Capacity Building in Practice: Case Study of the Community of Purpose HIFA-Fr to Scale-Up Health Information for all and Evidence Informed Policy-Making for All

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Abstract

Introduction: The paper describes and support a global need for evidence based health information policies, demonstrates how and why evidence is collated and identifies the sources of information, the need, role and importance of different stakeholders in this process as well as evidence to support the purpose. The paper then addresses the challenges identified and focuses on a specific case study highlighting the benefits of communities of interest, of practice and of purpose. The paper has global reach and relevant to all communities interested in supporting capacity building in this area.

Methods: This paper report on one case study to show how Community of Purpose has been established to address the global need for Healthcare Information for all and Evidence Informed Policy-Making for All. It is a qualitative study on the process have been established to engage and maintain the interest and participation of community members like the type of participation needed for members (how, what, why) and the process needed for participation.

Results: As a knowledge topic evolves, the nature of the community that owns, or looks after, that knowledge will also evolve and it is for this reason it is important to consider Communities of Purpose to address the global need and to facilitate continuous capture of explicit and tacit knowledge in the same time on different health priority topics. The experience of the Community of Purpose Health Information for All and Evidence Informed Policy-Making for All (HIFA-Fr) from World Health Organization is relevant example on why and how to establish international collaborative platform.

Conclusion: This case study demonstrates the role and importance of facilitators or moderators and also cognitive presence is and its purpose.

Keywords: Communities of purpose, Capacity-building, Evidence, Moderation, Health information

Background

The value of health information and evidence in informing policy development within the health sector, has been very well established in existing literature. There are dynamic and iterative processes. These processes must account for the diverse range of types and sources of information and evidence to ensure that the policies generated are adapted to the local context. In addition

to formal knowledge or explicit influenced different stages of policy process, the tacit knowledge need to be considered to complement formal knowledge [1] available across case studies, lessons learned to be able to adapt practices to the local context. To capture this large range of knowledge, a global campaign Healthcare Information for All (HIFA) was established in 2009 to support participative, inclusive and extensive discussions with stakeholders on exchange and use of healthcare information [2]. In this context, this concept has been extended to Evidence Informed Policy for All through WHO HIFA-Fr. This paper explains how the community of purpose WHO HIFA-Fr contribute to address this global need and support capacity building in evidence specifically in resource poor settings and sustain it [3].

Aim of the Study

Understand the underlying mechanism and key elements from one case study of international Community of Purpose to create valuable content through people's interaction, discussion and collaboration. Collaboration amongst different stakeholders in health needs to be nurtured, and could only happen if people builds up communication channels, networks, trusts and relationships with others. Each stakeholder will have different values and perceptions, and that makes collaboration one of the most difficult tasks in reality. For this reason to it is therefore imperative to understand how knowledge sharing platforms and their moderation can make collaboration a reality through a learner-centred focus. It is also a way to appreciate the importance of collaboration in the communities.

Here we examine the objectives of HIFA-Fr-

HIFA-Fr [3-5] is collaborative network support capacity building in evidence specifically in resource poor settings and the objectives of HIFA-Fr is to provide:

- collaborative agreement on goals (improve access and use of information/evidence for all amongst large range of stakeholders in public health, share experiences, lessons learned, perceptions related to the specific context with others members to create space of reflection and discussion based on mutual respect, mutual listening and understanding, mutual learning ; learn to ask questions to trigger critical thinking and learn to support arguments with relevant publications, information and epidemiological data), learn to communicate and exchange based on common good ground in public health

- facilitator modelling to moderate discussion between the members and support them to express themselves with genuine behaviour

- motivation to apply critical thinking; and shaping communicative interactions within the online discussion platform

- environment to encourage thinking, self-reflection and consideration for others experiences and perceptions

- Critical thoughtful on various priority health topics for the countries (around 30 specific public health topics have been selected by the members of the community).

After each week of discussion, the facilitator of the forum provides synthesis of discussion (4 synthesis have been already provided with key points and short resume on each topic of discussion)

Purpose of the Paper: A Global Need

The need for evidence informed policy

The value of evidence in informing policy development within the health sector, has been very well established in existing literature. The pathway to 'evidence-informed' policy includes three processes; identifying the evidence; utilising the evidence, and finally implementing the evidence. The process of evidence-informed policymaking sees the use of information from difference sectors, formats, and sources. For policy makers and actors, the identification, assessment, and selection of relevant evidence to develop policies is an iterative process. The process must account for the diverse range of types and sources of evidence to ensure that the policies generated are adapted to the local context. In addition to formal knowledge (e.g. national surveys, policy document, research studies, systematic reviews) influenced different stages of policy process, the tacit knowledge need to be considered to complement formal knowledge available across case studies, lessons learned to be able to adapt practices to the local context [6]. The relevance of evidence to be used to assess each step of policy process, the frame of the problem, its root causes and consequences, the policy options as 'evidence on policy' and their implementation cannot be overstated. Evidence must be considered from different sectors to address public health issues in general related to several social determinants of health. In addition, evidence must be accessible to a large range of stakeholders.

Sourcing the evidence; why is it necessary

As identified above, we need health systems that are informed by evidence at each stage of policy development, from when an issue is first identified, to the development of the most appropriate response/interventions, and subsequent evaluation of its effectiveness. Ahead of formulating policy, evidence will be sourced to show effectiveness of a particular response (in terms of cost effectiveness), and used to support the need for policy action. But for the success of the policy development, there are several requisites of the data collected. Firstly the information needs to be accurate and it is necessary to assess their level of integrity including in their use in research. If the information collated are not accurate or biased, policy makers and actors will not be able to have the right skills to discriminate between evidence which is reliable and useful, and that which is not. The transparency of the data is to ensure credibility and integrity of the evidence . Access and availability of good data/ best available evidence is pre-requisite in evidence informed policymaking and it is for this reason it is critical to consider the approach Healthcare Information for All. Transparency is the second vacuum and challenge in policy-making, because it is needed to help government to appropriately evaluate how the community reacts to ideas before they are fully formed, enabling it to better anticipate the politics of pursuing different courses of action. The last challenge is about independency of the source of data,

their analysis and relevance to the local context [7]. The campaign for Healthcare Information for All helps to identify the source of information through the different stakeholders.

How HIFA-Fr serves to address the challenges highlighted.

HIFA-Fr is a global initiative which used the format of a 'community of purpose' which is based on the concept of HIFA-Forums, and as such shares the goal of Healthcare Information for All. Most existing community tools today are either focused on building communities of interest or communities of practice but another one need to be developed, the community of purpose which is the functionality of groupware and knowledge management

- "Communities of interest" where the members share a common set of interests (e.g. a community of people interested in public health),

- "Communities of practice" where the members share a common set of skills (e.g. a community of health professionals).

- And the "community of purpose," where the focus is on a shared goal (e.g. a community collaborating on a common project).

HIFA-Fr is a community of purpose where the focus is on a shared goal Health Information and Evidence Informed Policy-Making for All

HIFA-Fr is one such initiative working towards achieving healthcare information for all. Described as an online Community of Purpose (around 600 members from 37 francophone countries), HIFA-Fr aims to sensitize policymakers and others stakeholders to have an influence on evidence informed policy-making process and contribute to scale up better and systematic use of evidence in public health specifically through daily interactions with the members of the community [3-5]. The forum provides a platform to disseminate relevant publications, engage with WHO experts, share knowledge of best practice to complement traditional knowledge (such as local experiences and lessons learned),

This initiative is an example on how to set-up large Community of Purpose amongst different stakeholders in public health through the use of technology (online discussion platform to share and learn together on different range of health priority topics)

The technology and infrastructure available today is no longer an issue for some developed countries, however, barriers still remain for many LMICs including access to internet, and speed of connection. HIFA-Fr Community of Practice is based on online email discussion system to overcome these difficulties of access.

Methods

The study analyses and reports on the type of participation is needed from the members to be engaged and participated in community and discussion will be focus on how to do it, what is it and why is it important.

We need to understand the mechanism of this interconnected environment based on the level of participation and our capacity to interact with this type of virtual collective environment.

HIFA-Fr has been able to develop

1. Community of thinkers through the formation of network and interaction between people at local, national, regional and international levels

2. Social presence amongst different stakeholders in the health sector, the process to know how to support people to be online and to be on board in the community of practice. The question with this virtual interconnection system (and others) still to know how participant will be able to know each other and to develop constructive participant to participant connection and collaboration.

3. Facilitator or moderator for the community of practices who support the development of trust amongst the participant of the community and for the community. Trust is essential to inspire participant to have active participation and contribution. It is extremely important to provide friendly environment without judgement but a space to share and apply constructive critical thinking based on evidence and relevant recent information and to include different views, perceptions including from different disciplines and professionals. This process is part of systems thinking and a way to reflect on bigger picture to support better understanding of the local context and setting (on how people reflect and work, their priorities, their interests, their capacities and barriers and their level of influence on the system) [8]. The community of practice support participant in their capacity building in evidence and to increase awareness about the advantage and importance to consider different views, information, and knowledge to make more sense and coherence in their understanding. The community of practice help participants to provide arguments supporting their different positions with pros and cons of different perspectives.

   The role of facilitator is to engage participants with the subject matter of choice, with others through reflective questions and background knowledge on the subject, to then reach thoughtful responses with structured way. In this context, the facilitator is therefore required to frame the questions, actively mentor participation and provide support to find relevant references, evidence, examples and synthesis of discussion through resume and key points [9].

   This collaborative space needs to be based on common values of respect and sensitivity, request for ideas and suggestions from others, explore or argument positions from various points of view, experiences and reflection. The answers from participants need to be expressed as much possible thoughtful, insightful or empathic and acknowledge the existence of different positions on issues [10]. All participants are given the opportunity to participate equally.

4. Cognitive presence - the community of practice encourage participant to share their ideas and understanding of each health topic. The strategies below are used:

a) strategic communication to support the participants to

clarify their needs in term of information requirement and to know better what and do what and how and this platform have the advantage to include rapid feedback loops from others participants.

b) Distributed leadership from each participant to create collective and collaborative intelligence and to support them to share and act locally.

c) Effective feedback mechanisms and to know in this way what will not work and to improve learning from each other.

d) Maintain permanent dialogue amongst different stakeholders based on mutual respect and understanding.

e) Pursue areas and critical challenges where people can collaborate and exchange through selection of health priority topics and interests. The reflection of participants through survey on what are meaningful subject matter for you and your context of work have been applied to select topics of discussion.

f) Opportunities to apply knowledge they have gathered to their local working environment and with their local community.

Discussion

What is it and How to do it?

The monthly specific discussion topic is good example to build communities of thoughtfulness where the focus is on health priority topic.

The background knowledge is provided by WHO representatives and others relevant experts on the specific topics, with a list of reference material of relevant documents produced by WHO. This exercise requires participants to have open-mind, and to consider alternative ideas as they assess the advantages or disadvantages of differing experiences and perspectives.

From this experience, it appears very important to provide to the members after each monthly discussion, synthesis of discussion which includes interviews from WHO [11-13] experts and others relevant experts on the topic.

Why is it important?

The Community of Purpose HIFA-Fr helps evidence-informed policy and approaches to move the field forward and to include both quantitative (e.g., epidemiological) and qualitative information (e.g., narrative accounts) needed to provide policy-relevant evidence [14-17]. The Community of Purpose is specifically useful to improve the use of qualitative evidence through participant observations, expert interviews. As highlighted by Brownson, et al. qualitative evidence can make use of the narrative form as a powerful means of influencing policy deliberations, setting priorities, and proposing policy solutions by telling persuasive stories that have an emotional hook and intuitive appeal. This often provides an anchor for statistical evidence, which, in turn, offers the powerful persuasive impact of the law of large numbers, in addition to being verifiable and having high

credibility. The incorporation of quantitative evidence within a compelling story can provide a powerful lever in the policy process. Studies from the communication field have examined the effectiveness of using statistical data versus stories for persuasion. These have shown that, although quantitative evidence alone more frequently has a stronger persuasive effect than qualitative evidence alone, the combination of the 2 types of evidence appears to have a stronger persuasive impact than either type of evidence alone [18,19].

The community of purpose is efficient way to increase collaborative capacities of the members of the community [20]. The amount of data, various knowledge and information increasing tremendously and the emergence of virtual discussion online platform is one mechanism to connect it.

Process needed for participation

The community of purpose HIFA-Fr facilitate the process of collaboration continuum » to make sense through the various public health topics and their social determinants, the diverse realities, experiences and health stakeholders. The « collaboration continuum » is iterative process to go from consulation to cooperation and ultimately collaboration.

The sense of community creates a conducive environment to share research, case studies and continuous analysis to clarify the different range of public health topics and evidence available on these topics.

Conclusion

The most important element of a community, one that builds a sense of belonging and trust, is *purpose*. Purpose lays the path for where the community will journey together. The purpose statement « Health Information for All and Evidence Informed Policy-Making for All» describe why the community exists. The purpose statement encourages ownership within the community. The purpose statement will allow enlarge perception and understanding of public health and the importance to share and capitalize on tacit knowledge.

One of the key part is the community management through the moderator to connect people, moderate the online discussions, to develop effective channel engagement like thematic montlhy discussion. Community facilitation/e-moderation is about creating and sustaining relationships with the individual members but the member's relationships among themselves. It is a way to value the social and human capital in the same time and encourages in this way

The community of purpose supports the members in preparing and communicating data more effectively to their specific audience, in knowing and using existing analytic tools and relevant publications and knowledge more effectively, knowing and using more different types of evidence specifically qualitative evidence to have more information about local-level data on health disparities.

It is very efficient mechanism/process to develop culture of

sharing based on inclusive participation, value diversity of views and support mutual respect across health disciplines and expertise. It encourages opportunities to share knowledge and fosters the ability of large range of health stakeholders to be, or to become conversant across disciplines in bridging knowledge cultures.

These processes encourage individuals to contribute to the networks and communities with an altruistic and solidarity attitude. Without altruism and solidarity, collaboration in networks simply won't work.

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