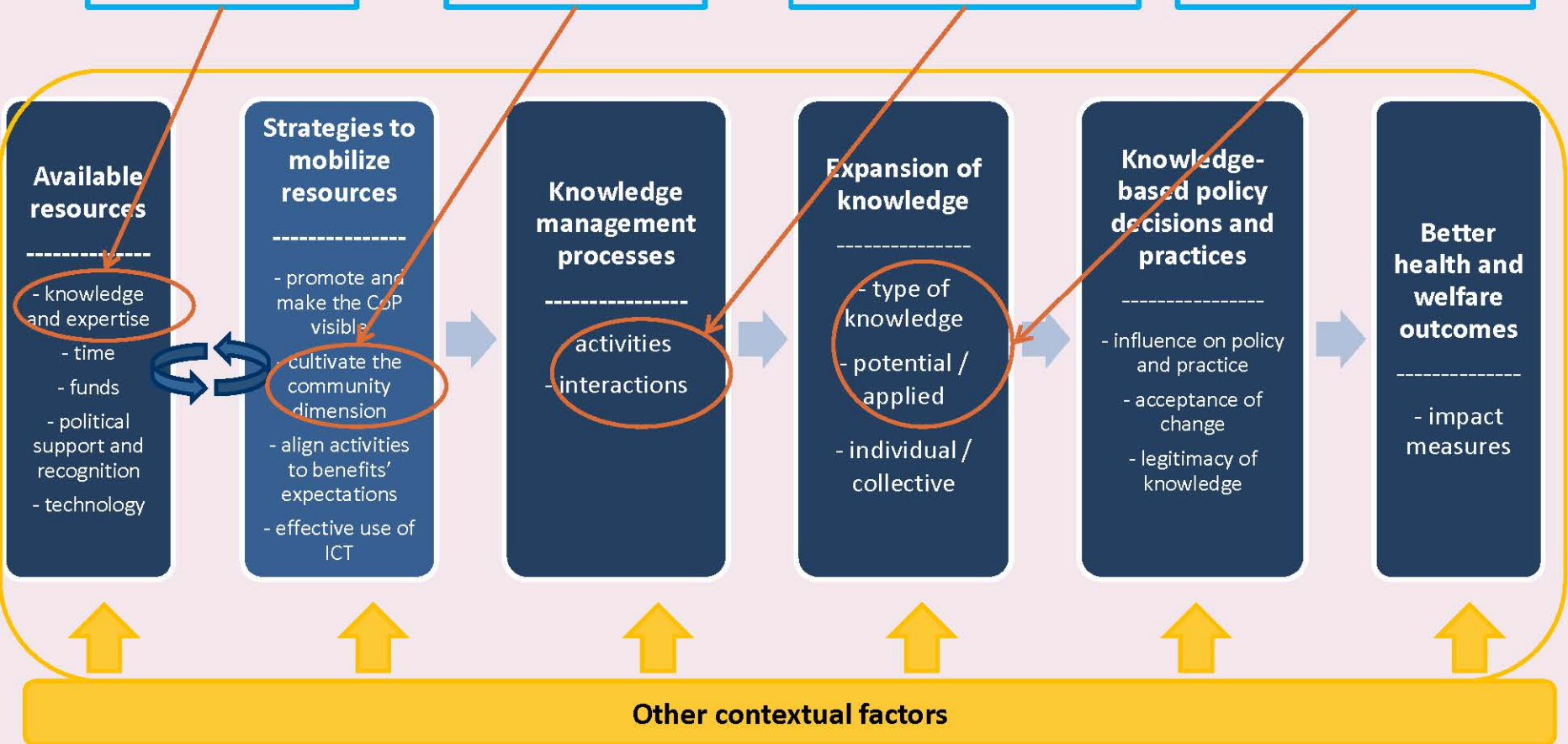# Lessons learned regarding the methodology and the framework

Google group can mesure

FEM health

-Expertise of members	-Level of participation	-Level of activities	-Type of knowledge shared
-Type of information	-Trust / intimacy	-Quality of interactions	- Creation of social capital
	-Fluidity	-Level of commitment	

Available resources

- knowledge and expertise
- time
- funds
- political support and recognition
- technology

Strategies to mobilize resources

- promote and make the CoP visible
- cultivate the community dimension
- align activities to benefits' expectations
- effective use of ICT

Knowledge management processes

- activities
- interactions

Expansion of knowledge

- type of knowledge
- potential / applied
- individual / collective

Knowledge-based policy decisions and practices

- influence on policy and practice
- acceptance of change
- legitimacy of knowledge

Better health and welfare outcomes

- impact measures

Other contextual factors

4. Exploring the potential of Communities of Practice for knowledge sharing: A case study of the HHA CoP for Financial Access

Panel: Creating and sharing knowledge in international health policy and systems: the Community of Practice model

Isabelle Lange, LSHTM
Sophie Witter, University of Aberdeen

Second Global Symposium on Health Systems Research
Beijing, China – November 2, 2012

Presentation overview

- Research questions and objectives
- Background
  - Framework
  - Conceptual model
- Methodology
- Results
- Summary

Objectives

*Objectives of overall study on communities of practice:*

- To explore how knowledge and expertise presented in the CoP online forum and at the annual meetings impacts on the transfer of policy-related information across its participants, their contacts, and the wider community

Special attention paid to

- the communication of ideas and experiences across disciplinary, geographical, institutional and hierarchical borders
- examining the role evidence plays in the discussions, observing the nature of evidence introduced (and who introduces it), and the debates (or lack thereof) it provokes

This study presented here focuses on the **participant perspective** and looks at **how the CoP approach can cut across borders** between actors and contexts to foster knowledge exchange.

Background: Framework for the evaluation of transnational CoPs in health
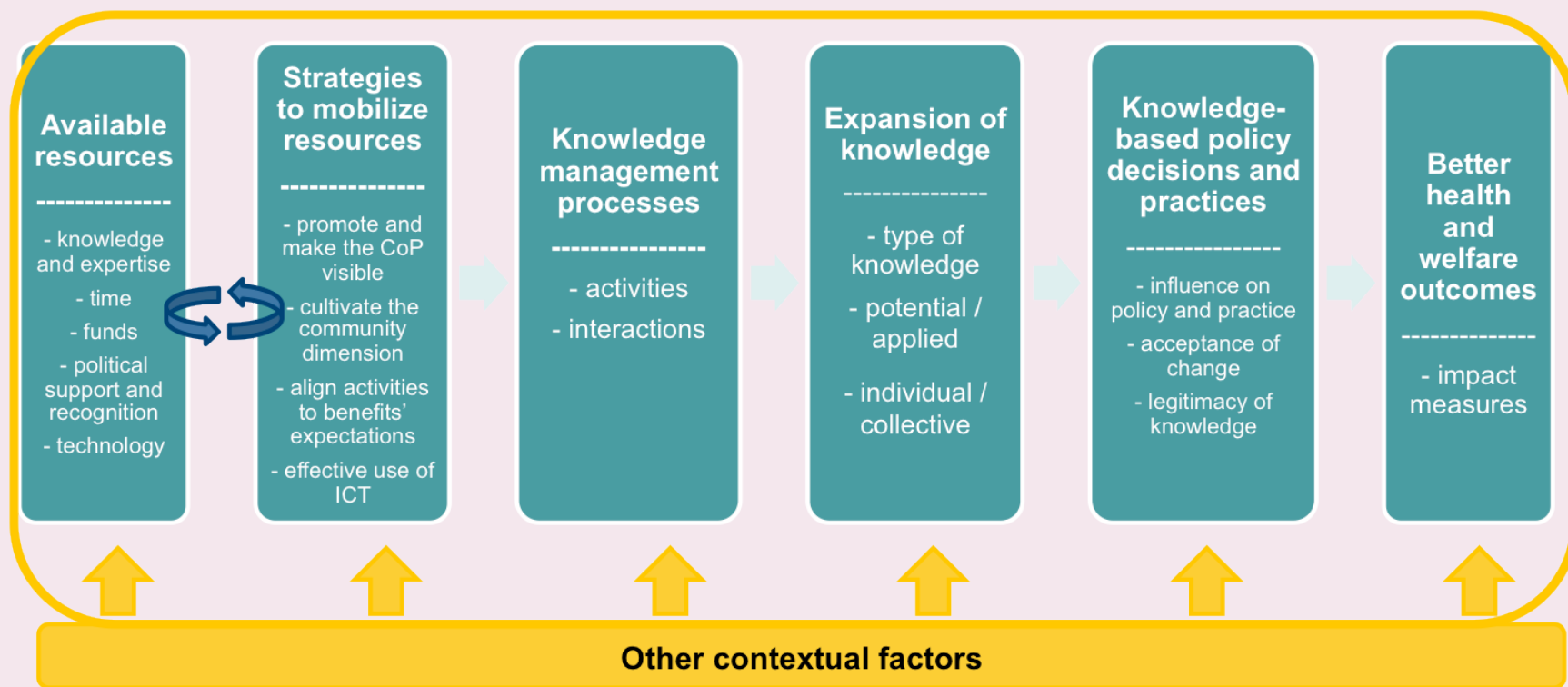
This study takes a **case study approach**:

HHA CoP for Financial Access and in particular

the November 2011 technical workshop held in Bamako, Mali, on the benefits package for maternal health fee exemptions

- the online forum takes a peripheral position in the analysis

Study informed by :

Health policy network analysis

Social network

CoP framework analysis

Methodology
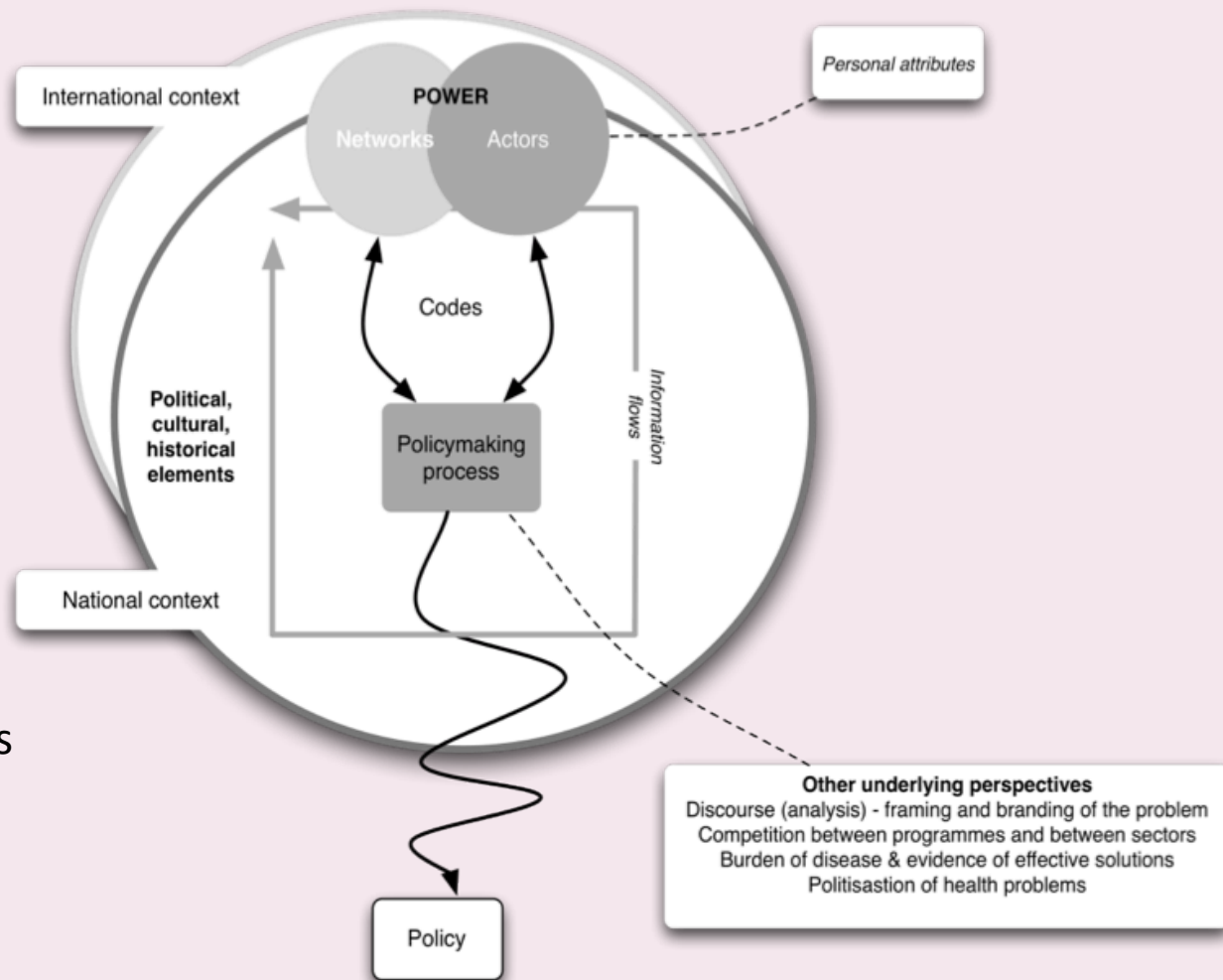
- Ethnographic and narrative approach to fieldwork and analysis

- Participant observation of 3-day workshop on the benefits package for maternal health fee exemptions in Bamako, November 2011
  - Including some preparations
- 21 semi-structured interviews
  - Target sample broken down by country, profile
  - Carried out at the workshop and in the weeks following
- Informal discussions
  - Carried out both at CoP as part of participant observation and in the months following
  - Included those who choose not to be active, not to take part
- Follow-up 6-12 months after in the form of open ended questions on continued role (or lack thereof) of CoP in participants' lives
- In addition: undertook observation of the FA CoP meeting on equity in UCH in Marrakech in September 2012 for continuity and tracking evolution; additional interviews carried out there

RESULTS

Profiles of informants interviewed

Profile	Number interviewed
Decision and policy maker	3
Agency	4
(Field) technician	4
Academia and research	4
Civil Society	3
In addition:	
CoP facilitators	3
CoP members (already inscribed before workshop)	5 (also represented in the above profiles)
Total	**21**

Research questions:

- What is the value of the CoP group and workshop in participants' professional lives?

- How is the CoP enacted so that participants benefit from it?

Presentation of results broken down as follows:

- Problematic areas identified by participants in their work in maternal health

- CoP approaches that **cut across borders**, and how the activities were meaningful to participants
  - First focusing on workshop
  - Secondly on the overall online group

- Barriers and challenges for the realisation of CoP aims

Challenges informants identified in their work in the field of maternal health

- **Often framed in terms of limitations and boundaries**
- Weakness in cross-disciplinary understanding and fertilisation
  - ie "Policy makers don't listen to researchers; our ideas don't fit into PMs' boxes"
- Difficulty working together among governmental departments (policy, social welfare, health, etc)
- Lack of clarity on how decisions get made and how priorities are set in sectors other than one's own
  - "Everyone brings their own sauce to the agenda..."
- Limited network: Too few meaningful contacts out of country (especially beyond neighboring countries), cited by those participants not working in the international agency sector
- "We too rarely go into depth on issues"
  - Development and policy creation structure creates insufficient time and space for depth desired, cited across sectors (but less CS and Research)

Valuable aspects of CoP approach

Areas of the CoP approach identified as addressing

these issues:

- Involvement of members of 4 professional silos to foster exchange across disciplines

- Bringing together delegates facing similar technical issues in different countries
  - 10 country delegations attended Bamako workshop, in addition to experts from resource countries

Valuable aspects of CoP approach (2)

"Deep dive" country pairing activity

CoP meeting format

- Alternative meeting format from "traditional" conference structure
  - Small group sessions
  - Country pairings for focused exchange
  - Fewer presentations and panels; more discussion-oriented talks
  - Defined tasks as outcomes of conference (ie creation of country action plans)

CoP workshop strategy able to cut across borders...

Across **country borders:**

- Discussing, not only reading about, other strategies was useful
    - Particularly cited were hearing about the challenges other countries faced, and the weaknesses of strategies that did not work

- Key to go beyond published materials
    - Access to experiential knowledge that is rarely published, or delayed

- Placing different contexts together provided detail as well as insight into the bigger picture

To me, it was really relevant to see which information we will still need to study in order to draw conclusions of the effects of free maternal health services. Profile: Research, Europe

- Chance to debate experiences
  - Interactive, varied structure led to reflection and exchange

- Contacts for further connections
  - In interviews, members of delegations routinely referred to specific people as being their sources for information
  - Some suggested that these types of contacts were also made at this workshop

I believe that particularly the part where you put two countries together to discuss, makes it very interesting. This gave the participants an opportunity to go in-depth and understand better why certain policy choices are chosen in certain countries. The fact that presentations also served a certain policy discussion and did not all have a similar format, made it also interesting and well adapted to the program. Profile: Research, Europe

Across **linguistic borders:**

- Francophone/Anglophone mix of countries considered to be a strength
    - Especially by the Francophones

Well, the linguistic barrier… on the contrary. As we don't have the same way of looking at things -- Anglophone, Francophone – it is simply a positive. […] I'm thinking, the Anglophone side, they are a bit ahead of us so that helps those of us on the Francophone side.
Profile: PM, Burkina Faso

Across **disciplinary and sector borders**:

- Mix of sector profiles cited as core strength of workshop throughout interviews

- Example of: civil society profile
  - Voice highly sought after for inclusion in workshop
  - Represented authentic field experiences
  - CS participants valued being able to take other country's info back to their constituents; compare their progress

I think that often we meet just amongst us, actors in the ministry of health, or those who implement the program, without taking many things into account because we can't imagine the perspectives of the user or beneficiaries of the service. They have to be there to tell us "what you did like this, should have been done like this instead."

Profile: PM, Burkina Faso

"Informalisation" efforts:

- Participants valued downtime for informal exchanges

- Structure of program in more casual way possibly led to a closer relationship amongst participants

- Many recommend including building in even more time for unstructured discussion

Yesterday I spoke with a Dutch woman who is living here in her role as support to a decentralisation project - - our discussion was very rich, it was remarkable. The day before yesterday, the same thing. We have the opportunity, when we leave our hometowns, to discover new people, share experiences, pose questions and I think it's very enriching. Both the organised and informal activities, such as the coffee breaks, are useful…. We could even go visit the field…
Profile: PM, Morocco

Cutting across borders: Online CoP group

- Influence of online community as a base to the workshop
  - Even though only a minority of participants were members upon attendance, the presence of a unifying effort gave a sense of continuity to members' impressions
  - Do the workshops invigorate the online community?
    - For member attendees: yes!
    - Some perceive the online community to be unique, while considering the meeting spirit similar to that of others. In any case: continuity of group through online activities influenced value of meeting for them.

    - Role in influencing exchanges online remains to be seen through analysis of subsequent workshops and the online group

[The online group] is effective for sharing information, for networking, and for the exchange of experiences…. It's, it's extraordinary…. First, through the community I discovered, I had the opportunity to exchange with a lot of people and now after the workshop, I think that they are friends… I will try to maintain these relationships despite…. Even if the relationship is there and exists you have to reinforce it and care for it.

CoP Member, Morocco

CoP members' perceptions

Perceptions of online CoP group:

Informants were more active participants of online community (who attended the Bamako meeting)

- While involved in many networks, it was the first CoP for everyone

- Prized access to various types of knowledge, especially editorials accompanying them

- Considered it a good resource for self-promotion, both within CoP network and outside

  - Responding and sharing information increases one's visibility with broader international group
  - Having access to information is useful; sharing it improves image amongst non-CoP colleagues and other networks

- Are advocates for CoP method; see much promise in the CoP and have ideas for its expansion and potential

There are people who don't participate. For me (my participation) is because I have fixed an objective for myself: at least every two days I look and see if there is something online. But there are people who are very very busy, who don't have any time... there's that too. But otherwise, I really admire the people [lists examples] who, each time, they translate the text, they summarize articles - - I think it's wonderful. It helps, it really helps. Because it helps make the English things accessible, I can read it more quickly, things that sometimes I would be hesitant to try reading.

[The emails in the group] permit me to know what is happening outside (of the country), and really, there, I have learned so much. It gives me the impression to not be useless. I know everything that happens, and if I were to get a job... even if it isn't in a ministry... but if I were to have a consultancy in this area, I wouldn't be lost – because I know what is currently happening, I would feel really at ease. CoP member, West Africa

Barriers and challenges to the realisation of workshop and online strategies

- Linguistic barriers
    - Anglophone/Francophone mix considered an important element of the workshop, but difficult to provide good simultaneous translation during sessions and to foster informal exchange across linguistic barriers

- Engrained hierarchical patterns
    - Takes time and trust to subvert communication codes, especially when encouraging a type of subversion of hierarchy

- The attraction and active involvement of appropriate actors
  - Who can stimulate knowledgeable discussion
  - Who will knit into a network back home with which to share and action CoP outcomes
  - Avoiding "tokenistic" participation
  - Sustaining the engagement of participants after workshop and over time

I don't think that everyone who was there can do something. I think maybe that it should be refigured, that one tries to have – why not – members of parliament there, maybe ministers of health. Here you get the sense of a need for a booster. [...] When they're home after the conference they can change things easily. Otherwise if you bring a district director who listens to everything and leaves, he can't even speak to his minister. I think that if you want to change the order of things, you have to play with the participant-list, the actors who approach this direction. You will bring everyone back to their role as actor in the system.

Profile CS, Burkina Faso

In terms of **knowledge sharing**, this CoP allows for:

- Experiential knowledge to be given a platform
- Operational experiences to be more quickly disseminated and discussed
- Contexts brought to life through comparison and debate
- Networks expanded across disciplinary and national borders

Questions we continue to explore:

- Does the CoP offer an opportunity for reframing knowledge and learning mechanisms?
- How does the information shared within the CoP online group and meetings extend out to the greater community/world over time?

Thank you