



Social Intelligence in Health: The Power of Collective Wisdom



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Know-Do Gap

- James Grant declared that 80% of the children who died in Africa during his term as Executive Director of UNICEF could have been saved because the knowledge to save them existed. This knowledge simply was not available when and where it was needed



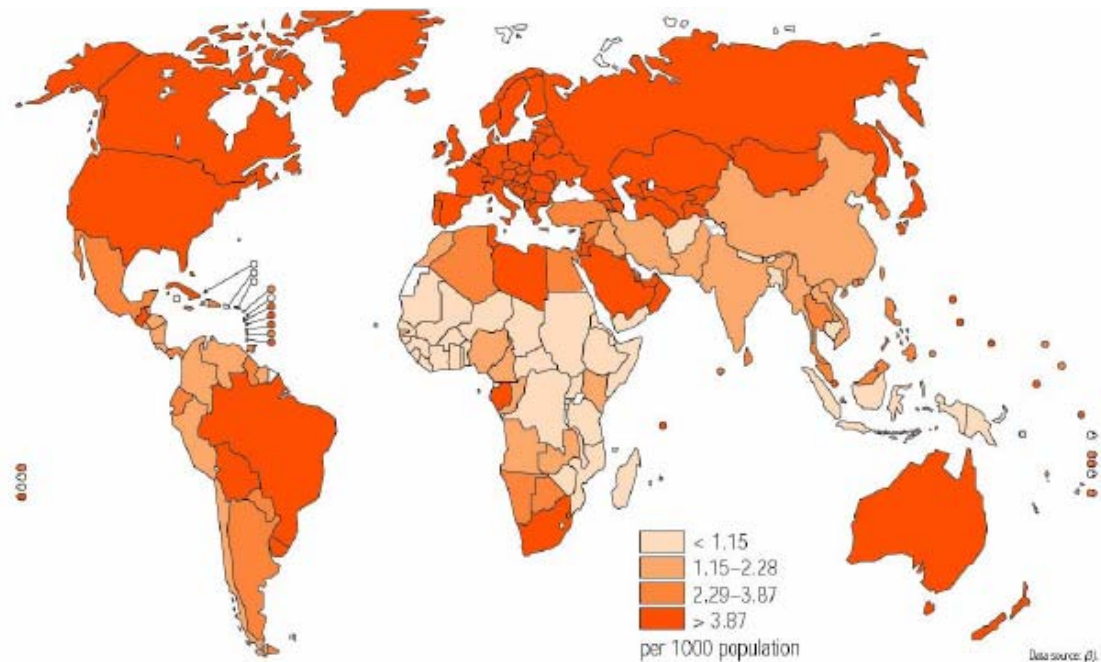


Closing the Gap

- Knowledge and knowledge transfer
 - Contextually influenced
 - Mediated by reality
 - Generated from interactions of
 - People
 - Processes
 - Cultures
- Empirically validated practices are critical
- So are contributions of tacit knowledge from lived experiences/shared practices



Closing the Gap



This map is an approximation of actual country borders.

Source: WHO (2006). *The world health report 2006 – Working together for health*. Geneva, World Health Organization (in press).

The Human Resource Crises



Episodes > Birth of a Surgeon

Birth of a Surgeon

Video: Full Episode

With more than half a million programs are being hailed The film captures one woman low-cost, community-based

The film *Birth of a Surgeon* and hysterectomies in making Mozambican capital Maputo she fights for recognition of

<http://www.pbs.org>



THE NEW YORK TIMES BESTSELLING AUTHOR OF THE COMING PLAGUE

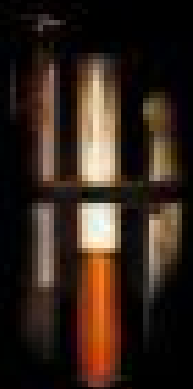
LAURIE GARRETT



BETRAYAL

THE COLLAPSE OF GLOBAL PUBLIC HEALTH

OF TRUST



"Reads like a Robert Ludlum thriller ... This is a great book."
—*Washington Post*

Search [wide angle]



INSIDE THIS EPISODE

Introduction

Video: Full Episode

Video: Preview

Video: American Midwives 'Catch Babies' in Hospitals

Audio: Public Health Experts on Maternal Death

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Two Questions

- First - the question of access
 - What is open?
 - Knowledge is open if free to use, reuse, & redistribute
 - Legally Open
 - Free of most standard legal restrictions
 - Socially Open
 - Available and not kept secret (socially open)
 - Support sharing, reuse, collaboration
 - Access to the raw form (i.e. - not PDF)
 - Technically Open
 - Form and format engenders access
 - Where there is no internet
 - Indexable and annotatable

Two Questions

- Second - the question of fit
 - Does it fit the context?
 - Is it possible?
 - Can it be followed in part?
 - How to adapt to local realities?





The Answers

- Interweaving of empirical and experiential
- Social networking & collective wisdom
- “Crowdsourcing”
 - Author: Jeff Howe, 2008; Crown Business Publishers, New York.
 - “No matter who you are, most of the smartest people work for someone else” Bill Joy: Co-founder of Sun Microsystems

GANM: The Global Alliance for Nursing and Midwifery

- Online Community of Practice
 - Started September, 2006
 - Currently 1,667 have joined from 132 countries
 - Sub- communities
 - Making Pregnancy Safer
 - Information and Communication Technologies
 - Pandemic Prevention (H5NI, ARDS, SARS) for Community/Public Health Workers
 - Mental Health in the Community
 - Red ENSI (Red Internacional de Enfermería en Salud Infantil)
 - Partería y Enfermería Para una Maternidad Segura
 - Elluminate Live!
 - Virtual Classroom

<http://my.ibpinitiative.org/public/ganm/>

or

Google "GANM"



IBP: Implementing Best Practices

Bloomberg School of Public Health



IMPLEMENTING BEST PRACTICES IN REPRODUCTIVE HEALTH

[About IBP](#)[Best Practices](#)[Partnership](#)[Activities](#)[Knowledge Gateway](#)[Press](#)

The IBP Initiative is:

- Evidence-based
- Collaborative and inclusive
- Practical and realistic
- Responsive to local conditions
- Manages new and existing information
- A way to build on experience and lessons learned
- Creative in addressing challenges
- Results orientated

The goal of the IBP Initiative is to improve access and quality of reproductive healthcare through a systematic approach focused on developing and supporting strategies that introduce, adapt and apply evidence based practices in reproductive health.

The Implementing Best Practices (IBP) Initiative is a uniquely interactive forum through which policy makers, programme managers, implementing organizations and providers convene to identify and apply evidence-based practices that can improve reproductive health outcomes in their countries.

Initiated by the World Health Organization and USAID, and supported by an increasing number of international and local reproductive health agencies, the IBP Initiative responds to several challenges in the reproductive health community in low resource settings, among them:

- The lack of targeted and coherent information on what works and what does not work
- Costly duplication of efforts
- Costly implementation of ineffective programs
- Limited access to evidence-based tools, materials and strategies
- Limited opportunities to share new knowledge with local and international colleagues.

The IBP process takes participants on a route of learning and doing, with the ultimate goal of building knowledge, partnerships, and effective programs. The IBP Initiative is a way of thinking that can be applied in any setting, though it is typically launched through regional and country events.

KNOWLEDGE GATEWAY

[Members Login Page](#)[Sign Up/ Information](#)

The [Knowledge Gateway](#) provides easy-to-use electronic communication tools that encourage health professionals to share ideas, opinions, experiences, and lessons learned in reproductive health.

It also includes a virtual library that contains many publications from IBP Partner Agencies and other organizations working in reproductive health. Its purpose is to facilitate access to best practices and lessons learned.

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USAID
FROM THE AMERICAN PEOPLE



World Health Organization

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**SIGN
UP**

Become a member
of Global Alliance
for Nurses and
Midwifery Communities
of Practice (GANM)

Working Together For Health Knowledge Exchange

Are you working with countries engaged in planning and implementing programmes to improve health?

Are you concerned about how we can improve the quality of health care through effective professional development in nursing and midwifery?

GANM offers you the opportunity to join Communities of Practice dedicated to:

Sharing

- knowledge, expertise and practical experience that build the capacity of nurses and midwives to improve health

Accessing

- coherent information on what works and what doesn't
- discussions with experts and individuals from different countries
- clear definitions of terminology, concepts and policy directives
- evidence-based tools, materials and strategies

Creating

- opportunities to share new knowledge, experience and lessons learned with local and international colleagues
- forums to ask questions, discuss issues, share opinions and work together to use our collective knowledge and experience to improve and scale up effective practices

If you are not yet a member

Please **REGISTER**

If you are already a member

Please **LOG-IN**

News! News! News!

**** Summer 2008 "Number of Health Workers Being Produced Insufficient"**

**** Summer 2008 "Input NEEDED from Nurses, Midwives, Birth Attendants, Community Health Workers, and others"**

**** Summer 2008 "WHO restores permanent international presence in Iraq"**

**** Summer 2008 "WHO monitoring Georgia insecurity, concerned about health conditions for civilians"**

New Sub-Communities of Practice Begin

Examples

- Measles in Baghdad
- Knowledge Drive for Diyala Province
- Hand washing in areas with no soap/water
- Use of medical masks
- Encouraging compliance with drug treatment regimens



Closing Thoughts

- Access to reservoirs of experiential knowledge and collections of explicit information allows for:
 - the development of new knowledge based on identified needs,
 - the refinement of knowledge that already exists
 - avoids duplication of effort,
 - increases alignment with local circumstances
 - enhances the creation of actionable knowledge.



Closing Thoughts

- Participation is vital – front line workers
- Weave vertical and horizontal
- Communities of Practice, Online Collaborative Spaces & Virtual Communities are strategies
 - Combining social needs with emerging social opportunities



Obrigada!



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