What is the Global Health Knowledge Collaborative?

The Global Health Knowledge Collaborative (GHKC) is a forum for professionals in global health and development to collaborate, innovate, and exchange ideas, tools, and approaches to knowledge management (KM). It is a participant-driven community of practice, with opportunities for every member to help determine priorities, contribute to activities, and develop products.

How did the GHKC originate?

In 2010, 40 global health professionals representing more than 30 organizations met to share their experiences and concerns regarding KM, and to consider ways in which they could exchange ideas. The meeting was convened by the Knowledge for Health (K4Health) Project, in conjunction with the WHO/Implementing Best Practices Secretariat, USAID, and the Public Health Institute (PHI).

The result of this meeting was the formation of the Knowledge Management Working Group, whose members dedicated themselves to identifying challenges and effective practices in KM and to collaborating on products that would enhance the KM work of participating organizations. By 2012, the members realized that the name “Knowledge Management Working Group” did not convey their energy, their commitment to improved global health, or their long-term perspective. They brainstormed new titles and, by a strong majority, renamed themselves the “Global Health Knowledge Collaborative” in mid-2012.

The goals of the GHKC have remained constant since the founding of the initial Working Group:

• To serve as a platform for members to share ideas, synthesize knowledge, and innovate
• To collaborate on KM approaches
• To collect case studies documenting experiences with KM in global health
• To promote the use of KM-related products and services
• To advocate for the importance of KM for organizations and projects

Within three years, GHKC membership has expanded from the original 40 — nearly all from the United States — to 325, representing over 60 organizations in 34 countries.
What is knowledge management (KM)?
While GHKC members recognize that there are many definitions of KM, they have agreed that KM in the global health context is an active, participatory process with a few essential elements that are incorporated into all GHKC activities and products:

- Collaborating and coordinating learning opportunities
- Building on organizational knowledge to avoid duplication
- Facilitating peer-to-peer exchange of information
- Applying the results of research to practice

SOME WORKING DEFINITIONS OF KM

- The practice of delivering the right content to the right people at the right time
- A process for creating, capturing, organizing, sharing, and encouraging use of information and experiences
- Leveraging what is already known to work in order to improve outcomes and achieve the greatest possible impact
- A systematic approach to ensure that practitioners have access to the latest research and apply that research to programs
- A way of collecting information; connecting people to the information they need; and facilitating learning before, during, and after program implementation

What does the GHKC do?
Drawing on the elements of KM, the GHKC serves four main functions: collaboration, learning, advocacy, and measurement. Its members have produced products and established structures to support the GHKC activities within each of these functions.

GHKC PRODUCTS

- KM for Health and Development Toolkit
- GHKC website
- KM case studies
- Listserv
- Webinars
- Blog
- KM Share Fair
- Elevator speech and matrix
- “Useful Technology for KM Practitioners”
- “Guide to Monitoring and Evaluating Knowledge Management in Global Health Programs”

SUPPORTING STRUCTURES

- Operating guidelines
- Meetings
- Task teams

FUNCTIONS

1. Collaboration
2. Learning
3. Advocacy
4. Measurement

Stacey Young, Senior Knowledge Management Advisor for USAID’s Bureau for Policy, Planning and Learning (PPL), speaks during the KM Share Fair.
FUNCTIONS

1. COLLABORATION

The very choice of the term “collaborative” as part of the group’s name speaks to the importance of collaboration among its members. The group is committed to a highly participatory organizational partnership in which all members adhere to the jointly-developed operating guidelines, accept defined roles and responsibilities, and work together towards the GHKC’s goals. A rotating Chair Organization and Advisory Committee reinforce the collaborative effort by sharing responsibility for maintaining strategic direction and coordination of GHKC activities. Beyond this, all members are invited — and encouraged — to collaborate on the development of GHKC products.

“Being a member of the GHKC has helped me to better articulate what I do and how it impacts and improves the lives of others. The GHKC provided me with a professional home where people understand me and help me to become a more competent KM professional.”

LISA MWAIKAMBO
eLearning Coordinator and Knowledge Management Officer
Johns Hopkins Center for Communication Programs
GHKC Advisory Committee Member

HOW GHKC MEMBERS COLLABORATED TO DEVELOP THE KM FOR HEALTH AND DEVELOPMENT TOOLKIT

Fifteen members representing 12 organizations have worked together to create and maintain the toolkit, which was launched in July 2011. Their process has been inclusive and collaborative from the start:

• Shortly after the initial “Knowledge Management Working Group” meeting in October 2010, the Toolkit Task Team formed.

• During a face-to-face meeting, task team members led a brainstorming session to determine what questions should be answered by the toolkit.

• The task team conducted a card-sorting activity to organize the content into sections and sub-sections represented by “tabs.”

• They held routine meetings and teleconferences to discuss and revise the structure and clarify the content.

• Volunteers served as “tab champions” to select key documents for each section.

• Tab champions and others reviewed each other’s tabs.

• External reviewers from organizations’ field offices conducted in-country field testing, and the task team regrouped to discuss and incorporate feedback from field tests.

• Since the toolkit’s launch in 2011, the task team regularly reviews content, incorporates new materials, and addresses user feedback to ensure that the toolkit stays useful and relevant.

www.k4health.org/toolkits/km
2. LEARNING

GHKC members learn from each other by sharing stories and lessons learned. The focus is on innovative, effective KM approaches and tools that help public health practitioners synthesize, organize, store, and access information. GHKC meetings offer members the opportunity to practice some of these new approaches, applying them to real situations. The free exchange of knowledge, ideas, and resources strengthens KM activities and partnerships with the goal of building KM capacity at the country level.

3. ADVOCACY

Changes in the healthcare environment lead to the rapid production of new knowledge that needs to be well managed — reviewed, collected, organized, and shared — to help health providers, program managers, decision makers, and others plan and execute high-quality services. GHKC encourages the global health and development community to advocate for KM as an essential factor in the strengthening of health systems. Effective advocacy can yield resources to support KM activities that strengthen projects and organizations and improve health outcomes.

4. MEASUREMENT

In a world where virtually all global health professionals are practicing some form of KM, it is increasingly important to gauge the effect of KM on health systems, programs, organizations, and services. Through the measurement function, the GHKC offers indicators and instruments — collected and synthesized from its member organizations — that monitor key aspects of KM activities and evaluate how KM inputs and processes contribute to achieving intended outputs and outcomes.

JOINING FORCES WITH USAID TO IMPROVE KNOWLEDGE SHARING AND LEARNING

To learn from others designing and implementing KM activities, the GHKC invited Stacey Young, Senior Knowledge Management Advisor for USAID’s Bureau for Policy, Planning and Learning (PPL) to speak and lead discussions during several GHKC face-to-face meetings. During the October 2012 meeting, she shared USAID’s process of developing a KM and learning strategy and gathered input and feedback from the GHKC. She attended additional meetings — at the request of GHKC members — to continue the conversation about USAID’s Strategic Learning Plan and to collect KM field stories.

The GHKC also contributed to USAID’s Learning Lab webinar and online discussion event in June 2013 — as part of the Collaborating, Learning, and Adapting (CLA) community of practice for USAID missions and partners — which provided a space for sharing experiences and best practices. The GHKC dedicated part of its June face-to-face meeting (which occurred the same day as the online discussion) to discussing the topics covered in the webinar and posting summaries of these conversations to the online platform. USAID also invited two GHKC members to serve as facilitators for this virtual event.

As a result of this ongoing collaboration with USAID, GHKC members now have more familiarity with KM and learning goals from a donor’s perspective and are better equipped to develop appropriate and systematic KM strategies for their own organizations.

“GHKC has facilitated conversations with USAID to help us better understand their KM goals. This has enabled us to appropriately align our KM objectives to improve health outcomes.”

LEAH GORDON
Knowledge Management Specialist
MEASURE Evaluation
GHKC M&E Task Team Member

GHKC: FOSTERING KNOWLEDGE SHARING FOR BETTER HEALTH OUTCOMES

functions (continued)
SUPPORTING STRUCTURES

Over time, the membership has introduced several structural elements that are designed to support the GHKC’s four functions. These structures have been developed collaboratively and refined over time to reflect the growth and broader reach of the GHKC’s activities.

OPERATING GUIDELINES

These guidelines were developed by consensus, in accord with the openness and collaborative spirit of GHKC. They define members as KM organizations, institutions, or individuals that agree to support GHKC principles and carry out the shared responsibilities of membership. Among these responsibilities are: participation in meetings and other activities, promotion of GHKC products and services within their own organizations and the countries in which they work, and contributions to task teams.

MEETINGS

The GHKC holds several open meetings each year. These are face-to-face events that are also open to virtual participants via phone or web conference services. Participants discuss current KM topics, share what they are learning from their own KM initiatives, and plan for future GHKC deliverables. Invited speakers — often from within the GHKC membership — present new KM approaches for participants to learn and practice. In the spirit of creativity and innovation, the agenda also often includes Open Space sessions in which participants propose KM topics for in-depth discussion and small groups form around the topics that are considered most interesting and useful.

TASK TEAMS

GHKC task teams form around a key product or event. Task teams may come and go. Some disband when they have completed their product (such as the “Making the Case for KM” Task Team), while others continue to work together to take on another related task. In 2012 and 2013, there have been four active task teams (see box at right).

CURRENT GHKC TASK TEAMS (2012-2013)

1. **KM for Health and Development Toolkit Task Team**
   The Toolkit Task Team developed the KM for Health and Development Toolkit: a compendium of KM-related resources. The team periodically reviews the Toolkit and uses a rigorous process to add, update, or remove resources so that the information remains current.

2. **Case Studies Task Team**
   The Case Studies Task Team has produced a collection of brief stories documenting KM activities and programs. The case studies supplement the tools and resources in the KM Toolkit with real-life experiences that illustrate KM in action.

3. **Advocacy Task Team**
   The Advocacy Task Team is working to increase awareness of KM tools and approaches among global health practitioners. The group also identifies venues (relevant conferences, for example) through which the importance of KM in global health can be promoted. The team has organized a series of KM webinars and has provided webinar recordings with presentation slides for those who are unable to attend in person.

4. **M&E Task Team**
   The purpose of the M&E Task Team is to improve the design, implementation, and measurement of KM programs. The group produced the “Guide to Monitoring & Evaluating Knowledge Management in Global Health Programs,” updating and enhancing the well-respected “Guide to Monitoring and Evaluating Health Information Products and Services” produced in 2007 by the Health Information and Publications Network (HIPNet).
GHKC PRODUCTS

Through the expertise, energy, and commitment of the task teams, GHKC members have produced original products to help carry out each of the four functions. These products have been developed in response to the expressed needs of global health practitioners and are seeing an increase in use as the GHKC community grows.

KM FOR HEALTH AND DEVELOPMENT TOOLKIT

The KM for Health and Development Toolkit was created in 2011 to provide practical KM resources and tools for those working in international public health and development. The tools come from reputable health and development organizations which have tested and applied them in public health settings. They can easily be adapted to different organizational and project needs. KM experts within the GHKC have carefully reviewed and selected each item in the toolkit; the same rigor is applied to regular updates. Its resources range from a discussion of the theoretical differences between KM and organizational learning to a hands-on guide for conveying messages through Facebook, Twitter, and text messaging.

GHKC WEBSITE

The GHKC website (www.globalhealthknowledge.org) was developed as a companion piece to the KM Toolkit. While the toolkit provides the most relevant materials for those practicing KM in the global health arena, the GHKC website provides more in-depth access to every aspect of the GHKC: history and activities, approaches, and products. Website users can read blog posts describing real-life KM experiences, listen to the entire proceedings of a series of webinars, learn about upcoming events, and read more about the structure of the GHKC. In addition, selected KM tools (taken from the KM Toolkit) provide a primer for users who may be unfamiliar with KM.

KM CASE STUDIES

KM case studies — written by GHKC members — enable KM practitioners to share their experiences and learn from each other. They describe the actual implementation of KM activities within health and development organizations, highlighting strategies, challenges, successes, lessons learned, and recommendations for others. The cases pertain to a variety of topics; recent cases have addressed redesigning a national reproductive health website, hosting an online discussion forum and tweet chat on advocacy for family planning programs, and sharing and distributing a film on voluntary medical male circumcision.

LISTSERV

Any individual can sign up for the GHKC listserv simply by visiting the Knowledge Gateway (http://knowledge-gateway.org/ghkc). This moderated listserv provides a large number of people with information about webinars, conferences, articles, job opportunities, and other items of interest to the KM community. Although anyone can post to the listserv, every posted message is approved by a GHKC leader to be sure that it is authentic and relevant.
“The GHKC provides a resourceful community to KM practitioners. The webinar on building communities of practice, for example, provides several accounts of the successes and challenges of building networks among widely distributed people. These provide the kind of realistic, practical, hype-free insights you need when you are learning how to work toward a particular goal.”

Kris Horvath
Manager, Knowledge Management and Internal Communications
IntraHealth International
GHKC Member

ELEVATOR SPEECH AND MATRIX
This elevator speech and matrix includes a series of points and arguments that could be included in a short informal discussion about the importance and value of KM. The matrix can be used to quickly reference key components from the speech that can help you persuade a range of different audiences that KM is worth the investment. The matrix presents arguments by audience.

“USEFUL TECHNOLOGY FOR KM PRACTITIONERS”
While people, culture, and processes drive KM, it is important that technology is carefully selected in order to successfully enable the transfer and exchange of knowledge. Deciding on the most appropriate platform, software, or other mechanism can be difficult, especially considering the constantly evolving nature of technology. This guide assists KM practitioners in choosing the most appropriate technology tools for their work.

“GUIDE TO MONITORING AND EVALUATING KNOWLEDGE MANAGEMENT IN GLOBAL HEALTH PROGRAMS”
This publication offers frameworks, models, and methods for systematically designing, monitoring, and evaluating global health and development KM activities. It shows how KM components interact to achieve outcomes, provides a concise list of indicators to measure key aspects of KM activities, includes instruments to measure the contribution of KM activities to outputs and outcomes, and offers examples of the use of these instruments.
On April 16, 2013, the GHKC hosted a one-day symposium for nearly 200 global health and KM practitioners featuring workshops and hands-on, interactive sessions to learn about and practice applying innovative tools and techniques, and to share successes and lessons learned.
A portion of the “Knowledge Wall” developed during the KM Share Fair on the most important elements of KM.

“I thought this was a great event that fostered valuable knowledge- and experience-sharing. I hope it becomes an annual, or at least a bi-annual, event.”

KM SHARE FAIR PARTICIPANT
WHAT HAVE WE LEARNED?

As with any young and growing entity, the road has not always been smooth. GHKC members have recognized and taken on a number of important challenges and used these experiences to learn and grow. Three of the most difficult and persistent challenges have been met through deliberate, concerted action by the membership.

The challenge

1. Including colleagues from outside the U.S. — particularly those working in low- and middle-income country settings — in GHKC activities

2. Avoiding “preaching to the choir”: the danger of a small group of individuals and organizations repeatedly participating in all KM activities

3. Sustaining the GHKC as a living, evolving organization

The GHKC members’ response

• Developed operational guidelines for the Chair Organization, Advisory Committee, and member organizations

• Ensured that decisions are made openly and with input from not only the Advisory Committee but all GHKC members

• Maintained transparency by posting all meeting notes, GHKC products, and other planning documents on the GHKC website

• Cultivated a strong base of innovative and passionate KM leaders who are committed to sustaining the efforts and expanding the work of the GHKC

• Developed case studies highlighting KM activities in a number of countries that can be used to plan comparable activities in other settings

• Expanded the ways in which members worldwide can participate in dialogues and discussions about KM strategies and experiences, such as:
  — the moderated listserv
  — webinars, recorded for those who cannot participate in real time
  — a blog that welcomes submissions from all members

• Held a large KM Share Fair open to all working in global health and development:
  — brought awareness of KM to an expanded audience
  — fostered open sharing of KM strategies among participants
  — generated excitement and eagerness to introduce new KM strategies within organizations

• Encouraged task teams to form whenever a new deliverable is suggested, reaching out to individuals who have not previously been on task teams
WHAT HAVE WE LEARNED?

“Seamless KM processes are at the core of successful health projects with the ability to improve health outcomes and save lives. If an organization can share health information and best practices successfully, and mobilize resources to effectively reach target audiences — through robust online and social media platforms, comprehensive trainings, and technical assistance — it can have a real impact on educating implementers and recipients on better health practices and behaviors. The GHKC helps teach and provide useful tools to set up and scale up solid approaches to sharing information within your organization or project and with your external target audiences and stakeholders.”

ERIN BROEKHUYSEN
Senior Knowledge Management Advisor
John Snow, Inc.
GHKC Advisory Committee Member

“My interactions with K4Health and the GHKC have inspired me in my KM endeavors. I seek to model KM activities in the agricultural sector after those I have learned from the GHKC and interactions with its members. I regularly point people to the GHKC KM Toolkit and documents as sources of good practice for KM. The GHKC itself, to me, represents a text book example of what a well-run community of practice should look like. I enjoy attending GHKC meetings and participating in their events like the April KM Share Fair because of the welcoming atmosphere. I appreciate being amongst professionals who share my passion for the power of knowledge sharing and learning.”

ZACHARY BAQUET
Knowledge Management Specialist
USAID Bureau for Food Security
Office of Strategic Planning and Performance Management
GHKC Member