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KNOWLEDGE MANAGEMENT IN THE WHO AFRICAN REGION: STRATEGIC DIRECTIONS

Report of the Regional Director

EXECUTIVE SUMMARY

1. Efficient Knowledge Management is now considered a key factor in organizational performance and competitiveness. New Knowledge Management approaches, including those using information and communication technology, can improve efficiency through better time management, quality service, innovation and cost reduction.

2. The WHO Knowledge Management Strategy, the WHO Regional Office for Africa strategic orientations for 2005–2009, strategies of the African Union and the New Partnership for Africa's Development, and the World Summit on the Information Society stress efficient information and knowledge management as an important contribution to the achievement of the Millennium Development Goals and other internationally-agreed development goals, including those related to health.

3. The weak Knowledge Management culture and limited information and communication technology (ICT) skills and infrastructure represent serious impediments to knowledge access, sharing and application. The new Knowledge Management approaches and the current ICT revolution represent, for the WHO African Region, a historic opportunity to foster a culture of Knowledge Management and overcome the digital divide in order to strengthen health systems, improve health outcomes and provide equity in health.

4. Countries would benefit from making Knowledge Management a priority component of their national health development policies and plans, and this emphasis requires allocation of adequate resources as well as the support of relevant partners.

5. The Regional Committee is requested to review these strategic directions and adopt the proposed attached resolution.

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INTRODUCTION

1. Efficient Knowledge Management (KM) is now considered a key factor in organizational performance and competitiveness. New KM approaches, including those using information and communication technology (ICT), can improve efficiency through better time management, quality service, innovation and cost reduction. The growing inequities in access to information and knowledge and in the transformation of knowledge into policy and action (the know-do gaps) as well as the digital divide[1] (or electronic diversity) between and within countries present serious impediments to the achievement of the health-related Millennium Development Goals and other internationally-agreed health development goals.

2. The World Summit on the Information Society (WSIS), held in Geneva (2003) and Tunis (2005), adopted a plan of action that emphasizes the importance of Knowledge Management and the efficient use of information and communication technology (ICT) for the international development agenda, including health. The African Union and New Partnership for Africa's Development have also addressed the digital divide and e-Health[2] as high priority issues in the continental development agenda.

3. WHO has defined Knowledge Management as: "a set of principles, tools and practices that enable people to create knowledge, and to share, translate and apply what they know to create value and improve effectiveness."[3] The *WHO Knowledge Management strategy* and *Strategic orientations for WHO action in the African Region 2005–2009* implicitly suggest Knowledge Management for health as a key strategic priority.[4] In addition, Resolution WHA58.28 of the Fifty-eighth World Health Assembly[5] urged Member States and requested the Director-General to actively promote and support e-Health initiatives.

4. This document proposes strategic directions for more efficient knowledge generation, sharing and application, and discusses the subsequent and respective roles and responsibilities of countries, WHO and partners.

SITUATION ANALYSIS

5. The work of ministries of health, WHO and other stakeholders already comprises Knowledge Management components such as the generation, sharing and application of scientific, technical, explicit and implicit knowledge. Concrete examples of KM in health include health research; medical education and other elements of human resources development; health situation analyses; programme

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[1] WSIS, Report of the Geneva phase of the World Summit on the Information Society, Geneva-Palexpo, 10–12 December 2003, Document WSIS-03/GENEVA A/9(Rev.1)-E 18 February 2004, Annex 2, Geneva, World Summit on the Information Society, 2003.

[2] The term *e-Health* encompasses all of the information and communications technology necessary to make the health system work; see http://www.itu.itn/itunews/issur/2003/06/standardization.html-15/03/2006 (last accessed 23-03-2006).

[3] http://www.who.int/kms/resource/km_glossary.pdf

[4] WHO *Knowledgement Management strategy*, Geneva, World Health Organization, 2005 (WHO/EIP/KMS/2005.1). WHO, *Strategic orientations for WHO action in the African Region 2005–2009*, Brazzaville, World Health Organization, Regional Office for Africa, 2005.

[5] Resolution R58.28 eHealth. In: In: *Fifty-eighth World Health Assembly, Geneva, 16–25 May 2005. Volume 1: Resolutions and decisions, and list of participants.* Geneva, World Health Organization, 2005 (WHA59/2005/REC/1), pp. 108–110.

monitoring and evaluation; and development of strategies, norms, standards and guidelines. Publications, library services, documentation centres, meetings, workshops and seminars are typical examples of KM tools and methods.

6. It is nevertheless widely acknowledged that Knowledge Management for health is generally weak and that there is a need for serious improvement in this crucial area. Knowledge Management should deal not only with formal and explicit knowledge deriving from health research and systematically-documented health issues but also with tacit knowledge residing in people's minds and linked to valuable individual and collective experiences.

7. New technological advances are rapidly changing communications, widening possibilities and making new KM tools available. The most important are electronic mail, electronic databases, internet web sites, intranets, search engines, video- and tele-conferencing, virtual libraries, electronic collaborative tools and expertise locators.

8. The digital divide, which separates those who are part of the electronic revolution in digital communications and those who have no access to the benefits of the new technology, represents a major obstacle to effective use of ICT solutions in KM. At present, the 942 million people in developed countries enjoy five times better access to fixed and mobile phone services, have nine times better access to Internet services, and own 13 times more personal computers than the 5.6 billion people living in low-income and lower middle-income countries. There are currently 800 000 villages worldwide that lack access to even basic telephone services.[6] As recognized by the WSIS, sub-Saharan Africa is the world's most digitally-disadvantaged region.

9. Policy-makers, health practitioners and communities often lack relevant information and knowledge when and where they actually need it. Conversely, there is an information overload which results in time wastage, confusion and inappropriate decision-making and problem-solving.

10. E-Health and telemedicine are playing increasingly important roles in public health, clinical knowledge and medical practice. They provide a wide range of solutions for health situation assessment; alert systems and responses to epidemics; management of health institutions, services and programmes; health promotion; provision of health care; training; and continuing education through e-learning.

11. There is a proliferation of Communities of Practice, stakeholders interested in common specific issues who exchange their information and knowledge directly or through electronic tools. This approach is a powerful instrument for knowledge sharing and application.

12. The most important strengths and opportunities for Knowledge Management in the African Region are the increasing awareness and commitment of policy-makers and professionals; the growing number of partners willing to support KM programmes such as e-Health and telemedicine; the progress (albeit limited) in ICT infrastructure; and the conducive environment created by the World Summit on the Information Society. Several e-Health projects are being implemented, and others are being developed, such as the pan-African e-Network coordinated by the African Union.

[6] See International Telecommunication Union web site (last accessed 15-03-2006): http://www.itu.int/partners/qanda.html; http://www.itu.int/newsarchive/press_releases/2005/07.html

13. Weaknesses and threats in Knowledge Management area include lack of formal policies, norms, standards and strategies; managerial and leadership styles that hinder learning, or knowledge sharing and application; poor ICT infrastructure and the subsequent digital divide; and limited human and financial resources.

14. The main challenges for countries, WHO and partners are the limited access to relevant knowledge (knowledge gap) and limited transformation of knowledge into action (know-do gap); weak learning and knowledge-sharing behaviour; irrelevant managerial processes and mechanisms for efficient KM; and lack of coordination of the various approaches and initiatives in KM.

REGIONAL AGENDA

Objectives

15. The overall objective of this document is to contribute to the improvement of health system performance and outcomes through effective Knowledge Management in health.

16. The specific objectives are:

(a) to improve access to and sharing of health information and knowledge;

(b) to maximize the impact of explicit and tacit knowledge, including health research and experiential knowledge, through effective knowledge sharing and application;

(c) to foster e-Health as a powerful means of strengthening health systems and improving health service delivery, including quality of care.

Priority interventions

17. *Advocacy*. Knowledge Management for health should be promoted by policy-makers at the highest level of government and by international and regional development partners.

18. *Data and evidence generation.* A situation analysis of KM at regional and country levels through surveys and special studies should be performed and regularly updated. Such analyses should generate evidence; identify best practices; consider explicit, tacit, community-based and traditional knowledge; and locate available expertise.

19. *Development of policies and plans*. Country-specific policies and plans should be developed for further progress in KM and to ensure that KM is embedded across the health system, including all programmes and projects. They should agree with overall national development policies and plans, ICT plans, and health policies and plans. They should also consider the strategies of the African Union, New Partnership for Africa's Development, World Summit on the Information Society and World Health Organization. KM policies and plans should explicitly support national capacity building, human resource development and equity in health services provision and health outcomes.

20. *Setting of standards and norms.* Appropriate norms, standards and regulations are the key for sustainable progress in KM, especially in e-Health and telemedicine. They should be based on the best international practices and adapted to the national context.

21. *Capacity-building.* Capacity concerns three main components of KM: people's skills and behaviour, managerial processes and technologies. The key approaches to be implemented include

training and continuing education, staff incentives, institutional mechanisms and effective use of ICT infrastructure.

22. *Fostering partnerships and mobilizing appropriate resources.* The global momentum in favour of Knowledge Management and Information Technology development created by the WSIS and other international and regional initiatives should be actively used for building strong partnerships at country and regional levels, and for mobilizing adequate resources for KM.

23. *Effective knowledge generation, sharing and application.* Countries and all stakeholders should foster Knowledge Management across health systems for health development and equitable health outcomes. KM, including learning, sharing and application, should be an integral part of the managerial culture in health sectors and systems. Special attention should be given to health and health-related tacit, traditional and oral knowledge, particularly in rural areas. This includes extensive use of mechanisms such as communities of practice and ICT-assisted tools. KM should be strongly associated with health information systems, health research and human resources development.

ROLES AND RESPONSIBILITIES

24. **Countries** should develop Knowledge Management programmes as part of their national health development policies and plans. Relevant strategies of the African Union and the New Partnership for Africa's Development, the WSIS Plan of Action, the WHO Eleventh General Programme of Work, and the strategic orientations of the WHO Regional Office for Africa should inform national policies, strategies and plans for Knowledge Management. Countries should also actively foster partnerships and mobilize resources for the implementation, monitoring and evaluation of KM and ICT programmes in close collaboration with all stakeholders, especially training and research institutions.

25. **WHO** will provide support to countries for developing and implementing policies, plans and programmes; setting norms and standards; monitoring and evaluating programmes; and coordinating partnerships, advocacy and resource mobilization.

26. **All partners**, including academic and corporate institutions, are invited to strongly support countries in their efforts to foster information and knowledge management for health. They should actively contribute to effective coordination and consensus-building and allocate appropriate financial resources to support KM for health.

MONITORING AND EVALUATION

27. Countries should integrate appropriate Knowledge Management indicators in their health development plans; they should ensure that the monitoring and evaluation of the health development plan includes a KM component. KM should be an integral part of any important public health programme and evaluated as such.

28. Progress reports about Knowledge Management at country and regional levels will be presented to the Regional Committee every two years.

CONCLUSION

29. In view of the paramount importance of Knowledge Management for health development, Member States are encouraged to take full advantage of the current revolutions in KM and ICT. These phenomena present extraordinary opportunities to advance health development; achieve the health-related Millennium Development Goals and other internationally-agreed health goals; and avoid marginalization at global, regional and country levels. KM for health, including appropriate use of ICT, deserves to be put very high on the agendas in all Member States and the Region as a whole.

30. The Regional Committee is requested to review these strategic directions and adopt the proposed attached resolution.