



Managing knowledge for better health policies: the Financial Access to Health Services Community of Practice experience



OVERVIEW: THE FINANCIAL ACCESS TO HEALTH SERVICES COMMUNITY OF PRACTICE

The Millennium Development Goals momentum, economic growth and more recently, a rally in favour of universal health coverage, has led many governments of sub-Saharan African countries to invest political and financial resources in the health sector.

Previous work done by our group had revealed that this re-investment is sometimes too hasty without sufficient attention to scientific evidence but also operational experience accumulated in other countries. A group of actors mainly active in Africa has decided to try to address this problem by setting a community of practice dedicated to financial access to health services.

A Community of Practice is a group of people who interact on an ongoing basis to deepen their knowledge on a specific topic. The Financial Access to Health Services Community of Practice (FAHS CoP) emerged from a conjunction of efforts by the scholars, later to be involved in the FEMHealth project, and aid agencies gathered under the Harmonization for Health in Africa initiative.

The FAHS CoP was created in a regional workshop in Dakar late 2010 and launched in operation early 2011. In three years, it has secured a place for itself in the landscape of health policy in Africa.

KEY MESSAGES

- Many experts and actors have knowledge which could contribute to better design and implementation of public policies. These knowledge holders, who are active in different niches (government, academia, non-governmental organisations etc.), are often insufficiently connected. This is a missed opportunity.
- Our hypothesis is that in many domains of knowledge, there is room for a platform to enhance knowledge exchange among different knowledge holders. We have tested this hypothesis in our own domain of expertise by setting up a community of practice dedicated to financial access to health services in low-income countries.
- The Financial Access to Health Services Community of practice (FAHS CoP) promotes both experiential and scientific knowledge. It has grown very quickly – today its online discussion forum gathers more than 700 experts based in more than 38 countries. The forum hosts some of the most important discussions on health care financing in low-income countries. The FAHS CoP has organised four regional conferences, produced 12 newsletters and co-edits the most well-read blog on health financing in Africa. All these activities are supported by a large group of actors and agencies. They have progressive weight in the health policy agenda both at regional and country level.
- This policy brief reports on our experience. It will particularly interest knowledge management experts, but also actors in international development willing to enhance the sharing of experience and evidence.

led by a facilitation team of 3 experts, it promotes the sharing of both scientific and experiential knowledge.

The FAHS CoP pursues its knowledge agenda by combining both face-to-face and online interactions. Four regional events (Bamako 2011, Bujumbura 2012, Marrakesh 2012 and Ouagadougou 2013), which have gathered in total around 330 experts, have been organised. A good indication of the recognition of the role taken by the CoP in the landscape is the fact that these events have been sponsored by multiple agencies and organisations and have had the participation of high-level political authorities. The FAHS CoP is also

increasingly recognized as a facilitation resource for other actors organising their own events. Online interactions happen through a bilingual (French/English) online forum gathering more than 700 experts. The forum hosts some of the most dynamic and important discussions on health care financing in low-income countries. The FAHS is also the co-editor of the blog Health Financing in Africa, which is today the leading blog in its field in Africa.

This volume of activities and their quality have allowed the FAHS CoP to progressively emerge as a key platform for the exchange of ideas and knowledge in its field.



SYNTHESIS OF LEARNING: WHAT WE HAVE LEARNED ABOUT FACILITATING A TRANSNATIONAL COMMUNITY OF PRACTICE DEDICATED TO HEALTH POLICY?

During these three years, we have learned a lot. Here are ten pieces of advice to those of you considering launching a CoP in international health or development.

1. **Prepare the launch of your CoP well.** Make sure that you have buy-in by a sufficient number of influential actors in the specific domain of knowledge. They will be key for legitimizing your activities as well as possible sponsors of your face-to-face events. Embedding a CoP in a multi-country research project is a possible strategy – it worked well with us.
2. **Appoint a facilitator who is an expert in the domain of knowledge.** A community of practice is about managing knowledge on a repertoire of practices. Having a lead facilitator with technical expertise in the domain of knowledge is key to leading a relevant knowledge agenda and being credible in the expert community.
3. **Do not leave the facilitator alone.** Facilitating a CoP is time-consuming. It may be possible to facilitate a CoP alone, but it is much better to establish a strong facilitation

team. This enables a higher volume, a greater diversity of activities and some specialisation in the facilitation tasks.

4. **For facilitation, choose enthusiastic and well-connected people.** Having connections with the academic world helps collaboration with scientists, but if your domain of knowledge goes beyond research, it is key to have experts with hands-on experience on the team as well. A fair amount of the work is organizing a fruitful dialogue between researchers and practitioners. Enthusiasm and belief that you can change things are key.
5. **Your activities will be critical to creating momentum.** An online discussion forum needs to be set up quickly. Online activities respond well to the needs and expectations of individual experts. Face-to-face events are extremely valuable; they build visibility, influence and buy-in; they also respond to the needs and expectations of countries and agencies. Individual experts who are not well connected to agencies, research institutes or ministries of health may encounter financial barriers to their participation in your conferences.
6. **Worry about your online visibility.** Launching a blog was a key step in the development of our CoP. Social media help, but they are less important than your forum and your blog.
7. **Do not expect too much from your experts,** otherwise, you will be disappointed. We have created different opportunities for our members to contribute (e.g. write a blog post, summarize a session of a conference etc.). Today, we are able to tap into the enthusiasm of members attending our face-to-face events; but it is more challenging for intensive, longer-term activities.
8. **Plan early for monitoring and evaluating your experience.** At some stage, your sponsors will ask for evidence of the impact of all your efforts. We have developed material that may be useful to you (see reference list).
9. **Be honest: this is also about policy entrepreneurship.** Facilitating a CoP is much more than knowledge management. Be aware of the balance of power and the orientation of actors with whom you work. Avoid allowing hierarchy among members to creep into the CoP dynamic.
10. **Connect with other CoPs.** Be in constant exchange of experiences with other CoP facilitators. It helps to avoid repeating basic mistakes.



QUESTION BEING ADDRESSED: WHY DO WE NEED COMMUNITIES OF PRACTICE?

Our experience has taught us that many experts and actors have knowledge which could contribute to better design and implementation of public policies. These knowledge holders are active in different niches (government, academia, non-governmental organisations etc.), which function under different logics and are often insufficiently connected. This is a missed opportunity.

Our observation is that there is something missing today in many domains of knowledge: platforms connecting these different knowledge holders. The ideal platform should probably have the following attributes: not owned by an actor already seen as dominant, encouraging collaboration and dialogue, valuing all types of knowledge.

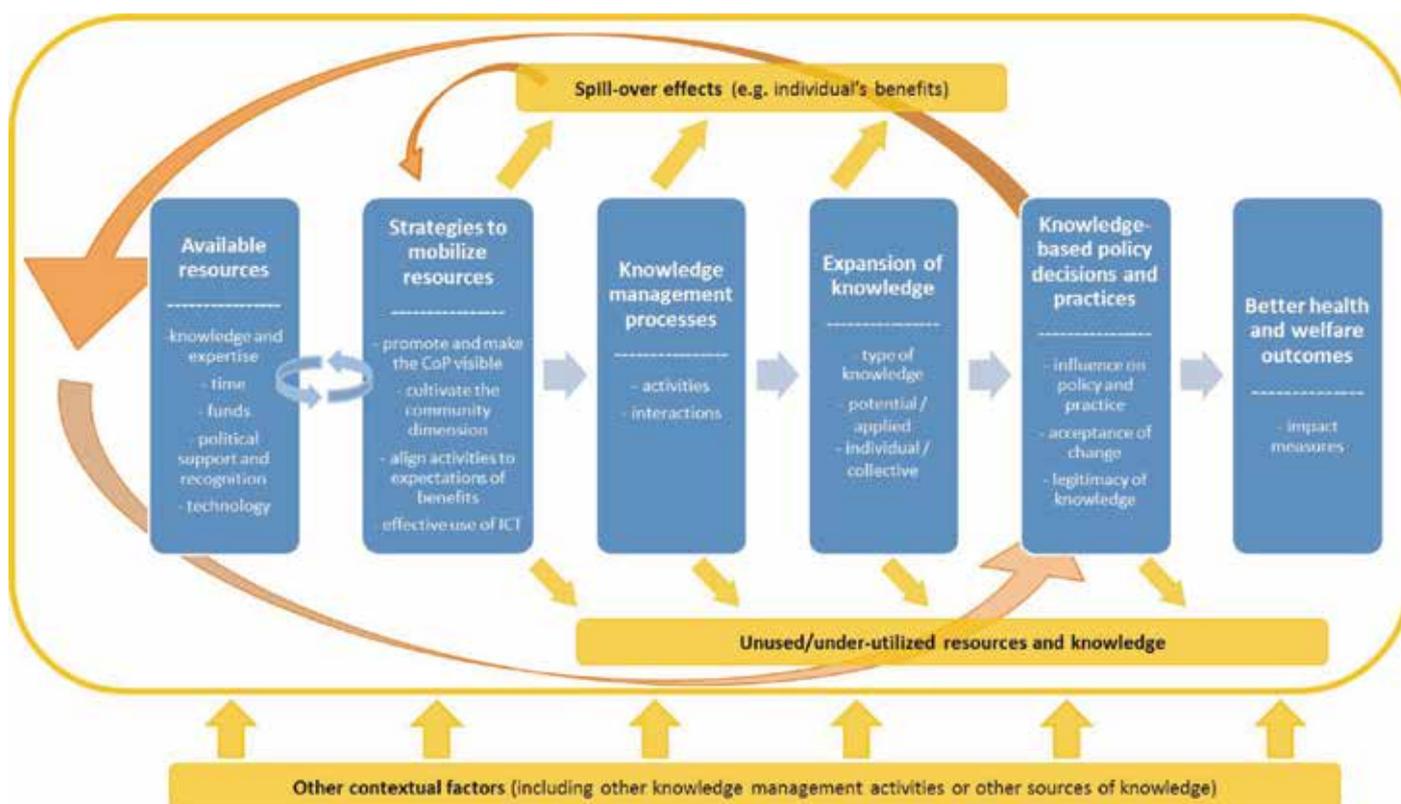
Many researchers would like their findings to be taken up by policy makers. We think that this is a too unidirectional view of knowledge sharing. We believe in giving knowledge holders equal footing. It will be the responsibility of the CoP facilitation team to ensure that the dialogue between researchers, practitioners and policy makers is respectful and balanced and to progressively develop a coherent and long-lasting knowledge agenda.

METHOD / VALIDATION OF THE KNOWLEDGE SHARED IN THIS POLICY BRIEF

This policy brief is mainly based on our experience.

Under the FEMHealth project, we have also carried out some scientific work on the CoP strategy. The main contribution has been the development of a new framework to monitor and evaluate the performance of a CoP strategy in health policy.

The FAHS CoP will last beyond the FEMHealth project. More empirical work will be done in the near future. However, because of the impossibility of having a counter-factual, research on CoPs is difficult.



Source: Bertone et al 2013.

MAIN FINDINGS

Our world has never been so connected. New technologies make interactive models possible that were unimaginable two decades ago. The FAHS CoP experience proves that there is room for permanent and collaborative platforms linking knowledge holders across countries and agencies in international health. If the facilitation team manages to obtain broad buy-in, both by individuals and agencies, it is possible to operate an ambitious knowledge programme.

This finding is also confirmed by the experience of other CoPs experience in international health (see reference list).

RECOMMENDATIONS

In order to flourish, **transnational CoPs need to be supported**. We managed to finance our different activities, but we could have done much more if resources had been greater. There is a lack of aid instruments today tailored on the support of such collective platforms. The fact that their legitimacy partly depends on sufficient independence from a specific agency or actor is a challenge. European aid agencies and the European Union could play an innovative role in addressing this.

This effort to support transnational CoPs should go hand-in-hand with an ambitious research and evaluation agenda. We have laid down some possible directions with the development of an analytical framework based on both a literature review and our own experience.

It is the responsibility of CoP facilitators to conquer the heart of the many knowledge holders. However, agencies, organisations, and ministries can support the CoPs in many ways. We believe that many domains of knowledge would benefit from more room for a collective identification of priority knowledge agenda – i.e. beyond the internal boundaries of each agency. Agencies and institutions could also support collaborative platforms such as CoPs by encouraging their own experts to join online fora and attend virtual or physical events.

CONTACT

For further information on the FAHS CoP, contact Allison Kelley,
email: agkelley514@yahoo.com

For further interest on our ongoing research on communities of practice, contact Prof Bruno Meessen, Health Economics Unit, Department of Public Health, Institute of Tropical Medicine,
email: bmeessen@itg.be



USEFUL REFERENCES

Not produced by our group

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Wenger E, McDermott R, Snyder WM 2002 *Cultivating Communities of Practice: A guide to Managing Knowledge*. Boston: Harvard Business School Press.

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The hypothesis which has driven our efforts

Meessen et al. 2011. Communities of practice: the missing link for knowledge management on implementation issues in low-income countries? *Trop.Med.Int.Health*, 16, (8) 1007-1014

The framework we have developed Bertone et al., 2013. Assessing communities of practice in health policy: a conceptual framework as a first step towards empirical research. *Health Research Policy and Systems*, 11:39

A research by the FAHS CoP Richard et al, 2013. Fee exemption for maternal care in sub-Saharan Africa: a review of 11 countries and lessons for the region. *Global Health Governance*, Volume VI, No. 2 <http://ghgj.org>.

Our online forum: <https://hhacops.org/fahs>

Our blog (check the page 'Resources' for more information on our past events): <http://www.healthfinancingafrica.org/>

Our facebook page: <https://www.facebook.com/hhacops>

